STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345557	A. BUILDING _____ B. WING _____	C 06/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HEALTH & REHAB CENTER	3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced complaint investigation was conducted on-site on 06/15/20, and was extended remotely through 06/17/20 as additional interviews were conducted. 1 of 5 complaint allegations was substantiated, and resulted in a federal deficiency. Event ID#W16N11.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on Physician Assistant (PA) interview, staff interview, and record review the facility failed to follow standing orders and meet the expectations of the PA and Director of Nursing (DON) regarding management of a low blood sugar level for 1 of 1 sampled residents (Resident #1) who experienced a blood sugar level below 50. Findings included: The facility's Physicians Standing Orders, signed off on by the attending physician on 01/01/20, documented, "...For CBG (capillary blood glucose) below 50, the blood sugar will be immediately rechecked and documented. If the resident is able to safely take oral treatment, the resident will be offered at least one of the following: sweetened drink (juice, soda, supplement, etc), sugared candy, other food/snack/drink that the resident is known to respond to. If the resident is unable to safely take oral treatment, the resident will be treated with	F 658	Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purpose of general liability, professional malpractice or any other court proceeding. 1) The resident affected is no longer at the facility. 2)To identify other residents that have the potential to be affected, an audit was done to identify residents who were on hypoglycemic medications. Each resident's orders for obtaining capillary blood glucose (CBG) were reviewed to ensure they included parameters for the notification of the provider. Any orders that did not contain the parameters for notification were amended. Each resident's blood sugar records were reviewed for the previous two weeks to	6/22/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/22/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345557	A. BUILDING _____ B. WING _____	C 06/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HEALTH & REHAB CENTER	3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 1 Glucagon 1 mg (milligram) IM (intramuscularly). The resident's blood sugar be be checked again 15 - 30 minutes after treatment. If the CBG remains below 50 and the resident continues to be asymptomatic, the resident will be offered one of the above treatments again. The resident's blood sugar will be checked again 15 - 30 minutes after second treatment. If the CBG remains below 50, the MD/Provider will be notified for further orders. If at any time the resident's condition declines or if the resident becomes non-responsive, the MD/Provider will be notified immediately." Record review revealed Resident #1 was admitted to the facility from the hospital on 03/06/20. Her documented diagnoses included diabetes (type 2) and Helicobacter pylori (bacterial infection) of the gastrointestinal tract. The resident was admitted to the facility on 03/06/20 with continuation of the following medications received during her hospitalization: glipizide (oral hypoglycemic agent) 10 mg twice daily, humalog sliding scale insulin, prednisone 15 mg daily with breakfast for arthritis, clarithromycin (antibiotic) 500 mg BID x 12 days, and amoxicillin (antibiotic) 1,000 mg BID x 24 days. The resident's metformin was discontinued in the hospital, but restarted upon her admission to the nursing home, metformin hcl er 500 mg BID. The resident was also admitted to the facility on 03/06/20 on a low concentrated sweets (LCS) diet, and a physician order for accu checks four times daily (QID). A 03/06/20 2:16 PM Admission Note documented, "Resident Arrival Date and Time: 03/06/20 3:00 PM. Resident Admitting From: ___ (name of	F 658	identify any patterns of low blood pressure that have not been previously identified and address issues identified. 3)To prevent this from recurring, licensed nursing staff have been reeducated concerning the actions that must be taken when any resident's blood sugar is below 60. The Director of Nursing or designee will review the blood sugar levels of each resident with a 3 day look back to identify any change in pattern. Any variations will be followed up to ensure appropriate actions were taken. 4)To monitor and maintain ongoing compliance, the DON or designee will review the blood sugar levels of each appropriate resident with a 3 day look back to identify and change in pattern. Any variations will be followed up to ensure appropriate actions were taken. This will be documented daily for 7 days, 5 days a week for 3 weeks, and then weekly for 8 weeks. The DON will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345557	A. BUILDING _____ B. WING _____	C 06/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HEALTH & REHAB CENTER	3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 2	F 658		

hospital). Reason for Admission: Fever. Code Status: Full Code. Residents discharge goal is to return to the community. Cognitive Status/Orientation: oriented x 4. Skin impairment observed....Resident has ADL limitations....Cooperative and pleasant. 2-person + assistance needed to transfer from chair to bed. Pt c/o (patient complains of) extreme pain to bilateral knees with any contact or movement. States unable to bear weight on right leg. Use mechanical lift for safety. Admitted for fever/h.pylori..."

Resident #1's March 2020 electronic medical record (e-MAR) documented her blood sugar was 261 at 5:00 PM on 03/06/20, and 4 units of sliding scale humalog insulin were administered per physician order. The e-MAR documented the resident's blood sugar was 313 at 8:00 PM on 03/06/20, and 6 units of sliding scale humalog insulin were administered per physician order.

On 03/07/20 Nurse #1 documented on the March 2020 e-MAR that Resident #1's blood sugar was 43 at 8:00 AM, was 50 at 12 noon, and was 49 at 5:00 PM. Record review revealed Nurse #1 did not document any interventions that were put in place when the resident's blood sugar fell below 50.

A 03/07/20 2:16 PM Daily Skilled Nursing Note documented, "Resident is alert. Resident is oriented to person. Resident is oriented to place. Resident is oriented to time. Resident is oriented to situation....Pleasant Cooperative...Skin is warm and dry....Resident unable to ambulate...Resident's heart rate is regular....Edema is present: +2 BUE (bilateral upper extremity, +2 BLE (bilateral lower

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345557	A. BUILDING _____ B. WING _____	C 06/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HEALTH & REHAB CENTER	3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 3	F 658		

extremity). No complaints of chest pain....Lung sounds normal/clear in all fields....Medications administered whole without difficulty. Therapy to evaluate and treat. Staff max assist."

On 03/07/20 Resident #1's care plan identified "Resident is at risk for unstable blood glucose related to diabetes" as a problem. Interventions for this problem included "Administer oral hypoglycemic and/or insulin as directed by the physician. Assess blood glucose levels as ordered and PRN. Monitor labs as directed by the physician. Monitor/educate resident s/sx (signs and symptoms) of hypoglycemia like: tachycardia, dizziness, sweating, headache, fatigue, and visual changes."

On 03/08/20 Nurse #1 documented on the March 2020 e-MAR that Resident #1's blood sugar was 26 at 8:00 AM.

A 03/08/20 8:38 AM Nursing Note documented, "Glucose gel administered. Will recheck."

A 03/08/20 9:00 AM Nursing Note documented, "BS (blood sugar) 70 upon recheck post glucose gel."

Record review revealed documentation that Resident #1 ate 75% of her breakfast on 03/08/20.

In a 03/08/20 11:03 AM Nursing Note Late Entry Nurse #1 documented, "This nurse checked residents BS prior to breakfast. BS 26. Glucose gel administered. Upon recheck 10 minutes later BS 33. Rechecked BS again another 10 minutes later and BS 70. 15 minutes later resident's (family member) called this nurse into room due

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345557	A. BUILDING _____ B. WING _____	C 06/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HEALTH & REHAB CENTER	3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 4	F 658		

to resident becoming lethargic, leaning to right side, and having garbled speech. (Family member) requested for resident to be sent to hospital. EMS (emergency medical services) contacted and upon arrival found BS to be 30 and took her to ED (emergency department).

Resident #1's 03/08/20 5-day Medicare minimum data set (MDS) documented her cognition had not been assessed, she exhibited no behaviors including resistance to care, she required extensive staff assistance with bed mobility/transfers/toileting., she required moderate staff assistance with dressing and hygiene, she required minimal staff assistance with eating, she was dependent on staff for bathing, she was always continent of bowel and bladder, she was 63 inches tall and weighed 194 pounds, her weight was stable, she was on a therapeutic diet, and she received prn insulin injections.

The facility completed a 03/08/20 discharge MDS which documented Resident #1 was being discharged to an acute care hospital with return not anticipated.

Resident #1's 03/08/20 12:53 PM ED Encounter note documented, "...presents to the emergency department for evaluation of altered mental status....EMS was called out for possible stroke-like symptoms. But turned out patient's blood sugar was 20. She states she takes metformin....EMS give patient D50 and something to eat her blood glucose came up to 70 then went back down to 30 she remains alert oriented she denies any other complaints. She has chronic bilateral leg pain which is why she was admitted to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345557	A. BUILDING _____ B. WING _____	C 06/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HEALTH & REHAB CENTER	3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 5	F 658		

hospital and rehab facility. She complained of continued leg pain they gave her some pain medicine she is alert oriented here."

Three attempts at various times on various dates were made to reach Nurse #1 who on longer worked in the facility. These attempts were unsuccessful.

During a 06/15/20 4:36 PM telephone interview with Nursing Assistant (NA) #1, who cared for Resident #1 on first shift 03/08/20, she stated she remembered the resident eating about 75% of her breakfast on 03/08/20, drinking all of the fluids on her meal tray, and asking for more beverage. She reported she and a family member noticed Resident #1 seemed weak on one side of her body with her eye and mouth drooping. According to NA #1, she and the family member both thought the resident had a stroke. She commented she cleaned the resident up quickly before emergency medical services (EMS) got there on 03/08/20, and she did not remember the resident being clammy or sweaty. The NA stated the resident was talking a lot on 03/08/20 , but could not remember if the conversation made sense or not. However, she commented the family member definitely stated the resident was not acting normal.

During an interview with the Director of Nursing (DON) on 06/15/20 at 3:11 PM she stated her expectation was when a resident blood sugar was below 50 or 60 that the nurse should notify the physician or PA to keep them in the loop. She reported she was made aware of Resident #1's low blood sugar of 26 on 03/08/20, but had not been informed of the resident's blood sugars being 50 and below on 03/07/20. She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345557	A. BUILDING _____ B. WING _____	C 06/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HEALTH & REHAB CENTER	3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 6	F 658		

commented Nurse #1 did not document that she put any interventions in place or contacted a physician or PA when Resident #1's blood sugar was 43, 49, and 50 on 03/07/20. According to the DON, it was a good idea to involve the physician or PA so a medication review and review of food intake could be coordinated. The DON reported she thought a family member ended up taking care of Resident #1 at home, and the resident was doing well in that environment.

During an interview with PA #1 on 06/15/20 at 3:28 PM she stated this facility was her dedicated building, and she did not recall being contacted about Resident #1's blood sugar being below 50. She reported she definitely expected direct care staff to involve her when residents began to experience blood sugar levels below 60. She commented at that point she liked to review the resident's food intake, fluid intake, medications (especially antibiotics and steroids), and review recent medication changes. The PA stated Nurse #1 should have followed the standing orders when Resident #1 first experienced a blood sugar below 50.

During a 06/15/20 3:39 PM telephone interview with Nurse #2 she stated she notified a physician or PA every time a resident's blood sugar dropped below 60, and referred to the standing orders in the e-MAR or the standing orders notebook for guidance about the interventions that needed to be put in place and the timing of blood sugar re-checks.

During a 06/17/20 10:50 AM telephone interview with NA #2, who cared for Resident #1 on 03/07/20 first shift, she stated she could not remember the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345557	A. BUILDING _____ B. WING _____	C 06/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HEALTH & REHAB CENTER	**3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 7 During a 06/17/20 10:53 AM telephone interview with NA #3, who cared for Resident #1 on 03/07/20 second shift, she stated she could not remember the resident.	F 658		