

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345441	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2012
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NAME OF PROVIDER OR SUPPLIER ALEXANDRIA PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054
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F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET SS=D PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on staff interviews and record reviews the facility failed to ensure laboratory tests were performed as ordered for two (2) of ten (10) sampled residents. The facility failed to obtain an Hemoglobin (Hgb) A1c level every three (3) months as ordered for Residents #21 and #47.

The findings are:

1. Resident #21 was admitted to the facility on 02/07/12 with a diagnosis of Diabetes with an HgbA1c level of approximately 7.5 percent (normal range for this lab test is 4.0 to 5.6 percent). The resident had admission orders for the daily administration of insulin and an order to obtain an HgbA1c level every three (3) months.

Review of Resident #21's medical record revealed she remained on Insulin from 02/07/12 to 06/22/12, but an HgbA1c level had not been not performed since her admission to the facility.

On 06/22/12 at 12:10 PM an interview was conducted with Licensed Nurse (LN) #1 who was responsible for overseeing resident laboratory tests and results. LN #1 confirmed that Resident #21 received Insulin on a daily basis and that staff had not checked the resident's HgbA1c level since her admission to the facility on 02/07/12. LN #1 explained that the facility's system for

F 281 ALEXANDRIA PLACE'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.

7-20-12

• F281:
ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:

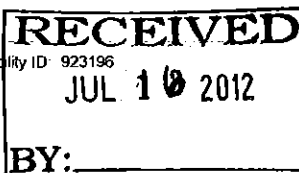
ALEXANDRIA PLACE ENSURES THAT THE SERVICES PROVIDED OR ARRANGED BY THE FACILITY MEET PROFESSIONAL STANDARDS OF QUALITY AND ARE PROVIDED BY APPROPRIATE QUALIFIED PERSONS.

THERE WAS NO HARM TO THE TWO RESIDENTS. RESIDENT #21'S A1C WAS DRAWN ON 6/25/12. THE M.D. WAS NOTIFIED OF THE RESULTS AND HE DID NOT CHANGE THE RESIDENT'S HYPOGLYCEMIC REGIMINE. ON 6/25/12 THE LAB REQUISITION SLIPS WERE COMPLETED FOR THE REST OF THE YEAR TO ENSURE THE LAB WILL BE OBTAINED PER PROTOCOL.

RESIDENT #47 HAD AN A1C LAB TEST ON 5/16/12 AND HAD AN ELEVATED RESULT. THE M.D. WAS NOTIFIED OF THE RESULTS AND HE DID NOT CHANGE THE RESIDENT'S HYPOGLYCEMIC REGIMINE. RESIDENT #47'S FOLLOW UP A1C IS NOT DUE UNTIL 8/16/12. ON 6/25/12 THE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kimberly Fowler</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7-09-12</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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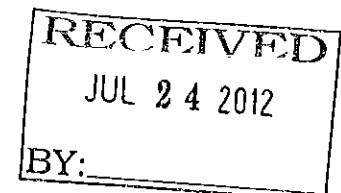
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F 281	Continued From page 1 obtaining ordered laboratory tests was being reviewed to determine how this laboratory test was not performed as ordered by the resident's physician. 2. Resident #47 was admitted to the facility on 01/06/10 and had a diagnosis of Diabetes. Review of the resident's physician orders revealed continued orders for the daily administration of Insulin and a standing order dated 01/24/12 to perform an HgbA1c level every three (3) months. Review of Resident #47's laboratory results revealed an HgbA1c level was not obtained by staff during the three (3) month period from 01/24/12 to 04/24/12. On 05/16/12 staff obtained an HgbA1c level for Resident #47 that was slightly elevated at 6.3 percent. On 06/22/12 at 12:10 PM an interview was conducted with Licensed Nurse (LN) #1 who was responsible for overseeing resident laboratory tests and results. LN #1 confirmed that Resident #47 received Insulin on a daily basis and that staff had not checked the resident's HbgA1c level every three (3) months as ordered. LN #1 explained that the facility's system for obtaining ordered laboratory tests was being reviewed to determine how this laboratory test was not performed as ordered by the resident's physician.	F 281	LAB REQUISITION SLIPS WERE COMPLETED FOR THE REST OF THE YEAR TO ENSURE THE LAB WILL BE OBTAINED PER PROTOCOL. <u>ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</u> THERE WAS NO HARM TO ANY RESIDENT. FIFTEEN OTHER RESIDENTS ARE RECEIVING HYPOGLYCEMICS AND HAD THE POTENTIAL TO BE AFFECTED BY THE ALLEDGED PRACTICE. ON 6/22/12 THE DIRECTOR OF NURSING AND THE CLINICAL COORDINATOR REVIEWED THESE CHARTS. ORDERS WERE OBTAINED FOR A1C AND BMPS FOR THE NECESSARY RESIDENTS. LAB REQUISITIONS WERE COMPLETED FOR THE REST OF THE YEAR PER THE PROTOCOL AND INCORPORATED INTO THE REVISED LAB TRACKING SYSTEM FOR ALL OF THESE FIFTEEN RESIDENTS. <u>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:</u> ON 6/26/12 THE Q.A. COMMITTEE DISCUSSED THE FREQUENCY OF A1C TESTS AND A NEW LAB TRACKING SYSTEM TO IMPLEMENT. THE REVISED LAB TRACKING SYSTEM IS AS FOLLOWS; THERE ARE TWO FILING CONTAINERS. ONE IS FOR THE CURRENT MONTH AND THE OTHER	

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F 281	<p>Continued From page 1</p> <p>obtaining ordered laboratory tests was being reviewed to determine how this laboratory test was not performed as ordered by the resident's physician.</p> <p>2. Resident #47 was admitted to the facility on 01/06/10 and had a diagnosis of Diabetes. Review of the resident's physician orders revealed continued orders for the daily administration of Insulin and a standing order dated 01/24/12 to perform an HgbA1c level every three (3) months.</p> <p>Review of Resident #47's laboratory results revealed an HgbA1c level was not obtained by staff during the three (3) month period from 01/24/12 to 04/24/12. On 05/16/12 staff obtained an HgbA1c level for Resident #47 that was slightly elevated at 6.3 percent.</p> <p>On 06/22/12 at 12:10 PM an interview was conducted with Licensed Nurse (LN) #1 who was responsible for overseeing resident laboratory tests and results. LN #1 confirmed that Resident #47 received Insulin on a daily basis and that staff had not checked the resident's HgbA1c level every three (3) months as ordered. LN #1 explained that the facility's system for obtaining ordered laboratory tests was being reviewed to determine how this laboratory test was not performed as ordered by the resident's physician.</p>	F 281	<p>IS FOR THE YEAR. WHEN A LAB IS ORDERED THAT IS ON THE STANDING ORDERS AND REQUIRES FOLLOW UP, THE LAB REQUISITIONS WILL BE COMPLETED AND FILED FOR THE REST OF THE YEAR BY THE NURSE TAKING THE ORDER. A COPY OF PHYSICIAN TELEPHONE ORDER SLIPS ARE ROUTED TO THE DIRECTOR OF NURSING (3-11 SUPERVISOR AND CLINICAL COORDINATOR ARE BACKUPS) AND SHE WILL DOUBLE CHECK THE FILING CONTAINERS TO ENSURE THAT ALL OF THE LAB REQUISITIONS HAD BEEN COMPLETED FOR THE YEAR PER THE STANDING ORDERS. THE PHYSICIAN TELEPHONE ORDER SLIPS WILL BE REVIEWED BY THE DON, CLINICAL COORDINATOR OR 3-11 NURSE MANAGER 5 DAYS A WEEK FOR 4 WEEKS THEN ONCE WEEKLY FOR MEDICATIONS THAT ARE LISTED ON THE STANDING ORDER LAB PROTOCOL AND LAB ORDERS TO DOUBLE CHECK THE FILING CONTAINERS TO ENSURE THAT ALL OF THE LAB REQUISITIONS HAD BEEN COMPLETED FOR THE YEAR PER THE STANDING ORDERS.</p> <p>THE DIRECTOR OF NURSING OR CLINICAL COORDINATOR WILL INSERVICE THE WEEKDAY NON-PRN NURSES ON 7/3/12, 7/4/12 & 7/5/12. THE WEEKEND NON-PRN NURSES WILL BE INSERVICED ON 7/7/12 BY THE WEEKEND SUPERVISOR OR DIRECTOR OF NURSING. PRN OR VACATIONING NURSES WILL BE MAILED A COPY OF THE INSERVICE AND WILL BE INSERVICED BY THE DON OR WEEKEND SUPERVISOR PRIOR TO BEING SCHEDULED OR ON RETURNING DATE.</p>		



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F 281	<p>Continued From page 1</p> <p>obtaining ordered laboratory tests was being reviewed to determine how this laboratory test was not performed as ordered by the resident's physician.</p> <p>2. Resident #47 was admitted to the facility on 01/06/10 and had a diagnosis of Diabetes. Review of the resident's physician orders revealed continued orders for the daily administration of Insulin and a standing order dated 01/24/12 to perform an HgbA1c level every three (3) months.</p> <p>Review of Resident #47's laboratory results revealed an HgbA1c level was not obtained by staff during the three (3) month period from 01/24/12 to 04/24/12. On 05/16/12 staff obtained an HgbA1c level for Resident #47 that was slightly elevated at 6.3 percent.</p> <p>On 06/22/12 at 12:10 PM an interview was conducted with Licensed Nurse (LN) #1 who was responsible for overseeing resident laboratory tests and results. LN #1 confirmed that Resident #47 received Insulin on a daily basis and that staff had not checked the resident's HgbA1c level every three (3) months as ordered. LN #1 explained that the facility's system for obtaining ordered laboratory tests was being reviewed to determine how this laboratory test was not performed as ordered by the resident's physician.</p>	F 281	<p>EACH MONTH THE PHARMACY CONSULTANT WILL REVIEW THE RESIDENTS' MEDICAL RECORDS AND WILL MAKE RECOMMENDATIONS FOR LAB TESTS BASED ON LAB VALUES AND MEDICATIONS THE RESIDENTS ARE PRESCRIBED. THE CONSULTANT PHARMACIST WILL GENERATE A NOTE TO THE PHYSICIAN/PRESCRIBER WITH THEIR RECOMMENDATIONS TO BE REVIEWED BY THE PHYSICIAN/PRESCRIBER.</p> <p><u>INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY.:</u></p> <p>ON A WEEKLY BASIS FOR ONE MONTH THEN ON A MONTHLY BASIS, THE DIRECTOR OF NURSING (3-11 SUPERVISOR AND CLINICAL COORDINATOR ARE BACKUPS) WILL COMPLETE AN A1C / BMP Q.A.. ITEMS THAT NEEDS TO BE CORRECTED WILL BE ADDRESSED IMMEDIATELY.</p> <p>THE Q.A. RESULTS WILL BE REPORTED BY THE DIRECTOR OF NURSING, 3-11 SUPERVISOR OR CLINICAL COORDINATOR AT EACH Q.A. COMMITTEE MEETING FOR REVIEW AND DETERMINATION IF FURTHER OR AMENDED ACTION IS REQUIRED.</p> <p>THE Q.A. COMMITTEE WILL BE CHARGED WITH THE RESPONSIBILITY TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED.</p>	