

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

PRINTED: 06/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/25/2022
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7348 NORTH WEST STREET FALCON, NC 28342		
(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 onsite revisit and complaint investigation was conducted on 5/25/22. Two of two complaint allegations were not substantiated. NC 188992.	F 000			
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.	F 756		5/31/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/31/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/25/2022
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7348 NORTH WEST STREET FALCON, NC 28342		
(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 756	<p>Continued From page 1</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff interview, Consultant Pharmacist interview, and Physician interview the facility failed to assure the Consultant Pharmacist reported to the physician there were no finger stick blood sugars being done for an insulin dependent diabetic. This was for one (Resident # 2) of two sampled insulin dependent residents. The findings included.</p> <p>Resident # 2 was last admitted to the facility on 11/30/21. The resident had a diagnosis of Type 2 diabetes.</p> <p>Resident # 2 had a current order, which had been in effect since 1/27/22, for 40 units of Novolin 70/30 to be administered every morning. (Novolin insulin contains 30% short acting insulin and 70% long acting insulin).</p> <p>Review of Resident # 2's record since 3/19/22 revealed there were no finger stick blood sugars being done. Non-fasting chemistry labs drawn on 3/20/22 and 3/21/22 revealed glucose levels of 178 and 214 respectively. A Hemoglobin A1C lab was drawn on 4/28/22 and registered a result of 8.4. (This is a test to reflect the average blood sugar levels for the past two to three months. An interview with the facility's Medical Director on 5/25/22 at 11:10 AM revealed the goal for</p>	F 756	<p>Corrective action for resident(s) affected by the alleged deficient practice:</p> <p>On 05/24/2022 the Director of Nursing assessed resident #1. The findings were no signs or symptoms of hypoglycemia or hyperglycemia. On 05/24/2022, the Director of Nursing notified the provider for clarification on blood glucose monitoring orders. On 05/24/2022, the provider ordered for resident #1 to have blood glucose monitored every morning prior to giving scheduled insulin.</p> <p>Corrective action for residents with the potential to be affected by the deficient practice:</p> <p>All resident receiving antidiabetic medications have potential to be affected. On 05/26/2022, the Administrator reviewed all residents receiving antidiabetic medications to ensure blood glucose monitoring orders were in place. On 05/26/2022, the results of this review were reviewed with the attending physician to ensure orders in place were appropriate. Results: 10 of 10 residents had orders in place and appropriate. This audit was completed on 05/26/2022. On</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/25/2022
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7348 NORTH WEST STREET FALCON, NC 28342		
(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 756	<p>Continued From page 2</p> <p>diabetics would be a Hemoglobin A1C value between 7 and 8). On 4/28/22 a fasting blood sugar was also completed with a result of 236.</p> <p>Review of the Consultant Pharmacist notes revealed a drug regimen review on 3/24/22 with no mention or recommendations regarding Resident # 2's diabetic medications or monitoring. On 4/28/22 the Consultant Pharmacist noted in the drug regimen review Resident # 2 had a HgbA1C but made no mention of the result or forwarded any recommendations to the physician related to monitoring of blood sugars.</p> <p>The Nurse Practitioner (NP), who had initiated Resident # 2's last insulin orders, was interviewed on 5/24/22 at 3:19 PM and reported she thought daily finger stick blood sugars were being done on Resident # 2. She thought she had put the order into the electronic orders.</p> <p>The Director of Nursing (DON) was interviewed on 5/24/22 at 2:50 PM. The DON reviewed the record back to 3/19/22 and could find no record of finger stick blood sugars. According to the DON, when a resident was ordered insulin there are additional steps needed in entering the order for accompanying finger stick blood sugars to be ordered and then populate on the electronic Medication Administration Record, and the Nurse Practitioner may not have realized her intended order did not go through.</p> <p>The Consultant Pharmacist was interviewed on 5/24/22 at 3:27 PM and reported she usually looked at diabetic residents' blood sugars during her monthly drug regimen review but had not caught Resident # 2's finger stick blood sugars were not being done. She was interviewed</p>	F 756	<p>05/27/2022, the Consultant Pharmacist began reviewing all medical records of residents with diagnosis of diabetes and made recommendations to the Physician when indicated to monitor blood glucose levels. Results: 1 recommendation to monitor blood glucose. This audit was completed on 05/31/2022.</p> <p>Measures / Systemic changes to prevent reoccurrence of alleged deficient practice:</p> <p>On 05/27/2022 In-service education began by the Director of Nursing and was provided to all full time, part time, and as needed Licensed Nurses, Med Aide's, and Nursing Assistants including agency staff. Topics included:</p> <ul style="list-style-type: none"> • Signs and Symptoms of Hypoglycemia and Hyperglycemia • Diabetic Protocol • Insulin Administration and Safety <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all new hire Licensed Nurses, Med Aides, Nursing Assistants, and Agency staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Staff that have not received the education by 05/31/2022 will not be allowed to work until it has been completed. The Regional Staff Development Coordinator and Director of Nursing will be responsible for providing this ongoing education.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/25/2022
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7348 NORTH WEST STREET FALCON, NC 28342		
(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 756	<p>Continued From page 3</p> <p>regarding recommended frequency of checking blood sugars for residents who were receiving 70/30 insulin, and reported it was resident specific.</p> <p>Interview with the Administrator on 5/24/22 at 4:55 PM revealed she felt the facility staff were providing monitoring of the insulin via way of the Hemoglobin A1C and fasting blood sugar.</p> <p>Resident # 2's physician, who also serves as the facility's Medical Director, was interviewed on 5/25/22 at 11:10 AM and reported the following. Although some insulin dependent individuals do not have their blood sugar checked daily, the intent of the NP was that Resident # 2's finger stick blood sugar be checked when the last insulin order had been initiated but an error had been made because of how the order was entered in the system. The physician stated that was not the facility staff's fault, but it was the fault of the NP, and therefore he would make sure in the future he and the NP did it correctly. He felt the facility had been doing some monitoring by way of their standing orders to do labs, but he felt the Consultant Pharmacist should have called it to his attention that there were no finger stick blood sugars being done. The physician reported a resident on Novolin 70/30 did typically have some finger stick blood sugars done and the frequency would have been determined and clarified if the Consultant Pharmacist had brought it to their attention.</p>	F 756	<p>Effective May 2022 during the monthly drug regimen reviews the Consultant Pharmacist will review all resident receiving insulin therapy to ensure blood glucose levels are monitored regularly and will make recommendations to the Physician when indicated.</p> <p>Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements:</p> <p>The Director of Nurses or RN designee will monitor Compliance with the regulatory requirements utilizing the Diabetic Monitoring QA monitoring tool. Monitoring will include reviewing 5 residents who are receiving antidiabetic medications to ensure blood glucose monitoring is completed if indicated and reviewing the monthly Consultant Pharmacist report to ensure recommendations are made when indicated. This monitoring will occur weekly for 4 weeks, then monthly x 2 months. The findings will be reported in the weekly Quality assurance (QA) meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, Nurse Managers, Wound Nurse, MDS Coordinator, Therapy Manager, Health Information Manager, and the Dietary Manager.</p>		