Lawyers Glen Retirement Living Center

HAL# HAL-136-060

Plan of Correction

1/28/16

Responses to the cited deficiencies do not constitute an admission or agreement by the facility of truth of the facts alleged or conclusion set forth in the statement of deficiencies or corrective action, report, the Plan of Correction prepared solely as a matter of compliance with State Laws.

10ANCAC 13F .0902(c)(3-4) Health Care

It is the policy of Lawyers Glen Retirement Living Center to assure the rights of all residents guaranteed under G.S. 131D-21 Declaration of Residents of Rights are maintained and may be exercised without hindrance.

Implemented MD new order tracking system

New order tracking form is to be completed by the Med Tech that receives the new order. Including new medications, discontinued medications, routine vitals, follow up appointments, lab work, and x-rays.

Tracking form is filed in Order Tracking Notebook located and the Nursing Station. The Resident Care Manager and or Memory Care Manager will review and verify daily for completion.

In-service completed with all Med Techs to review order tracking procedure

Date of Completion: 2/5/15

Jessica Ferraro-Latimer 1/28/16

Jessica Ferraro-Latimer Date 1/28/16

Lawyers Glen

Approved
2/8/16 pom

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: ______ B. WING ______	R 01/05/2016

NAME OF PROVIDER OR SUPPLIER: LAWYERS GLEN RETIREMENT LIVING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 10830 LAWYERS ROAD, CHARLOTTE, NC 28227

(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) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow up survey on 01/05/16.	{D 000}		
{D 276}	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to assure the implementation of a physician's order for 1 of 5 sampled residents (Resident #3) with physician's orders for daily blood pressure and pulse checks and fax weekly to the physician's office. The findings are: Review of Resident #3's current FL2 dated 4/20/15 revealed: -Diagnoses included coronary artery disease (CAD), deep vein thrombosis, and chronic obstructive pulmonary disease (COPD). -An order for weekly blood pressure (BP) checks and to notify the physician if systolic BP (SBP) was greater than 180. Review of a physician's order sheet for Resident #3 signed and dated 10/13/15 revealed: -A physician's order to "check BP weekly and	{D 276}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jessica Lavallee-Labrie

TITLE: Executive Director

(X6) DATE: 2/8/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	R 01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWYERS GLEN RETIREMENT LIVING CENTER	10630 LAWYERS ROAD CHARLOTTE, NC 28227

(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) COMPLETE DATE
{D 276}	Continued From page 1 notify the physician if SBP was less than 180 or greater than 160". -A physician's order to "check pulse weekly and notify the physician if pulse was less than 55 or greater than 105". Further review of Resident #3's record revealed: -A physician's order signed and dated 11/24/15 for "BP and pulse check daily and fax weekly" to physician's office. -No documented results were faxed to the physician. Review of Resident #3's November 2015 electronic Medication Administration Record (eMAR) revealed: -A computer-generated entry for "check BP weekly and notify physician if SBP was less than 180 or greater than 160" with initialed entries and BP results documented on 11/01, 11/08, 11/15 and 11/22/15 as ordered. The SBP ranged from 100-114. -The BP check order had a computer-generated yellow discontinued block on the eMAR with a "stop date" of 11/24/15. -An computer-generated entry for "check pulse weekly and notify physician if less than 55 or greater than 105" with initialed entries and pulse results documented on 11/01, 11/08, 11/15 and 11/22/15 as ordered. The pulse ranged from 60 to 88. -The pulse check order had computer-generated yellow discontinued block on the eMAR with a "stop date" of 11/24/15. -No entries to check BP and pulse daily were on the eMAR. Review of Resident #3's December 2015 eMAR revealed: -There were no entries to check BP and pulse	{D 276}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080136	A. BUILDING: _____ B. WING _____	R 01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWYERS GLEN RETIREMENT LIVING CENTER	10830 LAWYERS ROAD CHARLOTTE, NC 28227

(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) COMPLETE DATE
{D 276}	Continued From page 2 daily on the eMAR. Review of Resident #3's January 2016 eMAR revealed: -There were no entries to check BP and pulse daily on the eMAR. Review of the facility's monthly weight and vital sign log sheet for Resident #3 revealed: -A BP result of 113/68 and pulse of 80 was documented for November 2015. -A BP result of 105/53 and pulse of 73 was documented for December 2015. -There were no documented BP and pulse results for January 2016. Interview on 1/05/16 at 11:50 am with a Supervisor revealed: -She was the facility's Memory Care Manager (MCM) and covered the Assisted Living as Supervisor when the Resident Care Manager (RCM) was off. -The RCM or MCM were to enter updates to orders in the computer except for medication orders, which the facility's contracted pharmacy entered. -The order process the facility staff were to follow was: A Medication Aide (MA) was to fax the order to the pharmacy for pharmacy to enter any medication orders. The RCM or MCM were to enter other orders, including orders for BP and pulse checks, in the computer system. -"Since the MAR was computerized (eMAR), there was no change-over review of eMARs performed from one month to the next. They are concurrent/ongoing." -They did not perform monthly record audits of the eMARs. -She could not locate where the orders for Resident #3 dated 11/24/15 for BP and pulse	{D 276}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080138	A. BUILDING: _____ B. WING _____	R 01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWYERS GLEN RETIREMENT LIVING CENTER	10830 LAWYERS ROAD CHARLOTTE, NC 28227

(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) COMPLETE DATE
{D 276}	Continued From page 3 checks were changed to daily in the computer. She could see the previous orders were discontinued, but "was not sure what happened that daily the orders were not entered into the computer. That would be why it (the order) was not showing on the December and January eMARs." -If the order was not in the eMAR, then there would be no prompt for staff to perform a BP or pulse check more frequently than monthly. -If a MA had a concern about an order and needed clarification or staff needed to notify a physician about a Resident concern, the MA was to write up a "health care concern" form and fax it to the resident's physician for orders. Interview on 1/05/16 at 2:20 pm with Resident #3's primary care physician revealed: -If a BP she personally checked during her resident assessment was out of range from the facility's records, then she "might order more frequent checks". -She was not aware the BP and pulse checks were not done daily as ordered on 11/24/15. -She had no record in her file that the facility had faxed her any weekly BP and pulse checks. -She reported her record showed a BP of 163/80 on a 11/24/15 visit that prompted her to order the daily BP checks. Subsequent BPs recorded by the physician were 132/82 on 12/22/15 and 130/90 on 12/29/15. -Resident #3 "was not on any BP medications that would trigger me to look more closely at the BP results, so I had not noticed daily BP's were not recorded in the resident's record". -She would update orders for the facility to check Resident #3's BP and pulse daily for one week and fax to her office. Interview on 1/05/16 at 2:50 pm with a MA	{D 276}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080136	A. BUILDING: _____ B. WING _____	R 01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWYERS GLEN RETIREMENT LIVING CENTER	10830 LAWYERS ROAD CHARLOTTE, NC 28227

(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) COMPLETE DATE
{D 276}	Continued From page 4 revealed: -The MAs were responsible for obtaining BP and pulse checks. -She was not aware Resident #3 was to have BP and pulse checks obtained daily and faxed to the physician weekly. If there was an order for it, the staff would be prompted by the computer to check it. If an order was not entered in the computer eMAR, there would be no prompt to check a BP or pulse. -If a BP needed to be reported to a physician, she would fill out the facility's "Health Concern form" and fax it to the physician. She would place a record of this in the resident's record and also document in the computer "Care Notes" that she had faxed the physician. -MAs were responsible for faxing logs to physicians as ordered. -When orders were received from a physician, the MA was responsible to fax the orders to the pharmacy, and place the orders in the resident's record. The RCM or MCM were the only ones who could enter new orders on the eMAR if it related to anything besides medications. -She was not able to enter orders in the computer record. -Only the RCM or MCM could enter BP order changes in the computer. Review of Resident #3's computer care notes on 1/05/16 at 2:55 pm revealed: -No documentation by staff that BP or pulse checks were checked daily since the order dated 11/24/15. -No documentation by staff that BP or pulse checks were faxed to the physician's office since the order dated 11/24/15. -There was no order in the computer system for daily BP and pulse checks to be taken, and no order to fax the results to the physician weekly.	{D 276}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060136	A. BUILDING: _____ B. WING _____	R 01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWYERS GLEN RETIREMENT LIVING CENTER	10030 LAWYERS ROAD CHARLOTTE, NC 28227

(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) COMPLETE DATE
{D 276}	Continued From page 5 Resident #3's BP check and pulse rate was checked by a MA on 1/05/16 at 3:00 pm. The BP was 112/59 with a pulse of 72. Further review of Resident #3's record revealed a physician's order signed and dated 1/05/16 for "daily BP and pulse checks for one week and to fax the results to the physician".	{D 276}		