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	FCL046002	A. BUILDING: _____ B. WING _____	R 04/28/2021

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CARVER MANOR	208 WASHINGTON ROAD MURFREESBORO, NC 27855

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on April 28, 2021.	C 000		
C 022	10A NCAC 13G .0302 (b) Design And Construction 10A NCAC 13G .0302 Design And Construction (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 2 of 3 sampled residents (#2 and #3) who had cognitive impairments and/or physical impairments and required verbal prompting to exit the facility during a fire drill. The findings are: Review of the facility's current license effect 01/01/21 revealed the facility was licensed for 6 ambulatory residents. Interview with the Administrator on 04/28/21 at 8:45am revealed the facility had a current census of 5 residents residing in the facility, with 4 residents on-site and 1 resident at the hospital.	C 022		

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Review of the facility's fire drill log revealed there was no documentation of a fire drill since 01/07/20.

1. Review of Resident #2's current FL-2 dated 03/16/21 revealed:
-Diagnoses included diabetes, hypertension and obsessive-compulsive disease.
-The resident was intermittently disoriented
-The resident was ambulatory.

Review of Resident #2's current assessment and care plan dated 03/08/21 revealed:
-The resident was sometimes disoriented and forgetful, needing reminders.
-The resident required limited staff assistance with ambulation, extensive staff assistance with toileting and dressing, and dependent on staff for bathing and grooming.

Observation of Resident #2 intermittently on 04/28/21 from 9:25am - 7:00pm revealed:
-The resident was observed intermittently sitting in the common areas and on the outside deck of the facility.
-The resident ambulated in and out of the facility without staff assistance or an assistive device.
-The resident was able to engage in conversation answering in short responses, however unable to engage in detailed topics of conversation.

Observations of a fire drill conducted by the medication aide/personal care aide (MA/PCA) on 04/28/21 between 6:14pm and 6:16pm revealed:
-At 6:14pm, the MA/PCA was standing in the hallway of the facility and initiated a fire drill by activating the audible fire alarm.
-Resident #2 was sitting in a chair on the right side of the common living room next to the exit door of the facility and another resident was

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sitting on the couch on the left side of the common sitting area.
-Resident #2 did not proceed to the exit door until, the MA yelled fire "move it", Come on".
-At 6:14pm, Resident #2 exited the facility with the 3 other residents through the same exit door.
-At 6:14pm, Resident #2 stopped and stood under the facility's carport.

Observation of the MA/PCA on 04/28/21 at 6:15pm revealed the PCA/MA asked the residents as they were re-entering the facility why they did not move when the fire alarm sounded.

Telephone interview with a nurse with Resident #2's mental health provider on 04/28/21 at 2:01pm revealed:
-Resident #2 had a diagnosis of dementia and moderate intellectual disability.
-Due to Resident #2's dementia, the resident would possibly need some type of verbal prompting from staff in order to safely evacuate the facility in an emergency such as a fire.
-Resident #2 would possibly observe others exiting the facility and follow them during an emergency to exit the facility.

Telephone interview with Resident #2's primary care provider's (PCP's) nurse on 04/28/21 at 3:28pm revealed:
-Resident #2 had psychosis and a diagnosis of dementia with an onset date of 03/19/15.
-There would be concerns for a resident diagnosed with dementia to evacuate the facilty independently because the resident would need some type of direction from staff either physically or verbally.
-There would be a concern for a resident with intellectual disabilities who might not cognitively understand what was going on or the need to exit

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the facility in an emergency such as a fire.
-Staff would need to physically or verbally assist residents with dementia and cognitive impairments to ensure the residents' safety.

Interview with the Administrator on 04/28/21 at 4:56pm revealed Resident #2 required prompting to exit the facility during fire drills.

Refer to interview with the Administrator on 04/28/21 at 4:56pm.

2. Review of Resident #3's current FL-2 dated 03/16/21 revealed:
-Diagnoses included mental retardation, unspecified psychosis, unspecified mood disorder, and was non-verbal.
-The resident was ambulatory but required total care from staff.
-There was no documentation of his orientation status.

Review of Resident #3's current assessment and care plan dated 03/16/21 revealed:
-The resident had developmental disabilities and saw a mental health provider.
-The resident was oriented with significant memory loss and required direction.
-The resident was deaf and non-verbal.
-The resident required extensive assistance with eating, and total assistance with toileting, ambulation, bathing, dressing, grooming and transferring.
-The resident was unable to move from one place to another without being prompted to do so.

Observation of Resident #3 on 04/28/21 at 9:25am revealed:
-The resident sat in a chair in his bedroom.
-He was non-verbal and did not answer

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questions.
-He made eye contact, nodded his head, and smiled when spoken to.

Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 9:45am revealed Resident #3 required total care in which she had to bath, dress and direct him in all activities because he could not do it for himself.

Observations of a fire drill conducted by the MA/PCA on 04/28/21 between 6:14pm and 6:16pm revealed:
-At 6:14pm, the MA/PCA was standing in the hallway of the facility and initiated a fire drill by activating the audible fire alarm.
-Resident #3 was sitting on the couch on the left side of the common living room next to the exit door of the facility and another resident was sitting in a chair on the right side of the common sitting area.
-Resident #3 did not proceed to the exit door until, the MA yelled fire "move it", Come on".
-At 6:14pm, Resident #3 exited the facility with the 3 other residents through the same exit door.
-At 6:14pm, Resident #3 stopped and stood under the facility's carport.

Observation of the MA/PCA on 04/28/21 at 6:15pm revealed the PCA/MA asked the residents as they were re-entering the facility why they did not move when the fire alarm sounded.

Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 9:45am revealed Resident #3 required total care in which she had to bath, dress and direct him in all activities because he could not do it for himself.

Telephone interview with Resident #3's mental

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health provider's nurse on 04/28/21 at 2:15pm revealed:
-Resident #3 had a diagnosis of mental retardation and dementia, and required assistance, direction, and prompting.
-Resident #3 could not make safe decisions for himself independently.
-If there was a fire, she did not feel that Resident #3 would be able to process the need evacuate independently.

Telephone interview with Resident #3's primary care provider's (PCP) nurse revealed:
-Resident #3 had diagnoses of mental retardation, psychosis, and was non-verbal.
-He would require help and direction in the event of an emergency for resident safety.

Interview with the Administrator on 04/28/21 at 4:56pm revealed Resident #3 required prompting to exit the facility during fire drills.

Refer to interview with the Administrator on 04/28/21 at 4:56pm.

_____

Interview with the Administrator on 04/28/21 at 4:56pm revealed:
-She lived at the facility and was the only staff member present at night and on days that the medication aide/personal care aide (MA/PCA) staff member was off duty.
-The MA/PCA staffed the facility from 7:30am to 5:00pm with a 1-hour lunch each shift and worked a rotating schedule of 4 days on and then 4 days off.
-There were no other staff members that worked at the facility.
-The MA/PCA never stayed the night unless she was needed and asked to.
-She had regular quarterly fire drills with the

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C 022	Continued From page 6 residents, that were announced, in which she told the residents there was a fire and to get out of the facility. -She would make sure all residents were able to exit the facility during the fire drills. -She stated, "I don't know what I would do if we were asleep and I did not hear it (fire alarm)". _____ The facility failed to ensure the building was equipped and maintained to allow 2 of 3 residents living in the facility who had physical and cognitive deficits to evacuate independently in case of an emergency such as a fire. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ A Plan of Protection was submitted by the facility in accordance with G.S. 131D-34 on 04/28/21 with an addendum on 05/04/21. The Plan of Protection was not accepted. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 12, 2021.	C 022		
C 069	10A NCAC 13G .0312(g) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance and Exits (g) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door for resident use shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the	C 069		

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C 069	Continued From page 7	C 069		

control panel for the system shall be located in the bedroom of the person on call, the office area or in a location accessible only to staff authorized by the administrator to operate the control panel.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 exit doors had an audible alarm that was on at all times and at a sufficient volume for staff to hear once activated for 2 of 3 residents sampled who were diagnosed with dementia (#2, #3).

The findings are:

Observations upon entrance to the facility on 04/28/21 at 8:47am and intermittently throughout the day until 7:00pm revealed:
-The facility's side exit door was the main door used by staff and residents.
-There was no audible alarm when the side exit door to the facility was opened.

Observation of the facility's front exit door of the facility on 04/28/21 at 9:00am revealed there was no sounding alarm device when the door to the facility was opened.

Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 9:47am revealed the facility did not have audible alarms at the two exit doors.

Interview with the Administrator on 04/28/21 at 5:30pm revealed:
-The facility had door alarms on all exit doors alerting which door was opened.
-The alarm's sounding device was located in her living area and sleeping quarters.
-The alarm was turned off during the day and

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C 069	Continued From page 8 turned on at night. Observation of the facility's door alarm system located in the Administrator's living area and sleeping quarters revealed when the side exit door was opened, there was a verbal notification the side door was opened, however, this could not be heard outside of the Administrator's living area and sleeping quarters. 1. Review of Resident #2's current FL-2 dated 03/16/21 revealed: -Diagnoses included diabetes, hypertension and obsessive-compulsive disease. -The resident was intermittently disoriented. -The resident was ambulatory. Review of Resident #2's current assessment and care plan dated 03/08/21 revealed the resident was sometimes disoriented and forgetful and needed reminders. Observation of Resident #2 intermittently on 04/28/21 from 9:25am - 7:00pm revealed: -The resident was observed intermittently sitting in the common areas and on the outside deck of the facility. -The resident ambulated in and out of the facility without staff assistance or an assistive device. -The resident was able to engage in conversation answering in short responses, however unable to engage in detailed topics of conversation. Telephone interview with a nurse with Resident #2's mental health provider on 04/28/21 at 2:30pm revealed it was important to have a sounding device to alert staff when Resident #2 went out an exit door due to the resident's diagnosis of dementia in order to keep the resident as safe as possible.	C 069		

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C 069	Continued From page 9 Telephone interview with Resident #2's primary care provider's (PCP's) nurse on 04/28/21 at 3:19pm revealed: -The resident had a diagnosis of dementia. -The facility should have alarms on all exit doors and in working order 24 hours per day to aid in the resident's supervision. Refer to the interview with the Administrator on 04/28/21 at 5:30pm. 2. Review of Resident #3's current FL-2 dated 03/16/21 revealed: -Diagnoses included mental retardation, unspecified psychosis, unspecified mood disorder, was non-verbal, and incontinent of urine and bowel. -The resident was ambulatory but required total care from staff. -There was no documentation of his orientation status. Review of Resident #3's current assessment and care plan dated 03/16/21 revealed: -The resident had developmental disabilities and saw a mental health provider. -The resident was oriented with significant memory loss and required direction. -The resident was deaf and non-verbal. -The resident required extensive assistance with eating, and total assistance with toileting, ambulation, bathing, dressing, grooming and transferring. Observation of Resident #3 on 04/28/21 at 9:25am revealed: -The resident sat in a chair in his bedroom. -He was non-verbal and did not answer questions.	C 069		

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C 069	Continued From page 10 -He made eye contact, nodded his head, and smiled when spoken to. Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 9:45am revealed Resident #3 required total care in which she had to bath, dress and direct him in all activities because he could not do it for himself. Telephone interview with Resident #3's mental health provider's nurse on 04/28/21 at 2:15pm revealed: -Resident #3 had a diagnosis of dementia which could contribute to the possibility of the resident wandering or eloping. -The resident was unable to make safe decisions for himself and required 24/7 supervision. -The facility should have door alarms that operated 24 hours per day to keep the resident safe. Telephone interview with Resident #3's primary care provider's (PCP) nurse on 04/28/21 at 3:19pm revealed the facility should have alarms on all exit doors and in working order 24 hours per day to aid in the resident's supervision due to the resident's confusion and risk of falling, eloping, or wandering away. Refer to the interview with the Administrator on 04/28/21 at 5:30pm. _____ Interview with the Administrator on 04/28/21 at 5:30pm revealed: -There had been no residents that had left the facility without staffs' knowledge. -The central alarm system in her living quarters could not be heard throughout the facility when an exit door was opened. -Staff were not always able to monitor the doors	C 069		

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C 069	Continued From page 11 during the day due to the layout of the facility. -She was planning to install an audible alarm on both exit doors and move the central system in her living quarters to a location in the facility in order for the door alarm to be heard throughout the facility when an exit door was opened.	C 069		
C 191	10A NCAC 13G .0601(d) Management and Other Staff 10A NCAC 13G .0601 Management and Other Staff (d) Additional staff shall be employed as needed for housekeeping and the supervision and care of the residents. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on interviews and record reviews, the facility failed to ensure sufficient staff were on duty and awake at all times to meet the supervision needs for 2 of 4 residents (#2 and #3) who had a diagnosis of dementia (#2) and with significant memory loss requiring redirection and extensive/total assistance with activities of daily living (#3). The findings are: Review of the facility's current license effective 01/01/21 revealed the facility was licensed for 6 ambulatory residents. Interview with the Administrator on 04/28/21 at 8:45am revealed: -The facility had a current census of 5 residents residing in the facility, with 4 residents on-site and 1 resident at the hospital.	C 191		

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-The facility's staff included herself and one other medication aide/personal care aide (MA/PCA).
-She oversaw the residents care when the MA/PCA was not present and lived and slept at the facility every night.

Interview with the MA/PCA on 04/28/21 at 9:45am revealed:
-She worked a rotating schedule of 4 days on and then 4 days off.
-Her shifts began at 7:30am, ended at 5:00pm, and she received 1-hour for lunch each shift.
-She "did a little bit of everything" the care for the residents when she worked.

1. Review of Resident #2's current FL-2 dated 03/16/21 revealed:
-Diagnoses included diabetes, hypertension and obsessive-compulsive disease.
-The resident was intermittently disoriented.
-The resident was ambulatory.

Review of Resident #2's current assessment and care plan dated 03/08/21 revealed:
-The resident was sometimes disoriented and forgetful, needing reminders.
-The resident required limited staff assistance with ambulation, extensive staff assistance with toileting and dressing, and dependent on staff for bathing and grooming.

Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 9:47pm revealed:
-Resident #2 required staff assistance with bathing, dressing, grooming, toileting and dressing.
-Resident #2 was incontinent and wore incontinent briefs.
-Resident #2 was independent with ambulating.

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C 191	Continued From page 13 Interview with Resident #2 on 04/28/21 at 9:25am revealed if she needed anything at night when staff were asleep she would call them on the phone. Observation of Resident #2's room on 04/28/21 at 5:18pm revealed: -There was a removable round disc with a push button in the center, positioned on the wall beside the resident's bed. -In the center of the round disc, there was a speaker symbol over the button. -When the button on the round disc was pressed the small light did not illuminate and no sound was observed. -There was no call bell observed in the resident's room. A second interview with Resident #2 on 04/28/21 at 5:25pm revealed: -The round disc was for emergencies if she needed help. -She never had to use the round disc for an emergency or to alert staff for help at night. Interview with the Administrator on 04/28/21 at 5:29pm revealed: -When Resident #2 pressed the button on the round disc an audible alarm sounded in her sleeping quarters to alert her when the resident needed help. -She would check in her sleeping quarters to see of Resident #2's alarm was sounding. Observation from the doorway of the Administrator's sleeping quarters on 04/28/21 at 5:30pm revealed there was no alarms sounding. A second interview with the Administrator on 04/28/21 at 5:30pm revealed she was not sure	C 191		

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why the alarm did not sound in her sleeping quarters when Resident #2's alarm was pressed; a cord was possibly disconnected.

Telephone interview with a nurse with Resident #2's mental health provider on 04/28/21 at 2:30pm revealed Resident #2 needed 24 hour supervision with awake staff to monitor the resident due to her diagnosis of dementia in order to keep the resident safe.

Telephone interview with Resident #2's primary care provider's (PCP's) nurse office on 04/28/21 at 3:28pm revealed:
-The resident had a diagnosis of dementia.
-The PCP was not aware that Resident #2 was unsupervised while staff at the facility slept at night.
-Resident #2 would require awake staff at all times because anything could happen when staff were asleep such as falls, wandering or elopement.

Refer to the interview with the Administrator on 04/28/21 at 10:00am and 4:56pm.

2. Review of Resident #3's current FL-2 dated 03/16/21 revealed:
-Diagnoses included mental retardation, unspecified psychosis, unspecified mood disorder, was non-verbal, and incontinent of urine and bowel.
-The resident was ambulatory but required total care.
-There was no documentation of his orientation status.

Review of Resident #3's current assessment and care plan dated 03/16/21 revealed:
-The resident had developmental disabilities and

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saw a mental health provider.
-The resident was oriented with significant memory loss and required direction.
-The resident was deaf and non-verbal.
-The resident required extensive assistance with eating, and total assistance with toileting, ambulation, bathing, dressing, grooming and transferring.

Observation of Resident #3 on 04/28/21 at 9:25am revealed:
-The resident sat in a chair in his bedroom.
-He was non-verbal and did not answer questions.
-He made eye contact, nodded his head, and smiled when spoken to.

Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 9:45am revealed Resident #3 required total care in which she had to bath, dress and direct him in all activities because he could not do it for himself.

Telephone interview with Resident #3's mental health provider's nurse on 04/28/21 at 2:15pm revealed:
-Resident #3 had mental retardation and required assistance, direction and prompting.
-Resident #3 required supervision 24 hours per day with staff who were awake, not asleep.
-Resident #3 was unable to make decisions for himself.
-She did not think Resident #3 would be able to use a call bell or call for help at night if he needed it.

Telephone interview with Resident #3's primary care provider's (PCP's) nurse on 04/28/21 at 3:19pm revealed:
-Resident #3 had diagnoses of mental

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retardation, psychosis, and was non-verbal.
-Resident #3 should have someone awake to supervise him 24 hours per day for safety.
-The PCP was not aware that Resident #3 was unsupervised while staff at the facility slept at night.
-The resident could fall, elope, wander off, or become confused while being unsupervised.

Refer to the interview with the Administrator on 04/28/21 at 10:00am and 4:56pm.

_____

Interview with the Administrator on 04/28/21 at 10:00am and 4:56pm revealed:
-The medication aide/personal care aide (MA/PCA) never stayed the night unless asked; when needed.
-She had her own living quarters within the facility.
-She was a light sleeper and could hear if the residents got up or moved at night.
-The facility had exit door alarms that were turned off during the day and turned on at night.
-One resident had acting out behavior and had stood over another resident's bed while he slept; he would also stalk residents outside of the bathroom door or blocked doorways preventing residents from passing through.
-Sometimes the residents would call out if they needed anything.
-She would walk the halls 3 times per night to check on the residents (no specific times provided).
-All of residents had call bells at their bedside that would ring in her bedroom if activated.
-She was unaware awake staff were needed 24 hours per day due to the residents' diagnosis and ability.

Refer to Tag C 0022, 10A NCAC 13G .0302

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C 191	Continued From page 17 Design and Construction _____ The facility failed to have awake staff on duty and awake at all times to meet the supervision needs of a resident with a dementia diagnosis (#2) and a resident who was developmentally disabled, diagnosed with dementia and unable to care for himself or activate help if he had any needs during the time period supervision was not provided (#3). The facility's failure resulted in substrantial risk of serious injury or death to the residents and constitutes a Type A2 Violation. _____ The facility was provided a plan of protection in accordance with G.S. 131D-34 on 04/28/21 for this violation with an addendum on 05/04/21 and on 05/07/21. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MAY 28, 2021	C 191		
C 281	10A NCAC 13G .0904(e)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (e) Therapeutic Diets in Family Care Homes: (1) All therapeutic diet orders including thickened liquids shall be in writing from the resident's physician. Where applicable, the therapeutic diet order shall be specific to calorie, gram or consistency, such as for calorie controlled ADA diets, low sodium diets or thickened liquids, unless there are written orders which include the definition of any therapeutic diet identified in the facility's therapeutic menu approved by a registered dietitian. This Rule is not met as evidenced by: Based on observation, interviews, and record	C 281		

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reviews, the facility failed to obtain a current diet order in writing from the primary care provider for 1 of 3 sampled residents (# 2).

The findings are:

Review of Resident #2's current FL-2 dated 03/16/21 revealed:
-Diagnoses included diabetes, hypertension and obsessive-compulsive disease.
-The resident was intermittently disoriented.
-There was no diet order listed on the FL-2.

Review of Resident #2's previous diet orders dated 05/06/20 revealed a diabetic diet.

Review of Resident #2's current assessment and care plan dated 03/08/21 revealed:
-The resident was sometimes disoriented and forgetful and needed reminders.
-The resident was on a diabetic diet.
-The resident was independent with eating.

Observation in the kitchen of the facility on 04/28/21 at 9:47am revealed:
-There was a monthly menu plan for "April" posted on the door of the kitchen.
-There was no menu plan or instructions for a diabetic diet.

Interview with Resident #2 on 04/28/21 at 9:25am revealed:
-She was not sure if she was on a special diet.
-She received three meals a day with snacks.
-Snacks consisted of ice cream and cookies.

Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 9:47am and at 6:54pm revealed:
-The residents residing at the facility were not on

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C 281	Continued From page 19 a therapeutic diet. -Residents at the facility were on a regular diet. -She did not add salt to food when she prepared the residents meals. Telephone interview with a Resident #2's primary care provider's (PCP's) nurse on 04/28/21 at 3:28pm revealed: -The resident was a diabetic. -If the FL-2 did not reflect a current diet order for Resident #2 the facility would have been responsible to clarify what type of the diet the resident should be on. -It was expected for the facilty to ensure all diet orders were implemented as ordered and to ensure the resident's diet orders were clarified when needed. Interview with the Administrator on 04/28/21 at 10:10am and at 6:54pm revealed: -All residents were on a regular diet. -The facility did not have a registered dietician that planned and reviewed the facility's menus -She was not aware Resident #2's current FL-2 was not up to date to reflect the resident's current diet.	C 281		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon	C 315		

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admission or readmission and orders on the forms are not the same.
The facility shall ensure that this verification or clarification is documented in the resident's record.

This Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure clarification of medications was obtained prior to administration of two topical medications used for inflamed skin conditions and fungal skin infections for 1 of 3 sampled residents (#2).

The findings are:

Review of Resident #2's current FL-2 dated 03/16/21 revealed:
-Diagnoses included diabetes, hypertension and obsessive-compulsive disease.
-The resident was intermittently disoriented.
-The resident was ambulatory.

Review of Resident #2's current assessment and care plan dated 03/08/21 revealed:
-The resident was sometimes disoriented and forgetful and needed reminders.
-The resident's skin was "VERY DRY".
-The resident's skin was monitored for skin breakdown.

Interview with Resident #2 on 04/28/21 at 9:25am revealed:
-She received all medications from staff.
-She was not sure what kind of medications she took or what the medications were prescribed for.
-She did not have any open skin wounds.

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C 315	Continued From page 21 a. Review of Resident #2's current FL-2 dated 03/16/21 revealed there was an order for Desonide 0.05% lotion twice daily. (Desonide 0.05% is a topical medication used to treat a variety of skin conditions including eczema, dermatitis, allergies and rash). Review of Resident #2's previous FL-2 dated 03/19/20 revealed an order for Desonide 0.05% lotion twice daily. Observation of Resident #2's medications on hand on 04/28/21 at 10:30am revealed: -Desonide 0.05% lotion topical as needed for dry skin with a dispensed date of 06/03/20. -There were no indicated instructions where to apply Desonide 0.05% topically. Review of Resident #2's February 2021, March 2021 and April 2021 medication administration record (MAR) revealed: -There was an entry for Densonside [sic] 0.05% lotion apply twice daily with a scheduled administration of 8:00am and 8:00pm. -There was documentation Densonside [sic] 0.05% lotion had been administered twice daily from 02/01/21 - 04/28/21 at 8:00am and 8:00pm. Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 10:35am revealed Desonide 0.05% was applied to Resident #2's scalp or any dry, scaly, red skin areas. Interview with a pharmacist with the facility's contracted pharmacy provider on 04/28/21 at 2:47pm revealed: -Desonide 0.05% was a topical steroid used to treat inflammation of the skin and could have been ordered for a rash. -It was important for the facility to ensure where	C 315		

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to apply Resident #2's Desonide 0.05% for the medication to be administered as ordered by the primary care provider (PCP).

Telephone interview with Resident #2's PCP's nurse on 04/28/21 on 3:28pm revealed:
-Resident #2 saw the PCP on 02/02/21 and in the physical exam section of the visit note there was an entry the resident had dry skin noted on her face.
-There was no indication where to apply Resident #2's Desonide 0.05%.
-She assumed Desonide should have been applied to Resident #2's face to treat the dry skin that was noted on exam, however, she was not sure.
-It would have been important and expected for the facility to have contacted Resident #2's PCP to clarify where Desonide 0.05% should have been applied prior to the administration of the medication.

Refer to the interview with the Administrator on 04/28/21 at 10:35am.

b. Review of Resident #2's current FL-2 dated 03/16/21 revealed there was an order for Ketoconazole 2% lotion twice daily. (Ketoconazole 2% lotion is a topical medication used to treat fungal skin infections).

Review of Resident #2's previous FL-2 dated 03/19/20 revealed an order for Ketoconazole 2% lotion twice daily.

Observation of Resident #2's medications on hand on 04/28/21 at 10:30am revealed:
-Ketoconazole 2% apply affected area twice daily fungal rash with a dispensed date of 04/06/21.
-There were no indicated instructions where to

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apply Ketoconazole 2% twice daily or the indicated area of the resident's fungal rash.

Review of Resident #2's February 2021, March 2021 and April 2021 medication administration record (MAR) revealed:
-There was an entry for Ketoconazole 2% cream apply twice daily with a scheduled administration of 8:00am and 8:00pm.
-There was documentation Ketoconazole 2% cream had been administered twice daily from 02/01/21 - 04/28/21 at 8:00am and 8:00pm.

Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 10:35am revealed Ketoconazole 2% was applied to Resident #2's scalp or any other dry, scaly, red skin areas.

Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 04/28/21 at 2:47pm revealed:
-Ketoconazole 2% was a topical medication used to treat fungal infections.
-It was important to have clear instructions where to use the topical medication to ensure Resident #2's ordered Ketoconazole was not placed in different areas of the skin at the same time to prevent spreading of any type of fungal skin conditions.

Telephone interview with Resident #2's primary care provider's (PCP's) nurse on 04/28/21 on 3:28pm revealed:
-Resident #2's order for Ketoconazole 2% did not have specific instructions where the topical medication should have been applied.
-She would review the resident's record and provide any additional information if found.
-There would have been an expectation for the facility to have contacted the PCP for clarification

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C 315	Continued From page 24 of where to apply Ketoconazole 2% prior the administration of the medication. At the time of exit on 04/28/21 at 7:30pm there was no additional information provided by Resident #2's PCP's nurse. Refer to the interview with the Administrator on 04/28/21 at 10:35am. Interview with the Administrator on 04/28/21 at 10:35am revealed: -Resident #2 had occasional areas to develop on her body including dry, red skin occurring in different areas. -The medication was prescribed for Resident #2 for any dry skin areas and could be applied to various areas including the resident's buttocks, underneath the resident's breast, head or face. -She would contact Resident #2's primary care provider (PCP) for clarification regarding the topical medications ordered. -She was aware residents' medications required an order from the PCP indicating the route of administration with specific instructions of use, however she had never thought about topical creams requiring this information.	C 315		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies	C 330		

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C 330	Continued From page 25 and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, record reviews, the facility failed to ensure medications were administered according to orders as prescribed by the residents' primary care provider (PCP) for 2 of 3 sampled residents (#3, #2) related to an as needed medication for anxiety (#3) and a potassium supplement (#3). The findings are: Review of the facility's medication policy and procedure manual revealed: -There was a table of contents for the policy and procedure manual. -There was an "Administration of Medications" policy listed in the table of contents, however, the policy was not stored in the manual. Interview with the Administrator on 04/28/21 at 4:59pm revealed: -She was unable to locate the "Administration of Medications" policy. -She would attempt to locate the policy and provide the policy for review. -The "Administration of Medications" policy was not provided prior to the survey exit on 04/28/21. 1. Review of Resident #3's current FL-2 dated 03/16/21 revealed: -Diagnoses included mental retardation, unspecified psychosis, unspecified mood disorder. -The resident was non-verbal.	C 330		

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C 330	Continued From page 26 -There was an order for Ativan 0.5mg, every 8 hours, PRN (as needed) for agitation/anxiety. (Ativan is commonly used to treat anxiety or insomnia due to stress.) -There was no documentation regarding the resident's behavior. Review of Resident #3's previous FL-2 dated 01/04/21 revealed: -Diagnoses included mental retardation, unspecified psychosis, unspecified mood disorder. -The resident was non-verbal. -There was an order for Ativan 0.5mg, every 8 hours, PRN (as needed) for agitation/anxiety. Review of Resident #3's current assessment and care plan dated 03/16/21 revealed the resident could not speak, the staff "guessed" at what was wrong with the resident or what may be hurting. Observations of Resident #3 on 04/28/21 at 9:25am revealed: -The resident sat in a chair in his bedroom. -He was non-verbal and did not answer questions. -He did make eye contact, nodded his head, and smiled when spoken to. Review of Resident #3's medication administration record (MAR) dated April 2021 revealed: -There was an entry for Ativan 0.5mg, one tablet every 8 hours PRN for agitation or anxiety. -Ativan 0.5mg, 1 tablet, was documented as administered every day at 8:00am and 8:00pm. -There was no documentation reflecting why the medication was administered or follow-up for effectiveness.	C 330		

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Review of Resident #3's MAR dated March 2021 revealed:
-There was an entry for Ativan 0.5mg, one tablet every 8 hours PRN for agitation or anxiety.
-Ativan 0.5mg, 1 tablet, was documented as administered every day at 8:00am and 8:00pm.
-There was no documentation reflecting why the medication was administered or follow-up for effectiveness.

Review of Resident #3's MAR dated February 2021 revealed:
-There was an entry for Ativan 0.5mg, one tablet every 8 hours PRN for agitation or anxiety.
-Ativan 0.5mg, 1 tablet, was documented as administered every day at 8:00am and 8:00pm.
-There was no documentation reflecting why the medication was administered or follow-up for effectiveness.

Review of Resident #3's pharmacy drug review dated 03/16/21 revealed there was a recommendation not to give PRN drugs routinely and to only administer the medication when needed for the specific condition in which it was ordered.

Telephone interview with Resident #3's mental health provider's nurse on 04/28/21 at 2:15pm revealed:
-The resident was last seen by the mental health provider on 02/10/21 and was scheduled to be evaluated every 6 months.
-Resident #3's Ativan medication was prescribed to be administered as needed for agitation or anxiety.
-If the resident's mood remained stable, the resident should "hardly take" the Ativan medication.
-It was documented by the mental health provider

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on 02/10/21 that the resident's mood was fine, and that the resident ate, slept, and behaved well according to his last assessment of Resident #3 indicating we would rarely need the Ativan.
-The mental health provider did not know that the resident had been administered Ativan 0.5mg twice daily on a schedule.
-The nurse was concerned that the facility staff were trying to keep the resident "quiet".
-Controlled substances medication, such as Ativan, should be administered as ordered.
-The resident should not be administered Ativan unless he was having behavior issues such as agitation or anxiety, which would indicate admnistration of the medication per the order.
-If the resident had any behavior issues reported by the facility or observed by his provider, it would have been documented by the mental health provider.

Telephone interview with the facility's contracted pharmacist on 04/28/21 at 2:47pm revealed:
-Resident #3 had orders dated 04/15/21, 03/1/21, 01/19/21, and 12/1/21 for Ativan 0.5mg every 8 hours as needed for anxiety.
-Ativan was a medication typically used to calm and help relax.
-He would not expect Ativan to be administered on a schedule; it should only be given as needed.
-If Ativan was administered to Resident #3 when not needed, it could create a need for dependence of the medication, as well as increase the residence's tolerance to the medication requiring a higher dose in the future to be effective for treatment when needed.

Interview with the Administrator on 04/28/21 at 5:36pm revealed:
-Resident #3 was quiet and "you would never know he was in the house".

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-Resident #3 did not have behavior outbursts or confusion but would sometimes become frustrated when he could not communicate.
-Resident #3 could follow commands and would sometimes communicate with sign language.
-She had administered Resident #3's Ativan 0.5mg PRN medication for anxiety or agitation as a scheduled medication, twice per day at 8:00am and 8:00pm, for at least 4 years.
-There was no process in place to ensure follow up of pharmacy review recommendations.
-Resident #3's PCP was unaware that his Ativan 0.5mg PRN medication was administered scheduled instead of PRN.
-She felt that Resident #3's scheduled administration of the Ativan 0.5mg assisted in keeping the resident calm.
-She had never discussed the Ativan PRN order for Resident #3 with his PCP to have the order clarified or updated to reflect the facility's administration practice.
-She did not know why she had never discussed the use of scheduled Ativan for Resident #3 with his PCP.

Refer to the interview with the Administrator on 04/28/21 at 4:59pm.

2. Review of Resident #2's current FL-2 dated 03/16/21 revealed:
-Diagnoses included diabetes, hypertension and obsessive-compulsive disease.
-The resident was intermittently disoriented.
-There was an order for Klor-Con 10meq daily. (Klor-Con is used to treat or prevent low potassium levels).

Review of Resident #2's previous FL-2 dated 03/19/20 revealed there was an order for Klor-Con 10meq daily.

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C 330	Continued From page 30 Review of Resident #2's quarterly pharmacy review dated 02/24/21 revealed Klor-Con should be obtained and administered as ordered by the primary care provider (PCP). Review of Resident #2's January 2021 medication administration record (MAR) revealed: -There was an entry for Klor-Con 10meq daily with a scheduled administration time of 8:00am -Klor-Con 10meq was documented as administered daily at 8:00am from 01/01/21 - 01/31/21. Review of Resident #2's February 2021 MAR revealed: -There was an entry for Klor-Con 10meq daily with a scheduled administration time of 8:00am -Klor-Con 10meq was documented as administered daily at 8:00am from 02/01/21 - 02/28/21. Review of Resident #2's March 2021 MAR revealed: -There was an entry for Klor-Con 10meq daily with a scheduled administration time of 8:00am -Klor-Con 10meq was documented as administered daily at 8:00am from 03/01/21 - 03/31/21. Review of Resident #2's April 2021 MAR revealed: -There was an entry for Klor-Con 10meq daily with a scheduled administration time of 8:00am -Klor-Con 10meq was documented as administered daily at 8:00am from 04/01/21 - 04/28/21. Interview with Resident #2 on 04/28/21 at 9:25am revealed:	C 330		

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C 330	Continued From page 31 -She received all medications from staff. -She was not sure what kind of medications she took or what the medication were prescribed for. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 04/28/21 at 2:47pm revealed: -Klor-con 10meq was dispensed on 04/05/21 with a quantity of 30 tablets. -Klor-Con 10meq was dispensed on 03/08/21 with a quantity of 30 tablets. -Klor-Con 10meq was dispensed on 11/21/20 with a quantity of 30 tablets. -There were no refills for Klor-Con 10meq from 11/21/20 - 03/08/21 and no orders were received to discontinue the medication. -The facility's contracted pharmacy provider did not accept and fill medications from the residents' FL-2's and used either e-scripts or hard scripts to fill medication orders. -Klor-con was prescribed to prevent low potassium levels. -Low potassium levels could lead to the resident experiencing abnormal heart rhythms. Interview with the Administrator on 04/28/21 at 4:59pm revealed: -Resident #2 was taking Klor-Con 10meq daily. -She could not recall Resident #2 receiving an order to discontinue Klor-Con 10meq. -She had been administering Resident #2's Klor-Con 10meq daily. -She did not have an answer as to how Resident #2's Klor-Con 10meg was administered after the 30 tablets refilled on 11/21/20 were depleted with no refills until 03/08/21. -She was not aware Resident #2's Klor-Con 10meq was not filled and dispensed from the pharmacy from November 2020 until 03/08/21.	C 330		

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C 330	Continued From page 32 Telephone interview with Resident #2's primary care provider's (PCP's) nurse on 04/28/21 at 3:28pm revealed: -The resident was last saw the PCP in February 2021. -The resident's potassium level in February 2021 was 3.8 which was normal. -There was no order in the resident's record to discontinue Klor-Con 10meq. -The staff at the facility would have been responsible for contacting the PCP when medication refills were needed. -There was an expectation for the facility to administer the residents' medication as ordered. Refer to the interview with the Administrator on 04/28/21 at 4:59pm. _____ Interview with the Administrator on 04/28/21 at 4:59pm revealed: -When she prepared and administered the residents' medications, she looked at the labels on the residents' medication bottles. -She documented the medications administered on the residents' MAR after administering the medication to the residents. -She did not have a monitoring system in place to ensure medications were administered as ordered such as comparing the FL-2, subsequent medication orders, and residents' MARS to the medications on hand. _____ The facility failed to administer medications as ordered for 2 of 3 residents sampled (#2, #3). Resident #3 received Ativan (a controlled medication) twice daily on a scheduled basis instead of the ordered every 8 hours as needed for anxiety which resulted in the resident taking Ativan unnecessarily which could cause medication dependence and an increased dose	C 330		

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C 330	Continued From page 33 for effective treatment in the future if the medication would be needed. Resident #3 was not administered Klor-Con 10meq as ordered used to treat or prevent low potassium levels as evidenced by the medication not being filled and dispensed from the pharmacy for approximately 3 months which placed the resident at risk for low potassium levels which could lead to abnormal heart rhythms. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility was provided a plan of protection in accordance with G.S. 131D-34 on 04/28/21 for this violation with an addendum on 05/04/21 and on 05/07/21. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 12, 2021.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of	C 342		

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medications or treatments and the reason for the omission, including refusals; and
(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to ensure the medication administration records were accurate for 3 of 3 sampled residents related to medications used for seasonal allergies and a potassium supplement (#2), high blood pressure, anxiety and tremors/involuntary movements (#1) and medications used for allergies, psychosis, depression, tremors/involuntary movements, constipation and anxiety (#3).

The findings are:

1. Review of Resident #2's current FL-2 dated 03/16/21 revealed diagnoses included diabetes, hypertension and obsessive-compulsive disease.

Interview with Resident #2 on 04/28/21 at 9:25am revealed:
-She received all medications from staff.
-She was not sure what kind of medications she took or what the medication were prescribed for.

a. Review of Resident #2's current FL-2 dated 03/16/21 revealed there was an order for Klor-Con 10meq daily. (Klor-Con is a medication used to treat or prevent low potassium levels).

Review of Resident #2's previous FL-2 dated 03/19/20 revealed there was an order for

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C 342	Continued From page 35 Klor-Con 10meq daily. Review of Resident #2's January 2021 medication administration record (MAR) revealed: -There was an entry for Klor-Con 10meq daily with a scheduled administration time of 8:00am -Klor-Con 10meq was documented as administered daily at 8:00am from 01/01/21 - 01/31/21. Review of Resident #2's February 2021 MAR revealed: -There was an entry for Klor-Con 10meq daily with a scheduled administration time of 8:00am. -Klor-Con 10meq was documented as administered daily at 8:00am from 02/01/21 - 02/28/21. Review of Resident #2's March 2021 MAR revealed: -There was an entry for Klor-Con 10meq daily with a scheduled administration time of 8:00am. -Klor-Con 10meq was documented as administered daily at 8:00am from 03/01/21 - 03/07/21. Telephone interview with a Pharmacist at the facility's contracted pharmacy provider on 04/28/21 at 2:47pm revealed: -Klor-con 10meq was dispensed on 04/05/21 with a quantity of 30 tablets. -Klor-Con 10meq was dispensed on 03/08/21 with a quantity of 30 tablets. -Klor-Con 10meq was dispensed on 11/21/20 with a quantity of 30 tablets. Interview with the Administrator on 04/28/21 at 4:59pm revealed: -She was not aware the resident's Klor-Con 10meq was not filled and dispensed from the	C 342		

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pharmacy from November 2020 until 03/08/21.
-She did not have an answer how Resident #2's Klor-Con 10meg could have been administered during that time since there were no refills on the medication from 11/21/20 until 03/08/21.

Refer to the interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 4:53pm.

Refer to the telephone interview with a Pharmacist with the facility's contracted pharmacy provider on 04/28/21 at 2:47pm.

Refer to the interview with the Administrator on 04/28/21 at 12:15pm and 4:56pm.

Refer to the telephone interview with a nurse at the facility's primary care providers' office (PCP) on 04/28/21 at 3:28pm.

b. Review of Resident #2's current FL-2 dated 03/16/21 revealed there was an order there was an order for Cetirizine HCL 10 mg daily. (Cetirizine HCL 10 mg is a medication used to treat seasonal allergies).

Review of Resident #2's previous FL-2 dated 03/19/20 revealed there was an order for Cetirizine HCL 10 mg daily

Review of Resident #2's February 2021 medication administration record (MAR) revealed:
-There was not an entry for Cetirizine HCL 10 mg daily.
-There was no documentation Cetirizine HCL 10 mg daily was administered.

Review of Resident #2's March 2021 MAR revealed:

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C 342	Continued From page 37 -There was not an entry for Cetirizine HCL 10 mg daily. -There was no documentation Cetirizine HCL 10 mg daily was administered. Review of Resident #2's April 2021 MAR revealed: -There was not an entry for Cetirizine HCL 10 mg daily. -There was no documentation Cetirizine HCL 10 mg daily was administered. Observation of Resident #2's medications on hand on 04/28/21 at 10:21am revealed Cetirizine HCL 10 mg take daily dispensed on 04/05/21 with a quantity of 30 tablets. Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 10:20am revealed all the medications on hand for Resident #2 were all the current medications the resident was taking. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 04/28/21 at 2:47pm revealed: -Cetirizine HCL 10 mg was dispensed on 04/05/21 with a quantity of 30 tablets. -Cetirizine HCL 10 mg was dispensed on 03/05/21 with a quantity of 30 tablets. Refer to the interview with the (MA/PCA) on 04/28/21 at 4:53pm. Refer to the telephone interview with a Pharmacist with the facility's contracted pharmacy provider on 04/28/21 at 2:47pm. Refer to the interview with the Administrator on 04/28/21 at 12:15pm and 4:56pm.	C 342		

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C 342	Continued From page 38 Refer to the telephone interview with a nurse at the facility's primary care providers' office (PCP) on 04/28/21 at 3:28pm. 2. Review of Resident #1's current FL-2 dated 03/17/21 revealed: -Diagnoses included schizophrenia, essential hypertension, and obstructive sleep apnea. -There was an order for Ativan 0.4mg three times daily. (Ativan is a medication used to treat anxiety). -There was an order for Metoprolol 50mg daily. (Metoprolol is a medication used to treat high blood pressure). -There was an order for Cogentin 2mg twice daily. (Cogentin is a medication used to treat symptoms from antipsychotic medications to control side effects such as tremors or involuntary movements). Review of Resident #1's previous FL-2 dated 03/17/20 revealed: -There was an order for Ativan 0.4mg three times daily. -There was an order for Metoprolol 50mg daily. -There was an order for Cogentin 2mg twice daily. Review of Resident #1's February 2021 medication administration record (MAR) revealed: -There was an entry for Metoprolol 50 mg daily with a scheduled administration time of 8:00am with documentation of administration daily from 02/01/21 - 02/29/21. -There was an entry for Ativan 0.5mg three times daily with a scheduled administration time of 8:00am, 2:00pm and 8:00pm with documentation of administration three times daily from 02/01/21 - 02/29/21.	C 342		

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C 342	Continued From page 39 -There was an entry for Cogentin 2mg twice daily with a scheduled administration time of 8:00am and 8:00pm with documentation of administration twice daily from 02/01/21 - 02/29/21. Review of the February 2021 calendar revealed there were 28 days in the month. Review of Resident #1's March 2021 MAR revealed: -There were 28 computer generated boxed areas labeled as 1-28 and a handwritten entry for the dates of 03/29/21 and 03/30/21 at the top of the MAR indicating the date of the month. -There were computer generated medication entries in a boxed area on the left of the MAR. -There was an entry for Metoprolol 50 mg daily with a scheduled administration time of 8:00am with documentation of administration daily from 03/01/21 - 03/30/21. -There was an entry for Ativan 0.5mg three times daily with a scheduled administration time of 8:00am, 2:00pm and 8:00pm with documentation of administration three times daily from 03/01/21 - 03/30/21. -There was an entry for Cogentin 2mg twice daily with a scheduled administration time of 8:00am and 8:00pm with documentation of administration twice daily from 03/01/21 - 03/30/21. -There was a handwritten entry with "31" followed by "8am, 8am, 2pm, 8pm and 8pm" with initials in the columns below the hand written entry of "31" with no medication entries on the MAR'S boxed areas on the left. Interview with the Administrator on 04/28/21 at 12:15pm revealed: -She created her own residents' MARS from the computer. -There were times when she printed the	C 342		

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residents' MARs some of the dates at the top of the MARS were "cut off".
-The handwritten entry of "31" on Resident #1's March 2021 MAR was for the date of 03/31/21.
-She did not realize the handwritten entry date for 03/31/21 did not reflect each medication that was administered to the resident at the scheduled administration times.

Interview with Resident #1 on 04/28/21 at 9:35am revealed:
-He had lived at the facility for 2 years.
-Staff at the facility administered all his medications.
-He had not missed any doses of his medication that he was aware of but he was not sure because staff kept up with that.

Refer to the interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 4:53pm.

Refer to the telephone interview with a Pharmacist with the facility's contracted pharmacy provider on 04/28/21 at 2:47pm.

Refer to the interview with the Administrator on 04/28/21 at 12:15pm and 4:56pm.

Refer to the telephone interview with a nurse at the facility's primary care providers' office (PCP) on 04/28/21 at 3:28pm.

3. Review of Resident #3's current FL-2 dated 03/16/21 revealed:
-Diagnoses included mental retardation, unspecified psychosis, unspecified mood disorder, and was non-verbal.
-There was an order for Zyrtec 10mg, 1 per day. (Zyrtec treats seasonal allergies).

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C 342	Continued From page 41 -There was an order for Abilify 10mg, I per day. (Abilify is an antipsychotic medication). -There was an order for Remeron 15mg, 1 per day, nightly at bedtime. (Remeron is used for depression). -There was an order for Cogentin 0.5mg, twice per day. (Cogentin treats side effects from other medications). -There was an order for Gavilax 17g, once per day. (Gavilax is a medication used to treat constipation). -There was an order for Ativan 0.5mg, every 8 hours, as needed. (Ativan treats anxiety/agitation). Review of Resident #3's previous FL-2 dated 01/04/21 revealed: -Diagnoses included mental retardation, unspecified psychosis, unspecified mood disorder, and was non-verbal. -There was an order for Zyrtec 10mg, 1 per day. (Zyrtec treats seasonal allergies). -There was an order for Abilify 10mg, I per day. (Abilify is an antipsychotic medication). -There was an order for Remeron 15mg, 1 per day, nightly at bedtime. (Remeron is used for depression). -There was an order for Cogentin 0.5mg, 1 per day. (Cogentin treats side effects from other medications). -There was an order for Cogentin 1mg, twice per day. (Cogentin treats side effects from other medications). -There was an order for Gavilax 17g, once per day. (Gavilax is a medication used to treat constipation). -There was an order for Ativan 0.5mg, every 8 hours, as needed. (Ativan treats anxiety/agitation).	C 342		

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C 342	Continued From page 42 Review of Resident #3's current assessment and care plan dated 03/16/21 revealed: -There was an order for Silas 60mg/15ml, twice per day. (Silas treats constipation). -The care plan was signed by the primary care provider (PCP) on 03/16/21. Review of Resident #3's February 2021 medication administration record (MAR) revealed: -There was an entry for Zyrtec 10mg scheduled daily at 8:00am. -There was documentation that Zyrtec 10mg was administered on 02/29/21-02/30/21. -There was an entry for Abilify 10mg scheduled every evening at 8:00pm. -There was documentation that Abilify 10mg was administered on 02/29/21-02/30/21. -There was an entry for Remeron 15mg scheduled for bedtime at 8:00pm. -There was documentation that Remeron 15mg was administered on 02/29/21-02/30/21. -There was a handwritten entry for Cogentin 0.5mg twice per day at 8:00am and 8:00pm. -There was documentation that Cogentin 0.5mg was administered on 02/29/21-02/30/21. -There was an entry for Gavilax 17g in 8ox of water scheduled daily at 8:00am. -There was documentation that Gavilax 17g was administered on 02/29/21-02/30/21. -There was an entry for Ativan 0.5mg one tablet every 8 hours as needed for agitation or anxiety. -There was documentation that Ativan 0.5 mg was administered on 02/29/21-02/30/21. -There was an entry for Silas Syrup 4ml twice daily scheduled for 8:00am and 8:00pm. -There was documentation that Silas was administered on 02/29/21-02/30/21. -Based on the February 2021 calendar, there were only 28 days.	C 342		

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C 342	Continued From page 43 Review of Resident #3's March 2021 MAR revealed: -There was an entry for Zyrtec 10mg scheduled daily at 8:00am. -Documentation for Zyrtec 10mg was blank on 03/31/21 with no reason for the omission. -There was an entry for Abilify 10mg scheduled every evening at 8:00pm. -Documentation for Abilify 10mg was blank on 03/31/21 with no reason for the omission. -There was an entry for Remeron 15mg scheduled for bedtime at 8:00pm. -Documentation for Remeron 15mg was blank on 03/31/21 with no reason for the omission. -There was a handwritten entry for Cogentin 0.5mg twice per day at 8:00am and 8:00pm. -Documentation for Cogentin 0.5mg was blank on 03/31/21 with no reason for the omission. -There was an entry for Gavilax 17g in 8ox of water scheduled daily at 8:00am. -Documentation for Gavilax 17g was blank on 03/31/21 with no reason for the omission. -There was an entry for Silas Syrup 4ml twice daily scheduled for 8:00am and 8:00pm. -Documentation for Silas was blank on 03/31/21 with no reason for the omission. Review of Resident #3's April 2021 MAR revealed: -There was an entry for Zyrtec 10mg scheduled daily at 8:00am. -Documentation for Zyrtec 10mg was blank on 04/28/21 with no reason for the omission. -There was a handwritten entry for Cogentin 0.5mg twice per day at 8:00am and 8:00pm. -Documentation for Cogentin 0.5mg was blank on 04/28/21 at 8:00am with no reason for the omission. -There was an entry for Gavilax 17g in 8ox of water scheduled daily at 8:00am.	C 342		

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C 342	Continued From page 44 -Documentation for Gavilax 17g was blank on 04/28/21 at 8:00am with no reason for the omission. -There was an entry for Silas Syrup 4ml twice daily scheduled for 8:00am and 8:00pm. -Documentation for Silas was blank on 04/28/21 at 8:00am with no reason for the omission. Observations of Resident #3 on 04/28/21 at 9:25am revealed: -The resident sat in a chair in his bedroom. -He was being non-verbal and did not answer questions. -He made eye contact, nodded his head, and smiled when spoken to. Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 4:53pm revealed she administered Resident #3's medications today, 04/28/21 at 8:00am, but must have forgotten to document Resident #3's medication on the MAR. Interview with the Administrator on 04/28/21 at 12:15pm and 4:56pm revealed: -She "just got carried away" with her documentation of extra days of administration on Resident #3's February 2021 MAR. -Resident #3 always received his medications and never refused, she was probably rushing to administer his medications on 03/31/21 and forgot to document them. Refer to the interview with the MA/PCA on 04/28/21 at 4:53pm. Refer to the telephone interview with a Pharmacist with the facility's contracted pharmacy provider on 04/28/21 at 2:47pm.	C 342		

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C 342	Continued From page 45 Refer to the interview with the Administrator on 04/28/21 at 12:15pm and 4:56pm. Refer to the telephone interview with a nurse at the facility's primary care provider's office (PCP) on 04/28/21 at 3:28pm. _____ Interview with the medication aide/personal care aide (MA/PCA) on 04/28/21 at 4:53pm revealed: -She pulled the residents' medications in the mornings and prepared them for administration by looking at the medication labels. -She would call the residents in one at a time to administer the medications and ensure each resident took their medication. -She would then document the administration of the medications on the residents' medication administration record (MAR) after observing the resident take the medications. Telephone interview with a Pharmacist with the facility's contracted pharmacy provider on 04/28/21 at 2:47pm revealed: -The pharmacy did not provide the residents' MARs for the facility. -The facility was responsible for creating the residents' MARS. -It was important to ensure medications were documented accurately when administered to prevent medication errors. Interview with the Administrator on 04/28/21 at 12:15pm and 4:56pm revealed: -Her process for administering medications included making a "little list" of what medications to give the residents instead of referencing the MAR. -She then pulled the medications and called the residents to her office one by one to administer the medications and ensure each resident took	C 342		

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C 342	Continued From page 46 their medication. -She did not pre-chart administration of medications. -She would pull the medications first and administer the medications, then go back later and document the medication administration on the resident MAR. -There was no process in place to compare the administration of medications to the MAR orders for safe medication administration. -She would audit resident records every three months for MAR accuracy but had not done it recently. Telephone interview with a nurse at the facility's primary care providers' office (PCP) on 04/28/21 at 3:28pm revealed it was very important for the facility to accurately document the administration of medications for the safety of the residents.	C 342		
C 381	10A NCAC 13G .1009(b) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that action was taken in response to the quarterly pharmaceutical review recommendations for 1 of 3 sampled residents (Resident #2) related to a medication for anxiety. The findings are: Review of Resident #2's current FL-2 dated	C 381		

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C 381	Continued From page 47 03/16/21 revealed: -Diagnoses included diabetes, hypertension and obsessive-compulsive disorder. -The resident was intermittently disoriented. -The resident was ambulatory. -There were handwritten medication orders on page 1 of the FL-2. -There were typed medication orders on page 2 of the FL-2. -There was a medication order for Ativan 0.5mg every hour of sleep. (Ativan is a medication used for anxiety). -There was a medication order for Ativan 0.5mg every 6 hours. Review of Resident #2's quarterly pharmacy reviews revealed: -On 02/24/21 there was documentation that Ativan should be obtained and administered as ordered by the primary care provider (PCP). -On 11/27/20 there was documentation Ativan was not in stock and should be obtained and administered as ordered or a discontinuation order obtained for the resident's record. -On 08/21/20 there was documentation Ativan was not on hand. -On 02/25/20, there was documentation Ativan was out of stock and should be replaced for resident use. Observation of Resident #2's medications on hand on 04/28/21 at 10:21am revealed Ativan was not available for administration. Interview with the Administrator on 04/28/21 at 4:59pm and 5:36pm revealed: -She completed the resident's FL-2's and the PCP signed the FL-2. -She had contacted Resident #2's PCP and the resident's mental health provider and both	C 381		

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C 381	Continued From page 48 providers informed her they were not the provider who prescribed Ativan for Resident #2. -Resident #2 had not taken Ativan in months. -Resident #2's previous PCP ordered Ativan for the resident. -There was no process in place to ensure follow up of pharmacy review recommendations. Telephone interview with Resident #2's mental health provider's nurse on 04/28/21 at 2:01pm revealed the mental health provider was not the prescribing provider for Resident #2's Ativan. Telephone interview with a Resident #2's PCP's nurse on 04/28/21 on 3:28pm revealed: -Resident #2's Ativan was not prescribed by the PCP. -Ativan was not listed in the resident's current medications and had not been an active medication since 2018. -Resident #2 should not have been currently receiving Ativan. -The facility should have requested a clarification for Resident #2's Ativan to be discontinued. -The facility would have been responsible to ensure any pharmacy recommendations were followed up on.	C 381		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record	C 912		

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C 912	Continued From page 49	C 912		

reviews, the facility failed to ensure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to design and construction, medication administration, and management and other staff.

The findings are:

1. Based on observations, interviews, and record reviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 2 of 3 sampled residents (#2 and #3) who had cognitive impairments and/or physical impairments and required verbal prompting to exit the facility during a fire drill. [Refer to Tag C0022, 10A NCAC .0302(b) Design and Construction (Type B Violation)].

2. Based on interviews and record reviews, the facility failed to ensure sufficient staff were on duty and awake at all times to meet the supervision needs for 2 of 4 residents (#2 and #3) who had a diagnosis of dementia (#2) and with significant memory loss requiring redirection and extensive/total assistance with activities of daily living (#3). [Refer to Tag C0191, 10A NCAC 13G .0601(d) Management and Other Staff (Type A2 Violation)].

3. Based on observations, interviews, record reviews, the facility failed to ensure medications were administered according to orders as prescribed by the residents' primary care provider (PCP) for 2 of 3 sampled residents (#3, #2) related to an as needed medication for anxiety (#3) and a potassium supplement (#3). [Refer to Tag C0330, 10A NCAC 13G .1004(a) Medication Administration (Type B Violation)].

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