

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

PRINTED: 02/17/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345425</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIR HAVEN HOME INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>149 FAIR HAVEN DRIVE BOSTIC, NC 28018</b>	
(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
E 000	Initial Comments  The survey team entered the facility on 1/19/21 to conduct a Recertification survey. The survey team was onsite 1/19/21 and 1/21/21. Additional information was obtained offsite on 1/20/21 and 1/22/21. Therefore, the exit date was changed to 1/22/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# UPJO11	E 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)  §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, resident interviews and staff interviews, the facility failed to assess and monitor the ability of a resident to safely self-administer oral medications that were observed in the resident's room for 1 of 1 residents sampled for self-administration of medications (Resident #2).  The findings included:  Resident #2 was admitted to the facility 9/6/19 and readmitted on 10/21/20. Diagnoses included congestive heart failure, atrial fibrillation, pacemaker, hypo-osmolality and hyponatremia, and coronary artery disease.  Review of the Significant Change Minimum Data Set (MDS) dated 11/6/20 revealed that Resident #2 was cognitively intact. Resident #2 had adequate hearing, clear speech, able to	F 554	The corrective action will be accomplished for one resident found to have been effected by the deficient practice by discontinuing the self administration of this oral medication. Previously the resident was receiving this medication in the morning and holding it until lunchtime. The medication administration time was changed for the medication so there is no longer a need for self administration. This timing change was discussed with the resident and she is in agreement.  The facility identified no other residents having the potential for this same deficient practice. All resident's Physician's Orders were audited and it was found that no other residents self administer medications.	2/1/21

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

TITLE

(X6) DATE

Electronically Signed

02/05/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 554	<p>Continued From page 1</p> <p>understand and make herself understood. Resident #2 required supervision and limited assistance with most activities of daily living (ADL).</p> <p>Review of the care plan updated 8/26/20 revealed Resident #2 was not care planned to self-administer oral medications.</p> <p>Review of Resident # 2's Medication Administration Record (MAR) and her Physician Orders for the month of January 2021 revealed she was taking Potassium Chloride Extended-Release 20 milliequivalents medication 1 tablet by mouth every day in the morning and there were no orders to self-administer potassium.</p> <p>An observation in Resident #2's room with the Director of Nursing (DON) on 1/21/21 at 12:08pm revealed a white pill with the marking ABRS-123 found in a basket on her table located beside her bed. During this observation, the DON stated the white pill was potassium, should not have been within residents access and she removed the white pill from the basket.</p> <p>During an interview with Nurse #1 on 1/21/21 at 1:04PM, she stated she gave Resident #2 her potassium medication that morning at breakfast time for the resident to keep and take at her lunch meal. She further stated it was the resident's preference to keep the potassium to take at lunch and the nurses have just "always done it this way".</p> <p>An additional observation of Resident #2's room on 1/21/21 at 1:14pm revealed a white pill in a medicine cup sitting on the table beside her bed.</p>	F 554	<p>The following measures have been put into place for systematic changes to ensure the deficient practice does not reoccur:</p> <ul style="list-style-type: none"> <li>-Any resident that prefers to self administer medications will be assessed using the tool "Evaluation for Self Administration of Medication" by the IDT.</li> <li>-An evaluation for self administration of medication Will be completed by nurse upon admission or resident request for self administration and reviewed every 90 days or as needed by the IDT.</li> <li>-Care Planning for self administration of medication will on each resident who has the desire to self administer medications.</li> <li>-Education was provided to all nurses by the Director of Nursing relating to not leaving medications at the bedside without proper assessment and physician's order for resident self administration of medications. Completed on 2/1/2021. Education was provided to all nurses by the Director of Nursing on the completion of "Evaluation for Self Administration of Medication" Complete 2/1/21. Education was given to the MDS Coordinator and the IDT team on Care Planning self administration of medications by the Administrator and Director of Nursing, Completed on 2/1/21.</li> </ul> <p>The Director of Nursing or the MDS Coordinator will audit 5 residents by observing resident post med-pass. Observations will be to ensure that no medications are left at bedside for self</p>		

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F 554	<p>Continued From page 2</p> <p>An interview was conducted with Resident #2 during this observation. During this interview, Resident #2 stated the white pill in the medicine cup on her table was potassium. She further stated she received it at breakfast from the nurse but kept it to take at lunch because it was too big to swallow with applesauce in the morning. Resident #2 also stated she forgot to take it at lunch but planned to take it with the dinner meal.</p> <p>An interview on 1/22/21 at 11:43am with the DON revealed there was not an assessment tool in place to monitor and evaluate Resident #2's ability to self-administer potassium. She stated a physician order, care plan, and an assessment of the resident's cognition and physical capabilities were required prior to self-administration of medications. The DON further stated she was unaware nurses were allowing Resident #2 to self-administer the morning potassium medication.</p> <p>An interview was conducted on 1/22/21 at 11:52am with the Administrator. During this interview she stated the administration time for Resident #2's potassium medication should have been changed to the afternoon rather than nurses leaving it in the morning for the resident to self-administer later in the day, and this was an incorrect procedure.</p>	F 554	<p>administration without proper order, assessment and care plan. This will be completed weekly times 4 weeks; then, biweekly time 4 weeks; then, monthly times 4 months. If any discrepancies are found, the Administrator and Physician will be notified and concerns will be address in daily Quality Assurance meeting. The overall findings of these observations will be presented in the quarterly Quality Assurance meetings.</p> <p>The corrective action will be completed by 2/1/2021</p>		