

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2017
--------------------------------------------------	----------------------------------------------------------------------------	--------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER NEW GRACESON MANOR ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 116 GWYNN DRIVE REIDSVILLE, NC 27320
--------------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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 survey on 2/22/2017.	C 000		
C 315	<p>10A NCAC 13G .1002(a) Medication Orders</p> <p>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 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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to clarify orders for medications for 1 of 3 sampled residents (Resident #3).</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 1/05/17 revealed: -Diagnoses included schizophrenia. -The medication section did not include an order for mirtazapine (a medication used to treat major depressive disorder).</p> <p>Review of Resident #3's record revealed a physician's order dated 12/14/16 for mirtazapine</p>	C 315		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Whell Susan</i>	TITLE <i>Adm</i>	(X6) DATE 4-4-17
---------------------------------------------------------------------------------------------	---------------------	----------------------------

6899 71B011
*Reviewed and accepted
4/05/17 LJW*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2017
NAME OF PROVIDER OR SUPPLIER NEW GRACESON MANOR ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 116 GWYNN DRIVE REIDSVILLE, NC 27320	
(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 315	<p>Continued From page 1</p> <p>15mg every evening.</p> <p>Review of Resident #3's January 2017 Medication Administration Record (MAR) revealed a computer generated entry for mirtazapine 15 mg one at bedtime and documented as administered at 8:00 pm on 1/01/16 through 1/31/16.</p> <p>Review of Resident #3's February 2017 MAR revealed a computer generated entry for mirtazapine 15 mg one at bedtime and documented as administered at 8:00 pm on 2/01/16 through 2/21/16.</p> <p>Observation of Resident #1's medications on hand 2/22/16 revealed:</p> <ul style="list-style-type: none"> -Multidose packaging labeled morning, afternoon, evening and bedtime. -Each evening was labeled as including mirtazapine 15 mg tablet one tablet at bedtime and there were 5 doses remaining. -The multi-dose pack was filled on 1/10/17. <p>Telephone interview with a representative from the contracted pharmacy on 2/22/17 at 1:41 pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy dispensed a 30 day supply (30 tablets) of mirtazapine 15 mg on 1/10/17 into the multi-dose packs. -The most recent refill order the pharmacy had on hand was dated 12/14/16. -They did not receive a copy of the updated FL2 dated 1/05/17. <p>Interview with the Administrator on 2/22/17 at 1:39 pm am revealed:</p> <ul style="list-style-type: none"> -She was the Administrator for this family care home as well as she occasionally functioned as Medication Aide (MA). 	C 315	<p>Administrator will send a copy of FL-2 and new meds orders to pharmacy when new orders are received from physician after each visit.</p>

Venell Surjan Adm 4-4-17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2017
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER NEW GRACESON MANOR ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 116 GWYNN DRIVE REIDSVILLE, NC 27320
-------------------------------------------------------------------	----------------------------------------------------------------------------------

(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 315	<p>Continued From page 2</p> <ul style="list-style-type: none"> -She was responsible for checking the MARs from month. -She did check the MARs with all the new orders but had not noticed the mirtazapine was left off the FL2 dated 1/05/17. -She re-wrote the FL2 and mistakenly did not include the order for mirtazapine. -Usually she did provide a copy of the new FL2s to the pharmacy. -She did not know why the pharmacy did not get a copy. -There was no one responsible for checking behind her to ensure accuracy of the medication list -She knew the medication listed on the FL2 dated 1/05/17 was Resident #3's current physician orders. <p>Attempted telephone interview with Resident #3's physician on 2/22/17 at 1:22 pm was unsuccessful.</p>	C 315	<p>Copy of the original order for Resident medication, Mirtazapine, was received from Physician and it was ordered 2/6, 2017</p> <p>when new meds come into facility for future months. Meds, MAR and orders will be checked by 2 Medication Aides After check each pack they will initial and sign show that med is correct according to orders.</p>	
-------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Vernell Supers Adm 4-4-17