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Division of Health Service Regulation

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| AND I EAR OF CONTROL OF THE PARTY OF THE PAR | | A. BUILDING: | | COWIFLETED | | |
| FCL045127 | | B. WING | | 09/08/2017 | | |
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| | | | T ROCK, NC 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETE DATE |
| C 000 | The Adult Care Licensure Section and the Henderson County Department of Social Services conduncted an Annual Survey on 9/8/17. | | C 000 | | | |
| | | | | | | |
| C 288 | 10A NCAC 13G .090 | 5(a) Activities Program | C 288 | | | |
| | 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide an activity calendar for 5 of 5 residents and assure a minimum of 14 hours per week of a variety of planned group activities that promote socialization, physical interaction, group accomplishment, increased knowledge and learning of new skills for residents were implemented. | | | | | |
| | | | | | | |
| | The findings are: | | | | | |
| | Interview with two of the five residents during the initial facility tour on 9/8/17 revealed: -"We go on lots of outings, sometimes we do things here." -"We haven't done anything scheduled in a while" that the resident could remember. | | | | | |
| Observation in the facility living room on 9/8/17 at 8:35am revealed: -There was no Activity Calendar postedThere was a blank calendar outside of the medication room beside the dining room. Observation on 9/8/17 from 8:15am to 3:00pm | | | | | | |
| revealed no activities were offered. | | | | | | |

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

(X6) DATE TITLE

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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| C 288 | Continued From page 1 | | C 288 | | | |
| | C 288 Continued From page 1 Observation on 9/8/17 at 8:53am of the activity supplies in a room on the right side of the hallway revealed: -A 3 tiered shelf containing magazines, books, puzzles, crayons and markersA 5 tiered shelf containing numerous craft supplies including paint, multiple containers of beads, paper and foam cutouts, construction paper, yarn and a small ball in a basket. Interview on 9/8/17 at 12:45pm with the Supervisor-In-Charge revealed: -She had been employed with the company for three yearsThe facility had just hired a new activities directorShe had not been given the activities calendar to put on the calendar in the hall to the dining roomThe Activities Director (AD) was responsible for all the activities and the calendarThe current AD was still with the facility but was working individually with a specific resident for the week. | | | | | |
| | Activity Director reveal -She had started as the had the required AD to -She was responsible and putting it up, and daily activities. | ne AD in May and had not | | | | |
| transportation would assist her with activitiesShe could not explain why the person assigned to transportation had not assisted this weekShe was aware there was supposed to be 14 hours a week of planned activities offered each week. | | | | | | |

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-The new activity director would be starting the

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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| C 288 | Continued From page | 2 | C 288 | | | |
| | SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION) | | | | | |
| C 367 | 10A NCAC 13G .1008 | 3(a) Controlled Substances | C 367 | | | |
| 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by | | | | | | |

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documenting the receipt, administration and

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| C 367 | Continued From page 3 | | C 367 | | | |
| | disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure accurate documentation of a controlled substance, clonazepam 0.5mg (used to treat anxiety) by documenting the administration for 1 of 3 residents (Resident #3). The findings are: Review of Resident #3's current FL2 dated 7/21/17 revealed: -Diagnosis included hypertension and migrainesResident #3 was documented as intermittently disoriented, ambulatory, and continent of bladder and bowelResident #3 had an order for clonazepam 0.5mg tablet, ½ tab every day as needed for anxiety hold for sedation. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | -Clonazepam 0.25 Munder tongue every d "hold for sedation" with handClonazepam 0.5mg to mouth every day as n | 7 at 2:30pm of the or Resident #3 revealed: G DIS TA, Dissolve 1 tablet ay as needed for anxiety th 7 number of tablets on tablet, take ½ tablet by needed for anxiety hold for ber of tablets on hand. | | | | |
| | A review of the narcotic Sheet for Resident #3 revealed: -An entry for clonazepam 0.5mg ½ tab was documented as administered on 7/22/17 at | | | | | |

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9:52pm on Resident # 3's narcotic sheet.

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| Division (| of Health Service Regu | ilation | | | | |
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| | | | | , | | |
| C 367 | Continued From page | e 4 | C 367 | | | |
| | An ontry for alanaza | nam 0 Ema tah was | | | | |
| | -An entry for clonaze | _ | | | | |
| | | nistered on 7/25/17 at | | | | |
| | 11:16pm on Resident | | | | | |
| | | pam 0.5mg ½ tab was | | | | |
| | | nistered on 8/31/17 at | | | | |
| | 11:07pm on Resident | | | | | |
| | -An entry for clonaze | pam 0.5mg ½ tab was | | | | |
| | documented as admi | nistered on 9/6/17 at | | | | |
| | 11:00pm on Resident | t #3's narcotic sheet. | | | | |
| | | | | | | |
| | | cation Administration Record | | | | |
| | (MAR) for Resident # | | | | | |
| | -Clonazepam 0.5mg ½ tab was not documented | | | | | |
| | as administered on 7 | /22/17 at 9:52pm on | | | | |
| | Resident #3's MAR. | | | | | |
| | -Clonazepam 0.5mg | ½ tab was not documented | | | | |
| | as administered on 7 | /25/2017 at 11:16pm on | | | | |
| | Resident #3's MAR. | | | | | |
| | -Clonazepam 0.5mg | ½ tab was not documented | | | | |
| | as administered on 8 | /25/2017 at 11:27pm on | | | | |
| | Resident #3's MAR. | · | | | | |
| | -Clonazepam 0.5mg | ½ tab was not documented | | | | |
| | | /31/17 at 11:07pm on | | | | |
| | Resident #3's MAR. | | | | | |
| | -Clonazepam 0.5mg | ½ tab was not documented | | | | |
| | as administered on 9 | | | | | |
| | Resident #3's MAR. | | | | | |
| | | | | | | |
| | An interview on 9/8/1 | 7 at 1:45pm with the | | | | |
| | Facilities Manager re | vealed: | | | | |
| | -Medication Aides ha | | | | | |
| | Supervisor-In-Charge | | | | | |
| | permission to give a l | · · · | | | | |
| | | ount sheet, MAR, and | | | | |
| | narcotic sheet". | and the state of t | | | | |
| | | et up a 1 hour timer to put | | | | |
| | down the effect of the | | | | | |
| | | MAR's and the narcotic | | | | |
| | sheet to make sure th | | | | | |
| | | - | | | | |
| -The staff member should have documented the | | 1 | | | | |

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| C 367 | An review of the facility Medication Administration Policy Manual reveals - "Administration of PI must only be done aft (SOC) is noted first "There must ALWAYS | nedication on the MAR not leet. by's policy entitled "Policy on lition" on page 8 of the led: RNcontrolled medication | C 367 | | | |

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