STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011369	A. BUILDING: _____ B. WING _____	C 10/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	136 ROBINSON COVE ROAD CANDLER, NC 28715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on October 18-20, 2017.	D 000		
D 034	10A NCAC 13F .0302 (f) Design And Construction 10A NCAC 13F .0302 Design And Construction (f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a current fire inspection report was maintained in the home. The findings are: Review of the facility's fire inspection report dated 3/10/16 revealed: -There were no documented hazards found. -There were no documented "requirements to correct" to provide adequate safety. Review of the facility's Automatic Fire Protection Systems Report dated 4/25/17 revealed: -It was a report of inspection of the fire protection systems in the facility. -It was from a semi-annual contracted inspection. -Items inspected included: ensure that mechanical gas valve is in closed position, ensure all electrical and mechanical gas shutoffs operate, ensure that control head operates freely, functionally test manual release and remote pull control, clean all nozzles and caps, clean fusible links, inspect and clean quartziod bulb, bring	D 034		

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D 034	Continued From page 1	D 034		

inspection tags up to date, inspect and tag portable fire extinguishers.

Observation on 10/18/17 during the initial facility tour from 10:45am to 12:00pm revealed:
-The fire extinguishers in the facility were in date.
-1 of 3 extinguishers observed had an upcoming expiration date of 10/31/17.

Interview with the Maintenance Director on 10/19/17 at 9:21am revealed:
-"I called the local fire department yesterday, about getting a reinspection and I haven't gotten a call back yet."
-The inspector "usually comes out when we need him."
-"I don't know if he's on vacation or what."

Interview with the Operations Manager on 10/19/17 at 4:21pm revealed:
-The fire marshall inspection was routinely done "once a year."
-"He's running late."
-"He's been out here several times though for alarms."
-"The system works properly. The system alerts work."
-"If the fire system goes off line, it alerts the Regional Manager and Maintenance Director, so we can start fire watches."
-"He usually just comes to do our inspections."
-"I think we have had a more recent [inspection], but I couldn't find the report."

Telephone interview with the Fire Marshall's office on 10/20/17 at 9:40am revealed:
-The facility had not had a fire inspection "this year."
-The facility was responsible for calling and scheduling a time for the inspection with the Fire

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D 034	Continued From page 2 Marshall.	D 034		
D 072	10A NCAC 13F .0305(m) Physical Environment 10A NCAC 13F .0305 Physical Environment (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; (2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain the outside grounds of the facility in a clean condition. The findings are: Observations during a facility tours conducted on 10/18/17 from 10:45am to 12:00pm and on 10/19/17 from 7:51am to 9:35am revealed: -On the right side of the building, an approximate 8 ft. section of guttering over the patio between the kitchen and laundry room was bent and full of debris. -The cream colored paint at the bottom of the exterior wall of the facility kitchen was discolored from dirt for an approximate 2 ft. high by 10 ft. long area. -There was an approximate 1 ft. long by 4 in. wide area on the exterior wall of the laundry room that was discolored gray from what appeared to be cigarette ash. -The exterior exit door off the hallway bordering	D 072		

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D 072	Continued From page 3	D 072		

resident room #6 was damaged with what appeared to be exposure to moisture. The entire bottom half of the door from the door handle down was buckled and rough.
-The wood at the bottom of the same door was chipped and damaged in an approximate 3 ft. long by 2 in. wide area.
-The exterior window of the common bathroom off the hallway bordering resident room #6 had spider webs and dead bugs covering its surface.
-There was mildew visible on the exterior sides of the guttering bordering resident rooms 8, 10, 12, and 14.
-There was an approximate 10 ft. long by 2 in. wide section of painted area on the side porch off the living room where the white paint was chipped and damaged where chair backs had scrapped the wall.
-On the exterior wall of resident room #1, there was an approximate 6 in. long by 4 in. wide area where the cream colored paint was missing. There was an approximate 4 ft. long by 1 ft. wide area of gray discoloration at the bottom of the same wall.
-On the exterior wall of resident room #3, there was an approximate 1 ft. long by 2 in. wide area where the paint was missing.

Interview with the Maintenance Director on 10/18/17 at 11:19am revealed:
-He was responsible for maintenance of the facility and making needed repairs at the facility.
-Repairs needed at the facility were communicated to him by the Resident Care Coordinator, Operations Manager, and Regional Manager.
-If he was unable to make a repair, he would let the Regional Manager know and get approval to get a contractor to make the repair.
-The building was an older building and he was in

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D 072	Continued From page 4	D 072		

the building daily to work on repairs that were communicated to him.

Interview with the Operations Manager on 10/20/17 at 11:00am revealed:
-He did walk throughs of the facility specifically to check for environmental issues "a couple times a year."
-He worked in the facility Monday through Friday assisting in resident care.
-Residents and staff were encouraged to report enivironmental concerns to him at any time.
-He made lists of environmental issues that he found or that were reported to him and the lists were then given to the Regional Manager and the Maintenance Director.
-When items were repaired, the Maintenance Director would make a note on the list.
-The maintenance repair lists were available for review.

Review of maintenance lists dated January and March 2017 revealed the items on the list addressed environmental issues inside the facility.

Interview with the Regional Manager on 10/20/17 at 11:00am revealed:
-The Operations Manager and the Resident Care Coordinator were responsible for communicating to him when there were repairs that needed to be made at the facility.
-He would then notify the Maintenance Director of the issues.
-The Maintenance Director would then look at the areas of concern and make the repairs or arrange for a contractor to make the repairs.

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D 074	Continued From page 5	D 074		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure walls and floors or floor coverings were kept in good repair in resident rooms (#1, #2, #3, #5, #6, #8, #10, #12, #13, and #14), in two common bathrooms, one window in the dining room, and one window in the living room. The findings are: Observations during a facility tours conducted on 10/18/17 from 10:45am to 12:00pm and on 10/19/17 from 7:51am to 9:35am revealed: -In resident room #2, there was an approximate 2 ft. by 2 ft. area of floor tiles that were heavily scuffed revealing the white inner material of the tile on the floor beside the resident's bed closest to the entrance to the room. -In resident room #2, there was an approximate 3 ft. wide by 4 ft. long area of floor tiles in front of the resident's chest of drawers that were scuffed revealing the white inner material of the tiles. -In resident room #2, there was an approximate 4 in. wide by 4 in. wide area of damaged floor tiles in front of the resident's closet that were heavily scuffed revealing the white inner material of the	D 074		

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D 074	Continued From page 6 tiles. -In resident room #1, there were three 12 in x 12 in. floor tiles that were scuffed showing the white inner material of the tile at the entrance to the room. -In resident room #1, there was one 12 in. x 12 in floor tile at the bottom of the bed closest to the closet that was heavily scuffed revealing the white inner material of the tile. -In resident room #1, there were three 12 in. x 12 in. floor tiles between the two residents beds that were scuffed showing the white inner material of the tiles. -In resident room #3, there were two 12 in. x 12 in. floor tiles between the two residents beds that were scuffed showing the white inner material of the tiles. -In resident room #3, there was an approximate 1/2 in. gap between the metal door transition hardware and the floor tiles. -In the common shower room beside room #5, there was an approximate 4 in. wide by 6 in. long area where the ceramic floor tiles were missing. Some grout material had been smoothed into the area however there were still rough edges on some of the tiles. -In resident room #5, there were four approximate 1/2 in. areas where the paint had been scrapped from the lower left side of the door. -In resident room #6, there were two 6 in. x 6 in. floor tiles that were heavily scuffed showing the white inner material of the tiles at the entrance to the room. -In the hallway outside room #6, there was the remnants of an old thermastat on the wall without a cover over it. -In the common half bathroom outside room #6 on the short hall, the backslash over the sink was damaged and discolored from what appeared to be caused by exposure to moisture.	D 074		

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D 074	Continued From page 7 -On the back hallway outside resident room #8, there was an approximate 5 ft. wide by 4 ft. long area where the edges of the laminate pieces were very worn. -In resident room #8, there was one 12 in. x 12 in. floor tile that was heavily scuffed showing the white inner material of the tile at the entrance to the room. -In resident room #10, there was a tile at the head of the residents bed in between the bed and night stand, that was a different type of tile than the surrounding tile. -In resident room #10, there was an approximate 3 in. wide by 1 ft. long area of floor tile that was missing on the floor behind the base of the sink in the room which exposed the concrete subfloor. -In the shared bathroom between resident room #8 and #10, there was an approximate 1 ft. long by 6 in. tall area of damaged wallpaper over the back of the commode. -In the shared bathroom between resident room #12 and #14, there was an approximate 2 in. wide by 2 in. long edge of a floor tile that was missing in front of the base of the commode. -In resident room #14, there was three 12 in. x 12 in. floor tiles that were heavily scuffed showing the black inner material of the tile at the entrance to the room. -In resident room #13, there was an approximate 4 ft. wide by 12 ft. long area of heavily scuffed showing the white inner material of the floor tiles at the entrance to the room. -In the living room, there was an approximate 1 ft. section of Plexiglas was broken and jagged over the window air conditioning unit. -In the dining room, there was an approximate 1.5 ft. long diagonal crack in the glass of the window on the left side of the dining room. Review of the facility's building sanitation report	D 074		

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D 074	Continued From page 8	D 074		

dated 5/24/17 revealed "Some walls and floors in rooms are in need of repair/repainting."

Interview with the Maintenance Director on 10/18/17 at 11:19am revealed:
-They had replaced the floors in the common areas of the facility.
-They had waited to repair the scuffed floor tiles in the resident's rooms, until they could install new door frame supports for the solid doors they had throughout the facility.
-Without the installation of the new door frame supports, the doors would scrap the floor and scuff any new floor tiles installed.
-They had completed the installation of many of the door frame supports, so the doors would not scuff any new flooring they installed.
-They were working to repair all of the flooring issues.

Interviews with the residents who lived in room #10 on 10/20/17 at 9:03am revealed they had no complaints about the condition of their floors or walls.

Interview with one of the residents who lived in room #3 on 10/20/17 at 10:45am revealed "the floor in my room is fine."

Interview with one resident who lived in room #11 on 10/20/17 at 10:47am revealed the resident had no concerns about the condition of the floors in his room.

Interview with the Operations Manager on 10/20/17 at 11:00am revealed:
-He did walk throughs of the facility specifically to check for environmental issues "a couple times a year."
-He worked in the facility Monday through Friday

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D 074	Continued From page 9 assisting in resident care. -Residents and staff were encouraged to report environmental concerns to him at any time. -He made lists of environmental issues that he found or that were reported to him and the lists were then given to the Regional Manager and the Maintenance Director. -When items were repaired, the Maintenance Director would make a note on the list. -The maintenance repair lists were available for review. Review of maintenance lists dated January and March 2017 revealed: -There were multiple floor repair issues on the list for resident rooms including rooms #1, #6, #8, #11, #13, and shared bathrooms between rooms #7 and #9 and #12 and #14. -The notations indicated "done" out beside all of those flooring issues.	D 074		
D 090	10A NCAC 13F .0306(b)(4) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (4) a wall or dresser mirror that can be used by each resident; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to furnish a wall or dresser mirror for 4 of 14 resident rooms that could be used by each resident (Rooms #1, #2,	D 090		

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D 090	Continued From page 10 #3, and #12). The findings are: Observations on 10/19/17 from 7:51am to 9:35am revealed: -There were two residents in room #1; there were no mirrors. -There were two residents in room #2; there were no mirrors. -There were two residents in room #3; there were no mirrors. -There were two resident in room #12; there were no mirrors. Interview on 10/19/17 at 10:00am with one of the residents who resided in room #1 revealed: -He did not have a mirror in his room. -He would like to have a mirror to assist with his dressing in the mornings. Interview on 10/19/17 at 9:10am with one of the residents who resided in room #12 revealed he would like to have a mirror in his room. Interview with the Operations Manager on 10/20/17 at 11:00am revealed: -He did walk throughs of the facility specifically to check for environmental issues "a couple times a year." -He worked in the facility Monday through Friday assisting in resident care. -Residents and staff were encouraged to report environmental concerns to him at any time. -He made lists of environmental issues that he found or that were reported to him and the lists were then given to the Regional Manager and the Maintenance Director. -When items were repaired, the Maintenance Director would make a note on the list.	D 090		

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D 090	Continued From page 11 -The maintenance repair lists were available for review. Review of maintenance lists dated January and March 2017 revealed there was no documentation of rooms that were missing mirrors or mirrors being added to rooms.	D 090		
D 091	10A NCAC 13F .0306(b)(5)(6) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 9 of 14 (#2, #5, #8, #12, #13, and #14) rooms occupied by two residents had at least 1 comfortable chair for each resident. The findings are: Observations during a facility tour on 10/19/17 from 7:51am to 9:35am revealed: -Two residents resided in room #2; there were no chairs. -Two residents resided in room #3; there was only 1 chair for either resident or guest. -Two residents resided in room #5; there were no	D 091		

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D 091	Continued From page 12	D 091		

chairs.
-Two residents resided in room #8; there were no chairs.
-Two residents resided in room #9; there was only 1 chair for either resident or guest.
-Two residents resided in room #10; there was only 1 chair for either resident or guest.
-Two residents resided in room #12; there were no chairs.
-Two residents resided in room #13; there were no chairs.
-Two residents resided in room #14; there were no chairs.

Interview with one resident who resided in room #1 on 10/19/17 at 7:53am revealed he "wouldn't mind" having a chair in his room.

Interview with one resident who resided in room #8 on 10/19/17 at 8:56am revealed he would like to have a chair in his room.

Interview with one resident who resided in room #10 on 10/19/17 at 9:03am revealed he did not want another chair in the room.

Interview with one resident who resided in room #14 on 10/19/17 at 9:24am revealed he did not want a chair in the room.

Interview with one resident who resided in room #13 on 10/19/17 at 9:22am revealed he did not want a chair in the room.

Interview with the Operations Manager on 10/20/17 at 11:00am revealed:
-He did walk throughs of the facility specifically to check for environmental issues "a couple times a year."
-He worked in the facility Monday through Friday

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D 091	Continued From page 13 assisting in resident care. -Residents and staff were encouraged to report environmental concerns to him at any time. -He made lists of environmental issues that he found or that were reported to him and the lists were then given to the Regional Manager and the Maintenance Director. -When items were repaired, the Maintenance Director would make a note on the list. -The maintenance repair lists were available for review. Review of maintenance lists dated January and March 2017 revealed: -There was documentation of rooms that needed furniture items or repairs to furniture including dressers and night stands. -There was no documentation of rooms that had been identified as being without a chair.	D 091		
D 093	10A NCAC 13F .0306(b)(8) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading. This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide each bedroom with a light overhead of bed with a switch within reach of	D 093		

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person lying on bed for 10 of 28 residents.

The findings are:

Observations on 10/19/17 from 7:51am to 9:35am revealed:
-Two residents resided in room #2; the overhead light switch was accessible to one of the residents; there were no lamps in the room.
-Two residents resided in room #3; the overhead light switch was accessible to one of the residents; there were no lamps in the room.
-Two residents resided in room #5; the overhead light switch was accessible to one of the residents; there were no lamps in the room.
-Two residents resided in room #8; there was no overhead light, there were no lamps in the room.
-Two residents resided in room #9; there were no lamps in the room.
-Two residents resided in room #12; there were no lamps in the room.
-Two residents resided in room #13; there were no lamps in the room.
-Two residents resided in room #14; there was no overhead light, there were no lamps in the room.

Interview with one of the residents who resided in room #3 on 10/19/17 at 8:01am revealed "I would like to have a lamp, that way I could read at night."

Interview with one of the residents who resided in room #8 on 10/19/17 at 8:56am revealed the resident would like to have a lamp in the room.

Interview with one of the residents who resided in room #12 on 10/19/17 at 9:10am revealed the resident would like to have a lamp in the room.

Interview with one of the residents who resided in

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D 093	Continued From page 15 room #13 on 10/19/17 at 9:24am revealed the resident would like to have a lamp in the room. Interview with the Operations Manager on 10/19/17 at 9:18am revealed: -"We have enough lamps." -"Some of the residents have taken their lamps out of their rooms and set them in the hall." -"We will get some for the residents who wanted one." Interview with the Operations Manager on 10/20/17 at 11:00am revealed: -He did walk throughs of the facility specifically to check for environmental issues "a couple times a year." -He worked in the facility Monday through Friday assisting in resident care. -Residents and staff were encouraged to report environmental concerns to him at any time. -He made lists of environmental issues that he found or that were reported to him and the lists were then given to the Regional Manager and the Maintenance Director.	D 093		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .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	D 367		

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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 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 assure the accuracy of the electronic Medication Administration Records (eMARs) for 4 of 4 (#1, #2, #4, and #5) sampled residents related to documenting PRN (as needed) administration for oxycodone 5 mg and (#1), hydrocodone 5mg-acetaminophen 325mg (#2), Tramadol 50mg (#5) and lorazepam 2 mg (#4); and, hydrocodone 5mg-acetaminophen 325mg scheduled for administration (#1).

The findings are:

A. Review of Resident #1's current FL2 dated 10/5/17 revealed:
-Diagnoses included anxiety, hypertension, and bipolar.
-A physician's order for oxycodone 5 mg take one tablet every 6 hours as needed for pain (breakthrough). (Oxycodone is a narcotic pain medication).
-A physician's order for hydrocodone 5mg-acetaminophen 325mg one tablet 3 times a day.
(Hydrocodone 5mg-acetaminophen 325mg is a narcotic pain reliever).

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D 367	Continued From page 17 1. Review of a previous physician order dated 7/19/17 revealed an order for oxycodone 5 mg take one tablet every 6 hours as needed for pain (breakthrough) and a physician's order dated 8/16/17 for oxycodone 5 mg one tablet every 6 hours as needed for pain. Review of the August 2017 electronic Medication Administration Record (eMAR) for Resident #1 revealed: -There was entry for oxycodone 5 mg take one tablet every 6 hours as needed for breakthrough pain. -Documentation for doses of oxycodone 5 mg administered included date and time administered, reason given, medication aide (MA) that administered the medication, and the effectiveness of the medication. -The oxycodone 5 mg was documented as administered for 61 doses on the eMAR from 8/1/17 to 8/31/17. Review of Resident #1's Controlled Substance Count Sheets (CSCS) for oxycodone 5 mg compared to Resident's #1's August 2017 eMAR revealed: -There were 66 doses of oxycodone 5 mg documented as administered on the CSCS from 8/1/17 to 8/31/17. -There were 61 doses of oxycodone 5 mg documented as administered on the eMAR, including date, time, reason given, MA administering medication, and the effectiveness. -There were 5 doses of oxycodone 5 mg not documented for administration on Resident #1's August 2017 eMAR. Oxycodone 5 mg doses documented for administration on Resident #1's CSCS, but not	D 367		

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documented as administered on Resident #1's August 2017 eMAR were as follows:
-On 8/1/17 at 7:05pm - 1 tablet documented as administered on the CSCS, but not documented on the eMAR.
-On 8/3/17 at 7:30am - 1 tablet documented as administered on the CSCS, but not documented on the eMAR.
-On 8/5/17 at 8:15pm - 1 tablet documented as administered on the CSCS, but not documented on the eMAR.
-On 8/8/17 at 7:00pm - 1 tablet documented as administered on the CSCS, but not documented on the eMAR.
-On 8/17/17 at 1:44am - 1 tablet documented as administered on the CSCS, but not documented on the eMAR.

Review of the September 2017 eMAR for Resident #1 revealed:
-There was entry for oxycodone 5 mg take one tablet every 6 hours as needed for breakthrough pain.
-Documentation for doses of oxycodone 5 mg administered included date and time administered, reason given, medication aide (MA) that administered the medication, and the effectiveness of the medication.
-The oxycodone 5 mg was documented as administered for 55 doses on the eMAR from 9/1/17 to 9/30/17.

Review of Resident #1's CSCS for oxycodone 5 mg compared to Resident's #1's September 2017 eMAR revealed:
-There were 56 doses of oxycodone 5 mg documented as administered on the CSCS from 9/1/17 to 9/30/17.
-There were 55 doses of oxycodone 5 mg documented as administered on the eMAR,

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including date, time, reason given, MA administering medication, and the effectiveness.
-There were 2 doses of oxycodone 5 mg not documented for administration on Resident #1's September 2017 eMAR, and one dose documented incorrectly on Resident #1's September 2017 eMAR.
-On 9/23/17 at 2:56pm - 1 tablet documented as administered on the eMAR, but not documented on Resident #1's CSCS.

Oxycodone 5 mg doses documented for administration on Resident #1's CSCS, but not documented as administered on Resident #1's August 2017 eMAR were as follows:
-On 9/23/17 at 11:22am - 1 tablet documented as administered on the CSCS, but not documented on the eMAR.
-On 9/23/17 at 6:00pm - 1 tablet documented as administered on the CSCS, but not documented on the eMAR.

Interview on 10/20/17 at 1:12 pm with Resident #1 revealed:
-She took pain medication for her leg pain.
-She was being seen by home health for a sore on her leg.
-She received her pain medications routinely and asked for "prn (as needed)" pain medication due to the discomfort.
-She thought she received her pain medication when she requested the medication.

Interview on 10/20/17 at 11:00am with the Operations Manager (OM) revealed:
-The Resident Care Coordinator (RCC) was responsible for the overstock and managing the residents' CSCS for the residents' controlled drugs.
-The RCC was responsible for assuring all

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controlled medications had an accounting.
-The OM assisted the RCC with any controlled medication discrepancies.
-The facility did not have a system in place to routinely audit the accuracy of documentation of the administration of "prn" controlled medications.
-He was not aware medication aides were not documenting administration of controlled medications administered "prn" accurately.

Interview on 10/20/17 at 1:15pm with the Resident Care Coordinator (RCC) revealed:
-She worked a regular shift as a medication aide (MA).
-She was responsible for receiving and tracking all controlled substances.
-She was managed the overstock for controlled drugs, and was responsible for maintaining the CSCS sheets for controlled drug inventory accounting.
-She did not have a system in place to routinely audit the residents' CSCS compared to the residents' eMAR for accuracy of documenting administration of "prn" medications.
-She was not aware medication aides were not documenting administration of controlled medications administered "prn" accurately.

Interview on 10/20/17 at 1:22pm with the Regional Manager revealed:
-The RCC and OM were responsible for assuring medication administration was documented accurately.

Refer to the interview on 10/19/17 at 10:35am with Operations Manager.

2. Review of previous physician orders dated 8/10/17 and 9/11/17 revealed orders for hydrocodone 5mg-acetaminophen 325mg take

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one tablet 3 times a day.

Review of the August 2017 electronic Medication Administration Record (eMAR) for Resident #1 revealed:
-There was entry for hydrocodone 5mg-acetaminophen 325mg take one tablet 3 times a day.
- Hydrocodone 5mg-acetaminophen 325mg was scheduled for administration daily at 8:00am, 2:00pm, and 8:00pm.
- Hydrocodone 5mg-acetaminophen 325mg was documented as administered for 61 doses on the eMAR from 8/11/17 to 8/31/17.

Review of Resident #1's Controlled Substance Count Sheets (CSCS) for hydrocodone 5mg-acetaminophen 325mg compared to Resident's #1's August 2017 eMAR revealed:
-There were 60 doses hydrocodone 5mg-acetaminophen 325mg documented as administered on the CSCS from 8/11/17 to 8/31/17.
-There were 61 doses of hydrocodone 5mg-acetaminophen 325mg documented as administered on the eMAR.
-On 8/27/17 at 8:00pm, there was 1 dose of hydrocodone 5mg-acetaminophen 325mg documented for administration on Resident #1's August 2017 eMAR, but not documented on the resident's CSCS.
-On 8/21/17 at 2:00pm, hydrocodone 5mg-acetaminophen 325mg was documented as administered on two separate entries on Resident #1's CSCS.

Review of the September 2017 eMAR for Resident #1 revealed:
-There was entry for hydrocodone 5mg-acetaminophen 325mg take one tablet 3

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times a day.
- Hydrocodone 5mg-acetaminophen 325mg was scheduled for administration daily at 8:00am, 2:00pm, and 8:00pm.
- Hydrocodone 5mg-acetaminophen 325mg was documented as administered for 83 doses on the eMAR from 9/1/17 to 9/30/17.

Review of Resident #1's Controlled Substance Count Sheets (CSCS) for hydrocodone 5mg-acetaminophen 325mg compared to Resident's #1's September 2017 eMAR revealed:
-There were 83 doses hydrocodone 5mg-acetaminophen 325mg documented as administered on the CSCS from 9/1/17 to 9/30/17.
-There were 83 doses of hydrocodone 5mg-acetaminophen 325mg documented as administered on the September 2017 eMAR.
-On 9/11/17 at 8:00pm, one dose of hydrocodone 5mg-acetaminophen 325mg was documented as administered on the September 2017 eMAR, but not documented as administered on Resident #1's CSCS.
-On 9/23/17 at 2:00pm there was 1 dose of hydrocodone 5mg-acetaminophen 325mg documented for administration on Resident #1's CSCS, but not documented on the resident's September 2017 eMAR.

Review of the October 2017 eMAR for Resident #1 revealed:
-There was entry for hydrocodone 5mg-acetaminophen 325mg take one tablet 3 times a day.
- Hydrocodone 5mg-acetaminophen 325mg was scheduled for administration daily at 8:00am, 2:00pm, and 8:00pm.
- Hydrocodone 5mg-acetaminophen 325mg was documented as administered for 51 doses on the

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D 367	Continued From page 23 eMAR from 10/1/17 to 10/18/17 at 2:00pm. Review of Resident #1's Controlled Substance Count Sheets (CSCS) hydrocodone 5mg-acetaminophen 325mg compared to Resident's #1's October 2017 eMAR revealed: -There were 50 doses hydrocodone 5mg-acetaminophen 325mg documented as administered on the CSCS from 10/1/17 to 10/18/17 at 2:00pm. -There were 51 doses of hydrocodone 5mg-acetaminophen 325mg documented as administered on the October 2017 eMAR. -On 10/9/17 at 8:00pm, one dose of hydrocodone 5mg-acetaminophen 325mg was documented as administered on the October 2017 eMAR, but not documented as administered on Resident #1's CSCS. Interview on 10/20/17 at 1:12 pm with Resident #1 revealed: -She took pain medication for her leg pain. -She was being seen by home health for a sore on her leg. -She received her pain medications routinely and asked for "prn (as needed)" pain medication due to the discomfort. -She thought she received her pain medication when she requested the medication. Interview on 10/20/17 at 11:00am with the Operations Manager (OM) revealed: -The Resident Care Coordinator (RCC) was responsible for the overstock and managing the residents' CSCS for the residents' controlled drugs. -The RCC was responsible for assuring all controlled medications had an accounting. -The OM assisted the RCC with any controlled medication discrepancies.	D 367		

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-The facility did not have a system in place to routinely audit the accuracy of documentation of the administration of "prn" controlled medications.
-He was not aware medication aides were not documenting administration of controlled medications administered "prn" accurately.

Interview on 10/20/17 at 1:15pm with the Resident Care Coordinator (RCC) revealed:
-She worked a regular shift as a medication aide (MA).
-She was responsible for receiving and tracking all controlled substances.
-She was managed the overstock for controlled drugs, and was responsible for maintaining the CSCS sheets for controlled drug inventory accounting.
-She did not have a system in place to routinely audit the residents' CSCS compared to the residents' eMAR for accuracy of documenting administration of "prn" medications.
-She was not aware medication aides were not documenting administration of controlled medications administered "prn" accurately.

Interview on 10/20/17 at 1:22pm with the Regional Manager revealed the RCC and OM were responsible for assuring medication administration was documented accurately.

Refer to the interview on 10/19/17 at 10:35am with Operations Manager.

B. Review of Resident #4's current FL2 dated 8/10/17 revealed:
-Diagnoses included: dementia, schizophrenia, and traumatic brain injury.
-There was a physician's order for lorazepam 1mg take 2 tablets every 12 hours as needed (prn). (Lorazepam is used to treat anxiety).

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D 367	Continued From page 25 -There was a physician's order for lorazepam one tablet 3 times daily for anxiety. Review of Resident #4's record revealed: -There was a previous physician's order dated 7/10/17 for lorazepam 1mg take 2 tablets every 12 hours as needed (prn). -There were physician's orders dated 10/01/17 for lorazepam 1 mg take one tablet 3 times a day for anxiety, and 2 tablets every 12 hours as needed. Review of the August 2017 electronic Medication Administration Record (eMAR) for Resident #4 revealed: -There was an entry for lorazepam 1mg take 2 tablets every 12 hours as needed (prn). -Documentation of doses of lorazepam 1mg take 2 tablets every 12 hours as needed (prn) administered included date and time administered, reason given, medication aide (MA) that administered the medication, and the effectiveness of the medication. -Lorazepam 2mg was documented as administered for four 2mg doses (8/9, 8/15, 8/24, and 8/25) on the August 2017 eMAR. Review of Resident #4's Controlled Substance Count Sheets (CSCS) lorazepam 1mg tablets compared to Resident's #1's August 2017 eMAR revealed: -There were 5 doses of lorazepam 2mg documented as administered on the CSCS from 8/1/17 to 8/31/17. -There were 4 doses of lorazepam 2mg documented as administered on the eMAR, including date, time, reason given, MA administering medication, and the effectiveness. -There was 1 dose of lorazepam 2mg, administered on 8/1/17 at 6:00pm documented on Resident #4's CSCS, but not documented on	D 367		

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(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
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the August 2017 eMAR.

Review of the October 2017 eMAR for Resident #4 revealed:
-There was an entry for lorazepam 1mg take 2 tablets every 12 hours as needed for anxiety/agitation with no documented doses of lorazepam 2mg administered from 10/1/17 to 10/18/17.
-There was a second entry for lorazepam 1mg take 2 tablets every 12 hours as needed for anxiety/agitation with lorazepam 2mg documented as administered on 10/12/17 and 10/13/17.
-Lorazepam 2mg was documented as administered for two 2mg doses on the October 2017 eMAR.

Review of Resident #4's CSCS for lorazepam 1mg tablets compared to Resident's #1's October 2017 eMAR revealed:
-There were 3 doses of lorazepam 2mg documented as administered on the CSCS from 10/1/17 to 10/18/17.
-There were 2 doses of lorazepam 2mg documented as administered on the eMAR.
-There was 1 dose of lorazepam 2mg, administered on 10/17/17 at 8:00am documented on Resident #4's CSCS, but not documented on the October 2017 eMAR.

Interview on 10/20/17 at 1:10 pm with Resident #4 revealed:
-He received his medications as ordered.
-He received a medication ordered as needed for times when he was getting anxious.
-He did not know how often he received his as needed lorazepam.

Interview on 10/20/17 at 11:00am with the

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	HAL011369	A. BUILDING: _____ B. WING _____	C 10/20/2017

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D 367	Continued From page 27 Operations Manager (OM) revealed: -The Resident Care Coordinator (RCC) was responsible for the overstock and managing the residents' CSCS for the residents' controlled drugs. -The RCC was responsible for assuring all controlled medications had an accounting. -The OM assisted the RCC with any controlled medication discrepancies. -The facility did not have a system in place to routinely audit the accuracy of documentation of the administration of "prn" controlled medications. -He was not aware medication aides were not documenting administration of controlled medications administered "prn" accurately. Interview on 10/20/17 at 1:15pm with the Resident Care Coordinator (RCC) revealed: -She worked a regular shift as a medication aide (MA). -She was responsible for receiving and tracking all controlled substances. -She was managed the overstock for controlled drugs, and was responsible for maintaining the CSCS sheets for controlled drug inventory accounting. -She did not have a system in place to routinely audit the residents' CSCS compared to the residents' eMAR for accuracy of documenting administration of "prn" medications. -She was not aware medication aides were not documenting administration of controlled medications administered "prn" accurately. Interview on 10/20/17 at 1:22pm with the Regional Manager revealed: -The RCC and OM were responsible for assuring medication administration was documented accurately.	D 367		

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Refer to the interview on 10/19/17 at 10:35am with Operations Manager.

C. Review of Resident #2's current FL2 dated 5/8/17 revealed diagnoses included mild mental retardation, developmentally delayed, and seizure disorder.

Review of a physician order dated 6/1/17 revealed an order for hydrocodone 5-325mg (hydrocodone 5mg-acetaminophen 325mg) take one tablet every 4 hours as needed for rib pain.

Review of the September 2017 electronic Medication Administration Record (eMAR) for Resident #2 revealed:
-There was entry for hydrocodone 5mg-acetaminophen 325mg take 1 tablet every four hours as needed for rib cage pain.
-Documentation of doses of hydrocodone 5mg-acetaminophen 325mg administered included date and time administered, reason given, medication aide (MA) that administered the medication, and the effectiveness of the medication.
-The hydrocodone 5mg-acetaminophen 325mg was documented as administered for 12 doses on the eMAR from 9/6/17 to 9/26/17.

Review of Resident #2's Controlled Substance Count Sheets (CSCS) for hydrocodone 5mg-acetaminophen 325mg from 9/6/17 to 9/26/17 compared to Resident's #2's September 2017 eMAR revealed:
-There were 15 doses of hydrocodone 5mg-acetaminophen 325mg documented on the CSCS as administered from 9/6/17 to 9/26/17.
-There were 12 doses of hydrocodone 5mg-acetaminophen 325mg documented on the eMAR as administered, including date, time,

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reason given, MA administering medication, and the effectiveness.
-There were 3 doses of hydrocodone 5mg-acetaminophen 325mg not documented for administration, including date, time, reason given, MA administering medication, and the effetiveness on Resident #2's September 2017 eMAR.

Examples of hydrocodone 5mg-acetaminophen 325mg documented for administration on Resident #2's CSCS for administration but not documented for date and time administered, reason given, MA administering the medication, and the effectiveness of the medication on the September 2017 eMAR were as follows:
-On 9/11/17 at 8:15am - 1 tablet documented on the CSCS, but not documented on the eMAR.
-On 9/13/17 at 7:20pm - 1 tablet documented on the CSCS, but not documented on the eMAR.
-On 9/16/17 at 8:00pm - 1 tablet documented on the CSCS, but not documented on the eMAR.

Interview on 10/19/17 at 10:45am with the 1st shift Medication Aide revealed:
-The eMAR system would frequently go down when there were power outages.
-The Medication Aide did not remember why she had not documented the missing hydrocodone 5mg-acetaminophen 325mg doses on the September 2017 eMAR.

Refer to the interview on 10/19/17 at 10:35am with Operations Manager.

D. Review of Resident #5's current FL2 dated 5/8/17 revealed:
-Diagnoses included mood disorder, anxiety, delusional disorder, hypertension, gastroesophageal reflux disease, diabetic

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neuropathy, chronic tobacco exposure, and non-insulin dependent diabetes.
-Medications included Tramadol 50mg tablet, take 1 tablet by mouth every 8 hours as needed for pain.

Review of the September 2017 electronic Medication Administration Record (eMAR) for Resident #5 revealed:
-There was an entry for Tramadol 50mg take 1 tablet by mouth every 8 hours as needed for pain.
-Documentation of doses of Tramadol 50mg administered included date and time administered, reason given, medication aide (MA) that administered the medication, and the effectiveness of the medication.
-The Tramadol 50mg was documented as administered for 12 doses on the eMAR from 9/1/17 to 9/30/17.

Review of Resident #5's Controlled Substance Count Sheet (CSCS) for Tramadol 50mg from 9/1/17 to 9/30/17 compared to Resident #5's September 2017 eMAR revealed:
-There were 14 doses of Tramadol 50mg documented on the CSCS as administered from 9/1/17 to 9/30/17
-There were 12 doses of Tramadol 50mg documented on the eMAR as administered including date, time, reason given, MA administering medication, and the effectiveness.
-There were 2 doses of Tramadol 50mg not documented for administration, including date, time, reason given, MA administering medication, and the effectiveness on Resident #5's September 2017 eMAR.

Examples of Tramadol 50mg documented for administration on Resident #5's CSCS for administration but not documented for date and

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D 367	Continued From page 31 time administered, reason given, MA administering the medication, and the effectiveness of the medication on the September 2017 eMAR were as follows: -On 9/10/17 at 7:53am - 1 tablet documented on the CSCS, but not documented on the eMAR. -On 9/24/17 at 3:52am - 1 tablet documented on the CSCS, but not documented on the eMAR. Refer to the interview on 10/19/17 at 10:35am with the Operations Manager. _____ Interview on 10/19/17 at 10:35am with the Operations Manager revealed: -"We send all the medication aides to the 15 hour course." -Sometimes the electrical power went out. -Sometimes the internet power went out. -"The times the narcotics were not signed off was probably computer error." -He would expect the Medication Aides to document on the CSCS immediately after removing the narcotic then document on the eMAR immediately after the resident had taken the medication.	D 367		