Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092180	A. BUILDING: ______ B. WING ______	04/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GLEN	3215 CREEDMOOR ROAD RALEIGH, NC 27612

(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 April 2, 2019 - April 4, 2019.	D 000	10A NCAC 13F. 0904(a)(1) Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination	
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Type B Violation Based on observations, interviews and record reviews, the facility failed to assure ice machines were free from contamination related to a build-up of wet black, pink, and brown thick substances in the ice machines. The findings are: Observation of an ice machine in the smaller kitchen with the Assistant Dining Services Manager on 04/03/2019 at 9:50am revealed: -There was a build-up of a wet pink, black and brown substances on the lower portion of the white shield and a heavier concentration of a black and pink substance on the upper portion of the white shield that separated the ice cube bin from the upper vaulted section of the ice machine. -There was a black substance surrounding the front panel section of the ice cube pan where the ice cubes were formed and dispensed. Interview with the Assistant Dining Services Manager on 04/03/2019 at 9:50am revealed:	D 282	The Dining Services Director or designee will conduct a documented training on proper ice machine cleaning techniques with all dining associates by 5/19/19. In addition, the Dining Services Director or designee will create a new cleaning process that will include monthly removal of all the ice in the machine to allow deep cleaning to occur inside and outside of the machine. The new cleaning process will also entail a quarterly cleaning rotation that will include removal of all the ice as well as descaling of the machine. This new cleaning process will be implemented by 5/19/19. The Dining Services Director or designee will monitor the situation by completing monthly and quarterly documented inspections of the ice machine. The Executive Director will perform documented quarterly inspections of the ice machine to ensure compliance to this rule.	

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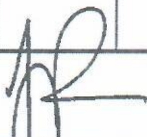
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Executive Director (X6) DATE 5/14/19

5/14/19 - POC reviewed and accepted - Kim Olson, RN ACLS

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-He acknowledged there was a build-up of wet pink, black and brown substances on the lower portion of the white shield and a heavier concentration of a black and pink substance on the upper portion of the white shield that separated the ice cube bin from the upper vaulted section of the ice machine.
-He acknowledged there was a black substance surrounding the front panel section of the ice cube pan where the ice cubes are formed and dispensed.
-He acknowledged that he would dispose of the ice and clean the ice machine.

Observation of the ice machine cleaning schedule on 04/03/2019 at 10:42am revealed:
-There were no instructions for cleaning the inside of the ice machine.
-The ice machine cleaning log was last initialed and dated on 03/03/2019.

Review of the kitchen cleaning log on 04/03/2019 at 10:42am revealed:
-The kitchen cleaning was completed every Sunday from 2:00pm to 4:00pm.
-When each task was completed, it must be signed off by the dining services manager on duty.
-There were no instructions for cleaning the inside of the ice machine.
-The kitchen log was blank, there were no initials documented of a completion date on the kitchen cleaning log.

Observation of a second ice machine in the larger kitchen with the Assistant Dining Services Manager on 04/03/2019 at 10:58am revealed:
-There was a build-up of a wet black and brown substances on the lower portion of the white shield and a heavier concentration of a black

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D 282	Continued From page 2 substance on the upper portion of the white shield that separated the ice cube bin from the upper vaulted section of the ice machine. -There were pink, black and brown substances surrounding the front panel section of the ice cube pan where the ice cubes are formed and dispensed. Interview with the Assistant Dining Services Manager on 04/03/2019 at 10:58am revealed: -He acknowledged there was a build-up of wet black and brown substances on the lower portion of the white shield and a heavier concentration of a black substance on the upper portion of the white shield that separated the ice cube bin from the upper vaulted section of the ice machine. -He acknowledged there were pink, black and brown substances surrounding the front panel section of the ice cube pan where the ice cubes are formed and dispensed. -He acknowledged that he would dispose of the ice and clean the second ice machine. Interview with Dining Services Manager on 04/03/2019 at 11:01am revealed: -The ice machine was scheduled to be cleaned the first Sunday of every month. -There was an ice machine cleaning log. -The dining services managers were responsible to check the ice machine cleaning log. -He assigned staff who worked the weekends to clean the ice machine the first Sunday of every month. -He did not have an explanation of why there would be build-up of wet pink and black substances on the upper and lower portion of the ice machine white shield for both ice machines. Review of the food establishment inspection report dated 03/04/2019 revealed:	D 282		

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-The compliance status item fourteen under protection from contamination was checked out of compliance for food-contact surfaces: cleaned & sanitized.
-The observations and corrective actions narrative documented for item fourteen was equipment such as ice bins and enclosed components of equipment such as ice makers should be cleaned at a frequency necessary to preclude accumulation of soil or mold. Please clean the ice chute.

Interview with Dining Services Manager and Assistant Dining Services Manager on 04/04/2019 at 12:17pm revealed:
-The Assistant Dining Services Manager deep cleaned the ice machine in the smaller kitchen to remove the build-up of wet pink, black and brown substances on the upper and lower portions of the ice machines white shield on 04/04/19.
-The Dining Services Manger deep cleaned the ice machine in the larger kitchen to remove the build-up of wet black and brown substances on the upper and lower portions of the ice machines white shield on 04/04/19.
-There was a in-service held on 04/04/2019 with all dietary staff on cleaning the ice machine, and overview of the updated kitchen cleaning log.
-The kitchen staff were given instructions on how to put the ice machine on clean mode, inspect for any mildew or mold and clean weekly on Sunday.
-The updated kitchen cleaning log added a space to clean the ice machine for staff completing the task to initial and document completion date with manager.
-The Dining Services Manager and the Assistant Dining Services Manager would be responsible moving forward to provide a cleaning schedule to include a deep clean of the entire ice machine.

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D 282	Continued From page 4 Observation of the first ice machine in the smaller kitchen with the Assistant Dining Services Manager on 04/04/2019 at 11:31am revealed the ice machine was cleaned. Observation of the second ice machine in the larger kitchen with the Dining Services Manager on 04/04/2019 at 12:17pm revealed the ice machine was cleaned. Interview with Executive Director on 04/03/2019 at 4:27pm revealed: -He was responsible for the overall operations of the entire facility. -He expected all dining staff to complete all assigned tasks. -He was aware that the health inspector was there about one month ago. -He did not know about the build-up of wet pink, black and brown substances on the upper and lower portions of the ice machines white shields in both kitchens. -He and the staff passed by the ice machines and consumed the ice daily. -He acknowledged he did not tour and check the kitchen areas closely. -He acknowledged he was not as involved in the day to day Dining Services Department operations. -He would be meeting with his Dietary Manager to review the ice machine cleaning process and schedule. _______________ The facility failed to assure ice machines were free from contamination related to a build-up of wet black, pink, and brown thick substances in the ice machines which contaminated the ice consumed by the residents. The facility's failure was detrimental to the health and welfare of the residents and constitutes a Type B Violation.	D 282		

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D 282	Continued From page 5 The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/03/2019 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 19, 2019.	D 282		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to assure foods were free from contamination related to open food packages that were not labeled or dated, and expired foods stored on the bread rack. Observation of the pantry on 04/03/19 at 10:09am revealed: -On the top shelf of the four tiered silver rack, there was an opened fifty pound box of long grain parboiled rice that was not dated. -On the second shelf of the four tiered silver rack, there was an opened thirty pound box of raisins that was not dated. Observation of the refrigerator on 04/03/19 at 10:39am revealed: -There was a large clear container with 21 grilled chicken pieces that were not covered or dated.	D 283	10A NCAC 13F. 0904(a)(2) Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. Dining Services Director or designee will complete a documented training with all dining associates on the standard of proper food storage and dating practices by 6/15/19. In addition, the Dining Services Director or designee will provide documented training for all dining associates on proper food storage and dating practices upon new hire starting on 6/3/19. Dining Service Director or designee will complete documented inspections of all food storage areas weekly to ensure compliance with this rule starting on 5/13/19. The Executive Director will complete documented quarterly inspections in all food storage areas at least quarterly.	

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D 283	Continued From page 6 -There was a large, clear, undated container with cherry tomatoes covered with clear wrap. -There was a large, clear, undated container with mashed potatoes. Observation of the bread rack on 04/03/19 at 10:47am revealed: -There were 9 packages of pre sliced English muffins with an expiration date of 03/19/19. -There was 1 package of fork spilt English muffins with an expiration date of 11/12/18. -There was 1 package of dinner rolls with an expiration date of 03/29/19. Observation of the freezer on 04/03/19 at 11:01am revealed a large box with the royal blue plastic lining on the bottom rack of the freezer with several pounds of chicken pieces opened, that were not covered or dated. Review of the kitchen cleaning log on 04/03/19 at 10:42am revealed: -The kitchen cleaning log was completed every Sunday from 2pm to 4pm. -There was documentation the pantry station was to be deep cleaned inside and out, all products verified for freshness, covered and dated. -There was documentation the walk-in cooler was to be inspected for proper storage. All products are wrapped and dated. Leftovers need to be inspected for utilization. -There was documentation the walk in freezer was to be inspected for organization, no product on floor and opened product dated. -When each task was completed, it must be signed off by the dining services manager on duty. -There were no initials documented of a completion date.	D 283		

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D 283	Continued From page 7 Interview with the Assistant Dining Services Manager on 04/03/19 at 10:45am revealed: -The bread vendor came to the facility every Tuesday and Thursday. -The bread vendor had a rotating process when stocking the bread, and any expired bread was taken away by the vendor. -The staff did not check behind the bread vendor for expired bread. -The staff were responsible for labeling items in the pantry and refrigerator daily. -He did not know how long the rice and raisins had been opened. -The grilled chicken was probably from yesterday but he was not for sure since there was no date on them. -The staff had "forgotten" to label and date the food items. Interview with the Dining Services Manager on 04/03/19 at 11:10am revealed: -The kitchen staff should go through the food weekly and look for expiration dates and anything expired should be thrown away. -The staff just "forgot" to label and date the food items after it was opened. Interview with Executive Director (ED) on 04/04/19 at 4:12 pm revealed: -He expected dietary staff to keep a system where they would know when food was opened and expired. -He did not know food items were not labeled, dated and had expired. -He acknowledged he was not as involved with the day to day operations for the Dining Services Department. -He would be meeting with the Dietary Managers to review food labeling and dating process.	D 283		

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D 345	Continued From page 8	D 345		
D 345	10A NCAC 13F .1002(b) Medication Orders 10A NCAC 13F .1002 Medication Orders (b) All orders for medications, prescription and non-prescription, and treatments shall be maintained in the resident's record in the facility This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 sampled residents (#1) had a current licensed prescriber order for an antidepressant medication for a resident who self-administered medications. The findings are: Review of Resident #1's current FL-2 dated 01/02/19 revealed: -Diagnoses included hypertension, hypothyroidism, Parkinson's disease, diverticulitis, abnormal hepatic function, epigastric pain, gastro-esophageal reflux disease, abnormal gait, hyperlipidemia, cholelithiasis, macular degeneration and gallstone pancreatitis. -There was an order the resident could self-administer medications and keep medications in her room. Review of Resident #1's current "Service Plan" dated 12/10/18 revealed: -There was documentation Resident #1 self-administered medications. -Interventions included to observe for compliance with self-administration and provide for secure storage in apartment.	D 345	10A NCAC 13F .1002(b) Medication Orders (b) All orders for medications, prescription and non-prescription, and treatments shall be maintained in the resident's record in the facility. The Assisted Living Director or designee will complete a documented training for all Medication Technicians on the policy of self-administration of medications by 6/15/19. In addition, the Assisted Living Director or designee will review with each responsible party or designee of current self-administering residents to review the guidelines by 6/15/19. The Assisted Living Director will confirm all current medication orders for residents who self-administer medications to ensure they are updated when compared to the FL2 by 6/15/19. The Assisted Living Director will ensure all residents who self-administer medications have medication lock boxes and secondary narcotic lock boxes to all residents who self-administer medications by 6/15/19. The community will maintain the responsibly of providing the lock boxes to all current and future residents who self-administer medications.	

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D 345	Continued From page 9 Observations of medications on hand for Resident #1 on 04/04/19 at 9:10am revealed: -Medications were kept in the resident's bathroom on a shelf and on her bedside table. -There was a prescription bottle on the bathroom shelf with Resident #1's name and instructions for fluoxetine 10mg daily for 7 days, then increase to 2 capsules daily. (Fluoxetine is used to treat depression.) -The pharmacy label indicated 90 tablets were dispensed on 03/07/19. -The prescription bottle was full with capsules. Review of Resident #1's March and April 2019 electronic medication administration record (eMAR) revealed there was no entry for fluoxetine. Review of Resident #1's current FL-2 dated 01/02/19 revealed there was no order for fluoxetine 10mg daily for 7 days, then increase to 2 capsules daily. Review of subsequent medication orders for Resident #1 dated 01/02/19 through 04/03/19 revealed there was no order for fluoxetine 10mg daily for 7 days, then increase to 2 capsules daily. Interview with Resident #1 on 04/04/19 at 11:42am revealed: -The fluoxetine was a new prescription from her neurologist. -She had not started taking the fluoxetine capsules yet because she had a bad cold. Interview with a medication aide (MA) on 04/04/19 at 11:16am revealed: -She had not seen orders or entries on the eMAR for fluoxetine for Resident #1. -She was going to contact the pharmacy to get a	D 345	The Assisted Living Director or designee will complete a self-administration assessment of all residents who self-administer medications every 6 months or upon change of condition. The Assisted Living Director or designee will review the self-administration of medication policy and guidelines with every new resident and responsible party or designee of residents who self-administer medications. The Assisted Living Director or designee will conduct an annual documented training to all medication technicians on the guidelines for self-administering medications. The Assisted Living Director will monitor the plan of correction to ensure continued compliance in this rule area.	

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copy of the order.
-When a resident's family member took the resident to medical appointments, the family member would usually bring any new prescription orders to the MA and the MA faxed the new order to the pharmacy.
-Sometimes the PCP might send an electronic order to the resident's pharmacy and the medication would be delivered directly to the resident's room.
-When she went into the resident's room to check medications she would see the new medication and call the pharmacy to get a copy of the order.
-She checked with residents who self-administered medications to make sure they took their medications every day.
-She checked each medication that was in the room against the eMAR twice a month.
-It would "come up" on the eMAR when it was time to check all of the resident's medications.

Interview with the Resident Care Coordinator (RCC) on 04/04/19 at 12:03pm revealed:
-Resident #1's family member told her about the new order for fluoxetine on 04/03/19.
-The MA was working on getting a copy of the order from the pharmacy.
-Resident #1's family member was supposed to bring copies of orders to the staff; sometimes she would have to contact the family member to request a copy of new orders from doctor's appointments.
-She had spoken with the family member on 04/03/19; the family member was supposed to compile a new list of Resident #1's medications.

Telephone interview with Resident #1's family member on 04/04/19 at 1:25pm revealed:
-She managed medical appointments and medications for Resident #1.

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D 345	Continued From page 11 -Staff did not routinely request information after medical appointments such as a visit summary and any new orders. -The staff had recently (within a day or two) requested an updated list of medications for Resident #1 since the resident self-administered her medications. -Resident #1 had some medications that she did not want to take such as the fluoxetine. -There are some medications Resident #1 may stop taking because the medication did not work or the resident did not like the way the medication made her feel. -Resident #1 was coherent and knew which medications she wanted to take and which medications she did not want to take. -It would be difficult to keep an updated medication list for Resident #1 because there were frequent changes. Interview with the Assisted Living (AL) Director on 04/03/19 at 11:25am revealed: -Resident #1's family was very involved with her care; the family member managed the resident's prescriptions and medical appointments. -The family member was not consistent with letting the facility know about the outcome of the appointments, follow up visits and new medication orders. -The Resident Care Coordinator (RCC) was attempting to contact the family member on 04/03/19 to get updated medication orders.	D 345		
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents	D 375		

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D 375	Continued From page 12	D 375		

who are competent and physically able to self-administer their medications if the following requirements are met:
(1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and
(2) specific instructions for administration of prescription medications are printed on the medication label.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 sampled residents (#1) had a licensed prescriber's order for medications kept in the resident's room and self-administered by the resident.

The findings are:

Review of Resident #1's current FL-2 dated 01/02/19 revealed:
-Diagnoses included hypertension, hypothyroidism, Parkinson's disease, diverticulitis, abnormal hepatic function, epigastric pain, gastro-esophageal reflux disease, abnormal gait, hyperlipidemia, cholelithiasis, macular degeneration and gallstone pancreatitis.
-There was an order the resident could self-administer medications and keep medications in her room.

Review of Resident #1's current "Service Plan" dated 12/10/18 revealed:
-There was documentation Resident #1 self-administered medications.

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-Interventions included to observe for compliance with self-administration and provide for secure storage in apartment.

Review of an Evaluation for Self-Management of Medications for Resident #1 revealed:
-There was documentation Resident #1 was competent to self-administer medications.
-The evaluation was completed by the RCC and dated 02/12/18.

a. Review of hospital discharge instructions for Resident #1 dated 12/12/18 revealed:
-There was an order for hydrocodone with acetaminophen 5/325mg every 4 hours as needed (PRN) for pain for up to 5 days. (Hydrocodone with acetaminophen is used to treat pain.)
-There were a hand written notation of "start" above the order for hydrocodone with acetaminophen 5/325mg every 4 hours PRN for up to 5 days.
-There was a hand written notation of "family supplies meds (medications)" next to the order.
-There was a hand written notation of "electronically signed" on the last page.
-The order was electronically signed by a licensed prescriber.

Review of Resident #1's February, March and April 2019 electronic medication administration records (eMAR) revealed there was no entry for hydrocodone with acetaminophen.

Observations of the medications on hand for Resident #1 on 04/04/19 at 9:10am revealed:
-Medications were kept in the resident's bathroom on a shelf and on her bedside table.
-There was a prescription bottle on the bedside table with Resident #1's name and instructions for

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hydrocodone with acetaminophen 5/325mg every 4 hours as needed (PRN) for pain for 5 days.
-The pharmacy label indicated 25 tablets were dispensed on 12/12/18.
-There were 14 tablets remaining inside the bottle.

Review of subsequent medication orders for Resident #1 dated 12/17/18 through 04/03/19 revealed there was no order to continue hydrocodone with acetaminophen 5/325mg every 4 hours PRN for pain.

Interview with Resident #1 on 04/04/19 at 9:10am revealed:
-The hydrocodone with acetaminophen tablets were prescribed after her surgery to remove her gall bladder (12/12/18).
-She had not used the hydrocodone with acetaminophen for some time.
-She was planning to "get rid of" the hydrocodone with acetaminophen tablets; one of the staff would usually put unwanted medications in the hazardous waste for her.

Interview with a medication aide (MA) on 04/04/19 at 11:16am revealed:
-She had not seen orders or entries on the eMAR for hydrocodone with acetaminophen for Resident #1.
-She was going to contact the pharmacy to get a copy of the order.

Interview with the Resident Care Coordinator (RCC) on 04/04/19 at 12.03pm revealed:
-She did not know Resident #1 had been prescribed hydrocodone with acetaminophen on 12/12/18.
-The MA was working on getting a copy of the order from the pharmacy.

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Telephone interview with Resident #1's primary care provider (PCP) on 04/04/19 at 3:57pm revealed the hospital discharge dated 12/12/18 for Resident #1 noted the hydrocodone with acetaminophen was for 5 days so the medication would not have been ordered on the 01/02/19 FL-2.

b. Observations of medications on hand for Resident #1 on 04/04/19 at 9:10am revealed:
-Medications were kept in the resident's bathroom on a shelf and on her bedside table.
-There was an over the counter bottle of Eargene on the resident's bedside table. (Eargene is an over the counter medication used to treat itching and irritation of ears.)

Review of Resident #1's March and April 2019 electronic medication administration record (eMAR) revealed there was no entry for Eargene.

Review of Resident #1's current FL-2 dated 01/02/19 revealed there was no order for Eargene.

Review of subsequent medication orders for Resident #1 dated 01/02/19 through 04/03/19 revealed there was no order for Eargene.

Interview with a medication aide (MA) on 04/04/19 at 11:16am revealed:
-She had not seen orders or entries on the eMAR for Eargene for Resident #1.
-She would have to contact Resident #1's PCP about the Eargene drops.

Interview with the Resident Care Coordinator (RCC) on 04/04/19 at 12:03pm revealed she did not know Resident #1 had Eargene drops on her

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bedside table.

c. Observations of medications on hand for Resident #1 on 04/04/19 at 9:10am revealed:
-Medications were kept in the resident's bathroom on a shelf and on her bedside table.
-There was an over the counter bottle of Comfort Ear on the resident's bedside table. (Comfort Ear is an over the counter medication used to treat dry irritated ears.)

Review of Resident #1's February, March and April 2019 electronic medication administration record (eMAR) revealed there was no entry for Comfort Ear.

Review of Resident #1's current FL-2 dated 01/02/19 revealed there was no order for Comfort Ear.

Review of subsequent licensed prescriber orders for Resident #1 dated 01/02/19 through 04/03/19 revealed there was no order for Comfort Ear.

Interview with a medication aide (MA) on 04/04/19 at 11:16am revealed:
-She had not seen orders or entries on the eMAR for Comfort Ear for Resident #1.
-She would have to contact Resident #1's PCP about the Comfort Ear drops.

Interview with the Resident Care Coordinator (RCC) on 04/04/19 at 12:03pm revealed she did not know Resident #1 had Comfort Ear drops on her bedside table.

Interview with the Assisted Living (AL) Director on 04/03/19 at 11:25am revealed:
-Resident #1's family was very involved with her care; the family member managed the resident's

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prescriptions and medical appointments.
-She relied on Resident #1's family member to provide the facility with new orders.
-The family member was not consistent with letting the facility know about new medication orders.
-The RCC was attempting to contact the family member on 04/03/19 regarding updated medication orders.
-The MAs checked all of the medications a resident who self-administered medications when the MA completed a medication audit.
-The medication audit "popped up" on the eMAR for all residents who self-administered medications.
-The frequency of the medication audit was different for each resident.

Review of Resident #1's February, March and April 2019 eMAR revealed there was no entry for a medication audit.

Interview with Resident #1 on 04/04/19 at 9:04am revealed:
-Her family member took care of ordering and preparing her medications.
-The staff had a list of her medications.

Telephone interview with Resident #1's family member on 04/04/19 at 1:25pm revealed:
-She managed medical appointments and medications for Resident #1.
-Staff did not routinely request information after medical appointments such as new orders.
-The staff had recently (within the last day or two) requested an updated list of all medications for Resident #1 since the resident self-administered her medications.

Interview with a MA on 04/04/19 at 11:16am

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D 375	Continued From page 18 revealed: -When a resident's family member brought the resident to medical appointments, the family member would usually bring any new prescription orders to the MA and the MA faxed the new order to the pharmacy. -Sometimes the PCP might send an electronic order to the resident's pharmacy and the medication would be delivered directly to the resident's room. -When she went into the resident's room to check medications she would see the new medication and call the pharmacy to get a copy of the order. -She checked each medication that was in the room against the eMAR twice a month. -It would "come up" on the eMAR when it was time to check all of the resident's medications. -She did not see an entry on Resident #1's eMAR for the MA to check all of the medications (medication audit). -She did not know who was responsible for entering the medication audit onto the eMAR. -She did not know the last time Resident #1's medications had been checked. -The RCC and the AL Director completed the evaluations for a resident's ability to self-administer medications and the PCP wrote the order. Interview with the AL Director on 04/04/19 at 12:03pm revealed: -She or the RCC usually entered the medication audit on the resident's eMAR on admission to the facility when a resident self-administered their medications. -She was not sure why Resident #1 did not have the medication audit entered on her eMAR. Interview with the RCC on 04/04/19 at 12:03pm revealed:	D 375		

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-Resident #1's family member was supposed to bring copies of orders to the staff; sometimes she would have to contact the family member to request a copy of new orders from physician's appointments.
-She had spoken with the family member on 04/03/19, the family member was supposed to compile a new list of Resident #1's medications.

Telephone interview with Resident #1's PCP on 04/04/19 at 3:57pm revealed:
-Medications needed to be "reconciled" so the staff and PCP had an idea of what medications the resident was taking and not taking.
-It was difficult to "reconcile" medications if the resident did not tell the facility and there was no paperwork.
-It was hard for the facility staff to figure out which medications were current since Resident #1 self-administered her medications.

Review of the facility's Self-Administration of Medication policy dated 06/13/12 revealed:
-Ongoing review of each resident that self-administers medications should be conducted by the AL Director or licensed nurse to identify medication usage and changes ...in conjunction with service plan updates.
-The residents' medication storage area will be examined periodically and during the self-assessment evaluation.

Interview with the Executive Director (ED) on 04/04/19 at 4:00pm revealed:
-He was not directly involved with the procedure for the self administration of medications.
-The RCC was responsible for implementing the procedure for the self administration of medications by residents and reported to the AL Director who reported to the ED.

Division of Health Service Regulation

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D 393	10A NCAC 13F .1008 (b) Controlled Substance 10A NCAC 13F .1008 Controlled Substance (b) Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure double lock storage for hydrocodone with acetaminophen for 1 of 2 sampled residents (#1) who had an order for self-administration of medications. The findings are: Review of Resident #1's current FL-2 dated 01/02/19 revealed: -Diagnoses included hypertension, hypothyroidism, Parkinson's disease, diverticulitis, abnormal hepatic function, epigastric pain, gastro-esophageal reflux disease, abnormal gait, hyperlipidemia, cholelithiasis, macular degeneration and gallstone pancreatitis. -There was an order the resident could self-administer medications and keep medications in her room. Review of Resident #1's current Service Plan (Care Plan) dated 12/10/18 revealed: -There was an entry for self-administration of medications. -Interventions included to observe for compliance with self-administration and provide for secure storage in apartment.	D 393	10A NCAC 13F. 1008 Controlled Substance (b) Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock. The Assisted Living Director or designee will complete a documented training with all medication technicians on the policy of safe storage of controlled medications by 6/15/19. In addition, the Assisted Living Director will ensure medication lock boxes and a secondary narcotic lock box to all current and future residents who self-administer medications by 6/15/19. The Assisted Living Director will review the policy of proper storage of controlled narcotics with all residents and responsible parties by 6/15/19.	

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Review of hospital discharge instructions for Resident #1 dated 12/12/18 revealed there was an order for hydrocodone with acetaminophen 5/325mg every 4 hours as needed (PRN) for pain for up to 5 days. (Hydrocodone with acetaminophen is used to treat pain.)

Observations of the medications on hand for Resident #1 on 04/04/19 at 9:10am revealed:
-Medications were kept in the resident's bathroom on a shelf and on her bedside table.
-There was a prescription bottle on the bedside table with Resident #1's name and instructions for hydrocodone with acetaminophen 5/325mg every 4 hours PRN for pain for 5 days.
-The pharmacy label indicated 25 tablets were dispensed on 12/12/18.
-There were 14 tablets remaining inside the bottle.

Interview with Resident #1 on 04/04/19 at 9:10am revealed:
-The hydrocodone with acetaminophen tablets were prescribed after her surgery to remove her gall bladder (12/12/18).
-She was planning to "get rid of" the hydrocodone with acetaminophen tablets; one of the staff would usually put unwanted medications in the hazardous waste for her.
-She did not know if the facility kept a record of the kind and number of tablets given to staff to be discarded.

Interview with a medication aide (MA) on 04/04/19 at 11:16am revealed:
-She did not know Resident #1 had a prescription bottle containing hydrocodone with acetaminophen tablets on her bedside table.
-She did not see an entry on Resident #1's eMAR

D 393 (Plan of Correction)

The Assisted Living Director or designee will complete a controlled substance storage audit of all residents who self-administer medications every 6 months to ensure compliance with this rule area. The Assisted Living Director or designee will review the controlled substance storage policy and guidelines with every new resident and associated responsible party of residents who self-administer medications. The Assisted Living Director will complete an annual documented training for all medication technicians on controlled substance storage for self-medication administering residents at least annually.

The Assisted Living Director will monitor the plan of correction to ensure compliance with this rule.

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for the MA to check all of the medications (medication audit).
-She did not know the last time Resident #1's medications in the resident's room had been checked.
-Most residents who self-administered their medications did not have controlled drugs so staff did not lock the medications up.

Interview with the Assisted Living (AL) Director on 04/04/19 at 12:03pm revealed:
-If a resident who self-administered medications had a controlled drug and their apartment locked, then the resident was allowed to manage the controlled drug medication themselves.
-Residents who were able to self-administer medications were able to manage their own controlled drugs.

Observation on 04/04/19 at 11:16am revealed the entrance door to Resident #1's room was unlocked and the resident was not in the room.

Interview with the RCC on 04/04/19 at 3:15pm revealed:
-She would have to contact Resident #1's daughter to find out if the hydrocodone with acetaminophen should be discarded.
-If the medication was not going to be discarded, it would be locked on the medication cart with the controlled drugs.

Review of the facility's Self-Administration of Medication policy dated 06/13/12 revealed:
-If the resident was responsible for the storage of medications, the facility must provide a secured compartment for storage of such medications.
-MAs should document the storage location of the medications.

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D 393	Continued From page 23 Interview with the Executive Director (ED) on 04/04/19 at 4:00pm revealed: -He was not aware that there were self-administered controlled medications that were not double locked. -It was his expectation that self-administered controlled medications would be double locked.	D 393		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 observation, record review, and interview, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to Nutrition and Food Service. The findings are: 1. Based on observations, interviews and record reviews, the facility failed to assure ice machines were free from contamination related to a build-up of wet black, pink, and brown thick substances in the ice machines. [Refer to Tag 282, 10A NCAC 13F.0904(a)(1) Nutrition and Food Service (Type B Violation)].	D912	G.S. 131D-21(2) 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. The Dining Services Director or designee will conduct a documented training on proper ice machine cleaning techniques with all dining associates by 6/15/19. In addition, the Dining Services Director or designee will create a new cleaning process that will include monthly removal of all the ice in the machine to allow deep cleaning to occur inside and outside of the machine. The new cleaning process will also entail a quarterly cleaning rotation that will include removal of all the ice as well as descaling of the machine. This new cleaning process will be implemented by 6/3/19. The Dining Services Director or designee will monitor the situation by completing monthly and quarterly documented inspections of the ice machine. The Executive Director will perform documented quarterly inspections of the ice machine to ensure compliance to this rule.	

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