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PRINTED: 07/02/2019  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>SEP 11 2019</u>  B. WING: <u>ADULT CARE LICENSURE SECTION RALEIGH</u>	(X3) DATE SURVEY COMPLETED  <b>06/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CROMARTIE SPRING VILLAGE REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>508 WORTH STREET SAINT PAULS, NC 28384</b>
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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
D 000	Initial Comments	D 000		
D 283	<p>10A NCAC 13F .0904(a)(2) Nutrition and Food Service</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations and interviews, the facility failed to assure foods were stored in a manner to prevent contamination as evidenced by not labeling food with contents and date opened, leaving expired and decayed foods stored in the refrigerator; and serving food that was past the "best by date" to residents.</p> <p>The findings are:</p> <p>Observations in the kitchen on 06/10/19 at 11:03am revealed the cook/medication aide/personal care aide (MA/PCA) was in the kitchen preparing the residents' lunch.</p> <p>Observations of the storage shelves and bins in the refrigerator on 06/10/19 at 11:05am revealed: -There was an opened 16 ounce container of sour cream with approximately 25 percent remaining that had a "sell by" date of 05/20/19 on the bottom of the container, stored with the</p> <p>Allen S, Rabb Administrator 09/05/2019</p> 	D 283	<p>Cromartie/Spring Village Rest Home takes seriously the safe procurement, storage and preparation of all foods and beverages within the facility to protect our residents from contamination. The following steps will be taken to address and correct the survey team's observations:</p> <ol style="list-style-type: none"> <li>1). Review during weekly staff meeting of "Food Service Orientation" training.</li> <li>2). Institute color-coding for four menus used throughout the month. The color-coding will be as follows:             <ol style="list-style-type: none"> <li>a). Week 1: yellow</li> <li>b). Week 2: red</li> <li>c). Week 3: blue</li> <li>d). Week 4: green</li> </ol> </li> <li>3). Perishable items such as fresh vegetables, milk, bread, breakfast meats, and eggs will be color coded after purchase and before storage. <del>Perishable items</del> must be used within 7 to 10 days of purchase. No perishable items will remain in the refrigerator more than 14 days; it must be used or discarded. Packaged perishable items, once opened, will be dated and resealed in clear, freezable package. These items must be used within 7 to 10 days of opening. ( Or as suggested manufacturer's labelling .) on item's. If not used within that timeframe, the items must be discarded.</li> <li>4). Canned goods will be color coded upon purchase and will be stored with the most recent purchases stored toward the back of the shelves. Canned goods are inspected every 3 months to ensure that they are prepared by "best by date."</li> <li>5). Meats are color-coded and dated before storage; this includes meats that are stored in either the refrigerator or freezer. No</li> </ol> <p><i>other 9/5/19</i></p>	July 1 2019

*Fresh produce  
9/5/19  
10/02/19*

*Accepted with handwritten additions discussed via telephone call with Administrator on 10/02/19 @ 10:30am. A. Rabb on*

Division of Health Service Regulation

meat will be allowed to stay in the freezer longer than 14 days from date of purchase before serving.

6). Any opened food, such as pancakes, applesauce, grits, jelly, will be labeled with the date the food was opened. No opened food will remain in the refrigerator longer than the use by date. Food service worker will inspect food daily to ensure "use by date" are followed.

The efficiency of these procedures will be evaluated using the following methods:

The administrator will make weekly random checks of items within the facility's freezer and refrigerator to ensure that all items are color-coded and there are no items in the refrigerator with an expired "use by date." If weekly inspection reveals items that are not color-coded and/or items that are beyond their use by date, the staff will retake the "Food Service Orientation" training via the website.

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

TITLE

(X8) DATE

STATE FORM

6899

76KG11

If continuation sheet 1 of 29

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CROMARTIE SPRING VILLAGE REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>508 WORTH STREET SAINT PAULS, NC 28384</b>
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D 283	<p>Continued From page 1</p> <p>container lying on its side on the top left shelf of the refrigerator. There was a thin watery substance covering the top of the sour cream.</p> <p>-There was an opened 16 ounce container of whipped topping with a best if used by 09/11/20 with approximately 25 percent remaining that was not labeled with a date opened, stored on the 2nd shelf on the left of the refrigerator.</p> <p>-There was labeled thawing instructions for the opened 16 ounce container of whipped topping that the whipped topping stayed fresh in the refrigerator for 2 weeks and could be refrozen and for longer storage, place in the freezer,</p> <p>-The whipped topping had two small, round black/green colored areas on top of the white colored whipped topping.</p> <p>-There was a large, clear, hard plastic type bin without a lid or cover that was used to store approximately 30 eggs on the 1st shelf on the right side of the refrigerator. There was no labeled date for the eggs stored in bin.</p> <p>-The right storage bin had a plastic bag containing three large long green cucumbers that was not labeled with a date. Two of three cucumbers had large, soft decayed spots.</p> <p>-There was an uncovered firm head of cabbage with pale discolored outer leaves stored in the right storage bin of the refrigerator next to the plastic bag of cucumbers that was not labeled with a date.</p> <p>-There was a small clear storage container with 1 green pepper cut in half, 1 onion cut in half and chopped pieces of onion that was not labeled with a date stored in the left storage bin.</p> <p>-There was a firm honeydew melon uncovered that was not labeled with a date, stored in the left storage bin.</p> <p>-There was a firm cantaloupe melon uncovered that was not labeled with a date, stored in the left storage bin.</p>	D 283		

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D 283	<p>Continued From page 2</p> <p>Observations of a pull-out drawer in the lower section of the refrigerator on 6/10/19 at 11:09am revealed:</p> <ul style="list-style-type: none"> <li>-There was a re-sealable plastic bag containing an opened 12 ounce pack of thick-cut bacon with approximately 4 slices remaining that was not labeled with a date. In the upper left corner of the bacon's packaging there was labeled instructions to use within 7 days from opening.</li> <li>-In the same re-sealable bag containing the opened bacon, there was an opened 12 ounce package of a fully cooked beef Polska Kielbasa sausage link with approximately 1/4th of the link remaining that was not labeled with a date.</li> </ul> <p>Observations of the refrigerator door's storage shelves on 06/10/19 at 11:26am revealed:</p> <ul style="list-style-type: none"> <li>-There was a re-sealable plastic bag with what appeared to be a biscuit can with the outer label removed with one uncooked biscuit inside that was not labeled with a date, stored on the left door storage shelf.</li> <li>-There was an opened one pint, 14 ounce container of a named brand condiment (often substituted for mayonnaise) "with a best when used by" date of 05/14/19 with approximately 25 percent of the condiment remaining that was not labeled with a date opened, stored on the right door storage shelf.</li> <li>-There was an opened 3lb jar of grape jelly with approximately 50 percent remaining that was not labeled with a date opened.</li> <li>-There was an opened 3lb plastic jar of applesauce with approximately 50 percent remaining that was not labeled with a date opened, stored on the right door storage shelf. The 3lb. plastic jar was bent around the top rim of the jar.</li> <li>-There was an opened 1 gallon jar of barbeque</li> </ul>	D 283		

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D 283	<p>Continued From page 3</p> <p>sauce with approximately 50 percent remaining that was not labeled with a date opened, stored on the right door storage shelf</p> <ul style="list-style-type: none"> <li>-There were two re-sealable plastic bags containing a white powdery substance that was not labeled with a date or contents, stored on the right door storage shelf. Both re-sealable bags had scattered areas of a yellow and white colored build-up of unknown matter that had adhered to the inside of each bag.</li> <li>-There was an opened 16 ounce container of milk chocolate cake frosting with approximately 75 percent remaining that was not labeled with a date, stored on the right door storage shelf. There were labeled directions on the container to cover and refrigerate any leftover frosting up to 30 days.</li> <li>-There was an opened 8 ounce container of grated parmesan cheese with approximately 25 percent remaining that was not labeled with a date opened, stored on the right door storage shelf.</li> <li>-There was an opened 5lb. container of barbeque sauce with approximately 50 percent remaining that was not labeled with a date opened, stored on the right door storage shelf.</li> </ul> <p>Interview with the cook/MA/PCA on 06/10/19 at 11:26am revealed:</p> <ul style="list-style-type: none"> <li>-The two re-sealable bags with the white powdery substance "looked like" cornmeal and the other was flour that she had used yesterday, (06/09/19) to fry chicken.</li> <li>-She would discard the re-sealable bag of flour.</li> <li>-She did not place the other re-sealable bag in the refrigerator of what she thought was "cornmeal" and was not sure how long the re-sealable bag with the powdery substance had been stored in the refrigerator's door but thought it had to have been placed in the refrigerator "last</li> </ul>	D 283		

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D 283	<p>Continued From page 4</p> <p>week".</p> <p>-She would discard the re-sealable bag with the "cornmeal".</p> <p>Observation of the refrigerator's lower freezer section on 06/10/19 at 11:34am revealed:</p> <p>-There was an opened 16 ounce package of frozen, cooked hotdogs with approximately 50 percent remaining stored in a re-sealable plastic bag that was not labeled with a date opened.</p> <p>-There was an opened 5lb bag of frozen breaded chicken tenders with approximately 50 percent remaining that was not labeled with a date opened.</p> <p>-There were two gallon-sized re-sealable bags containing frozen chicken leg quarters that were not labeled with a date.</p> <p>-There were 3 single serve size pancakes in an unopened plastic bag without any manufactured labeled dates.</p> <p>-There was a gallon sized re-sealable bag containing a frozen solid substance that was brown and orange colored and not labeled with a date or contents.</p> <p>-There was an opened 3lb package of "bun size" hotdogs with approximately one 50 percent remaining with no labeled date opened.</p> <p>-There as an opened 4lb bag of hash browns with approximately 50 percent remaining with no labeled date opened.</p> <p>-There was an opened 3lb package of turkey franks with approximately 50 percent remaining with no labeled date opened.</p> <p>-There was an opened 5lb package of cut okra with approximately 25 percent remaining with no labeled date opened.</p> <p>-There was a gallon sized resealable bag containing ground meat that was not labeled with a date or contents.</p>	D 283		

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D 283	<p>Continued From page 5</p> <p>Interview with the supervisor in charge (SIC) on 06/10/19 at 11:56am revealed:</p> <ul style="list-style-type: none"> <li>-All foods should have been labeled and dated with a date opened and when repackaged.</li> <li>-All staff had been trained on the importance of labeling and dating all foods that were opened and/or repackaged.</li> <li>-She was not aware there were foods in the refrigerator that were decayed or expired.</li> <li>-She would go through the refrigerator and freezer to check for dates, throw away any expired foods and check for labeling on opened foods.</li> <li>-The 16 ounce container of whipped topping was used approximately 1 ½ weeks ago when the residents were served strawberry shortcake.</li> <li>-She thought the whipped topping had not been used since.</li> <li>-She did not know what the black/green colored spots were on the whipped topping and would throw it away immediately.</li> <li>-The gallon sized re-sealable bag containing a frozen solid substance that was brown and orange colored stored in the freezer was "probably stew beef".</li> </ul> <p>A second observation of the refrigerator on 06/11/19 at 9:10am revealed the opened one pint, 14 ounce container of the named brand condiment (often substituted for mayonnaise) "with a best when used by" date of 05/14/19 was labeled with an opened date of as 05/03/19.</p> <p>Interview with a second cook/MA/PCA on 06/12/19 at 9:02am revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for cooking the residents' meals when she worked.</li> <li>-The Administrator provided labels in the kitchen to use for labeling food.</li> <li>-She put the eggs in the refrigerator on 06/10/19</li> </ul>	D 283		

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D 283	<p>Continued From page 6</p> <p>and didn't know the eggs needed to be labeled.</p> <ul style="list-style-type: none"> <li>-She used the beef Polska Kielbasa sausage in the refrigerator this week, and had not used the opened package of thick cut bacon.</li> <li>-She always checked the expiration dates before cooking anything.</li> <li>-She was trained by a previous Administrator not to use food that wasn't labeled with a date.</li> <li>-She was trained to find out what date the unlabeled food item was opened, if the date could not be identified then she would throw the item away.</li> <li>-When she cleaned out the refrigerator she looked for expired food.</li> </ul> <p>Interview with the SIC on 06/12/19 at 11:01am revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible to assure staff labeled all foods stored in the refrigerator.</li> <li>-She previously had a cleaning list for the other cooks/ MA/PCAs to follow, including labeling and dating opened food.</li> <li>-Food labels were kept beside the refrigerator for staff to use.</li> <li>-When staff cleaned out the refrigerator once a week they were responsible to check the expiration dates on foods and throw away anything out of date.</li> <li>-When she cooked she looked for expiration dates on the food before cooking to make sure it was in date.</li> <li>-She had trained staff to not save leftovers unless there was enough left for another full meal.</li> <li>-The Administrator just bought the named brand dressing condiment a couple weeks ago.</li> <li>-She had used the named brand sauce condiment to prepare sandwiches and potato salad for the residents after she opened the container on 05/03/19.</li> <li>-She did not notice the stamped "Best when used</li> </ul>	D 283		



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D 283	<p>Continued From page 7</p> <p>by date" on the container of the named brand dressing.</p> <ul style="list-style-type: none"> <li>-The Administrator bought groceries twice a week and the staff would put up the groceries.</li> <li>-She received kitchen training from a previous Administrator when the SIC was initially hired.</li> <li>-She had noticed an issue in the kitchen with staff not labeling food items in the refrigerator recently.</li> <li>-She reminded staff to label food with a date and or contents when opened or repackaged, then followed up with the Administrator that some foods were not labeled.</li> </ul> <p>Interview with a third cook/MA/PCA on 06/12/19 at 3:21pm revealed:</p> <ul style="list-style-type: none"> <li>-She "occasionally" went through the refrigerator when cooking to check for food that was expired.</li> <li>-She would let the Administrator or SIC know if she saw something expired.</li> <li>-The Administrator watched meals served "occasionally" through the week.</li> <li>-When she found something unlabeled, she tried to find out when it was opened so she could label it; if an opened date could not be determined then she discarded the item if it was spoiled.</li> <li>-If she found an item that had spoiled she would let the Administrator and SIC know before throwing it away.</li> </ul> <p>Interview with the Administrator on 06/12/19 at 04:46pm revealed:</p> <ul style="list-style-type: none"> <li>-He was responsible for the overall operation of the kitchen.</li> <li>-He thought the named brand condiment (substituted for mayonnaise) was out of date when he recently purchased it.</li> <li>-Staff were responsible for labeling and dating all foods at the time the foods were opened or repackaged.</li> <li>-He expected staff to label and date all foods with</li> </ul>	D 283		

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D 283	Continued From page 8  the date opened or when food was repackaged. -Food was not stored in the refrigerator long and should not have expired because the refrigerated food was used up quickly. -He was not aware of any residents having any recent issues with nausea or vomiting.  The facility failed to assure a system was maintained to protect food from contamination and assure foods were labeled and dated when opened resulting in fully cooked meat being stored with raw meat, and food that was past the "best by date" being available for resident consumption. The facility's failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.  A Plan of Protection was submitted by the facility in accordance with G.S. 131D-34 on 06/11/19..  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 27, 2019	D 283			
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service  10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure therapeutic diets were served as ordered for 1 of 1 resident sampled (#1) who had an order for a no added salt (NAS), no concentrated sweet diet (NCS)	D 310	The facility takes seriously the findings of the observation team and is committed to providing all therapeutic diets, including nutritional supplements and thickened liquids as ordered by our resident's physician. To comply with this standard, the following procedures will be instituted:  1). The administrator will remind each cook staff that residents' dietary requirements are posted next to the stove in the kitchen. 2). Salt shakers will be removed from service tables. All residents will need to request salt	July 10, 2019 and on-going	

shaker to be brought to the table. Only one resident at a time will be allowed to use the shakers. When residents on a restricted diet requests salt, staff will first caution the resident that the use of additional salt is against the doctor's orders. If the resident insists on the use of salt, a notation will be immediately made in the resident's chart, with reminder given to Administrator. The resident's doctor will be notified within 24 hours of the resident's failure to comply with salt restrictions.

*J. Belden  
10/02/19*

2). Salty snacks will not be served to residents with salt restricted diets. They will be offered snacks such as banana with peanut butter. If the resident insists on the use of salt, a notation will be immediately made in the resident's chart, with reminder given to Administrator. The resident's doctor will be notified within 24 hours of the resident's failure to comply with salt restrictions

3). Residents will always be offered the option of non-sweet beverage . If the resident insists on the use of sugar, a notation will be immediately made in the resident's chart, with reminder given to Administrator. The resident's doctor will be notified within 24 hours of the resident's failure to comply with sugar restrictions  
In order to evaluate the efficiency of the above procedures, the following methods will be used:

1). The admissions SIC and administrator will review resident's records to ensure that all therapeutic diets have been logged into the record and is correctly posted in the designated kitchen area.

2). The administrator will review breakfast, lunch and dinner service for at least three times during the week for one month to ensure compliance with the procedures.

3). The administrator will randomly interview at least 3 residents to determine if they are being offered a non-sweetened beverages and/or salt free snack.

4). Failure of the staff to comply with these

*then at least monthly ongoing.  
J. Belden  
10/02/19*

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			procedures will result in staff taking the food service orientation training via webservice and successfully answering exit questions.	
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D 310	<p>Continued From page 9</p> <p>diet.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 05/23/19 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included dementia and anxiety.</li> <li>-There was an order for a no NCS and NAS diet.</li> <li>-There was an order for diabetic glucose testing to be done twice daily.</li> </ul> <p>Review of Resident #1's Care Plan dated 05/21/19 revealed there was documentation the resident required staff supervision for eating .</p> <p>Review of the diet list posted in the kitchen on 06/10/19 revealed Resident #1 was on a NAS/NCS diet.</p> <p>Review of the "Week Three, Monday" therapeutic diet spreadsheet menu revealed:</p> <ul style="list-style-type: none"> <li>-The lunch meal for an NCS diet was 3 ounces of pork chops, ½ cup of mashed potatoes, ½ cup squash casserole, 1 diner roll, ½ cup vanilla pudding, one teaspoon of margarine and one cup of unsweetened coffee/tea/water.</li> <li>-There were instructions for NAS diets to follow the diet above and put no salt on the tray,</li> <li>-There were instructions NCS diets should have no sugar.</li> <li>-There was not a combination diet listed on the spreadsheet for a combination NAS/NCS diet.</li> </ul> <p>Observation of Resident #1 during the lunch meal on 06/10/19 at 12:15 revealed:</p> <ul style="list-style-type: none"> <li>-The resident was seated in his wheelchair, next to another resident.</li> <li>-The resident was served his lunch in a divided dinner plate.</li> <li>-A salt and pepper shaker were on the residents '</li> </ul>	D 310		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CROMARTIE SPRING VILLAGE REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>508 WORTH STREET SAINT PAULS, NC 28384</b>
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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
D 310	<p>Continued From page 10</p> <p>table.</p> <ul style="list-style-type: none"> <li>-The resident was served a pork chop smothered in a brown gravy, ½ cup of mashed potatoes, ½ cup of squash and zucchini blended vegetables, 1 square of corn bread, and 2 pineapple rings.</li> <li>-The resident was served an 8oz glass of water and an 8oz glass of a grape flavored drink.</li> <li>-The resident was observed shaking salt on his pork chop, mashed potatoes, and squash and zucchini blended vegetables.</li> <li>-The resident completed his entire meal, including both his water and grape drink.</li> </ul> <p>Interview with the cook/medication aide/personal care aide (MA/PCA) on 06/10/19 at 12:20pm revealed:</p> <ul style="list-style-type: none"> <li>-Every resident was served the same grape flavored drink that was prepackaged.</li> <li>-She prepared the grape flavored drink mix by following the labeled instructions.</li> <li>-She always prepared either a 1/2 gallon (2 quarts) or one gallon of the grape flavored drink.</li> </ul> <p>Review of the grape flavored drink mix served to Resident #1 on 06/10/19 at 12:15pm revealed:</p> <ul style="list-style-type: none"> <li>-Sugar was listed as the first ingredient.</li> <li>-In the nutrition section of the label there was documentation a serving size was 3/4th of a scoop with 13 grams of sugar per serving.</li> <li>-The measuring scoop enclosed in the drink mix held 2 tablespoons and 2 teaspoons.</li> <li>-There were mixing instructions to use 4 scoops of the drink mix which equaled 2/3 cup and add cold water and ice to make 2 quarts; and use 8 scoops of the drink mix which equaled 1-1/3 cups and add cold water and ice to make 1 gallon.</li> </ul> <p>Observation of Resident #1 during snack time on 06/11/19 at 1:54 pm revealed:</p> <ul style="list-style-type: none"> <li>-The resident was served a snack sized</li> </ul>	D 310		

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D 310	<p>Continued From page 11</p> <p>pre-packaged bag of onion flavored chips. -The resident was not observed being served a beverage.</p> <p>Interview with the cook/MA/PCA on 06/11/19 at 2:00pm revealed: -Each resident was served an assortment of snack sized chips. -Each resident chose their own bag of chips. -Each resident was offered an 8 oz glass of sweetened tea. -Resident #1 refused the 8oz glass of sweet tea.</p> <p>Interview with a second cook/MA/PCA on 06/12/19 at 09:02am revealed: -Resident #1 was on a special diet with no salt and no sweets because he was a diabetic. -She had to consistently redirect Resident #1 about not adding salt to his food. -If the salt was removed from his table, Resident #1 would go to another table and take their salt. -She tried to remind Resident #1 not to use salt and when he did she reported it the Supervisor in Charge (SIC). -The SIC reported it to the Administrator.</p> <p>Interview with the cook/MA/PCA who served Resident #1 the lunch meal on 06/10/19 and the snack on 06/12/19 at 2:05pm revealed: -She was aware that Resident #1 was on a NAS and NCS diet. -She was not following Resident #1's NCS diet order when she served the resident his beverages and served him sweetened beverages because his blood sugars were "always good". -She knew that Resident #1 liked salt but had never been instructed to take the salt shaker off his table.</p> <p>Interview with the SIC on 06/12/19 at 11:08am</p>	D 310		

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D 310	<p>Continued From page 12</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-She discussed with Resident #1 that he wasn't supposed to add any salt to his meal</li> <li>-She did not put salt shakers on Resident #1's table and other staff were not supposed to.</li> <li>-She told Resident #1's primary care physician (PCP) when she first started two years ago that he used excess salt.</li> <li>-She talked to the other staff about Resident #1 using extra salt and sweetened drinks.</li> <li>-She expected the other staff to follow the current diet as ordered by the PCP.</li> <li>-She monitored the meals served to residents as often as she could.</li> </ul> <p>Attempted telephone interview with Resident #1's PCP on 06/12/19 at 11:45am was unsuccessful.</p> <p>Telephone interview with the Clinical Organizer with Resident #1's PCP office on 06/12/19 at 11:47am revealed:</p> <ul style="list-style-type: none"> <li>-Staff should serve Resident #1 meals as prescribed by the PCP.</li> <li>-She could not find any documentation that the facility contacted the PCP concerning the resident's noncompliance with adding salt to his food.</li> <li>-The facility called 05/20/19 to report the resident had an elevated blood pressure reading of 153/97.</li> </ul> <p>Interview with the Administrator on 06/12/19 at 4:46pm revealed:</p> <ul style="list-style-type: none"> <li>-He overseen the overall operations of the kitchen.</li> <li>-He checked on breakfast every day and four times out of the week he observed the lunch meal being served.</li> <li>-He expected staff to have two types of drinks available, a sugar option and a sugar free option.</li> </ul>	D 310		



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NAME OF PROVIDER OR SUPPLIER  
**CROMARTIE SPRING VILLAGE REST HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**508 WORTH STREET  
SAINT PAULS, NC 28384**

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D 310	Continued From page 13  -He expected residents to be served the diets ordered by the PCP. -The Administrator had not noticed an issue with staff giving Resident #1 sweetened beverages when he monitored the meals being served to the residents.	D 310		
D 358	10A NCAC 13F .1004(a) Medication Administration  10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.  This Rule is not met as evidenced by: <b>TYPE B VIOLATION</b>  Based on interviews, observations and record reviews, the facility failed to assure medications were administered as ordered for 1 of 3 sampled residents (#3) including errors with two blood pressure medications.  The findings are:	D 358	The facility takes seriously the need to assure that the preparation and administration of medications, prescriptions and non-prescription, and treatments by staff are in accordance with orders by PCP and the facilities policies and procedures. To correct the findings of the survey team, the following procedures will be instituted: 1). All staff members will be required to take an updated 12-hour medication administration course within the next 6 months. 2). The night supervisor will nightly review medication e-mars for residents with medications that have a non-routine delivery protocol. 3).The night supervisor will provide the Administrator with documentation of any non-compliance in the medication delivery protocol. 4). The Administrator will consult with individual staff as needed to determine the reason for non-compliance and establish process for proper delivery of medication. To evaluate the efficiency of these procedures, the following evaluation protocol will be followed: 1). Discussion of updated 12-hour medication administration course will be included in weekly staff meetings to gauge	July 1 2019 & ongoing

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		<p>staff's understanding of medication administration.</p> <p>2). Administrator will check daily supervisor's nightly review of medication emars for one-month to ensure accuracy.</p> <p>3). Staff that has more than two non-compliance reports within a month period will be required to retake the 12-hour medication administration course.</p>	<p><i>then at least monthly ongoing.</i> <i>J. B. Baker, MD</i> <i>10/02/19</i></p>
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D 358	<p>Continued From page 14</p> <p>1. Review of Resident #3's current FL2 dated 06/10/19 revealed: -Diagnoses included Marfan Syndrome, atrial fibrillation, schizoaffective disorder, traumatic brain injury, hyperlipidemia, chronic foot pain, gestational bleed, and hypertension. -The resident was intermittently disoriented.</p> <p>a. Review of a primary care provider (PCP) order dated 02/20/19 revealed Resident #3 was ordered Clonidine 0.2 mg twice daily as needed for hypertension if systolic blood pressure (SBP) was greater than 170 or diastolic blood pressure (DBP) was greater than 90.</p> <p>Review of Resident #3's April 2019 Electronic Medication Administration Record (eMAR) and blood pressure (BP) log revealed: -There was an entry for Clonidine 0.2 mg twice daily as needed for hypertension if SBP was greater than 170 or DBP was greater than 90. -On 04/21/19, Resident #3's BP was documented as 149/111; there was no documentation the resident was administered Clonidine 0.2mg. -On 04/22/19, Resident #3's BP was documented as 132/97; there was no documentation the resident was administered Clonidine 0.2mg. -On 04/24/19, Resident #3's BP was documented as 128/95; there was no documentation the resident was administered Clonidine 0.2mg. -On 04/25/19, Resident #3's BP was documented as 148/102; there was no documentation the resident was administered Clonidine 0.2mg. -On 04/29/19, Resident #3's BP was documented as 127/93; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>Review of Resident #3's May 2019 eMAR and BP log revealed:</p>	D 358		

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D 358	<p>Continued From page 15</p> <p>-There was an entry for Clonidine 0.2 mg twice daily as needed for hypertension if SBP was greater than 170 or DBP was greater than 90.</p> <p>-On 05/01/19 at 7:11 am, Resident #3's BP was documented as 136/94; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/01/19 at 7:06 pm, Resident #3's BP was documented as 122/93; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/02/19, Resident #3's BP was documented as 143/117; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/03/19, Resident #3's BP was documented as 131/108; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/05/19, Resident #3's BP was documented as 121/97; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/06/19, Resident #3's BP was documented as 145/104; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/09/19, Resident #3's BP was documented as 124/94; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/11/19, Resident #3's BP was documented as 125/92; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/20/19, Resident #3's BP was documented as 134/10; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/21/19, Resident #3's BP was documented as 119/97; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>-On 05/22/19, Resident #3's BP was documented as 140/98; there was no documentation the resident was administered Clonidine 0.2mg.</p> <p>Review of Resident #3's June 2019 eMAR and</p>	D 358		

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D 358	<p>Continued From page 16</p> <p>BP log revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Clonidine 0.2 mg twice daily as needed for hypertension if SBP was greater than 170 or DBP was greater than 90.</li> <li>-On 06/03/19, Resident #3's BP was documented as 133/98; there was no documentation the resident was administered Clonidine 0.2mg.</li> <li>-On 06/05/19, Resident #3's BP was documented as 128/95; there was no documentation the resident was administered Clonidine 0.2mg.</li> <li>-On 06/07/19 at 7:43 am, Resident #3's BP was documented as 120/93; there was no documentation the resident was administered Clonidine 0.2mg.</li> <li>-On 06/07/19 at 7:03 pm, Resident #3's BP was documented as 124/98; there was no documentation the resident was administered Clonidine 0.2mg.</li> <li>-On 06/08/19, Resident #3's BP was documented as 133/97; there was no documentation the resident was administered Clonidine 0.2mg.</li> </ul> <p>Observations of medications for Resident #3 on 06/12/19 at 4:00 pm revealed Clonidine 0.2 mg was available for administration.</p> <p>Interview with Resident #3 on 06/10/19 at 2:20 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He was unsure what medications he was currently prescribed or received.</li> <li>-Staff checked his blood pressure two times daily.</li> <li>-He was unsure if his blood pressure was high or low because he didn't "keep up with it."</li> <li>-He had not felt dizzy or "like something was wrong."</li> </ul> <p>Resident #3 was not available for a follow-up interview on 06/11/19 and 6/12/19.</p> <p>Interview with the Administrator on 06/12/19 at</p>	D 358		

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D 358	<p>Continued From page 17</p> <p>5:20 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The Medication Aides (MA) were responsible for reviewing all medication orders and checking eMAR for accuracy to include PRN orders.</li> <li>-He had not check Resident #3's record for medication accuracy.</li> <li>-He "assumed" all medications were being administered as ordered for Resident #3.</li> <li>-He was unaware that Resident #3 was not receiving Clonidine as ordered.</li> <li>-He had not reviewed Resident #3's BP documentation.</li> </ul> <p>Interview with a MA on 06/12/19 at 5:35 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-She was aware Resident #3 had a current order for Clonidine 0.2 mg twice daily as needed if SBP was greater than 170 or DBP was greater than 90.</li> <li>-Resident #3's BP was checked twice daily and she administered the medications as ordered following the ordered blood pressure parameters.</li> <li>-She was unaware the medications were not being administered as ordered.</li> <li>-She administered Resident #3's medications as ordered.</li> <li>-She was unaware Resident #3's eMAR indicated there were times when she did not administer Resident #3's medication as ordered.</li> </ul> <p>Interview with a second MA on 06/12/19 at 6:25 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-She was aware Resident #3 had a current order for Clonidine 0.2 mg twice daily as needed if SBP was greater than 170 or DBP was greater than 90.</li> <li>-This order was followed when administering Resident #3's medication.</li> <li>-She was unaware of any times Resident #3 did not receive Clonidine as ordered.</li> </ul>	D 358		

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D 358	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>-She was unaware Resident #3's eMAR indicated there were times when she did not administer Resident #3's medication as ordered.</li> <li>-It was her responsibility to review medication orders and to check the accuracy of orders with the eMAR to assure residents' medications were being administered as ordered.</li> <li>-She reviewed all new medication orders as soon as the orders were received by the facility.</li> <li>-She tried to review residents' eMAR weekly to check for accuracy.</li> <li>-She was unaware Resident #3's parameter orders were not being followed when administering medications.</li> </ul> <p>Attempted telephone interview with Resident #3's PCP on 06/12/19 at 10:50 am was unsuccessful.</p> <p>b. Review of a PCP order dated 12/14/18 revealed Resident #3 was ordered Metoprolol Tartrate 50 mg twice daily, hold if SBP was less than 120 or DBP was less than 60.</p> <p>Review of Resident #3's April 2019 Electronic Medication Administration Record (eMAR) and blood pressure (BP) log revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Metoprolol Tartrate 50 mg twice daily at 8:00 am and 8:00 pm.</li> <li>-Metoprolol Tartrate was to be held if SBP was less than 120 or DBP was less than 60.</li> <li>-On 04/04/19, Resident #3's BP was documented as 113/84; Metoprolol Tartrate was documented as administered 8:00 pm.</li> <li>-On 04/06/19, Resident #3's BP was documented as 117/87; Metoprolol Tartrate was documented as administered at 8:00 pm.</li> <li>-On 04/13/19, Resident #3's BP was documented as 115/85; Metoprolol Tartrate was documented as administered at 8:00 pm.</li> <li>-On 04/14/19, Resident #3's BP was documented</li> </ul>	D 358		

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D 358	<p>Continued From page 19</p> <p>as 110/97; Metoprolol Tartrate was documented as administered at 8:00 am.</p> <p>-On 04/15/19, Resident #3's BP was documented as 113/94; Metoprolol Tartrate was documented as administered at 8:00 am.</p> <p>-On 04/19/19, Resident #3's BP was documented as 105/75; Metoprolol Tartrate was documented as administered at 8:00 pm.</p> <p>-On 04/20/19, Resident #3's BP was documented as 110/81; Metoprolol Tartrate was documented as administered at 8:00 pm.</p> <p>-On 04/22/19, Resident #3's BP was documented as 98/69; Metoprolol Tartrate was documented as administered at 8:00 pm.</p> <p>-On 04/25/19, Resident #3's BP was documented as 107/66; Metoprolol Tartrate was documented as administered at 8:00 pm.</p> <p>-On 04/27/19, Resident #3's BP was documented as 104/72; Metoprolol Tartrate was documented as administered at 8:00 pm.</p> <p>-On 04/28/19, Resident #3's BP was documented as 106/68; Metoprolol Tartrate was documented as administered at 8:00 pm.</p> <p>Review of Resident #3's May 2019 eMAR and BP log revealed:</p> <p>-There was an entry for Metoprolol Tartrate 50 mg twice daily at 8:00 am and 8:00 pm.</p> <p>-Metoprolol Tartrate was to be held if SBP was less than 120 or DBP was less than 60.</p> <p>-On 05/03/19, Resident #3's BP was documented as 131/108; Metoprolol Tartrate was documented as not administered at 8:00 am.</p> <p>-On 05/04/19, Resident #3's BP was documented as 110/74; Metoprolol Tartrate was documented as administered at 8:00 pm.</p> <p>-On 05/07/19, Resident #3's BP was documented as 92/60; Metoprolol Tartrate was documented as administered at 8:00 pm.</p> <p>-On 05/12/19, Resident #3's BP was documented</p>	D 358		



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NAME OF PROVIDER OR SUPPLIER  <b>CROMARTIE SPRING VILLAGE REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>508 WORTH STREET SAINT PAULS, NC 28384</b>
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D 358	<p>Continued From page 20</p> <p>as 96/72; Metoprolol Tartrate was documented as administered at 8:00 pm.</p> <p>-On 05/13/19, Resident #3's BP was documented as 119/90; Metoprolol Tartrate was documented as administered at 8:00 am.</p> <p>-On 05/16/19, Resident #3's BP was documented as 108/88; Metoprolol Tartrate was documented as administered at 8:00 am.</p> <p>-On 05/17/19, Resident #3's BP was documented as 131/75; Metoprolol Tartrate was documented as not administered at 8:00 am.</p> <p>-On 05/22/19, Resident #3's BP was documented as 100/77; Metoprolol Tartrate was documented as administered at 8:00 am.</p> <p>-On 05/31/19, Resident #3's BP was documented as 99/85; Metoprolol Tartrate was documented as administered at 8:00 am.</p> <p>Review of Resident #3's June 2019 eMAR and BP log revealed:</p> <p>-There was an entry for Metoprolol Tartrate 50 mg twice daily at 8:00 am and 8:00 pm.</p> <p>-Metoprolol Tartrate was to be held if SBP was less than 120 or DBP was less than 60.</p> <p>-On 06/01/19, Resident #3's BP was documented as 99/77; Metoprolol Tartrate was documented as administered at 8:00 am.</p> <p>-On 06/05/19, Resident #3's BP was documented as 128/95; Metoprolol Tartrate was documented as not administered at 8:00 pm.</p> <p>-On 06/08/19, Resident #3's BP was documented as 113/90; Metoprolol Tartrate was documented as administered at 8:00 am.</p> <p>Interview with Resident #3 on 06/10/19 at 2:20 p.m. revealed:</p> <p>-He was unsure what medications he was currently prescribed or received.</p> <p>-Staff checked his blood pressure two times daily.</p> <p>-He was unsure if his blood pressure was high or</p>	D 358		

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NAME OF PROVIDER OR SUPPLIER  <b>CROMARTIE SPRING VILLAGE REST HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>508 WORTH STREET SAINT PAULS, NC 28384</b>		
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D 358	<p>Continued From page 21</p> <p>low because he didn't "keep up with it." -He hadn't felt dizzy or "like something was wrong."</p> <p>Resident #3 was not available for a follow-up interview on 06/11/19 and 6/12/19.</p> <p>Interview with the Administrator on 06/12/19 at 5:20 p.m. revealed: -The Medication Aides (MA) were responsible for reviewing all medication orders and checking eMAR for accuracy to include PRN orders. -He had not checked Resident #3's record for medication accuracy. -He "assumed" all medications were being administered as ordered for Resident #3. -He was unaware that Resident #3 was not receiving Metoprolol Tartrate as ordered. -He had not reviewed Resident #3's BP documentation.</p> <p>Interview with a MA on 06/12/19 at 5:35 p.m. revealed: -She was aware Resident #3 had a current order for Metoprolol Tartrate 50 mg twice daily and it was to be held if SBP was less than 120 or DBP was less than 60. -Resident #3's BP was checked twice daily and she administered the medications as ordered following the ordered blood pressure parameters. -She was unaware the medications were not being administered as ordered. -She administered Resident #3's medications as ordered. -She was unaware Resident #3's eMAR indicated that there were times when she did not administer Resident #3's medication as ordered.</p> <p>Interview with a second MA on 06/12/19 at 6:25</p>	D 358		

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D 358	<p>Continued From page 22</p> <p>p.m. revealed:</p> <ul style="list-style-type: none"> <li>-She was aware Resident #3 had a current order for Metoprolol Tartrate 50 mg twice daily and it was to be held if SBP was less than 120 or DBP was less than 60.</li> <li>-This order was followed when administering Resident #3's medication.</li> <li>-She unaware of any times when Resident #3 did not receive Metoprolol Tartrate as ordered.</li> <li>-It was her responsibility to review medication orders and to check the accuracy of orders with the eMAR to assure residents' medications were being administered as ordered.</li> <li>-She reviewed all new medication orders as soon as the orders were received by the facility.</li> <li>-She tried to review residents' eMAR weekly.</li> <li>-She was unaware Resident #3's parameter orders were not being followed when administering medications.</li> </ul> <p>Attempted telephone interview with Resident #3's PCP on 06/12/19 at 10:50 am was unsuccessful.</p> <hr/> <p>The facility failed to assure Resident #3 was administered two blood pressure medications as per ordered parameters which placed the resident at increased risk for high and/or low pressure. The facility's failure was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation.</p> <hr/> <p>The facility provided a plan of protection in accordance with G. S. 131D-34 on 06/12/19 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 27, 2019.</p>	D 358		

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D 378	Continued From page 23	D 378		07/15/2019
D 378	<p>10a NCAC 13F .1006 (b) Medication Storage</p> <p>10a NCAC 13F .1006 Medication Storage</p> <p>(b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to store prescription medications in a secure manor out of residents' access.</p> <p>The findings are:</p> <p>Observations the facility's common room during the initial tour on 06/10/19 from 10:00am until 11:50am revealed:</p> <ul style="list-style-type: none"> <li>-Three residents were watching television in the common room.</li> <li>-A door of a metal cabinet was partially ajar.</li> <li>-Boxes of games, puzzles and other activity materials were stored on the bottom shelves in the cabinet.</li> <li>-Several brown cardboard boxes were on different shelves in the cabinet.</li> <li>-Visible on the top 2 shelves of the metal cabinet were 3 jars of Miralax (a laxative), 1 bottle of an antacid liquid, 1-pint bottle labeled Lactulose (a laxative) with approximately 150cc of liquid, 3 bottles labeled Depakote 500mg (used to treat seizures and/or mental health disorders), a gallon size zip lock bag of lancets (used to perform</li> </ul>	D 378	<p>The facility takes seriously the storage of all prescription and non-prescription medications. To correct the observations of the survey team, the following procedures will be instituted:</p> <p>1). All staff members are responsible for checking that designated areas within the facility, including the medication storage cabinet, are correctly locked, upon start of his/her shift. (This requirement is now embedded within each staff member's job description).</p> <p>2). The administrator will screen all designated areas within the facility, including the medication storage and supple areas, to ensure they have workable locks. To evaluate the efficiency of this process, the following evaluation protocol will be followed: The administrator also make at least 3 random checks within the 24-hour workday to ensure compliance. These checks will be unannounced. Any check that indicates any designated area is unlocked will result in the staff on duty being questioned for understanding of the policy and alerted to seriousness of violation. Staff with 2 non-compliance within a month period will be subject to termination.</p>	

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D 388	<p>Continued From page 26</p> <p>dispensed 90 tablets, 84 tablets remaining. Prescription filled 07/18/18.</p> <p>-There was a medication bottle labeled for a current resident for Nystatin topical powder 15gm with instructions apply topically to breast as needed twice a day until healed. Approximately one-half a bottle remained. Prescription filled 07/17/18.</p> <p>-There was a fifteen-day strip of dose pack medications for a discharged resident dated 01/10/19 including Metformin 500mg, 1 each day; Vitamin C 500mg, 1 each day; Atorvastatin 10mg, 1 each day; Gabapentin 300mg, 1 at 5pm each day; Hydroxyzine 25mg, twice a day; Olanzapine 10mg, 1 each day; Pantoprazole 40mg, 1 each day; Tamsulosin 0.4mg, 1 each day.</p> <p>Interview with the Supervisor in Charge (SIC) on 06/11/19 at 9:15am revealed:</p> <p>-The medication is the the metal storage cabinet that were no longer prescribed, for discharged residents and/or medication that had accumulated while a resident was hospitalized.</p> <p>-Medication were stored until returned to the pharmacy.</p> <p>-Medication could be returned by giving the medication to the courier when medications were delivered several times each month.</p> <p>-Medication was normally, delivered on 2nd or 3rd shift when she was not at the facility.</p> <p>-The courier could only accept a limited amount of returned medication at a time because of limited space in the delivery van.</p> <p>Interview with the Administrator on 06/11/19 at 2:30pm revealed:</p> <p>-The SIC was responsible for returning medication that was expired, no longer prescribe or for residents that have been discharged.</p> <p>-He was not aware of the amount of medications</p>	D 388	<p>The facility takes seriously the storage of all prescription and non-prescription medications. To correct the observations of the survey team, the following procedures will be instituted:</p> <ol style="list-style-type: none"> <li>1). Any medication that is discontinued or resident discharged, will be turned over to the Administrator who will be responsible for the disposal of all medications.</li> <li>2). The administrator will dispose of medications using the following methods:             <ol style="list-style-type: none"> <li>a). All medications to be discarded will be documented in accordance with 10A NCAC 13F .1010</li> <li>b). Medications will be packaged and returned to pharmacist. (Packaged medications will be stored in locked medication storage cabinet until Administrator delivers to pharmacist. Delivery will be within 2 working days from record of discharge or discontinuance of medication).</li> </ol> </li> </ol> <p>To evaluate efficiency of this process, the following evaluation protocol will be followed:</p> <ol style="list-style-type: none"> <li>1). The administrator will randomly select the record of one resident to determine if medication has been discontinued or resident has been discharged to check if medication disposal protocol has been followed. If medication protocol has not been followed, protocol will be reviewed to determine where corrections need to be made.</li> </ol>	0  07/01/2019

*monthly review 10/02/19*

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D 388	Continued From page 27  on hand that should have been returned to the pharmacy. -He would expect that medication that was no longer needed would be returned to the pharmacy in a timely manner.	D 388		
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 observations, interviews, and record reviews, the facility failed to assure each resident received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to medication administration, medication storage, health care referral and follow-up and nutrition and food service.  The findings are:  1. Based on observations, interviews, and record review, the facility failed to assure blood pressure and diabetic medications was administer as ordered to 2 of 3 (#1 & #3) sampled residents. [Refer to Tag 358, 10A NCAC 13F .1004 (a) (1) Medication Administration (Type B Violation)].	D912	To ensure compliance to Residents' Rights, please note the procedures instituted for corrections for D 358 and D 273. Each of these corrective actions also include an evaluation component.	July 1 2019 and on-going.

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D912	Continued From page 28  2. Based on observations and interviews, the facility failed to assure foods were stored in a manner to prevent contamination as evidenced by not labeling food with contents and date opened, leaving expired and decayed foods stored in the refrigerator; and serving food that was past the "best by date" to residents. [Refer to Tag 273, 10A NCAC 13F .0904 (a) (4) Nutrition and Food Service (Type B Violation)].	D912		



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D 378	<p>Continued From page 24</p> <p>finger sticks for blood sugar checks) and assorted bandaging materials.</p> <p>Interview with the supervisor in charge (SIC) on 06/10/19 at 10:22am revealed: -The metal cabinet was always supposed to be locked. -She did not know how long it had been unlocked. -The medication in the cabinet was "extra" for the residents. -She would lock the cabinet immediately.</p> <p>Observation of the facility's common area on 06/10/19 at 10:25am revealed: -The SIC had difficulty locking the metal cabinet. -The Administrator arrived and assisted the SIC in locking the metal cabinet.</p> <p>A second interview with the SIC on 06/10/19 at 10:30am revealed: -The metal storage cabinet was difficult to lock. -This could be the reason the cabinet was found unlocked.</p> <p>Interview with the Administrator on 06/10/19 at 11:15am revealed: -The metal storage cabinet in the common room should always be locked. -He was not aware the metal storage cabinet was unlocked and did not know how long it had been unlocked. -He would place a sign placed on the cabinet instructing staff to keep the cabinet locked at all times.</p> <p>A third interview with the SIC on 06/11/19 at 9:15am revealed: -The medication in the metal cabinet included medications that were no longer prescribed, for discharged residents and/or medication that had</p>	D 378		

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D 378	Continued From page 25  accumulated while a resident was hospitalized. -Medication was placed in the cabinet awaiting return to the pharmacy. -She would contact the pharmacy as soon as possible to arrange the return of the excess medication.	D 378		
D 388	10A NCAC 13F .1007 (c) Medication Disposition  10A NCAC 13F .1007 Medication Disposition  (c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident.  This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to destroy and/or return medications to the pharmacy within 90 days of their expiration or discontinuance by the physician.  The findings are:  Observations of medications stored in a metal storage cabinet for return to the pharmacy on 06/11/19 at 3:20pm revealed: -There was a medication bottle labeled for a current resident for Divalproex Sodium Dr tabs 500mg with instruction 1 at bedtime, dispensed 90 tablets with 28 tablets beige, oval remaining. Prescription filled 09/20/18. Seven white oval tablets were also in the same bottle. -There was a medicine bottle labeled for a discharged resident for Divalproex Sod Dr tabs 500mg 1 tab once daily at bedtime. Qty	D 388		