

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/13/2022
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLARA MANOR

1218 PAMLICO STREET
WASHINGTON, NC 27889

(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 a follow-up survey on 1/13/22.	(D 000)		
(D 276)	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the implementation of physician's orders for 1 of 3 sampled residents (#3) regarding physician orders to apply thromboembolic-deterrent (TED) hose daily. The findings are: Review of Resident #3's current FL-2 dated 08/12/21 revealed: -Diagnosis included muscle weakness and right hip pain. -There was an order to apply TED hose knee high bilateral daily to Resident #3's legs in the morning and remove every night at bedtime. -The Resident was semi-ambulatory and used a walker. Review of Resident #3's December 2021 electronic medication administration record (eMAR) revealed there was no entry for to apply TED hose knee high daily to Resident #3's bilateral legs in the morning and remove every	(D 276)		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

7YY512

If continuation sheet 1 of 4

Reviewed and acknowledged
by *Nikolai* on 2/15/22.

Division of Health Service Regulation

PRINTED 01/31/2022
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/13/2022
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

CLARA MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE

1218 PAMLICO STREET
WASHINGTON, NC 27889

(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 276)	<p>Continued From page 1</p> <p>night at bedtime.</p> <p>Observation of Resident #3 on 01/13/22 at 12:30pm revealed Resident #3 did not have on TED hose.</p> <p>Interview with Resident #3 on 01/13/22 at 12:30pm revealed:</p> <ul style="list-style-type: none"> -He knew that he was supposed to wear TED hose every day for his legs. -He kept his legs elevated daily so that he legs would not swell. -He legs did not hurt and they were not swollen. -He had never received TED hose. -He did not know why he never received his TED hose while are the facility. <p>Interview with the facility Manager on 01/13/22 at 1:00pm revealed:</p> <ul style="list-style-type: none"> -He knew that Resident #3 had an order written to wear TED hose daily on 04/28/20. -He asked Resident #3 in September 2021 if he needed to wear TED hose and Resident #3 said no. -He did not follow up with Resident #3's primary care provider about the TED hose. -Resident #3 never received his TED hose. <p>Attempted telephone interview with Resident #3's primary care provider (PCP) on 01/13/22 at 2:32pm was unsuccessful.</p>	(D 276)	<div style="border: 1px solid black; padding: 5px;"> <p>due to patient not wearing ted home primary has d/c this order on 1/18/22. Manager will ensure patients orders are followed by physician order or ensure MD is notified for a d/c order or follow up.</p> </div>	1/18/22
(D 367)	<p>10A NCAC 13F .1004(j) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p>	(D 367)		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/13/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER

CLARA MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE

1218 PAMLICO STREET
WASHINGTON, NC 27889

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IC PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(D 367)	<p>Continued From page 2</p> <p>(1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure medication administration records were accurate to include documentation of the medication aide (MA) who administered the medications to 1 of 3 residents sampled (#2).</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL-2 dated 03/08/21 revealed: -Diagnoses included gait instability, diabetes, arthritis and back pain. -The resident was semi-ambulatory and used a wheelchair. -There was an order for Tramadol (used for pain) 50mg tablet, take 1 to 2 tablets orally as needed (PRN) for pain.</p> <p>Review of Resident #2's December 2021 electronic medication administration record</p>	(D 367)	<p>Manager to check control sheets weekly to ensure documentation is accurate and complete as is documented on the emar.</p> <p>Administrator will follow monthly meeting with manager to review emars and control sheets for completes and adequate documentation. Medication aides will have a medication refresher class on 3/12/22.</p>	3/12/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/13/2022
NAME OF PROVIDER OR SUPPLIER CLARA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1218 PAMLICO STREET WASHINGTON, NC 27889		
(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 367)	<p>Continued From page 3</p> <p>(eMAR) revealed: -There was an entry for Tramadol HCL 50mg PRN. -Tramadol was documented as administered on 12/05/21.</p> <p>Review of Resident #2's December 2021 controlled medication log for Tramadol HCL 50mg revealed Tramadol was documented as administered on 12/01/21, 12/04/21, 12/05/21, 12/06/21, 12/07/21, 12/17/21, 12/27/21, 12/30/21, 12/31/21.</p> <p>Review of Resident #2's January 2022 eMAR revealed: -There was an entry for Tramadol HCL 50mg PRN. -Tramadol was documented as administered on 01/06/22.</p> <p>Review of Resident #2's January 2022 controlled medication log for Tramadol HCL 50mg revealed Tramadol was documented as administered on 01/03/22, 01/04/22, 01/05/22, 01/06/22, 01/08/22, 01/10/22, and 01/11/22.</p> <p>Interview with the Facility Manager/MA on 01/13/22 at 2:45pm revealed: -He routinely administered medications to the residents. -He did not know why Resident #2's December and January eMAR did not match Resident #2's December and January control logs. -Resident #2's medications should be documented on the eMAR.</p>	(D 367)			