The Adult Care Licensure Section conducted a follow up survey on 01/28/22. (D 000) The Adult Care Licensure Section conducted a follow up survey on 01/28/22. (D 000) (D 358) 10A NCAC 13F .1004(a) Medication Administration (D 358) RCC Will Monitor Carts for all medications, prescription and non-prescription, and treatments by staff are in accordance with: (D 358) RCC Will Monitor Carts for all medications, prescription and non-prescription, and treatments by staff are in accordance with: (D 358) RCC Will Monitor Carts for all medications, prescription and non-prescription, and treatments by staff are in accordance with: (D 358) RCC Will Monitor Carts for all medications, prescription and non-prescription prescription and treatments by staff are in accordance with: (D 358) RCC Will Monitor Carts for all medications, prescription and non-prescription, and treatments by staff are in accordance with: (D 358) RCC Will Monitor Carts for all medications to be in place, Med techs have beau educated that any time 'arniving from pharmacy' is Manual, pharmacy Must be Called to follow Up. Wad techs have also bean educated that Whun last insulin pen is pulled from vefinidgellator anedication used to treat diabetes. Based on interviews and record reviews, the facility falled to administer medications as ordered by a licensed prescripting practitioner for 1 of 3 sampled residents (#1) related to a medication used to treat diabetes. Whun last insulin pen is pulled from vefinidgellator anedication used to treat diabetes.	Division of	of Health Service Regu	lation			FORM APPROVED
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Administration10A NCAC 13F. 1004 Medication Administration(a) An adult care home shall assure that the preparation and non-prescription, and treatments by staff are in accordance with:(1) orders by a licensed prescription 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: FOLLOW-UP TO CONTINUING TYPE B VIOLATIONBased on these findings, the previously Unabated Type B Violation was abated. Non-compliance continues.Based on interviews and record reviews, the facility failed to administer medications as ordered by a licensed prescription practitioner for 1 of 3 sampled residents (#1) related to a medication used to treat diabetes.The findings are: Review of Resident #1's current FL2 dated						
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facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents (#1) related to a medication used to treat diabetes. The findings are: Review of Resident #1's current FL2 dated		 (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: FOLLOW-UP TO CONTINUING TYPE B VIOLATION Based on these findings, the previously Unabated Type B Violation was abated. Non-compliance continues. 			to be in place. Med techs have been ed that any time "ar from pharmacy" is Manced, pharmacy must be called to t Up. Med techs have been educated that when last insulin is pulled from ref	ucosted niving ozlo8/22 isllow 2 also t pen nivgelator
Review of Resident #1's current FL2 dated		facility failed to admin ordered by a licensed 1 of 3 sampled reside	ister medications as prescribing practitioner for nts (#1) related to a		anew one should k ardered.	R
		The findings are:				
12/20/21 revealed: -Diagnosis included diabetes. -There was an order for Novolog Insulin 10 units three times daily.		12/20/21 revealed: -Diagnosis included d -There was an order f	liabetes.			
Review of Resident #1's electronic Medication		Review of Resident #	1's electronic Medication			
Division of Health Service Regulation	ivision of Hea	alth Service Regulation			1	
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE	(X6) DATE
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STATE FORM

 $\ensuremath{{\ensuremath{\mathcal{LSB}}}}$ Reviewed and acknowledged 02/14/22

PRINTED: 01/27/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		СОМ	(X3) DATE SURVEY COMPLETED R	
NAME OF P	ROVIDER OR SUPPLIER			70.000	1 01	1/26/2022	
			DDRESS, CITY, STATE	, ZIP CODE			
RICHMON	ID HILL REST HOME # 5		MOND HILL ROAD LLE, NC 28806				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	PRECTION		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE	
{D 358}	Continued From page	e 1	{D 358}				
	01/25/22 revealed: -There was an entry f three times daily with 8:00am, 12:00pm, an -There was documen had been administered 01/01/22 - 01/22/22 a 5:00pm and on 01/23 -There was documen had not been adminis 12:00pm and 5:00pm administered on 01/2- 5:00pm due to "arrivir -There was documen Blood Sugar (FSBS) glucose) of 131 on 01 Telephone interview w the facility's contracter 10:26am revealed: -The facility had require electronically on 01/2 -The pharmacy was no was a Sunday. -The facility should have the refill as there was -The Novolog insuling on 01/24/22 at 3:39pr Telephone interview w (MA) on 01/26/22 at 1 -She was not aware to Sundays. -She thought the procoorder the insulin.	tation the Novolog insulin ad three times daily on it 8:00am, 12:00pm, and /22 at 8:00am. tation the Novolog insulin stered on 01/23/22 at , and had not been 4/22 at 8:00am, 12:00pm, ng from pharmacy". tation of a Finger Stick (a measure of blood 1/25/22 at 8:00am. with a representative from ad pharmacy on 01/26/22 at ested a refill for the insulin 3/22 at 1:48pm. not open on 01/23/22 as it ave made a phone call for a pharmacist on call. was delivered to the facility m. with the Medication Aide 11:37am revealed: he pharmacy was closed on cedure was to electronically sident Care Coordinator : 10:40am revealed the MA					

STATE FORM

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8TCY15

If continuation sheet 2 of 3

PRINTED: 01/27/2022 FORM APPROVED

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL011372	B. WING		01	R /26/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RICHMON	D HILL REST HOME # 5		MOND HILL ROAD _LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
	12:06pm revealed: -Resident #1's Novola been requested from was not anymore left. -The MA's had been to when the last insulin Telephone interview w Nurse Practitioner (N revealed: -The facility should have Resident #1 before th -Resident #1 was at r	ministrator on 01/26/22 at og insulin refill should have the pharmacy before there trained to re order the insulin pen was opened for use. with the facility's contracted P) on 01/26/22 at 2:00pm ave ordered the insulin for here was not anymore left. isk of hyperglycemia i glucose circulating in the	{D 358}			
	Ith Service Regulation					

8TCY15