

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 03/28/22-03/29/22.	{D 000}		
{D 273}	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to contact the primary care provider for 1 of 5 sampled residents (#2) who had a reddened lump on her left foot and swelling to her left ankle and lower leg.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 12/02/21 revealed: -Diagnoses included chronic obstructive pulmonary disease, osteoporosis, hypertension and a history of falls. -There was no documentation of an existing lump, redness and/or swelling of her left foot, ankle and lower leg.</p> <p>Review of Resident #2's Resident Register revealed she was admitted to the facility on 10/20/21.</p> <p>Observations of Resident #2 with a personal care aide (PCA) on 03/29/22 at 11:02am revealed: -Her left lower leg from the calf area down to her ankle was reddened, swollen, shiny and tight. -A ring mark was made on her leg when the sock was removed. -There was a walnut sized protrusion with</p>	{D 273}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 273}	<p>Continued From page 1</p> <p>increased redness in the inside lateral portion of her foot.</p> <p>Interview with the PCA on 03/29/22 at 11:02am revealed the redness and swelling in the resident's leg came from a bump on her inner foot that had been there for a while.</p> <p>Interview with the Memory Care Coordinator (MCC) on 03/29/22 at 11:02am revealed: -The primary care provider (PCP) was aware of the redness, swelling and bump on the resident's left lower leg, ankle and foot because she had shown the Health and Wellness Director (HWD). -She did not have a response to when the HWD was made aware and whether there was documentation on when the condition of the resident's lower leg, ankle and foot was reported to the PCP.</p> <p>Review of progress notes dated 10/21/21 through 03/26/21 revealed: -There was no documentation of a bump, redness and/or swelling of her left foot, ankle and lower leg. -There was no documentation of contact with the resident's PCP about a bump, redness and/or swelling of her left foot, ankle and lower leg.</p> <p>Review of a Skin and Bath Monitoring Form for Resident #2 dated 03/08/22 revealed: -The form was completed for a skin assessment and was signed by a Registered Nurse (RN). -There was documentation of a 4 centimeter (cm) by 3cm discoloration over a boney prominence at the proximal plantar of her left foot.</p> <p>Review of a Skin and Bath Monitoring Forms for Resident #2 dated 03/10/22, 03/14/22 and 03/24/22 revealed no documentation of a bump,</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 273}	<p>Continued From page 2</p> <p>redness and/or swelling of her left foot, ankle and lower leg.</p> <p>Interview with the HWD on 03/29/22 at 11:57am revealed: -She was awaiting PCP visit notes from the physician's office that documented the PCP's awareness of the condition of Resident #2's left lower extremity. -Resident #2 was also followed by hospice and they might have been notified. -The redness, swelling and bump came from an injury the resident had a long time ago.</p> <p>Telephone interview with a Case Manager from the hospice provider for Resident #2 on 03/29/22 at 2:23pm revealed: -There was no documentation of a wound or concern with Resident #2's left lower leg, ankle and foot. -She was followed by hospice for a sacral wound and PCA assistance. -She received services from 12/28/21 through 03/09/22.</p> <p>Telephone interview with Resident #2's PCP on 03/29/22 at 2:30pm revealed: -She did not recall notification of lower leg and ankle redness and swelling and redness and a walnut sized bump on Resident #2's left foot. -She had not seen the resident for a visit for a few weeks. -She would expect staff to report redness and swelling on a resident's body within a day or two of being found. -She would be concerned if there was an infection going on but could not say because she had not yet seen the resident.</p> <p>Second interview with the MCC on 03/29/22 at</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 273}	<p>Continued From page 3</p> <p>2:45pm revealed: -The bump on Resident #2's foot had been there since she was admitted to the facility (10/20/21). -The HWD checked the resident's left foot a couple of months ago after she had shown the HWD the resident's foot. -She documented a note in the 24 Hour book when she told the HWD.</p> <p>Observation of Resident #2 and the MCC on 03/29/22 at 2:45pm revealed: -The MCC said to the resident, "you've had that on your foot for a long time, right?" -The resident replied, "for years and years and years."</p> <p>Review of a 24 Hour Communication Report dated 02/18/22 revealed there was an unsigned note Resident #2 had a big knot on the bottom of her left foot and the HWD was made aware.</p> <p>Second interview with the HWD on 03/29/22 at 3:00pm revealed: -She looked at Resident #2's left foot in February 2022. -She was certain she had informed the PCP but did not have documentation. -Resident #2's left lower leg, ankle and foot did not have redness and swelling when she saw it. -She should have followed up with checking the resident's left lower extremity and making sure the PCP had seen it also. -She normally would have followed up within a week and documented in a progress note. -She normally contacted the PCP by using a computer application if it was urgent or completing a notification sheet for the PCP to see when she came to the facility. -The PCP was usually at the facility twice weekly.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 273}	Continued From page 4 Interview with the Administrator in Charge (AIC) on 03/29/22 at 3:02pm revealed: -Skin rounds had just been completed by the RN for all residents. -Staff were expected to document any new or changed skin issues on shower sheets and communicate to the Supervisor or HWD. -Shower sheets were completed on shower days and on return from the hospital. -The HWD was expected to lay eyes on the resident, notify the PCP and document in a progress note. -The 24 Hour Communication sheet was put in place to improve documentation and communication.	{D 273}		
{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: Based on observations, interviews and record reviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents (#2) including errors with an inhaler and two nasal sprays. The findings are: Review of Resident #2's current FL-2 dated	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 358}	<p>Continued From page 5</p> <p>12/02/21 revealed diagnoses included chronic obstructive pulmonary disease (COPD), osteoporosis, hypertension and a history of falls.</p> <p>a. Review of Resident #2's current FL-2 dated 12/02/21 revealed an order for albuterol 1 puff twice daily. (Albuterol is used to treat difficulty breathing, wheezing, coughing and chest tightness caused by lung diseases such as COPD.)</p> <p>Review of a Physician's Order Review for Resident #2 dated 01/03/22 revealed an order for albuterol 1 puff twice daily.</p> <p>Review of Resident #2's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for albuterol inhalation 1 puff twice daily. -Documentation doses were administered at 8:00am and 8:00pm from 8:00am on 03/01/22 through 8:00am on 03/28/22, except at 8:00pm on 03/03/22.</p> <p>Observation of medication on hand for Resident #2 on 03/29/22 at 8:21am revealed: -There was an albuterol inhaler with a dose meter showing 158 doses remaining. -A pharmacy label was attached to the inhaler indicating the albuterol was dispensed on 09/21/21.</p> <p>Interview with the medication aide (MA) on 03/29/22 at 8:21am revealed: -She had not yet administered albuterol to Resident #2 on 03/29/22. -She administered morning medications to Resident #2 on 03/28/22 but could not remember administering albuterol.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 358}	<p>Continued From page 6</p> <p>-She could not say how an inhaler dispensed on 09/21/21 would last 5 months and still have 158 doses remaining.</p> <p>-She had only been working at the facility for one month so she could not speak to what happened prior.</p> <p>Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/29/22 at 9:37am revealed:</p> <p>-Albuterol was ordered for 1 puff twice daily and 200 doses were last dispensed on 10/20/21 which was a 100 day supply.</p> <p>-The albuterol had to be requested from staff for refills.</p> <p>Interview with the MA on 03/29/22 at 10:52am revealed there were no other albuterol inhalers on the medication cart for Resident #2.</p> <p>Interview with the Health and Wellness Director (HWD) on 03/29/22 at 11:10am revealed she did not find an albuterol inhaler dispensed on 10/21/21 for Resident #2, but she did find one on the special care unit (SCU) medication cart from 08/31/21 with 32 remaining doses.</p> <p>Interview with Resident #2 on 03/29/22 at 2:45pm revealed she did not have any shortness of breath.</p> <p>Telephone interview with Resident #2's PCP on 03/29/22 at 2:30pm revealed:</p> <p>-The albuterol was prescribed for chronic bronchitis in the past.</p> <p>-She was not concerned Resident #2 had not received the inhaler because the resident had not had any symptoms such as shortness of breath or wheezing.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 358}	<p>Continued From page 7</p> <p>b. Review of Resident #2's current FL-2 dated 12/02/21 revealed an order for Azelastine 0.1% 1 spray in each nostril every morning.</p> <p>Review of a Physician's Order Review for Resident #2 dated 01/03/22 revealed an order for Azelastine 0.1% 1 spray in each nostril every morning. (Azelastine is used to treat nasal congestion.)</p> <p>Review of Resident #2's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Azelastine 0.1% 1 spray in each nostril every morning. -There was documentation doses were administered at 8:00am from 8:00am on 03/01/22 through 8:00am on 03/28/22.</p> <p>Observation of medication on hand for Resident #2 on 03/29/22 at 8:22am revealed: -There was a bottle of Azelastine 0.1% nasal spray approximately one third full. -There was a pharmacy label was attached to the bottle indicating the Azelastine was dispensed on 10/20/21.</p> <p>Interview with the medication aide (MA) on 03/29/22 at 8:22am revealed: -She had not yet administered Azelastine to Resident #2 on 03/29/22. -She administered morning medications to Resident #2 on 03/28/22 but could not remember administering Azelastine. -The resident was supposed to get the Azelastine every day. -She could not say how a nasal spray dispensed on 10/20/21 would last 5 months and still have some remaining.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 358}	<p>Continued From page 8</p> <p>Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/29/22 at 9:37am revealed: -Azelastine was ordered for 1 spray in each nostril every morning and a 30 day supply was last dispensed on 10/20/21. -The Azelastine had to be requested from staff for refills.</p> <p>Interview with Resident #2 on 03/29/22 at 2:45pm revealed she did not have any nasal congestion.</p> <p>Telephone interview with Resident #2's PCP on 03/29/22 at 2:30pm revealed: -The Azelastine was prescribed for chronic rhinitis. -She was not concerned Resident #2 had not received the nasal spray because the resident had not had any symptoms such as nasal congestion.</p> <p>c. Review of Resident #2's current FL-2 dated 12/02/21 revealed an order for fluticasone 50mcg 1 spray in each nostril twice daily.</p> <p>Review of a Physician's Order Review for Resident #2 dated 01/03/22 revealed an order for fluticasone 50mcg 1 spray in each nostril twice daily. (Fluticasone is used to treat nasal congestion.)</p> <p>Review of Resident #2's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for fluticasone 50mcg 1 spray in each nostril twice daily. -There was documentation doses were administered at 8:00am and 8:00pm from 8:00am on 03/01/22 through 8:00am on 03/28/22, except at 8:00pm on 03/03/22.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 358}	<p>Continued From page 9</p> <p>Observation of medication on hand for Resident #2 on 03/29/22 at 8:19am revealed: -There was a bottle of fluticasone nasal spray approximately one third full. -There was a pharmacy label was attached to the bottle indicating the fluticasone was dispensed on 10/20/21.</p> <p>Interview with the medication aide (MA) on 03/29/22 at 8:19am revealed: -She had not yet administered fluticasone to Resident #2 on 03/29/22. -She administered morning medications to Resident #2 on 03/28/22 but could not remember administering fluticasone. -She could not say how a nasal spray dispensed on 10/20/21 would last 5 months and still have some remaining.</p> <p>Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/29/22 at 9:37am revealed: -Fluticasone was ordered for 1 spray in each nostril twice daily and a 30 day supply was last dispensed on 10/20/21. -The Fluticasone had to be requested from staff for refills.</p> <p>Interview with Resident #2 on 03/29/22 at 2:45pm revealed she did not have any nasal congestion.</p> <p>Telephone interview with Resident #2's PCP on 03/29/22 at 2:30pm revealed: -The fluticasone was prescribed for chronic rhinitis. -She was not concerned Resident #2 had not received the nasal spray because the resident had not had any symptoms such as nasal congestion.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 358}	<p>Continued From page 10</p> <p>Interview with the Memory Care Coordinator (MCC) on 03/29/22 at 8:45am revealed: -She was still training as the MCC and did not know how the process of ordering medications and monitoring medication administration worked. -The MAs completed medication cart audits. -She saw a MA complete an audit a month ago. -The pharmacy also audited medication carts and had been there a couple of months ago.</p> <p>Second interview with the MA on 03/29/22 at 8:55am revealed: -She did not do medication cart audits and was not sure who did them or often they were done. -Medication refills were requested by placing a pharmacy sticker from the label on a fax form, calling the pharmacy or through the eMAR system. -Medications like inhalers and nasal sprays should have an open date on the bottle and be discarded after 28-30 days depending on the medication.</p> <p>Interview with the Health and Wellness Director (HWD) on 03/29/22 at 9:01am revealed: -Medications dispensed in September and October 2021 should not still be on the cart and showed her the medications were not being administered as ordered. -A Resident Care Coordinator (RCC), Supervisor and/or MA completed medication cart audits. -She delegated medication cart audit assignments. -A MA last audited the medication cart on the SCU. -The cart audit should have turned up medications that had been on the cart since September and October 2021.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ADDISON OF KNIGHTDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
--	--

(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 358}	Continued From page 11 Interview with the Administrator in Charge (AIC) on 03/29/22 at 3:02pm revealed: -MAs were expected to administer medications as ordered by the PCP. -The HWD and corporate nurses had conducted observations of medication administration over the last 2 months.	{D 358}		