STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039018	A. BUILDING: _____ B. WING _____	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRE' MORE MANOR ALF	6016 PINE TOWN ROAD OXFORD, NC 27565

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on March 23-24, 2022.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 1 of 3 sampled staff (Staff B) were tested for tuberculosis (TB) disease upon hire. The findings are: Review of Staff B's, personal care aide (PCA), personnel record revealed: -She was hired on 03/14/22 as a PCA. -There was no documentation of a TB skin test having been completed. Interview with Staff B on 03/23/22 at 5:16pm revealed: -She had completed a TB skin test in the past. -She thought she could get the documentation for her previous TB skin test. -She had not completed a TB skin test since her hire date at the facility.	D 131		

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D 131	Continued From page 1 Interview with the Administrator on 03/24/22 at 12:50pm revealed: -Staff were told when they were hired that they needed to bring documentation of a completed TB skin test. -If staff did not provide documentation of a completed TB skin test then she administered a TB skin test to them. -She did not have any of the TB testing solution when the facility opened on 02/28/22, so she had not provided testing to any newly hired employee without documentation of a completed TB skin test. -The TB testing solution was delivered on 03/22/22 and she planned to begin administering TB skin tests to new employees who needed a TB skin test. -Staff B told her that she had a previous TB skin test which was negative, but she did not provide the documentation. -She told Staff B that she would have to administer another TB skin test to her. -She was responsible for ensuring employees had a completed TB skin test upon hire.	D 131		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services,	D 234		

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D 234	Continued From page 2	D 234		

Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#2) had completed two-step tuberculosis (TB) testing in compliance with the control measures for the Commission for Health Services.

The findings are:

Review of Resident #2's current FL-2 dated 02/28/22 revealed diagnoses included major depressive disorder, hypertension, hypothyroidism, chronic kidney disease stage 4, chronic anemia, chronic gout, hypokalemia, hyperparathyroidism, primary osteoarthritis of bilateral knees, and unspecified edema.

Review of Resident #2's Resident Register revealed there was an admission date of 02/28/22.

Review of Resident #2's tuberculosis (TB) skin test revealed:
-There was documentation of a TB skin test read as negative on 12/26/18 without documentation of a given date.
-There was no documentation of a second TB skin test.

Interview with Resident #2 on 03/23/22 at 6:15pm revealed:
-He had TB skin tests in the past, but he could not remember the date.
-His TB skin test was negative.
-He did not remember having another TB skin test once he was admitted.

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D 234	Continued From page 3 Interview with the Resident Care Coordinator (RCC) on 03/24/22 at 11:53am revealed: -The residents had their first TB skin test upon admission, and the second TB skin test was completed by the Administrator who was a Registered Nurse (RN), the Licensed Health Professional Support (LHPS) nurse or the nurse from the facility contracted pharmacy. -He did not have Resident #2's admission paperwork on the spreadsheet he maintained to determine when documents required updates. -He thought Resident #2's second TB skin test might be in another file because Resident #2 was a resident of the facility with the former owners. -He or the Administrator managed new admissions and the paperwork. -The Administrator was responsible for ensuring the residents obtained the second TB skin test. Interview with the Administrator on 03/24/22 at 12:55pm revealed: -She was responsible for ensuring residents had a completed TB skin test upon admission to the facility. -She thought Resident #2 had a second TB skin test upon admission. -She had completed a records review when he was transferred from the previous facility to another facility located in another town. -She did not know where the documentation for Resident #2's TB skin test was located but she thought he had documentation of a first and second TB skin test in the past.	D 234		
D 290	10A NCAC 13F .0904(c)(1) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes:	D 290		

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D 290	Continued From page 4 (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the Daily Food Requirements in Paragraph (d) of this Rule. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure weekly menus were available for guidance of food service staff with serving quantities specified for regular and therapeutic diets. The findings are: Observation of the kitchen on 03/23/22 at 9:18am revealed there was no weekly menu available for staff to follow. Observation of the entrance to the dining room on 03/23/22 at 9:20am revealed there was a daily menu posted; the menu did not list portions. Observation of the breakfast meal on 03/23/22 at 9:18am revealed the residents were served one slice of French toast, approximately 8 ounces of grits, two small chocolate chip muffins, and 3 to 4 slices of bacon with coffee and milk. Observation of the lunch meal on 03/23/22 at 4:09pm revealed: -The residents were served approximately 8 ounces of meatloaf, 8 ounces of baked beans, 8 ounces of macaroni and cheese and lemonade. Interviews with four residents on 03/23/22 at 9:30am and 3:05pm revealed:	D 290		

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D 290	Continued From page 5 -They ate "heavy" meals during the day and had a light meal or a snack in the evening. -The portions were big, so they did not go hungry. -They usually ate two meals a day and could have a snack or a sandwich in the evening. -They did not get hungry because they got three snacks a day between meals. Interview with the Administrator on 03/23/22 at 4:43pm revealed: -She did the cooking for the residents at the facility. -She did not have a weekly menu to follow; the owner was responsible for the menus. -She used the daily menus that were posted outside of the dining room for guidance for preparing meals. -She had cooked for various facilities for a long time, so she was familiar with portions sizes. -The residents were well fed because she served large portions. Interview with the owner of the facility on 03/23/22 at 4:48pm revealed: -The facility had just changed food supply vendors and he was using the menus from the previous food vendor. -He had daily menus printed and stored in his computer, so he printed them out for the residents and for guidance. -He did not have a week at a glance menu, and he did not have a menu with portions for guidance.	D 290		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes:	D 296		

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D 296	Continued From page 6 (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to have matching therapeutic menus for use as guidance in for preparation of therapeutic diets for 3 of 4 residents (#1, #3 and #4) who were ordered a pureed diet (#1), a no concentrated sweets diet (#3) and a mechanical soft diet (#4). The findings are: Observation of the kitchen on 03/23/22 at 9:18am revealed there was no therapeutic diet menus available for staff to follow. Observation of the entrance to the dining room on 03/23/22 at 9:20am revealed there was a daily menu posted; the menu did not list therapeutic diets. 1. Review of Resident #1's FL-2 dated 03/01/22 revealed there was an order for a pureed diet. Refer to interview with the Administrator on 03/23/22 at 4:43pm. Refer to interview with the facility owner on 03/24/22 at 10:48am. 2. Review of Resident #3's FL-2 dated 03/01/22 revealed there was an order for a no concentrated sweet diet (NCS).	D 296		

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D 296	Continued From page 7 Refer to interview with the Administrator on 03/23/22 at 4:43pm. Refer to interview with the facility owner on 03/24/22 at 10:48am. 3. Review of Resident #4's FL-2 dated 02/28/22 revealed there was an order for a mechanical soft diet. Refer to interview with the Administrator on 03/23/22 at 4:43pm. Refer to interview with the facility owner on 03/24/22 at 10:48am. _____ Interview with the Administrator on 03/23/22 at 4:43pm revealed: -She did the cooking for the residents at the facility. -She did not have a weekly menu to follow nor a therapeutic diet menu; the owner was responsible for the menus. -She used the daily menus that were posted outside of the dining room for guidance for preparing meals. -She knew the consistencies for pureed diets and the mechanical soft diets. -She knew to serve the residents who were ordered an NCS diet sugar free items. Interview with the owner of the facility on 03/24/22 at 10:48am revealed: -He did not have a therapeutic diet menu for guidance. -The previous food supply vendor had provided the therapeutic diet menus. -He had not had therapeutic diet menus for about three weeks. -He had contacted a dietitian on 03/24/22 and	D 296		

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D 296	Continued From page 8 she was going to provide a therapeutic diet menu for the facility.	D 296		
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, record reviews, and interviews the facility failed to serve therapeutic diets as ordered by the primary care provided (PCP) for 2 of 4 sampled residents (#1, #4) who had a diet order for a pureed diet and a supplement (#1) and who was ordered a mechanical soft diet (#4). The findings are: Observation of the kitchen on 03/23/22 at 9:18am revealed there was no therapeutic diet menus or weekly menus available for staff to follow. Observation of the entrance to the dining room on 03/23/22 at 9:20am revealed there was a daily menu posted. 1. Resident #1's current FL-2 dated 03/01/22 revealed: -Diagnoses included vascular dementia and	D 310		

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gastroesophageal reflux disease (GERD).
-The resident was intermittently disoriented.

a. Review of Resident #1's current FL-2 dated 03/01/22 revealed there was an order for a pureed diet.

Observation of the breakfast meal on 03/23/22 at 9:18am revealed:
-Resident #1 was served ground French toast, ground bacon, grits, whole blueberries used as garnish, and two chocolate chip muffins cut in half.
-She was provided pancake syrup to add to her ground French toast.
-She was served coffee, water and milk to drink.
-Resident #1 ate 100 percent of her lunch meal.

Observation of the lunch meal on 03/23/22 at 3:49pm revealed:
-Resident #1 was served pureed meatloaf and gravy, pureed green beans, pureed macaroni and cheese and pureed oranges with ground nuts and whipped topping.
-She was served lemonade to drink.
-Resident #1 ate 100 percent of her lunch meal.

Interview with Resident #1 on 03/24/22 at 11:06am revealed:
-She did not have any teeth and she did not wear dentures.
-She did not know why she was ordered pureed diet.
-She could chew her food even without teeth.
-Sometimes she had trouble swallowing because the food would get stuck in her throat.
-She had trouble swallowing because the food was not cut up small enough.
-Sometimes she coughed while she was eating because her food was too dry.

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-When she coughed, she would drink water to help swallow.
-She had never thrown up while coughing during eating.

Telephone interview with Resident #1's primary care provider (PCP) on 03/24/22 at 11:18am revealed:
-She was ordered a pureed diet because there were concerns of aspiration.
-Resident #1 had aspirated and had aspiration pneumonia over a year ago.
-She had not had any episodes of aspiration since she was ordered a pureed diet.
-He expected Resident #1's diet order to be followed.

Interview with the Administrator on 03/24/22 at 11:47am revealed:
-She knew Resident #1 was ordered a pureed diet.
-She knew a puree consistency should stick to the spoon and not be overly watery.
-She did not add always add liquids when she pureed items because she did not want them to become runny.
-The pureed consistency should have been manageable for the resident that was ordered the diet.
-There should not be any big chunks of food.
-Resident #1 could chew her bread because it was soft enough for her to chew.
-She did not know if Resident #1 coughed when she ate.
-She knew Resident #1 had an aspiration pneumonia some time ago.
-She felt Resident #1 had improved.
-She should follow Resident #1's diet as ordered by her PCP.

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b. Review of Resident #1's current FL-2 dated 03/01/22 revealed an order for nutritional supplements three times daily.

Observation of the breakfast meal on 03/23/22 from 9:18am to 10:00am revealed she was not served a nutritional supplement to drink. Observation of the lunch meal on 03/23/22 from 3:49pm to 5:15pm revealed she was not served a nutritional supplement to drink.

-Observation of the kitchen storage areas and refrigerator on 03/23/22 at 9:00am and 2:31pm revealed there were no nutritional supplements available to administer.

Observation of a small personal refrigerator in the Resident Care Coordinator's (RCC's) office on 03/23/22 at 2:28pm revealed there were no nutritional supplements available to administer.

Review of Resident #1's electronic medication administration record (eMAR) for March 2022 revealed:
-There was an entry for a nutritional supplement scheduled three times daily at 9:00am, 2:00pm and 6:00pm.
-The nutritional supplement was documented as administered 62 of 62 opportunities.

Interview with Resident #1 on 03/24/22 at 1:00pm revealed:
-she was supposed to have a nutritional supplement three times daily, but she only got them in the mornings.
-She had not received a nutritional supplement three times daily since she was admitted to the facility at the beginning of the month.
-She liked to drink the chocolate flavored nutritional supplements; she thought she was

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ordered the nutritional supplement to help her gain some weight.

Telephone interview with Resident #1's primary care provider (PCP) on 03/24/22 at 11:18am revealed:
-She was ordered the nutritional supplement due to weight loss.
-Resident #1 had declined and had struggled with weight loss.
-Resident #1 was marginally maintaining her weight while on the nutritional supplement.
-Resident #1's order for the nutritional supplement should continue to be followed as ordered.

Interview with a medication aide (MA) on 03/24/22 at 12:58pm revealed:
-She was still training to become a MA.
-She had observed medication administrations and had administered medications to the residents at the facility during her training.
-She had never seen Resident #1 administered a nutritional supplement and she had never administered a nutritional supplement to Resident #1.

Interview with the Resident Care Coordinator (RCC) on 03/23/22 at 2:25pm revealed:
-He was trying to get Resident #1's nutritional supplements discontinued by the PCP because she was eating really well.
-He had administered Resident #1 her nutritional supplement at breakfast that morning or with her medication after breakfast.
-He had administered Resident #1 the last nutritional supplement he had available for her that morning.
-He personally purchased nutritional supplements for Resident #1, and he did not keep the receipts

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as proof of purchase.
-He thought there might be nutritional supplements in the kitchen.
-He did not purchase the specific brand of nutritional supplement the PCP ordered for Resident #1; he did not know they were specifically ordered.

Interviews with the Administrator on 03/23/22 at 12:37pm and 2:33pm revealed:
-None of the residents were ordered nutritional supplements.
-She did not know Resident #1 had an order for nutritional supplements.
-Resident #1 ate very well and had improved since she had been admitted to the facility.
-She was responsible for ordering the nutritional supplements for any residents that had an order for them.
-She was not aware of any staff purchasing nutritional supplements with their own funds.
-Nutritional supplements were supposed to be specific to the brand the PCP ordered and could not be substituted.

2. Review of Resident #4's current FL-2 dated 02/28/22 revealed:
-Diagnoses included vascular dementia, gastroesophageal reflux disease without esophagitis, tardive dyskinesia, and secondary Parkinsonism.
-There was an order for a mechanical soft diet.

Observation of the breakfast meal on 03/23/22 at 9:18am revealed:
-Resident #4 was served a whole piece of French toast, 3-4 whole slices of bacon, grits and two small chocolate chip muffins.
-Resident #4 ate 100 percent of his bacon,

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TRE' MORE MANOR ALF	6016 PINE TOWN ROAD OXFORD, NC 27565

(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
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muffins, and grits.
-He picked up his French toast with his hand and ate over 50 percent.

Observation of the lunch meal on 03/23/22 at 3:49pm revealed:
-Resident #4 was served meatloaf and gravy, macaroni and cheese, baked beans and mandarin oranges with pecan halves.
-Resident #4 ate 100 percent of his meal, but he picked the pecans out and did not eat them.
Interview with Resident #4 on 03/24/22 at 12:55pm revealed:
-He did not have teeth, so he needed his food cooked softer or cut up.
-He picked the nuts out of his meal because he could not eat them without teeth.
-He was often served foods he could not chew.

Telephone interview with Resident #4's primary care provider on 03/24/22 at 11:18am revealed he was ordered a mechanical soft diet because he did not have any teeth and did not chew well.

Interview with the Administrator on 03/24/22 at 11:33am revealed:
-She did not have a therapeutic diet to follow so she just knew to chop up meats or vegetables for Resident #4.
-Resident #4 was ordered a mechanical soft diet because he did not have teeth and had difficulty chewing his food.
-She usually cut up his sandwiches and bread for him; she did not know why she did not cut up his French toast because she usually cut that up too.
-She should have ground the nuts before putting them on the mandarin oranges.
-She did not know why she did not properly prepare all of Resident #4's items for his meal; she would have to do better in the future.

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D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure the electronic Medication Administration Records (eMARs) were accurate to include the initials of the Medication Aide (MA) who administered the medication for 3 of 3 sampled residents (#1, #2 and #3). The findings are: 1. Review of Resident #1"s current FL-2 dated 03/01/22 revealed: -Diagnoses included vascular dementia, vitamin D deficiency, chronic atrial fibrillation, schizophrenia, gastro-esophageal reflux disease, hypertension, overactive bladder, hyperlipidemia, asthma, atrial flutter, and spinal stenosis. -There was a medication order for amlodipine 5mg (used to treat hypertension) daily. -There was a medication order for artificial tears (used to treat or prevent dry eyes) one drop in both eyes three times daily. -There was a medication order for calcium-D3 tablets 600-10mg (used to treat vitamin D deficiency) one tablet twice daily with food.	D 366		

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D 366	Continued From page 16 -There was a medication order for certavite (used to treat or prevent vitamin deficiency) take one tablet daily. -There was a medication order for Eliquis 5mg (used to prevent blood clots) one tablet twice daily. -There was a medication order for gabapentin 300mg (used to prevent seizures) one capsule three times daily. -There was a medication order for metoprolol 75mg (used to treat hypertension) one tablet twice daily. -There was a medication order for myrbetriq 25mg (used to treat overactive bladder) one tablet daily. -There was a medication order for risperidone 2mg (used to treat certain mood/mental conditions) one tablet twice daily. -There was a medication order for sertraline 100mg (used to treat depression) two tablets daily. Review of Resident #1's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for amlodipine 5mg one tablet daily, scheduled for 8:00am and 9:00am. -There was documentation of administration of amlodipine by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from 03/18/22 to 03/22/22 at 9:00am. -There was an entry for artificial tears instill one drop in both eyes three times daily, scheduled for 8:00am, 9:00am, 2:00pm, 3:00pm, 8:00pm, and 9:00pm. -There was documentation of administration of artificial tears by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22	D 366		

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at 8:00am and from 03/18/22 to 03/22/22 at 9:00am.
-There was documentation of administration of artificial tears by a PCA from 03/02/22 to 03/04/22, from 03/07/22 to 03/10/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/16/22 at 2:00pm and from 03/17/22 to 03/21/22 at 3:00pm.
-There was documentation of administration of artificial tears by a PCA on 03/16/22 at 8:00pm, on 03/17/22 and 03/22/22 at 9:00pm.
-There was an entry for calcium-D3 600-10mg one tablet twice daily, scheduled for 8:00am, 9:00am, 8:00pm, and 9:00pm.
-There was documentation of administration of calcium-D3 by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from 03/18/22 to 03/22/22 at 9:00am.
-There was documentation of administration of calcium-D3 by the PCA on 03/02/22, 03/04/22, 03/07/22 and from 03/12/22 to 03/13/22 at 5:00pm.
-There was documentation of administration of calcium-D3 by the PCA on 03/17/22, from 03/19/22 to 03/20/22, and 03/22/22 at 6:00pm.
-There was an entry for certavite one tablet daily, scheduled for 8:00am and 9:00am.
-There was documentation of administration of certavite by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from 03/18/22 to 03/22/22 at 9:00am.
-There was an entry for Eliquis 5mg one tablet twice daily, scheduled for 8:00am, 9:00am, 8:00pm, and 9:00pm.
-There was documentation of administration of Eliquis by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from

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D 366	Continued From page 18 03/18/22 to 03/22/22 at 9:00am. -There was documentation of administration of Eliquis by a PCA on 03/16/22 at 8:00pm, on 03/17/22 and 03/22/22 at 9:00pm. -There was an entry for gabapentin 300mg one tablet three times daily, scheduled for 8:00am, 9:00am, 2:00pm, 3:00pm, 8:00pm, and 9:00pm. -There was documentation of administration of gabapentin by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from 03/18/22 to 03/22/22 at 9:00am. -There was documentation of administration of gabapentin by a PCA from 03/02/22 to 03/04/22, from 03/07/22 to 03/10/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/16/22 at 2:00pm and from 03/17/22 to 03/21/22 at 3:00pm. -There was documentation of administration of gabapentin by a PCA on 03/16/22 at 8:00pm, on 03/17/22 and 03/22/22 at 9:00pm. -There was an entry for metoprolol 25mg one tablet twice daily, scheduled for 8:00am, 9:00am, 8:00pm, and 9:00pm. -There was documentation of administration of metoprolol 25mg by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from 03/18/22 to 03/22/22 at 9:00am. -There was documentation of administration of metoprolol 25mg by a PCA on 03/16/22 at 8:00pm, on 03/17/22 and 03/22/22 at 9:00pm. -There was an entry for metoprolol 50mg one tablet twice daily, scheduled for 8:00am, 9:00am, 8:00pm, and 9:00pm. -There was documentation of administration of metoprolol 50mg by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from 03/18/22 to 03/22/22 at	D 366		

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D 366	Continued From page 19 9:00am. -There was documentation of administration of metoprolol 50mg by the PCA on 03/16/22 at 8:00pm, on 03/17/22 and 03/22/22 at 9:00pm. -There was an entry for myrbetriq 25mg one tablet daily, scheduled for 8:00am and 9:00am. -There was documentation of administration of myrbetriq by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from 03/18/22 to 03/22/22 at 9:00am. -There was an entry for risperidone 2mg one tablet twice daily, scheduled for 8:00am, 9:00am, 8:00pm, and 9:00pm. -There was documentation of administration of risperidone by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from 03/18/22 to 03/22/22 at 9:00am. -There was documentation of administration of risperidone by a PCA on 03/16/22 at 8:00pm, on 03/17/22 and 03/22/22 at 9:00pm. -There was an entry for sertraline 100mg one tablet daily, scheduled for 8:00am and 9:00am. -There was documentation of administration of sertraline by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am and from 03/18/22 to 03/22/22 at 9:00am. Interview with Resident #1 on 03/24/22 at 11:06am revealed the MA administered medications to her. Refer to interview with a PCA on 03/24/22 at 11:03am. Refer to interview with the Resident Care Coordinator (RCC) on 03/24/19 at 11:53am.	D 366		

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Refer to telephone interview with the Administrator on 03/24/22 at 12:55pm.

2. Review of Resident #2's current FL-2 dated 02/28/22 revealed:
-Diagnoses included major depressive disorder, hypertension, hypothyroidism, chronic kidney disease stage 4, chronic anemia, chronic gout, hyperkalemia, hyperparathyroidism, primary osteoarthritis of bilateral knees, vitamin deficiency and unspecified edema.
-There was a medication order for allopurinol 100mg (used to treat gout) one tablet daily.
-There was a medication order for certavite senior tablets (used to treat or prevent vitamin deficiency) one tablet daily.
-There was a medication order for famotidine 20mg (used to treat ulcers of the stomach) one tablet daily.
-There was a medication order for furosemide 80mg (used to help rid the body of extra fluids) one tablet daily.
-There was a medication order for hydrocortisone cream 1% (used to treat skin conditions) spread topically twice daily to rash.
-There was a medication order for sertraline 100mg (used to treat depression) one tablet daily.

Review of Resident #2's March 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for allopurinol 100mg daily, scheduled for 8:00am and 9:00am.
-There was an entry for certavite senior tablets daily, scheduled for 8:00am and 9:00am.
-There was an entry for famotidine 20mg daily, scheduled for 8:00am and 9:00am.
-There was an entry for furosemide 80mg daily, scheduled for 8:00am and 9:00am.
-There was an entry for hydrocortisone cream 1%

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apply twice daily, scheduled for 8:00am, 9:00am, 8:00pm, and 9:00pm.
-There was an entry for sertraline 100mg daily, scheduled for 8:00am and 9:00am.
-A PCA's initials were documented from 03/01/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22 and from 03/15/22 to 03/17/22 at 8:00am when allopurinol, certavite, famotidine, furosemide, hydrocortisone cream, and sertraline were administered daily.
-A PCA's initials were documented from 03/19/22 to 03/22/22 at 9:00am when allopurinol, certavite, famotidine, furosemide, hydrocortisone cream and sertraline were administered daily.

Interview with Resident #2 on 03/23/22 at 6:15pm revealed the male staff administered medications to him.

Refer to interview with a PCA on 03/24/22 at 11:03am.

Refer to interview with the Resident Care Coordinator (RCC) on 03/24/19 at 11:53am.

Refer to telephone interview with the Administrator on 03/24/22 at 12:55pm.

3. Review of Resident #3's current FL-2 dated 03/01/22 revealed:
-Diagnoses included vascular dementia with behavioral disturbances, chronic systolic congestive heart failure, type II diabetes, hypertension, overactive bladder, schizoaffective disorder bipolar depressive type, and atherosclerotic heart disease.
-There was a medication order for anastrozole 1 mg (used to treat breast cancer after menopause) one tablet daily.
-There was a medication order for artificial tear

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(used to relieve eye dryness and irritation) one eye drop in each eye three times a day.
-There was a medication order for Cal-Gest 500mg chew (used to treat stomach ulcers) one tablet daily.
-There was a medication order for clopidogrel 75mg (used to prevent heart attacks and strokes) one tablet daily.
-There was a medication order for Dermacerin cream (used to moisturize dry skin) spread topically to feet every morning before breakfast.
-There was a medication order for furosemide 20mg (used to rid the body of extra water) every Monday, Wednesday, and Friday.
-There was a medication order for Levemir flex touch (used to control high blood sugar) inject 25 units daily.
-There was a medication order for metformin 500mg (used to control high blood sugar) one tablet twice daily.
-There was a medication order for metoprolol succinate extended release 25mg (used to treat high blood pressure) daily.
-There was a medication order for nicotine patch 21mg/24hr (used to assist with smoking cessation) one patch on skin daily after removing old patch.
-There was a medication order for olanzapine 7.5mg (used to treat agitation associated with certain mood/mental conditions) twice daily.
-There was a medication order for risperidone 2mg (used to treat certain mood/mental conditions) one tablet daily.
-There was a medication order for stool softener 8.6mg-50mg (used to treat occasional constipation) one capsule twice daily.
-There was a medication order for sertraline 150mg (used to treat depression) one tablet daily.
-There was a medication order for valproic acid 250mg/5ml solution 10 ml (used to treat seizure

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disorders, and certain mood/mental conditions) daily in the morning.
-There was a medication order for vitamin D3 1,000 unit (used to treat vitamin deficiency) daily.

Review of Resident #3's March 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for anastrozole 1mg daily, scheduled for 9:00am.
-There was documentation of administration of anastrozole by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22, and from 03/15/22 to 03/22/22 at 9:00am.
-There was an entry for artificial tears instill one drop in both eyes three times daily, scheduled for 9:00am, 3:00pm, and 9:00pm.
-There was documentation of administration of artificial tears by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22, and from 03/15/22 to 03/22/22 at 9:00am.
-There was documentation of administration of artificial tears by a PCA from 03/02/22 to 03/04/22, from 03/07/22 to 03/10/22, from 03/12/22 to 03/13/22, and from 03/15/22 to 03/22/22 at 3:00pm.
-There was documentation of administration of artificial tears by a PCA from 03/16/22 to 03/17/22 and 03/22/22 at 9:00pm.
-There was an entry for Cal-Gest chew 500mg one tablet daily, scheduled for 9:00am.
-There was documentation of administration of Cal-Gest by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22, and from 03/15/22 to 03/22/22 at 9:00am.
-There was an entry for clopidogrel 75mg one tablet daily, scheduled for 9:00am.

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-There was documentation of administration of clopidogrel by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22,and from 03/15/22 to 03/22/22 at 9:00am.
-There was an entry for Dermacerin cream apply topically to feet every morning, scheduled for 9:00am.
-There was documentation of administration of Dermacerin cream by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22, and from 03/15/22 to 03/22/22 at 9:00am.
-There was an entry for furosemide 20mg every Monday, Wednesday, and Friday, scheduled for 9:00am.
-There was documentation of administration of furosemide by a PCA on 03/02/22, 03/04/22, 03/07/22, 03/16/22, 03/18/22, and 03/21/22 at 9:00am.
-There was an entry for Levemir flextouch 25 units daily, schedule for 8:00am and 9:00am.
-There was documentation of administration of Levemir by a PCA on 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/16/22 at 8:00am and from 03/17/22 to 03/22/22 at 9:00am.
-There was an entry for metformin 500mg one tablet twice daily, scheduled for 8:00am, 9:00am, 5:00pm, and 6:00pm.
-There was documentation of administration of metformin by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/16/22 at 8:00am and from 03/15/22 to 03/22/22 at 9:00am.
-There was documentation of administration of metformin by a PCA on 03/02/22, 03/03/22, 03/07/22 at 5:00pm, on 03/17/22, from 03/19/22 to 03/20/22, and 03/22/22 at 6:00pm.
-There was an entry for metoprolol 25mg one

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tablet daily, scheduled for 9:00am.
-There was documentation of administration of metoprolol by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22, and from 03/15/22 to 03/22/22 at 9:00am.
-There was an entry for nicotine 21mg/24hr one patch on skin daily after removing old patch, scheduled for 9:00am.
-There was documentation of refusal for the nicotine patch by a PCA on 03/03/22, 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/16/22, and from 03/18/22 to 03/22/22 at 9:00am.
-There was an entry for olanzapine 2.5mg one tablet twice daily, scheduled for 8:00am, 9:00am, 8:00pm, and 9:00pm.
-There was documentation of administration of olanzapine 2.5mg by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/16/22 at 8:00am and from 03/15/22 to 03/22/22 at 9:00am.
-There was documentation of administration of olanzapine 2.5mg by a PCA on 03/16/22 at 8:00pm, on 03/17/22, and 03/22/22 at 9:00pm
-There was an entry for olanzapine 5mg one tablet twice daily, scheduled for 9:00am and 9:00pm.
-There was documentation of administration of olanzapine 5mg by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22, and from 03/15/22 to 03/22/22 at 9:00am.
-There was documentation of administration of olanzapine 5mg by a PCA from 03/16/22 to 03/17/22, and 03/22/22 at 9:00pm.
-There was an entry for risperidone 2mg one tablet daily, scheduled for 8:00am and 9:00am.
-There was documentation of administration of

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risperidone by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/16/22 at 8:00am and from 03/17/22 to 03/22/22 at 9:00am.
-There was an entry for sertraline 50mg one tablet daily, scheduled for 8:00am and 9:00am.
-There was documentation of administration of sertraline by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/16/22 at 8:00am and from 03/17/22 to 03/22/22 at 9:00am.
-There was an entry for sertraline 100mg one tablet daily, scheduled for 9:00am.
-There was documentation of administration of sertraline by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/16/22 at 8:00am and from 03/17/22 to 03/22/22 at 9:00am.
-There was an entry for stool softener 8.6-50mg one tablet twice daily, scheduled for 9:00am and 9:00pm.
-There was documentation of administration of stool softener by a PCA from 03/03/22 to 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/22/22 at 9:00am and from 03/16/22 to 03/17/22, and 03/22/22 at 9:00pm.
-There was an entry for valproic acid solution 250mg/5ml take 10ml in the morning, scheduled for 9:00am.
-There was documentation of administration of valproic acid by a PCA on 03/03/22, 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to 03/13/22, and from 03/15/22 to 03/22/22 at 9:00am.
-There was an entry for vitamin D3 25mcg one tablet daily, scheduled for 9:00am.
-There was documentation of administration of vitamin D3 by a PCA from 03/02/22 to 03/05/22, from 03/07/22 to 03/08/22, from 03/12/22 to

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D 366	Continued From page 27 03/13/22, and from 03/15/22 to 03/22/22 at 9:00am. Interview with Resident #3 on 03/23/22 at 2:27pm revealed the male medication aide (MA) gave her medications. Refer to interview with a PCA on 03/24/22 at 11:03am. Refer to interview with the Resident Care Coordinator (RCC) on 03/24/19 at 11:53am. Refer to telephone interview with the Administrator on 03/24/22 at 12:55pm. _____ Interview with a personal care aide (PCA) on 03/24/18 at 11:03am revealed: -She worked at the facility since 02/28/22. -She was a certified nursing aide and worked on the first shift. -She administered topical medications to the residents when she shadowed the MA/RCC during the morning medication pass. -She documented the administration of the residents' medications within the eMAR system because she was in training to be a MA. -She was in the process of learning the eMAR system and documented within the system while the MA/RCC was administering the oral and injectable medications. -She did not administer any oral or injectable medications. -She had not completed her MA training. Interview with the RCC on 03/24/22 at 11:53am revealed: -He provided access to the eMAR system to the PCAs so that they could practice documenting medication administration.	D 366		

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D 366	Continued From page 28 -The PCAs were in training to become MAs and shadowed him or another MA to observe the administration of the medications. -He administered the medications to the residents, but the PCAs documented the administration of the medication. -He taught the PCAs how to document for medications and activities of daily living within the eMAR system. Interview with the Administrator on 03/24/22 at 12:55 pm revealed: -She did not know the RCC and another MA were not signing off the medications on the eMAR. -She knew the PCAs were shadowing the RCC and MA to learn how to administer medications. -She should have reviewed the eMARs to ensure accurate documentation was occurring. -The MAs were responsible for ensuring they document after administering medications.	D 366		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives	D 612		

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shall be implemented by the facility.

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection to 12 residents during the global coronavirus (COVID-19) pandemic as related to appropriate use of personal protective equipment (PPE) face masks by staff to reduce the risk of transmission and infection and screening of staff and residents.

The findings are:

1. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic dated 02/02/22 revealed:
-Source control measures were to be implemented for HCP.
-Source control referred to the use of a well-fitting facemask to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.
-Fully vaccinated HCP should wear source control when they were in areas of the facility where they could encounter residents.
-Facilities should have established a process to identify anyone entering the facility, regardless of their vaccination status, who has a positive test for COVID-19, symptoms of COVID-19, or close contact/higher risk exposure to COVID-19.

Review of the North Carolina Department of Health and Human Services (NCDHHS)

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COVID-19 Infection Prevention for Long-Term Care Facilities dated 11/19/21 revealed source control referred to the use of well-fitting face masks to cover a person's mouth and nose.

Observation of the front entrance to the facility on 03/23/22 at 8:45am revealed there was a sign that read all visitors must always wear face masks and maintain social distance.

Observation of a female staff on 03/23/22 at 8:45am revealed she was not wearing a face mask when she approached the front entrance door.

Observation of the Resident Care Coordinator (RCC) on 03/23/22 from 8:59am to 10:30am revealed:
-He entered the facility without a facemask on and began to administer medications.
-He entered the dining room during the breakfast meal and administered medications to multiple residents without a facemask on.
-After he administered a resident's medication he sat about a foot and a half away from her and had a brief conversation while she ate; he did not have on a facemask.

Observations in the hallway of the facility on 03/23/22 at 9:20am revealed there was a table to the left of front entrance with an opened box of surgical face masks.

Observation of the main hallway in the facility on 03/23/22 from 9:05am to 10:30am revealed:
-Two contracted construction workers used the main hallway multiple times to access the basement and a hallway that was being remodeled.
-Neither of the construction workers had on a

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facemask while in the main hallway.
-There were residents in the main hallway when the construction workers were also in the hallway.

Interview with a resident on 03/23/22 at 10:06am revealed:
-Staff sometimes wore face masks.
-He had seen the male staff who was the Resident Care Coordinator (RCC) without a face mask.
-He thought the RCC usually wore a face mask and he did not know why he did not wear a face mask on that day.
-The Administrator was not wearing a face mask, but she usually wore a face mask as well.

Interview with another resident on 03/23/22 at 10:42am revealed:
-The Administrator did not always wear her facemask while in the facility.
-The RCC did not always wear his facemask; she had seen him outside of his office without his facemask.

Interview with a third resident on 03/23/22 at 10:49am revealed:
-She did not usually notice if the Administrator and the RCC had on a facemask.
-She did recall seeing the Administrator and the RCC without facemask but could not remember when.

Interview with a personal care aide (PCA) on 03/24/22 at 11:03am revealed she always wore a face mask at the facility.

Interview with the RCC on 03/23/22 at 10:25am revealed:
-Staff were required to wear a facemask when working in close proximity of residents.

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-Close proximity was when administering medications, conducting activities of daily living (ADL) or assisting a resident in anyway.
-He wore his facemask when he administered medications.
-He typically would have put on his face mask when he administered a resident her medication in the dining room at breakfast, but he must not have been thinking about it that morning, 03/23/22.
-The contracted construction workers who were working inside the facility were not required to wear a facemask because they were not in close proximity to residents.

Interview with the Administrator on 03/23/22 at 10:25am revealed:
-The facility opened on 02/28/22.
-All the residents were fully vaccinated for COVID-19 and had received their COVID-19 boosters.
-She thought the CDC guidelines concerning wearing face masks were that if staff were fully vaccinated a face mask was not required.
-She did receive emails from NC DHHS concerning COVID-19 and the last email she received was from December 2021.
-Visitors were asked for proof of vaccination when visiting and it the visitor was not vaccinated a face mask was required.
-Staff wore face masks, but she did not have a face mask in place on 03/23/22 because she was vaccinated.
-She did not know staff in long term care facilities needed to continue wearing a face mask.
-She was responsible for ensuring the CDC guidelines were followed concerning wearing face masks within the facility.

2. Review of the Centers for Disease Control and

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Prevention (CDC) Interim Infection Prevention and Control Recommendations for healthcare personnel during the coronavirus disease 2019 (COVID-19) pandemic dated 02/02/22 revealed:
-Facilities should establish a process to identify anyone entering the facility, regardless of vaccination status, who has any one of the following three criteria so that they can be managed: a positive viral test for COVID-19, symptoms of COVID-19, or close contact with someone with COVID-19 infection.
-The options could include (but were not limited to): individual screening upon arrival to the facility or implement an electronic monitoring system in which individuals can self-report any of the above before entering the facility.

Review of the CDC Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated 02/22/22 revealed residents should be evaluated daily for symptoms of COVID-19 and actively monitor residents for fever.

Review of the North Carolina Department of Health and Human Services COVID-19 Post Acute Care Setting Infection Control Assessment and Response (ICAR) tool dated 10/2021 revealed staff and residents should be actively screened daily for fever, signs and symptoms of COVID-19.

Review of three residents' March 2022 electronic medication administration records (eMARs) revealed there was no documentation of daily temperatures.

Observation of thermometers in the facility on 03/23/22 at 8:48am revealed there was a hand-held thermal scan thermometer stored on

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the medication cart.

Interview with a resident on 03/23/22 at 10:03am revealed the staff did not take her temperature.

Interview with another resident on 03/23/22 at 10:42am revealed her temperature was taken about once a week.

Interview with a third resident on 03/23/22 at 10:49am revealed she had her temperature taken periodically but, her temperature had not been taken today, 03/23/22.

Interview with a personal care aide (PCA) on 03/24/22 at 11:03am revealed:
-She did not take her temperature every day when she entered the facility.
-She began taking her temperature when she entered the facility on 03/24/22.
-She did not know she was supposed to take her temperature when she entered the facility until 03/23/22.

Interview with the RCC on 03/23/22 at 10:25am revealed:
-He was not vaccinated against COVID-19.
-He did not do a daily screening for temperatures or for symptoms of COVID-19 prior to the start of each shift at facility.
-He thought there were new recommendations from the CDC and NCDHHS, so the facility was in transition to the new recommendations.
-He thought staff were required to screen prior to the start of their shift but he did not know if it was documented.
-Residents were not screened daily for symptoms including temperature monitoring of COVID-19.
-Residents were monitored for symptoms if they complained of symptoms; temperatures were

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D 612	Continued From page 35 taken when residents complained of symptoms. -Visitors were screened for temperatures and symptoms prior to entering the facility but he did not know if the screenings were documented. -The Administer was responsible for any policies related to COVID-19. Interview with the Administrator on 03/23/22 at 10:25am revealed: -The residents were vaccinated except for two residents and if they had any symptoms their temperatures were taken. -Staff reported to her when they did not feel well or had a fever. -She thought staff were obtaining their temperatures when arriving for their shift, but they did not document the temperatures. -She did not know the residents should be screened daily for sign and symptoms of COVID-19. -She did not know the CDC guidelines related to screening of staff and residents. -The residents' temperatures were not monitored daily. -She was responsible for ensuring the CDC guidelines were followed related to screening of staff and residents for signs and symptoms of COVID-19.	D 612		
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless	D935		

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D935	Continued From page 36 that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 staff (Staff B and C) sampled who administered medications had completed 5, 10, or 15-hour mandated medication aide training and completed their	D935		

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medication clinical skills competency validation prior to administering medications.

The findings are:

1. Review of Staff B's, personal care aide (PCA), personnel record revealed:
-There was no documentation Staff B had completed a 5-hour medication training class.
-There was no documentation Staff B passed the state written medication examination.
-There was no documentation Staff B completed an additional 10-hour medication training class.
-There was no documentation Staff B completed the medication clinical skills competency validation.

Review of two residents March 2022 electronic medication administration records (eMARs) revealed Staff B's initials were documented for administering medications from 03/19/22 to 03/20/22 at 9:00am, on 03/16/22 at 8:00pm, 03/17/22 and 03/22/22 at 9:00pm.

Interview with Staff B on 03/23/22 at 4:34pm revealed:
-She began working at the facility on 03/14/22.
-She had completed medication training with the Administrator.
-She thought she had completed a medication clinical skills competency validation.

Refer to interview with the Resident Care Coordinator (RCC) on 03/24/22 at 11:53am.

Refer to interview with the Administrator on 03/24/22 at 12:55pm.

2. Review of Staff C's, personal care aide (PCA), personnel record revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039018	A. BUILDING: _____ B. WING _____	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRE' MORE MANOR ALF	6016 PINE TOWN ROAD OXFORD, NC 27565

(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
D935	Continued From page 38 -There was no documentation Staff C had completed a 5-hour medication training class. -There was no documentation Staff C passed the state written medication examination. -There was no documentation Staff C completed an additional 10-hour medication training class. -There was no documentation Staff C completed the medication clinical skills competency validation. Review of two residents March 2022 electronic medication administration records (eMARs) revealed Staff C's initials were documented for administering medications from 03/01/22 to 03/05/22, from 03/07/22 to 03/09/22, from 03/12/22 to 03/13/22, from 03/15/22 to 03/17/22 at 8:00am. Interview with Staff C on 03/24/22 at 11:04am revealed: -She began working at the facility on 02/28/22. -She had not completed a 5-hour medication training class or medication clinical skills competency validation. -She was observed administering topical medications by the Resident Care Coordinator (RCC) and the night shift Supervisor/medication aide (MA). -She did not administer any oral or injectable medications and was shadowing the RCC and night shift Supervisor/MA to learn how to administer medications. -She did sign into the electronic medication administration record system to document the administration of the medications because she was learning the system. -She was assigned access to the system by the RCC so that she could learn how to document the administration of medications. -She also used her access to the computer	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039018	A. BUILDING: _____ B. WING _____	03/24/2022

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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
D935	Continued From page 39 system to document residents' activities of daily living (ADL). Refer to interview with the Resident Care Coordinator (RCC) on 03/24/22 at 11:53am. Refer to interview with the Administrator on 03/24/22 at 12:55pm. _____ Interview with the RCC on 03/24/22 at 11:53am revealed: -The PCAs were in training for medication administration. -He administered the medications and the PCAs documented the administration of the medications in the eMAR system. -He provided access into the eMAR system for the PCAs so that they could learn the eMAR system but also to document residents' activities of daily living (ADLs). Interview with the Administrator on 03/24/22 at 12:55pm revealed: -She did not know the PCAs were documenting the administration of medications. -She should have reviewed what was documented in the eMAR system for the administration of medications. -She knew that the staff who administered medications should document the medications. -She was responsible for ensuring staff had completed medication aide training and competency evaluation prior to administering medications or documenting the administration of medications.	D935		