Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: ______ B. WING ______	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 05/24/22- 05/25/22.	{D 000}		
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure infection control measures were implemented during the morning medication pass observed on 05/24/22 for 3 of 4 residents. The findings are: 1. Review of Resident #6's current FL-2 dated 07/15/21 revealed diagnoses included Methicillin Resistant Staphylococcus Aureus Infection (MRSA), muscle weakness and rheumatoid arthritis. Observations of the morning medication pass on 05/24/22 from 8:21am - 8:48am revealed: -The medication aide (MA) prepared Resident #6's medication at the medication cart. -The MA dropped one pill on the laptop on the medication cart, picked the pill up and placed it in the cup with the rest of Resident #6's medications. -The MA administered the medications to Resident #6.	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: ______ B. WING ______	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 371	Continued From page 1	D 371		

Interview with the MA on 05/24/22 at 9:24am revealed she should have disposed of the pill that was dropped and obtained a new one prior to administration.

Interview with the Administrator on 05/25/22 at 9:40am revealed it was the responsibility of the MA to dispose of the dropped pill and replace the pill.

2. Review of Resident #2's current FL-2 dated 06/15/21 revealed diagnoses included mild protein-calorie malnutrition, stroke and essential hypertension (HTN).

Observations of the morning medication pass on 05/24/22 from 8:21am - 8:48am revealed the medication aide (MA) removed four of Resident #2's medications from the medication package into her ungloved hands and poured them into the medication cup prior to administration.

Review of Resident #2's May 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for Lisinopril 10mg scheduled for 8:00am and was documented as administered on 05/24/22. (Lisinopril is used to lower the blood pressure.)
-There was an entry for Pepcid 20mg scheduled for 8:00am and was documented as administered on 05/24/22. (Pepcid is used to treat GERD.)
-There was an entry for Plavix 75mg scheduled for 8:00am and was documented as administered on 05/24/22. (Plavix is used to prevent strokes.)
-There was an entry for Coreg 12.5mg scheduled for 8:00am and was documented as administered on 05/24/22. (Coreg is used to treat HTN.)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: ______ B. WING ______	R 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 371	Continued From page 2	D 371		

Interview with the MA on 05/24/22 at 9:24am revealed it was the responsibility of the MA to wear gloves when handling medications.

Interview with the Administrator on 05/25/22 at 9:40am revealed it was the responsibility of the MA to wear gloves when handling.

3. Review of Resident #7's current FL-2 dated 03/17/22 revealed diagnoses included hypertension (HTN), hypothyroidism, restless leg syndrome, gastroesophageal reflux disease (GERD) and osteoporosis.

Review of a signed physician's order for Resident #7 dated 04/21/22 revealed there was an order for Alphagan 0.15% one drop into each eye every morning.

Observations of the morning medication pass on 05/24/22 from 8:21am - 8:48am revealed the medication aide (MA) administered Resident #7's eye drops, one drop in each eye, without wearing gloves.

Interview with the MA on 05/24/22 at 9:24am revealed it was the responsibility of the MA to wear gloves when administering eye drops.

Interview with the Administrator on 05/25/22 at 9:40am revealed it was the responsibility of the MA to wear gloves when administering eye drops.