Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL009025 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET **WEST BLADEN ASSISTED LIVING BLADENBORO, NC 28320 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRESTY (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DAT CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (D 000) Initial Comments {D 000} D358 The Resident Care Coordinator ("RCC") in-serviced The Adult Care Licensure Section conducted a all med-techs on proper follow up survey on 05/04/22 - 05/05/22. procedures for ordering, reordering, accepting, checking-(D 358) 10A NCAC 13F .1004(a) Medication (D 358) Administration in, and placing new medications on the med-cart. The RCC also 10A NCAC 13F .1004 Medication Administration covered proper procedures (a) An adult care home shall assure that the with med techs for auditing preparation and administration of medications, prescription and non-prescription, and treatments med-carts and reporting by staff are in accordance with: discrepancies and the need for (1) orders by a licensed prescribing practitioner clarifications to RCC. The RCC which are maintained in the resident's record; and will conduct an audit of the (2) rules in this Section and the facility's policies and procedures. med-carts at least twice a month. RCC will routinely (at This Rule is not met as evidenced by: least twice weekly) review Based on observations, interviews, and record EMAR error reports and reviews, the facility failed to administer medications as ordered for 2 of 2 residents (#5, address errors/clarifications #6) observed during the medication passes accordingly with resident, PCP, Including errors with an eye medication for dry and pharmacy. Additional eyes (#5) and two topical creams for rashes (#6). training was provided by the The findings are: RCC to the Med Techs on following the guidance as The medication error rate was 9% as evidenced provided on the by the observation of 3 errors out of 33 opportunities during the 8:30am medication pass prescription/EMAR and on 05/04/22 and the 9:30am medication pass on requesting clarification as 05/05/22. needed. These steps were completed on or before 1. Review of Resident #5's current FL-2 dated 10/20/21 revealed: 6/15/22. -Diagnoses included dementia, severe mental retardation, Parkinson's disease, and diabetes. -The resident was intermittently disoriented and ambulatory. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM

Reviewed and Acknowledged

NULLO 06/22/02

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ R HAL009025 B. WING 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET WEST BLADEN ASSISTED LIVING BLADENBORO, NC 28320 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (D 358) Continued From page 2 (D 358) entered by pharmacy to ensure the orders matched then accepted the orders so the orders would transfer to the eMAR. -She read Resident #5's eMAR artificial tears administration instructions on 05/04/22 during the 8:30am medication pass as to administer twice daily as a scheduled administration. -When administering medications, she compared the eMAR administration instructions to the medication's administration label instructions to ensure they both matched. -She always administered artificial tears to Resident #5 as a scheduled medication during medication passes. Interview with the RCC on 05/04/22 at 12:00pm revealed: -She reviewed Resident #5's artificial tears order dated 02/08/22 and sent the order to pharmacy. -She expected the MA to compare medication administration label instructions to the eMAR to ensure both matched when administering medications. Interview with the Administrator on 05/04/22 at 12:15pm revealed he expected the MA to notify the RCC the artificial tears administration label needed clarification prior to administering because the dosage was not documented. Interview with a pharmacy technician for the facility's contracted pharmacy on 05/05/22 at 12:11pm revealed: -There was a current order for artificial tears 1.4% use as directed as needed each eye twice daily. -On 03/28/22, artificial tears was sent to the facility. -It was the responsibility of the facility to call

Division of Health Service Regulation

Resident #5's ordering provider for clarification.

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STATEMENT OF DEFICIENCIES (X1) PROVIDE AND PLAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
					n	
		HAL009025	B. WING		05	R 5/05/2022
NAME OF F	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	ATE, ZIP CODE		JUGEUE
WESTRI	ADEN ASSISTED LIVING	744 b) a	DEN STREET	, 3352		
	ADEN ASSISTED FIAING	BLADEN	BORO, NC 2832	20		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION 8 CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
(D 358)	Continued From page	1	{D 358}			
	Review of Resident #- 02/08/22 revealed an needed twice daily to (used to lubricate dry moisture). Review of Resident #- administration medica revealed: -There was an entry for 1.4% use as directed a twice daily wait 3 to 5 dropsThere was document administered at 8:30ar -The dosage and reas- not documented. Review of Resident #- administration label on were Instructions to us into each eye twice dail Observation of the med at 9:25am revealed: -The Special Care Coo (SCC/MA) administered each into Resident #-	5's optometrist's order dated order for artificial tears as treat dry eye syndrome eyes and help maintain 5's May 2022 electronic tion record (eMAR) or artificial tears solution as needed into each eye minutes between eye ation artificial tears was in on 05/04/22. On for administration was 6's artificial tears 105/04/22 revealed there e as directed as needed illy. dication pass on 05/04/22 ordinator/medication aide	{D 358}			
1 1	-The artificial tears ran Resident #5's right and	from the bottom of				
	resident's cheeks.	ieir ekas nomii (U6				
	Interview with the SCC/ 11:15am revealed: -The Resident Care Co- SCC faxed physician or pharmacy entered the cro SCC compared the orig	ordinator (RCC) or the ders to the pharmacy.			,	
	h Service Requisition	mar orders to the orders	L			

	f Health Service Regu		L area Multiple 5 co	ON OTTO LICENS	(Va) DATE	SURVEY	\neg
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			PLETED	
		1	A. BOILDING.		_	-	
		HAL009025	B, WING		0.5	R /05/2022	l
						/UO/LULL	ヿ
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	E, ZIP CODE			ł
WEST BLA	ADEN ASSISTED LIVING		ADEN STREET				-
		BLADE	NBORO, NC 28320		<u> </u>	., .	4
(X4) ID		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION		(X5) COMPLETE	Ĩ
PREFIX TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE		DATE	
				DEFICIENCY)			
{D 358}	Continued From page	e 4	(D 358)				
(
		ere was a red, raised rash					ı
		hands and fingers on the					
	right and left arms.						1
	Interview with Reside	ent #6 on 05/05/22 at	1 1				1
	10:48am revealed:						
	-She had a rash on b	ooth forearms and hands.					
	-Sometimes the rash	itched.					
		f she wanted her creams					
		ation pass and she refused				l l	1
	because the rash did	I not itch today.					- 1
	Interview with the MA	A on 05/05/22 at 8:50am					Į
	revealed:	TON OUT OF THE STOCK			•	i i	
	Andrew A. M. Marketon	ash to both forearms at					
	times.		3				ı
		t #6 if she wanted the					ı
	_	the resident refused during					-
		on pass on 05/02/22.					
		tempted to administer the sident without asking				1	
	because it was a sch	,—,					
		administer the cream					
	because Resident #	6 had a rash to her arms.		s ·			
							1
	•	iministrator on 05/05/22 at					
		expected the MA to have	i i				
	attempted to adminis	ster the scheduled of asking because it was a	1				
	scheduled medication	_					
	Scrieduled medicatio	м.					
	b. Review of Reside	nt #6's dermatologist order					
	dated 02/11/22 reve						
	-There was an order	r for Triamcinolone cream					
	-	rash (a glucocorticoid used					
	200 20	ning, swelling, or other	1				
	discomforts caused						
	- ine location of the	rash was not documented.					
	Observation of the r	nedication bass on 05/05/22					

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_ D	vision	of Health Service Regu	lation			FORM APPROVED
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION MIMBER		(X2) MULTIF	(X3) DATE SURVEY		
7	AND FEAR OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	3 :	COMPLETED
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			HAL009025	B. WING		R 05/05/2022
NA	ME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE ZID CODE	1 03/03/2022
]					TATE, ZIP CODE	
W	STBL	ADEN ASSISTED LIVING		ADEN STREET IBORO, NC 28	220	
	X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES			
P	REFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	ON (X5) OBE COMPLETE
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					DEFICIENCY)	
{	D 358}	Continued From page	3	(D 358)		
		Based on observation	s, interviews, and record	1		
		reviews it was determ	ined Resident #5 was not	1		
		interviewable.		J		1
				ŀ		
			t #6's current FL-2 dated	ļ		
	Í	02/01/22 revealed:	utoimmune deficiency,			1
		diabetes, psoriasis, ar	idiominime deliciency,			1
	İ	-The resident was inte	rmittently disoriented and			
	1	ambulatory.	and and			
	1					
			# 6's current FL-2 dated			
		02/01/22 revealed:	or Benadryl gel 2% apply to	ľ	,	
		affected areas four tim	es daily (an antihistamine			
		used to treat itch and r	pain associated with minor			
		skin irritations or rashe	s).	ļ		
		-The location of admini	istration was not	ĺ		ŀ
		documented				
	1	Povious of Pooldant 40	la Maria donna al la seria			
		Review of Resident #6 medication administrat	ion record (cMAP)			
		revealed:	ion record (elviAR)			
			Benadryl gel 2% apply to			
] -	affected area four time:	s daily.	1		
		-The location of admini	stration was not	1		
		documented,			wit	
		the Benadryl gel at 9:30	tion Resident #6 refused		100	
		·	Jam on 05/05/22,			
		Observation of the med	licaiton pass on 05/05/22			
	8	at 8:35am revealed:				
		The MA asked Resider	nt #6 if she wanted			
		Benadryl cream.				
		Resident #6 told the M.	A she did not want			
		Benadryl cream. The MA did not attamp	t to odminists D			
	0	ream to Resident #6 w	t to administer Benadryl ithout asking the resident.			
		TO TO GOOD ON THO W	inioni asving the resident.			
	C	Observation of Residen	t #6 on 05/05/22 at			
ision		Service Regulation		<u> </u>		1

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED				
		HAL009025	B, WING		R 05/05/2022	:	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ITE, ZIP CODE			
WEST BL	ADEN ASSISTED LIVING	714 BI	ADEN STREET NBORO, NC 2833				
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPI	ETE	
(D 358)	Continued From page Interview with the Adr 1:53pm revealed he e attempted to administ medications instead of	ninistrator on 05/05/22 at expected the MA to have ser the scheduled	{D 358}				
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ND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	7/P CODE		/05/2022	
EST DI	ADEN ACCIOTED I BUIL	CONTRACTOR OF THE PROPERTY OF	ADEN STREET	L, AF CODE			
EST BL	ADEN ASSISTED LIVIN	•	NBORO, NC 28320				
X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES				, -	
REFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMP DA	
D 358}	Continued From pag	je 5	{D 358}				
	at 8:35am revealed i	the medication aide (MA) did				1	
'	not administer Triam	cinolone cream to Resident					
	#6.	The state of the s				1	
						1	
	Review of Resident	#6's May 2022 electronic				1	
	medication administr	ration record (eMAR)				1	
	revealed:	,			•		
	-There was an entry	for Triamcinolone cream		•			
	0.1% apply to rash to	vice daily.					
	- There was document	ash was not documented.				1	
	Triamcingless are are	station the resident refused at 9:30am on 05/05/22.					
	manuonoione cream	at 9.30am on 05/05/22.					
ĺ	Observation of Resid	ent #6 on 05/05/22 at					
ĺ	10:53am revealed a r	ed, raised rash from the				İ	
	elbow to the hands a	nd fingers on the right and					
	left arms.						
	Interview with Reside	nt #6 on 05/05/22 at					
	10:48am revealed:		1				
	-Sometimes the rash	oth forearms and hands.					
		she wanted her creams					
	during today's medica	sne wanted her creams ition pass and she refused			æ.		
l li	pecause the rash did	not itch fodav			į		
		•					
	nterview with the MA	on 05/05/22 at 8:50am	1				
1	evealed:			in .	ł		
-	one did not attempt to	o administer Triamcinolone					
1	ream to Resident #6	because the resident					
	elused the Inamcino	one cream when she					
	sked the resident if s	ne wanted another			ļ		
l in	ass on 05/05/22,	ng the 9:30am medication			1		
	She should have atte	mpted to administer the					
n	nedication without ask	ripled to administer the king because it was a					
s	cheduled medication.	J COME OF IL WAS &	1				
	She knew where to ac	dminister the cream					
b	ecause Resident #6 h	nad a rash to her arms.			3		
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