Spring Arbor of Thomasville HAL-029-012 Davidson County

It is the policy and standard practice of Spring Arbor of Thomasville to comply with all North Carolina Adult Care rules and state regulations.

D 273 / 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.

Plan of Correction

Immediately following this survey, the Primary Care Provider (PCP) for Resident #3 was contacted to review this resident's medication refusals and to clarify orders.

An audit of eMARs for medication refusals for the past 30 days was conducted by the Resident Care Director and Assistant Resident Care Coordinator and PCPs contacted as needed.

Inservices were conducted with All Medication Aides to review Spring Arbor's policy on refusal of medications by any resident. This included communication to Supervisor or Resident Care Director (RCD), communication to Primary Care Provider, communication to family as needed, and appropriate documentation. Trainings were conducted by the RCD and the Regional Nurse on 6/30, 7/1, 7/6 & 7/15/22 to ensure All Medication Aides were in attendance.

Prevention of Re-occurrence:

Medication Aide trainings are held monthly by the RCD and Assistant Resident Care Coordinator, (ARCC) to review proper and safe medication administration practices and Spring Arbor policies.

Supervisors-in-Charge will use the Shift-to-Shift report as a communication alert to oncoming shift, RCD, ARCC, Cottage Care Coordinator (CCC) and Executive Director (ED) about medication refusals.

Monitoring Responsibility & Frequency

It is the responsibility of the RCD, ARCC and/or designee to regularly review Shift-to-Shift communication about medication refusals and to audit Accuflo program for documented medication refusals weekly for 90days and then monthly on-going.

The Regional Nurse will randomly audit resident eMARs for medication refusals and appropriate actions and documentation during quarterly community visits.

Correction Completion	Date: 7/15/2022
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D 358 / 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:
- orders by a licensed prescribing practitioner which are maintained in the resident's record;
 rules in this Section and the facility's policies and procedures.

Plan of Correction

Immediately following this survey, the Primary Care Physician for Resident #1 and the Primary Care Provider for Resident #3 were each contacted, to review and clarify specific medication orders.

A review was conducted of all PRN medication administration timeframes including Controlled Substances and documentation, and all warfarin orders were reviewed for completion including documentation to assure compliance.

Inservices were held for Medication Aides, reviewing medication administration safe practices, incorporating PRN orders, warfarin therapy, and complete documentation of medication administrations. This training was conducted by the Resident Care Director and Regional Nurse on 6/30/2022.

MAST LTC Pharmacist Kimberly Jones was immediately contacted following survey findings and a Coumadin Therapy In-Service for Medication Aides, RCD, ARCC and CCC was set up and conducted on 7/27/22.

Prevention of Re-occurrence:

Weekly audit reports are reviewed in Accuflo program for all PRN medication usage by the RCD, ARCC or designee.

A revised system with preferred lab provider, MAKO to have lab portal results e-mailed to RCD, ARCC, CCC and/or designee.

Monitoring Responsibility & Frequency

It is the responsibility of the RCD, ARCC, CCC and/or designee to regularly review orders for all PRN administrations including Controlled Substances and to audit compliance with administration and documentation of their effectiveness in the eMAR. The RCD and/or ARCC will audit the Warfarin Log and the eMAR for timely lab work and compliance with orders.

The Regional Nurse will randomly audit resident eMARs for all PRN medication orders and orders for warfarin therapy and required lab work and to assure compliance with all administration and documentation during quarterly community visits and as needed

Correction Completion Date:	7/28/2022

D 366 / 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

Plan of Correction

Immediately following this survey, a room-by-room search was conducted, to assure that no untended medications were out and available in any resident apartment or common area.

Inservices were held for Medication Aides, to review proper medication administration procedures, including actual observation of resident taking medication before leaving the resident and before documenting administration. This re-education and training was conducted by the RCD and Regional Nurse on 6/30/2022.

A Medication Aide Inservice was conducted on 7/21/2022, to emphasize with each medication Aide of our policy of "no untended medications" in the community, and to promptly report to the Supervisor or RCD/ARCC if loose and untended medications are observed in a resident's apartment or common area. An All Staff Inservice is scheduled for 8/04/2022 to reinforce this policy with each team member.

Prevention of Re-occurrence:

All team members who have reason to be in a resident's apartment are reminded regularly to keep alert for safety concerns, including any loose and untended medications, and to report these immediately to an SIC or other manager.

Medication Aide training is conducted monthly by the RCD and ARCC. Review of safe and proper medication administration practices is addressed, including Spring Arbor policies of no pre-pouring medications, and always staying with a resident until a medication has been observed to be taken.

Monitoring Responsibility & Frequency

The RCD, ARCC and/or ED will conduct random room checks each week, to assure that no medications are loose and untended in a resident's room.

The RCD and/or ARCC will regularly observe medication administration procedures with Medication Aides to assure that pre-pouring is not occurring.

Correction Completion Date: 7/28/2022

Submitted by: Becker Johnson

Beckie Johnson, Executive Director

Reviewed and acknowledged 07/29/22. SG

Date: 7/28/2022

Division o	f Health Service Regu	ation		COLUMN TO N	(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	,,	CONSTRUCTION	COMPLETED
AND PLAN O	F CORRECTION	DENTIFICATION NUMBER:	A. BUILDING: _		_
Ì		,			R
-		HAL029012	B. WING		06/29/2022
		TOTAL AND	RESS, CITY, STAT	TE ZIR CODE	
NAME OF PR	ROVIDER OR SUPPLIER				
SDDING A	RBOR OF THOMASVILL	_	COOKSEY DR		
SPRING A	NEOK OF THOMAS VIIII	THOMASVI	LLE, NC 2736		, (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE: COMPLETE
D 000	Initial Comments		D 000		
		sure Section conducted an survey from 06/28/22			
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273		
	10A NCAC 13F .0902 (b) The facility shall a to meet the routine as of residents.	2 Health Care assure referral and follow-up nd acute health care needs			
, many	facility failed to ensur meet the health care	ews and interviews, the re referral and follow-up to needs for 1 of 3 sampled ad medication refusals for an			
	The findings are:				
	policy dated Septemi	's Medication Administration ber 2020 revealed that if a edication three times, the notified.			
	05/12/22 revealed: -Diagnoses included -There was an order	nt #3's current FL2 dated asthma. for Symbicort (an inhaled cation used to treat asthma) 2			
	medication administr revealed: -There was an entry twice daily scheduled	#3's April 2022 electronic ration record (eMAR) for Symbicort inhale 2 puffs d at 8:00am and 8:00pm. ntation Resident #3 refused			
Division of He	alth Service Regulation	ISLIPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

TATE FORM

Reviewed and acknowledged 07/29/22. SG.

Belie Johnson
Ext. Director
Spring Arbor
Thomas VIlle, NC

If continuation sheet. 1 of 22

	f Health Service Regu of DEFICIENCIES	ation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:]
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		HAL029012		- 70 00DC	
NAME OF PE	ROVIDER OR SUPPLIER		RESS, CITY, STAT COOKSEY DRI		
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D 273	Continued From page	e 1	D 273		
	Symbicort 8 times fro 04/30/22.	m 04/01/22 through			
	twice daily scheduled	for Symbicort inhale 2 puffs i at 8:00am and 8:00pm. itation Resident #3 refused			
	revealed: -There was an entry twice daily scheduled -There was document	#3's June 2022 eMAR for Symbicort inhale 2 puffs d at 8:00am and 8:00pm. htation Resident #3 refused from 06/01/22 through			
	06/28/22 at 11:00am documentation the p	#3's progress notes on revealed there was no rimary care provider (PCP) Resident #3 refusing n 3 times.			
	revealed: -She used her Symb her asthma.	ent #3 on 06/28/22 at 1:30pm bicort inhaler to help control mbicort whenever she felt like		,	
	06/28/22 at 2:10pm -She documented R refused 4 times in A 2022, and 5 times ir -She thought the fac refusal was to notify	esident #3's Symbicort as pril 2022, 3 times in May			

If continuation sheet 2 of 22

Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SU COMPLE	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE.	
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1		HAL029012	B. WING			9/2022
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SPRING A	RBOR OF THOMASVILL	THOMASV	ILLE, NC 27360			
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TAG	REGULATORY OR L	LOS IDENTE TITO IN OTRACTORY	1710	DEFICIENCY)		
			D 273			
D 273	Continued From page	9 2	D 2/3			
	-The MA was respons	sible for notifying the	1			
	Resident Care Directo	or (RCD) or the Assistant				
	Resident Care Directo	or (ARCD) about refusals if			Į	
	the MA did not have t	ime to complete the	1		1	
		RCD or ARCD would be	1			
	responsible for notifyi					
	-She had not notified	the PCP about Resident #3	1		İ	
		ecause she usually worked				
	night shift when the P	PCP's office was closed.	1		1	
	Interview with a secon	nd MA on 06/28/22 at				
	3:50pm revealed:					
	-She had documente	d Resident #3's Symbicort				
	as refused 3 times in	June 2022.				
		the PCP or the ARCD about			}	
· 3	Resident #3's Symbio					
)		hat the facility's policy was on				
l [*]	medication refusals.					
		was supposed to notify the				
l	ARCD if a resident from	equently refused a	•			
	medication, and the	ARCD would notify the PCP.			;	1
	-She thought one of t	the other MAs had already		-		
	notified the ARCD ab	oout the Symbicort refusals.				
	Intension with the AD	RCD on 06/29/22 at 11:00am				
		COD OII OUIZOIZZ AL II.OUAIII				
	revealed:	esident #3 had refused				
		April 2022, 7 times in May	1			
	2022, and 12 times in					
	"She completed sudi	its of the eMAR, but mostly to				
	check that the orders	s on the eMAR matched the				
	physician orders in the	he resident's record.				
	-If a resident was ref	fusing medication, the MA				
	was responsible for I	letting either herself or the				
		ney could notify the PCP.				1
	The state of the till			1		
l .	Telephone interview	with Resident #3's PCP on				
	06/29/22 at 11:30am	revealed:				
		bicort to Resident #3 to help				
	control her asthma.	•				

STATEMENT	f Health Service Regul of DEFICIENCIES of CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029012	(X2) MULTIPLE (A. BUILDING: B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 06/29/2022
NAME OF B	ROVIDER OR SUPPLIER		RESS, CITY, STAT	E, ZIP CODE	
		E	COOKSEY DRI		
SPRING A	RBOR OF THOMASVILL	THOMASV	ILLE, NC 27360	PROVIDER'S PLAN OF CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 3	D 273		
223	-He was not aware the SymbicortHe would want to be refusals once Reside couple of times in a way symbicort was a marefusing frequent dos asthma symptoms are breath. Interview with the RC revealed: -The facility's policy was refusing the training the send notifications to send not send	an at she had been refusing a notified about the Symbicort ant #3 refused it more than a veek. antenance inhaler so ses of it could exacerbate her and cause shortness of CD on 06/29/22 at 11:50am was to notify the PCP if a sed three or more times, hey did with MAs was how to the PCP, e eMARs once a month for quent medication refusals is she reviewed. Resident #3 had refused April 2022, 7 times in May in June 2022. Iministrator on 06/29/22 at Resident #3 had refused April 2022, 7 times in May in June 2022. IAs to notify the PCP if a ir more doses of a medication and be adjusted or document the notification and #3's physician's order alled an order for Cromolyn lution used to treat symptoms by allergies) eye drops instill 1			

STATEMENT	of Health Service Regul of Deficiencies of Correction	ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 06/29/2022
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				PROVIDER'S PLAN OF CORRECTION	(X5)
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D 273	Continued From page	÷ 4	D 273		
	Review of Resident # medication administrate revealed: -There was an entry finstill 1 drop into the rescheduled at 8:00am, 8:00pm. -There was document Cromolyn 4% eye drothrough 04/30/22. Review of Resident # revealed: -There was an entry finstill 1 drop into the scheduled at 8:00am, 8:00pm. -There was document Cromolyn 4% eye drothrough 05/31/22. Review of Resident # revealed: -There was an entry finstill 1 drop into the scheduled at 8:00am, 8:00pm. -There was an entry finstill 1 drop into the scheduled at 8:00am, 8:00pm. -There was document from the scheduled at 8:00am, 8:00pm. -There was document from the scheduled at 8:00am, 8:00pm. -There was document from the gold from the great from t	3's April 2022 electronic ation record (eMAR) for Cromolyn 4% eye drops right eye four times daily and tation Resident #3 refused ops 7 times from 04/01/22 3's May 2022 eMAR for Cromolyn 4% eye drops right eye four times daily attation Resident #3 refused ops 18 times from 05/01/22 43's June 2022 eMAR for Cromolyn 4:00pm and attation Resident #3 refused ops 18 times from 05/01/22 43's June 2022 eMAR for Cromolyn 4% eye drops right eye four times daily and the properties of			
]		ption for Cromolyn 4% eye			

	f Health Service Regu	ation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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,		HAL029012	B, WING		06/29/2022
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		THOMAS	1	PROVIDER'S PLAN OF CORRECTION	(X5)
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D 273	Continued From page	5	D 273		
	drons because her ric	ght eye was a prosthetic.			1
	-Since she received h	ner eye drops several times	1		
	daily, she refused it b	ecause she did not want to			
	be bothered with it so	ometimes.			
	Tolombane foliandossos	with a concentrative from			-
	Pecident #3's PCP's	with a representative from office on 06/29/22 at 2:40pm			
	revealed:	onice on coresina at all repri-			
		escribed Cromolyn 4% eye	ì		
	drops to prevent aller	rgy-type symptoms such as			
İ	irritation due to her h	aving a prosthetic eye.			
	-The PCP had not be	en notified by the facility that n refusing her eye drops.			
	The PCP expected to	the facility staff to notify their	1		
	office if Resident #3	was refusing her Cromolyn			
Ι (4% eye drops so that	t the ordered frequency could			
}	be adjusted.				
ĺ	-Refusing to use the	Cromolyn eye drops could			Ì
	result in irritation to t	he eye around the prosthetic.			
ĺ	Interview with a med	ication aide (MA) on			
	06/28/22 at 2:10pm r	evealed:			
	-She thought the fac	lity's policy on medication			ļ
	refusal was to notify	the PCP if a resident refused			
	a medication for thre	e consecutive days. sible for notifying the			
	Resident Care Direct	tor (RCD) or the Assistant			
	Resident Care Direc	tor (ARCD) about refusals if			
	the MA did not have	time to complete the			
	notification herself, a	and the RCD or ARCD would			İ
	be responsible for n	otifying the PCP.		1	
	-She had documente	ed Resident #3's Cromolyn			
	times in May 2022	used 3 times in April 2022, 5 and 6 times in June 2022.			
	-She had not notified	the PCP about Resident #3			
	refusing Cromolyn 4	% eye drops because she			İ
	usually worked night	shift when the PCP's office		1	
	was closed.				
1	-She had noticed Re	esident #3's Cromolyn eye			
1	drop refusals and ha	d written a note for the day			

	f Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN C	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIFLE CONSTRUCTION (X2) MULTIFLE CONSTRUCTION (X2) MULTIFLE CONSTRUCTION (X3) MULTIFLE CONSTRUCTION (X3) MULTIFLE CONSTRUCTION (X3) MULTIFLE CONSTRUCTION (X3) MULTIFLE CONSTRUCTION (X3) MULTIFLE CONSTRUCTION (X3) MULTIFLE CONSTRUCTION (X3) MULTIFLE CONSTRUCTION (X3) MULTIFLE CONSTRUCTION (X3) MULTIFLE CONSTRUCTION (X4) MULTIFLE (X4) MULTIFLE (X4) MULTIFLE (X4) MULTIFLE (X4) MULTIFLE (X4) MULTIFLE (X4) MULTIFLE (X4) MULT			COMPLETED	
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i		HAL029012	B. WING		06/29/2022
NAME OF PR	ROVIDER OR SUPPLIER		DRESS, CITY, STATE		Ì
	RBOR OF THOMASVILL	_	T COOKSEY DRIV		Į.
SPRING A	RBOR OF THOMASVILL	THOMAS	VILLE, NC 27360	PROVIDER'S PLAN OF CORRECTION	N (X5)
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D,273	Continued From page	96	D 273		
	shiff MA a couple of t	weeks prior so that the day			
	shift MA could notify	the PCP.			
	-She did not know if	he PCP had been notified or			
	not.				
		A A A A A A A A A A A A A A A A A A A			
		nd MA on 06/28/22 at			
	3:50pm revealed:	d Resident #3's Cromolyn			
	-She had documente	used 4 times in June 2022.	- I		i i
	She had not notified	the PCP or the ARCD about			ļ
		olyn 4% eye drop refusals.			
	-She did not know w	hat the facility's policy was on			
	medication refusals.		1		
	-She thought the MA	was supposed to notify the	-		
	ARCD if a resident fr	requently refused a			
1	medication, and the	ARCD would notify the PCP.			
	Interview with the AF	RCD on 06/29/22 at 11:00am			
		esident #3 had refused			
	Cromolyn 4% eve dr	ops 7 times in April 2022, 18	1 1		
1	times in May 2022, a	and 35 times in June 2022.			
	-She completed aud	its of the eMAR, but mostly to	1		
1	check that the order	s on the eMAR matched the			
	physician orders in t	he resident's record.	1		
ļ		fusing medication, the MA			
1	was responsible for	letting either herself or the ney could notify the PCP.			
	RCD know so that ti	ley could houly the i or .	1		
	Interview with the R	CD on 06/29/22 at 11:50am			
	revealed:		1		
	-The facility's policy	was to notify the PCP if a			
	medication was refu	sed three or more times.			
	-Part of the training	they did with MAs was how to			
	send notifications to	the PCP.			
1	-She tried to audit th	ne eMARs once a month for			
	all residents and fre was one of the area	quent medication refusals			
	She did not know the	s sne reviewed. hat Resident #3 had refused			
		rops 7 times in April 2022, 18			

STATEMENT	f Health Service Regu or deficiencies if correction	ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED			
}		HAL029012	B. WING		R 06/29/2022			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE							
SPRING A	RBOR OF THOMASVILL	E THOMAS\	ILLE, NC 27360		0/0			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE			
D 273	Continued From page	e 7	D 273					
	times in May 2022, a	nd 35 times in June 2022.		.1				
	12:16pm revealed: -She did not know Re Cromolyn 4% eye dro times in May 2022, a -She expected the M resident refused 3 or so that the order cou	ministrator on 06/29/22 at esident #3 had refused ops 7 times in April 2022, 18 and 35 times in June 2022. As to notify the PCP if a more doses of a medication ld be adjusted or document the notification						
D 358	10A NCAC 13F .100 Administration	4(a) Medication	D 358					
,74444	(a) An adult care ho preparation and adm prescription and non by staff are in accord (1) orders by a licen which are maintained.	4 Medication Administration me shall assure that the inistration of medications, prescription, and treatments dance with: sed prescribing practitioner d in the resident's record; and the facility's policies						
	reviews, the facility f	on, interviews and record falled to administer and for 2 of 3 sampled) with orders for an ion (#3) and an						
	The findings are:	nt #3's current FL2 dated						
	05/12/22 revealed:	depression and anxiety.						

	f Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
STATEMENT AND PLAN C	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A, BUILDING: _		COMPLETED
)					R
i		HAL029012	B. WING		06/29/2022
				TE 70 CODE	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA		ļ
SPRING A	RBOR OF THOMASVILL		COOKSEY DR ILLE, NC 2736		ì
		Tricinati		PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 8	D 358		
	-There was an order	for lorazepam (a controlled			
	substance used to tre	eat anxiety) 0.5mg once daily			
	as needed.				
	Devices of Desident	#3's physician order dated)
	03/17/22 revealed th	ere was an order change			
	lorazepam from 0.5n	ng twice daily scheduled to			
	0.5mg once daily as	needed for anxiety.			
	Deview of Posident	#3's April 2022 electronic			
	medication administr	ration record (eMAR)			
	revealed:]	
	-There was an entry	for lorazepam 0.5mg, take 1			
	tablet once daily as	needed.			
Į	administered on 04/	ntation lorazepam was			
)	auministered on o-v	17/22 of 12, 10pm		1	
l Ó	Review of Resident	#3's Controlled Substance			
	Count Sheet (CSCS) for April 2022 revealed			
	lorazepam 0.5mg wa	as documented as 22 at 1:00pm and at 8:00pm.			
	auministered 04/14/	er at tracking and academic			
	Review of Resident	#3's May 2022 eMAR			
	revealed:				
İ	-There was an entry	for lorazepam 0.5mg, take 1			
	tablet once daily as	needed. ntation lorazepam was			
	administered on 05/	04/22 at 12:23am and at			
	12:18pm.			/	
	-There was docume	ntation lorazepam was			
	1	17/22 at 12:30pm and at			
1	9:45pm. -There was docume	ntation lorazepam was			
	administered on 05/	19/22 at 1:56am and at			
	11:49am.				
	Deview of Desident	#3's CSCS for May 2022			
	revealed:	#35 0500 IOI Way 2022			
	-Lorazepam 0.5mg	was documented as			
	administered on 05	/04/22 at 12:24am and			

	f Health Service Regu	lation			(X3) DATE SURVEY
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	COMPLETED
AND PLAN C	F CORRECTION	IDENTI TONI TONI HOMBER	A. BUILDING: _	1470	
					R 06/29/2022
		HAL029012	B. WING		06/29/2022
NAME OF B	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE	Į
NAME OF F	(OVIDER OR OUT LIER		COOKSEY DRI		İ
SPRING A	RBOR OF THOMASVILL	-	ILLE, NC 2736		
			ID I	PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	WAIL
			-		
D 358	Continued From page	e 9	D 358		
			1		
	12:18am. -Lorazepam 0.5mg w	see decumented as		· ·	
	-Lorazepam 0.5mg w administered on 05/1				
	***	7722 at 12,50am and			
	9:45pm. -Lorazepam 0.5mg w	as documented as]		
	administered on 05/1	9/22 at 2:00am and			
	11:50am.				
	Review of Resident #	#3's June 2022 eMAR			
	revealed:				
		for lorazepam 0.5mg take 1			
	tablet once daily as r				
		ntation that lorazepam was 27/22 at 3:50am and at	Į		
	1	2/122 at 3:50am and at	1		
	10:36pm.				
3	Review of Resident	#3's CSCS for June 2022			
, ž	revealed lorazepam	0.5mg was documented as			
	administered 06/27/2	22 at 3:51am and 10:29pm.			
	Interview with Reside	ent #3 on 06/28/22 at 1:30pm	1		
	revealed:				
		n as needed when she felt			
ļ	anxious.	after the sould take it			
		ow often she could take it, If to monitor that for her.			
]		to take her lorazepam more			
	than two times in a				
	Liui Wo tinoo iii a t				
1	Interview with a med	lication aide (MA) on			
	06/28/22 at 2:10pm	revealed:			ļ
	-Resident #3 was pr	escribed lorazepam daily as		1	1
ļ	needed.				
1	-The eMAR displaye	ed the last administration time			
	for as needed medic				
	-She had administer	red lorazepam to Resident #3			
	dose administered to	om, which was the second			1
	She had not realize	nat day. od Resident #3 had already			
	received her lorszer	oam once on 05/17/22, she			
l	leceived tiel (olaze)	ANII GIIGO OII GGI ITTELL GIIG			

If continuation sheet 10 of 22

	Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY			
STATEMENT OF DEFICIENCES		A. BUILDING:		COMPLETED				
)					R			
		HAL029012	B. WING		06/29/2022			
	TOWNS OF STREET	STREET ADI	ORESS, CITY, STAT	E, ZIP CODE				
NAME OF PR	AME OF PROVIDER OR SUPPLIER 915 WEST COOKSEY DRIVE							
SPRING A	RBOR OF THOMASVILL		ILLE, NC 27360					
(X4) ID PREFIX TAG	(FACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE			
D 358	Continued From page	e 10	D 358					
	thought she must hav time of the last dose	ve overlooked the date and administered.						
	1	ond MA on 06/28/22 at						
	3:50pm revealed: -She had administere	ed lorazepam to Resident #3						
	on 06/27/22 because	e Resident #3 had asked her						
	-She knew Resident	#3 had already received one						
	dose that day alread	y, but thought since the order						
	was to take it daily a	s needed, she could er Resident #3 requested it.						
	-She did not know R	esident #3's lorazepam order						
	was to take it one tin	ne daily as needed.						
1	Telephone interview	with Resident #3's primary on 06/29/22 at 10:00am						
ľ	revealed:							
	-She had changed F	Resident #3's lorazepam order						
	from twice daily scho needed.	eduled to once daily as						
	-She had attempted	a gradual dose reduction to						
1	prevent Resident #3	from building a tolerance to						
	treating her anxiety	at it would remain effective at when she took it.						
1	-She had not been a	aware that Resident #3 had	1					
	received forazepam	two times daily instead of						
1	June 2022.	s from April 2022 through]			
	-She expected the M	MAs to administer lorazepam						
	to Resident #3 as it	was ordered, or to notify her if ly requesting it more than						
	once a day so that t	the order could be adjusted.						
	Interview with the A	ssistant Resident Care						
	Director (ARCD) on revealed:	06/29/22 at 11:00am						
	-She was not aware	e Resident #3 had received						
1	lorazepam more the	an once per day five times						
I	since April 2022.							

Division of Health Service Regulation

	f Health Service Regu	lation	Way MI = TID! 5	CONSTRUCTION	(X3) DATE SURVEY	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
AND PLAN O	F CORRECTION	- Alberta Del Carriero	A. BUILDING: _		R	
ì		1	D MANAGE		06/29/2022	
		HAL029012	B. WING		O O E O E O E O E O E O E O E O E O E O	
MAME OF DE	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	Ì	
		915 WEST	COOKSEY DR		[
SPRING A	RBOR OF THOMASVILL	_	ILLE, NC 2736			
		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
(X4) ID PREFIX	(FACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	DL	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	1	
D 358	Continued From page	e 11	D 358		1	
	_					
	-She and the Reside	nt Care Director (RCD) the eMAR, but during those				
	audits she mostly ch	ecked the orders for			1 1	
	accuracy.	CONTRACTOR OF THE CONTRACTOR O				
	-She did review how	often residents used their as]		
1		, but she counted how many				
	times it was administ	tered per month, not per day.				
	-There was no set so	chedule for when she				
	completed the audits	s, they were usually done as	1			
	needed if a MA repo	rted frequent requests for				
	medication or freque	ent refusals of medication.	1			
		OD 00/00/02 at 11/E0am				
		CD on 06/29/22 at 11:50am	1			
	revealed:	MARs for all residents once	Į.			
1		was no set schedule for	İ			
Ì	which resident's eM	AR she was going to review			į	
ľ	on a certain day.					
	-During her audits, s	she looked at blood pressure				
	and blood sugar par	ameters, as needed	1			
	medication use, or n	nedications that had not been				
	administered and the	e reason why.			1	
1	-She did not know R	Resident #3 had received				
		n once per day five times				
	since April 2022.					
1	Interview with the A	dministrator on 06/29/22 at				
	12:16pm revealed:	diministrator of contains at				
1	-She was not aware	Resident #3 had received				
	lorazepam more tha	an once per day five times				
	since April 2022.					
	-She expected the I	MAs to pass medications	1			
	according to the wri	tten instructions on the eMAR.				
1	-If a medication was	s only ordered to be taken			1	
	once daily as neede	ed, it should never be				
1	administered more	than once per day.		-		
1	-If Resident #3 requ	uested to take lorazepam a				
	second time in a da	ny, the MA should have notified				
		a one-time order allowing a				
Į.	second dose that d	ay.				

	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSOPPLIENCEA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: COMP		LETED	
7				1	1	R
ì			B. WING		l ne	/29/2022
		HAL029012	B. TWING			, 2012022
NAME OF B	ROVIDER OR SUPPLIER	STREET AS	DORESS, CITY, STAT	E, ZIP CODE		
		915 WES	T COOKSEY DRI			
SPRING A	RBOR OF THOMASVILL		VILLE, NC 2736			
				PROVIDER'S PLAN OF	CORRECTION	(X.5)
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	PREFIX	(FACH CORRECTIVE ACT)	ON SHOULD BE	COMPLETE
PREFIX	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TO DEFICIENCE		
D 358	Continued From pag	e 12	D 358			
D 330	Continued From pag	0 12				1
			1 1			
		nt #1's current FL2 dated				
	03/16/22 revealed:	-t-tlucada dinassa sulla lat-				
	-Diagnoses included	alzheimer's disease with late				1
	onset, unspecified de	ementia without behaviors erosclerotic heart disease.				
	There was an order	for Coumadin (a blood			_	
	thinner) 10mg once				,	
	unities, fortig orice	uuny.				
	Review of Resident:	#1's signed physician's				
	orders dated 04/28/2	22 revealed an order for				
		is generic) 7.5mg on				
	Tuesday, Thursday,	Saturday and Sunday, take				
,	5mg daily on Monda	y, Wednesday, and Friday.				
Ì	1					
1	Review of Resident	#1's subsequent physician's				
,}		22 for warfarin tablets				
ĺ	revealed:					
	-Resident #1's goal	range for International				
	Normalized Ratio (II	NR) (used to measure the				
	clotting time for resid	dents on blood thinner), was to 3.5" (normal INR				
1	cocumented as "2.5	someone not on Coumadin is				
	1.1).	Someone not on Countain is				
1	1.1). -The INR on 04/29/2	22 was 1.9.				
		ge for warfarin was 7.5mg				j
		4/30/22, 05/01/22, and				
	05/02/22 and reche					
	Review of Resident	#1's physician's order dated				
	05/03/22 revealed a	n order for warfarin 7.5mg				
	daily (6 days a weel	k) except 5mg daily on				
	Wednesday. Re-ch	eck INR on 05/10/22.				
		MALE I stoods as all allow				
		#1's electronic medication				
		rd (eMAR) for May 2022				ì
	revealed:	forwarfasin 7 Ema daily		1		ļ
	-There was an entr	y for warfarin 7.5mg daily				
		n Wednesday, beginning on				
ı	05/04/22.		ı			

	f Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		SURVEY PLETED		
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		CELED			
Ametonia		1				R		
i			B. WING		06	/29/2022		
		HAL029012						
MANG OF D	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STATE	E, ZIP CODE				
	915 WEST COOKSEY DRIVE							
SPRING A	RBOR OF THOMASVILL		VILLE, NC 27360					
			ID.	PROVIDER'S PLAN OF C	CORRECTION	(X5)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	(ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCE	HE APPROPRIATE	DATE		
			 					
D 358	Continued From pag		D 358			1		
	-There was an entry							
	Wednesday, beginni	ng on 05/04/22.						
		mentation for administration				1		
	of warfarin 7.5mg on	05/03/22 .						
	Business of Books of	#1's warfarin orders dated						
	Review of Resident	05/17/22 (INR=3.2), 05/24/22						
	U5/TU/22 (INK=3.9),	to the May 2022 eMAR						
	revealed:	to the May 2022 CMAIN	1					
		nented as administered as	1			1		
i	ordered for 7 5mg d	aily except on Wednesday				i		
	give 5mg from 05/03	3/22 to 05/31/22.						
	.There was an order	to recheck INR on 06/01/22.				İ		
	- Illeic was all older		- -			ļ		
	Review of Resident	#1's warfarin order dated						
1	06/01/22 revealed:							
)	-The INR was docur	mented as 3.2.				1		
	-There was an order	r for warfarin 7.5mg daily (6						
	days a week) excep	t 5mg daily on Wednesday.						
	Re-check INR on 06	6/14/22.						
	Review of Resident	#1's warfarin order dated						
	06/14/22 revealed:		l					
1	-The INR was docu	mented as 3.3.						
	-There was an orde	r for warfarin 7.5mg daily (6						
1	days a week) excep	nt 5mg daily on Wednesday.	1					
	Re-check INR on 00							
		man of the national defend						
		#1's warfarin order dated				1		
	06/28/22 revealed:		1					
1	-The INR was docu	mented as 3.4.						
	-There was an orde	er for warfarin 7.5mg daily (6				Į		
	days a week) excel	ot 5mg daily on Wednesday.						
	Review of Resident	t#1's eMAR for June 2022						
	revealed:							
		y for warfarin 7.5mg daily				1		
	except 5mg daily o	n Wednesday, discontinued on						
	06/01/22.	• • • • • • • • • • • • • • • • • • • •	İ					
1	There was an entr	y for warfarin 5mg on						

Division o	f Health Service Regu	lation			(X3) DATE SURVEY
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	17.	CONSTRUCTION	COMPLETED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		1 _ 1
, F					R
		HAL029012	B. WING		06/29/2022
		CTREET A	DDRESS, CITY, STAT	TE. ZIP CODE	
NAME OF PI	ROVIDER OR SUPPLIER		T COOKSEY DR		i
SPRING A	RBOR OF THOMASVILL	-	VILLE, NC 2736		
		THOMAS		PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE
				DEFICIENCY	
D 358	Continued From page	14	D 358		
D 330	, -				1 1
	Wednesday, disconti	nued on 06/01/22.			
	-There was an entry	for warfarin 7.5mg daily	1		
'		Wednesday, beginning on			
	06/02/22.	for worferin Emp on			
	-There was an entry Wednesday, beginning	or warrann omg on			
	There was no decim	nentation for administration			
		6/01/22 (Wednesday).			
	-There was no docur	nentation for administration	1		
		06/14/22 (Thursday).			i
	Observation of medic				j i
		28/22 at 1:00pm revealed:			
	-There were 2 tablets	of warfarin 5mg remaining			
I,	for 2 warfarin 5mg ta	blets dispensed on 06/01/22			
)	labeled for administra	ation weekly on Wednesday.			
ı′ .	- I here was one wan	arin 5mg tablet remaining for spensed on 06/14/22 label for			ì
	administration weekl	v on Wednesday			
	administration week	y on vicanosasy.			
	Interview with the As	sistant Resident Care	ļ		
1	Director (ARCD) on	06/29/22 at 11:00am			
	revealed:				İ
	-She and the Reside	nt Care Director (RCD)			
	completed audits of	the eMAR, but during those			
İ	audits she mostly ch	ecked the orders for			
	accuracy.	MADe for missing doses			
		MARs for missing doses. chedule for when she			
	completed the sudite	s, they were usually done as			
	needed if a MA reno	rted frequent requests for	1		
	medication or freque	ent refusals of medication.			
	Interview with the Ro	CD on 06/29/22 at 11:50am			
	revealed:				
1		MARs for all residents once			
	per month, but there	was no set schedule for			
	1	AR she was going to review			
	on a certain day.	he looked the accuracy and			

Division of Health Service Regulation

Division	n of Health Service Regu	lation			Tours Barre Built	
STATE	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	CONSTRUCTION	(X3) DATE SUR COMPLETI	
AND PL	AN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _			
Ì					R	
		HAL029012	B. WING		06/29/	2022
NAME (F PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODÉ		
		_ 915 WEST	COOKSEY DRI	VE		
SPRIN	G ARBOR OF THOMASVILL	THOMASV	LLE, NC 2736			
(X4) I PREF TAG	X (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D:	58 Continued From page	15	D 358			
	completeness of med missing administrationshe did not know Resident as order 05/03/22 to 06/28/22. Missed doses of ware effectiveness because the the therapeutic dose ranger (NP) at Resident #1's at 1:00pm revealed: Resident #1's INR with the day the INR was as a The NP had discussible for elunch on the coallow for time for her and send current was contracted pharmacy. She expected the far #1's warfarin daily incomplete in the the day the INR value of INR of "2.5 to 3.5". Not receiving warfar maintaining the rapeut. There had not been with swarfarin doses of the range had been with the most often reflected. Telephone interview facility's contracted parmacy received in the pharmacy received in the pharmacy received in the pharmacy enter	dication orders, not for n. esident #1's warfarin was not red for 3 doses from farin could change the e it was a very narrow ge medication. With the Nurse Practitioner warfarin clinic on 06/29/22 was checked by a home e results sent to the clinic on obtained. ed getting the INR results that the value was obtained to to review the INR results farin orders to the facility's cility to administer Resident cluding the day of the INR ed to hold the medication for outside the her goal range for the as ordered would make attic levels difficult. any changes to Resident over the last 2 months, but up and down slightly and				

Division of Health Service Regulation

STATE FORM

Division of	f Health Service Regu	lation			440 DATE 0115	11074
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR COMPLETE	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		O MITTELL	-
î. F					R	
ı [']			D MANG		06/29/	2022
		HAL029012	B. WING		06/29/	2022
	COLUMN OF STREET 150	CTREET ADD	RESS, CITY, STAT	SE ZIP CODE		1
NAME OF PI	ROVIDER OR SUPPLIER					
SDDING A	RBOR OF THOMASVILL	E	COOKSEY DR			
3FKING A	KDOK OF THOMASTICE	THOMASV	ILLE, NC 2736	0		
CANID	SUMMARY ST	ATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTION	<u> </u>	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IIAI E	DATE:
				DEFIOIENCE)		
5.050	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 40	D 358		ì	-
D 358	Continued From page	9 16	D 330			ı
	received.					- 1
		responsible to accept the				- 1
						1
		er to appear on the eMAR				1
	for medication aides ((MA) to see for	1		ì	
	administration.		1			
		responsible to notify the				Į
		tives if Resident #1 did not				
		rin to administer at 5:00pm	l i		i	- 1
	on the day of the INR	and new order.				- 1
	-The pharmacy could	coordinate receiving a dose				- 1
		k-up pharmacy prior to the	1			- 1
		ch occurred around 8:00pm			f	- 1
	to 9:00pm daily.	.,,				
	to 5.00pm dany.				1	
	Intoniou with the Mo	emory Care Coordinator				
Lį į						
1	(MCC) on 06/29/22 a					
ď		arfarin to Resident #1 on			1	
	several occasions.					
		#1's warfarin clinic NP			İ	
		ust enough warfarin to last				
l	until the day the resid	ient's INR was checked and			ł	
	the new order sent to	the pharmacy.			Į.	
	-The 3 missed warfar	rin doses were all on the day			1	
	the INR was drawn a	nd because there was no				
	medication to adminis	ster due to the dose				
	scheduled at 5:00pm				-	
	delivered at 8:00pm.				1	
		prove the new order prior to				
		lose), the order would not				
		ered by the MA until the			ļ	
1	following day.	handles the selectional deep			1	
		changing the scheduled dose				
	of warfarin to later in	•				
	contracted pharmacy	delivery with the RCD.				
		ns, interviews, and record			1	
1	review o 06/29/22, it	was determined Resident #1				
1	was not interviewable					
I			1		į.	

Division o	f Health Service Regu	lation			(X3) DATE SUE	OVEY
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1	CONSTRUCTION	COMPLET	
_ AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _			
į			İ		R	
		HAL029012	B. WING		06/29	2022
		OTDEET AND	RESS, CITY, STAT	TE. ZIP CODE		
NAME OF PE	ROVIDER OR SUPPLIER		COOKSEY DRI			
SPRING A	RBOR OF THOMASVILL	E	LLE, NC 2736			1
			- 	PROVIDER'S PLAN OF CORRECTION	į .	(X5)
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	MATE	DATE
,,,,				DEFICIENCY)		
D 366	Continued From page	17	D 366			
D 366	10A NCAC 13F .1004	(i) Medication	D 366		ì	
	Administration					
		s san allocations A description them.				
	10A NCAC 13F .1004	4 Medication Administration				
	(i) The recording of t	he administration on the				
	(i) The recording of the	ation record shall be by the				!
		ninisters the medication				
		administration of the				
		ident and observation of the	1			
		ng the medication and prior			1	
	to the administration	of another resident's			ļ	
	medication. Pre-cha				1	
			1			
L ₃					i	
)	This Rule is not met	as evidenced by:	1			
l [']		ns, interviews, and record			1	
	review, the facility fai	led to ensure a medication				
		a resident taking their sampled residents (#3).	1			
	medication for 1 of 3	sampled residents (#5).			ĺ	
	The findings are:			1	Į	
	rie mongo are.				1	
	Review of the facility	's Medication Administration				
	policy dated Septem	ber 2020 revealed:		A STATE OF THE STA		
	-Pre-pouring medica	tion was not permitted.	1		i	
	-Proper documentati	on of each medication was to				
	be done at the time	of administration.				
	1	#2's current FL2 dated				
	05/12/22 revealed:	the compete id authorities (DA)				
		rheumatoid arthritis (RA),	1			
	nypertension, depres	ssion, anxiety, asthma,				
		d gastroesophageal reflux		1		
	disease (GERD).	for esomeprazole (a				
	medication used to	reat acid reflux conditions				
	such as GERD) 40m		1			
	-There was an order	for folic acid (a supplement	1			

Division of	of Health Service Regu		1	and the second s	(X3) DATE SUR	VEY	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	, ,	CONSTRUCTION	COMPLETE		
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		1	
Ĵ					R	ļ	
		HAL029012	B. WING		06/29/2	2022	
		PTDEET ADI	DRESS, CITY, STAT	TE ZIR CODE			
NAME OF P	ROVIDER OR SUPPLIER					1	
SPRING A	SPRING ARBOR OF THOMASVILLE 916 WEST COOKSEY DRIVE THOMASVILLE, NC 27360						
		Indiana	1	PROVIDER'S PLAN OF CORRECTION	N I	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE	
D 366	Continued From page	e 18	D 366				
	used to treat anemia)) 1mg daily.					
	-There was an order						
	nonsteroidal anti-infla	ammatory medication used to			}	1	
	treat RA) 15mg daily.						
	-There was an order	for propranolol (a			-		
1		treat high blood pressure)			-	1	
	80mg twice daily.				İ		
	-There was an order				Į	1	
		dication used to treat			1	- 1	
		RA) 500mg take 2 tablets					
	three times dailyThere was an order	for vaniatovina (an				l	
	antidepressant medic						
	,						
		#3's electronic medication			ì	i	
1	administration record revealed:	(eMAR) for June 2022					
1	-There was an entry scheduled at 8:00am	for esomeprazole 40mg daily 1.					
	-There was an entry	for folic acid 1mg daily					
	scheduled at 8:00am		1			i	
		for meloxicam 15mg daily					
	scheduled 8:00am.						
	-There was an entry	for propranolol 80mg twice					
	daily scheduled at 8:	00am and 8:00pm.					
		for sulfasalazine 500mg, imes daily scheduled					
	8:00am, 2:00pm, and						
	There was an entry	for ventafaxine 150mg daily					
	scheduled at 8:00am						
	-Esomeprazole, folio						
1	propranolol, sulfasal	azine, and venlafaxine were					
	documented as adm	inistered on 06/28/22 at					
	8:00am.						
1			1				
1		dent #3's eMAR on a staff					
		22 at 3:45pm revealed the					
[exact time her morn	ing medications were	1	1			
	documented as adm	inistered was at 7:57am on					

Division of	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
- AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		
ŀ			1		R
		HAL029012	B. WING		06/29/2022
			DRESS, CITY, STAT	E ZIR CODE	
NAME OF P	ROVIDER OR SUPPLIER				
SPRING A	RBOR OF THOMASVILL	£	COOKSEY DRI		
				PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE
1,7,1			ĺ	DEFICIENCY)	
D 366	Continued From page	19	D 366		'
D 300	Continued From page	, 19			ļ
			1	*	1
		ent #3's room on 06/28/22 at			
	9:14am revealed:	a in her realiner chair			
	covered up with a bla	g in her recliner chair			ļ
		e table next to her recliner			
	,	medication containing 5			
		s on it and a cup of water.	1 1		
	-There were no staff				1
		nt #3 on 06/28/22 at 9:15am			
	revealed:				
		ngs, the medication aide			
		her room with her morning her know that they were			
<u>ار</u>		but did not always stay and			
j	watch her take them.	but the mot annays only and			1
_	***************************************	h the medications she took			
	and the pills in the cu	p on her bedside table were			
	her morning medicati				
		on 06/28/22 at 9:17am			
	revealed:	and and 462 has madication			
		esident #3 her medication			
	yet that morning.	nere were pills in Resident			
		ive been her evening pills			
	from the day prior.				
	-Sometimes the night	t shift MA started the			
	morning medication (pass if they had time so the			
		left by the MA who worked			
		she arrived that morning.			1
	,	l each resident take their			
	medications.	he medications that were in			
		he medications that were in and bring her morning			
	medications.	and bring her morning			
	medications.				
	Second interview wit	h Resident #3 on 06/28/22 at			-
	1:30pm revealed:				

	r Health Service Regu		CV20 MURTIPLE	CONSTRUCTION	(X3) DATE SL	IRVEY
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPLETED	
-/	, contraction		A. BUILDING:			
j				F		
		HAL029012	B. WING		06/29	9/2022
			DESC SELVERA	rr vin cone		
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STAT			- 1
SPRING A	RBOR OF THOMASVILL	F	COOKSEY DR			- 1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THOMASVI	LLE, NC 2736			
(X4) ID		ATÉMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX	-	Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	IATE	DATE
TAG	NEGOLATONI ON	SO IDELTIF THE ST CHARLESTY	'~	DEFICIENCY)		
D 366	Continued From page	20	D 366			1
	-The pills that were in	her room that morning had				- 1
		n last night because she				- 1
		cation when it was given to				
		not been there when she fell			- (l
	asleep last night.					1
		o brought her the morning				
	medication that day b	ecause she had been				
	asleep in her chair an	nd did not wake up when				
	they were set on her	bedside table.				ı
		orning (06/28/22) went back	1			
		d her to take the pills that			ĺ	
	were on her bedside		: I			
		ight in a second set of				
		or removed the medication			Ì	
	that had been on her	bedside table.				
ì.	1-4		1			
J.		nd MA on 06/28/22 at				
	3:50pm revealed:	nt shift the previous night				
	into the morning of 06					
		of Resident #3's morning				
	medications.	to resident #0 5 morning				
		ations in a resident's room				
		n take the medication.	1			
	William Watering and					
	Interview with the Ass	sistant Resident Care				
	Director (ARCD) on 0		'			
	revealed:					
	-It was the facility's p	olicy that MAs were not to				
	pre-pour medications	i.				
	-MAs were supposed	to stand and watch each				
	resident take their me	edications before leaving a				
		sure the medications were				
	swallowed.					
	-MAs were not support					
		nistered until they witnessed				
	the resident taking th					
	-Resident #3 did not					
		edication and therefore was				
	not exempt from thes	e rules.				

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R B. WNG 06/29/2022 HAL029012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE SPRING ARBOR OF THOMASVILLE THOMASVILLE, NC 27360 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 1D (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 366 D 366 Continued From page 21 Interview with the Resident Care Director (RCD) on 06/29/22 at 11:50am revealed the medication administration policy that all the MAs were trained on included, they were to watch residents take their medications prior to documenting the medications as administered. Interview with the Administrator on 06/29/22 at 12:16am revealed: -The MAs knew that the facility policy included that before MAs prepared medications to administer, they were supposed to check with the resident and ensure the resident was ready to take their medications. -Once the MA knew the resident was ready for their medication, the MA was to prepare the medications, and witness them being taken by the resident. -Once the medications were taken by the resident, the MA was to document that the medications had been administered. -She had not been aware that medication had been left in Resident #3's room. -The MAs knew they were not supposed to leave medications in resident rooms. -She expected the MAs to follow the facility's medication administration policy.

Division of Health Service Regulation STATE FORM