

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/22/2022
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NAME OF PROVIDER OR SUPPLIER SUNNYSIDE RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 U.S. HIGHWAY 221 S. FOREST CITY, NC 28043
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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
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 11/21/22 and 11/22/22 with an exit conference via telephone on 11/22/22.	{D 000}		
{D 358}	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION</p> <p>The Type A2 Violation was abated. Non-compliance continues.</p> <p>Based on observations, interviews, and record reviews, the facility failed to administer a medication used to treat high eye pressure for 1 of 5 sampled residents (#2).</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 10/02/22 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included chronic obstructive pulmonary disease, diabetes mellitus type 2, and neuropathy. -There was an order for lantanoprost 0.005% (used to treat a condition called hypertension of the eye) 1 drop in each eye daily at bedtime. 	{D 358}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{D 358}	<p>Continued From page 1</p> <p>Review of Resident #2's Nurse Practitioner's order dated 06/28/22 revealed lantanoprost 0.005% 1 drop in each eye daily at bedtime.</p> <p>Review of Resident #2's August 2022 Medication Administration Record (MAR) revealed: -There was an entry for lantanoprost 0.005% 1 drop in each eye daily at bedtime scheduled for 8:00pm. -The lantanoprost was documented as administered as ordered from 08/01/22 to 08/31/22.</p> <p>Review of Resident #2's September 2022 MAR revealed: -There was an entry for lantanoprost 0.005% 1 drop in each eye daily at bedtime scheduled for 8:00pm. -The lantanoprost was documented as administered as ordered from 09/01/22 to 09/30/22.</p> <p>Review of Resident #2's October 2022 MAR revealed: -There was an entry for lantanoprost 0.005% 1 drop in each eye daily at bedtime scheduled for 8:00pm. -The lantanoprost was documented as administered from 10/01/22 to 10/07/22 and from 10/09/22 to 10/31/22. -The lantanoprost was documented as not administered on 10/08/22. -There was no documented reason the lantanoprost was not administered on 10/08/22.</p> <p>Review of Resident #2's November 2022 MAR revealed: -There was an entry for lantanoprost 0.005% 1 drop in each eye daily at bedtime scheduled for 8:00pm.</p>	{D 358}		

Division of Health Service Regulation

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{D 358}	<p>Continued From page 2</p> <p>-The lantanoprost was documented as administered as ordered from 11/01/22 to 11/20/22.</p> <p>Observation of Resident #2's medications on 11/21/22 at 2:22pm revealed there were no lantoprost 0.005% eye drops available.</p> <p>Telephone interview with the contracted facility pharmacy on 11/21/22 at 2:38pm revealed: -They received an order dated 06/28/22 for lantanoprost 0.005% 1 drop each eye daily at bedtime for Resident #2. -There were refills available for the lantanoprost through December 2022. -The lantanoprost 0.005% eye solution was last dispensed for Resident #2 on 08/09/22 (a 25-day supply). -The lantanoprost 0.005% eye solution was also dispensed on 06/22/22 (a 25-day supply) and 07/07/22 (a 25-day supply). -Eye drops were not automatically refilled and sent to the facility by the pharmacy. -Facility staff were required to request eye drop refills when needed.</p> <p>Interview with Resident #2 on 11/21/22 at 2:30pm revealed she had not received the lantanoprost eye drops for "a couple months."</p> <p>Telephone interview with Resident #2's Nurse Practitioner (NP) on 11/21/22 at 4:10pm revealed: -She ordered the lantanoprost eye drops for Resident #2 to treat glaucoma (a group of eye conditions that can cause blindness). -If the lantanoprost eye drops were not administered as ordered, the pressure in Resident #2's eyes could be affected. -If the pressure in Resident #2's eyes got too high, she could experience decreased vision.</p>	{D 358}		

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{D 358}	Continued From page 3 Interview with the Resident Care Coordinator (RCC) on 11/21/22 at 3:20pm revealed: -The lantanoprost eye drops should have been ordered if they were unavailable for administration. -The medication aides (MAs) were supposed to perform weekly cart audits for an assigned number of residents to ensure all medications were available for administration. -The weekly MA audit missed the lantanoprost eye drops not being available. -The MAs were supposed to fill out a request to reorder a medication and give it to the MA Supervisor when a medication was unavailable. -The MA Supervisor was then responsible to reorder the medication and worked with the pharmacy to get the medication as quickly as possible.	{D 358}		