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
	HAL053030	A. BUILDING: ____ B. WING ____	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 - 11/22/22.	{D 000}		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 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: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the administration of medications as ordered during the medication passes for 2 of 5 sampled residents (#6, #7), including a medication used to treat heart failure and irregular heartbeat, a medication used to treat chest pain and high blood pressure, a medication used to prevent blood clots, and medication used to treat high blood cholesterol, a medication used to prevent and treat iron deficiency anemia, a medication used to control blood sugar levels, a medication used to treat seizures, a medication used to treat high blood pressure, a medication used to treat heart burn and as a laxative, a medication used to treat dementia, two medications used as a supplement (#6), and a medication used to treat involuntary movements of the body (#7). The findings are: The medication error rate was 52% as evidenced	{D 358}	1. On 11/21/22 the Regional Director of Health and Wellness conducted training for Medication Technicians, RCC and Supervisors on medication administration times, orders for crushed medication, and proper documentation. The provider was notified for resident receiving medication at the wrong time and medication that was crushed. On 12/13/22 the Regional Health and Wellness Director conducted additional training for Medication Technicians on Medication administration times, orders for crushed meds, and proper documentation. The Community went live on 11/28/2022 for Point Click Care which has color code alert for past due meds and missed meds to ensure compliance of medication admiration and times of administrations. Health and Wellness Director and RCC check daily for alerts in the system. Pharmacy provided a list of no crush meds which was placed in the med cart reference books.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lisa Vanderslen (signature)	Administrator	12-21-22
Revised Lisa Vanderslen (signature)	Administrator	12-28-22

Tina B Nielsen (signature) REVIEWED AND ACKNOWLEDGED 12/28/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 1	{D 358}		

by the observation of 13 errors out of 25 opportunities during the 8:00am medication pass on 11/21/22.

1. Review of Resident #6's FL-2 dated 01/31/22 revealed diagnoses included dementia, hypertension, type 2 diabetes, epilepsy, iron deficiency anemia and atherosclerotic heart disease.

a. Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Digoxin 125mcg, 1 tablet once a day to be administered at 8:00am. (Digoxin is a medication used to treat heart failure and irregular heartbeat).

Observation of the 8:00am medication pass on 11/21/22 revealed Digoxin 125mcg, 1 tablet was not administered to Resident #6.

Review of Resident #6's November 2022 electronic medication record (eMAR) revealed:
-There was an entry for Digoxin 125mcg, 1 tablet once a day to be administered at 8:00am.
-There was documentation that Digoxin 125mcg, 1 tablet was administered at 9:43am on 11/21/22 with a late entry notation entered by the first shift medication aide (MA).

b. Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Diltiazem 90mg, 1 tablet three times a day to be administered at 8:00am, 2:00pm, and 8:00pm. (Diltiazem is used to treat chest pain and high blood pressure).

Observation of the 8:00am medication pass on 11/21/22 revealed Diltiazem 90mg, 1 tablet was not administered to Resident #6.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 2	{D 358}		

Continued From page 2

Review of Resident #6's November 2022 eMAR revealed:
-There was an entry for Diltiazem 90mg, 1 tablet three times a day to be administered at 8:00am, 2:00pm and 8:00pm.
-There was documentation that Diltiazem 90mg, 1 tablet was administered at 9:43am on 11/21/22 with a late entry notation entered by the first shift MA.

c. Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Eliquis 5mg, 1 tablet two times a day to be administered at 8:00am and 8:00pm. (Eliquis is used to prevent blood clots).

Observation of the 8:00am medication pass on 11/21/22 revealed Eliquis 5mg was not administered to Resident #6.

Review of Resident #6's November 2022 eMAR revealed:
-There was an entry for Eliquis 5mg, 1 tablet two times a day to be administered at 8:00am and 8:00pm.
-There was documentation that Eliquis 5mg, 1 tablet was administered at 9:43am on 11/21/22 with a late entry notation entered by the first shift MA.

d. Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Ezetimibe 10mg, 1 tablet once a day to be administered 8:00am. (Ezetimibe is used to treat high blood cholesterol).

Observation of the 8:00am medication pass on 11/21/22 revealed Ezetimibe 10mg was not administered to Resident #6.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 3	{D 358}		

Review of Resident #6's November 2022 eMAR revealed:
-There was an entry for Ezetimibe 10mg, 1 tablet to be administered at 8:00am.
-There was documentation the Ezetimibe 10mg, 1 tablet was administered at 9:43am on 11/21/22 with a late entry notation entered by the first shift MA.

e. Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Ferrous Sulfate 325mg, 1 tablet once a day to be administered at 8:00am. (Ferrous Sulfate is used to treat and prevent iron deficiency anemia).

Observation of the 8:00am medication pass on 11/21/22 revealed Ferrous Sulfate 325mg was not administered to Resident #6.

Review of Resident #6's November 2022 eMAR revealed:
-There was an entry for Ferrous Sulfate 325mg, 1 tablet once a day to be administered at 8:00am.
-There was documentation the Ferrous Sulfate 325mg, 1 tablet was administered at 9:43am on 11/21/22 with a late entry notation entered by the first shift MA.

f. Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Jardiance 25mg, 1 tablet once a day to be administered at 8:00am. (Jardiance is used to control blood sugar levels).

Observation of the 8:00am medication pass on 11/21/22 revealed Jardiance 25mg was not administered to Resident #6.

Review of Resident #6's November 2022 eMAR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 4	{D 358}		

revealed:
-There was an entry for Jardiance 25mg, 1 tablet to be administered once a day at 8:00am.
-There was documentation Jardiance 25mg, 1 tablet was administered at 9:43am on 11/21/22 with a late entry notation entered by the first shift MA.

g. Review of Resident #6 physician orders dated 11/15/22 revealed there was an order for Levetiracetam 750mg, 1 tablet two times a day to be administered at 8:00am and 8:00pm. (Levetiracetam is used to control seizures).

Observation of the 8:00am medication pass on 11/21/22 revealed Levetiracetam 750mg was not administered to Resident #6.

Review of Review Resident #6's November 2022 eMAR revealed:
-There was an entry for Levetiracetam 750mg, 1 tablet two times a day to be administered at 8:00am and 8:00pm.
-There was documentation that Levetiracetam 750mg, 1 tablet was administered at 9:43am on 11/21/22 with a late entry notation entered by the first shift MA.

h. Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Lisinopril 40mg, 1 tablet once a day to be administered 8:00am. (Lisinopril is used to control high blood pressure).

Observation of the 8:00am medication pass on 11/21/22 revealed Lisinopril 40mg was not administered to Resident #6.

Review of Resident #6's November 2022 eMAR revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 5	{D 358}		

-There was an entry for Lisinopril 40mg, 1 tablet once a day to be administered at 8:00am.
-There was documentation that Lisinopril 40mg, 1 tablet was administered at 9:43am on 11/21/22 with a late entry notation entered by the first shift MA.

i. Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Magnesium Oxide 400mg, 1 tablet once a day to be administered at 8:00am. (Magnesium Oxide is used to relieve heartburn and as a laxative).

Observation of the 8:00am medication pass on 11/21/22 revealed Magnesium Oxide 400mg was not administered to Resident #6.

Review of Resident #6's November 2022 eMAR revealed:
-There was an entry for Magnesium Oxide 400mg, 1 tablet to be administered at 8:00am.
-There was documentation that Magnesium Oxide 400mg, 1 tablet was administered at 9:43am on 11/21/22 with a late notation entered by first shift MA.

j. Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Memantine HCL 10mg, 1 tablet twice a day to be administered at 8:00am and 8:00pm. (Memantine is used for moderate to severe Alzheimer's disease.

Observation of the 8:00am medication pass on 11/21/22 revealed Memantine HCL 10mg was not administered to Resident #6.

Review of Resident #6's November 2022 eMAR revealed:
-There was an entry for Memantine HCL 10mg, 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 6	{D 358}		

tablet twice a day to be administered at 8:00am and 8:00pm.
-There was documentation that Memantine HCL 10mg, 1 tablet was administered at 9:43am on 11/21/22 with a late notation entered by the first shift MA.

k .Review of Resident #6's physician orders dated 11/15/22 revealed there was an order for Vitamin B complex, 1 tablet once a day to be administered at 8:00am. (Vitamin B Complex is used as a supplement).

Observation of the 8:00am medication pass on 11/21/22 revealed Vitamin B complex was not administered to Resident #6.

Review of Resident #6's November 2022 eMAR revealed:
-There was an entry for Vitamin B complex, 1 tablet once a day to be administered at 8:00am.
-There was documentation that Vitamin B complex, 1 tablet was administered at 9:43 on 11/21/22 with a late notation entered by the first shift MA.

l. Review of Resident #6's physician orders date 11/15/22 revealed there was an order for Vitamin D3 50mcg, 1 tablet once a day to be administered at 8:00am. (Vitamin D3 is used as a supplement).

Observation of the 8:00am medication pass on 11/21/22 revealed Vitamin D3 50mcg was not administered to Resident #6.

Review of Resident #6's November 2022 eMAR revealed:
-There was an entry for Vitamin D3 50mcg, 1 tablet once a day to be administered at 8:00am.
-There was documentation that Vitamin D3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 7	{D 358}		

50mcg, 1 tablet was administered at 9:43 on 11/21/22 with a late notation entered by the first shift MA.

Interview with the MA on 11/21/22 at 11:28am revealed:
-She was the only MA on the first shift on 11/21/22 because there was a "call out" of a MA.
-There were usually two MAs on the first shift.
-She did not administer Resident #6's 8:00am medications on 11/21/22 because the medications had already been administered by the third shift MA on the morning of 11/21/22.
-The third shift MA communicated to her that he was instructed by the Resident Care Coordinator (RCC) to administer Resident #6's 8:00am medications to ensure the medications were administered because the first shift was going to be short a MA due to a "call out."
-The third shift MA administered Resident #6's 8:00am medications when he administered his 6:00am medications on 11/21/22.
-The third shift MA did not document the administration of Resident #6's medications because the medications were not in the timeframe to be administered and too early to be documented on the eMAR.
-She documented the administration of Resident #6's 8:00am medications as administered as a late entry on 11/21/22.

Interview with the Resident Care Coordinator (RCC) on 11/21/22 12:30pm revealed:
-She expected Resident #6's medications to be administered as ordered including the timeframe.
-The third shift MA was not instructed to administer Resident #6's 8:00am medications.
-A MA should not document the administration of medications administered by another MA.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 8	{D 358}		

Interview with the Administrator on 11/21/22 at 1:47pm revealed:
-She was aware there was a staffing issue this morning (11/21/22) regarding a MA.
-The RCC was trained to pass medications and could have assisted in the administration of Resident #6's 8:00am medications.
-She was aware medications can be administered an hour before and an hour after the scheduled timeframe.
-She expected medications to be administered as ordered including the correct timeframe.
-She expected medications to be documented when administered by the MA who administered the medications.

Attempted telephone interview with the third shift MA on 11/22/22 at 9:00am was unsuccessful.

Based on observation, record review, and interview, it was determined that Resident #6 was not interviewable.

2. Review of Resident #7's FL-2 dated 09/13/22 revealed diagnoses included dementia, convulsions, epilepsy, hemiplegia and hemiparesis of the left side, cerebrovascular disease, legally blind in both eyes, mood disorder and anxiety disorder.

Review of Resident #7's physician orders dated 09/13/22 revealed:
-There was an order for Austedo 6 mg, 1 tablet twice a day for Tardive Dyskinesia (involuntary body movements) to be administered at 8:00am and 8:00pm.
-There was a notation do not crush.

Observation of the Resident #7's 8:00am medication pass on 11/21/22 revealed Austedo 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 9 mg, 1 tablet was crushed with his other medications, placed in vanilla pudding, and administered to the resident at 9:09am. Observation of Resident 7's bubble card during the 8:00am medication pass on 11/21/22 revealed Austedo 6mg, 1 tablet twice a day with the instruction do not crush. Review of Resident #7's November 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Austedo 6 mg, 1 tablet twice a day for Tardive Dyskinesia at 8:00am and 8:00pm. -There was a notation do not crush. -There was documentation Austedo 6 mg, 1 tablet was administered at the 8:00am medication pass on 11/21/22. Interview with the medication aide (MA) on 11/21/22 at 11:28am revealed: -She did not notice the instruction on the eMAR regarding the administration of Resident #7's Austedo 6 mg, 1 tablet to do not crush. -She was aware there were some medications that were not to be crushed. Interview with the Resident Care Coordinator (RCC) on 11/21/22 at 12:30pm revealed she expected medications to be administered as ordered. Interview with the Administrator 11/21/22 at 1:47pm revealed she expected medications to be administered as ordered. Interview with the Mental Health Provider on 11/22/22 at 12:45pm revealed: -He would have preferred for Resident #7's	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 358}	Continued From page 10 Austedo 6 mg, 1 tablet not to be crushed as ordered. -Going forward, he would look at alternative forms of the medication that could be crushed.	{D 358}		
D 465	10A NCAC 13F .1308(a) Special Care Unit Staff 10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION. The Type B Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to ensure the minimum number of staff were present, at all times, to meet the needs of residents residing in the special care unit (SCU) for 3 of first and second shifts of 9 shifts sampled from 10/29/22 through 10/31/22. The findings are: Review of the facility's current license effective 01/01/22 revealed the facility was licensed for a capacity of 85 beds for the special care unit (SCU).	D 465	11/30/22 Administrator, Regional Director of Operations, Regional Health and Wellness Director, Health and Wellness Director, and Resident Care Coordinator review and training of regulations based on actual census and in house census to ensure Special Care Unit Staffing compliance. Additional training on Schedule Anywhere program to learn documentation of staffing needed for census, entry of changes in schedule, notation for call off and entry of replacement staff. Daily Scheduling total hours will be monitored regularly by administrator and management to ensure compliance for Special Care Unit Staff. Daily	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 465	Continued From page 11 Review of the facility's resident census report dated 10/29/22 revealed: -The SCU census was 50 residents. -Fifty hours of aide duty was required on first and second shift. Review of the facility's resident census report, weekly staff assignment sheet and staff timecards for 10/29/22 revealed: -There was a total of 42 hours and 48 minutes of staff hours provided in the SCU for second shift. -There was a shortage of 7 hours and 12 minutes on 10/29/22. Review of the facility's resident census report dated 10/30/22 revealed: -The SCU census was 50 residents. -Fifty hours of aide duty was required on first and second shift. Review of the facility's resident census report, weekly staff assignment sheet and staff timecards for 10/30/22 revealed: -There was a total of 45 hours and 37 minutes of staff hours provided in the SCU for first shift on 10/30/22. -There was a shortage of 4 hours and 23 minutes. -There was a total of 39 hours and 6 minutes of staff hours scheduled in the SCU for second shift. -There was a shortage of 10 hours and 54 minutes on 10/30/22. Interview with a medication aide (MA) on 11/21/22 at 8:31am revealed: -She was the only MA on duty for first shift. -Someone had called out and a replacement had not come in yet. -She was responsible for administration of medications for all the residents.	D 465		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL053030	A. BUILDING: ______ B. WING ______	R 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD MANOR	1115 CARTHAGE STREET SANFORD, NC 27330

(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 465	Continued From page 12 Interview with the Administrator on 11/22/22 at 9:25am revealed: -She and the corporate nurse were currently working on staffing the facility. -Agency staff were used to cover the needed hours for coverage. -She had to check with the Resident Care Coordinator (RCC) and the Special Care Unit Coordinator (SCUC) regarding the staffing hours in the sampled dates, as she was not the administrator at that time. -She did not have any additional staffing hours for the sampled dated. -The facility had scheduled staff for 12 hour shifts and thought they had all the hours covered. -There were shift shortages at times due to call outs. -There were times when the MA had to work hours in the facility and then cover hours in the sister facility next door.	D 465		