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
	HAL078111	A. BUILDING: ____ B. WING ____	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 an annual and follow-up survey from 12/14/22 through 12/15/22.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure the Assisted Living (AL) Unit was free of hazards by not properly storing oxygen canisters in a storage closet. The findings are: Review of the facility's current license effective 01/01/22 revealed the facility was licensed with a capacity of 104 residents with an Assisted Living (AL) capacity of 65 and a Special Care Unit (SCU) capacity of 39 residents. Review of the facility's resident roster on 12/14/22 revealed the facility's AL census was 73 and the SCU census was 10. Observation of a storage closet on the Assisted Living (AL) unit on 12/14/22 at 8:45am revealed: -The storage closet door was closed but was not locked.	D 079	1/9/2023: Administrator has replaced lock to a safety lock on oxygen storage closet door. Once the door is closed, it will automatically lock. In addition, signage is placed above oxygen to remind staff and vendors to keep all oxygen tanks in the stand to ensure the closet is free from hazards. See attachment #1	1/9/2023

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE admin. (X6) DATE 1/16/23

Reviewed & Acknowledged 01/20/23 [initials]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 079	Continued From page 1 -There was a red warning sign posted to the right of the door with "No Smoking Oxygen in Use." -There were 4 oxygen canisters sitting in the storage room. -The oxygen canisters were not in a container or transport stand. -There were no empty containers or transport stands in the storage closet. Interview with a medication aide (MA) on 12/14/22 at 11:28am revealed: -Oxygen canisters were stored in the oxygen storage closet on the AL unit. -The door should always be locked. -Oxygen canisters whether they were empty or full were supposed to be secured and not free standing. -MAs and personal care aides (PCAs) returned empty oxygen canisters to the oxygen storage closet on the AL unit. -She was not aware of any oxygen canisters that were not secured properly. -Oxygen canisters were expected to be safely secured in the facility to prevent injuring residents. Interview with the Resident Care Coordinator (RCC) on 12/14/22 at 11:54am revealed: -She was not aware that the oxygen storage room was unlocked. -She was not aware that there were 4 unsecured oxygen canisters in the storage room. -She expected staff to safely secure oxygen canisters to prevent one from falling over and causing injury to the residents. Interview with the Administrator on 12/14/22 at 12:00pm revealed: -She expected the oxygen storage room to always be locked.	D 079	1/9/2023: Inservice was done with all staff to educate on the importance of oxygen storage and potential hazards. Reviewed with staff the importance of keeping the oxygen closet is uncluttered, clean and in an orderly manner, and is free of all obstructions and hazards. Weekly checks will by done by RCC/Designee to ensure all tanks are stored properly and additional storage is available. See attachment #2 and #3	1/9/23

M

PRINTED: 01/03/2023
FORM APPROVED

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
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 079	Continued From page 2 -MAs and PCAs were aware that oxygen canisters were supposed to be secured to prevent any from falling over. -She expected all oxygen canisters to be secured in the proper container or transport stand. -The local durable medical equipment company (DME) usually picked up empty oxygen canisters when they delivered new canisters. -The RCC or MA should have contacted the DME company to ask them to pick up any empty oxygen canisters and to deliver extra containers and/or transport stands. -She was concerned that if an oxygen canister fell over it could be a hazard by exploding and/or causing a fire and causing injury to residents.	D 079		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on observations, interviews and record	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 125	Continued From page 3 reviews, the facility failed to ensure that 1 of 5 medication aides (Staff A) who administer medications independently passed the written examination within 60 days of validation of medication skills checklist and completion of the 5/10 hour medication aide training. The findings are: Interview with Staff A on 12/14/22 at 8:57am revealed: -She was the medication aide (MA). -She had been a MA for six months. -She became a MA since employment at the facility. Review of Staff A's personnel record on 12/15/22 revealed: -Staff A was hired as a personal care aide (PCA) on 08/08/22. -There was no hire date as a MA documented. -There was no medication aide job description. -There was a medication clinical skills checklist completed for Staff A on 10/05/22. -There was a second medication clinical skills checklist completed for Staff A on 12/04/22. -There was no documentation that Staff A had taken and passed the written medication aide examination. Interview with Staff A on 12/15/22 at 5:32pm revealed: -She took the medication aide test on 11/04/22. -She had not passed the medication aide test. -She was scheduled to retake the medication aide test on 12/24/22. -She was provided a second medication clinical skills checklist on 12/04/22 after she did not pass the medication aide test on 11/04/22. -She started administering medications to the	D 125	12/15/2022: Administrator immediately removed Staff A will not pass medication cart. Staff A will not pass medications until all the following is completed: 1) 5/10 hour medication aide training is complete 2) A validation of medication skills checklist is completed 3) Has passed the written examination 4) Audit review will be performed at time of examination completion before performing job description duties.	12/15/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 125	Continued From page 4 residents alone at the end of October 2022 or beginning of November 2022. Continued review of documents presented by the Administrator on 12/15/22 at 6:15pm for Staff A revealed certificates of completions for Staff A for the 5-hour medication aide training dated 04/14/22 and the 10-hour medication aide training dated 04/14/22. Interview with the Administrator on 12/15/22 at 6:30pm revealed: -Staff A had taken the written medication aide examination. -Staff A had not passed the written medication aide examination. -She had the contracted pharmacy nurse provide additional training and perform a second medication aide clinical skills checklist for Staff A after Staff A did not pass the written medication aide examination. -She thought Staff A's clinical skills could be revalidated. -She thought the MA had until 01/05/23 to pass the written medication examination. Review of October 2022 electronic medication administration records (eMARs) revealed Staff A documented administration of medications on 10/8/22, 10/09/2210/12/22, 10/17/22, 10/20/22, 10/22/22, 10/23/22, 10/25/22, 10/26/22, 10/28/22, and 10/31/22, including eye drops, inhalers, and a controlled substance. Review of November 2022 eMARs revealed Staff A documented administration of medications on 11/05/22, 11/10/22, 11/15/22, 11/18/22, and 11/25/22 through 11/28/22, including nebulizer treatments, inhalers, eye drops, and a controlled substance.	D 125	Administrator/designee will perform quarterly audits of employee files to ensure staff has all qualifications, trainings, and competency evaluations needed for their hired position.	1|9|2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 125	Continued From page 5 Review of December 2022 electronic eMARs revealed Staff A documented administration of medications on 12//04/22, 12/07/22, 12/08/22 through 12/11/22, and 12/14/22, including nebulizer treatments, inhalers, and a controlled substance. Observations of Staff A, personal care aide (PCA) on 12/15/22 revealed Staff A administered medications to residents on the Special Care Unit. Refer to Tag 358, 10A NCAC 13F. 1004(a) Medication Administration.	D 125		
D 306	10A NCAC 13F .0904(d)(3)(H) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages. This STANDARD is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to assure water was served with the lunch meal on 12/14/22 to all residents in the memory care unit. The findings are: Review of the printed diet spreadsheets provided for use on 12/14/22 and 12/15/22 revealed:	D 306	Rivers Edge will provide water at all meal: services for all residents.	1/9/23

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
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 306	Continued From page 6 -There was not a listing for a beverage for the lunch meal. -There was no water listed on the menu to be served at either of the three meal deliveries. Interview with the dietary cook on 12/14/22 at 10:25am revealed she kept a dietary roster posted in the kitchen next to the serving table so kitchen staff would know what each resident was supposed to be served at meal times. Observations of the lunch meal delivery in the Special Care Unit (SCU) dining room on 12/14/22 from 11:51am until 12:45pm revealed: -There was one drinking glass at each resident's place setting filled with tea. -There was no water served during the lunch meal delivery to the SCU residents. Interview with a personal care aide (PCA) in the SCU on 12/14/22 at 12:15pm revealed: -The kitchen staff prepared and plated the meals in the kitchen. -The drinks were prepared by the kitchen staff and carted to the SCU dining room. -Drinks served to the residents were tea and lemonade. -The residents got water if the residents wanted it. -If the residents drink all their tea, they are given water or something else to drink. -There was no pitcher of water delivered to the SCU dining room today (12/14/22) from the kitchen. She did not know why water was not served at the lunch meal delivery to the SCU residents today (12/14/22). Interview with a second PCA in the SCU on 12/14/22 at 12:41pm revealed:	D 306	1/9/2023: All staff in-serviced that water will be served at all meals in addition to other beverages made readily available to ensure compliance. Dietary Staff/Designee will ensure compliance. See attachment # 4	1/9/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 306	Continued From page 7 -She did not know why the kitchen staff did not prepare water for serving to the SCU residents on today (12/14/22). -She had no idea what should happen when the kitchen did not prepare water for serving to the residents. Interview with a third PCA in the SCU on 12/14/22 at 12:48pm revealed: -Water was "usually" brought over to the SCU dining room in a water pitcher. -The SCU residents got milk at breakfast. -The SCU residents got water at snack times. Interview with the Administrator on 12/14/22 at 4:22pm revealed: -Beverages served were tea, coffee, milk, and water or whatever was on the menu. -Lots of times a pitcher of water was sent from the kitchen with the resident meals. -The PCA's passed out water. -She expected the staff to encourage residents to drink water by offering water. -She was not aware of the rule that water was supposed to be served with each meal. -Not all residents in the SCU could ask for water. Interview with the Nurse Practitioner (NP) on 12/15/22 at 11:50am revealed: -Fluids were important. -She would love for the residents to have water. -There was more likelihood the SCU residents would drink more fluids if drinks were provided, including water. Interview with the dietary aide on 12/15/22 at 4:08pm revealed: -He prepared the residents drinks, including water. -He forgot to prepare water for the SCU residents	D 306		

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
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 306	Continued From page 8 lunch meal delivery on 12/14/22. -Half of the time the water is wasted. -He was not aware of the food and nutrition rule that water was supposed to be served with each meal.	D 306		
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, interviews, and record reviews the facility failed to ensure medications were administered as ordered for 2 of 3 residents (#8,#9) during the observation of medication pass including medications used to treat dry eye and decrease inflammation of the eyes (#8) and a medication used to treat seasonal allergies (#9). The findings are: Observation of the 8:00am medication pass on 12/14/22 and 12/15/22 revealed there were 3 edication administration errors out of 33 opportunities for a medication error rate of 9%. 1.Review of Resident #8's current FL-2 dated 12/16/21 revealed diagnoses included Type II diabetes, hypertension and dementia.	D 358	12/27/2022: A random medication pass evaluation was performed on all medication aides by Administrator/RCC to ensure proper medication administration is performed.	12/27/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 a.Review of Resident #8's physician's order dated 03/23/22 revealed fluoromethol suspension 0.1% to instill 1 drop in each eye daily with instructions to wait 5 minutes between other eye drops. (Flouromethol suspension is a medication used to treat inflammation in the eye.) Review of Resident #8's electronic medication administration record (eMAR) for December 2022 revealed: -There was a computerized entry for fluoromethol suspension 0.1% to instill 1 drop in each eye every day with instructions to wait 5 minutes between drops. -There was documentation fluoromethol suspension 0.1% was administered on 12/14/22 at 9:00am. Refer to observation of the 9:00am medication pass on 12/14/22. Refer to interview with Resident #8's primary care provider (PCP) on 12/15/22 at 11:50am Refer to interview with Resident #8 on 12/14/22 at 3:40pm. Refer to interfiew with a medication aide (MA) on 12/14/22 at 3:17pm Refer to interview with the Administrator on 12/14/22 at 4:20pm b.Review of Resident #8's physician's order dated 03/23/22 revealed there was an order for Refresh drops to be administered 1 drop to each eye four times daily. (Refresh is medication used to treat dry eye sypmtoms.) Review of Resident #8's electronic medication	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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	D 358		

administration record (eMAR) for December 2022 revealed:
-There was a computerized entry for refresh to instill 1 drop in each eye three times daily with instructions to wait 3-5 minutes between different eye drops.
-There was documentation refresh was administered 1 drop in each eye on 12/14/22 at 9:00am.

Refer to observation of the 9:00am medication pass on 12/14/22.

Refer to interview with Resident #8's primary care provider (PCP) on 12/15/22 at 11:50am

Refer to interview with Resident #8 on 12/14/22 at 3:40pm.

Refer to interfiew with a medication aide (MA) on 12/14/22 at 3:17pm

Refer to interview with the Administrator on 12/14/22 at 4:20pm

---

Observation of the 9:00am medication pass on 12/14/22 revealed:
-Flourometholl sustention 0.1% 1 drop was administered in each eye at 9:03am and the label listed instructions to wait 5 minutes between drops.
-Refresh eye drops were administered 1 drop in each eye at 9:04am and the label listed instructions to wait 3-5 minutes between different drops.

Interview with Resident #8's primary care provider (PCP) on 12/15/22 at 11:50am revealed:
-Flourometholl eye drops were a steroid to decrease eye inflammation and the refresh was

Provider's Plan of Correction:

1/9/2023: Medication administration review done by [redacted] RN with medication aides on the techniques/instruction for treatments and all medications, as well as understanding medication orders and proper administration of medication.

See attachment # 5

1/9/2023: RCC/Designee will perform quarterly Medication Pass Evaluations for all medication aides to ensure compliance on proper medication administration.

See attachment # 6

1/9/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 11 lubricating to the eye. -Giving the eye drops too close together could decrease the effectiveness of the eye drops and Resident #8's eye irritation may not be as relieved. Interview with Resident #8 on 12/14/22 at 3:40pm revealed: -She was prescribed eye drops after her cataract surgery because her eyes got irritated and dry. -Her eye doctor told her she was suppose to wait between instillation of the eye drops she was prescribed. -The medications aides told her they have to give medications on another hall and do not wait between administering the different drops. Interview with a medication aide (MA) on 12/14/22 at 3:17pm revealed: -She was aware she was suppose to wait between administering different eye drops to Resident #8. -She did not wait between administration of the different eye drops because Resident #8 got upset and did not like to wait. Interview with the Administrator on 12/14/22 at 4:20pm revealed: -She knew Resident #8 should wait 3-5 minutes between the administration of different eye drops to ensure the medications work as they should. -She was not aware the eye drops were being administered without the wait time in between. -Staff had not reported Resident #8 refused to wait the required time but she knew Resident #8 was insistent about meds and receiving her medications on time. -Medications aides could have administered one eye drop and then administer pill form medications before moving on the the second eye	D 358		

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
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 12 drops to allow for time in between. 2.Review of Resident #9's current FL-2 dated 12/02/22 revealed diagnoses included anxiety and dementia. Review of Resident #9's physician's order dated 08/30/22 revealed loratadine 10mg was to be administered each day. (Loratadine is a medication used to retreat seasonal allergies) Observation of the 7:00am medication pass on 12/14/22 revealed loratadine 10mg was not administered. Observation of Resident #9's electronic medication administration record (eMAR) for December 2022 revealed: -There was a computerized entry for loratadine 10mg to be administered each day at 7:00am. -There was documentation loratadine 10mg was not administered and an exception note to contact the pharmacy for the medication. Interview with the medication aide (MA) on 12/14/22 at 9:27am revealed the loratadine 10mg for Resident #9 was not available on the cart. Second interview with the MA on 12/14/22 at 3:17pm revealed: -She forgot that the loratadine for Resident #9 was a house stock medication. -She administered Resident #9's loratidine when she worked the previous Monday but she was nervous during the medication pass observation on 12/14/22. -She did not return to Resident #9 to administer the loratadine after the medication was obtained after the medication pass.	D 358		

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
	HAL078111	A. BUILDING: ______ B. WING ______	R 12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS EDGE OF LUMBERTON	550 BAILEY ROAD LUMBERTON, NC 28359

(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 13 Interview with Resident #9 on 12/14/22 at 4:15pm revealed: -She took loratadine for seasonal allergies. -She would occasionally run out of loratidine and miss doses. -The medication aide did not return that morning to administer the missed dose but she was not having allergy symptoms. Interview with the Administrator on 12/14/22 at 4:20pm revealed: -Loratadine was a house stock medication. -The facility went out and purchased loratidine after the medication pass on 12/14/22 and the medication should have been administered as ordered.	D 358	1/2/2023: RCC/Designee will ensure cart audits are done monthly to ensure all medications are available for administration. Administrator/Designee will ensure cart audits are being performed monthly. See attachment # 7 1/9/2023: Medication administration review done by [redacted] RN with medication aides on the techniques/instruction for treatments and all medications, as well as understanding medication orders and proper administration of medication. See attachment # 5	1/2/23