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
	HAL081052	A. BUILDING: ______ B. WING ______	R 02/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK LIVING LLC	2270 OAKLAND ROAD FOREST CITY, NC 28043

(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 02/21/23.	{D 000}		
{D 139}	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure 1 of 3 sampled staff (Staff C) had a criminal background check prior to working in the facility. The findings are: Request for review of Staff C's (cook) personnel record revealed Staff C did not have a personnel record. Interview with Staff C on 02/21/23 at 1:37pm revealed: -She had started working in the facility on 02/11/23 as a cook. -She worked every weekend and Mondays, Tuesdays, and Wednesdays. -She had completed an application for employment and given it to a medication aide (MA) to give to the Administrator. -She had not signed a consent for a criminal background check and knew nothing about it. Interview with the Administrator on 02/21/23 at 11:26pm revealed:	{D 139}		

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-Staff C started in the facility on 02/11/23 after a prior cook had left employment without notice.
-She knew she should have completed a criminal background check on Staff C but she needed a cook right away.
-Staff C had not yet returned the application for employment with the information needed to obtain the criminal background check.

{D 317} 10A NCAC 13F .0905 (d) Activities Program {D 317}

10A NCAC 13F .0905 Activities Program
(d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills.

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure a minimum of 14 hours of a variety of group activities were provided each week for the residents:

The findings are:

Review of the February 2023 activity calendar posted on the wall in the hallway of the facility revealed:
-There were multiple activities listed on the calendar for each day from 2/01/23 to 02/28/23.
-The activities listed on the calendar were scheduled between 8:30am to 8:00pm with start and end times ranging from 1 hour to 2 hours for each activity.
-Some of the activities listed on the calendar

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{D 317}	Continued From page 2	{D 317}		

included snacks up to three times a day, board games, playing cards, movies, bingo, crafts and a weekly in facility preaching service.

Interviews with 5 residents during the initial tour on 02/21/23 from 8:40am to 9:00am revealed:
-The only activity the facility offered was bingo on Thursdays.
-He wished there were more activities other than bingo and church.
-Bingo was the only activity offered and he just watched television.
-She just slept a lot or watched tv, there was nothing else most days to do.
-They had bingo and a church service but nothing else.

Observation at 1:05pm of the living room revealed:
-There were four residents sitting in the living room watching television.
-There was a male resident sitting at the back of the living room on his tablet.
-There was no "puzzle"activity happening as scheduled on the posted activity calendar.

Interview with the Administrator on 02/21/23 at 1:15pm revealed:
-She had her certification as an Activity Director.
-She was responsible for overseeing and conducting activities.
-She was aware the calendar listing of 14 hours a week of activities was not being provided for the residents as she had other responsibilities she had to do.
-She had not provided the exercise activity scheduled on the activity calendar at 8:30am on 02/21/23 as she was busy doing other things.
-She had volunteers who came in to do Bingo on Thursdays and a volunteer who came regularly to

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{D 317}	Continued From page 3 provide the church services. -She was not aware of the puzzle activity scheduled for 02/21/23 at 1:00pm or any other activities scheduled without looking at the activity calendar as she had other responsibilities to take care of.	{D 317}		
{D 367}	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to ensure medication administration records (MARs) were accurate for 1 of 3 sampled residents (Resident #1) related to inaccurate documentation of a medication used	{D 367}		

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to treat and prevent constipation.

The findings are:

Review of Resident #1's current FL2 dated 01/12/22 revealed diagnoses included irritable bowel syndrome.

Review of Resident #1's physician's orders dated 01/12/23 revealed there was no order for docusate sodium (used to treat and prevent constipation associated with irritable bowel syndrome) 100mg take 1 capsule twice daily.

Review of Resident #1's February 2023 MAR revealed:
-There was an entry for docusate sodium 100mg take 1 capsule twice daily at 8:00am and 8:00pm.
-There was documentation docusate sodium was administered twice daily from 02/13/23 through 02/20/23 at 8:00am and 8:00pm and on 02/21/23 at 8:00am.

Observation of Resident #1's medications available for administration on 02/21/23 at 11:10am revealed there was not any docusate sodium available.

Interview with the lead medication aide (MA) on 02/21/23 at 11:10am revealed:
-She documented she had administered docusate sodium to Resident #1 in error.
-There was not any docusate sodium available to administer to Resident #1.
-She thought Resident #1's docusate sodium was discontinued.

Interview with Resident #1 on 02/21/23 at 11:16am revealed:
-She did not know if she was administered

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{D 367}	Continued From page 5 docusate sodium twice daily. -She would sometimes experience constipation and sometimes had loose stools. Telephone interview with a pharmacist from the facility's contracted pharmacy on 02/21/23 at 11:24am revealed: -Resident #1's docusate sodium 100mg take 1 capsule twice daily was originally ordered on 02/15/20. -The pharmacy received an electronic order to renew Resident #1's docusate sodium 100mg take 1 tablet twice daily on 01/03/23. -The pharmacy had not dispensed Resident #1's docusate sodium reordered on 01/03/23 because the facility had not requested the medication on the automatic reorder form. -The automatic reorder form was used by the facility to request medications for residents to be dispensed by the pharmacy. -Resident #1's docusate sodium was previously dispensed on 10/27/21 in the quantity of 100 capsules. -The pharmacy did not receive a discontinue order for Resident #1's docusate sodium from 10/27/21 through 02/21/23. Second interview with the lead MA on 02/21/23 at 1:04pm revealed: -She was responsible for MAR audits and completed the audit each month when the new MARs were sent by the pharmacy. -She checked to make sure the documentation on the MARs was complete and accurate, and compared the entries for medications with the previous MAR. -She was responsible for completing medication cart audits with the Administrator to make sure all ordered medications were available for administration.	{D 367}		

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-She completed the last medication cart audit about 2 weeks ago and "missed" there was no docusate sodium available to administer to Resident #1.
-The facility's policy for medication administration included administering medications as ordered and accurately documenting when a medication was administered or not administered.

Interview with the Administrator on 02/21/23 at 1:34pm revealed:
-The facility's contracted pharmacy delivered residents medications and MARs monthly.
-The lead MA was responsible for MAR audits monthly when the new MARs were delivered by the pharmacy.
-She did not know Resident #1's docusate sodium was not available for administration.
-When a resident's medication was unavailable, the lead MA was responsible to place a yellow medication reorder sticker on the automatic reorder form and fax the form to the pharmacy or call the pharmacy to request the medication if a yellow sticker was unavailable.
-The facility's policy for medication administration included administering medications as ordered and documenting accurately on the MAR either administered or not administered.
-The MAs should not have documented they administered Resident #1's docusate sodium when the medication was unavailable.