

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL058011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 SANTREE DRIVE</b> <b>WILLIAMSTON, NC 27892</b>
--	---

(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 and the Martin County Department of Social Services conducted an annual survey, follow-up survey, and complaint investigation on March 8, 2023 to March 9, 2023. The complaint investigation was initiated by the Martin County Department of Social Services on February 15, 2023.	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: Based on interviews and record reviews the facility failed to administer medications as ordered for 1 of 5 sampled residents (#1) including a cholesterol medication.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 04/05/22 revealed: -Diagnoses included atherosclerotic heart disease (hardening and narrowing of the arteries close to the heart), hyperlipidemia (high cholesterol), and hypertension. -She was intermittently disoriented.</p> <p>Review of Resident #1's physician order sheet dated 01/03/23 revealed there was an order for</p>	D 358		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL058011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 SANTREE DRIVE</b> <b>WILLIAMSTON, NC 27892</b>
--	---

(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	<p>Continued From page 1</p> <p>atorvastatin 20mg (used to treat high cholesterol) at bedtime.</p> <p>Observation of Resident #1's medications on hand on 03/09/23 at 9:23am revealed there was no atorvastatin on the cart for Resident #1.</p> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 03/09/23 at 9:33am revealed:</p> <ul style="list-style-type: none"> <li>-The pharmacy dispensed medications for residents once a week.</li> <li>-Eight tablets of atorvastatin 20mg was dispensed for Resident #1 on 12/29/22.</li> <li>-Seven tablets of atorvastatin 20mg was dispensed for Resident #1 on 01/04/23.</li> <li>-Seven tablets of atorvastatin 20mg was dispensed for Resident #1 on 01/11/23.</li> <li>-Seven tablets of atorvastatin 20mg was dispensed for Resident #1 on 01/18/23.</li> <li>-One tablet of atorvastatin 20mg was dispensed for Resident #1 on 01/25/23.</li> <li>-On 01/25/23 the pharmacy made the facility aware a new prescription was needed for Resident #1's atorvastatin 20mg.</li> <li>-The pharmacy had not received a new prescription for Resident #1's atorvastatin 20mg.</li> <li>-Atorvastatin 20mg was last dispensed for Resident #1 on 01/25/23.</li> </ul> <p>Review of Resident #1's January 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for atorvastatin 20mg at bedtime scheduled for administration at 8:00pm.</li> <li>-Atorvastatin 20mg was documented as administered at 8:00pm on 01/01/23 to 01/30/23.</li> <li>-Atorvastatin 20mg was documented as "X" at 8:00pm on 01/31/23 with no explanation.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL058011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 SANTREE DRIVE</b> <b>WILLIAMSTON, NC 27892</b>
--	---

(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	<p>Continued From page 2</p> <p>Review of Resident #1's February 2023 eMAR revealed: -There was an entry for atorvastatin 20mg at bedtime *needs script* scheduled for administration at 8:00pm. -Atorvastatin 20mg was documented as administered at 8:00pm on 02/01/23 to 02/28/23 except on 02/06/23, 02/09/23, 02/10/23, and 02/23/23 where it was documented as on hold and on 02/14/23 where it was documented as discontinued.</p> <p>Review of Resident #1's March 2023 eMAR revealed: -There was an entry for atorvastatin 20mg at bedtime *needs script* scheduled for administration at 8:00pm. -Atorvastatin 20mg was documented as administered at 8:00pm on 03/01/23 to 03/07/23 except on 03/02/23 where it was documented as on hold.</p> <p>Interview with Resident #1 on 03/08/23 at 8:15am revealed as far as she knew she received all of her medications as she should.</p> <p>Interview with the lead medication aide (MA) on 03/09/23 at 10:10am revealed: -The facility received medications from the pharmacy every week on Thursdays. -The new medication packs were started every week on Saturday. -If a MA saw that a resident was out of medication or needed a new prescription they would contact the primary care provider (PCP) for a new prescription. -The MA would continue to contact the PCP until they received the new prescription or an order to discontinue the medication. -Since atorvastatin was administered to Resident</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL058011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 SANTREE DRIVE</b> <b>WILLIAMSTON, NC 27892</b>
--	---

(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	<p>Continued From page 3</p> <p>#1 at night it was the second shift MA who should have requested the refill from the PCP.</p> <p>-If a resident was out of medication, it should be documented on the eMAR as on hold and the MA should get a hold order from the PCP.</p> <p>-The Resident Care Coordinator (RCC) performed cart audits to check medications on the cart "every now and then".</p> <p>Interview with the RCC on 03/09/23 at 10:18am revealed:</p> <p>-The facility received medication packs from the pharmacy every week.</p> <p>-The new medication packs were started on Saturdays.</p> <p>-If the facility did not receive a medication from the pharmacy or the MA did not see a medication on the cart for a resident, they should contact the pharmacy.</p> <p>-If a medication needed a new prescription the MA should contact the PCP or let the RCC know so she could contact the PCP.</p> <p>-She was supposed to perform cart audits which included checking for medications on the medication cart for residents, but she had been "slack lately".</p> <p>-She only looked at medications on the medication cart for residents if there was a "red flag" such as a medication being documented as on hold for at least 2 consecutive days.</p> <p>-She did not know that Resident #1 was out of atorvastatin and needed a new prescription.</p> <p>-If a resident did not have medication at the facility to administer the MA should document it as on hold on the eMAR.</p> <p>Interview with the Administrator on 03/09/23 at 10:38am revealed:</p> <p>-She expected the MA to contact Resident #1's PCP for a refill for atorvastatin as soon as the MA</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL058011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 SANTREE DRIVE</b> <b>WILLIAMSTON, NC 27892</b>
--	---

(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  realized the resident was out the medication. -If a MA did not understand how to contact the PCP, she expected the MA to let the RCC or the Administrator know the resident was out of medication so they could contact the PCP.  Interview with Resident #1's PCP on 03/09/23 at 10:02am revealed: -She was not aware that Resident #1 needed a refill on atorvastatin until she was contacted by the facility on 03/09/23. -She was not aware that Resident #1 had missed receiving atorvastatin since sometime the end of January 2023. -She expected Resident #1 to receive atorvastatin as ordered for her high cholesterol. -Resident #1's lipids (cholesterol levels) had been stable.	D 358		
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,	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL058011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 SANTREE DRIVE</b> <b>WILLIAMSTON, NC 27892</b>
--	---

(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 367	<p>Continued From page 5</p> <p>(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).</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 1 of 5 sampled residents (#1) including inaccurate documentation of a cholesterol medication.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 04/05/22 revealed diagnoses included atherosclerotic heart disease (hardening and narrowing of the arteries close to the heart), hyperlipidemia (high cholesterol), and hypertension.</p> <p>Review of Resident #1's physician order sheet dated 01/03/23 revealed there was an order for atorvastatin 20mg (used to treat high cholesterol) at bedtime.</p> <p>Observation of Resident #1's medications on hand on 03/09/23 at 9:23am revealed there was no atorvastatin on the cart for Resident #1.</p> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 03/09/23 at 9:33am revealed: -The pharmacy dispensed medications for residents once a week. -Eight tablets of atorvastatin 20mg was dispensed for Resident #1 on 12/29/22.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL058011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 SANTREE DRIVE</b> <b>WILLIAMSTON, NC 27892</b>
--	---

(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 367	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Seven tablets of atorvastatin 20mg was dispensed for Resident #1 on 01/04/23.</li> <li>-Seven tablets of atorvastatin 20mg was dispensed for Resident #1 on 01/11/23.</li> <li>-Seven tablets of atorvastatin 20mg was dispensed for Resident #1 on 01/18/23.</li> <li>-One tablet of atorvastatin 20mg was dispensed for Resident #1 on 01/25/23.</li> <li>-On 01/25/23 the pharmacy made the facility aware a new prescription was needed for Resident #1's atorvastatin 20mg.</li> <li>-The pharmacy had not received a new prescription for Resident #1's atorvastatin 20mg.</li> <li>-Atorvastatin 20mg was last dispensed for Resident #1 on 01/25/23.</li> </ul> <p>Review of Resident #1's January 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for atorvastatin 20mg at bedtime scheduled for administration at 8:00pm.</li> <li>-Atorvastatin 20mg was documented as administered at 8:00pm on 01/01/23/ to 01/30/23.</li> <li>-Atorvastatin 20mg was documented as "X" at 8:00pm on 01/31/23 with no explanation.</li> </ul> <p>Review of Resident #1's February 2023 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for atorvastatin 20mg at bedtime *needs script* scheduled for administration at 8:00pm.</li> <li>-Atorvastatin 20mg was documented as administered at 8:00pm on 02/01/23 to 02/28/23 except on 02/06/23, 02/09/23, 02/10/23, and 02/23/23 where it was documented as on hold and on 02/14/23 where it was documented as discontinued.</li> </ul> <p>Review of Resident #1's March 2023 eMAR revealed:</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL058011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 SANTREE DRIVE</b> <b>WILLIAMSTON, NC 27892</b>
--	---

(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 367	<p>Continued From page 7</p> <p>-There was an entry for atorvastatin 20mg at bedtime *needs script* scheduled for administration at 8:00pm.</p> <p>-Atorvastatin 20mg was documented as administered at 8:00pm on 03/01/23 to 03/07/23 except on 03/02/23 where it was documented as on hold.</p> <p>Interview with the lead medication aide (MA) on 03/09/23 at 10:10am revealed if a resident was out of medication, it should be documented on the eMAR as on hold and the MA should get a hold order from the primary care provider (PCP).</p> <p>Interview with the Resident Care Coordinator (RCC) on 03/09/23 at 10:18am revealed:</p> <p>-If a resident did not have medication at the facility to administer the MA should document it as on hold on the eMAR.</p> <p>-She only looked at medications on the cart for residents if there was a "red flag" such as a medication being documented as on hold for at least 2 consecutive days.</p> <p>-If the MAs had documented on hold on Resident #1's eMARs like they should she would have realized that the resident was out of atorvastatin and she would have contacted the primary care provider (PCP) for a refill.</p> <p>Interview with the Administrator on 03/09/23 at 10:38am revealed:</p> <p>-She expected MAs to document correctly on Resident #1's eMAR that atorvastatin was not administered.</p> <p>-If the MAs had documented accurately on Resident #1's eMAR the RCC would have noticed that the resident was out of atorvastatin.</p>	D 367		