Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING HAL043034 03/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD **CARDINAL CARE OF DUNN DUNN, NC 28334** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 Initial Comments D 000 In Reference to Rule# IVA NCAC 13F.1004(a) The Adult Care Licensure Section conducted an annual survey and a complaint investigation survey from March 14 - 15, 2023. The complaint investigation was initiated by the Harnett County Department of Social Services on March 2, 2023. Administrator, Admin D 358 D 358 10A NCAC 13F .1004(a) Medication Assistance and RCC had 3 15 23 Administration a meeting with all med 3/1 techs on duty immediately. 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications. On the polices and prescription and non-prescription, and treatments by staff are in accordance with: procedures to follow. (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and Facility hired outside RN Consulting Service to hold a training with all med Staff whour med admin (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 4 residents refresher couse. (#1, #9) observed during the medication pass including errors with a medication used to treat underactive thyroid disease (#9) and vitamin Notified PCP got supplements (#1); and for 1 of 5 residents (#2) 3/15/23 sampled for record review for a medication for Clarification order anxiety and agitation (#2). immediately. The findings are: 1. The medication error rate was 8% as evidenced by 3 errors out of 35 opportunities during the 7:00am/8:00am medication pass on 03/15/23. a. Review of Resident #9's current FL-2 dated 01/17/23 revealed diagnoses included dementia, Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

4 18 23

If continuation sheet 1 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND FLAIN	OF CORRECTION	MENTICATION NUMBER:	A, BUILDING:		COMPLETED
		HAL043034	B, WING		C 03/15/2023
NAME OF D	ROVIDER OR SUPPLIER		DDECC OIL C	TATE 710 0005	1 03/13/2023
MANIE OF FI	COVIDER OR SUFFLIER		DRESS, CITY, ST SBORO ROAI		
CARDINA	L CARE OF DUNN	DUNN, NO			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	M (Ve)
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D 358	Continued From page type 2 diabetes mellit chronic kidney diseas	us, hypertension, and	D 358	Contacted Resident	· • [
	Review of Resident # summary dated 03/10 Levothyroxine 25mcg before breakfast, give minutes before break to treat underactive the	19's hospital discharge 0/23 revealed an order for g 1 tablet every morning e at 7:30am or at least 30 fast. (Levothyroxine is used		all meds that are bein from outside phy must be checked in RICISIC with pro	rought armady by per 3/26/23
	pass on 03/15/23 rev -Resident #9 was in t eaten approximately -The medication aide out of the dining roon cart at 7:55amThe MA prepared an Levothyroxine 25mcg other morning medica -Levothyroxine was re-	ealed: he dining room and had 25% of her breakfast meal. (MA) had the resident come n and go to the medication ad administered one pablet with the resident's		label. Sign in medical book must be filled and dated so that a meds are accounted and reviewed for dosage and medical in bottles @ all time	11 L for currect Hons
	medication administrative aled: -There was an entry take 1 tablet every da-Levothyroxine was radministered from 03 resident being in the	for Levothyroxine 25mcg ay scheduled for 7:30am. not documented as i/01/23 - 03/10/23 due to the hospital. locumented as administered		Notified resident responsible party to accurate bottle in that matches the MAR to all meds in with RCC	sign 3/26/23
	hand on 03/15/23 at -There was a supply tablets dispensed on	of Levothyroxine 25mcg	And the control of th		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER: A, BUILDING:		COMPLETED		
					c	
		HAL043034	B. WING		03/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, S'	TATE, ZIP CODE		
CADDINA	L CARE OF DUMB	217 JON	ESBORO ROA	D		
CARDINA	L CARE OF DUNN	DUNN, N	C 28334			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	lD.	PROVIDER'S PLAN OF CORRECTION	N (X5)	
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TAG	REGULATURY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	RIATE DATE	
D 250	0	- 0	D 358			\dashv
D 358	Continued From page	62	D 330	Administrator, Ad	min	
	label was to take 1 ta	ablet every day.	T-ally Available	31000	1 1	
			and the same of th	Assistance and RIC	naci	
		A on 03/15/23 at 12:41pm		Assistance and RCC meeting with med on the correct step complete med pass	aide	
	revealed:	ordered to be administered	***	and the special characters	- 10 3hot	12
		e usually tried to administer it		on the correct step	5 10 7 7	
		use the residents ate		romalete med pass		
	breakfast around 8:0	0am.	é	Complete tiles p		
	-She offered no expla	anation for administering		(4 Rights)		
	Resident #9's Levoth	nyroxine after the resident				
had started eating breakfast on 03/15/23. Based on observations, interviews, and record reviews, it was determined that Resident #9 was						
	not interviewable.	milled that Resident #9 was				
	HOT THE VICTORIANIC,					
	Interview with the Re	esident Care Coordinator	- Andrews			
	(RCC) on 03/15/23 a	at 1:28pm revealed:	-			
	-Resident #9's Levot				L. L	
		empty stomach as ordered.				
	_	ld be administered before the			1	
	resident ate breakfas	50				
	Telephone interview	with Resident #1's primary	e			
	i '	on 03/15/23 at 4:53pm			-	
	revealed:	· · · - · - · · · · · · · · · · · · · ·			-	
	-Resident #1's Levot		1			
		empty stomach to make sure			Į	
		sorption of the medication.				
		ns about the resident's	moliment			
	current thyroid levels	S				
	h Review of Recido	nt #1's current FL-2 dated				
	01/27/23 revealed:	ra m 1 3 Outleir 1 E-2 Galeo				
	-Diagnoses included	l vascular dementia.				
	_	nic obstructive pulmonary				
	disease, and gout.					
		for Preservision AREDS				
	Formula take 1 caps					
	(Preservision ARED)	S Formula is a vitamin and	4000			

PRINTED: 04/05/2023 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C HAL043034 03/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD CARDINAL CARE OF DUNN **DUNN, NC 28334** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY)** D 358 D 358 Continued From page 3 I mmediately had meeting with med techs to Follow mineral supplement for eye health. AREDS Formula contains beta-carotene but AREDS 2 Formula contains lutein and zeaxanthin instead of MAR For PRN time frames beta-carotene. AREDS and AREDS 2 are not the same product.) 3/15/23 due to internet issues Observation of the 7:00am/8:00am medication No Longer use electronic pass on 03/15/23 revealed: -The medication aide (MA) prepared Resident cant Keep record cant #1's morning medications for administration, Paper For Narc | Controll including one Preservision AREDS 2 tablet and administered it to the resident at 7:36am. Sheets. -The resident was administered one Preservision AREDS 2 tablet instead of Preservision AREDS Outside RN consulting as ordered. Service went over PRN Indications and Review of Resident #1's March 2023 electronic medication administration record (eMAR) revealed: accurate time frames to -There was an entry for Preservision AREDS 1 tablet twice a day scheduled for 7:00am and FOLLOW MAR. Preservision AREDS was documented as administered from 03/01/23 - 03/15/23 at 7:00am, Observation of Resident #1's medications on hand on 03/15/23 at 12:41pm revealed: -There was no supply of Preservision AREDS Formula on hand for the resident. -There was a supply of Preservision AREDS 2 Formula in the original manufacturer container.

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bottle.

-The resident's first and last names were written

-There was no pharmacy label on the AREDS 2

Interview with the MA on 03/15/23 at 12:41pm

-Resident #1's family member usually brought the

on the bottle with a black marker.

resident's medication to the facility.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		HAL043034	B. WING	***************************************	C 03/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AT	DDRESS, CITY, S	TATE ZIP CODE	1 00,.02020
			SBORO ROA		
CARDINA	L CARE OF DUNN	DUNN, N	C 28334		
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR (SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
D 358	Continued From page		D 358	RCC Will perform Cart MAR Med ad	
		S 2 on the Preservision		FORT MAD MAN ON	Min
	label but she did not redifferent than AREDS			_	
	·			audit on weekly "	
	revealed:	nt #1 on 03/15/23 at 1:11pm	Man Adams of the Control of the Cont	a different med ai	: .
	'	oicked up her medications at brought the medications to	Print committee to committee the committee of the committ	and turn in result	1
	the facility.	•	77	email to Administ	rator.
	-She took vitamins but she was not sure how				
	many or which vitami	ns she usually received.			
	Attempted telephone interview with Resident #1's		1		Over Title of the Control of the Con
	family member on 03/15/23 at 4:51pm was				- I
	unsuccessful.)
	Interview with the Re	sident Care Coordinator			OF THE PROPERTY OF THE PROPERT
	(RCC) on 03/15/23 at	•			
	match it with the med	osed to read the eMARs and			
	-The MAs were suppo		TATE COMMENT		
	medications brought		N N N N N N N N N N N N N N N N N N N		
	1	ake sure they matched the			
	current order,	nedication label did not			
		Id notify her and let the			
	family know they brou	ught the wrong medication.			
		otified of any issues with			
	Resident #1's medica	itions,	Tanana da		
	1	ministrator on 03/15/23 at			
	1:28pm revealed:		obsessed and a second		
	 The MAs were support and medication labels 	osed to match the eMAR	and the same of th		
	medications.	s when authinistring			1
	1	tact the RCC or the primary	and the second s		
	care provider (PCP) i	f something did not match.			
	Telephone interviews	with Resident #1's PCP on			Living and the second
	03/15/23 at 4:53pm r				Participants of the Control of the C

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(x2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOLDINO.		С
		HAL043034	B. WING		03/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	
CADDINA	L CARE OF BUNN	217 JONE	SBORO ROAD)	
CARDINA	L CARE OF DUNN	DUNN, NO	28334		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLETE
D 358	Continued From page	÷ 5	D 358		
	the eMARs when adr -She was not concern effects from Resident instead of AREDS.	tch the medication label with ninistering medications. ned about any adverse #1 receiving AREDS 2		· ·	
		order for Vitamin B6 100mg once daily. (Vitamin B6 is a			
	pass on 03/15/23 rev -The medication aide #1's morning medica including one Vitamir Calcium Carbonate 1 the resident at 7:36ar -The resident was ad	(MA) prepared Resident tions for administration, a B6 100mg tablet with 60mg and administered it to m. Iministered one Vitamin B6 of 2 and ½ tablets and the			
	medication administr revealed: -There was an entry	for Vitamin B6 100mg take 2 aily scheduled for 7:00am vas documented as			
	hand on 03/15/23 at -There was a supply Calcium Carbonate 1 manufacturer contair -The resident's name of the containerThere was no pharm	of Vitamin B6 100mg with 60mg tablets in the original			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL043034		B. WING		C		
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	DDRESS, CITY, ST	ATE 710 CODE	03/15/2023	
			ESBORO ROAL			
CARDINA	L CARE OF DUNN	DUNN, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
D 358	Continued From page	e 6	D 358	95 12		
	tablets on hand.					
	revealed: -Resident #1's family resident's medication-She had not noticed tablets also containe in each tabletShe usually adminis B6 because she had on the eMAR were to Interview with Reside revealed: -Her family member a local pharmacy and the facilityShe took vitamins b many or which vitam	the Vitamin B6 100mg d Calcium Carbonate 160mg tered 1 tablet of the Vitamin not noticed the instructions o administer 2 and ½ tablets. ent #1 on 03/15/23 at 1:11pm picked up her medications at d brought the medications to ut she was not sure how ins she usually received.				
	Attempted telephone interview with Resident #1's family member on 03/15/23 at 4:51pm was unsuccessful.					
	(RCC) on 03/15/23 a -The MAs were supp medications as order -The MAs were supp match it with the medications brought resident's family to n current orderIf the eMAR and a r match, the MAs shot family know they bro	posed to administered red. posed to read the eMARs and dication label. posed to check any to the facility by the make sure they matched the medication label did not all onotify her and let the pught the wrong medication. otified of any issues with				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A BOILBING.		_
		HAL043034	B. WING		C 03/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
		217 JON	ESBORO ROAL		
CARDINA	L CARE OF DUNN		IC 28334		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
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D 358	Continued From page	÷ 7	D 358		
	Interview with the Adr 1:28pm revealed:	ministrator on 03/15/23 at	s-ower-department	May .	and the same of th
	_	osed to match the eMAR			
	and medication labels				
	medications.				
		tact the RCC or the primary	The state of the s		
		f something did not match.			
-The MAs should triple check the eMARs and label and administer medications as ordered.					
	label and administer	nedications as ordered.			
		with Resident #1's PCP on	Y		
	03/15/23 at 4:53pm revealed:		Service Control of the Control of th	·	
-The MAs should match the medication label with the eMARs when administering medications.					
		ned about Resident #1	Passent Transcription of the Passent Transcri		
	}	losage of Vitamin B6 or the	and the second		
	extra Calcium Carbor	-	- Anna Carlo		
	-She would have the	resident's calcium levels			
	checked at her next v	risit.			
	2. Review of Residen 01/27/23 revealed:	t #2's current FL-2 dated			and a second
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	vascular dementia and	el pare les		
	anxiety disorder.		-		
		for Lorazepam 0.5mg 1			
		as needed (prn) for anxiety	-		
		epam is used to treat			
	anxiety and agitation.	.)			
	Review of Resident #	2's March 2023 electronic			
	medication administra	ation record (eMAR)	Appendix App		
	revealed:	- ,	The state of the s		
		for Lorazepam 0.5mg take 1	,	·	
		orn for anxiety/agitation.	1	1	
	-Lorazepam 0.5mg w				
	1	n 01/30/23 at 10:41am and			
	-Lorazepam 0.5mg w	and 51 minutes apart.	u.		
		n 01/31/23 at 6:14pm and	To a control of		

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ____ C B. WING 03/15/2023 HAL043034 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD CARDINAL CARE OF DUNN **DUNN, NC 28334** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 8 8:21pm, only 2 hours and 7 minutes apart. Review of Resident #2's electronic controlled substance (CS) record for January 2023 -There were two doses of Lorazepam 0.5mg documented as administered on 01/30/23 at 10:41am and 5:32pm with both doses declined from the CS inventory. -There were two doses of Lorazepam 0.5mg documented as administered on 01/31/23 at 6:14pm and 8:21pm with both doses declined from the CS inventory. Review of Resident #2's medications on hand on 03/15/23 at 4:17pm revealed: -There was a supply of Lorazepam 0.5mg tablets dispensed on 12/06/22 with 2 of 30 tablets remaining. -There was a supply of Lorazepam 0.5mg tablets dispensed on 02/28/23 with 30 of 30 tablets remaining. Interview with a medication aide (MA) on 03/15/23 at 4:33pm revealed: -She did not recall administering Resident #2's pm Lorazepam less than every 8 hours apart. -Sometimes the eMAR system did not show the date and time a prn medication was last administered. -The prn Lorazepam should be administered if needed at least 8 hours apart. Interview with Resident #2 on 03/15/23 at 4:43pm revealed she thought she received Lorazepam but she was not sure how often. Interview with the Resident Care Coordinator (RCC) on 03/15/23 at 5:30pm revealed:

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-She was not aware Resident #2's pm

PRINTED: 04/05/2023 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ С B. WING HAL043034 03/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD CARDINAL CARE OF DUNN **DUNN, NC 28334** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 358 D 358 Continued From page 9 Lorazepam was documented as administered more often than every 8 hours. -The MAs should wait the correct number of hours apart to administer the prn Lorazepam. Interview with the Administrator on 03/5/23 at 5:27pm revealed the MAs should follow the pm Lorazepam order. Telephone interview with Resident #2's primary care provider (PCP) on 03/15/23 at 4:53pm revealed: -Resident #2's prn Lorazepam should be administered according to the order. -Receiving Lorazepam too soon between dosages could cause sedation.