STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED .	
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HAL092215		B. WING 06/		06/01/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CADENCE GARNER 200 MINGLEWOOD DRIVE GARNER, NC 27529						
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	OTHE APPROPRIATE DATE:	
□ 000	Initial Comments		D 000			
D 377	The Adult Care Licensure Section and Wake County Department of Social Services conducted a follow up survey and complaint investigation on May 31, 2023 and June 1, 2023.  10A NCAC 13F .1006(a) Medication Storage  10A NCAC 13F .1006 Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures.		D 377	The community will evaluate residents that self administer medications as PCP ordered, RSD will - complete the assessment by 6-26-23. Assessment for self administration will be completed every 3 months. Medications will be stored in a locked area and monitored weekly for 4 weeks to ensure they are secured per the rule. This will be completed by 7-21-23 and then ongoing as needed. The RSD, ED, MA or designee will assess residents for any changes that should prevent them from self administering. If a change is identified the RCC, RSD or ED will alert the PCP immediately.		
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Division of He	review the facility fai medications stored i safe and secured, as medications left in a medications in her m The findings are: Review of the facility	ns, interviews, and record led to ensure that n a resident's room (#3) were sevidenced by four n unlocked side table and two nedication cabinet.	₹	TITLE	(X6) DATE	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Pate V. Wilkerson Jr. 6/26/2023  Executive Director						
STATE FORM	1	//	6599	3RXR11	If continuation sheet	1014

Received via email 07/14/2023 Reviewed and Acknowledged 07/14/23 - 14

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING: \_ R-C 06/01/2023 B. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE **CADENCE GARNER** GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 377 Continued From page 1 D 377 Management and Storage of Medications policy dated 09/18/19 revealed: -If a resident is allowed to keep his/her own medications, the Resident Services Director (RSD) ensures all medications are kept in a secure environment that is accessible only to the resident and community staff. -Locked storage is maintained in the resident's room to prevent access by other residents. -The resident's apartment must be kept locked at any time when the resident is out of the apartment. Review of Resident #3's current FL-2 dated 10/01/22 revealed: -Diagnoses included mal neoplasm of left bronchus lung (lung cancer), secondary malignant neoplasm of brain, neuropathy, depressive anxiety disorder, and hypertension. -The resident could self-administer medications. -The resident was ambulatory. Review of Resident #3's care plan dated 07/06/22 revealed the resident may self-administer medications, she was oriented, and her memory was adequate. Review of Resident #3's assessment for self-management of medications revealed: -The most recent assessment for self-management of medications was completed on 05/01/23. -The resident was assessed with no risks of self-management of medications. Observation of Resident #3's room on 06/01/23 at 2:21pm revealed: -There were four prescriptions in a side table top drawer that was unlocked. -The medications were Amlodipine 10mg

Division of Health Service Regulation

**3RXR11** 

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ R-C 06/01/2023 B. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE **CADENCE GARNER** GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE! CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 377 D 377 Continued From page 2 (Amlodipine is used to treat high blood pressure), Levetiracetam 250mg (Levetiracetam is used to treat seizures), Losartan Potassium 100mg (Losartan Potassium is used to treat high blood pressure), and Gabapentin 100mg. (Gabapentin is used to treat nerve pain). -There were two medications in her bathroom medicine cabinet that were not locked; Gabapentin 100mg and a bottle of Aspirin 81mg. -There was a pill box on her bathroom sink that contained the following medications for Friday and Saturday; Amlodipine 10mg, Levetiracetam 250mg, and Losartan Potassium 100mg. Interview with Resident #3 on 06/01/23 at 2:23pm revealed: -She was allowed to take her own medications. -She did not take the Gabapentin anymore. -She had not reported to the facility staff that she stopped taking Gabapentin. -She had not been provided with a key to lock her medications in a secure location in her room. -She was not aware that her medications had to be locked. -She usually left her room unlocked when she went to eat meals in the dining room. -She lived in her room by herself and the door to her room could be locked. -The hospice nurse filled her pill box with medications once or twice a week. Interview with the Resident Service Director (RSD) on 06/01/23 at 3:07pm revealed: -She and the Executive Director had discussed with the resident the importance of keeping her medications locked in her room. -She was not aware that the resident did not have her medications secured in a locked device in her room.

Division of Health Service Regulation

-She was not aware that the resident did not have

**3RXR11** 

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R-C 06/01/2023 B. WNG HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE **CADENCE GARNER** GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE, REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 377 Continued From page 3 D 377 a lockable device in her room to secure her medications. -The resident had been assessed to ensure she could self-administer her medications and there was a physician order for her to self-administer her medications. -Resident #3's medications should have been locked in a secure location in her room. -She and the medication aides (MAs) were responsible for ensuring the resident kept her medications locked in her room. Interview with the Executive Director on 06/01/23 at 5:30pm revealed: -The MAs and RSD were responsible for ensuring Resident #3 kept her medications in a locked area in her room. -The MAs were expected to report any changes in condition to the RSD and the primary care provider (PCP) to ensure she could still self-administer her medications. -A self-administer medication assessment had been completed on Resident #3 and she had a PCP order to self-administer her medications. -He and the RSD had met with the resident to review the importance of keeping her medications locked in her room. -He was not aware that Resident #3 did not have her medications locked in her room.

## Forte, Hope

From:

Pate Wilkerson <pwilkerson@CogirUSA.com>

Sent:

Friday, July 14, 2023 10:33 AM

To:

Forte, Hope

Subject:

[External] Garner

**Attachments:** 

Cadence Garner 6-26-23 Revised.pdf

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good morning. Please see the revised plan of correction. Thank you

Pate Wilkerson Executive Director