STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 survey from 05/23/23 to 05/24/23.	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 be maintained in a clean and orderly manner, free of hazards, as related to live and dead bed bugs observed in multiple resident bedrooms. The findings are: Observation of room #3 on 05/23/23 at 12:21pm revealed three dead bed bugs on the top sheet on one of the two beds in the room. Observation of room #5 on 05/23/23 at 12:25pm revealed: -A live bed bug was crawling on the top sheet. -The pillowcase was covered in multiple blood spots. Observation of room #6 on 05/23/23 at 12:28pm revealed: -One of the two beds did not have a protective	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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	D 079		

covering on the resident's mattress and box springs.
-Neither bed had bed bug interceptors on the legs of the bed. (Bed bug inceptors are designed to be put under the legs of the bed to prevent bed bugs from crawling up the legs into the bed. Once inside the interceptor, the bed bugs were unable to crawl back out.)

Observation of room #4 on 05/24/23 at 12:32pm revealed one of the two beds had bed bug inceptors on the legs of the bed.

Interview with the resident who resided in room #2 on 05/24/23 at 8:12am revealed:
-He had not seen any bed bugs in his room.
-His room had not been treated for bed bugs.
-Some men came in and looked around the bed, he thought it was yesterday, 05/23/23, but they did not say that they saw anything.

Interview with the resident who resided in room #3 on 05/24/23 at 8:44am revealed:
-It had been six months or more since his room was treated.
-When they treated his room, he put his clothes in the dryer on the hottest setting for an hour.
-He put the bedding in the dryer as well, but not the curtains.
-The exterminators did spot treatments, "this room that room", and the bed bugs were just moving around.

Interview with a resident in room #4 on 05/24/23 at 12:32pm revealed:
-He saw a live bed bug in his room; he had not seen a bed bug since then.
-The bed bug situation had been going on for about a year.
-Each bed was supposed to have bed bug

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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	D 079		

blockers on the legs of the bed.
-He saw someone spraying the bed bugs last week.
-His room was heat treated about two months ago.
-He did not know why his roommate's bed did not have bed bug blockers on the legs of the bed.

Interview with the resident who resided in room #5 on 05/24/23 at 8:17am revealed:
-He has found bed bugs on his pillow, sheets, and mattress.
-His room had been treated for bed bugs, but it had not been this year.
-When they treated his room for bed bugs, he had to put all his clothes in a bag in the hallway.
-He did not see anyone wash or dry the clothes in the bags.

Interview with a representative of the pest control company on 05/23/23 at 2:43pm revealed active bed bugs were identified in rooms 2,3,5,6, and the living room.

Review of treatment information provided by the pest management company on 05/24/23 revealed:
-A contract was signed on 02/08/23 for the treatment of bed bugs.
-On 02/20/23, heat and chemical treatments were done in room #2, #4, #5, and the living room.
-On 03/03/23, chemical treatments were performed in rooms #2, #4, #5, and the living room.
-On 05/12/23, chemical treatments in rooms where live bugs were found during more follow-up inspections (room numbers were not provided).
-On 05/16/23, chemical treatments were performed in room #3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 3	D 079		

Interview with the medication aide (MA) on 05/23/23 at 4:15pm revealed:
-He had not cleaned any of the resident rooms since the outbreak of bed bugs because he did not want to take the chance that he might take the bed bugs into a room that did not have bed bugs.
-The residents washed their own clothes.
-The Administrator told him today that he had to clean all the rooms and that there was a spray he could use for the bed bugs.
-The pest control company had come to the facility on 05/12/23 but he was off and did not know what they did.

Telephone interview with the previous MA on 05/25/23 at 8:58am revealed:
-The facility had bed bugs when she was working at the facility.
-Her last day was 05/04/23.
-She did not recall the date, but recalled rooms 2, 4, 5 and the living room being heat treated.
-She was not told what to do before the rooms were treated.
-The exterminators just showed up and she was unprepared.
-There was nowhere for the residents to go, and it was cold, it was in January 2023 or February 2023.
-The living room could not be sealed off completely because the residents kept walking through the living room.
-She thought the couch was the primary source for the bed bugs and had told the Administrator.
-Two different residents had bed bug bites after sleeping on the couch.
-When the rooms were heat treated the bed linens were washed and dried, but the residents' clothes remained in the room; the drawers were opened.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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 4 -The rooms were taped and sealed off for the heat treatment. -They had a class on bed bugs, but it was after the treatment had been done. Interview with the Resident Care Coordinator on 05/23/23 at 2:01pm revealed: -She did not have anything to do with the bed bugs. -She had not been in any of the resident rooms or knew which rooms had bed bugs. Interview with the Administrator on 05/23/23 at 6:04pm revealed: -They had a three-tier system to treat bed bugs, heat, circulation, and chemicals. -All beds were supposed to have bed bug covers on the mattress and box springs. -All the residents' clothes ran through the dryer and were bagged up and left in the hallway. -The residents had to put on clean clothing. -The pest control company only treated isolated rooms. -The bed bugs would be gone for a couple of months and then they would see them again. -They had tried everything to get rid of the bed bugs, including using dogs to detect them. -Bed bugs have been an issue for 10 years; they come and go. -Staff should be "eyeballing" the room for specks on the pillowcases, linens, and such. Telephone interview with a representative at the local health department on 05/24/23 at 10:09am revealed: -He was not aware of active bed bugs at the facility. -If they had been notified, they would have investigated and seen what the facility's plan was.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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 273	Continued From page 5	D 273		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure referral and follow-up to meet the acute needs of 2 of 3 sampled residents (Residents #1 and #2) related to a follow-up appointment with a dermatologist (#1) and notifying the mental health provider of a resident who had missed a medication used to stop the side effects of psychiatric medications and notifying the primary care provider about blood pressures that were outside the ordered parameters (#2). The findings are: 1. Review of Resident #1's current FL-2 dated 03/08/23 revealed diagnoses included bipolar, anxiety, and mild mental retardation. Review of Resident #1's primary care provider's (PCP) after-visit summary dated 03/08/22 revealed to please make sure Resident #1 was seen by a dermatologist on 03/22/23 for suspicious Norwegian scabies (a severe form of scabies). Review of Resident #1's dermatologist after-visit summary dated 03/22/23 revealed an order to follow up in 4 weeks; it was marked with	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 273	Continued From page 6	D 273		

exclamation marks.

Observation of Resident #1's legs on 05/23/23 at 12:54pm revealed:
-Both legs from mid-calf to the ankle were red.
-Resident #1 had multiple single dried scabs on the fronts, sides, and backs of both legs.
-The resident's legs had multiple larger areas of crusted scabs, including an area that was 2 inches by 4 inches.
-Both legs had multiple open areas with wet blood smeared around each open area.

Interview with Resident #1 on 05/23/23 at 12:54pm revealed:
-He had only seen the dermatologist once.
-He did not know if he was supposed to go back to see the dermatologist or not.
-His legs itched.
-He knew he should not scratch his legs but they "itched really bad."

Interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm revealed:
-The Business Office Manager (BOM) was responsible for follow-up appointments.
-She did not know if Resident #1 had followed up with the dermatologist.

Telephone interview with a medical assistant at Resident #1's Dermatology office on 05/23/23 at 4:55pm revealed:
-Resident #1 had a follow-up appointment scheduled for 04/19/23 and the resident was marked as a no-show.
-She did not know who had made the appointment for 04/19/23.
-It was the responsibility of the resident, facility staff, or the family to call and reschedule the appointment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 273	Continued From page 7	D 273		

-Resident #1 had been prescribed a treatment plan for his condition and would need to be seen to see if it was working.
-Someone should have called and followed up, especially if the resident was still having issues.

Interview with the BOM on 05/24/23 at 9:42am revealed:
-She was responsible for reviewing orders when residents returned from appointments.
-She was responsible for making a follow-up appointment for Resident #1 with the dermatologist, but she missed seeing the order.
-Resident #1's PCP had seen the resident's legs last week and asked her to see if she could move the resident's appointment up.
-She did not know who made the appointment that was missed on 04/19/23.

Interview with Resident #1's PCP on 05/24/23 at 12:12pm revealed:
-She was not aware Resident #1 had a follow-up appointment with the dermatologist and he missed the appointment.
-She was concerned Resident #1 missed the appointment because she had seen him on 05/10/23 and his legs had not improved.
-Resident #1's legs appeared to be infected when she saw him on 05/10/23 based on redness and swelling.
-She thought Resident #1 had Norwegian scabies and they were difficult to treat which was why she referred him to the dermatologist.
-She expected Resident #1 to have followed up with the appointment.

Interview with the Administrator on 05/23/23 at 6:04pm revealed:
-The BOM was responsible for scheduling appointments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 273	Continued From page 8	D 273		

-She would have expected a follow-up appointment to have been made for Resident #1.

2. Review of Resident #2's current FL-2 dated 02/15/23 revealed diagnoses included paranoid schizophrenia, vitamin D deficiency, diabetes, hypertension, and hyperlipidemia.

a. Review of Resident #2's physician's orders dated 02/15/23 revealed check vitals weekly; notify the primary care provider (PCP) for systolic blood pressure (SBP) greater than 110 or less than 100 or if diastolic blood pressure (DBP) was greater than 90 or less than 50, and if the heart rate was greater than 110 or less than 50.

Review of Resident #2's March 2023 electronic medication administration record (eMAR) revealed:
-There was an entry to check blood pressure (BP) weekly and call the PCP if the SBP was greater than 110 or less than 100 or if the DBP was greater than 90 or less than 50, and if the heart rate was greater than 110 or less than 50.
-Resident #2's BP was documented as 228/107, 214/108, 206/97, and 216/108.
-There was no documentation Resident #2's PCP was notified of a SBP greater than 110 or a DBP greater than 90.

Review of Resident #2's April 2023 eMAR revealed:
-There was an entry to check blood pressure (BP) weekly and call the PCP if the SBP was greater than 110 or less than 100 or if the DBP was greater than 90 or less than 50, and if the heart rate was greater than 110 or less than 50.
-Resident #2's BP was documented as 208/102, 201/103, 208/105, and 224/109.
-There was no documentation Resident #2's PCP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 273	Continued From page 9	D 273		

was notified of a SBP greater than 110 or a DBP greater than 90.

Review of Resident #2's May 2023 eMAR revealed:
-There was an entry to check blood pressure (BP) weekly and call the PCP if the SBP was greater than 110 or less than 100 or if the DBP was greater than 90 or less than 50, and if the heart rate was greater than 110 or less than 50.
-Resident #2's BP was documented as 220/104, 148/76, and 141/75.
-There was no documentation Resident #2's PCP was notified of a SBP greater than 110.

Interview with Resident #2's PCP on 05/24/23 at 12:02pm revealed:
-She did not intend the SBP parameter to be 110, that was a clerical error; she meant 190.
-She was never notified when Resident #2's BP readings were high.
-She checked Resident #2's BPs during her visits and his BP was never high.
-She felt the BP readings were an error and should have been rechecked.
-She would have expected to have been notified if the BP readings were outside the ordered parameters.

Interview with the medication aide (MA) on 05/24/23 at 4:15pm revealed:
-He had never called the PCP about BP readings.
-He did not know the parameter to call the PCP was a SBP greater than 110.

Telephone interview with the previous MA on 05/25/23 at 8:58am revealed:
-She checked Resident #2's BP weekly and documented the results on the eMAR.
-She did not notice BP parameters for Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 273	Continued From page 10	D 273		

#2.
-She had not called Resident #2's PCP about the elevated BPs because she had not seen the order.

Interview with the Resident Care Coordinator on 05/23/23 at 3:27pm revealed:
-The MA was responsible for checking vitals and notifying the Business Office Manager (BOM) or the Administrator if the vitals were outside the ordered parameters.
-Calls to the PCP should be documented in the resident's progress notes or the eMAR system.
-She had not noticed the SBP parameter; it should have been clarified.
-She checked with the BOM and there were no progress notes or eMAR notes for Resident #2.

Interview with the Administrator on 05/24/23 at 1:52pm revealed:
-If a BP was outside the ordered parameters, she expected the PCP to be notified immediately.
-A progress note should have been completed when the PCP was notified.
-She checked and there was no documentation that Resident #2's PCP had been notified of the elevated BP readings.
-She was concerned because the PCP had asked for BP checks with parameters for a reason and the order was not being followed.

Observation of Resident #2's BP and HR checked by the MA on 05/24/23 at 2:48pm revealed a BP reading of 164/79 and a HR of 89.

b. Review of Resident #2's MHP's after-visit summary dated 04/26/23 revealed an order to start Cogentin (used to treat tremors) 0.5mg daily.

Review of Resident #2's April 2023 electronic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 273	Continued From page 11	D 273		

medication administration record (eMAR) revealed:
-There was an entry for Cogentin 0.5mg take one tablet daily with a scheduled administration time of 8:00am.
-There was no documentation that Cogentin 0.5mg was administered daily from 04/27/23 through 04/30/23.
-Exceptions were documented from 04/27/23 through 04/30/23 as waiting on the veteran's administration (VA).

Review of Resident #2's May 2023 eMAR from 05/01/23 through 05/23/23 revealed:
-There was an entry for Cogentin 0.5mg take one tablet daily with a scheduled administration time of 8:00am.
-There was no documentation that Cogentin 0.5mg was administered daily from 05/01/23 through 05/23/23.
-Exceptions were documented from 05/01/23 through 05/23/23 as either waiting on the VA or out of stock.

Observation of Resident #2's medications on hand on 05/23/23 at 3:21pm revealed there was no Cogentin available to be administered.

Observation of Resident #2's arms/hands on 05/24/23 at 8:36am revealed both arms had involuntary shaking, the right hand was worse than the left.

Interview with Resident #2 on 05/24/23 at 8:36am revealed:
-His MHP had talked to him about a medication that could help with his shaking.
-He did not think he had received the medication yet, "because I am still shaking."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 273	Continued From page 12	D 273		

Interview with Resident #2's MHP on 05/24/23 at 8:55am revealed:
-She had noticed Resident #2 had a tremor, especially in his right hand.
-She did not know Resident #2's Cogentin had not been ordered and administered.
-The use of antipsychotic medications could cause a movement disorder called tardive dyskinesia (TD).
-She was concerned because once you see signs of external TD, you wonder what was going on internally, as all muscles were affected.
-She expected to be notified when Resident #2's medication had been missed for more than 3 days.
-She expected to be notified when Resident #2's medications were not available to be administered so she could monitor the resident for any worsening of symptoms from not receiving the medication.

Interview with the medication aide (MA) on 05/24/23 at 4:15pm revealed:
-He had not told Resident #2's MHP the resident was out of Cogentin.
-He had told the Resident Care Coordinator (RCC) and the Business Office Manager (BOM) when the resident did not have medications available.

Telephone interview with the previous MA on 05/25/23 at 8:58am revealed:
-She had not notified Resident #2's MH provider that the resident had missed medication because the medication was not available.
-She would tell the staff in the office, the BOM, or the Administrator when medications were not available.

Interview with the BOM on 05/24/23 at 12:43pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 273	Continued From page 13	D 273		

revealed:
-The MAs would tell her when a refill was needed.
-She faxed orders to the pharmacy and requested refills when she was made aware the resident needed a refill.
-She was responsible for writing a note related to the resident and orders needed, and she put the note in the MHP's folder to be reviewed when they came to the facility weekly.
-She knew there had been an issue getting refills from the VA pharmacy, and the RCC was working on that.
-She thought the providers were aware of residents' medications not being available because of the issues with the VA pharmacy obtaining medications.

Interview with the RCC on 05/23/23 at 3:27pm revealed:
-She had talked to a representative at the VA on 05/18/23 regarding Resident #2's medication.
-Resident #2's MHP knew they were having difficulty obtaining medication from the VA.

Interview with the Administrator on 05/24/23 at 1:52pm revealed:
-They took Resident #2 to the VA on 05/08/23 to get refills on medication and they were told his provider was out for two months.
-She thought Resident #2's MHP had been notified the resident's medication was not available to be administered.
-They focused on notifying the VA providers, not the MHP, as they were trying to get the medication refilled and sent to the facility.

____

The facility failed to ensure follow-up for a resident who had a suspected diagnosis of Norwegian scabies and was experiencing issues with itching, redness, and swelling on his lower

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ___ B. WING ___	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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 273	Continued From page 14 legs, who was directed to follow-up with the dermatologist in 4-weeks, which would have been in April 2023, and his legs had worsened (#1); and had not notified the PCP of a resident who was ordered Cogentin to treat his tremors and the medication had not been dispensed and the mental health provider would have wanted to know so she could monitor for worsening of symptoms and the resident had weekly BPs documented outside of the ordered parameters 9 of 11 times from 03/03/23-05/08/23 and the PCP was not notified (#2). The facility's failure resulted in a substantial risk of physical harm and neglect of the residents and constitutes a Type A2 Violation. ___ The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/24/23 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED, JUNE 23, 2023	D 273		
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers.	D 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 286	Continued From page 15	D 286		

This Rule is not met as evidenced by:
Based on observations and interviews the facility failed to ensure mealtime table service included a place setting consisting of a knife, fork, and spoon.

The findings are:

Observation of the lunch meal service on 05/23/23 at 12:43pm revealed:
-The meal consisted of a pork chop, greens, and a baked potato.
-There were 9 residents eating lunch.
-One resident had a knife and was cutting his meat.
-One resident's meat was cut into bite-size pieces by the medication aide (MA).
-One resident was seen trying to pull a bite off the pork chop with his fork and the pork chop slid into the floor.
-The residents were picking up their pork chops with their hands and taking bites.

Interview with the MA on 05/23/23 at 12:43pm and 4:15pm revealed:
-There had not been any knives to give the residents since he started to work at the facility.
-He did not know why there were no knives at the facility.
-Today, 05/23/23, was the first day he had served anything a knife was needed for.
-The residents had waffles, but they could cut them with a fork.

Interview with the Resident Care Coordinator on 05/23/23 at 12:43pm revealed she did not know there were no knives in the facility for the residents to use to cut their food.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 286 | D 286

Continued From page 16

Interview with a resident on 05/24/23 at 8:36am revealed:
-He did not have teeth, so he pinched small bites off his meat.
-It would help to have a knife to cut his meat up.

Interview with another resident on 05/24/23 at 8:44am revealed:
-He had been given a butter knife before to cut up his meat, but no other knife.
-There were times they had meat and were not given a knife at all.
-He dropped his pork chop because he was trying to hold it to eat it because he did not have a knife.
-He had to pick up his meat with his hands to eat it.

Interview with a third resident on 05/24/23 at 11:07am revealed:
-He felt primitive eating meat.
-He had to pick his meat up to eat it.
-Sometimes they had a butter knife, but that would not cut anything.

Interview with the Administrator on 05/23/23 at 1:52pm revealed:
-She expected each table setting to include a fork, knife, and spoon for every meal.
-Staff could not assume a knife was not needed.
-She was not aware the facility did not have enough knives for each resident to have one.

D 338 | D 338

10A NCAC 13F .0909 Resident Rights

10A NCAC 13F .0909 Resident Rights
An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 338		D 338		

Continued From page 17

and may be exercised without hindrance.

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews it was determined the facility failed to ensure residents were treated with respect related to residents being bitten by bedbugs while in the facility.

The findings are:

Observation of room #3 on 05/23/23 at 12:21pm revealed three dead bed bugs on the top sheet on one of the two beds in the room.

Observation of the resident who resided in room #3 on 05/23/23 at 12:37pm revealed he had a red area the size of an eraser on the inside of his left leg; there was a darker area within the red area.

Interview with the resident who resided in room #3 on 05/24/23 at 8:44am revealed:
-He told the medication aide (MA) about bed bug bites about one week ago.
-No one did anything when he told them he had bed bug bites.
-He was not sleeping, "I am a wreck about this."
-He has woken up with bed bugs crawling in his ear.
-"We just have to suffer."
-He felt bed bugs crawling all over him all the time.
-He got bed bugs off him all the time.
-When you tell anyone, they just tell you to take a bath.

Observation of room #5 on 05/23/23 at 12:25pm revealed:
-A live bed bug was crawling on the top sheet.
-The pillowcase was covered in multiple blood

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 338		D 338		

Continued From page 18

spots.

Interview with a resident in room #4 on 05/24/23 at 12:32pm revealed:
-The last time he had a bed bug bite was three days ago when he saw a live bed bug.
-He had not seen a bed bug since then.
-He had told the previous MA and the current MA he had a bed bug bite.
-The bed bug situation had been going on for about a year.
-Each bed was supposed to have bed bug blockers on the legs of the bed.
-He saw someone spraying the bed bugs last week.
-They heat-treated his room about 2 months ago.

Interview with the resident who resided in room #5 on 05/24/23at 8:12am revealed:
-He has found bed bugs on his pillow, sheets, and mattress.
-He did not have any bites, but they were causing his hands and stomach to itch.

Review of the WebMD website revealed:
-Bed bugs lived in groups in tiny spaces, clothing, beds, and couches.
-Bed bugs initially live in mattresses, box springs, bed frames, and headboards where they have easy access to people to bite and drink blood during the night.

Telephone interview with the previous MA on 05/25/23 at 8:58am revealed:
-A named resident had bed bug bites on his neck and she had requested for the PCP to see him.
-She did not know if the primary care provider (PCP) had seen the resident because she no longer worked at the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 338	Continued From page 19	D 338		

Interview with the Resident Care Coordinator (RCC) on 05/23/23 at 2:01pm revealed:
-A resident who was staying with a family member, had reported bug bites.
-She had not heard of any other residents having bed bug bites.

Interview with the medication aide (MA) on 05/23/23 at 4:15pm revealed:
-A named resident told him he was bitten by a bed bug.
-No one told him what to do.
-He did not think it was acceptable that a resident had to sleep in a room with bed bugs, but all the rooms were full so there was nowhere for the resident to go.
-Another resident told him about a bed bug bite one-day last week.
-He told the RCC and the Administrator about the bed bug bite.

Telephone interview with a resident's family member on 05/24/23 at 10:40am revealed:
-The resident had what appeared to be bed bug bites on his neck when he was picked up from the facility a week ago.
-The resident was at their house because of the bed bugs in the resident's room, it was bad, that is why we have him here."
-He had seen live bed bugs in the resident's room.
-He planned for the resident to return to the facility once the bed bug issue had been resolved.

Interview with the facility's mental health provider on 05/24/23 at 8:55am revealed:
-One of the residents she saw today shared his concern about the bed bugs.
-She had never seen him "this upset."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 338 | D 338

Continued From page 20

Interview with the facility's PCP on 05/24/23 at 12:12pm revealed:
-She had not been told of any recent bed bug bites until today on a named resident.
-She expected to be notified if a resident had a bed bug bite because bed bug bites cause itching which put the resident at risk of an infection.

Interview with the Administrator on 05/23/23 at 1:52pm revealed:
-She expected the MA to let her know if a resident had a bed bug bite.
-If a resident or staff told her they had seen a bed bug or had a bed bug bite she would have requested the pest control company to come in as soon as possible to treat it.
-She did not think the PCP needed to be notified when a resident had a bed bug bite because the PCP would not do anything about it.
-The PCP had not provided any treatment in the past to treat residents who had bed bug bites.

D 354 | D 354

10A NCAC 13F .1003 (c) Medication Labels

10A NCAC 13F .1003 Medication Labels

(c) The facility shall assure the container is relabeled by a licensed pharmacist or a dispensing practitioner at the refilling of the medication when there is a change in the directions by the prescriber. The facility shall have a procedure for identifying direction changes until the container is correctly labeled. No person other than a licensed pharmacist or dispensing practitioner shall alter a prescription label.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 354	Continued From page 21	D 354		

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure the medication containers had correct labels for 1 of 1 sampled resident (Resident #3) for a medication used to control acute diarrhea, a pain medication, and an antidepressant.

The findings are:

Review of Resident #3's current FL-2 dated 01/04/23 revealed diagnoses included chronic obstructive pulmonary disease (COPD), Crohn's disease, hematuria, tubule-interst nephritis, erythema intertrigo, other specified disorders of kidney and ureter.

a. Review of a physician's order dated 04/19/23 revealed an order for Loperamide (an anti-diarrhea) 2mg one tablet daily.
Observation of Resident #3's medications on hand on 05/23/23 at 10:34am revealed:
-There was a bottle of Loperamide 2mg dispensed on 05/01/23 with the directions to take two capsules each morning to equal 4mg and take one capsule in the afternoon. Hold temporarily if constipation occurs.
-There was no change of direction sticker or indication that directions were wrong on the medication bottle.

Review of Resident #3's March 2023, April 2023, and May 2023 from 05/01/23-05/23/23 electronic Medication Administration Record (eMAR)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 354	Continued From page 22	D 354		

revealed:
-There was an entry for Loperamide 2mg, take one capsule by mouth once daily with a scheduled administration time of 8:00am.
-There were no other entries for Loperamide 2mg.
-Loperamide 2mg was documented as administered once daily.

Interview with a pharmacist with the facility's contracted pharmacy on 05/23/23 at 5:10pm revealed:
-The pharmacy did not fill Resident #3's prescriptions, it was only profiled.
-The current order on file for Resident #3 was Loperamide 2mg once daily.

Attempted interview with the Veteran's Administration pharmacy on 05/24/23 at 2:33pm was unsuccessful.

Refer to the interview with the medication aide (MA) on 05/24/23 at 9:28am.

Refer to the interview with the facility's primary care provider (PCP) on 05/24/23 at 12:12pm.

Refer to the interview with the Business Office Manager (BOM) on 05/24/23 at 12:43pm.

Refer to the interview with the Resident Care Coordinator (RCC) on 05/23/23 at 12:17pm.

Refer to the interview with the RCC on 05/24/23 at 12:43pm.

Refer to the interview with the Administrator on 05/24/23 at 1:52pm.

b. Review of a physician's order dated 04/19/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 354	Continued From page 23	D 354		

revealed an order for Meloxicam (used for pain) 7.5mg twice daily.

Observation of Resident #3's medications on hand on 05/23/23 at 10:34am revealed:
-There was a bottle of Meloxicam 7.5mg dispensed on 05/12/23 with the directions to administer one tablet by mouth twice a day as needed for up to 7-10 days for pain flare. Avoid continuous use.
-There was no change of direction sticker or indication that directions were wrong on the medication bottle.

Review of Resident #3's March 2023, April 2023, and May 2023 from 05/01/23-05/23/23 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Meloxicam 7.5mg one tablet twice a day with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation that Meloxicam 7.5mg was documented as administered twice daily.

Interview with a pharmacist with the facility's contracted pharmacy on 05/23/23 at 5:10pm revealed:
-The pharmacy did not fill Resident #3's prescriptions, it was only profiled.
-The current order on file for Resident #3 was Meloxicam 7.5mg twice daily.

Attempted interview with the Veteran's Administration pharmacy on 05/24/23 at 2:33pm was unsuccessful.

Refer to the interview with the medication aide (MA) on 05/24/23 at 9:28am.

Refer to the interview with the facility's primary

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 354	Continued From page 24	D 354		

care provider (PCP) on 05/24/23 at 12:12pm.

Refer to the interview with the Business Office Manager (BOM) on 05/24/23 at 12:43pm.

Refer to the interview with the Resident Care Coordinator (RCC) on 05/23/23 at 12:17pm.

Refer to the interview with the RCC on 05/24/23 at 12:43pm.

Refer to the interview with the Administrator on 05/24/23 at 1:52pm.

c. Review of a physician's order dated 04/19/23 revealed an order for Trazadone 50mg take two and one-half tablets (125mg) at bedtime.

Observation of Resident #3's medications on hand on 05/23/23 at 10:34am revealed:
-There was a bottle of Trazadone 50mg dispensed on 04/24/23 with the directions to take two and one-half tablets at bedtime as needed for sleeplessness.
-There was no change of direction sticker or indication that directions were wrong on the medication bottle.

Review of Resident #3's March 2023, April 2023, and May 2023 from 05/01/23-05/23/23 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Trazadone 50mg take two and one-half tablets (125mg) at bedtime.
-There was documentation Trazadone 125mg was administered daily.

Interview with a pharmacist with the facility's contracted pharmacy on 05/23/23 at 5:10pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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 354	Continued From page 25	D 354		

-The pharmacy did not fill Resident #3's prescriptions, it was only profiled.
-The current order on file for Resident #3 was Trazadone 50mg take two and one-half tablets (125mg) at bedtime.

Attempted interview with the Veteran's Administration pharmacy on 05/24/23 at 2:33pm was unsuccessful.

Refer to the interview with the medication aide (MA) on 05/24/23 at 9:28am.

Refer to the interview with the facility's primary care provider (PCP) on 05/24/23 at 12:12pm.

Refer to the interview with the Business Office Manager (BOM) on 05/24/23 at 12:43pm.

Refer to the interview with the Resident Care Coordinator (RCC) on 05/23/23 at 12:17pm.

Refer to the interview with the RCC on 05/24/23 at 12:43pm.

Refer to the interview with the Administrator on 05/24/23 at 1:52pm.

____

Interview with the medication aide (MA) on 05/24/23 at 9:28am revealed:
-He followed the eMAR directions when administering medication.
-No one had told him what to do if the eMAR and the label did not match.

Interview with the facility's primary care provider (PCP) on 05/24/23 at 12:12pm revealed she expected the MAs to get clarification on which was correct, the medication label or the eMAR before administering medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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 354	Continued From page 26	D 354		

Interview with the Business Office Manager (BOM) on 05/24/23 at 12:43pm revealed:
She was not aware of any medication labels not matching the eMAR.
-Staff should go by eMAR to administer medications or if they were not sure they could come to her for clarification.
-The pharmacy provided stickers to be used if the directions had changed that should be placed on the label by whoever got clarification.

Interview with the Resident Care Coordinator (RCC) on 05/23/23 at 12:17pm revealed:
-When medications were delivered, the MA was responsible for making sure the medication and the eMAR matched.
-If there were any changes, they would take it to the BOM or the RCC.

Interview with the RCC on 05/24/23 at 12:43pm revealed:
-The MA was trained to pull up the eMAR, take out the prescription bottle and look at the label.
-If the label did not match the eMAR, the MA would need to find out why.
-The MA should stop and call the BOM to let her know what they had seen and the BOM would clarify the order.

Interview with the Administrator on 05/24/23 at 1:52pm revealed:
-The eMAR and the medication label should match.
-If the label did not match the eMAR, it should have a corrective sticker on it.
-The MA was responsible for making sure the order, eMAR, and label all matched.
-If there was a discrepancy, they should notify the RCC or BOM immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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	10A NCAC 13F .1004(a) Medication Administration	D 358		

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:
TYPE A2 VIOLATION

Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered as ordered for 2 of 3 sampled residents (#1 and #3) who had orders for an antihistamine, an antibiotic, and a steroid cream (#1) and an inhaler and a medication used for urinary retention (#3).

The findings are:

1. Review of Resident #1's current FL-2 dated 03/08/23 revealed diagnoses included bipolar, anxiety, and mild mental retardation.

Review of Resident #1's primary care provider's (PCP) after-visit summary dated 03/08/22 revealed to please make sure Resident #1 was seen by a dermatologist on 03/22/23 for suspicious Norwegian scabies (a severe form of scabies).

a. Review of Resident #1's PCP order dated 03/08/23 revealed an order for Clobetasol 0.05% cream, (a topical steroid) apply a thin layer to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 28	D 358		

bilateral wrists, hands, ankles, and feet twice a day for 2 weeks.

Review of Resident #1's dermatologist's order dated 03/22/23 revealed an order for Clobetasol 0.05% cream, apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for 2-3 weeks.

Review of Resident #1's primary care provider's (PCP) order dated 05/10/23 revealed an order for Clobetasol 0.05% cream, apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for two weeks.

Review of Resident #1's March 2023 electronic medication administration record (eMAR) revealed:
-There was an entry for Clobetasol 0.05% apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for two weeks with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation Clobetasol 0.05% was not administered on 03/08/23 at 8:00pm, 03/09/23 at 8:00am and 8:00pm, and 03/10/23 at 8:00am due to being out of stock.
-There was documentation Clobetasol 0.05% was not administered on 03/17/23 at 8:00pm, and 03/18/23-03/22/23 at 8:00am and 8:00pm due to being out of stock.
-There was documentation Clobetasol 0.05% was administered on 14 of 28 opportunities.
-There was a second entry for Clobetasol 0.05% apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for 2-3 weeks with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation Clobetasol 0.05% was not administered on 03/22/23 at 8:00pm and 03/23/23 at 8:00am due to being out of stock.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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 29	D 358		

-There was no other documentation regarding Clobetasol 0.05%.

Review of Resident #1's May 2023 eMAR for 05/01/23-05/23/23 revealed:
-There was an entry for Clobetasol 0.05% apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for two weeks with a scheduled administration time of 8:00am and 8:00pm.
-The eMAR was blacked out for the dates 05/01/23-05/10/23 at 8:00am and 05/24/23-05/31/23 and was open for documentation from 05/10/23 at 8:00pm-05/24/23.
-There was documentation Clobetasol 0.05% was administered twice daily from 05/10/23 at 8:00pm-05/23/23 at 8:00am.
-There was documentation Clobetasol 0.05% was documented as administered 26 times, and three doses were remaining on the two-week order per the MAR.

Observation of Resident #1's medications on hand on 05/23/23 at 12:59pm revealed there was no Clobetasol 0.05% available to be administered.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 05/23/23 at 5:10pm revealed:
-Resident #1's Clobetasol cream was dispensed for the first time on 03/08/23 with the instructions to apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for two weeks.
-Clobetasol cream was dispensed on 03/22/23 with the instructions to apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for 2-3 weeks.
-Resident #1's Clobetasol cream was dispensed on 05/10/23 and delivered on 05/11/23 with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 30	D 358		

instructions to apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for two weeks.
-Clobetasol cream was dispensed in a 60-gram tube.
-It was hard to determine how long a tube would last, but based on how much was ordered to be applied, she thought it would last two weeks.

Observation of Resident #1's legs on 05/23/23 at 12:54pm revealed:
-Both legs from mid-calf to the ankle were red.
-Resident #1 had multiple single dried scabs on the fronts, sides, and backs of both legs.
-The resident's legs had multiple larger areas of crusted scabs, including an area that was 2 inches by 4 inches.
-Both legs had multiple open areas with wet blood smeared around each open area.

Interview with Resident #1 on 05/23/23 at 12:54pm and 2:10pm revealed:
-He used the cream on his legs one day last week.
-He kept the cream in his dresser drawer.
-He did not have any other creams he used on his legs.
-His legs itched.
-He knew he should not scratch his legs but they "itched really bad."
-He did not ever put cream on his legs twice a day.
-He applied cream sometimes.
-No one told him to use his cream every day.
-No one told him to use his cream twice a day.
-He had another cream in his drawer, but he did not recall the last time he used the cream.

Observation of Resident #1's dresser drawer on 05/23/23 at 12:54pm and 2:13pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 31	D 358		

-He had a tube of Permethrin cream (used to treat scabies) 5%, the tube did not have a pharmacy label with directions.
-Twenty-five percent of the medication remained in the tube.
-There was a tub of Triamcinolone (a steroid cream used to treat itching, redness, and swelling) 0.1% dispensed on 02/15/23 with the directions to apply twice a day to both arms and legs for 2 weeks.
-The tub was 95% full.
-There was no Clobetasol cream available to be administered.

Telephone interview with a medical assistant at Resident #1's Dermatology office on 05/23/23 at 4:55pm revealed:
-If Resident #1's medications ordered on 03/22/23 by the Dermatologist were not administered as ordered, the resident would need to be seen and re-evaluated.
-If Resident #1 was scratching and had a break in his skin, the scratching could lead to infections.

Interview with the medication aide (MA) on 05/23/23 at 2:08pm and 4:15pm revealed:
-He had not applied cream to Resident #1 since he started working at the facility about 2 weeks ago.
-He began working on the medication cart independently last week, the week of 05/15/23.
-He was told Resident #1 kept the cream in his room.
-He was told by a previous staff person and another MA the resident kept the cream in his room and applied it himself.
-He would ask Resident #1 if he had applied the cream and the resident would say yes, and if not, he would remind the resident to go do it.
-Resident #1's legs bled every day from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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		D 358		

Continued From page 32

resident scratching.
-He had not told anyone that Resident #1's legs were bleeding from scratching.
-Resident #1's family member had mentioned to him about Resident #1 scratching his legs.

Telephone interview with the previous MA on 05/25/23 at 8:58am revealed:
-Resident #1 applied his creams himself.
-She had never applied cream for Resident #1.
-She did not know how Resident #1 used his cream.
-She recalled Resident #1 having a cream he was supposed to apply after he had a shower.
-She did not know if he applied the cream or not.
-She was going on "good faith" Resident #1 was using the cream.
-Someone in management gave the cream to her and told her to give it to Resident #1, so she assumed he was supposed to do it himself; she was not sure who gave it to her.

Interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm revealed:
-She worked at the facility for more than 40 years, retired, and had only recently returned on 03/01/23.
-She had only been working with medications for the past 2-3 weeks.
-She had worked on the medication cart.
-She had never applied Resident #1's cream.
-She was told Resident #1 had a self-administration order for the cream.
-When Resident #1 came to the medication cart to get his medications she would ask him if he had used the cream and if he said no, she would remind him to do it.

Interview with Resident #1's PCP on 05/24/23 at 12:12pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 33	D 358		

-She had been treating Resident #1 for what she suspected were Norwegian scabies.
-She had tried multiple medication regimens and the issue was ongoing.
-She did not know until yesterday, 05/23/23 that Resident #1's creams were not being administered by staff.
-She was asked if Resident #1 could self-administer his cream and he was not able to do so.
-It was not acceptable for Resident #1 to apply his creams; staff should have been doing that.
- If the treatment was not done correctly, it would not be effective.
-Clobetasol had been ordered for Resident #1 for swelling, redness, dry skin, and itching and if the medication was not administered Resident #1 would have ongoing issues with the symptoms.

Interview with the Administrator on 05/23/23 at 6:04pm revealed:
-The MA was responsible for administering medications as ordered.
-She thought Resident #1 could self-administer his cream.
-The MA would just need to make sure the cream was available and remind the resident to use the cream.
-She expected medications to be administered as ordered.

Interview with Resident #1's family member on 05/24/23 at 4:15pm revealed:
-She had talked to the MA and the Administrator more than once about her concern with how Resident #1's leg looked.
-His legs were red and were bleeding from scratching.
-She told him not to scratch but he had not stopped.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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		D 358		

Continued From page 34

-She thought they had something they could give him for itching, but he told her he had not taken anything.

b. Review of Resident #1's primary care provider's (PCP) order dated 05/10/23 revealed an order for Benadryl allergy (an antihistamine used to treat itching) 25mg tablet take ½ tablet twice a day for 2 weeks for itching.

Review of Resident #1's May 2023 electronic medication administration record (eMAR) from 05/01/23-05/23/23 revealed:
-There was an entry for Benadryl allergy 25mg tablet take ½ tablet twice a day for 2 weeks with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation Benadryl was not administered on 05/15/23 at 8:00am and 8:00pm and 05/16/23 at 8:00am due to being out of stock.
-There was documentation Benadryl was documented as administered on 21 of 28 opportunities.

Observation of medications on hand for Resident #1 on 05/23/23 at 12:59pm revealed:
-There was a punch card for Benadryl 25mg with a dispensed date of 05/10/23.
-There was 1 out of 15 dispensed tablets remaining in the medication card.
-There was a second punch card for Benadryl 25mg with a dispensed date of 05/10/23.
-There were 15 out of 15 dispensed tablets remaining in the medication card.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 05/23/23 at 5:10pm revealed:
-Resident #1's Benadryl 25mg, take ½ tablet twice a day for two weeks.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 35	D 358		

-Resident #1's Benadryl was filled and 30, ½ tablets were dispensed on 05/10/23 for a two-week supply.
-If Benadryl was not administered as ordered, the resident's itching would not be resolved.

Interview with the MA on 05/23/23 at 2:08pm and 4:15pm revealed:
-He started working at the facility about 2 weeks ago.
-He began working on the medication cart independently one day last week, the week of 05/15/23.
-He had administered Resident #1's Benadryl since he started working on the cart.
-He had noticed there was more Benadryl on the punch card than it seemed there should be since it was for a set amount of time.
-He did not know why there were extra tablets and he had not told anyone.

Interview with Resident #1's PCP on 05/24/23 at 12:12pm revealed:
-She had seen Resident #1 a couple of weeks ago and the resident's legs were swollen and red.
-When she saw Resident #1, she thought he had an infection based on her clinical review.
-If Resident #1's medications for his legs were not administered as prescribed, the resident could have an ongoing infection.
-She thought Resident #1 had Norwegian scabies, which were very difficult to treat and caused severe itching and scratching, and scratching led to infections.
-Benadryl had been ordered for Resident #1 for itching and if the medication was not administered Resident #1 would have ongoing issues with itching.

Interview with the Resident Care Coordinator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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		D 358		

Continued From page 36

(RCC) on 05/23/23 at 3:27pm revealed:
-She thought she had administered Resident #1's Benadryl when she administered medication.
-She did not know why she had documented Resident #1's Benadryl was out of stock; it must have been in error if the medication was in the medication cart.
-She did not know why there was a week's worth of Benadryl still available to be administered when the last day it would be administered based on the order would be tomorrow, 05/24/23.

Interview with the Administrator on 05/24/23 at 6:04pm revealed:
-The MA was responsible for administering medications as ordered.
-She was not aware Resident #1's Benadryl had not been administered as ordered.
-She expected medications to be administered as ordered.

c. Review of Resident #1's primary care provider's (PCP) order dated 05/10/23 revealed an order for Doxycycline (an antibiotic) 100mg tablet twice a day for 7 days.

Review of Resident #1's May 2023 electronic medication administration record (eMAR) from 05/01/23-05/23/23 revealed:
-There was an entry for Doxycycline 100mg twice a day with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation that Doxycycline 100mg was not administered on 05/10/23 at 8:00pm and 05/11/23 at 8:00am, 05/15/23 at 8:00am and 8:00pm, and 05/16/23 at 8:00am due to being out of stock.
-There was documentation Doxycycline was documented as administered 10 of 14 opportunities.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 37	D 358		

Observation of medications on hand for Resident #1 on 05/23/23 at 12:59pm revealed:
-There was a punch card for Doxycycline 100mg with a dispensed date of 05/10/23.
-There were 7 out of 14 tablets remaining in the medication card.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 05/23/23 at 5:10pm revealed:
-Resident #1 had an order dated 05/10/23 for Doxycycline 100mg twice daily for 7 days.
-Doxycycline was an antibiotic used to treat an infection.
-If the Doxycycline was not administered as ordered, the infection may not resolve.

Interview with the MA on 05/23/23 at 2:08pm and 4:15pm revealed:
-He had administered Resident #1's Doxycycline since he started working on the cart.
-He administered Resident #1's Doxycycline for 2 days and then the medication fell off the eMAR.
-He did not know why there were extra tablets and he had not told anyone.

Interview with Resident #1's PCP on 05/24/23 at 12:12pm revealed:
-When she saw Resident #1, she thought he had an infection based on her clinical review.
-Doxycycline had been ordered for Resident #1 for an infection.
-If Resident #1's medications for the legs were not administered as prescribed, the resident could have an ongoing infection.

Interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm revealed:
-She thought she had administered Resident #1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 38	D 358		

Doxycycline when she administered medication.
-She did not know why she had documented Resident #1's Doxycycline was out of stock; it must have been in error if the medication was in the medication cart.
-She did not know why there was Doxycycline still available to be administered when the medication should have been all administered.

Interview with the Administrator on 05/24/23 at 6:04pm revealed:
-The MA was responsible for administering medications as ordered.
-She was not aware Resident #1's Doxycycline had not been administered as ordered.
-She expected medications to be administered as ordered.

____

Interview with Resident #1 on 05/23/23 at 2:10pm revealed:
-He did not know what medication he took.
-He took whatever the medication aide (MA) gave him.

2. Review of Resident #3's current FL-2 dated 01/04/23 revealed diagnoses included chronic obstructive pulmonary disease (COPD), Crohn's disease, hematuria, tubule-interst nephritis, erythema intertrigo, and other specified disorders of kidney and ureter.

a. Review of Resident #3's FL-2 dated 01/04/23 revealed an order for Symbicort (used to treat and prevent wheezing and shortness of breath) 80-4.5 aero inhale 2 puffs twice daily.

Review of Resident #3's March 2023 electronic medication administration record (eMAR) revealed:
-There was an entry for Symbicort 80-4.5 twice a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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		D 358		

Continued From page 39

day with a scheduled administration time of 8:00am and 8:00pm.
-Exceptions were documented from 03/01/23 through 03/31/23 as out of stock.

Review of Resident #3's April 2023 eMAR revealed:
-There was an entry for Symbicort 80-4.5 twice a day with a scheduled administration time of 8:00am and 8:00pm.
-Exceptions were documented from 04/01/23 through 04/30/23 as out of stock.

Review of Resident #3's May 2023 eMAR from 05/01/23-05/24/23 revealed:
-There was an entry for Symbicort 80-4.5 twice a day with a scheduled administration time of 8:00am and 8:00pm.
-Exceptions were documented from 05/01/23-05/04/23, 05/08/23, 05/13/23-05/14/23, and 05/16/23-05/23/23 as either waiting on the veteran's administration (VA) or out of stock.

Observation of Resident #3's medications on hand on 05/23 10:52am revealed there was no Symbicort available for administration.

Interview with Resident #3 on 05/23/23 at 4:05pm revealed:
-He did not recall when he last had a Symbicort inhaler to use.
-His medications were supposed to be ordered at least 10 days before he ran out, but staff did not always do that and when he ran out, it would then take time to get a refill from the VA pharmacy.
-He had experienced shortness of breath daily and had been using his Albuterol (Albuterol is a medication commonly used in rescue inhalers) inhaler that helped with the shortness of breath.
-He went to the VA today, 05/23/23, to get

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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		D 358		

Continued From page 40

prescriptions refilled but the Symbicort could not be filled because the medication had been filled on 05/03/23.
-The MA had located an inhaler in the medication closet, but it was not the Symbicort, it was Fluticasone.
-He thought someone was working on trying to get it clarified.

Telephone interview with a representative of the VA pharmacy on 05/24/23 at 10:50am revealed:
-Resident #3's Symbicort was last filled on 07/22/21 for a 30-day supply.
-The directions for the Symbicort were to inhale 2 puffs twice daily.
-She did not see any requests to refill Resident #3's Symbicort.
-Symbicort had to be requested for a refill.

Interview with Resident #3's primary care provider (PCP) on 05/24/23 at 12:02pm revealed:
-She ordered Symbicort for Resident #3 to treat the symptoms of his COPD, because it would help him breathe easier.
-If Resident #3 did not receive his Symbicort inhaler as ordered, he could have worsened shortness of breath, and exacerbation of his COPD, which could lead to possible hospitalization.

Interview with the medication aide (MA) on 05/24/23 at 4:15pm revealed:
-Resident #3 had been out of his Symbicort since he had started working on the medication cart.
-He had told the Resident Care Coordinator (RCC) and the Business Office Manager (BOM) that Resident #3 did not have Symbicort available to be administered.

Interview with the RCC on 05/23/23 at 12:10 and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 41	D 358		

3:27pm revealed she had not ordered Resident #3's Symbicort, but the resident went to the VA today to get prescriptions refilled.

Review of the facility's VA communication notebook on 05/23/23 at 12:10pm revealed:
-There was no documentation Resident #3's Symbicort had been ordered.
-There were two inhalers delivered on 05/04/23, Spiriva and Fluticasone.

Review of Resident #3's current FL-2 and physician's orders revealed no order for Fluticasone.

b. Review of Resident #3's FL-2 dated 01/04/23 revealed an order for Finasteride (used to treat urinary retention) 5mg daily.

Review of Resident #3's March 2023 electronic medication administration record (eMAR) revealed:
-There was an entry for Finasteride 5mg daily with a scheduled administration time of 8:00am.
-Exceptions were documented from 03/01/23 through 03/31/23 as out of stock.

Review of Resident #3's April 2023 eMAR revealed:
-There was an entry for Finasteride 5mg daily with a scheduled administration time of 8:00am.
-Exceptions were documented from 04/01/23 through 04/30/23 as out of stock.

Review of Resident #3's May 2023 eMAR from 05/01/23-05/23/23 revealed:
-There was an entry for Finasteride 5mg daily with a scheduled administration time of 8:00am.
-Exceptions were documented from 05/01/23-05/04/23, 05/08/23, 05/13/23-05/14/23,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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 42	D 358		

and 05/16/23-05/23/23 as either waiting on the veteran's administration (VA) or out of stock.

Observation of Resident #3's medications on hand on 05/23/24 10:52am revealed there was no Finasteride available for administration.

Telephone interview with a representative of the VA pharmacy on 05/24/23 at 10:50am revealed:
-Resident #3 did not have Finasteride listed as a current or discontinued medication.
-She "looked back" six years and did not see this medication listed for Resident #3.

Interview with Resident #3 on 05/24/23 at 11:07am revealed:
-He had a lot of bladder and kidney problems.
-He had a lot of urinary tract infections (UTIs); he did not recall the last time he had a UTI.
-He had trouble getting his stream started.
-He did not know if he had ever been administered Finasteride.
-He asked to have the Finasteride refilled today at the VA visit, but he was told he did not have that medication
listed to be refilled.

Interview with Resident #3's primary care provider (PCP) on 05/24/23 at 12:02pm revealed:
-Resident #3 had benign prostatic hyperplasia (BPH).
-One of the symptoms of BPH was urine retention and the resident may have trouble starting his stream.
-BPH could contribute to UTIs.
-She expected the medication to be administered as ordered.

Interview with the medication aide (MA) on 05/24/23 at 4:15pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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		D 358		

Continued From page 43

-He began working on the medication cart independently one day last week, the week of 05/15/23.
-Resident #3 had been out of his Finasteride since he had started working on the medication cart.
-He had told the Resident Care Coordinator (RCC) and the Business Office Manager (BOM) that Resident #3 did not have Finasteride available to be administered.

Interview with the RCC on 05/23/23 at 12:10 and 3:27pm revealed she had not ordered Resident #3's Finasteride, but the resident went to the VA today to get prescriptions refilled.

Review of the facility's VA communication notebook on 05/23/23 at 12:10pm revealed there was no documentation that Resident #3's Finasteride had been ordered.

Attempted interview with Resident #3's Urologist on 05/24/23 at 11:45am was unsuccessful.

____

Telephone interview with the previous MA on 05/25/23 at 8:58am revealed:
-She would tell the staff in the office, the BOM, and the Administrator when medications were not available.
-Medications would then be delivered but it was not the medication that she had told them was not available.
-She was repeatedly having to tell the office medications were not available.
-It was never made clear to her who was responsible for obtaining refills.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 05/24/23 at 11:22am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ___ B. WING ___	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 44	D 358		

-The pharmacy did not fill prescriptions for Resident #3 and only entered the order into the eMAR and profiled the order.
-The pharmacy could dispense medications for veterans, to "bridge" the gap until the VA pharmacy filled the medication, but the resident or facility would be responsible for the cost.
-There was no documentation that medications had been requested to be filled for Resident #3.

Interview with the RCC on 05/23/23 at 12:10 and 3:27pm revealed:
-She worked at the facility for more than 40 years, retired, and had only recently returned on 03/01/23.
-She had only been working with medications for the past 2-3 weeks.
-She did not know anything about medications before May 2023.
-She had several residents who received their medications from the VA pharmacy, and she had been working on trying to get medications from the VA pharmacy in a more timely manner.
-She had created a notebook to monitor when medications were ordered, and delivered, and to document all communications she had with the VA.
-She knew when medications needed to be ordered because she would see exceptions documented on the eMAR.
-She was going to do audits of the eMAR and medication carts, but she had not done the audit at this facility.
-She did not know if anyone had completed any eMAR/medication cart audits for this facility.

Interview with Resident #3's primary care provider (PCP) on 05/24/23 at 12:02pm revealed regardless if the VA pharmacy did not send the medications, there was no reason a resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 45	D 358		

should not have their medications.

Interview with the BOM on 05/24/23 at 12:43pm revealed:
-She was responsible for writing a note and putting it in the PCP's folder to be reviewed when they came to the facility weekly.
-She faxed orders to the pharmacy and requested refills when she was made aware the resident needed a refill.
-The MAs would tell her when a refill was needed.
-She knew there had been an issue getting refills from the VA pharmacy, and the RCC was working on that.

Interview with the Administrator on 05/24/23 at 6:04pm revealed:
-The BOM checked the eMAR daily to see if a medication needed to be ordered.
-She was not aware Resident #3 had not had two of his medications for over three months.
-She knew there had been problems with filling medication orders with the VA pharmacy.
-The RCC had been working on the issue and had created a notebook to keep up with when medications had been ordered and who she had spoken to.
-She expected medications to be administered as ordered, but if the VA pharmacy did not deliver the medication, she did not know what else to do.
-The facility's PCP had suggested she get medications from another pharmacy until the VA pharmacy sent the medication, but who would be responsible for paying for the medication would be an issue.

____

The facility failed to ensure medications were administered as ordered for 2 residents including a resident who had a suspected diagnosis of Norwegian scabies and was experiencing itching,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 46 redness, and swelling of his lower legs, and who was not administered medications ordered to treat the itching including an antibiotic, an anti-itching cream, and an anti-itching tablet, resulting in the resident scratching his legs until they were bleeding, increasing his risk of an infection (#1); and a resident who had a diagnosis of COPD was not administered his inhaler for over 3 months, was experiencing episodes of shortness of breath and was using his emergency inhaler daily and was not administered a medication ordered for urinary retention and was experiencing ongoing difficulty with urine retention putting the resident at risk for a urinary tract infection (Resident #3). This failure placed the residents at substantial risk for continued and/or worsening symptoms of infection and shortness of breath, which constitutes a Type A2 Violation. ____________________________ The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/24/23 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED, JUNE 23, 2023.	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	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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	Continued From page 47	D 367		

Continued From page 47

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 observations, record reviews, and interviews, the facility failed to ensure the electronic medication administration records (eMARs) were accurate for 2 of 3 records reviewed (#2, #3) including antipsychotic anti-anxiety medication (#2) and an inhaler and a medication used for urinary retention (#3).

The findings are:

1. Review of Resident #2's current FL-2 dated 02/15/23 revealed diagnoses included paranoid schizophrenia, vitamin D deficiency, diabetes, hypertension, and hyperlipidemia.

a. Review of Resident #2's physician's orders dated 02/15/23 revealed an order for Depakote (an antipsychotic) 250mg take one tablet twice daily.

Review of Resident #2's May 2023 electronic medication administration record (eMAR) revealed from 05/01/23-05/23/23 revealed:
-There was an entry for Depakote 250mg take one tablet twice a day with scheduled

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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	Continued From page 48	D 367		

administration time of 8:00am and 8:00pm.
-Depakote was documented as administered on 05/08/23 and 05/09/23 at 8:00am and 05/10/23 and 05/11/23 at 8:00pm.
-There was documentation Depakote was not administered on 05/01/23-05/07/23 and 05/12/23-05/22/23 at both 8:00am and 8:00pm, on 05/08/23 and 05/09/23 at 8:00pm, 05/10/23 and 05/11/23 at 8:00am with the exception documented as out of stock.

Observation of Resident #2's medications on hand on 05/23/23 3:14pm revealed there was no Depakote available for administration.

Attempted interview with the Veteran's Administration pharmacy on 05/24/23 at 2:33pm was unsuccessful.

Refer to the interview with the medication aide on 05/23/23 at 12:43pm.

Refer to the interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm.

Refer to the interview with the Administrator on 05/23/23 at 1:52pm.

b. Review of Resident #2's physician's orders dated 02/15/23 revealed an order for Xanax (an antianxiety) 0.25mg at bedtime.

Review of Resident #2's May 2023 electronic medication administration record (eMAR) revealed from 05/01/23-05/23/23 revealed:
-There was an entry for Xanax 0.25mg with a scheduled administration time of 8:00pm.
-Xanax was documented as administered on 05/10/23-05/12/23 at 8:00pm.
-There was documentation that Xanax was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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	Continued From page 49	D 367		

administered on 05/01/23-05/09/23 and 05/13/23-05/22/23 with the exception documented as waiting on the veteran's administration (VA) or out of stock.

Observation of Resident #2's medications on hand on 05/23/23 3:14pm revealed there was no Xanax available for administration.

Attempted interview with the Veteran's Administration pharmacy on 05/24/23 at 2:33pm was unsuccessful.

Refer to the interview with the medication aide on 05/23/23 at 12:43pm.

Refer to the interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm.

Refer to the interview with the Administrator on 05/23/23 at 1:52pm.

c. Review of Resident #2's physician's orders dated 02/15/23 revealed an order for Olanzapine (an antipsychotic) 7.5mg twice daily.

Review of Resident #2's May 2023 electronic medication administration record (eMAR) revealed from 05/01/23-05/23/23 revealed:
-There was an entry for Olanzapine 7.5mg take one tablet twice a day with a scheduled administration time of 8:00am and 8:00pm.
-Olanzapine was documented as administered on 05/08/23 at 8:00am and 05/10/23 and 05/13/23 at 8:00pm.
-There was documentation that Olanzapine was not administered on 05/05/23-05/07/23, 05/11/23-05/12/23, 05/14/23-05/22/23 at both 8:00am and 8:00pm, and on 05/08/23 at 8:00pm, 05/10/23 and 05/13/23 at 8:00am with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ___ B. WING ___	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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		D 367		

Continued From page 50

exception documented as waiting on the veteran's administration (VA) or out of stock.

Observation of Resident #2's medications on hand on 05/23/23 3:14pm revealed there was no Olanzapine available for administration.

Attempted interview with the Veteran's Administration pharmacy on 05/24/23 at 2:33pm was unsuccessful.

Refer to the interview with the medication aide on 05/23/23 at 12:43pm.

Refer to the interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm.

Refer to the interview with the Administrator on 05/23/23 at 1:52pm.

2. Review of Resident #3's current FL-2 dated 01/04/23 revealed diagnoses included chronic obstructive pulmonary disease (COPD), Crohn's disease, hematuria, tubule-interst nephritis, erythema intertrigo, other specified disorders of kidney and ureter.

a. Review of Resident #3's FL-2 dated 01/04/23 revealed an order for Symbicort (used to treat and prevent wheezing and shortness of breath) 80-4.5 aero inhale 2 puffs twice daily.

Review of Resident #3's May 2023 eMAR revealed:
-There was an entry for Symbicort 80-4.5 twice a day with a scheduled administration time of 8:00am and 8:00pm.
-Symbicort was documented as administered on 05/06/23-05/07/23, 05/09/23-05/12/23 at 8:00am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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		D 367		

Continued From page 51

and 8:00pm, and 05/13/23-05/14/23 at 8:00pm.
-Exceptions were documented from 05/01/23-05/04/23, 05/08/23, 05/13/23-05/14/23, and 05/16/23-05/23/23 as either waiting on the veteran's administration (VA) or out of stock.

Observation of Resident #3's medications on hand on 05/23 10:52am revealed there was no Symbicort available for administration.

Interview with Resident #3 on 05/23/23 at 4:05pm revealed he did not recall when he last had a Symbicort inhaler to use; "it had been a while.".

Telephone interview with a representative of the VA pharmacy on 05/24/23 at 10:50am revealed:
-Resident #3's Symbicort was last filled on 07/22/21 for a 30-day supply.
-The directions for the Symbicort were to inhale 2 puffs twice daily.
-She did not see any requests to refill Resident #3's Symbicort.
-Symbicort had to be requested for a refill.

Refer to the interview with the medication aide on 05/23/23 at 12:43pm.

Refer to the interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm.

Refer to the interview with the Administrator on 05/23/23 at 1:52pm.

b. Review of Resident #3's FL-2 dated 01/04/23 revealed an order for Finasteride (used to treat urinary retention) 5mg daily.

Review of Resident #3's May 2023 eMAR revealed:
-There was an entry for Finasteride 5mg daily

(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	Continued From page 52	D 367		

with a scheduled administration time of 8:00am.
-Finasteride was documented as administered on 05/05/23-05/12/23.
-Exceptions were documented from 05/01/23-05/04/23, 05/08/23, 05/13/23-05/14/23, and 05/16/23-05/23/23 as either waiting on the veteran's administration (VA) or out of stock.

Observation of Resident #3's medications on hand on 05/23 10:52am revealed there was no Finasteride available for administration.

Interview with Resident #3 on 05/24/23 at 11:07am revealed he did not know if he had ever been administered Finasteride.

Telephone interview with a representative of the VA pharmacy on 05/24/23 at 10:50am revealed:
-Resident #3 did not have Finasteride listed as a current or discontinued medication.
-She "looked back" six years and did not see this medication listed for Resident #3.

Refer to the interview with the medication aide on 05/23/23 at 12:43pm.

Refer to the interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm.

Refer to the interview with the Administrator on 05/23/23 at 1:52pm.

____

Interview with the medication aide on 05/23/23 at 12:43pm revealed:
-If a medication was not available, he documented it as an exception.
-If he documented he administered a medication that was not available it was an error.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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	Continued From page 53 Interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm revealed: -She administered medications by matching the eMAR to the medications on hand, making sure everything matched, and then administered the medication and documented it. -She would not have documented administering medication if she did not give the medication. -If she documented she administered a medication that was not in the facility, it was in error. -She expected the eMAR documentation to be accurate if the medication was administered or not. -She had not audited the eMARs. Interview with the Administrator on 05/23/23 at 1:52pm revealed: -She had noticed the eMAR having documentation a medication was not available and then someone would document it was administered and then it would be documented that the medication was not available, all within days apart. -The medication was either administered or not and should be documented correctly. -She would be training on the eMAR documentation with the MAs.	D 367		
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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 375	Continued From page 54 physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure 1 of 1 sampled resident had physicians' orders to self-administer medications for a cream used for skin redness, itching, and swelling (#1). The findings are: Review of Resident #1's current FL-2 dated 03/08/23 revealed diagnoses included bipolar, anxiety, and mild mental retardation. Review of Resident #1's PCP order dated 03/08/23 revealed an order for Clobetasol 0.05% cream, (a topical steroid) apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for 2 weeks; there was no order to self-administer. Review of Resident #1's dermatologist's order dated 03/22/23 revealed an order for Clobetasol 0.05% cream, apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for 2-3 weeks; there was no order to self-administer. Review of Resident #1's primary care provider's (PCP) order dated 05/10/23 revealed an order for Clobetasol 0.05% cream, apply a thin layer to bilateral wrists, hands, ankles, and feet twice a	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 375	Continued From page 55	D 375		

day for two weeks; there was no order to self-administer.

Review of Resident #1's record revealed there was no documentation of a self-administration assessment, order, or documentation to keep medication in his room.

Review of Resident #1's March 2023 electronic medication administration record (eMAR) revealed:
-There was an entry for Clobetasol 0.05% apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for two weeks with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation Clobetasol 0.05% was not administered on 03/08/23 at 8:00pm, 03/09/23 at 8:00am and 8:00pm, and 03/10/23 at 8:00am due to being out of stock.
-There was documentation Clobetasol 0.05% was not administered on 03/17/23 at 8:00pm, and 03/18/23-03/22/23 at 8:00am and 8:00pm due to being out of stock.
-There was documentation Clobetasol 0.05% was administered on 14 of 28 opportunities.
-There was a second entry for Clobetasol 0.05% apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for 2-3 weeks with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation Clobetasol 0.05% was not administered on 03/22/23 at 8:00pm and 03/23/23 at 8:00am due to being out of stock.
-There was no other documentation regarding Clobetasol 0.05%.
-There was no documentation Resident #1 self-administered Clobetasol.

Review of Resident #1's May 2023 eMAR for 05/01/23-05/24/23 revealed:

(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 375	Continued From page 56 -There was an entry for Clobetasol 0.05% apply a thin layer to bilateral wrists, hands, ankles, and feet twice a day for two weeks with a scheduled administration time of 8:00am and 8:00pm. -The eMAR was blacked out for the dates 05/01/23-05/10/23 at 8:00am and 05/24/23-05/31/23 and was open for documentation from 05/10/23 at 8:00pm-05/24/23. -There was documentation Clobetasol 0.05% was administered twice daily from 05/10/23 at 8:00pm-05/23/23 at 8:00am. -There was documentation Clobetasol 0.05% was documented as administered 26 times, and three doses were remaining on the two-week order per the MAR. -There was no documentation Resident #1 self-administered Clobetasol. Observation of Resident #1's medications on hand on 05/23/23 at 12:59pm revealed there was no Clobetasol 0.05% available to be administered. Interview with Resident #1 on 05/23/23 at 12:54pm and 2:10pm revealed: -He used the cream on his legs one day last week. -He kept the cream in his dresser drawer. -He did not have any other creams he used on his legs. -He did not ever put cream on his legs twice a day. -He applied cream sometimes. -No one told him to use his cream every day. -No one told him to use his cream twice a day. -He had another cream in his drawer, but he did not recall the last time he used the cream. Observation of Resident #1's dresser drawer on	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ______ B. WING ______	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	**250 PITT STREET KERNERSVILLE, NC 27284**

(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 375	Continued From page 57	D 375		

05/23/23 at 12:54pm and 2:13pm revealed:
-He had a tube of Permethrin cream (used to treat scabies) 5%, the tube did not have a pharmacy label with directions.
-Twenty-five percent of the medication remained in the tube.
-There was a tub of Triamcinolone (a steroid cream used to treat itching, redness, and swelling) 0.1% dispensed on 02/15/23 with the directions to apply twice a day to both arms and legs for 2 weeks.
-The tub was 95% full.
-There was no Clobetasol cream available to be administered.

Interview with the medication aide (MA) on 05/23/23 at 2:08pm and 4:15pm revealed:
-He was told Resident #1 kept the cream in his room.
-He did not know if Resident #1 had a self-administer order for his cream.
-He was told by a previous staff person and another MA the resident kept the cream in his room and did it himself.

Interview with Resident #1 PCP on 05/24/23 at 12:12pm revealed:
-Resident #1 was not able to self-administer his medicated cream.
-It was not acceptable.
-No one had asked her about Resident #1 self-administering his cream until today and she said no.

Interview with the Business Office Manager (BOM) on 05/24/23 at 12:43pm revealed no one had requested an order for Resident #1 to self-administer his creams.

Interview with the Administrator on 05/23/23 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: ____ B. WING ____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 375	Continued From page 58	D 375		

6:04pm revealed she thought Resident #1 could self-administer his topical creams, but he would have to be reminded.

Interview with the Resident Care Coordinator (RCC) on 05/23/23 at 3:27pm revealed she had not looked to see if Resident #1 had an order to self-administer his creams.

Interview with the RCC on 05/24/23 at 12:25pm revealed the order to self-administer medications would be the responsibility of the BOM.

Interview with the Administrator on 05/24/23 at 1:52pm revealed:
-The BOM was responsible for obtaining self-administer orders.
-The BOM made notes and would give the note to the PCPs.
-She did not think Resident #1 could self-administer his creams.
-The eMAR would say the resident could self-administer if there was a self-administer order in place.
-She thought someone had used the cream with Resident #1 and forgot to get the cream back.