

PRINTED: 08/25/2023  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/08/2023
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NAME OF PROVIDER OR SUPPLIER  PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 885 NC HWY 50 WALLACE, NC 28466
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(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
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C 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on August 8, 2023	C 000		
C 236	10A NCAC 13G .0602 (a) Resident Care Plan  10A NCAC 13G .0802 Resident Care Plans (a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident.  This Rule is not met as evidenced by: Based on observations, record review, and interviews the facility failed to develop a care plan for 1 of 3 sampled residents (Resident #2).  The findings are:  1. Review of Resident #2's current FL2 dated 12/01/22 revealed: -Diagnoses included confusion, hypertension, and atrial fibrillation. -Constantly was checked under Disoriented. -Sight and hearing were checked under Functional Limitations.  -Review of Resident #2's resident register revealed an admission date of 12/06/22.  -Review of Resident #2's record on 08/08/23 revealed there was no care plan.  Observations of Resident #2 on 08/08/23 at 8:55am revealed: -In a wheelchair in the dining room. -Staff had to speak very loudly to her.	C 236	<i>A care plan was completed for Resident #2 by a hospice provider on 8-7-23</i>	8-7-23

Division of Health Service Regulation  
 \_\_\_\_\_ TITLE Administrator (X6) DATE  
*Devin English* 09-26-23

Reviewed and Acknowledged *MW* Type text here 09/28/23

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NAME OF PROVIDER OR SUPPLIER  <b>PEN-DU REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 NC HWY 50 WALLACE, NC 28466</b>
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C 236	<p>Continued From page 1</p> <p>Interview with the Medication Aide (MA)/ Supervisor-in-Charge (SIC) on 08/08/23 at 8:55am revealed: -Resident #2 received Hospice services. -Resident #2 required assistance with bathing, dressing, toileting, ambulation, and transfers,</p> <p>Interview with the Hospice Nurse on 08/08/23 at 9:07am revealed: -She provided Hospice services for Resident #2 for the past 3 months. -She provided Hospice service Resident #2 on a once per week basis.</p> <p>2nd interview with the MA/SIC on 08/08/23 at 12:15pm revealed: -She was aware that a care plan was required to be completed within 30 days of a resident's admission. -She and the Administrator were responsible for completing the residents' care plans. -She and the Administrator did periodic chart audits but at no specific intervals. -She understood a care plan should have been completed for Resident #2 and said it was an oversight. -She had completed a care plan this morning and had given it to the hospice nurse to take to the hospice physician to sign and return. -She would have the signed care plan for Resident #2 next week when the hospice nurse returned for her weekly visit.</p> <p>Attempted telephone interview with the Administrator on 08/08/23 at 4:00pm was unsuccessful.</p>	C 236	<p><i>We are currently doing reviews of all charts. Our plan now is to do chart audits every quarter. Next review month Nov. - - - - 11-2023</i></p> <p><i>Care plan for Resident #2 was completed by - Hospice Provider on - - - - 8.9.23</i></p>	
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NAME OF PROVIDER OR SUPPLIER  PEN-DU REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466		
(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
C 252	Continued From page 2	C 252		
C 252	<p>10A NCAC 13G .0903(a) Licensed Health Professional Support</p> <p>10A NCAC 13G .0903 Licensed Health Professional Support</p> <p>(a) The facility shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan, and care provided for residents requiring one or more of the following personal care tasks:</p> <ol style="list-style-type: none"> <li>(1) applying and removing ace bandages, TED hose, binders, and braces and splints;</li> <li>(2) feeding techniques for residents with swallowing problems;</li> <li>(3) bowel or bladder training programs to regain continence;</li> <li>(4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;</li> <li>(5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;</li> <li>(6) chest physiotherapy or postural drainage;</li> <li>(7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;</li> <li>(8) collecting and testing of fingerstick blood samples;</li> <li>(9) care of well-established colostomy or ileostomy. For the purpose of this Rule, "well-established colostomy or ileostomy" means having a healed surgical site without sutures or drainage;</li> <li>(10) care for pressure ulcers, up to and including a Stage II pressure ulcer, which is a superficial ulcer presenting as an abrasion, blister, or shallow crater;</li> <li>(11) inhalation medication by machine;</li> </ol>	C 252		

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NAME OF PROVIDER OR SUPPLIER  <b>PEN-DU REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 NC HWY 50 WALLACE, NC 28466</b>
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C 252	<p>Continued From page 3</p> <p>(12) forcing and restricting fluids;</p> <p>(13) maintaining accurate intake and output data;</p> <p>(14) medication administration through a well-established gastrostomy feeding tube. For the purpose of this Rule, "well-established gastrostomy feeding tube" means having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established;</p> <p>(15) medication administration through subcutaneous injection in accordance with Rule .1004(q) except for anticoagulant medications;</p> <p>(16) oxygen administration and monitoring;</p> <p>(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;</p> <p>(18) oral suctioning;</p> <p>(19) care of well-established tracheostomy, not to include endotracheal suctioning. For the purpose of this Rule, "well-established tracheostomy" means the stoma is well-healed and the airway is patent;</p> <p>(20) administering and monitoring of tube feedings through a well-established gastrostomy feeding tube in accordance with Subparagraph (a)(14) of this Rule;</p> <p>(21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);</p> <p>(22) application of prescribed heat therapy;</p> <p>(23) application and removal of prosthetic devices except as used in post-operative treatment for shaping of the extremity;</p> <p>(24) ambulation using assistive devices that requires physical assistance;</p> <p>(25) range of motion exercises;</p> <p>(26) any other prescribed physical or occupational therapy;</p> <p>(27) transferring semi-ambulatory or non-ambulatory residents; or</p>	C 252		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(M) PROVIDER/CLINIC IDENTIFICATION NUMBER:  HAL071001	(N) MULTIPLE CONSTRUCTION: A. BUILDING: _____  B. WING: _____	(O) DATE SURVEY COMPLETED  08/08/2023
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NAME OF PROVIDER OR OUTLET:  PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE  200 N. MAIN ST WALLACE, NC 28466
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(A) 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)	(K) COMPLETE DATE
C 252	<p>Continued From page 4</p> <p>(28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that Act in 21 NCAC 36.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed for 2 of 3 sampled residents to include the identified task of positioning and emptying of a urinary catheter bag and cleaning around a urinary catheter (#1) and transferring semi-ambulatory and or non-ambulatory residents (#1, #2).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 12/16/22 revealed: -Diagnoses included hypertension, renal impairment, bladder incontinence, hyperlipidemia, anemia, seizures, mood disorder and osteoporosis. -Resident #1 was semi-ambulatory requiring a wheelchair. -He required assistance with bathing and dressing.</p> <p>Review of Resident #1's Resident Register revealed an admission date 10/19/1987.</p> <p>Review of Resident #1's care plan dated 05/03/23 revealed:</p>	C 252	<p><i>All classes regarding tasks mentioned are tentatively scheduled for - - - - -</i></p>	<p>09.27 2023</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL871001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEN-DU REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 NC HWY 50 WALLACE, NC 28486</b>
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C 252	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-He had an indwelling urinary catheter.</li> <li>-He was totally dependent for toileting, ambulation, bathing, dressing, and transferring.</li> </ul> <p>Review of Resident #1's record revealed there were no LHPS evaluations.</p> <p>Observation of Resident #1 on 08/08/23 at 8:45am revealed:</p> <ul style="list-style-type: none"> <li>-He was sitting up in bed eating breakfast.</li> <li>-There was urinary catheter bag hanging from the bedside.</li> </ul> <p>Interview with the Medication Aide (MA)/Supervisor in Charge (SIC) on 08/08/23 at 8:55am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 received hospice services.</li> <li>-Resident #1 had an indwelling urinary catheter.</li> <li>-Resident #1 required total assistance with bathing, toileting, dressing, ambulation, and transfers.</li> </ul> <p>Interview with the hospice nurse on 08/08/23 at 9:07am revealed:</p> <ul style="list-style-type: none"> <li>-She had been seeing Resident #1 for about one year.</li> <li>-She visited weekly.</li> <li>-Resident #1 saw the urologist monthly for catheter change.</li> </ul> <p>2nd interview with the MA/SIC on 08/08/23 at 12:15pm revealed:</p> <ul style="list-style-type: none"> <li>-There was no recent LHPS evaluation for Resident #1.</li> <li>-She said she thought the last LHPS evaluation for Resident #1 was a year ago.</li> <li>-She was aware that LHPS evaluations and pharmacy reviews were to be done quarterly.</li> <li>-It was her and the Administrator's responsibility to make sure the LHPS evaluations were</li> </ul>	C 252		

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NAME OF PROVIDER OR SUPPLIER  <b>PEN-DU REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 NC HWY 50 WALLACE, NC 28466</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL IDENTIFICATION OF THE DEFICIENT AREA OR PROGRAM)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 252	<p>Continued From page 6</p> <p>completed and up to date.</p> <ul style="list-style-type: none"> <li>-She was not sure why these were not done.</li> <li>-She or the Administrator did periodic chart reviews but not at specific times.</li> <li>-The LHPS and pharmacy reviews were done by a registered nurse with the facility's contracted pharmacy provider.</li> <li>-She had contacted the facility's contracted pharmacy provider earlier today and was told Resident #1's last LHPS evaluation was in 2022 and they would send this to her, but the facility was currently having internet problems.</li> <li>-The contracted pharmacy's Registered Nurse was coming later in the afternoon to perform the LHPS evaluation for pharmacy review for Resident #1 and other residents.</li> </ul> <p>3rd Interview with the MA/SIC on 08/08/23 at 2:51pm revealed:</p> <ul style="list-style-type: none"> <li>-She or the Personal Care Aide (PCA) emptied Resident #1's catheter and provided catheter care and transfers for Resident #1.</li> <li>-She was taught catheter care and transfers at Resident #1's LHPS visit last year.</li> <li>-She tried to keep a list of when everything such as LHPS evaluations and pharmacy reviews were due.</li> <li>-She had gotten behind, but the quarterly LHPS evaluations and pharmacy reviews should have been done.</li> </ul> <p>The facility's previous contracted pharmacy provider sent the nurse out for the LHPS and pharmacy reviews but since they had merged with the current contracted pharmacy provider, the facility was now responsible for contacting the pharmacy to schedule LHPS and pharmacy reviews.</p> <ul style="list-style-type: none"> <li>-She and the Administrator were responsible for contacting the contracted pharmacy provider to schedule LHPS and pharmacy reviews.</li> </ul>	C 252		

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NAME OF PROVIDER OR SUPPLIER  FACILITY NAME	STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 NC HWY RD WALLACE, NC 28466</b>
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C 252	<p>Continued From page 7</p> <p>Interview the RN from the facility's contracted pharmacy provider on 08/08/23 at 4:03pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility was required to contact the pharmacy provider and pay for a nurse visit then the LHPS and/or pharmacy reviews were scheduled.</li> <li>-The last and most recent LHPS evaluation for Resident #1 was 01/28/22.</li> <li>-The facility had contacted her today to perform the LHPS and pharmacy review for Resident #1 and other residents in the facility.</li> <li>-She was at the facility to do the LHPS and pharmacy review for Resident #1.</li> </ul> <p>-Attempted phone interview with the Administrator on 08/08/23 at 4:00pm was unsuccessful.</p> <p>2. Review of Resident #2's current FL2 dated 12/01/22 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included confusion, hypertension, and atrial fibrillation.</li> <li>-Constantly was checked under Disoriented.</li> <li>-Sight and hearing were checked under Functional Limitations.</li> </ul> <p>-Review of Resident #2's resident register revealed an admission date of 12/06/22.</p> <p>Review of Resident #2's medical record on 08/08/23 revealed there were no initial or quarterly LHPS evaluations.</p> <p>Observations of Resident #2 on 08/08/23 at 8:55am revealed:</p> <ul style="list-style-type: none"> <li>-The resident was sitting in a wheelchair in the dining room.</li> <li>-Staff had to speak very loudly to her.</li> </ul> <p>Interview with the Medication Aide (MA)</p>	C 252		
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C 252	<p>Continued From page 8</p> <p>Supervisor-in-Charge (SIC) on 08/08/23 at 8:55am revealed:                      -Resident #2 received Hospice services.                      -Resident #2 required assistance with bathing, dressing, toileting, ambulation, and transfers,</p> <p>Interview with the Hospice Nurse on 08/08/23 at 9:07am revealed:                      -She had provided hospice services Resident #2 for the past 3 months.                      -She provided hospice services for Resident #2 on a once per week basis.</p> <p>2nd interview with the MA/SIC on 08/08/23 at 12:15pm revealed:                      -There were no LHPS evaluations for Resident #2.                      -Resident #2 had never had an LHPS evaluation.                      -She was aware that LHPS evaluations and pharmacy reviews were to be done quarterly.                      -It was her and the Administrator's responsibility to make sure the LHPS and pharmacy evaluations were completed and up to date.                      -She was not sure why these were not done.                      -She or the Administrator did periodic chart reviews but not at specific times.                      -The LHPS and pharmacy reviews were done by a registered nurse with the facility's contracted pharmacy provider.                      -She had contacted the facility's contracted pharmacy provider earlier today.                      -The contracted pharmacy's Registered Nurse was coming later in the afternoon to perform the LHPS evaluation for pharmacy review for Resident #2 and other residents.</p> <p>3rd Interview with the MA/SIC on 08/08/23 at 2:51pm revealed:                      -She tried to keep a list of when everything such as LHPS evaluations and pharmacy reviews were</p>	C 252		

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NAME OF PROVIDER OR SUPPLIER  PEN-DU REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466	

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C 252	<p>Continued From page 9</p> <p>due.</p> <ul style="list-style-type: none"> <li>-She had gotten behind and the quarterly LHPS evaluations and pharmacy reviews should have been done.</li> <li>-The facility's previous contracted pharmacy provider would send the nurse out for the LHPS and pharmacy reviews but since they had merged with the current contracted pharmacy provider, the facility was now responsible for contacting the pharmacy to schedule LHPS and pharmacy reviews.</li> <li>-She or the Administrator were responsible for contacting the contracted pharmacy provider to schedule LHPS and pharmacy reviews.</li> </ul> <p>Interview the RN from the facility's contracted pharmacy provider on 08/08/23 at 4:03pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility was required to contact the pharmacy provider and pay for a nurse visit then the LHPS and/or pharmacy reviews were scheduled.</li> <li>-She had never done an LHPS evaluation or pharmacy review for Resident #2.</li> <li>-The facility had contacted her today to perform the LHPS and pharmacy review for Resident #2 and other residents in the facility.</li> <li>-She was at the facility to do the LHPS and pharmacy review for Resident #2.</li> <li>-Attempted phone interview with the Administrator on 08/08/23 at 4:00pm was unsuccessful</li> </ul>	C 252	<p><i>Nurse from contracted Pharmacy came and did the LHPS and pharmacy reviews on 8-8-23 for residents with the exception of one resident which was on a trip with administrator, this will be completed with contracted nurse when she comes to do the other classes on --</i></p>	
C 375	<p>10A NCAC 13G .1009(a)(1) Pharmaceutical Care</p> <p>10A NCAC 13G .1009 Pharmaceutical Care</p> <p>(a) The facility shall obtain the services of a</p>	C 375		9-27-23

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C 375	<p>Continued From page 10</p> <p>licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to obtain quarterly on-site medication reviews for 3 of 3 sampled residents.</p> <p>The findings are:</p>	C 375		
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NAME OF PROVIDER OR SUPPLIER  <b>PEN-DU REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 NC HWY 50 WALLACE, NC 28468</b>
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C 375	<p>Continued From page 11</p> <p>1. 1. Review of Resident #1's current FL2 dated 12/16/22 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included hypertension, renal impairment, bladder incontinence, hyperlipidemia, anemia, seizures, mood disorder and osteoporosis.</li> <li>-Resident #1 was semi-ambulatory requiring a wheelchair.</li> <li>-He required assistance with bathing and dressing.</li> <li>-There was an order for pantoprazole 20mg, take one tablet by mouth each morning.</li> <li>-There was order for quetiapine 100mg take one tablet by mouth each morning.</li> <li>-There was order for quetiapine 300mg take one tablet by mouth at bedtime.</li> <li>-There was order for Reguloid Sugar Free powder, mix one rounded teaspoon in 8 ounces of liquid by mouth at 12:00pm.</li> <li>-There was an order for Sodium Fluoride Cream 5000, brush every day at bedtime, do not eat or drink for 30 minutes after brushing.</li> <li>-There was an order for tamsulosin 0.4mg, take one tablet by mouth at bedtime.</li> <li>-There was an order for pimecrolimus cream 1%, apply topically to rash on face twice a day as needed.</li> <li>-There was an order for ketoconazole shampoo 2% apply, lather, and rinse twice weekly on Monday and Thursday.</li> <li>-There was an order for alendronate 35mg, take 1 by mouth every week on Wednesday.</li> <li>-There was an order for amlodipine 10mg, take 1 tablet by mouth every morning.</li> <li>-There was an order for aguaphor ointment advanced, apply to affected area every morning.</li> <li>-There was an order for atorvastatin 20mg, take one tablet by mouth daily at bedtime.</li> <li>-There was an order for Breo Ellipta Inhaler 100-25, inhale one puff every morning.</li> </ul>	C 375		

*1-17-23  
end date*

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL071001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEN-DU REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 NC HWY 50 WALLACE, NC 28466</b>
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(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
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C 375	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>-There was an order for calcium/vitamin D3 600/400, take one tablet by mouth twice daily.</li> <li>-There was an order for aspirin 81mg enteric coated, take 1 tablet by mouth every day.</li> <li>-There was an order for carbamazepine 200mg, take 2 tablets every morning.</li> <li>-There was an order for carbamazepine 200mg, take 1 tablet daily at bedtime.</li> <li>-There was an order for dicyclomine 20mg, take a half of a tablet by mouth twice a day before meals.</li> <li>-There was an order for ear drops 0.5%, instill 2 drops each ear three times a week to prevent wax build up.</li> <li>-There was an order for hydralazine 50mg, take 1 tablet by mouth three times per day.</li> <li>-There was an order for levothyroxine 50mcg, take 1 tablet by mouth every morning.</li> <li>-There was an order for metoprolol succinate 25mg ER, take 1 tablet by mouth every day.</li> <li>-There was an order for multiple vitamin, take 1 by mouth every morning.</li> <li>-There was an order for oxybutynin 10mg ER, take 1 by mouth every day.</li> </ul> <p>Review of Resident #1's Resident Register revealed an admission date 10/19/1987.</p> <p>Review of Resident #1's record on 08/08/23 revealed:</p> <ul style="list-style-type: none"> <li>-There were no recent on-site pharmacy reviews available for review.</li> <li>-There were on site pharmacy reviews from 2017.</li> </ul> <p>Refer to interview with the Medication Aide (MA)/Supervisor-in-Charge (SIC) on 08/08/23 at 12:15pm.</p> <p>Refer to the interview the MA/SIC on 08/08/23 at 2:51pm.</p>	C 375		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/08/2023
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NAME OF PROVIDER OR SUPPLIER  PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 665 NC HWY 50 WALLACE, NC 28466
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(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
C 375	<p>Continued From page 13</p> <p>Refer to the interview with the Registered Nurse with the facility's contracted pharmacy provider on 08/08/23 at 4:03pm.</p> <p>2. Review of Resident #2's current FL2 dated 12/01/22 received.</p> <ul style="list-style-type: none"> <li>-Diagnoses included confusion, hypertension, and atrial fibrillation.</li> <li>-Constantly was checked under Disoriented.</li> <li>-Sight and hearing were checked under Functional Limitations.</li> <li>-There was an order for amlodipine-benazepril 10/20mg, take 1 tablet by mouth every day.</li> <li>-There was an order for acetaminophen 325mg, take 1 tablet by mouth every 8 hours as needed.</li> <li>-There was an order for aspirin 81mg, take 1 tablet by mouth every day.</li> <li>-There was an order for multiple vitamin, take 1 tablet by mouth every day.</li> </ul> <p>Review of Resident #2's Resident Register revealed an admission date of 12/06/22.</p> <p>Review of Resident #2's record on 08/08/23 revealed there were no on-site pharmacy reviews available.</p> <p>Refer to interview with the Medication Aide (MA)/Supervisor in Charge (SIC) on 08/08/23 at 12:15pm.</p> <p>Refer to the interview the MA/SIC on 08/08/23 at 2:51pm.</p> <p>Refer to the interview with the Registered Nurse with the facility's contracted pharmacy provider on 08/08/23 at 4:03pm.</p> <p>3. Review of Resident #3's current FL2 dated</p>	C 375		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/08/2023
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NAME OF PROVIDER OR SUPPLIER  PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466
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(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
C 375	<p>Continued From page 14</p> <p>11/15/22 revealed diagnoses included bi-polar-mixed psychotic, neurocognitive disorder-mild, hyperlipidemia, constipation, and a history of gastric bloating.</p> <ul style="list-style-type: none"> <li>-There was an order vitamin B12, take 1 tablet by mouth every morning.</li> <li>-There was an order for Depakote 125mg, take 2 tablets twice a day.</li> <li>-There was an order for folic acid 1mg, take 1 tablet by mouth every morning.</li> <li>-There was an order for melatonin 5mg, take 1 tablet by mouth every day at bedtime.</li> <li>-There was an order for multiple vitamin, take 1 tablet by mouth every morning.</li> <li>-There was an order for oxybutynin 5mg, take 1 tablet by mouth every morning.</li> <li>-There was an order for polyethylene glycol powder 3350, mix 17grams in 8 ounces of liquid and drink every day.</li> <li>-There was an order for risperdal 3mg, take 1 tablet by mouth twice a day.</li> <li>-There was an order for sertraline 100mg, take 1 tablet by mouth every morning.</li> <li>-There was an order for simethicone 80mg, take 1 tablet by mouth twice a day.</li> <li>-There was an order for simvastatin 20mg, take 1 tablet by mouth every day at bedtime.</li> <li>-There was an order for tamsulosin 0.4mg, take 2 tablets by mouth every morning.</li> <li>-There was an order for trazadone 50mg, take 1 tablet by mouth every day at bedtime.</li> </ul> <p>Review of Resident #3's Resident Register revealed an admission date of 11/16/22.</p> <p>Review of Resident #3's record on 08/08/23 revealed there were no on-site pharmacy reviews available.</p> <p>Refer to interview with the Medication Aide</p>	C 375		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL071081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEN-DU REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 NC HWY 50 WALLACE, NC 28466</b>
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(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
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C 375	<p>Continued From page 15</p> <p>(MA)/Supervisor-in-Charge (SIC) on 08/08/23 at 12:15pm.</p> <p>Refer to the interview the MA/SIC on 08/08/23 at 2:51pm.</p> <p>Refer to the interview with the Registered Nurse with the facility's contracted pharmacy provider on 08/08/23 at 4:03pm.</p> <p>Interview with the MA/SIC on 08/08/23 at 12:15pm revealed:</p> <ul style="list-style-type: none"> <li>-There were no recent pharmacy reviews for Residents #1, #2, and #3.</li> <li>-She said she thought the last pharmacy review for Resident #1 was a year ago.</li> <li>-Residents #2 and #3 had never had a pharmacy review.</li> <li>-She was aware that Licensed Health Professional Support (LHPS) evaluations and pharmacy reviews were to be done quarterly.</li> <li>-It was her or the Administrator's responsibility to make sure the LHPS evaluations and pharmacy reviews were completed and up to date.</li> <li>-She was not sure why these were not done.</li> <li>-She or the Administrator did periodic chart reviews but not at specific times.</li> <li>-The LHPS and pharmacy reviews were done by a registered nurse with the facility's contracted pharmacy provider.</li> <li>-She had contacted the facility's contracted pharmacy provider earlier today and was told Resident #1's last LHPS evaluation and pharmacy review were completed in 2022 and they would send this to her, but the facility was currently having internet problems.</li> <li>-The contracted pharmacy's Registered Nurse (RN) was coming later in the afternoon to perform the LHPS evaluations and pharmacy reviews for Residents #1, #2, and #3.</li> </ul>	C 375		
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NAME OF PROVIDER OR SUPPLIER  PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 665 NC HWY 50 WALLACE, NC 28466
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LHA IDENTIFICATION INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 375	<p>Continued From page 16</p> <p>2nd Interview with the MA/SIC on 08/08/23 at 2:51pm revealed:</p> <ul style="list-style-type: none"> <li>-She tried to keep a list of when everything such as LHPS evaluations and pharmacy reviews were done.</li> <li>-She had gotten behind and the quarterly LHPS evaluations and pharmacy reviews should have been done.</li> <li>-The facility's previous contracted pharmacy provider would send the nurse out for the LHPS and pharmacy reviews but since they had merged with the current contracted pharmacy provider, the facility was now responsible for contacting the pharmacy to schedule LHPS and pharmacy reviews.</li> <li>-She or the Administrator were responsible for contacting the contracted pharmacy provider to schedule LHPS and pharmacy reviews.</li> </ul> <p>Interview the RN from the facility's contracted pharmacy provider on 08/08/23 at 4:03pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility was required to contact the pharmacy provider and pay for a nurse visit then the LHPS and/or pharmacy reviews were scheduled.</li> <li>-The last and most recent pharmacy review for Resident #1 was 01/28/22.</li> <li>-She had never done a pharmacy review for Resident #2 or Resident #3.</li> <li>-The facility had contacted her today to perform the LHPS and pharmacy reviews for Residents #1, #2 and #3.</li> <li>-She was at the facility to do the LHPS and pharmacy review for Residents #1, #2, and #3.</li> <li>-Attempted phone interview with the Administrator on 08/08/23 at 4:00pm was unsuccessful.</li> </ul>	C 375	<p><i>I take full responsibility for the reviews not being done. I thought the contracted pharmacy was still including those reviews and LHPS. We have gone ahead and scheduled our Nov 10<sup>th</sup> classes to make sure they are done on time.</i></p> <p><i>Respectively</i> <i>LeVonic English</i></p> <p><i>P.S. A gain Thank You for all your help!!!</i></p>	
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