Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 a follow-up survey from 11/01/23 to 11/02/23.	{D 000}		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the facility failed to provide supervision for 1 of 5 sampled residents (#2) who had multiple falls with injuries including lacerations to the back of the head requiring staples on two occasions, a facial laceration to the forehead requiring sutures, a large skin tear on the left arm requiring Steri-strips for repair, and a right hip fracture requiring surgical repair. The findings are: Review of the facility's Falls and Mobility Management Policies and Procedures dated 10/01/20 revealed: -It was the policy of the facility to ensure residents were systematically assessed to determine their risk for falls and appropriate interventions to identify any potential issues and determine procedures to be implemented to decrease falls and/or minimize injuries.	D 270	It shall always be the policy of the community to provide supervision of every resident in accordance with each resident's assessed needs, care plan and current symptoms. Anytime a resident has been identified as a frequent fall risk, the community will ensure that the resident have been systematically assessed to determine their risk for falls and appropriate interventions to identify any potential issues and determine procedures to be implemented to decrease falls and/or minimize injuries.	12/2/23 12/2/23

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Myra J. Duncan — TITLE: Executive Director — (X6) DATE: 12/14/23

Reviewed and acknowledged 12/15/23 Anna A. Hyatt

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 1 -Upon move in, with significant change in condition, every 6 months, annually, and after every fall episode, the nurse would assess the resident to determine their risk for falls or repeat falls. -Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce the risk of subsequent falls. -Input and information would be requested from the primary care provider (PCP) on any resident's medical conditions or changes in mental status which may contribute to falls. -Input and information would be requested from the PCP and/or clinical pharmacist on any prescribed medications that may affect gait and balance and contribute to falls. -Input and information would be requested from physical therapy (PT)/occupational therapy (OT) screening evaluations regarding the need for assistive/adaptive devices, gait stability or strength training, transfers assistance (bed in low position), footwear, exercise to improve balance and stamina, room safety (non-skid mats; raised edge mattresses). -Resident's fall risk status, as determined by external or internal contributing factors, would be identified on the service/support plan. -The service/support plan would identify resident specific interventions to decrease falls and minimize injury. -All staff involved in the care of the resident were responsible to implement the individualized strategies in the resident's care plan. Review of Resident #2's current FL-2 dated 04/13/23 revealed: -Diagnoses included Alzheimer's dementia, dementia without behavioral disturbances,	D 270	This assessment will be completed upon admission, with significant change in condition, every 6 months, annually and after every fall episode, the RCC/MCC or designee will assess the resident to determine their risk for falls or repeat falls. 12/2/23 If a resident falls, the community will document the analysis of the circumstances of the fall and any interventions that were initiated to prevent or reduce the risk of subsequent falls. 12/2/23 The RCC/MCC or designee will contact the residents, PCP, and or Clinical pharmacist to request input and information on any residents medical conditions or changes in mental status which may contribute to falls. 12/2/23 The RCC/MCC or designee will also request input and information	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 2 hemiplegia right dominant side related to cerebrovascular accident, epilepsy, adult failure to thrive, chronic obstructive pulmonary disease, and atherosclerotic vascular disease. -The resident was documented as constantly disoriented. -The resident was documented as ambulatory. -The resident required assistance with bathing. Review of Resident #2's assessment and care plan dated 09/10/23 revealed: -The resident was documented as ambulatory, and she had no problems with her upper extremities. -The resident was incontinent of bowel and bladder. -The resident was always disoriented, had significant memory loss, and must be directed. -The resident was independent with ambulation and transferring. -The resident required limited assistance by staff with eating. -The resident required extensive assistance by staff with toileting, bathing, dressing, and grooming. -There was no documentation regarding the resident's risk for falls or any interventions to prevent falls. Review of Resident #2's accident/incident (A/I) report dated 10/02/23 at 11:32am revealed: -The resident had an unwitnessed fall at the nurses' station. -The medication aide (MA) heard a loud bump. -Resident #2 was walking around and fell and hit the back of her head on the wall. -The resident had a laceration on the back of her head. -The resident was sent to the hospital. -The PCP and the resident's family were notified.	D 270	from any PT/OT screening evaluations regarding the need for assistive/adaptive devices, gait stability and or strength training, transfers assistance (bed in low position) footwear, exercise to improve balance and stamina, room safety (non skid mats; raised edge mattresses.) 12/2/23 Once all of the above has determined the fall risk status the residents Care Plan will be updated by the RCC/MCC or designee and then reviewed and signed off by the PCP. 12/2/23 The service Plan will identify resident specific interventions to decrease falls and minimize injury. 12/2/23 This process will be completed daily and as needed by the RCC/MCD/Designee to ensure that staff provide supervision of residents in accordance with 12/2/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 3 Review of Resident #2's electronic progress note entered on 10/02/23 at 1:38pm revealed: -The resident was walking around the facility and had an unwitnessed fall. -The resident fell in front of the nurses' station and hit her head on the wall at the entrance of the dining room. -The resident had a laceration on the back of her head where bleeding had occurred. -The resident's vital signs were taken and the resident was sent to the hospital. -The Resident Care Coordinator (RCC) was informed and sent a text message to the PCP. -The Administrator and the resident's family were notified. Review of Resident #2's hospital emergency department (ED) "Provider Notes"notes dated 10/02/23 at 12:04pm revealed: -The resident presented with fall and laceration with scalp bleeding. -Reportedly during lunch, the resident slid down and hit her occipital region on the table causing a laceration and bleeding. -Nine staples were used to repair the scalp laceration. Review of Resident #2's electronic progress note entered on 10/02/23 at 6:28pm revealed: -The resident returned from the hospital around 5:00pm. The resident had sutures in the back, right side of her head. -The resident was put on 30-minute checks. Review of Resident #2's supervision checks dated 10/02/23 - 10/03/23 revealed: -There were forms dated 10/02/23 and 10/03/23 with 30-minute checks written at the top of the	D 270	each residents assessed needs, care plan and current symptoms. 12/2/23 The ED/Designee will complete weekly checks for 30 days to ensure 12/2/23 that staff provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 4 pages. -The resident was documented as returning to the facility from the hospital on 10/02/23 at 5:00pm. -Staff documented 30-minute checks for Resident #2 from 5:00pm on 10/02/23 through 9:30am on 10/03/23. -There were no checks documented on 10/03/23 from 10:00am - 11:30am. -One-hour checks were documented on 10/03/23 from 12:00pm - 11:00pm. Review of Resident #2's A/I report dated 10/23/23 at 9:45am revealed: -The resident had an unwitnessed fall in a resident's room. -Staff found the resident sitting on the floor with blood dripping from her head and a laceration on her face. -The resident was sent to the hospital. -The resident's family was notified. Review of Resident #2's electronic progress note entered on 10/23/23 at 9:56am revealed: -Staff reported the resident was found sitting against the wall bleeding from her head. -The resident was unable to identify what happened. -The resident was sent to the hospital for further observation. -The RCC and the resident's family were notified. Interview with the Administrator on 11/02/23 at 12:19pm revealed: -The A/I report dated 10/23/23 at 9:45am and the electronic progress note dated 10/23/23 were actually for the resident's fall that occurred on 10/22/23. -She did not know why the A/I report was not completed on the date of the actual event.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 5 -The MA on duty was responsible for completing A/I reports on the day of the event. Review of Resident #2's hospital "ED Provider Notes" dated 10/22/23 at 4:40pm revealed: -The primary clinical impression was fall with head injury. -The resident had a skin tear to the left forearm. -The resident had a laceration of the scalp and a facial laceration. -Steri-strips were used to repair the skin tear on the left arm. -Five staples were used to repair the right parietal scalp laceration. -Six sutures were used to repair the facial laceration on the left forehead. Review of Resident #2's PCP visit note dated 10/26/23 revealed: -The resident was seen for follow-up to a hospital ED visit on 10/22/23. -The resident had sutures in place to forehead, staples to right lateral scalp, and bruising spreading but resolving over the left eye. -The PCP ordered PT for strength and balance. Review of Resident #2's A/I report dated 10/23/23 at 12:55pm revealed: -The resident had a witnessed fall at the nurses' station. -The resident was trying to pick up a piece of paper off the floor and slipped down. -No injuries were observed at the time of the incident. -The resident was not sent to the hospital. -No notifications to the PCP or family were documented. Review of Resident #2's supervision checks dated 10/22/23 - 10/24/23 revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 6 -There was a form dated 10/22/23 with 30-minute checks written at the top of the page. -Staff documented 30-minute checks on 10/22/23 from 12:00am - 11:00am. -Documentation of 30-minute checks on 10/22/23 from 11:30am - 11:30pm was blank. -There was a page dated 10/23/23 with all checks from 12:00am - 11:45pm blank. -There was a second page dated 10/23/23 with 1-hour checks written on the page. -One-hour checks were documented on 10/23/23 from 12:00am - 6:00am. -There were 15-minute checks documented on that same page on 10/23/23 from 12:45pm - 2:45pm, then one other check documented at 11:00pm. -The 1-hour checks on 10/23/23 were blank from 7:00am - 12:00pm and from 3:00pm - 10:00pm. -There was a form dated 10/24/23 with 30-minute checks written at the top of the page. -There were no checks documented on 10/24/23 for the resident. Review of Resident #2's supervision checks dated 10/26/23 revealed: -There was a form dated 10/26/23 with 1-hour checks written at the top of the page. -There were no checks documented on 10/26/23. Review of Resident #2's A/I report dated 10/27/23 at 2:07pm revealed: -The resident had a witnessed fall in the activity room. -The resident slipped down the wall. -No injuries were observed at the time of the incident. -The resident was not sent to the hospital. -No notifications to the PCP or family were documented.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 7 Review of Resident #2's supervision checks dated 10/27/23 revealed: -There was a form dated 10/27/23 with 30-minute checks written at the top of the page. -Staff documented the resident had a fall at the nurses' station in the 2:00pm block. -Staff documented 30-minute checks on 10/27/23 from 3:00pm - 11:30pm. Review of Resident #2's A/I report dated 10/28/23 at 6:38am revealed: -The resident had an unwitnessed fall in a resident's room. -The resident was found in another resident's room on the floor. -No injuries were observed at the time of the incident. -The resident's vital signs were taken and emergency medical services (EMS) were called. -The resident was taken to the hospital. -The resident's family was notified. Review of Resident #2's hospital "ED Provider Notes" dated 10/28/23 at 7:17am revealed: -The chief complaint was a fall. -The resident sustained an apparent unwitnessed ground-level fall this morning. -Per EMS, the resident had apparently wandered into another resident's room. -The resident was seen in the ED about 6 days ago for a fall as well and had sutures in place over the head and scalp. -The resident's family member arrived to the ED and advised the resident had frequent falls. -The family member reported the resident was constantly moving and trying to get up out of her wheelchair. -The resident winced a little bit with compression of the pelvis. -Hip x-ray indicated a displaced right femoral	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 8 neck fracture with some superior displacement of the femur. -The resident was diagnosed with a closed right hip fracture and transported to another hospital for surgical repair. Review of Resident #2's supervision checks dated 10/28/23 revealed: -There was a form dated 10/28/23 with 30-minute checks written at the top of the page. -Staff documented 30-minute checks on 10/28/23 at 3:00am, 3:30am, 3:00pm and 3:30pm. -No other checks were documented on 10/28/23. Review of Resident #2's supervision checks dated 11/01/23 revealed: -There was a form dated 11/01/23 with 1-hour checks written at the top of the page. -Staff documented 1-hour checks on 11/01/23 from 12:00am -7:00am and from 3:15pm - 11:00pm. -Documentation for checks on 11/01/23 from 8:00am - 2:00pm were not documented. Review of Resident #2's supervision checks dated 11/02/23 revealed: -There was a form dated 11/02/23 with 1-hour checks written at the top of the page. -There were no checks documented on 11/02/23. Review of Resident #2's Post Fall Evaluations revealed there were no evaluations for any falls in October 2023. Review of Resident #2's A/I reports, electronic progress notes, and hospital visit notes revealed: -Resident #2 had 5 falls from 10/02/23 - 10/28/23. -The resident required evaluation by EMS and transport to the hospital ED for 3 of the falls resulting in multiple injuries including lacerations	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 9 to the back of the head requiring staples on two occasions, a facial laceration to the forehead requiring sutures, a large skin tear on the left arm requiring Steri-strips for repair, and a right hip fracture requiring surgical repair. Interview with a personal care aide (PCA) on 11/02/23 at 5:09pm revealed: -On Sunday, 10/22/23, around change of shift at 3:30pm or 4:00pm, she was doing rounds to check on residents in the special care unit (SCU). -She found Resident #2 in a room shared by two other residents. -The residents in the shared room were not in the room at the time she found Resident #2. -The two residents who shared the room were both non-ambulatory and unable to ambulate independently. -She found Resident #2 sitting with her back against a wall in the room and there was a puddle of blood on the floor with the resident's eyeglasses lying in the blood across the room near a sofa and a wall air conditioning unit. -There was blood dripping down Resident #2's face. -Some of the blood was "a little bit dried". -She notified the MA on duty and the MA came and took the resident's vital signs. -The MA called EMS and the resident was taken to the hospital. -Resident #2 walked with no devices at that time and was "pretty steady" but slow. -The resident returned to the facility around the end of the same shift. -When the resident returned to the facility, staff either did 15-minute or 30-minute checks on the resident for 72 hours. -When the resident returned to the facility, staff used a wheelchair for the resident because she was at risk for falls.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 10 -Prior to the fall on 10/02/23, the resident was on 2-hour incontinence checks. -The resident did not have a fall mat or chair alarm to her knowledge. -She was not aware of any other interventions for Resident #2's falls. Interview with a MA on 11/02/23 at 5:29pm revealed: -Prior to Resident #2's fall on 10/28/23, Resident #2 walked a lot with no devices and had wandering behaviors. -Resident #2 walked in and out of other residents' rooms frequently. -The resident was on every 2-hour checks like all of the other residents in the SCU. -After Resident #2's second fall in October 2023, the resident was "more wobbly and unsteady" with her gait. -She tried to keep Resident #2 at the nurses' station. -After the falls in October 2023 (could not recall date), the resident started using a wheelchair for ambulation but she would self-propel the wheelchair short distances and then tried to get up. -She was unsure of any other interventions for Resident #2's falls. Interview with Resident #2's family member on 11/01/23 at 9:12am revealed: -Resident #2 fell last Saturday (10/28/23) at the facility and broke her hip. -The resident was currently on her way back to the facility today from having a partial hip replacement. -The resident was no longer able to bear weight. -Prior to the fall on 10/28/23, the resident required prompting for personal care tasks but now the resident would require total assistance with	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 11 personal care tasks. -There was an incident on Sunday, 10/22/23, when Resident #2 was found by staff in another resident room. -The facility staff reported the resident fell on 10/22/23 and the resident was sent to the hospital. -The resident required staples and sutures in her head and on her forehead for the incident on 10/22/23. -A PCA reported she found Resident #2 in another resident room on 10/22/23 sitting on the floor against the wall near the door. -The resident had blood in her hair and on her face. Observation of Resident #2 on 11/01/23 at 3:32pm revealed: -Resident #2 had been moved to a room closer to the nurses' station in the SCU. -The resident was asleep in a hospital bed with an air mattress and a half bed rail in the up position. -There was a fall mat on the floor beside the resident's bed. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable. Interview with the Memory Care Coordinator (MCC) on 11/01/23 at 2:59pm revealed: -On 10/22/23, a PCA was making rounds and found Resident #2 in another resident room. -The resident was sitting against the wall on the left side of the room, near the door. -There was a pool of blood near a window with the resident's eyeglasses lying in the blood. -The resident was constantly disoriented and unable to tell what happened.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 12 -The resident had a history of falls prior to the incident on 10/22/23. -Supervision of a resident was supposed to be increased after a fall. -After the first fall, a resident was supposed to be on 1-hour checks for 72 hours. -After the second fall, a resident was supposed to be on 30-minute checks for 72 hours. -After the third fall, a resident was supposed to be on 15-minute checks for 72 hours. -If a resident continued to fall, they were supposed to be on 15-minute checks indefinitely. -Resident #2 should have been on 15-minute checks indefinitely because she had more than 3 falls. -She did not know why supervision checks for Resident #2 had not been done every 15 minutes and documented. -There was no longer a facility contracted PT provider at the facility so she had not tried to get an order for PT (prior to the order on 10/26/23). -Resident #2 returned to the facility on 11/01/23 after surgery for a broken hip. -The resident was moved to room closer to the nurses' station on 11/01/23. -The resident had a hospital bed and was starting hospice services on 11/01/23. -She could not recall any other fall interventions for Resident #2 prior to her falls in October 2023. A second interview with the MCC on 11/02/23 at 5:39pm revealed: -She could not locate any post fall evaluations for Resident #2 for any falls in October 2023. -She was responsible for completing post fall evaluations for the residents residing in the SCU. -She had not completed any post fall evaluations or fall risk assessments for Resident #2 because she had been busy and had not done them yet. -The PCAs were responsible for doing the	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 15 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure health care coordination for 1 of 5 sampled residents (#2) related to failing to notify the resident's primary care provider (PCP) in a timely manner of multiple falls resulting in injuries including lacerations to the back of the head requiring staples, a facial laceration to the forehead requiring sutures, a large skin tear on the left arm requiring Steri-strips for repair, and a right hip fracture requiring surgical repair. The findings are: Review of the facility's Falls and Mobility Management Policies and Procedures dated 10/01/20 revealed: -It was the policy of the facility to ensure residents were systematically assessed to determine their risk for falls and appropriate interventions to identify any potential issues and determine procedures to be implemented to decrease falls and/or minimize injuries. -Input and information would be requested from the primary care provider (PCP) on any resident's medical conditions or changes in mental status which may contribute to falls. -Input and information would be requested from the PCP and/or clinical pharmacist on any prescribed medications that may affect gait and balance and contribute to falls. Review of Resident #2's current FL-2 dated 04/13/23 revealed: -Diagnoses included Alzheimer's dementia, dementia without behavioral disturbances, hemiplegia right dominant side related to cerebrovascular accident, epilepsy, adult failure to thrive, chronic obstructive pulmonary disease,	D 273	It shall always be the policy and procedure of the community to assure referral and follow-up to meet the routine and acute health care needs of residents. 12/31/23 It will aditionally be the practice of the community that anytime an incident or accident report is completed for anything involving a resident the PCP will be notified immediately or as soon as pratical so that he/she can colaborate and or coordinate care. 12/31/23 This notification will be made by the Med Tech on duty	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 13 supervision checks and documenting the checks. -The MAs were responsible for making sure the PCAs were doing the supervision checks. -She sometimes just collected and filed the supervision check forms and did not look at the forms to make sure the checks were documented. -She was not aware the supervision checks for Resident #2 had not been done as required. Interview with the Administrator on 11/02/23 at 2:55pm revealed: -The PCAs were responsible for doing increased supervision checks for 72 hours after a resident fell. -The RCC, MCC, or Lead MA were responsible for making sure the supervision checks were being done and documented by the PCAs. -She was unsure of interventions for Resident #2's falls except she was aware the resident had a fall mat. -She was not sure when the resident received and started using the fall mat. -Resident #2 was moved to a room closer to the nurses' station today, 11/01/23. Interview with Resident #2's PCP on 11/02/23 at 12:22pm revealed: -She was not aware of all of Resident #2's falls when they occurred. -If she had been made aware of the resident's falls as they occurred, she would have ordered a PT/OT evaluation for a walker or wheelchair. -Resident #2 had a habit of picking up things off the floor and may have benefited from a wheelchair with a seatbelt. -She may have ordered a fall mat. -She could have reviewed the resident's medications to determine if there needed to be changes to lessen the chances of falls.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 270	Continued From page 14 -She would have recommended the resident be moved to a room closer to the nurses' station. -She would have recommended staff keep the resident near the nurses' station or in the day room near staff. -She would have increased the resident's supervision to every 10 to 15-minute checks. The facility failed to provide supervision for a resident residing in the SCU with a history of falls and wandering behavior. The facility's failure to provide adequate supervision resulted in Resident #2 experiencing 5 falls in less than 3 ½ weeks from 10/02/23 - 10/28/23. Three of the falls resulted in hospital ED visits and injuries including staples to the back of the head on 2 occasions for head lacerations, sutures for a facial laceration on the forehead, a large skin tear on the left arm requiring Steri-strips for repair, and a fractured right hip requiring surgical repair. This failure of the facility resulted in serious physical harm to Resident #2 and constitutes a Type A1 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/02/23 for this violation. THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED DECEMBER 2, 2023.	D 270		
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.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 16 and atherosclerotic vascular disease. -The resident was documented as constantly disoriented. -The resident was documented as ambulatory. -The resident required assistance with bathing. Review of Resident #2's assessment and care plan dated 09/10/23 revealed: -The resident was documented as ambulatory, and she had no problems with her upper extremities. -The resident was incontinent of bowel and bladder. -The resident was always disoriented, had significant memory loss, and must be directed. -The resident was independent with ambulation and transferring. -The resident required limited assistance by staff with eating. -The resident required extensive assistance by staff with toileting, bathing, dressing, and grooming. -There was no documentation regarding the resident's risk for falls or any interventions to prevent falls. Review of Resident #2's accident/incident (A/I) report dated 10/23/23 at 9:45am revealed: -The resident had an unwitnessed fall in a resident's room. -Staff found the resident sitting on the floor with blood dripping from her head and a laceration on her face. -The resident was sent to the hospital. -The resident's family was notified. -There was no documentation of the resident's PCP being notified of the fall. Review of Resident #2's electronic progress note entered on 10/23/23 at 9:56am revealed:	D 273	and then will be checked by the RCC/MCD/Designee 12/31/23 on the next business day to ensure that the PCP and any other necessary parties have been notified. The ED/Designee will review incident/accident reports 12/31/23 daily and as needed to ensure that the PCP and other necessary parties have been notified.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 17 -Staff reported the resident was found sitting against the wall bleeding from her head. -The resident was unable to identify what happened. -The resident was sent to the hospital for further observation. -The Resident Care Coordinator (RCC) and the resident's family were notified. -There was no documentation of the resident's PCP being notified of the fall. Interview with the Administrator on 11/02/23 at 12:19pm revealed the A/I report dated 10/23/23 at 9:45am and the electronic progress note dated 10/23/23 were for the resident's fall that occurred on 10/22/23. Review of Resident #2's hospital emergency department (ED) "Provider Notes" dated 10/22/23 at 4:40pm revealed: -The primary clinical impression was fall with head injury. -The resident had a skin tear to the left forearm. -The resident had a laceration of the scalp and a facial laceration. -Steri-strips were used to repair the skin tear on the left arm. -Five staples were used to repair the right parietal scalp laceration. -Six sutures were used to repair the facial laceration on the left forehead. Review of Resident #2's PCP visit note dated 10/26/23 revealed: -The resident was seen for follow-up to a hospital ED visit on 10/22/23. -The resident had sutures in place to forehead, staples to right lateral scalp, and bruising spreading but resolving over the left eye. -The PCP ordered physical therapy (PT) for	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 18 strength and balance. Review of Resident #2's A/I report dated 10/23/23 at 12:55pm revealed: -The resident had a witnessed fall at the nurses' station. -The resident was trying to pick up a piece of paper off the floor and slipped down. -No injuries were observed at the time of the incident. -The resident was not sent to the hospital. -No notifications to the PCP were documented. Review of Resident #2's A/I report dated 10/27/23 at 2:07pm revealed: -The resident had a witnessed fall in the activity room. -The resident slipped down the wall. -No injuries were observed at the time of the incident. -The resident was not sent to the hospital. -No notifications to the PCP were documented. Review of Resident #2's A/I report dated 10/28/23 at 6:38am revealed: -The resident had an unwitnessed fall in a resident's room. -The resident was found in another resident's room on the floor. -No injuries were observed at the time of the incident. -The resident's vital signs were taken and emergency medical services (EMS) were called. -The resident was taken to the hospital. -No notifications to the PCP were documented. Review of Resident #2's hospital "ED Provider Notes" dated 10/28/23 at 7:17am revealed: -The chief complaint was a fall. -The resident sustained an apparent unwitnessed	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 19 ground-level fall this morning. -Hip x-ray indicated a displaced right femoral neck fracture with some superior displacement of the femur. -The resident was diagnosed with a closed right hip fracture and transported to another hospital for surgical repair. Interview with a medication aide (MA) on 11/02/23 at 5:29pm revealed: -The MA on duty at the time of a fall was responsible for completing the A/I report and notifying the family and PCP at the time of the fall. -She was unsure why Resident #2's PCP was not notified of the resident's falls when the falls occurred. Interview with the Memory Care Coordinator (MCC) on 11/02/23 at 5:39pm revealed: -The MA on duty at the time of a resident's fall was responsible for notifying the PCP at the time of the fall. -She was not aware Resident #2's PCP had not been notified of her falls at the time the falls actually occurred. -The MAs should not wait until the PCP's weekly facility visits to notify them of the falls. -There was no system to check behind the MAs to ensure the residents' PCPs were being notified of falls when they occurred. Interview with the Administrator on 11/02/23 at 2:55pm revealed: -A resident's PCP should be notified of a fall at the time the fall occurred. -The MA/Supervisor on duty at the time of a resident's fall should notify the PCP when the fall occurred. -The MA/Supervisor on duty could also notify the MCC or the RCC when a fall occurred and then	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 20 the MCC or RCC could notify the PCP at the time the fall occurred. -Resident #2's PCP should have been notified at the time each of Resident #2's falls occurred. Interview with Resident #2's PCP on 11/02/23 at 12:22pm revealed: -She was not aware of all of Resident #2's falls when they occurred. -She was not made aware of the resident's fall on Sunday, 10/22/23, until she came to the facility on Tuesday, 10/24/23, for her routine visit to the facility. -The facility staff could call, text, or email her anytime, even on weekends. -If she had been made aware of the resident's falls as they occurred, she would have ordered a PT/occupational therapy (OT) evaluation for a walker or wheelchair. -Resident #2 had a habit of picking up things off the floor and may have benefited from a wheelchair with a seatbelt. -She may have ordered a fall mat. -She could have reviewed the resident's medications to determine if there needed to be changes to lessen the chances of falls. -She would have recommended the resident be moved to a room closer to the nurses' station. -She would have recommended staff keep the resident near the nurses' station or in the day room near staff. -She would have increased the resident's supervision to every 10 to 15-minute checks. Observation of Resident #2 on 11/01/23 at 3:32pm revealed: -Resident #2 had been moved to a room closer to the nurses' station in the special care unit (SCU). -The resident was asleep in a hospital bed with an air mattress and a half bed rail in the up	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 21 position. -There was a fall mat on the floor beside the resident's bed. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable.	D 273		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 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: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered and in accordance with the facility's policies for 3 of 4 residents (#6, #7) observed during the medication passes including errors with a topical medication used to treat a skin rash (#6) and medications for blood pressure and tremors (#7); and for 1 of 5 residents (#3) sampled including an error for a medication used for sleep (#3). The findings are: 1. The medication error rate was 10% as evidenced by the observation of 3 errors out of 29 opportunities during the 8:00am medication pass on 11/02/23.	{D 358}	It shall always be the policy and procedure of the community to assure that the preparation and administration of medications prescription and non prescription, and treatments by staff are in accordance with orders by a licensed prescribing practitioner which are maintained in the residents record; and in the community's policies and procedures. 12/31/23 The procedure that is followed by community is as follows All orders that come into the community will be processed and sent over to the pharmacy by the Medication Tech/RCC/MED 12/31/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 22 a. Review of Resident #6's current FL-2 dated 10/12/23 revealed: -Diagnoses included cerebrovascular accident, hemiplegia, anxiety, benign essential hypertension, memory impairment, and lower back pain. -There was an order for Zinc Oxide Ointment 10% apply to back twice a day for rash. (Zinc Oxide Ointment is used to treat or prevent minor skin irritations.) Observation of the 8:00am medication pass on 11/02/23 revealed the medication aide (MA) administered Zinc Oxide Ointment 20% topically to the resident's upper back at 8:23am instead of Zinc Oxide Ointment 10% as ordered. Review of Resident #6's November 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Zinc Oxide Ointment 10% apply to back twice a day scheduled at 8:00am and 4:00pm. -Zinc Oxide Ointment 10% was documented as administered from 11/01/23 - 11/02/23. -There was no entry for Zinc Oxide Ointment 20%. Observation of Resident #6's medications on hand on 11/02/23 at 1:25pm revealed: -There was a container of Zinc Oxide Ointment 20% dispensed on 04/25/23. -The instructions were to apply to back twice daily. -There was no Zinc Oxide Ointment 10% available for administration. Interview with the MA on 11/02/23 at 1:28pm revealed:	{D 358}	Lead Med Tech/Designee. The RCC/MCD/Designee will follow up the next morning to ensure that the medication came into the building, the medication label matches the MAR and the original order. 12/31/23 This Process will be checked weekly by the ED/Designee to ensure that the preparation and administration of all medications, prescription and non-prescription and treatments by staff are in accordance with orders by a licensed prescribing practitioner which are maintained in the residents record and the facility's policies and procedures. 12/31/23 The RCC/MCD/Lead Med Tech/Designee will complete weekly cart audits to ensure that meds are present, match the orders and have been entered into the emar correctly. 12/31/23 The ED/Designee will complete 12/31/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 23 -She had not noticed the eMAR had Zinc Oxide Ointment 10% and the label on the medication used was Zinc Oxide Ointment 20%. -She was unable to locate Zinc Oxide Ointment 10% in the medication cart or in the resident's overflow medications. Interview with Resident Care Coordinator (RCC) on 11/02/23 at 4:03pm revealed: -She was unable to locate an order for Zinc Oxide Ointment 20% for Resident #6. -The pharmacy may have sent Zinc Oxide Ointment 20% because they were out of Zinc Oxide Ointment 10%. -The MAs should not have administered Zinc Oxide Ointment 20% but should have called the pharmacy since the eMAR and label did not match. -The medication carts were audited 3 weeks ago by the MAs. -She had not audited the medication carts recently. Interview with the Administrator on 11/02/23 at 2:00pm revealed: -The MAs should compare the eMARs and medication labels and if they did not match, the MA should check the provider's order. -If the MA could not clarify the order, the MA should notify the RCC or Memory Care Coordinator (MCC). -Medications should be administered as ordered. Interview with Resident #6 on 11/02/23 at 4:50pm revealed: -Zinc Oxide Ointment was administered to his upper back at the same time he received his morning medications this morning, 11/02/23. -He was not sure what the Zinc Oxide Ointment was for, and he did not feel like it was helping.	{D 358}	bi-weekly checks to ensure that the process set in place is being followed and meds are prepared and administered as ordered.	12/31/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 24 Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 11/02/23 at 4:25pm revealed: -The order for Zinc Oxide Ointment 20% was written and dispensed on 04/25/23 for Resident #6. -The pharmacy did not have an order on file for Zinc Oxide Ointment 10%. Interview with Resident's #6's primary care provider (PCP) on 11/02/23 at 1:05pm revealed: -Resident #6 should have been administered Zinc Oxide Ointment 10% as ordered. -Zinc Oxide Ointment 20% was thicker and may have been uncomfortable and more "gooey" than Zinc Oxide Ointment 10%. b. Review of Resident #7's current FL-2 dated 10/12/23 revealed: -Diagnoses included Alzheimer's disease, hypertension, coronary artery disease, type 2 diabetes, hyperlipidemia, and hearing loss. -There was an order for Metoprolol Tartrate 25mg 1 tablet one time a day for blood pressure (BP). (Metoprolol Tartrate is a short acting medication used to treat high blood pressure.) Observation of the 8:00am medication pass on 11/02/23 revealed the medication aide (MA) administered Metoprolol Succinate 25mg at 9:13am instead of Metoprolol Tartrate as ordered. (Metoprolol Succinate is an extended-release medication used to treat high blood pressure.) Review of Resident #7's November 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Metoprolol Tartrate 25mg 1 tablet once a day scheduled at 8:00am.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 25 -Metoprolol Tartrate 25mg was documented as administered from 11/01/23 - 11/02/23. -There was not an entry for Metoprolol Succinate 25mg. Observation of Resident #7's medications on hand on 11/02/23 at 1:33pm revealed: -There was a supply of Metoprolol Succinate 25mg dispensed from a Veteran's Administration (VA) pharmacy on 09/06/23. -The instructions were to take 1 tablet once daily for blood pressure. Interview with the medication aide (MA) on 11/02/23 at 1:42pm revealed: -She had not noticed the eMAR had Metoprolol Tartrate but the label had Metoprolol Succinate. -She had not contacted the pharmacy because she had not noticed the discrepancy. Interview with the Resident Care Coordinator (RCC) on 11/02/23 at 4:03pm revealed: -The resident's family switched to a VA pharmacy because of the cost. -The MA should have called the pharmacy when the eMAR did not match the medication label. -The medication carts were audited 3 weeks ago by the MAs. -She had not audited the medication carts recently. -She was unaware of the discrepancy with Resident #7's Metoprolol. Interview with the Administrator on 11/02/23 at 2:00pm revealed: -The MAs should compare the eMARs and medication labels and if they did not match, the MAs should check the provider's order. -Medications should be administered as ordered. -If the MA could not clarify the order, the MA	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 26 should notify the RCC or the Memory Care Coordinator (MCC). Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 11/02/23 at 4:25pm revealed there was an order for Metoprolol Tartrate 25mg twice a day, written on 01/12/23 and last dispensed on 07/20/23 for Resident #7. Interview with Resident's #7's primary care provider (PCP) on 11/02/23 at 1:05pm revealed: -It was very concerning that the medications were not administered as ordered. -According to her records, Resident #7 should be receiving Metoprolol Tartrate 25mg. -Receiving the wrong medication could affect the resident's heart rate or blood pressure. c. Review of Resident #7's current FL-2 dated 10/12/23 revealed there was an order for Propranolol 40mg 1 tablet twice a day for tremors, hold if heart rate (HR) is less than (<) 70 or systolic blood pressure (SBP) is < 110. (Propranolol can be used to treat high blood pressure and tremors.) Observation of the 8:00am medication pass on 11/02/23 revealed: -The medication aide (MA) took Resident #7's blood pressure (BP) and HR at 9:06am prior to preparing the resident's medications for administration. -The resident's BP was 137/77 and his HR was 72. -The MA did not prepare or administer Propranolol 40mg to Resident #7 when he received his other morning medications at 9:13am.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 27 Review of Resident #7's November 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Propranolol 40mg 1 tablet twice a day for tremors, hold if HR is <70 or SBP < 110. -Propranolol 40mg was scheduled for administration at 8:00am and 8:00pm. -There was documentation of a BP of 137/77 and a HR of 72 on 11/02/23 and the medication was held for vital signs out of parameter. Observation of Resident #7's medications on hand on 11/02/23 at 1:32pm revealed: -There was a supply of Propranolol 40mg dispensed on 09/30/23. -The instructions were to take 1 tablet twice daily, hold dose if HR <70 or SBP <110. Interview with the MA on 11/02/23 at 1:42pm revealed: -She thought the "<" symbol meant greater than, so she held Resident #7's Propranolol. -She did not realize an arrow to the left meant less than. Interview with the Resident Care Coordinator (RCC) on 11/02/23 at 4:03pm revealed: -She was not aware the MA did not know the symbol for less than. -She changed the eMAR and used words instead of the less than symbol a few minutes ago. Interview with the Administrator on 11/02/23 at 2:00pm revealed: -Resident #7's Propranolol should have been administered. -They needed to use words not symbols for the instructions on the eMAR.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 11/02/23 at 4:25pm revealed there was an order for Propranolol 40mg twice a day written on 07/18/23 and last dispensed on 10/24/23 for Resident #7. Interview with Resident's #7's primary care provider (PCP) on 11/02/23 at 1:05pm revealed: -She just started seeing residents at the facility a few weeks ago. -She was unsure if Resident #7 was taking Propranolol for blood pressure or tremors. -Not receiving Propranolol as ordered could make the resident's tremors worse or could increase his blood pressure. 2. Review of Resident #3's current FL-2 dated 09/18/23 revealed: -Diagnoses included insomnia. -There was an order for Melatonin 3mg tablet by mouth at bedtime for sleep. (Melatonin is used to treat insomnia.) Review of Resident #3's October 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Melatonin 3mg by mouth at bedtime for sleep. -The Melatonin was not documented as administered on 10/24/23, 10/26/23, 10/27/23, 10/28/23, 10/29/23, 10/30/23 and 10/31/23. -There was documentation for the reason the Melatonin was not being administered as "on order" on 10/24/23, "medication on order" on 10/26/23, "on order" on 10/27/23, "none available" on 10/28/23, "none available" on 10/29/23, "on order" on 10/30/23 and "awaiting delivery" on 10/31/23. Interview with Resident #3 on 11/02/23 at 9:50am	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 revealed: -She had resided at the facility for almost 2 years. -She took Melatonin every night at 8pm. -She never missed a dose of Melatonin to her knowledge. -She would know if she missed any Melatonin doses because she would not sleep well. -She had no issues sleeping in the past 2 to 3 weeks. Interview with a medication aide (MA) on 11/01/23 at 3:50pm revealed: -Resident #3's Melatonin was not on cycle refill. -The Melatonin was last administered on 10/17/23. -She was aware that the Melatonin was not available on 10/20/23. -Medications were to be requested for refill by the MA when the remaining supply was at the last row of the blister card. -The process for requesting medication refills was to take the sticker of the card, put it on a fax sheet and fax it to the pharmacy. -She found no documentation to show that the refill request was followed up on. -The Resident Care Coordinator (RCC) checked behind the MA to ensure medications are refilled. Interview with the RCC on 11/01/23 at 4:20pm and 4:45pm revealed: -Resident #3's Melatonin was not on cycle refill. -The MA was responsible for requesting medication refills. -The MA should have ordered the medication 10 to 12 days out by calling the pharmacy prior to requesting a refill to see if a new order was needed. -She was not aware that Resident #3 had not received her Melatonin on 10/24/23, 10/26/23, 10/27/23, 10/28/23, 10/29/23, 10/30/23 and	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 10/31/23. -The MA was not expected to notify her when the medication was low or not available because the MA could order the medication. -The MA was expected to notify her only when a medication could not be obtained in a "certain amount of time" (no time frame was given). -She requested a list from the MA of medications that were missing at least once per week. -Cart audits should have been done by the MA weekly but had not been done in 3 weeks. -She did not keep track of medication refill requests Interview with the Administrator on 11/01/23 at 4:35pm revealed: -Resident #3's medications were not on cycle refill. -The MA was responsible for ordering the medication refills when there was a "specific supply left" (no number given). -The MA was expected to contact the pharmacy or remove the sticker from the medication card and send it to the pharmacy for a refill. -If the family provided the medications, the MA was to notify her or the RCC and the MA would be instructed to contact the pharmacy for a refill that the facility would pay for. -The RCC was responsible for checking behind the MA to ensure medications were refilled. Interview with another MA on 11/02/23 at 11:20am revealed: -She was not aware that Resident #3 had not received the Melatonin on 10/24/23, 10/26/23, 10/27/23, 10/28/23, 10/29/23, 10/30/23 and 10/31/23. -The process for medication refill was for the MA to call or fax a request to the pharmacy. -"on order" means the medication ran out and a	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 refill order form was faxed to the pharmacy. -Medications ordered before 11:00am usually arrive the same day. Interview with a third MA on 11/02/23 at 11:25am revealed: -The MA only documented "on order" or "not available" in the notes and there was no documentation on when or how the pharmacy was notified of a refill request. -The MA verbally notified the RCC of the need for a refill. Interview with the primary care provider (PCP) on 11/02/23 at 11:45am revealed: -She was not aware Resident #3 had not received her Melatonin on 10/24/23, 10/26/23, 10/27/23, 10/28/23, 10/29/23, 10/30/23 and 10/31/23. -Melatonin was prescribed to Resident #3 as a sleep aid. -Failure to administer the Melatonin daily could have put the resident at risk for disrupted sleep. -The expectation was that the medication would be given as prescribed on time. -If refills were needed, the facility was to notify her. Interview with a representative from the pharmacy on 11/02/23 at 12:13pm revealed: -Melatonin was prescribed to Resident #3 as a sleep aid. -A 30 day supply of Melatonin was filled on 10/07/23 and delivered to the facility on 10/09/23. -A 30 day supply of Melatonin was last filled on 10/31/23 and delivered to the facility on 10/31/23. -Failure to administer the medication daily could have resulted in restlessness for the resident. Observation of medications on hand on 11/01/23 revealed there was a quantity of 30 Melatonin	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 32 pills available on the cart.	{D 358}		
{D 364}	10A NCAC 13F .1004(g) Medication Administration 10A NCAC 13F .1004 Medication Administration (g) The facility shall ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered within one hour before or after the scheduled times for 7 of 7 residents observed (#2, #8, #9, #10, #11, #12, #13) in the special care unit (SCU) of the facility on 11/02/23 resulting in medications ordered multiple times a day being administered too close to the next scheduled administration time and medications not being administered at consistent time intervals to ensure therapeutic effectiveness. The findings are: Review of the facility's Medication Administration Policies and Procedures with effective date of 10/01/20 revealed the facility would ensure that medications were administered to the residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations. Review of the facility's census report dated 11/01/23 revealed there were 30 residents residing in the special care unit (SCU). Observation of the SCU on 11/02/23 at 10:00am	{D 364}	It shall always be the procedure of the community to ensure that the medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations. 12/15/23 The RCC/MCD/Lead Aide/Designee have moved approximately 40% of the morning medications have been rescheduled to be passed at 5am with the hour before and hour after rule. 12/15/23 The RCC/MCD/Designee will monitor med passes Daily to ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency Situations. 12/15/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 33 revealed a medication aide (MA) was administering medications on the 300 and 400 halls. Interview with the MA on 11/02/23 at 10:10am revealed: -She was still administering the 7:30am and 8:00am medications residents in the SCU on the 300 and 400 halls. -There was one MA assigned to administer medications to all residents in the SCU on first shift. -She still had 7 residents to administer the 7:30am and 8:00am medications on the 300 and 400 halls in the SCU. Observation of the SCU on 11/02/23 at 10:25am revealed staff requested the MA's help to administer an enema at 10:25am, once in the resident's room there was an emergency and the MA had to call 911 and she returned to her medication pass at 10:33am. Observations of the SCU on 11/02/23 at 10:15am, 10:25am, and 10:45am revealed: -The Memory Care Coordinator (MCC) walked to the common area and near the nurses' station where the MA was still administering morning medications without offering any assistance. -The MCC brought numerous packs of briefs and placed them on the counter of the nurses' station for the MA to put in the medication room. Observations on 11/02/23 revealed the MA in the SCU finished administering the morning medications at 11:06am. A second interview with the MA on 11/02/23 at 1:45pm revealed: -She did not know of a process in place if she	{D 364}	The ED/Designee will monitor med passes weekly to ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations.	12/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 34 was running late with administering medications. -She had worked at the facility for 6 weeks. -There was only 1 MA scheduled in the SCU since she had worked for the facility. -She had not been trained on a process if she was running late passing medications. -She could have asked another MA or her supervisor for help. Interview with the MCC on 11/02/23 at 1:53pm revealed: -If the MAs got to work on time, they could pass the medications during the scheduled time frame. -The MA working in the SCU arrived to work around 7:15am this morning instead of 6:45am. -When a MA was late passing medications, the MA should let her or the Resident Care Coordinator (RCC) know. -She would report it to the Administrator and then document a corrective action on the MA as instructed by the Administrator. -She had requested to have a second MA on day shift in the SCU because medications were sometimes administered late. -She would help the MA with the medication pass when she had time. -She had asked about staggering medication pass times, but she was waiting on someone from the eMAR system provider to work with them to change the times. -She thought the MA was late passing the morning medications that morning because the MA was still passing medications at 9:30am. -She had not made any interventions for the medications running late today. Interview with the Administrator on 11/02/23 at 2:00pm revealed: -She did not know the medications were passed late today in the SCU.	{D 364}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 35 -She had discussed staggering treatments from medications, but it was difficult to stagger treatments and medications because a lot of them were scheduled 3 times a day. -The MCC did not say there was a need for another MA in the SCU. -A MA was supposed to notify the MCC or RCC or their designee if medications were late so they could help administer medications. Interview with the facility's contracted primary care provider (PCP) on 11/02/23 at 1:05pm revealed: -It was very concerning that the medications were not administered on time. -Medications should be administered on time to maintain a steady blood level to ensure therapeutic effectiveness. -Some of the medications could be administered too close together and others too far apart which could cause side effects for the residents. Review of the November 2023 electronic medication administration records (eMARs) for the 7 residents in the SCU who received late medications on 11/02/23 revealed: -Two of the residents had morning medications scheduled for 7:30am. -All seven of the residents had morning medications scheduled for 8:00am. -Six of the residents had medications ordered twice a day and/or 3 times a day. (For medications with multiple administrations, consistent time intervals are necessary to prevent side effects and adverse reactions.) a. Review of Resident #2's current FL-2 dated 04/13/23 revealed diagnoses included Alzheimer's dementia without behaviors, adult failure to thrive, chronic obstructive pulmonary	{D 364}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 36 disease, hemiplegia right dominant side related to stroke, and hypertension. Observation of the medication aide (MA) in the special care unit (SCU) administering morning medications on 11/02/23 revealed the MA administered Resident #2's medications scheduled for 8:00am at 10:23am, 1 hour and 23 minutes beyond the allowed time frame. Review of Resident #2's November 2023 electronic medication administration record (eMAR) revealed there were 3 medications: Amlodipine (for heart and blood pressure), Atenolol (for blood pressure), and Spironolactone (for blood pressure) that were scheduled once a day at 8:00am. Interview with Resident #2's primary care provider (PCP) on 11/02/23 at 1:05pm revealed: -Resident #2's medications should be administered on time to ensure therapeutic effectiveness. -Not receiving blood pressure medications on time could cause the resident's blood pressure not to be regulated. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable. b. Review of Resident #8's current FL-2 dated 07/06/23 revealed diagnoses included peripheral vascular disease, thiamine deficiency, and unspecified dementia without behaviors. Observation of the medication aide (MA) in the special care unit (SCU) administering morning medications on 11/02/23 revealed the MA administered Resident #8's medications	{D 364}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 37 scheduled for 8:00am at 10:44am, 1 hour and 44 minutes beyond the allowed time frame. Review of Resident #8's November 2023 electronic medication administration record (eMAR) revealed: -There were 2 medications: Aspirin (used to prevent heart disease) and Lexapro (antidepressant) that were scheduled once a day at 8:00am. -There were 2 medications: Seroquel (antipsychotic) and Keflex (for infection) that were scheduled twice daily at 8:00am and 8:00pm. Interview with Resident #8's primary care provider (PCP) on 11/02/23 at 1:05pm revealed: -Resident #8's medications should be administered on time to ensure therapeutic effectiveness. -The resident could become anxious and agitated from receiving Lexapro and Seroquel late. -Resident #8 was receiving Keflex for a urinary tract infection (UTI). -Delay in administering Keflex could prevent the UTI from clearing up. Based on observations, interviews, and record reviews, it was determined that Resident #8 was not interviewable. c. Review of Resident #9's current FL-2 dated 05/19/23 revealed diagnosis included impulse disorders. Observation of the medication aide (MA) in the special care unit (SCU) administering morning medications on 11/02/23 revealed the MA administered Resident #9's medications scheduled for 7:30am at 10:52am, 2 hours and 22 minutes beyond the allowed time frame and	{D 364}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 38 medications scheduled for 8:00am at 10:52am, 1 hour and 52 minutes beyond the allowed time frame. Review of Resident #9's November 2023 electronic medication administration record (eMAR) revealed: -Escitalopram Oxalate (for impulse disorders) was scheduled at 7:30am. -There were 5 medications: Amlodipine Besylate (for high blood pressure), Finasteride (for prostate), Magnesium Oxide (for low magnesium level), Miralax (for constipation), and Vitamin D 3 (for vitamin deficiency) that were scheduled for once a day at 8:00am. -There were 2 medications: Seroquel (antipsychotic) and Visine Ophthalmic Solution (for dry, itchy eyes) that were scheduled twice a day at 8:00am and 8:00pm. -Acetaminophen ER (for mild pain) was scheduled 3 times a day at 8:00am, 2:00pm, and 8:00pm. Interview with Resident #9's primary care provider (PCP) on 11/02/23 at 1:05pm revealed: -If Acetaminophen ER was administered too close together it could cause liver toxicity. -The resident's pain level could increase if Acetaminophen ER was administered late. -The resident could become anxious and agitated due to delay in receiving Escitalopram and Seroquel. -The resident could act out due to delay in receiving Escitalopram and Seroquel. -Resident #9's blood pressure could go up and cause dizziness if Amlodipine was administered late. Based on observations, interviews, and record reviews, it was determined that Resident #9 was	{D 364}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 39 not interviewable. d. Review of Resident #10's current FL-2 dated 09/18/23 revealed diagnoses included vascular dementia, bradycardia, essential hypertension, aphasia, hyperlipidemia, syncope and collapse, unspecified glaucoma, benign prostatic hyperplasia, and generalized muscle weakness. Observation of the medication aide (MA) in the special care unit (SCU) administering morning medications on 11/02/23 revealed the MA administered Resident #10's medications scheduled for 7:30am at 10:57am, 2 hours and 27 minutes beyond the allowed time frame and medications scheduled for 8:00am at 10:57am, 1 hour and 57 minutes beyond the allowed time frame. Review of Resident #10's November 2023 electronic medication administration record (eMAR) revealed: -Escitalopram Oxalate (for impulse disorders) was scheduled for 7:30am. -There were 4 medications: Hydrochlorothiazide (for high blood pressure), Lisinopril (for high blood pressure), Multivitamin (for vitamin deficiency), and Tamsulosin (for prostate) that were scheduled for once a day at 8:00am. -There were 3 medications: Vitamin C (for wound healing), Brimonidine Tartrate (for glaucoma), and Carbamide Peroxide Otic Solution (for ear wax build up) that were scheduled twice a day at 8:00am and 8:00pm. Interview with Resident #10's primary care provider (PCP) on 11/02/23 at 1:05pm revealed: -The resident could become anxious and agitated if Escitalopram was administered late. -The resident could act out due to delay in	{D 364}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 40 receiving Escitalopram. -Resident #10's blood pressure could go up and cause dizziness if his blood pressure medications were administered late. Based on observations, interviews, and record reviews, it was determined that Resident #10 was not interviewable. e. Review of Resident #11's current FL-2 dated 09/18/23 revealed diagnoses included unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, major depressive disorder, hydronephrosis with renal and urethral calculus obstruction, essential hypertension, pure hyperglycemia, venous insufficiency, restless and agitation, and embolism and thrombosis of unspecified vein. Observation of the medication aide (MA) in the special care unit (SCU) administering morning medications on 11/02/23 revealed the MA administered Resident #11's medications scheduled for 8:00am at 10:38am, 1 hour and 38 minutes beyond the allowed time frame. Review of Resident #11's November 2023 electronic medication administration record (eMAR) revealed: -There were 3 medications: Enalapril Maleate (for high blood pressure), Sertraline (for depression), and Vitamin B-12 (a vitamin supplement) that were scheduled for once a day at 8:00am. -There were 2 medications: Eliquis (blood thinner) and Memantine (for dementia) that were scheduled twice a day at 8:00am and 8:00pm. Interview with Resident 11's primary care provider (PCP) on 11/02/23 at 1:05pm revealed:	{D 364}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 41 -Resident #11's medications should be administered on time to ensure therapeutic effectiveness. -Resident #11's blood pressure could go up and cause dizziness if Enalapril was administered late. -Resident #11 could become anxious and agitated if Sertraline was administered late. -Resident #11's Eliquis should be administered every 12 hours to ensure a steady state. Based on observations, interviews, and record reviews, it was determined that Resident #11 was not interviewable. f. Review of Resident #12's current FL-2 dated 09/18/23 revealed diagnoses included atherosclerotic heart disease, hypothyroidism, anxiety disorder, vascular dementia with behavioral disturbance, and essential hypertension. Observation of the medication aide (MA) in the special care unit (SCU) administering morning medications on 11/02/23 revealed the MA administered Resident #12's medications scheduled for 8:00am at 11:06am, 2 hours and 6 minutes beyond the allowed time frame. Review of Resident #12's November 2023 electronic medication administration record (eMAR) revealed: -There were 2 medications: Docusate (for constipation) and Levothyroxine (for underactive thyroid) that were scheduled once a day at 8:00am. -There were 3 medications: Ativan (for agitation), Depakote (for mood disorder), and Sinemet (for Parkinson's disease) that were scheduled twice a day at 8:00am and 8:00pm.	{D 364}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 42 Interview with Resident 12's primary care provider (PCP) on 11/02/23 at 1:05pm revealed: -The resident could act out due to the delay in receiving Ativan and Depakote. -The resident could become anxious and agitated if Ativan and Depakote were administered late. -Her mobility could be affected by not receiving Sinemet for Parkinson's disease on time by causing her movements to freeze up. Based on observations, interviews, and record reviews, it was determined that Resident #12 was not interviewable. g. Review of Resident #13's current FL-2 dated 09/18/23 revealed diagnoses included vascular dementia, Vitamin A deficiency displaced avulsion fracture of left talus, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Observation of the medication aide (MA) in the special care unit (SCU) administering morning medications on 11/02/23 revealed the MA administered Resident #13's medications scheduled for 8:00am at 10:18am, 1 hour and 18 minutes beyond the allowed time frame. Review of Resident #13's November 2023 electronic medication administration record (eMAR) revealed: -There were 6 medications: Amlodipine (for high blood pressure), Ativan (for anxiety), Caltrate (for osteoporosis), Lasix (for fluid retention), Macrodantin (for urinary tract infections), and Senna (for constipation) that were scheduled once a day at 8:00am. -Tramadol (for pain) was scheduled twice a day at	{D 364}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047015	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE CREEKS CROSSING	8398 FAYETTEVILLE ROAD RAEFORD, NC 28376

(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 364}	Continued From page 43 8:00am and 8:00pm. Interview with Resident 13's primary care provider (PCP) on 11/02/23 at 12:48pm revealed: -Resident #13's medications should be administered on time to ensure therapeutic effectiveness. -The resident's blood pressure could increase if Amlodipine was administered late. -The resident could become anxious and agitated if Ativan was administered late. -The resident's pain level could increase, and she could experience break through pain if the Tramadol was administered late. Based on observations, interviews, and record reviews, it was determined that Resident #13 was not interviewable.	{D 364}		