STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF SILER CITY	260 VILLAGE LAKE ROAD SILER CITY, NC 27344

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on November 28 and 29, 2023.	D 000		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) Facilities with a licensed capacity of 13 or more residents shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure foods were free from contamination related to unsealed bags of food in the freezer. The findings are: Observation of the freezer in the kitchen on 11/28/23 at 9:35am revealed: -There was an opened bag of frozen okra on the second shelf of the freezer. -There was an opened bag of frozen yeast rolls	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

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D 283	Continued From page 1	D 283		

on the second shelf.
-There were two opened bags of frozen biscuits on the top shelf.
-There was an open bag of frozen hash browns on the top shelf.

Interviews with the cook on 11/29/23 at 8:25am and 10:25am revealed:
-The food was taken out of the boxes because all the boxes of frozen food would not fit in the freezer.
-She did not realize some of the bags were opened.
-The opened bags should be placed in a zip-lock bag or secured with a clip.

Interview with the dietary aide on 11/29/23 at 10:52am revealed:
-He had noticed the dinner roll package was opened in the freezer.
-He removed the dinner rolls to served for breakfast this morning.
-The bag of dinner rolls was already opened, and he did not close or seal the bag.
-He should have sealed the bag closed after he retrieved the frozen dinner rolls.
-He did not know there were other foods exposed in the freezer.

Interviews with the Dietary Manager (DM) on 11/29/23 at 8:15am and 10:59am revealed:
-She had not worked in the kitchen in the past month.
-She was a medication aide (MA) and a personal care aide (PCA) and she had worked on the floor for the past month.
-She had not made rounds in the kitchen in over a month.
-When she worked in the kitchen, she would look for things that were not correct, such as dirty

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	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF SILER CITY	260 VILLAGE LAKE ROAD SILER CITY, NC 27344

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D 283	Continued From page 2 items, dated foods in the refrigerator and freezer, and checked temperatures. -She did not know there were open frozen bags in the freezer. -There were plenty of zip-lock bags in the kitchen to place frozen foods in and not leave the food in the freezer unsealed. Interview with the Executive Director (ED) on 11/29/23 at 11:55am revealed: -She would walk through the kitchen twice a month and monitor for cleanliness. -She did not have a set schedule as to when she went in the kitchen. -She had not noticed opened packages of food in the freezer. -There were zip-lock bags in the kitchen to be used to place food in instead of leaving open bags in the freezer. -The staff was expected to ensure the food in the freezer was secure.	D 283		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF SILER CITY	260 VILLAGE LAKE ROAD SILER CITY, NC 27344

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D 296	Continued From page 3	D 296		

reviews the facility failed to have matching therapeutic menus for guidance for staff for residents with orders for therapeutic diets.

The findings are:

Observation of the kitchen on 11/28/23 at 10:15am revealed:
-There was a weekly menu and a resident diet list posted on a bulletin board about 3 feet from the serving table in the kitchen.
-The menu was dated for week 4.
-The residents' diet list had residents listed as receiving no concentrated sweets (NCS) diet, no added salt (NAS) diets, and mechanical soft diet entire meal with chopped meats.
-There was no therapeutic diet menu available for reference for the kitchen staff.

Observation of the kitchen on 11/29/23 at 8:45am revealed there was no therapeutic diet menu available for reference for the kitchen staff.

Review of the diet ordering guide revealed:
-A mechanical soft diet included soft to chew foods (fork tender vegetables), ground meats which allowed for minimal mastication.
-A NCS diet included regular foods, except for dessert foods, regular sodas, and tea, and other foods that were high in sugar. This diet was less restrictive than the diabetic calorie level diets.
-A NAS diet included regular foods except for foods that were very high in salt. Foods not allowed include table salt, seasoned salt, potato chips, gravy, regular canned soups. Bacon or sausage was allowed every other day. This diet was less restrictive than the 2gm sodium diet.

Interviews with the cook on 11/23/23 at 8:25am and 10:25am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 296	Continued From page 4	D 296		

-There was a list of residents with their ordered diet on the board in the kitchen.
-There was not a therapeutic menu in the kitchen.
-She had not seen a therapeutic menu and did not know what a therapeutic menu was.
-She was hired in July 2023 and was orientated to the kitchen by the DM.
-She was oriented to therapeutic diets but not therapeutic menus.
-She would prepare the therapeutic diets as the instructions listed on the diet ordering guide.
-The diet ordering guide was the only reference she had when preparing therapeutic diets.

Interview with the dietary aide on 11/29/23 at 10:52am revealed:
-He was responsible for assisting the cook when needed.
-He did not know what a therapeutic diet menu was.
-No one had told him about a therapeutic diet menu.
-He had not seen a therapeutic diet menu in the kitchen.
-He referred to the diet ordering guide when preparing therapeutic menus.

Interviews with the Dietary Manager (DM) on 11/29/23 at 8:15am and 10:59am revealed:
-She worked as a medication aide (MA) and a personal care assistant (PCA) when needed.
-She kept the list of residents who received therapeutic diets on the board in the kitchen.
-The kitchen staff would refer to the list to see which residents were on therapeutic diets.
-The therapeutic diets we prepare for residents were NCS, NAS and mechanical soft.
-The staff referred to the diet ordering guidelines when preparing a therapeutic diet.
-The facility did not have therapeutic menus

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 296	Continued From page 5 available to them. -The Executive Director taught me what I know. -She was to be trained by the previous consulting agency, but it was canceled and rescheduled several times, and she never received the training. -She did not know she needed therapeutic diet menus in the kitchen for cooks to reference when preparing therapeutic diets. Interview with the Executive Director (ED) on 11/29/23 at 11:55am revealed: -The facility did not have a therapeutic diet menu. -The facility staff had been told to ensure mechanical soft diet received soft foods and NCS diets received a regular plate with ½ size of the dessert. -She did not recall having a therapeutic diet menu since she had been the ED and that was since 2017.	D 296		
D 315	10A NCAC 13F .0905 (a & b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to develop a currant activities program,	D 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF SILER CITY	260 VILLAGE LAKE ROAD SILER CITY, NC 27344

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D 315	Continued From page 6	D 315		

managed by an activity director, to promote residents' active involvement.

The findings are:

Observation of the current activities calendar placed on the wall at the dining room on 11/29/23 at 8:25 am revealed:
- Residents were walking up and down the hallway to the dining room and talking to each other.
-No resident looked at the activity calendar on the wall.

Interviews with 2 residents on 11/29/23 at 8:00am revealed:
-They did not attend activities except for Bingo but Bingo was held only once a week.
-When a floor staff was not busy, residents could do exercises by throwing a ball.
-There were no outings to go to; floor staff were busy with residents.
- One resident walked to the outside mailbox, last week, with the business office staff for exercise.
-Residents could have an hour of art which was manicure time and an hour of Bingo a week.
-They would like more exercise with music and art activities but there no one to -manage an activity program for them.
-The last activity director left over a year ago and there has been no one hired to replace her.
-There was a personal care assistant (PCA) on staff who sometimes helped residents to have an exercise class when not helping other residents.

Interview with a PCA on 11/29/23 at 9:00am revealed:
-He worked as a PCA and Activity Director for the facility.
-He did not have the training for the position but

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 315	Continued From page 7 liked to assist residents in exercise classes. -After the last Activity Director left the facility around 2019 to 2020, no one was hired to take her place. -He tried taking activity classes after the previous director left but discontinued the program. -The Administrator had not hired an Activity Director for a current activity program for residents since 2020. Interview with the Administrator on 11/29/23 at 10:20am revealed: -The residents had been without an activities program for over a year due to a shortage of candidates to interview. -She needed to be more vigilant in finding staff to manage an activities program to contribute to the well-being of the residents.	D 315		
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 observation, record review, and interviews, the facility failed to administer medication as ordered for 1 of 3 residents (#3) related to a medication used for allergies. The findings are:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF SILER CITY	260 VILLAGE LAKE ROAD SILER CITY, NC 27344

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D 358	Continued From page 8	D 358		

Review of Resident #3's current FL-2 dated 4/26/23 revealed:
-Diagnoses included osteoarthritis of knees, severe obesity, neuropathy, and sinus bradycardia.
-There was an order for ipratropium bromide 21mcg (used for seasonal allergies) instill one nasal spray in each nostril every morning.

Review of Resident #3's signed physician orders dated 10/05/23 revealed there was an order for ipratropium bromide 21mcg instill one nasal spray in each nostril every morning.

Review of Resident #3's September 2023 electronic medication administration record (eMAR) revealed:
-There was an entry for ipratropium bromide 21mcg instill one nasal spray in each nostril every morning with a scheduled administration time of 8:00am.
-There was documentation ipratropium bromide nasal spray was administered each morning from 09/01/23 to 09/30/23.

Review of Resident #3's October 2023 eMAR revealed:
-There was an entry for ipratropium bromide 21mcg instill one nasal spray in each nostril every morning with a scheduled administration time of 8:00am.
-There was documentation ipratropium bromide nasal spray was administered each morning from 10/01/23 to 10/31/23.

Review of Resident #3's November 2023 eMAR revealed:
-There was an entry for ipratropium bromide 21mcg instill one nasal spray in each nostril every

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	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF SILER CITY	260 VILLAGE LAKE ROAD SILER CITY, NC 27344

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D 358	Continued From page 9	D 358		

morning with a scheduled administration time of 8:00am.
-There was documentation ipratropium bromide nasal spray was administered each morning from 11/01/23 to 11/28/23.

Observation of Resident #3's medications on hand on 11/28/23 at 10:30am revealed:
-There was a bottle of ipratropium bromide nasal solution available for administration.
-The prescription label had a dispensed date of 07/23/23.
-The was a scant amount of saline in the bottle.

Telephone interview with the Pharmacist at the facility's current contracted pharmacy on 11/28/23 at 3:49pm revealed:
-The pharmacy acquired the facility on 10/19/23.
-The pharmacy had an order for ipratropium bromide 21mcg instill one spray in each nostril every morning.
-The pharmacy had profiled the order for ipratropium bromide but had not dispensed the medication.
-The ipratropium bromide was not on cycle fill; the facility would have to request the medication when needed.

Telephone interview with the Pharmacist at the facility's previous contracted pharmacy on 11/28/23 at 4:07pm revealed:
-The pharmacy had an order for ipratropium bromide nasal spray 21mcg one spray in each nostril daily.
-The pharmacy dispensed one bottle of ipratropium bromide nasal spray 21mcg on 05/11/23, 07/23/23 and 08/15/23.
-One bottle of ipratropium bromide nasal spray would last 30 days if Resident #3 was administered the medication as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF SILER CITY	260 VILLAGE LAKE ROAD SILER CITY, NC 27344

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D 358	Continued From page 10 -The pharmacy had not dispensed ipratropium bromide nasal spray since 8/15/23. Based on interviews, record reviews, and medication on hand, there would not have been enough ipratropium bromide dispensed for administration to Resident #3 from 09/23/23 to 11/28/23. Interview with Resident #3 on 11/28/23 at 1:00pm revealed: -She had an order for two inhalers. -Some days she received two inhalers and some days she received one inhaler. -The inhalers were for her allergies. Interview with a medication aide (MA) om 11/29/23 at 8:26am revealed: -She administered ipratropium bromide to Resident #3 daily. -She did not know why there was a bottle of ipratropium bromide dispensed on 07/23/23. still on the medication cart if the bottle of ipratropium bromide only lasted 30 days if administered as ordered. -The MAs audited the medication carts every Thursday. -The MAs would complete an audit sheet and submit it to the Resident Care Coordinator (RCC). -She looked for medication that needed to be re-ordered. -She did not look at dispensed dates and did not notice ipratropium bromide needed to be re-ordered. -She did not know why there was still medication in the bottle of ipratropium bromide that was dispensed on 07/23/23. Interview with the Resident Care Coordinator (RCC) on 11/29/23 at 11:30am revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 358	Continued From page 11 -She did not know why the bottle of ipratropium bromide was on the medication cart since it was dispensed on 07/23/23. -The bottle of ipratropium bromide should have been re-ordered once a month. -She did not know a bottle of ipratropium bromide would last 30 days. -The staff should have re-ordered ipratropium bromide in September, October, and November of 2023. -The MAs audited the medication carts weekly. -The MAs looked for expired medications and ensured all medications listed on the eMAR were on the medication cart and available for administration. -She would follow up on any concerns the MA would have after they completed the medication cart audit. -She would audit the medication carts monthly. Interview with the Executive Director (ED) on 11/29/23 at 11:55am revealed: -The MA should administer the medication as ordered. -The MA should re-order the medication monthly. -Medication carts were audited twice a month by the medication aides (MA) and the RCC monthly. -The staff should be ensuring the medications on the eMAR were on the medication cart and removing expired medications. -The staff did not look at dispensed dates to see if the medication should have been administered and re-ordered.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF SILER CITY	260 VILLAGE LAKE ROAD SILER CITY, NC 27344

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 12	D 367		

record (MAR) shall be accurate and include the following:
(1) resident's name;
(2) name of the medication or treatment order;
(3) strength and dosage or quantity of medication administered;
(4) instructions for administering the medication or treatment;
(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;
(6) date and time of administration;
(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,
(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

This Rule is not met as evidenced by:
Based on observation, record review, and interviews, the facility failed to ensure the accuracy of medication administration records for 1 of 3 sampled residents (#3) related to a medication used for constipation.

The findings are:

Review of Resident #3's current FL-2 dated 4/26/23 revealed:
-Diagnoses included osteoarthritis of knees, severe obesity, neuropathy, and sinus bradycardia.
-There was an order for Miralax 17gms (used for constipation) in 8 ounces of fluid daily.

Review of Resident #3's signed physician orders dated 10/05/23 revealed an order for Miralax

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF SILER CITY	260 VILLAGE LAKE ROAD SILER CITY, NC 27344

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D 367	Continued From page 13 17gms in 8 ounces of fluid daily. Review of Resident #3's September 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Miralax 17gms in 8 ounces of fluid daily with an administration time of 8:00am. -There was documentation Miralax was administered each morning from 09/01/23 to 09/30/23. Review of Resident #3's October 2023 eMAR revealed: -There was an entry for Miralax 17gms in 8 ounces of fluid daily with an administration time of 8:00am. -There was documentation Miralax was administered each morning from 10/01/23 to 10/31/23. Review of Resident #3's November 2023 eMAR revealed: -There was an entry for Miralax 17gms in 8 ounces of fluid daily with an administration time of 8:00am. -There was documentation Miralax was administered each morning from 11/01/23 to 11/28/23. Observation of Resident #3's medications on hand on 11/28/23 at 2:17pm revealed there was ¼ bottle of Miralax powder dispensed on 08/23/23 available for administration. Telephone interview with the Pharmacist at the facility's current contracted pharmacy on 11/28/23 at 3:49pm revealed: -The pharmacy acquired the facility on 10/19/23. -The pharmacy had an order for Miralax 17gms in	D 367		

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	HAL019022	A. BUILDING: _____ B. WING _____	R 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 367	Continued From page 14	D 367		

8 ounces of water daily.
-The pharmacy had profiled the Miralax order but had not dispensed the medication.
-The Miralax was not on cycle fill; the facility would have to request the medication when needed.
-The facility staff had not requested Miralax to be filled since the facility changed to this pharmacy.

Telephone interview with the Pharmacist at the facility's previous contracted pharmacy on 11/28/23 at 4:07pm revealed:
-The pharmacy stopped servicing the facility mid-October 2023.
-The pharmacy dispensed a 510gm bottle of Miralax on 08/23/23.
-The directions for administration of Miralax was 17 grams in 8 ounces of fluid every daily.
-The pharmacy had dispensed Miralax once, and that was on 08/23/23.
-One bottle of Miralax would last 30 days if the resident was administered 17gms daily.

Interview with Resident #3 on 11/28/23 at 1:00pm revealed:
-She would ask the medication aids (MA) for Miralax when she needed the medication.
-She did not want to take it every day, because she did not need it every day.
-She did not have any problem with constipation.

Interview with a medication aide (MA) om 11/29/23 at 8:26am revealed:
-Resident #3 was scheduled Miralax daily but she refused the medication most of the time.
-Resident #3 would ask for the medication twice weekly.
-She documented incorrectly on the eMAR.
-She had not spoken with the Primary Care Provider (PCP) about changing the Miralax to as

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D 367	Continued From page 15 needed. Interview with the Resident Care Coordinator (RCC) on 11/29/23 at 11:30am revealed: -Resident #3 would not take the Miralax daily as ordered. -Resident #3 would refuse the Miralax when given to her by the MAs. -The MAs stopped offering the Miralax to Resident #3 and Resident #3 would ask for the Miralax when she needed it. -The MAs should have documented refused when Resident #3 did not take the Miralax. -She did not know the MAs where documenting Resident #3 was taking the Miralax daily when Resident #3 was taking the Miralax twice a week. -She had not reached out to the PCP to get the order changed from daily to as needed. Interview with the Executive Director (ED) on 11/29/23 at 11:55am revealed: -She was aware Resident #3 refused her medication. -When Resident #3 refused the medication, the MAs were expected to document on the eMAR correctly. -If Resident #3 was refusing the medication, the PCP should have been notified.	D 367		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical	D 451		

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D 451	Continued From page 16	D 451		

evaluation, hospitalization, or medical treatment other than first aid.

This Rule is not met as evidenced by:
Based on observation, record review, and interviews, the facility failed to notify the County Department of Social Services (DSS) of incidents/accidents that required emergency medical evaluation for 3 of 3 residents (#2, #4, and #5).

The findings are:

1. Review of Resident #2's current FL-2 dated 10/25/23 revealed:
-Diagnoses included Alzheimer's, depression, neuropathy, hypothyroidism, neuropathy, hypertension, and vitamin D deficiency.
-Resident #2 was ambulatory.

Review of Resident #2's accident/injury report dated 11/10/23 revealed:
-Incident/injury report was completed at 12:00am by the medication aide (MA).
-Resident #2 was found in her old room on the floor.
-Resident #2 was found by the MA.
-Resident #2 was lying against the wall.
-Resident #2's head was bleeding.
-The MA cleaned and bandaged the wound.
-The report was signed by the Resident Care Coordinator (RCC).
-Resident #2's physician and Power of Attorney (POA) were notified.
-The report indicated DSS was notified via fax on 11/11/23 at 7:38am.

Review of Resident #2's after visit summary dated 11/10/23 revealed:

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D 451	Continued From page 17	D 451		

-Resident #2 was seen for a head laceration after a fall.
-Resident #2 received 4 stapled to the head wound.
-Resident #2 was discharged back to the facility with instructions to remove the staples in 5-7 days.

Review of Resident #2's emergency department (ED) report from a previous fall on 11/10/23 revealed:
-Resident #2 was evaluated for a fall.
-Resident #2 had a small wound to her scalp that did not require repair.

Requested incident/injury report on 11/28/23 from the second fall that occurred on 11/10/23 was not made available for review.

Interview with the Adult Home Specialist (AHS) of the county DSS on 11/29/23 at 12:05pm revealed she did not receive incident reports for Resident #2 for the ED visit dated 11/10/23 or from the second fall that occurred 11/10/23 that required ED visit and staples to the head wound.

Refer to the interview with the RCC on 11/29/23 at 12:15pm.

Refer to the interview with the Executive Director on 11/29/23 at 12:14pm.

2. Review of Resident #4's current FL-2 dated 09/28/23 revealed diagnoses that included dementia, hypertension and history of cerebrovascular accident (CVA).

Review of Resident #4's care plan dated 09/29/23 revealed Resident #4 ambulated with a walker.

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D 451	Continued From page 18	D 451		

Review of Resident #4's accident/injury report dated 09/14/23 revealed:
-Accident/injury report was initiated at 5:00am by a medication aide (MA) and completed by the Resident Care Coordinator (RCC).
-Resident #4 was found lying on the floor in her room.
-Resident #4 had blood from a cut above her left eye.
-Resident #4's responsible party was notified.
-Resident #4 was sent to the Emergency Department (ED).

Review of the ED report dated 09/14/23 revealed:
-Resident #4 was evaluated for a fall.
-Resident #4 had a laceration to her scalp above her left eye and received 4 sutures.

Interview with the Adult Home Specialist (AHS) of the county Department of Social Services (DSS) on 11/29/23 at 12:05pm revealed she did not receive an accident/injury for Resident #4's fall that required emergency care in September 2023.

Refer to the interview with the RCC on 11/29/23 at 12:15pm.

Refer to the interview with the Executive Director on 11/29/23 at 12:14pm.

3. Review of Resident #5's current FL-2 dated 07/19/23 revealed diagnoses that included dementia, diabetes mellitus type 2, depression and hypertension.

Review of Resident #5's care plan dated 07/18/23 revealed Resident #5 ambulated with a walker.

Review of Resident #5's accident/injury dated 10/22/23 revealed:

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D 451	Continued From page 19	D 451		

-Accident/injury report was completed at 10:50pm by the medication aide (MA).
-Resident #5 was found on the floor on her back.
-Resident #5 complained of rib and shoulder pain.
-Resident #5's responsible party was notified.
-Resident #5 was sent to the Emergency Department (ED).

Review of Resident #5's ED report dated 10/22/23 revealed:
-Resident #5 was evaluated for a fall.
-There were rib fractures identified through imaging.

Interview with the Adult Home Specialist (AHS) of the county Department of Social Services (DSS) on 11/29/23 at 12:05pm revealed she did not receive an accident/injury report for Resident #5's fall that required emergency care in October 2023.
Refer to the interview with the Resident Care Coordinator (RCC) on 11/29/23 at 12:15pm.
Refer to the interview with the Executive Director on 11/29/23 at 12:14pm.

Interview with the RCC on 11/29/23 at 12:15pm revealed:
-She was responsible for sending the accident/injury reports that required emergency medical attention to the AHS.
-She usually sent the report within 24 hours.
-She sent the reports via fax.
-The fax machine did not have a way to receive confirmation that the fax was sent.
-She did not have confirmation of the accident/injury reports for Resident #'s 2, 4, and 5.
-She would prefer to email the reports but did not have the AHS's email address.

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D 451	Continued From page 20 Interview with the Executive Director on 11/29/23 at 12:45pm revealed: -She was aware that reports of accident/injuries that required emergency medical care needed to be sent to the AHS at the county DSS. -The RCC was responsible for sending the reports. -She did not know how to get confirmation of the reports sent. -She understood if there was no confirmation, there was no evidence the report was received by the AHS of the county DSS office.	D 451		