PRINTED: 01/18/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		
		HAL047015	B. WING		R 12/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	re, zip code	
MICKOLL		8398 FAY	ETTEVILLE ROA	AD	
WICKSHI	RE CREEKS CROSSING	RAEFOR	D, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 000}	Initial Comments		{D 000}		
		sure Section and the Hoke f Social Services conducted ecember 20-21, 2023.			
{D 358}	10A NCAC 13F .1004 Administration	e(a) Medication	{D 358}		
	(a) An adult care hon preparation and admi prescription and non-by staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures.  This Rule is not met a TYPE B VIOLATION  Based on observation reviews, the facility fa	ied prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by:  as, interviews, and record iled to ensure medications ordered for 1 of 4 residents			
	including errors with r health/mood disorders and social anxiety dis deficiency (#6) and fo (#3, #6) who did not re- term antibiotic medica- infection (#3) and who medications used to t anxiety disorders and (#6).	medications to treat mental s, to treat major depressive orders and vitamin or 2 of 6 sampled residents eceive a prophylactic long ation given to prevent bone of did not receive reat depression and social sleep disorder as ordered as medication administration			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES (X1) P		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			_		_	
			B 14/11/0		R	
		HAL047015	B. WING		12/2	1/2023
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
			, ,	•		
WICKSHIP	RE CREEKS CROSSING		TTEVILLE ROA	AD		
		RAEFORD	NC 28376			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	MAIL	DAIL
				,		
{D 358}	Continued From page	e 1	{D 358}			
, ,	. •		'			
		olicy to assure that the				
	preparation and admi	nistration of medications,				
	prescription and nonp	rescription, and treatments				
	by associates were or	rdered by a licensed				
	prescribing practitions	er which were maintained in				
	the residence record	and administered and				
	prepared by associate	es who met the				
	qualifications to do so					
	•	be administered to the				
		ur before or 1 hour after the				
	prescribed or schedul					
	-The recording of the					
		ation record would be done				
	-	the administration of the ident and the observation of				
	_	e medication and prior to				
		ther medication to another				
	resident. (Pre-charting					
	-The facility assured t					
	implementation of pol					
	governing medication					
		that included documentation				
	of:					
	·	ysician or appropriate				
	healthcare profession					
		acility according to the				
	orders by the physicia	an or appropriate health				
	professional					
	-Charting or documer	ntation errors, unavailability				
	of medication and res	sident, refusal of medication,				
	any adverse medicati					
	•	dence physician when				
	necessary.	. ,				
	<b>,</b> ·					
	1. The medication err	or rate was 10% as				
		s out of 28 opportunities				
	during the 8:00am me	• •				
	-					
	12/20/23 and 12/21/2	J.				

a. Review of Resident #6's current FL-2 dated

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL047015 B. V		B. WING		R 12/21/2023	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE. ZIP CODE	1
			TTEVILLE ROA		
WICKSHI	RE CREEKS CROSSING	RAEFORE	, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
{D 358}	Continued From page	2	{D 358}		
	09/22/23 revealed: -Diagnoses included a kidney disease stage of insomnia, and atria -There was an order to	Alzheimer's disease, chronic 3, history of anxiety, history			
	12/21/23 revealed: -The medication aide medications for Resident RisperdalThe MA documented medication administration Risperdal was not available.	ation record (eMAR) that ailable for administration. ent #6's medications on 2:12pm revealed there was used to treat certain			
	revealed: -There was an entry f daily for mood schedu -Risperdal 0.5mg was administered at 8:00a -The reason listed for administered was doo nurses notes) from 12 Review of Resident # notes for 12/17/23 - 1 -The reason for Rispe on 12/20/23 was door	s documented as not being am from 12/17/23 - 12/21/23. Risperdal not being cumented as 09 (other/see 2/17/23 - 12/21/23. 6's December 2023 nurses 2/21/23 revealed: erdal not being administered cumented as awaiting meds. erdal not being administered			

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documented as on order.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _		R	,
	HAL047015 B. WING			1	1/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WICKSHIRE CREEKS CROSSING 8398 FAYI			ETTEVILLE ROA	AD		
			D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	: 3	{D 358}			
	documentation dated -The first shift remark documented "Behavio documentationThe second shift rem documented "check re with no other docume -The third shift docum of her regular medica contacted" with no oth -The assigned MAs si date 12/20/23.  Review of Resident # notes dated 12/03/23 -There was document aggressive towards th personal care and tra -There was document screamed out and att redirection was attem  Telephone interview as	s report for Resident #6 prs" with no other  marks report for Resident #6 peport for Resident's name" intation. mented Resident #6 was "out ation and pharmacy was mer documentation. Igned the entries for the  6's December 2023 nurses revealed: mation that Resident #6 was me staff when assisting with msfer. mation that Resident #6 mempted to hit staff when pted.				
	•	on 12/12/23 at 4:37pm				
	dispensed on 11/08/2 -The effects of missin doses of Risperdal, al medications that were disorder and social ar	3 for Resident #6. g the number of combined long with her other 2 e used for major depressive enxiety disorder could cause stat status; it could cause				
	at 2:10pm revealed:	ecutive Director on 12/21/23  y the cart audit did not				

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reveal the missing meds for Resident #6.

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	of Health Service Regu				T
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL047015	B. WING		12/21/2023
		TALU4/015			12/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE	
		8398 FAY	ETTEVILLE RO	AD	
WICKSHIE	RE CREEKS CROSSING		D, NC 28376		
	CLIMMA DV CT			DDOMDEDIC DI AMI OF CORDICATIO	N
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	(*)
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	
				DEFICIENCY)	
ון גצטו	Continued From 5 = ==	2.1	{D 358}		
{D 358}	Continued From page	<del>; 4</del>	[ (D 336)		
	-She thought there "n	nay be too many hands in			
	<u> </u>	ng too many staff (MAs,			
		pected to be doing the same			
	thing (reordering med	•			
	J ( ===================================	,			
	Refer to interview with	h a personal care aide			
	(PCA) on 12/21/23 at				
	, , ,	•			
	Refer to interview with	h a medication aide (MA) on			
	12/21/23 at 3:35pm.	(, -//			
	//_o at o.oop				
	Refer to interview with	h a second medication aide			
	(MA) on 12/20/23 at 3				
	(1417 t) OIT 12120120 at t	2.0 (Pill.			
	Refer to interview with	h the Resident Care			
		n 12/21/23 at 2:45pm.			
	occidinator (1100) or	1 12/2 1/20 at 2. 10pm.			
	Refer to interview with	h the Executive Director on			
	12/21/23 at 2:10pm.	THO EXCOUNT BIROCOLOT OF			
	,_ ,_ ,,_ o at 2. ropin.				
	b. Review of Residen	t #6's current FL-2 dated			
		ere was an order for Zoloft			
		some types of depression			
	• (	sorder) give 1 daily for mood.			
	and social anxiety dis	order, give I daily for filloud.			
	Observation of the 8.	00am medication pass on			
	12/21/23 revealed:	ocam modication pass on			
		(MA) prepared morning			
		dent #6 which did not include			
	her Zoloft.	ion ao milion dia not include			
	-The MA documented	I on the electronic			
		ation record (eMAR) that			
	Zoloft was not availab	pie ior administration.			
	Observation of Desid	ont #6'o modications on			
	_	ent #6's medications on			
		2:12pm revealed there was			
	no ∠oloft 100mg on h	and for administration.			
		101 B 1 2222			
	Review of Resident #	6's December 2023 eMAR			

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revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		_	
	HAL047015	B. WING		R 12/21/2023	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIRE CREEKS CROSSING	8398 FAYE <sup>*</sup> RAEFORD,	TTEVILLE ROA NC 28376	AD		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
for mood scheduled at -Zoloft 100mg was doo administered at 8:00ar 12/10/23 -12/13/23, an -The reason listed for 2 administered was door nurses notes) from 12/-12/13/23, and 12/15/22  Review of Resident #6 notes for 12/07/23, 12/2 and 12/15/23 - 12/21/2 -The reason for Zoloft 12/21/23 was document to deliver.  -The reason for Zoloft 12/20/23 was document -The reason for Zoloft 12/15/23 - 12/19/23 was order.  -The reason for Zoloft 12/11/23 - 12/13/23 was -The reason for Zoloft 12/10/23 was document -The reason for Zoloft 12/10/23 was document -The reason for Zoloft 12/10/23 was document -The reason for Zoloft 12/08/23 was document -The reason for Zoloft 12/07/23 was document -The reason for Zoloft 12/07/23 was document -The second shift remarks documentation.  -The second shift remarks documented "Check rewith no other document	or Zoloft 100mg give 1 daily 8:00am. cumented as not being m from 12/07/23, 12/08/23, and 12/15/23 - 12/21/23. Zoloft not being umented as 09 (other/see /07/23, 12/08/23, 12/10/23 as - 12/21/23. Sis December 2023 nurses /08/23, 12/10/23 -12/13/23, 23 revealed: not being administered on inted as waiting pharmacy not being administered on inted as awaiting meds. not being administered on as documented as on order. not being administered on inted as N/A (not available). not being administered on inted as N/A (not available). not being administered on inted as awaiting meds. not being administered on inted as awaiting meds. not being administered on inted as meds not on cart.  shift report book revealed 12/20/23: a report for Resident #6 report for Resident #6 resident #6 report for Resident #6 was "out retail to the control of	{D 358}	DEL ROILING I)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 56.25		R	
		HAL047015	B. WING		12/21/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WICKSHIRE CREEKS CROSSING		ETTEVILLE ROAD, NC 28376	AD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLE	TE
{D 358}	date 12/20/23.  Review of Resident # notes dated 12/03/23 -There was document aggressive towards the personal care and tratement of the personal care and the personal care a	ner documentation. Igned the entries for the  6's December 2023 nurses revealed: tation that Resident #6 was ne staff when assisting with insfer. tation that Resident #6 empted to hit staff when pted.  with the pharmacist at the narmacy on 12/21/23 at  oloft 100mg was dispensed ent #6. g the number of combined with her other 2 e used for mental/mood depressive disorder could ed mental status; it could to be heightened.  ecutive Director on 12/21/23  by the cart audit did not eds for Resident #6. hay be too many hands in ng too many staff (MAs, sected to be doing the same is).  In a personal care aide	{D 358}			
	12/21/23 at 3:35pm.	r a medication aide (IVIA) on				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVE COMPLETED	Υ
			A. BOILDING.		R	
		HAL047015	B. WING		12/21/20	23
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIE	RE CREEKS CROSSING	8398 FAYE RAEFORD,	TTEVILLE ROA NC 28376	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CC	(X5) DMPLETE DATE
{D 358}	Continued From page	÷ 7	{D 358}			
	Refer to interview with (MA) on 12/20/23 at 3	n a second medication aide 3:31pm.				
	Refer to interview with Coordinator (RCC) or	_				
	Refer to interview wit 12/21/23 at 2:10pm.	th the Executive Director on				
	09/22/23 revealed the	t #6's current FL-2 dated ere was an order for Vitamin dietary supplement for give 1 tablet daily.				
	Observation of the 8:0 12/21/23 revealed:	00am medication pass on				
		(MA) prepared morning lent #6 which did not include				
	-The MA documented					
		ation record (eMAR) that ailable for administration.				
	hand on 12/21/23 at 2	ent #6's medications on 2:12pm revealed there was on hand for administration.				
	Review of Resident #	6's December 2023 eMAR				
	-There was an entry f tablet daily scheduled -Vitamin D3 was docu					
	administered at 8:00a 12/10/23 -12/13/23, a	nm from 12/06/23-12/08/23, nd 12/15/23 - 12/21/23.				
	administered was doo nurses notes) from 12	Vitamin D3 not being cumented as 09 (other/see 2/06/23-12/08/23, and 12/15/23-12/21/23.				
		6's December 2023 nurses				

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR\	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	:D
					_	
			B. WING		R	
		HAL047015	B. WING		12/21/2	2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		8398 FA	ETTEVILLE RO	ΔD		
WICKSHIP	RE CREEKS CROSSING		RD, NC 28376			
			<u> </u>			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
(D 250)	0 " 15	0	(D. 250)			
{D 358}	Continued From page	2 8	{D 358}			
	notes for 12/06/23-12	/08/23, 12/10/23-12/13/23,				
	and 12/15/23 -12/21/2	23 revealed:				
	-The reason for Vitam	nin D3 not being				
		1/23 was documented as				
	waiting pharmacy to o					
	-The reason for Vitam					
		0/23 was documented as				
	awaiting meds.	-,				
	-The reason for Vitam	nin D3 not being				
	administered on 12/1	•				
	documented as on or					
	-The reason for Vitam					
		3/23 was documented as				
	N/A (not available).	o, 20 Mas assamented as				
	-The reason for Vitam	nin D3 not being				
	administered on 12/1	_				
	documented as on or					
	-The reason for Vitam					
		0/23 was documented as				
	N/A (not available).	o,zo was assamentsa as				
	-The reason for Vitam	nin D3 not being				
		8/23 was documented as				
	awaiting meds.	-,				
	-The reason for Vitam	nin D3 not beina				
		7/23 was documented as				
	meds not on cart.					
	-The reason for Vitam	nin D3 not beina				
		6/23 was documented as on				
	order.					
	Interview with the Exe	ecutive Director on 12/21/23				
	at 2:10pm revealed:					
	•	y the cart audit did not				
	reveal the missing me					
		nay be too many hands in				
		ng too many staff (MAs,				
		pected to be doing the same				
	thing (reordering med					

Refer to interview with a second medication aide

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STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		_	
		HAL047015	B. WING		R 12/21/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIE	RE CREEKS CROSSING		TTEVILLE RO	AD		
0.0.15	CHMMADV CT			DROVIDER'S DLAN OF CORRECTIO	N are	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	9	{D 358}			
	(MA) on 12/20/23 at 3	3:31pm.				
	Refer to interview witl Coordinator (RCC) or	_				
	Refer to interview wit 12/21/23 at 2:10pm.	h the Executive Director on				
	09/22/23 revealed: -Diagnoses included a kidney disease stage of insomnia, and atriational arrivation of reat major depressible bedtime for sleep.	for Trazodone 100mg (used sive disorder) give 1 at ent #6's medications on				
	hand on 12/21/23 at 2 no Trazodone on han	2:12pm revealed there was d for administration.				
	Review of Resident # revealed:	6's December 2023 eMAR				
	-There was an entry f at bedtime for sleep s -Trazodone was docu administered at 8:00p -The reason listed for	mented as not being om from 12/10/23 -12/20/23. Trazodone not being cumented as 09 (other/see				
	notes for 12/10/23 -12 -The reason for Trazo administered on 12/20 'medication isn't avail 'pharmacy name' at 5 43 minutes to no avail -The reason for Trazo	odone not being 0/23 was documented as able' attempted to call :15pm and was on hold for I will try again tomorrow".				

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Division	Division of Health Service Regulation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL047015	B. WING		12/21/2023
		HAE047013			12/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		8398 FAY	ETTEVILLE ROA	AD	
WICKSHIE	WICKSHIRE CREEKS CROSSING  RAEFOR				
(V4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(710)
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE DATE
				DEFICIENCY)	
{D 358}	Continued From page	10	{D 358}		
(2 000)	Continued From page	3 10	(2 333)		
	awaiting meds.				
	-The reason for Trazo	odone not being			
	administered on 12/1	7/23 - 12/19/23 was			
	documented as N/A (	not available).			
	-The reason for Trazo	odone not being			
	administered on 12/1	6/23 was documented as			
	'medication isn't avail	able'.			
	-The reason for Trazo	odone not being			
	administered on 12/1	5/23 was documented as			
	N/A (not available).				
	-The reason for Trazo	odone not being			
	administered on 12/1	4/23 was documented as			
	'medication isn't avail	able'.			
	-The reason for Trazo	odone not being			
	administered on 12/1	3/23 was documented as			
	N/A (not available).				
	-There was no reason	n documented for Trazodone			
	not being administere	ed on 12/11/23 and 12/12/23.			
	-The reason for Trazo	odone not being			
	administered on 12/1	0/23 was documented as			
	medication ordered.				
	Review of the 24-hou	r shift report book revealed			
	documentation dated	12/20/23:			
	-The first shift remark	s report for Resident #6			
	documented "Behavio	ors" with no other			
	documentation.				
	-The second shift rem	narks report for Resident #6			
	documented "check r	eport for Resident's name"			
	with no other docume	entation.			
	-The third shift docum	nented Resident #6 was "out			
	of her regular medica	tion and pharmacy was			
	contacted" with no otl	her documentation.			
	-The assigned MAs s	igned the entries for the			
	date 12/20/23.				
	Review of Resident #	6's December 2023 nurses			
	notes dated 12/03/23	revealed:			
	-There was documen	tation that Resident #6 was			

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aggressive towards the staff when assisting with

STATE FORM 6899 HMIH13 If continuation sheet 11 of 22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R		
		HAL047015	B. WING		12/21	1/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
WICKSHIRE CREEKS CROSSING 8398 FAY			YETTEVILLE ROA	AD			
		RAEFOF	RD, NC 28376		T		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
{D 358}	Continued From page	e 11	{D 358}				
		tation that Resident #6 empted to hit staff when					
	facility's contracted pl 4:37pm revealed -A 30-day supply of T dispensed on 11/08/2 -The effects of missin doses of Trazodone, medications that were disorders and social a a more confused mer her dementia to be he Interview with the Exe at 2:10pm revealed: -She was not sure wh reveal the missing me -She thought there "m	g the number of combined along with her other 2 e used for mental/mood anxiety disorder could cause status; it could cause eightened.  ecutive Director on 12/21/23 by the cart audit did not					
	thing (reordering med	n a personal care aide					
	Refer to interview with 12/21/23 at 3:35pm.	n a medication aide (MA) on					
	Refer to interview with on 12/20/23 at 3:31pr	n the medication aide (MA) m.					
	Refer to interview with Coordinator (RCC) or						
	Refer to interview wit	th the Executive Director on					

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12/21/23 at 2:10pm.

STATE FORM 6899 HMIH13 If continuation sheet 12 of 22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		A. BOILDING:	A. BOILDING.		В
	HAL047015	B. WING		12	R 2/ <b>21/2023</b>
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		YETTEVILLE ROAD			
WICKSHIRE CREEKS CROSSING		RD, NC 28376			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358} Continued From page	e 12	{D 358}			
O9/22/23 revealed: -Diagnoses included kidney disease stage of insomnia, and atria here was an order for treat sleeplessness/in bedtime for insomnia.  Observation of Resid hand on 12/21/23 at a no Melatonin 3mg on Review of Resident for evealed: -There was an entry tablet at bedtime for insomnia was docum administered at 8:00pmMelatonin 3mg give insomnia was docum administered at 8:00pm and 12/09/23-12/20/2 -The reason listed for administered was donurses notes) from 11/2/09/23-12/20/23.  Review of Resident from the stage of the	r Melatonin 3mg (used to nsomnia) give 1 tablet at .  lent #6's medications on 2:12pm revealed there was a hand for administration.  le6's December 2023 eMAR for Melatonin 3mg give 1 insomnia scheduled at .  1 tablet at bedtime for tented as not being come from 12/01/23-12/07/23 and .  r Melatonin 3mg not being cumented as 09 (other/see 2/01/23-12/07/23 and .  le6's December 2023 nurses 2/07/23 and .				

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STATE FORM 6899 HMIH13 If continuation sheet 13 of 22

DIVISION C	Division of Health Service Regulation							
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
			B. WING		R			
		HAL047015	B. WING		12/21/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE				
			ETTEVILLE RO					
WICKSHIP	RE CREEKS CROSSING		D, NC 28376	AD				
			D, NC 20376					
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( - /			
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR				
IAO		,	17.0	DEFICIENCY)				
{D 358}	Continued From page	e 13	{D 358}					
	on 12/16/23 was doci	umented as 'medication isn't						
	available'.	differited as iffedication isn't						
		tonin not boing administered						
	on 12/15/23 was docu	tonin not being administered						
		umented as N/A (not						
	available).	tomin wat bains administrat						
		tonin not being administered umented as medication not						
		umented as medication not						
	available.	tomin wat bains a administration						
		tonin not being administered						
	on 12/13/23 was docu	umented as N/A (not						
	available).							
		tonin not being administered						
		umented as 'medication isn't						
	available'.	Al						
	•	on the nurses notes on						
	administered.	on the Melatonin was not						
	-The reason for Melat	tonin not being administered						
		umented as medication						
	ordered.							
	-The reason for Melat	tonin not being administered						
		9/23 was documented as						
	N/A (not available).							
	-The reason for Melat	tonin not being administered						
		umented as waiting on						
	provider.							
	-The reason for Melat	tonin not being administered						
	on 12/02/23-12/04/23	was documented as N/A						
	(not available).							
	-The reason for Melat	tonin not being administered						
	on 12/01/23 was docu	umented as out of refills,						
	waiting on provider.							
	Based on observation	ns, interviews, and record						
	review, it was determ	ined that Resident #6 was						
	not interviewable.							
	Attempted telephone	interview with Resident #6's						
	power of attorney on	12/21/23 at 3:10pm was						

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unsuccessful.

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DIVISION	n nealth Service Negu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			1	<del></del>		
			B. WING		R	
		HAL047015	B. WING		12/21/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		8398 FAVI	ETTEVILLE RO	ΔD		
WICKSHIE	RE CREEKS CROSSING		D, NC 28376			
	OUR MAD NOT			DDOVIDEDIO DI ANI OF CODDECTIO		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
(D, 250)	0 " 15	44	(D. 250)			
{D 358}	Continued From page	e 14	{D 358}			
	Interview on 12/21/23	at 3:40pm with a personal				
	care aide (PCA) revea					
		n worse as she fought more				
		ried to hit and punch this				
	month (December).	•				
	, , ,	nber, she would just talk as				
	opposed to becoming	<del>_</del>				
		, p, cca				
	Interview with a secon	nd medication aide (MA) on				
	12/21/23 at 3:35pm re	, ,				
		e facility for two weeks.				
		ent #6 as feisty because she				
		nit and pinch staff when				
		ersonal care, to bed, and				
	upon awakening.	orderial dare, to bod, and				
	-She cursed at staff a	nd called staff vulgar				
	names.	ind called stall vulgar				
		r own element, she was				
	good (when staff was					
	,	tburst at dinner time, but				
		most part, as long as no				
	one bothered her.	most part, as long as no				
	one bothered her.					
	Telephone interview v	vith Resident #6's primary				
		on 12/21/23 at 4:53pm				
	revealed:	on 12/2 1/23 at 4.33pm				
		hat Resident #6 had missed				
	any of her medication					
		ad not requested any refills				
	or prescriptions for Re					
	-The hospice nurse no	-				
		2 weeks since she had				
	worked with hospice.					
		as the numerous doses of				
	•	Trazodone that Resident #6				
	had missed.					
		could cause some nausea				
	and vomiting but missing a week or more straight					

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would cause more serious effects like

STATE FORM 6899 HMIH13 If continuation sheet 15 of 22

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			, 551E51110			
		HAL047015	B. WING		R <b>12/21/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WICKSHIP	RE CREEKS CROSSING		ETTEVILLE ROAD, NC 28376	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	÷ 15	{D 358}			
{D 336}	depression, hallucina dizziness, irritability, a movementsShe would contact thresuming the Risperd medications and grad with a slow taper until were achieved.  Attempted telephone nurse on 12/21/23 at Interview with the Exe at 2:10pm revealed: -She was not sure whreveal the missing meaning and the cookie jar" meaning RCC, MCD) were expected the missing meaning at the cookie jar meaning at the cookie jar meaning at the cookie jar meaning at the missing meaning at the cookie jar m	tions, difficulty sleeping, and uncontrolled muscle he facility for new orders for hal, Zoloft and Trazodone he lually increase the dosages of the previous ordered doses have been doses interview with the hospice 4:50pm was unsuccessful. He cart audit did not he had for Resident #6. He has be too many hands in high too many staff (MAs, prected to be doing the same had been been down and the medication aide (MA) m.  In the Resident Care in 12/21/23 at 2:45pm.  Ith the Executive Director on the facility of the same had been down and the medication aide (MA) m.	{U 356}			
	4. Review of Resident #3's current FL-2 dated 10/12/23 revealed:  -Diagnoses included infection and inflammatory reaction due to internal left hip prosthesis, staphylococcal arthritis left hip, essential hypertension major depressive disorder, diabetes mellitus, and atrial fibrillation.  -There was an order for Minocycline HCL 50mg (used to treat bacterial infections) to give 1					

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capsule at bedtime for bone infection.

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STATEMEN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R	
	HAL047015		B. WING		1	1/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
WICKSHII	RE CREEKS CROSSING		ETTEVILLE ROA	AD		
	OLIMANA DV. OT		D, NC 28376	DDO//DEDIO DI ANI OF GODDEGTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 16	{D 358}			
	revealed: -She was supposed to and she had missed 3-It was given to her to Resistant Staphyloco-If she did not get her MRSA to start infectin up in the hospital and She had told several out of her antibioticShe said it did not do Resident Care Coordi Executive Director (Ewhat was happening stayed in their offices  Review of Resident # electronic medication (eMAR) revealed: -There was an entry figive 1 capsule at bed scheduled at 8:00pm Minocycline HCL 50 being administered at 12/19/23The reason listed for being administered w (other/see nurses not 12/19/23.  Observation of Resident on 12/21/23 at 230 capsules of Minocycline HCL 50 to being administered w (other/see nurses not 12/19/23.	o prevent MRSA-Methicillin ccus Aureus. antibiotic, it could cause ag her and she could wind be deathly sick. of the MAs about running of any good to talk to the inator (RCC) or the D) as they did not know at the facility since they all the time.  3's December 2023 administration record for Minocycline HCL 50mg time for bone infection from 12/17/23 -  Minocycline HCL 50mg not as documented as 09 es) from 12/17/23 -  ent #3's medications on 2:43pm revealed there were ycline HCL 50mg on hand ch were dispensed on				

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notes for 12/16/23-12/19/23 revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			750.25				
		HAL047015	B. WING		1	1/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
WICKSHII	RE CREEKS CROSSING		ETTEVILLE ROA	AD			
	0.000000		D, NC 28376		. 1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
{D 358}	Continued From page	e 17	{D 358}				
(D 000)	-The reason for Minor administered on 12/19 being orderedThe reason for Minor administered on 12/19 meds not on cartThe reason for Minor administered on 12/19 medication not availatedThe reason for Minor administered on 12/19 n/a - not available.  Telephone interview of acility's contracted pleason on 12/18/2 - A 30-day supply of Midispensed on 12/18/2 - A 30-day supply of Midispensed on 11/14/2 - The effects of missin HCL 50mg could cause. Resident #3 had recoprophylactic medication.  Interview with Reside 12/20/23 at 12:40pm - Her family member (to get her antibiotic emissed 3 days so far She took it to prevent Resistant Staphylocolif she got a little scrainfection and she would running out of her meantibiotic.	cycline HCL not being 9/23 was documented as cycline HCL not being 8/23 was documented as cycline HCL not being 7/23 was documented as ble. Cycline HCL not being 6/23 was documented as ble. Cycline HCL not being 6/23 was documented as with a pharmacist at the harmacy on 12/21/23 at Minocycline HCL 50mg was 13 for Resident #3. Minocycline HCL as a on since May 2023.  Int #3's family member on revealed: Resident #3) was supposed very day and she had with MRSA-Methicillin ccus Aureus. Minocycline MCL as a severe will be hospitalized. It several of the MAs about adications, especially her is had talked to several staff.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COWI LETED	
		HAL047015 B. WING			R <b>12/21/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		8398 FAYE	TTEVILLE ROA	AD		
WICKSHII	RE CREEKS CROSSING	RAEFORD,	NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	e 18	{D 358}			
	Interview with Reside Provider (PCP) on 12 -He had not been not 3 doses of her Minocy-He would expect to be more than 2 doses but had been taking it for Interview with the Exe at 2:10pm revealed: -She was not sure whereveal the missing means that the cookie jar" meaning the cookie jar" meaning the cookie jar" meaning the strength of the cookie jar" meaning the cookie jar meaning the	nt #3's Primary Care /21/23 at 5:22pm revealed: iffied of Resident #3 missing ycline. De notified if she missed at was not concerned as she some time now.  Decutive Director on 12/21/23  The part of the cart audit did not eds for Resident #3. The part of the cart audit of the cart				
	Interview with a personal care aide (PCA) on 12/21/23 at 3:40pm revealed: -Resident #6 had been worse as she fought more than usual; she had tried to hit and punch this month (December)Last month in November, she would just talk as opposed to becoming physical.  Interview with a medication aide (MA) on 12/21/23 at 3:35pm revealed: -He had worked at the facility for two weeksHe described Resident #6 as feisty because she got loud and tried to hit and pinch staff when being assisted with personal care, to bed, and upon awakeningShe cursed at staff and called staff vulgar namesWhen she was in her own element, she was good (when staff was not assisting her)She may have an outburst at dinner time, but she was calm for the most part, as long as no					

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DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY	. ,	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_	<del></del>		
					R	
		HAL047015	B. WING	<del></del>	12/21/202	3
					•	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		8398 FAYE	TTEVILLE RO	AD		
WICKSHIE	RE CREEKS CROSSING	RAEFORD	, NC 28376			
	OLUMNA DV OT		1	DD0//DDD0 D/ AM 05 00DD50T/01		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		X5) IPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		ATE
IAG		,	1/40	DEFICIENCY)		
			+			
{D 358}	Continued From page	e 19	{D 358}			
	. •					
		nd medication aide (MA) on				
	12/20/23 at 3:31pm re	evealed:				
	-The MAs document a	a number on the electronic				
	medication administra	ation record (eMAR).				
	-The 09 was other/see	, ,				
	-The n/a that was not	ed on the nurse's notes				
	means not available.					
		nented the 09 on the eMAR,				
		•				
		uld explain why 09 was used.				
		neds when there was a				
	7-10-day supply rema					
		Coordinator (RCC), Memory				
		and the Supervisor in				
	Charge (SIC) did the	cart audits but not sure				
	when those were don	e.				
	-Any behaviors or issu	ues that any resident would				
		mented in the nurse's notes.				
	Interview with the Res	sident Care Coordinator				
	(RCC) on 12/21/23 at					
	` '	•				
		s (MAs) were responsible to				
	•	Care Provider (PCP) when				
		oses of their medications.				
		nsible for ordering the refills				
	from the medication p					
	-If no refills were avai	lable, the MAs were				
	responsible for contact	cting the PCP to get a new				
	order.					
	-The MAs documente	ed in the nurses notes when				
	medications were mis	ssed, refused, etcetera. with				
		e PCP was contacted, when				
		ntacted, if the resident was				
		rs or having any problems.				
		shift report book that the				
		ort any issues from their				
	snitts to help the next	oncoming shift be aware.				
	Interview with the Exe	ecutive Director (ED) on				
	12/21/23 at 2:10pm re	evealed:				

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-If a resident ran out of medication, the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
					R
		HAL047015	B. WING	<del></del>	12/21/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
		8398 FAYE	TTEVILLE RO	AD	
WICKSHIE	RE CREEKS CROSSING	RAEFORD	, NC 28376		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 20	{D 358}		
	medication aides (MA	(s) were to notify the			
	supervisor.	(3) Were to notify the			
	•	ed to contact the pharmacy			
	•	from the medication card			
		armacy for a refill when there			
	was a 7-10-day suppl				
		Coordinator (RCC) was			
	responsible for check	ing behind the MAs to make			
	sure medications wer	e refilled.			
		ne by the Memory Care			
	•	and the Lead MA weekly on			
	Thursdays and it was				
		sted of checking the cart, the			
		ne orders, checking for			
		omparing the actual order to			
		tion Administration Record			
	, ,	were any missing meds or			
	meds that were running	ng low that would be			
	reordered.	a for any resident being out			
		e for any resident being out as their back up pharmacy			
	was right next door.	з шен рианпасу			
	The facility failed to a	dminister medications as			
		dents observed during the			
		n 12/20/23 and 12/21/23			
	•	edication error rate. Resident			
	~	red a medication used to			
	treat mental health dis	sorders/mood and had			
	missed 5 consecutive	e days; she missed 13 doses			
	of her medication use	ed to treat depression; and			
		of vitamin used to treat a			
	•	d Resident #3 who had a			
	history of an antibiotic	<del>_</del>			
		d missed 4 consecutive			
		c in December 2023, placing			
	her at risk for an exac				
	infection and Residen				
	_	ner medication used to treat			
	major depressive disc	order and missed 9			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.			
		HAL047015	B. WING		1	1/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHI	RE CREEKS CROSSING	8398 FAYE <sup>-</sup> RAEFORD,	TTEVILLE ROANCE 28376	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	consecutive days of hinsomnia. The failure medications as order health, safety, and we constitutes a Type B. The facility provided a accordance with G.S. this violation.	ner medication used to treat of the facility to administer ed was detrimental to the elfare of the residents and Violation.	{D 358}			

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