

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL092207</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>01/05/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TERRABELLA NORTHRIDGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>600 NEWTON ROAD<br/>RALEIGH, NC 27609</b> |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| D 000              | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D 000         |                                                                                                                 |                    |
| D 235              | <p>10A NCAC 13F .0703 (b) Tuberculosis Test, Medical Examination And Im</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations</p> <p>(b) Each resident shall have a medical examination prior to admission to the facility and annually thereafter.</p> <p>(c) The results of the complete examination required in Paragraph (b) of this Rule are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following:</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 5 sampled residents (#4) and 3 of 6 reviewed residents from the medication pass observation (#6, #7, and #8) had a current FL-2 completed annually.</p> <p>The findings are:</p> <p>1. Review of Resident #4's FL-2 dated 09/18/23 revealed diagnoses included dementia, syncope, and hypotension.</p> <p>Review of Resident #4's record revealed that Resident #4 did not have an updated FL-2</p> | D 235         |                                                                                                                 |                    |

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| Division of Health Service Regulation<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| D 235              | <p>Continued From page 1</p> <p>completed since 09/18/23.</p> <p>On 01/05/24, the Executive Director provided a current FL-2 for Resident #4 that was completed on 01/04/24 by the contracted primary care provider (PCP).</p> <p>Review of Resident #4's current FL-2 dated 01/04/24 revealed diagnoses included altered mental status, chronic kidney disease-stage 3, essential hypertension, proximal Atrial-fibrillation, Type 2 diabetes mellitus, UTI, and vascular dementia.</p> <p>Interview with the memory care director (MCD) on 01/05/24 at 1:58 pm revealed:<br/>-She did not know why Resident #4's FL-2 was outdated.<br/>-She was not sure what took place prior to her December 2023 start date.</p> <p>Interview with the Administrator on 01/05/24 at 2:32pm and 4:00pm revealed:<br/>-She was not aware that Resident #4 did not have a current FL-2 until it was requested for review on 01/04/24 by the survey team.<br/>-The MCD and the Resident Care Coordinator (RCC) were auditing each chart to ensure all paperwork was up to date.<br/>-The MCD and RCC were responsible for ensuring FL-2s were completed and signed annually or more frequently as needed.</p> <p>Based on observations, interviews, and record review it was determined Resident #4 was not interviewable.</p> <p>Attempted telephone interview with Resident #4's primary care provider (PCP) on 01/05/24 at 4:00pm was unsuccessful.</p> | D 235         |                                                                                                                 |                    |

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| D 235              | <p>Continued From page 2</p> <p>2. Review of Resident #7's FL-2 dated 05/17/22 revealed diagnoses included cognitive disorder and lactose intolerance.</p> <p>Review of Resident #7's record revealed Resident #7 did not have an updated FL-2 completed since 05/17/22.</p> <p>Review of Resident #7's Resident Register revealed Resident #7 was admitted to the facility on 05/28/21.</p> <p>On 01/05/24 the Executive Director provided a current FL-2 for Resident #6 that was completed on 01/04/24 by the contracted primary care provider (PCP).</p> <p>Review of Resident #7's current FL-2 dated 01/04/24 revealed diagnoses included cognitive social or emotional deficit following subarachnoid hemorrhage, lactose intolerance, dementia. coronary vascular disease, history of deep vein thrombosis (DVT), osteoarthritis, peripheral vascular disease, and vitamin D deficiency.</p> <p>Interview with the memory care director (MCD) on 01/05/24 at 1:58 pm revealed:<br/>-She did not know why Resident #7's FL-2 was outdated.<br/>-She was not sure what took place prior to her December 2023 start date.</p> <p>Interview with the Administrator on 01/05/24 at 2:32pm and 4:00pm revealed:<br/>-She was not aware that Resident #7 did not have a current FL-2 until it was requested for review on 01/05/24 by the survey team.<br/>-The MCD and the Resident Care Coordinator (RCC) were both auditing each chart to ensure all</p> | D 235         |                                                                                                                 |                    |

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| D 235              | <p>Continued From page 3</p> <p>paperwork was up to date.<br/>-The MCD and RCC were responsible for ensuring FL-2s were completed and signed annually or more frequently as needed.</p> <p>Based on observations, interviews, and record review it was determined Resident #7 was not interviewable.</p> <p>Attempted telephone interview with Resident #7's primary care provider (PCP) on 01/05/24 at 4:00pm was unsuccessful.</p> <p>3. Review of Resident #6's FL-2 dated 11/07/22 revealed diagnoses included essential hypertension, cellulitis or right lower limb, embolism and thrombosis of vein, hyperlipidemia, metabolic encephalopathy, neurogenic bladder, insomnia, and urinary retention.</p> <p>Review of Resident #6's record revealed that Resident #6 did not have an updated FL-2 completed since 11/07/22.</p> <p>Review of Resident #6's Resident Register revealed Resident #6 was admitted to the facility on 12/01/17.</p> <p>On 01/05/24 the Executive Director provided a current FL-2 for Resident #6 that was completed on 01/04/24 by the contracted primary care provider (PCP).</p> <p>Review of Resident #6's current FL-2 dated 01/04/24 revealed diagnoses included essential hypertension, cellulitis or right lower limb, embolism and thrombosis of vein, hyperlipidemia, metabolic encephalopathy, neurogenic bladder, insomnia, and urinary retention.</p> | D 235         |                                                                                                                 |                    |

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| D 235              | <p>Continued From page 4</p> <p>Interview with the Administrator on 01/05/24 at 2:32pm and 4:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware that Resident #6 did not have a current FL-2 until it was requested for review on 01/05/24 by the survey team.</li> <li>-The MCD and the Resident Care Coordinator (RCC) were auditing each chart to ensure all paperwork was up to date.</li> <li>-The MCD and RCC were responsible for ensuring FL-2s were completed and signed annually or more frequently as needed.</li> </ul> <p>Attempted telephone interview with Resident #6's primary care provider (PCP) on 01/05/24 at 4:00pm was unsuccessful.</p> <p>4. Review of Resident #8's FL-2 dated 06/15/22 revealed diagnoses included chronic obstructive pulmonary disease, constipation, gastroesophageal reflux disorder, pulmonary disease, primary hypertension, vitamin D deficiency, dementia, and urinary tract infection.</p> <p>Review of Resident #8's record revealed that Resident #8 did not have an updated FL-2 completed since 06/15/22.</p> <p>Review of Resident #8's Resident Register revealed Resident #8 was admitted to the facility on 05/18/21.</p> <p>On 01/05/24 the Executive Director provided a current FL-2 for Resident #8 that was completed on 01/04/24 by the contracted primary care provider (PCP).</p> <p>Review of Resident #8's current FL-2 dated 01/04/24 revealed diagnoses included dementia, gastroesophageal reflux disease, pulmonary disease, primary hypertension, constipation,</p> | D 235         |                                                                                                                 |                    |

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| D 235              | Continued From page 5<br><br>vitamin D deficiency, urinary tract infection.<br><br>Interview with the Administrator on 01/05/24 at 2:32pm and 4:00pm revealed:<br>-She was not aware that Resident #8 did not have a current FL2 until it was requested for review on 01/04/24 by the survey team.<br>-The Memory Care Director (MCD) and the resident care coordinator (RCC) were auditing each chart to ensure all paperwork was up to date.<br>-The MCD and RCC were responsible for ensuring FL2s were completed and signed annually or more frequent as needed.<br><br>Attempted telephone interview with Resident #8's primary care provider (PCP) on 01/05/24 at 4:00pm was unsuccessful.                                  | D 235         |                                                                                                                 |                    |
| D 263              | 10A NCAC 13F .0802 (e) Resident Care Plan<br><br>10A NCAC 13F .0802 Resident Care Plan<br><br>(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:<br>(1) the resident is under the physician's care; and<br>(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure that 3 of 5 sampled residents (#2, #4, and #5) had an assessment | D 263         |                                                                                                                 |                    |

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| D 263              | <p>Continued From page 6</p> <p>and care plan updated annually.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 07/31/23 revealed diagnoses included dementia, hypertension, osteoarthritis, hyperlipidemia, and gait inability.</p> <p>1. Review of Resident #2's care plan dated 10/04/23 revealed:</p> <ul style="list-style-type: none"> <li>-The care plan was signed by Resident #2's primary care provider (PCP) on 01/04/24 instead of 14 days after assessment (10/04/23).</li> <li>-Resident #2 required maximum assistance with bathing and toileting.</li> <li>- She required minimal assistance with dressing and grooming.</li> <li>-She was independent with eating and transfers.</li> </ul> <p>Observation of Resident #2 in her room on 01/04/24 at 9:00 am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was lying in her bed, in and out of sleep.</li> <li>-She was not interviewable.</li> </ul> <p>Interview with the Medication Aid (MA) on 01/04/24 at 9:02 am revealed:</p> <ul style="list-style-type: none"> <li>-She was preparing to clean the resident up from being soiled.</li> <li>-She was preparing to give the resident her breakfast.</li> <li>-The resident was declining, and hospice was coming out daily to assist her with her needs.</li> </ul> <p>Interview with the Memory Care Director (MCD) on 01/05/24 at 1:58 pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware Resident #2, #4, and #5's care plan was outdated.</li> <li>-She completed Resident Care plan assessments</li> </ul> | D 263         |                                                                                                                 |                    |

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| D 263              | <p>Continued From page 7</p> <p>every three months, and the primary care provider (PCP) signs once a year.<br/>-She did not know why the PCP did not sign the resident's care plan.</p> <p>Interview with the Administrator on 01/05/24 at 2:32 pm revealed:<br/>-She changed from using the care plan 3050-R to a custom plan called the regular service plan in September 2023.<br/>-The PCP should sign the care plan within their two-week visit timeframe.<br/>-The MCD and the resident care coordinator (RCC) both were auditing each chart to ensure all paperwork was up to date.<br/>-The MCD was responsible for ensuring resident care plans were completed and signed annually.</p> <p>2. Review of Resident #4's 3050R care plan dated 05/31/22 revealed:<br/>-The care plan was signed by Resident #2's primary care provider (PCP) on 06/02/22.<br/>-Resident #4 required minimal assistance with eating, ambulation, bathing, dressing, and grooming.<br/>-He was independent with toileting and transfers.</p> <p>Review of Resident #4's record revealed there was a Regular Service Plan dated 12/26/23 but was not completed with any staff signatures nor the PCP's signature.</p> <p>On 01/05/24 the Administrator provided an updated Regular Service Plan (which had replaced the previous version of the care plan (3050R) back in September 2023) that was signed and dated by the PCP on 01/04/24.</p> <p>Review of Resident #4's Regular Service Plan dated 12/26/23 revealed:</p> | D 263         |                                                                                                                 |                    |

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| D 263              | <p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-The care plan was signed by Resident #2's primary care provider (PCP) on 01/04/24.</li> <li>-Resident #4 required minimal assistance with eating, ambulation, bathing, dressing, and grooming.</li> <li>-He was independent with toileting and transfers.</li> </ul> <p>Interview with the Memory Care Director (MCD) on 01/05/24 at 1:58pm revealed she was not aware Resident #4's care plan was outdated.</p> <p>Based on observations, interviews, and record review it was determined Resident #4 was not interviewable.</p> <p>Refer to interview with the MCD on 01/05/24 at 1:58pm.</p> <p>Refer to interview with the Administrator on 01/05/24 at 2:34pm.</p> <p>3. Review of Resident #5's FL2 dated 07/25/23 revealed diagnoses include Alzheimer's, hypertension, anxiety and hyperlipidemia.</p> <p>Review of Resident #5's record on 01/04/14 revealed there was no care plan in the record.</p> <p>Review of Resident #5's Care Plan provided by staff on 01/01/24 revealed:</p> <ul style="list-style-type: none"> <li>-The date of the Care Plan was 08/28/23.</li> <li>-The Care Plan was signed by the PCP on 01/04/24 instead of 14 days after assessment.</li> <li>-Resident #5 was independent of dressing, grooming and transfers but required reminders for dressing and grooming.</li> <li>-She required limited assistance for bathing and toileting with staff set up for bathing.</li> </ul> <p>Observation of Resident #5 in the common area,</p> | D 263         |                                                                                                                 |                    |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| D 263              | <p>Continued From page 9</p> <p>hallway and her bedroom on 01/04/24 revealed:<br/>-Resident #5 ambulated independently.<br/>-Engaged in conversation with staff and other residents.</p> <p>Interview with the Memory Care Director (MCD) on 01/05/24 at 1:58 pm revealed she was not aware Resident #5's care plan was outdated.</p> <p>Refer to interview with the MCD on 01/05/24 at 1:58 pm.</p> <p>Refer to interview with the Administrator on 01/05/24 at 2:34pm.</p> <hr/> <p>Interview with the memory care director (MCD) on 01/05/24 at 1:58 pm revealed:<br/>-She completed Resident Care plan assessments every three months, and the primary care provider (PCP) signs once a year.<br/>-She did not know why the PCP did not sign the resident's care plan.<br/>-She wasn't sure what took place prior to her December start date.</p> <p>Interview with the Administrator on 01/05/24 at 2:32 pm revealed:<br/>-She changed from using the care plan 3050-R to a custom plan called the regular service plan in September 2023.<br/>-The PCP should sign the care plan within their two-week visit timeframe.<br/>-The MCU director and the resident care coordinator (RCC) were both auditing each chart to ensure all paperwork was up to date.<br/>-The MCU director was responsible for ensuring resident care plans were completed and signed annually.</p> | D 263         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL092207</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R-C</b><br><b>01/05/2024</b> |
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| D 276<br>D 276     | <p>Continued From page 10</p> <p>10A NCAC 13F .0902(c)(3-4) Health Care</p> <p>10A NCAC 13F .0902 Health Care<br/>(c) The facility shall assure documentation of the following in the resident's record:<br/>(3) written procedures, treatments or orders from a physician or other licensed health professional; and<br/>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, interviews, and records reviews, the facility failed to ensure implementation of physician's orders for 2 of 5 sampled residents (#1 and #3) related to thromboembolic deterrent (TED) hose .</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 11/03/23 revealed diagnoses included spinal stenosis, paroxysmal atrial fibrillation, and peripheral artery disease.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 11/03/23.</p> <p>Review of Resident #1's physician order dated 12/20/23 revealed an order for thromboembolic deterrent (TED) hose, apply every morning and remove at bedtime.</p> <p>Review of Resident #1's January medication administration record (MAR) revealed: documentation TED hose were applied to Resident #1 in the morning of 01/04/24.</p> <p>Observation of Resident #1 on 01/04/24 at</p> | D 276<br>D 276 |                                                                                                                 |                    |

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| D 276              | <p>Continued From page 11</p> <p>8:40am revealed:<br/>-Resident #1 was in his bedroom, seated in his chair, and was not wearing his TED hose.<br/>-TED hose were laying on top of the dresser.<br/>-Resident reported staff normally put his TED hose on before 10:00am.</p> <p>Second observation of Resident #1 on 01/04/24 at 1:45pm revealed:<br/>-Resident #1 was in his bedroom, seated in his chair, and was not wearing his TED hose.<br/>-TED hose were laying on top of the dresser.<br/>-Resident #1 revealed that staff had not come to put on his TED hose.</p> <p>Third observation of Resident #1 on 01/05/24 at 8:45am revealed:<br/>-Resident #1 was in his bedroom, seated in his chair, and was not wearing TED hose.<br/>-TED hose were laying on top of the dresser.<br/>-Resident #1 reported staff had not put on his TED hose the previous day.</p> <p>Forth observation of Resident #1 on 01/05/24 at 9:15am revealed a medication aide (MA) entered Resident #1's bedroom and put on his TED hose.</p> <p>Interview with a personal care aide (PCA) on 01/05/24 at 10:25am revealed:<br/>-The MAs were responsible for applying and removing TED hose for Resident #1.<br/>-The MAs were responsible for applying Resident #1's TED hose when he first wakes up during morning medication pass.</p> <p>Interview with a MA on 01/05/24 at 9:25am revealed:<br/>-The MAs were responsible for applying and removing TED hose for Resident #1.<br/>-The MAs were supposed to apply Resident #1's</p> | D 276         |                                                                                                                 |                    |

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| D 276              | <p>Continued From page 12</p> <p>TED hose each morning before he got out of bed and remove them each evening at bedtime.<br/>-The MAs signed off on the medication administration record (MAR) when they applied and removed TED hose.</p> <p>Interview with the Resident Care Coordinator (RCC) on 01/05/24 at 2:05pm revealed:<br/>-The MAs were responsible for applying and removing TED hose for Resident #1.<br/>-The MAs were supposed to apply Resident #1's TED hose each morning before he got out of bed and remove them each evening at bedtime.<br/>-The MAs were responsible for hand washing TED hose each evening with soap and hanging them to dry.<br/>-She did not know why MAs had not applied Resident #1's TED hose the previous day.</p> <p>Interview the Administrator on 01/05/24 at 2:10pm revealed:<br/>-The MAs were supposed to apply Resident #1's TED hose each morning before he got out of bed and remove them each evening at bedtime.<br/>-If the resident refused his TED hose the MAs were to put a refusal note on the MAR.<br/>-The MAs signed the MAR as if they had applied Resident #1's TED hose the previous morning.<br/>-She was not aware that the MAs had not applied Resident #1's TED hose the previous morning.<br/>-She did not know why MAs had not applied Resident #1's TED hose the previous morning.</p> <p>Attempted telephone interview with the PCP on 01/05/24 at 4:00pm was unsuccessful.<br/>2. Review of Resident #3's FL2 dated 09/06/23 revealed diagnoses of hypertension, history of falls and osteoporosis.<br/>Review of Resident #3's progress note date 12/20/23 revealed:</p> | D 276         |                                                                                                                 |                    |

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| D 276              | <p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-Diagnoses of edema, tinea unguium and peripheral vascular disease</li> <li>-There was an order for "open toed compression thrombo-embolic deterrent (TED) hose 15-20mmhg, staff to apply in am and remove at night before bed." (TED hose are used to help prevent blood clots and swelling in the legs.)</li> </ul> <p>Review of the electronic medication record (eMAR) revealed ted hose were not listed. Review of Resident #3's Care Plan dated 11/30/23 revealed documentation that the resident did not wear TED hose. Observation of Resident #3 on 01/05/24 at 11:10am revealed Resident #3 was not wearing TED hose and there were no TED hose observed in the room. Interview with Resident #3 on 01/05/24 at 11:07am revealed she has never worn TED hose. Interview with the medication aide (MA) on 01/05/24 at 2:11pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware Resident #3 had an order for TED hose.</li> <li>-The facility pharmacy entered the orders on the eMAR.</li> <li>-A pop up on the eMAR notified her when a resident had an order for TED hose.</li> <li>-The order for TED hose was not listed on the eMAR.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 01/05/24 at 2:41pm revealed:</p> <ul style="list-style-type: none"> <li>-She was aware Resident #3 had an order for TED hose.</li> <li>-She was not aware the resident was not wearing TED hose.</li> <li>-She was not aware the order for TED hose was not listed on the eMAR.</li> <li>-She was responsible for following up on orders sent to the facility pharmacy.</li> </ul> | D 276         |                                                                                                                 |                    |

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| D 276              | <p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-She signed and dated the order once it was faxed to the facility pharmacy.</li> <li>-Her signature, dated 12/22/23, was at the bottom of the order for TED hose.</li> <li>-She confirmed there was a fax confirmation sheet attached to the order that was faxed to the facility pharmacy.</li> <li>-If the order was faxed after 5:00pm, the TED hose would appear on the MAR the next day.</li> <li>-She should have completed a follow up on 12/23/23 to see if the TED hose arrived.</li> <li>-She did not remember following up to confirm the TED hose arrived.</li> </ul> <p>Interview with the Executive Director (ED) on 01/05/24 at 3:45pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware Resident #3 had an order for TED hose.</li> <li>-The facility's pharmacy entered the orders on the eMAR.</li> <li>-She was not involved in the process of getting orders put on the MAR.</li> <li>-The RCC is responsible for getting the orders entered on the eMAR.</li> <li>-She periodically checked behind the RCC to ensure orders were in the system.</li> </ul> <p>Attempted telephone interview with the PCP on 01/05/24 at 4:00pm was unsuccessful.</p> | D 276         |                                                                                                                 |                    |
| D 366              | <p>10A NCAC 13F .1004 (i) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration</p> <p>(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D 366         |                                                                                                                 |                    |

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| D 366              | <p>Continued From page 15</p> <p>medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, interview and record reviews, the facility failed to ensure Uqora was administered to 1 of 5 sampled residents (#3) as ordered by the physician.</p> <p>The findings are:</p> <p>Review of Resident #3's FL2 dated 09/26/23 revealed diagnoses of hypertension.</p> <p>Review of physician's orders dated 09/06/23 revealed an order for Uqora (used to flush the urinary tract) 1 Flush, mix 1 Flush Mix with Miralax and drink by mouth every 3rd day.</p> <p>Review of the January 2024 electronic medication administration record (eMAR) revealed:<br/>-There was an an entry for Uqora mix 1 Flush Mix with Miralax and drink by mouth every 3rd day.<br/>-Uqora was documented as administered on 01/03/24 at 8:00am.</p> <p>Observation of Resident #3's room on 01/05/24 at 11:07am revealed:<br/>-She was sitting up in her bed.<br/>-There was one 8 oz cup of clear liquid sitting on the right side of the nightstand and a liquid that was colored pink sitting next to it 2/3 full.<br/>-There were other items sitting next to or behind the two cups.</p> <p>Observation of Resident #3's room on 01/05/24 at 12:25pm revealed:<br/>-There was a clear cup 2/3 full of a pink liquid</p> | D 366         |                                                                                                                 |                    |

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| D 366              | <p>Continued From page 16</p> <p>sitting on the nightstand.</p> <ul style="list-style-type: none"> <li>-There was another clear cup ¼ full of a clear liquid sitting on the nightstand next to the clear cup that contained the pink liquid.</li> <li>-There was a cell phone on its charging base behind the clear cup that contained the clear liquid.</li> <li>-In the top section of a silver/green case on the resident's nightstand was a pill with rounded corners.</li> <li>-Resident #3 pried the pill out of the case.</li> <li>-There were no markings visible on the pill and the side of the pill, which had been stuck in the case, but the pill was discolored (blackish brown).</li> </ul> <p>Observation of Resident #3's room on 01/05/24 at 2:00pm revealed the clear cup 2/3 full of a pink liquid remained on the nightstand in the same location as previously observed at 12:25pm.</p> <p>Interview with Resident #3 on 01/05/24 at 2:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She had asked the medication aide (MA) to leave the medication (pink liquid) in the room as she was not yet ready to drink it.</li> <li>-She was not sure what the pill (white rectangular pill with rounded corners) that she removed from the silver/green case was or how it got into the case.</li> </ul> <p>Interview with the MA on 01/05/24 at 2:11pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 argued with staff today (01/05/24) about her morning medication, so they left it in the room.</li> <li>-The pink liquid left in the resident's room today (01/05/24) was her Miralax that was mixed with her other medication (Uqora).</li> <li>-She was not aware of the pill that was found in Resident #3's hearing aid case nor what type of</li> </ul> | D 366         |                                                                                                                 |                    |

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| D 366              | Continued From page 17<br><br>medicine.<br><br>Attempted telephone interview with the PCP on 01/05/24 at 4:00pm was unsuccessful. | D 366         |                                                                                                                 |                    |