

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(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 survey and follow-up survey on 01/23/24 through 01/24/24.	D 000		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews the facility failed to administer medications as ordered to 2 of 5 sampled residents (#3 and #5) related to a medication to treat underactive thyroid gland, a medication to relieve wheezing (#5) and a medication to treat dementia (#3).</p> <p>The findings are:</p> <p>1. Review of Resident #5's current FL2 dated 08/16/23 revealed: -Diagnoses included hypothyroidism (underactive thyroid gland), hypertension, general weakness, and depression. -There was an order for levothyroxine (a medication to treat hypothyroidism) 75mcg, one tablet daily.</p> <p>a. Review of Resident #5's Primary Care Provider's (PCP) orders dated 12/06/23 revealed an order for levothyroxine 75mcg, one tablet</p>	D 358		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 1</p> <p>daily.</p> <p>Review of Resident #5's November 2023 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for levothyroxine 75mcg, one tablet daily at 6:00am. -The entry was circled, indicating not administered, from 11/08/23 to 11/11/23 and from 11/25/23 to 11/26/23. -The documented reasons the medication was not administered was "awaiting medication from pharmacy". <p>Review of Resident #5's December 2023 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for levothyroxine 75mcg, one tablet daily at 6:00am. -The entry was circled, indicating not administered, from 12/12/23 to 12/14/23, from 12/16/23 to 12/22/23, from 12/24/23 to 12/25/23 and from 12/27/23 to 12/30/23. -The documented reasons the medication was not administered was "awaiting medication from pharmacy". <p>Review of Resident #5's January 2024 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for levothyroxine 75mcg, one tablet daily at 6:00am. -The entry was circled, indicating not administered, from 01/02/24 to 01/04/24, from 01/06/24 to 01/07/24, 01/10/24, and from 01/13/24 to 01/22/24. -The documented reasons the medication was not administered was "awaiting medication from pharmacy". <p>Observations of medications on hand for Resident #5 on 01/24/24 revealed:</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 2</p> <ul style="list-style-type: none"> -There was a bubble pack containing levothyroxine 75mcg. -Levothyroxine 75mcg, 30 tablets were dispensed on 01/23/24. -There were 29 tablets remaining. <p>Telephone interview with a representative from the facility's contracted pharmacy on 01/24/24 at 4:15pm revealed:</p> <ul style="list-style-type: none"> -Resident #5 had an order for levothyroxine 75mcg, one tablet daily. -Levothyroxine 75mcg, 30 tablets were dispensed to the facility on 01/24/24 and on 04/11/22. -He was unsure if there were any refill requests from the facility prior to 01/23/24. <p>Interview with Resident #5's PCP on 01/24/24 at 11:23am and 12:16pm revealed:</p> <ul style="list-style-type: none"> -She was not notified that Resident #5 had not been receiving her levothyroxine 75mcg as ordered. -She expected to be notified if a resident missed two or three doses of levothyroxine. -She ordered labs to check Resident #5's thyroid function and would adjust her levothyroxine dose if necessary. -Possible outcomes of not receiving levothyroxine as ordered included changes in blood pressure, increased weakness, increased fatigue, mood changes, and weight changes. <p>Interview with a Medication Aide (MA) on 01/24/24 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -The MAs were responsible to order resident medications from the pharmacy when there were about 5 to 7 doses left to administer. -If a medication was not available to administer, the MAs were to inform the Health and Wellness Director (HWD). -She was not aware Resident #5 was out of 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 3</p> <p>levothyroxine.</p> <p>Interview with the HWD on 01/24/24 at 3:35pm and 5:53pm revealed:</p> <ul style="list-style-type: none"> -The MAs were responsible to reorder medications when there were five days of medication remaining to administer. -The MAs were responsible to notify her if the resident missed any doses of medications. -The MAs were being trained to assist her with the weekly medication cart audits. -The cart audits were completed by comparing the PCP's orders to the medications on the cart. -She was not aware Resident #5 had not been administered levothyroxine as ordered until she printed the eMARs yesterday (01/23/24). <p>Interview with the Administrator on 01/24/24 at 5:30pm revealed:</p> <ul style="list-style-type: none"> -The MAs were responsible to reorder residents' medications when there were five to seven days remaining. -The MAs were trained by staff MAs how to reorder medications during orientation. -Prior to yesterday (01/23/24), there were no audits of residents' eMARs. -The HWD was responsible for running a medications exceptions report daily. -She was not aware the medications exceptions report was not being performed daily. -The HWD was responsible to complete a cart audit monthly, comparing the PCP's orders to medications on the cart. <p>Based on observations, interviews and record review, it was determined that Resident #5 was not interviewable.</p> <p>b. Review of Resident #5's PCP order dated 12/27/23 revealed an order for</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 4</p> <p>ipratropium/albuterol nebulizer 3ml inhalation twice daily for five days for wheezing.</p> <p>Review of Resident #5's December 2023 eMAR revealed: -There was an entry for ipratropium/albuterol nebulizer, inhale one vial twice a day for five days. -The entry was documented as administered from 12/28/23 to 12/31/23 at 9:30am and 6:00pm.</p> <p>Review of Resident #5's January 2024 eMAR revealed: -There was an entry for ipratropium/albuterol nebulizer, inhale one vial twice a day for five days. -The entry was circled, indicating not administered on 01/01/24 at 9:30am and 6:00pm -The documented reasons the medication was not administered was "awaiting medication from pharmacy". -There was an additional note documented on the eMAR on 01/01/24 at 3:02pm indicating the resident still had no nebulizer machine.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 01/24/24 at 4:15pm revealed: -Resident #5 had an order dated 12/27/23 for ipratropium/albuterol, one vial (3ml) twice daily for five days. -The pharmacy dispensed ipratropium/albuterol 10 vials on 12/27/23 for Resident #5. -The facility order did not contain a request for a nebulizer machine.</p> <p>Interview with Resident #5's PCP on 01/24/24 at 3:22pm revealed: -She ordered the ipratropium/albuterol nebulizer treatments for Resident #5 for wheezing.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 5</p> <ul style="list-style-type: none"> -She was made aware Resident #5 did not receive the ipratropium/albuterol treatments when she was in the facility the following week. -She did not reorder the nebulizer treatments because Resident #5's wheezing had cleared. -She expected to be notified if a resident did not receive medications as ordered. <p>Interview with a MA on 01/24/24 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -If a medication could not be administered as ordered, the MAs were to inform the Health and Wellness Director (HWD) and document it on the eMAR. -She was unsure if she documented correctly on 12/28/23 at 9:30am when she documented she administered the ipratropium/albuterol to Resident #5. -She thought there was an issue getting a nebulizer machine for Resident #5 but thought the resident had received the nebulizer treatments. <p>Interview with the HWD on 01/24/24 at 3:35pm revealed:</p> <ul style="list-style-type: none"> -She accidentally documented she administered Resident #5's ipratropium/albuterol treatments on 12/29/23 when she documented she administered the treatments at 9:30am and 6:00pm. -There was no nebulizer machine available to administer the nebulizer treatments to Resident #5. -She was unsure of the date, but she informed Resident #5's PCP the following week that the resident did not receive the treatments. -The PCP did not rewrite the order because Resident #5 was no longer congested. -She did not document the PCPs directions in the eMAR system. 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 6</p> <p>Interview with the Administrator on 01/24/24 at 5:30pm revealed:</p> <ul style="list-style-type: none"> -The MAs and the HWD were responsible to follow up with the pharmacy and the resident's PCP immediately if a nebulizer machine was not available to administer a medication to a resident. -Prior to yesterday (01/23/24), there were no audits of residents' eMARs. -The MAs and the HWD were expected to accurately document medication administration on the residents' eMARs. -She was not aware there was no nebulizer machine available to administer Resident #5's ipratropium/albuterol treatment. <p>Based on observations, interviews and record review, it was determined that Resident #5 was not interviewable.</p> <p>2. Review of Resident #3's current FL2 dated 08/02/23 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included unspecified dementia with other behavioral disturbance, cognitive wheel rigidity, glaucoma, hypertension, and right hip pain. -There was an order for rivastigmine transdermal patch (a medication to treat dementia) 4.6mg daily. <p>Review of Resident #3's updated signed physician orders dated 01/11/24 revealed an order to discontinue the rivastigmine transdermal patch 4.6mg daily and to start aricept 5mg 1 tablet by mouth at bedtime.</p> <p>Review of Resident #3's January 2024 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for rivastigmine transdermal 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 7</p> <p>patch 4.6mg every 24 hours.</p> <p>-There was a stop date of 01/11/24 and a highlighted yellow discontinued (DC'd) box noted next to the medication entry on the eMAR.</p> <p>-There was documentation rivastigmine transdermal patch 4.6mg was administered on 01/01/24 through 01/12/24.</p> <p>-There was an entry for donepezil (a medication to treat dementia) 5mg 1 tablet at bedtime with a start date of 01/11/24.</p> <p>-The entry was circled, indicating donepezil 5mg was not administered on 01/11/24.</p> <p>-The documented reasons the medication was not administered was "awaiting medication from pharmacy".</p> <p>Observations of Resident #3's medication on hand on 01/24/24 at 2:10pm revealed:</p> <p>-There were individual packages of rivastigmine transdermal patch 4.6mg on the medication cart under Resident #3's supply of medications.</p> <p>-Donepezil 5mg 1 tablet at bedtime was on the medication cart under Resident #3's supply of medications.</p> <p>Interview with a Medication Aide (MA) on 01/24/24 at 2:59pm revealed:</p> <p>-She had applied the rivastigmine transdermal patch to Resident #3 on 01/24/24.</p> <p>-She stated if a medication was discontinued it would have appeared on the electronic computer screen under Resident #3's physician orders.</p> <p>-She was certain the order for rivastigmine transdermal patch 4.6mg every 24 hours was listed under Resident #3's electronic medication orders for 01/24/24.</p> <p>Interview with another MA on 01/24/24 at 3:03pm revealed:</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 8</p> <ul style="list-style-type: none"> -She gave Resident #3's rivastigmine transdermal patch on 01/23/24. -She was certain the rivastigmine was listed under Resident #3's electronic medication orders for 01/23/24. -If the medication was discontinued it would have appeared on the electronic medication screen as discontinued under Resident #3's physician orders. <p>Interview and observation with Resident #3 and MA on 01/24/24 at 3:10pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 had the rivastigmine transdermal patch on his upper back. -Resident #3 thought the patch had been applied daily. <p>Observation in the Administrators office on 01/24/24 at 3:35pm revealed:</p> <ul style="list-style-type: none"> -14 packages of the rivastigmine transdermal patch were brought to the Administrators office by the Health and Wellness Director (HWD). -Prescription date was 12/24/23 and quantity was 30 patches. <p>Interview with the HWD on 01/24/24 at 3:43pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for discontinuing a medication order which transfers electronically to the pharmacy. -The pharmacy would then discontinue the medication order and she would have to approve the order. -She had approved the discontinuation of the medication order on 01/12/24. -She was responsible for removing the medication from the cart and failed to remove the rivastigmine transdermal patch as it was an oversight. -The MAs were being trained to assist her with 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 9</p> <p>the weekly medication cart audits.</p> <p>-The cart audits were completed by comparing the Primary Care Physician (PCP's) orders to the medications on the cart.</p> <p>Telephone interview with Resident #3's PCP on 01/24/24 at 4:17pm revealed:</p> <p>-There was no harm with Resident #3 taking the rivastigmine transdermal patch with the donepezil.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 01/24/24 at 4:35pm revealed:</p> <p>-The pharmacy dispensed 30 rivastigmine transdermal patches on 12/24/23 and 11/30/23.</p> <p>-Rivastigmine transdermal patches were discontinued on 01/11/24.</p> <p>-There was no harm of taking the rivastigmine transdermal patch with the donepezil.</p> <p>Interview with the Administrator on 01/24/24 at 5:30pm revealed:</p> <p>-The HWD was responsible for removing the discontinued medications from the medication cart.</p> <p>-The HWD was responsible to complete a cart audit monthly, comparing the PCP's orders to medications on the cart.</p> <p>-The MA's will help with the cart audits every other week to look for what medications were on the cart, medications expired, or medications discontinued and checking the eMAR.</p>	D 358		
D 367	<p>10A NCAC 13F .1004(j) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(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	<p>Continued From page 10</p> <p>record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> (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). <p>This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure the Medication Administration Records were accurate for 1 of 5 residents (Resident #5) including inaccurate documentation of a medication to treat underactive thyroid gland and a medication to relieve wheezing (#5).</p> <p>The findings are:</p> <p>Review of Resident #5's current FL2 dated 08/16/23 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included hypothyroidism (underactive thyroid gland), hypertension, and general weakness. -There was an order for levothyroxine (a medication to treat hypothyroidism) 75mcg, one tablet daily. 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(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	<p>Continued From page 11</p> <p>a. Review of Resident #5's Primary Care Provider's (PCP) orders dated 12/06/23 revealed an order for levothyroxine 75mcg, one tablet daily.</p> <p>Review of Resident #5's November 2023 electronic Medication Administration Record (eMAR) revealed: -There was an entry for levothyroxine 75mcg, one tablet daily at 6:00am. -The entry was documented as administered from 11/02/23 to 11/07/23, from 11/12/23 to 11/24/23, and from 11/27/23 to 11/30/23.</p> <p>Review of Resident #5's December 2023 eMAR revealed: -There was an entry for levothyroxine 75mcg, one tablet daily at 6:00am. -The entry was documented as administered from 12/01/23 to 12/11/23, 12/15/23, 12/23/23, 12/26/23 and 12/31/23.</p> <p>Review of Resident #5's January 2024 eMAR revealed: -There was an entry for levothyroxine 75mcg, one tablet daily at 6:00am. -The entry was documented as administered on 01/01/24, 01/05/24, from 01/08/24 to 01/09/24, on 01/12/24 and 01/23/24.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 01/24/24 at 4:15pm revealed: -Resident #5 had an order for levothyroxine 75mcg, one tablet daily. -Levothyroxine 75mcg, 30 tablets were dispensed to the facility on 01/24/24 and on 04/11/22. -He was unsure if there were any refill requests from the facility prior to 01/23/24.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(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	<p>Continued From page 12</p> <p>Refer to interview with the Health and Wellness Director (HWD) on 01/24/24 at 3:35pm and 5:53pm.</p> <p>Refer to interview with the Administrator on 01/24/24 at 5:30pm.</p> <p>b. Review of Resident #5's PCP order dated 12/27/23 revealed an order for ipratropium/albuterol nebulizer 3ml inhalation twice daily for five days for wheezing.</p> <p>Review of Resident #5's December 2023 eMAR revealed: -There was an entry dated 12/27/23 for ipratropium/albuterol nebulizer, inhale one vial twice a day for five days. -The entry was documented as administered from 12/28/23 to 12/31/23 at 9:30am and 6:00pm.</p> <p>Review of Resident #5's January 2024 eMAR revealed: -There was an entry for ipratropium/albuterol nebulizer, inhale one vial twice a day for five days. -There was a note documented on the eMAR on 01/01/24 at 3:02pm indicating the resident still had no nebulizer machine. -The ipratropium/albuterol entry was discontinued on 01/02/24.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 01/24/24 at 4:15pm revealed: -Resident #5 had an order dated 12/27/23 for ipratropium/albuterol, one vial (3mls) twice daily for five days. -The pharmacy dispensed ipratropium/albuterol 10 vials on 12/27/23 for Resident #5.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(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	<p>Continued From page 13</p> <p>-The facility order did not contain a request for a nebulizer machine and no machine was delivered to the facility.</p> <p>Refer to interview with the HWD on 01/24/24 at 3:35pm and 5:53pm.</p> <p>Refer to interview with the Administrator on 01/24/24 at 5:30pm.</p> <p>_____</p> <p>Interview with the HWD on 01/24/24 at 3:35pm and 5:53pm revealed:</p> <p>-The MAs were expected to accurately document medication administration on the eMARs</p> <p>-When medication was not available on the medication cart, it was the responsibility of the MA to document on the eMAR that the medication was not given.</p> <p>-She did not know why medications were being documented as administered when they were not available for administration.</p> <p>-The MAs were trained how to accurately document medication administration when hired.</p> <p>-She or a MA was responsible to train new hires how to accurately document medication administration in the eMAR system.</p> <p>Interview with the Administrator on 01/24/24 at 5:30pm revealed:</p> <p>-The MAs were responsible to reorder residents' medications when there were five to seven days remaining.</p> <p>-The MAs were trained by staff MAs when hired how to accurately document medication administration in the eMAR.</p> <p>-Prior to yesterday (01/23/24), there were no audits of residents' eMARs</p> <p>-The HWD was responsible for running a medications exceptions report daily.</p> <p>-She was not aware the medications exceptions</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117
--	---

(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 14 report was not being performed daily. -The HWD was responsible to complete a cart audit monthly, comparing the PCP's orders to medications on the cart.	D 367		