

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL007019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/28/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WASHINGTON MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 WEST 2ND STREET</b> <b>WASHINGTON, NC 27889</b>
---	--

(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 Licensusre Section and the Beaufort County Department of Social Services conducted a follow-up survey on 03/28/24.	{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: FOLLOW-UP TO TYPE B VIOLATION</p> <p>The Type B Violation was abated. Non-compliance continues.</p> <p>Based on observations, interviews and record reviews, the facility failed to administer a medication as ordered for 1 of 3 sampled residents (#2) including a medication used to treat Vitamin D deficiency.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 12/27/23 revealed diagnoses included bipolar 1 disorder, multiple joint pain, obsessive compulsive disorder, and gastro-esophageal reflux disease.</p> <p>Review of Resident #2's physician order dated 02/02/24 revealed an order for Vitamin D2</p>	{D 358}		

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:  <b>HAL007019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/28/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WASHINGTON MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 WEST 2ND STREET</b> <b>WASHINGTON, NC 27889</b>
---	--

(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>1.25mg (50,000 unit), 1 capsule once a week on Saturday. (Vitamin D2 is a medication used to treat Vitamin D deficiency).</p> <p>Review of Resident #2's March 2024 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Vitamin D2 1.25mg (50,000 unit), 1 capsule once a week on Saturday to be administered at 8:00am.</li> <li>-There was documentation Vitamin D2 1.25mg (50,000 unit), 1 capsule was not administered on 03/02/24 and 03/16/24 at 8:00am with the notation waiting on medication.</li> </ul> <p>Observation of Resident #2's medication on hand on 03/28/24 at 11:00am revealed:</p> <ul style="list-style-type: none"> <li>-There was a bubble card with a dispense date of 03/01/24 for five Vitamin D2 1.25 tablets.</li> <li>-There were three Vitamin D2 1.25mg tablets remaining in the bubble card.</li> <li>-There should be one Vitamin D2 1.25mg tablet remaining in the bubble card.</li> </ul> <p>Interview with the Supervisor on 03/28/24 at 1:45pm revealed:</p> <ul style="list-style-type: none"> <li>-The medication aide ( MA) was part-time and worked on weekends.</li> <li>-What most likely happened was that the Vitamin D2 medication was mistakenly placed with the as needed medications (PRN) which were placed in a separate compartment on the medication cart, and she did not look in that compartment for the medication.</li> <li>-The Vitamin D2 medication was administered on 03/09/24 and 03/23/24 and was on the medication cart.</li> <li>-The MA would be re-trained on making sure the medication was not on the medication cart before entering the notation "waiting for medication" on</li> </ul>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL007019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/28/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WASHINGTON MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 WEST 2ND STREET</b> <b>WASHINGTON, NC 27889</b>
---	--

(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> <p>the eMAR.</p> <p>Attempted interview with Resident #2 on 03/28/24 at 1:00pm was unsuccessful because he had left the facility to go to a program.</p> <p>Attempted telephone interview with the medication aide (MA) on 03/28/24 at 1:30pm was unsuccessful because she was working at another job.</p>	{D 358}		