D358

10A NCAC 13F .1004(a) Medication Administration

The following is the Plan of Correction for Integrity Patriot Living regarding the Statement of Deficiencies cited March 27, 2024, during a complaint investigation. This Plan of Corrections is not to be construed as an admission of or agreement with the conclusions in the statement, but rather as the confirmation of our continuing efforts to comply with statutory and regulatory requirements.

The facility will assure that the preparation and administration of medication, prescription and non-prescription, and treatments by staff are in accordance with; (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.

All errors have been reviewed and have been found to be corrected. Resident Care Coordinator and/or Designee will match all Veteran Administration medication labels upon arrival with their orders to confirm that they are matching. Any discrepancies will be immediately reported to the Veteran Administration for corrections. The Operational Manager and/or Designee will review all physician orders against all medications on the carts to ensure accuracy between the orders and the medications monthly.

The facility will continue to use Order Logs to track all orders from start to completion. Resident Care Coordinator and/or Designee will log, verify, and clear orders daily. The Operational Manager and/or Designee will daily follow, tracking orders as second verification until completion.

Report on completion of Order Logs to be reviewed by Administrator and/or Designee monthly.

Completion Date: 4/5/2024

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING HAL099018 03/27/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 409 HARRISON AVENUE PATRIOT LIVING OF YADKINVILLE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DÉFICIENCY MUST BE PRECEDED BY FULL). (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREF!X TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section conducted a complaint investigation from 03/26/24 through 03/27/24. D 358 10A NCAC 13F .1004(a) Medication D 358 Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record: and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to administer medications as ordered for 3 of 6 sampled residents who had orders for an antihypertensive medication (#1), an acid reflux medication (#3), and an antihistamine medication (#6). The findings are: 1. Review of Resident #1's current FL2 dated 12/19/23 revealed: -Diagnoses included hypertension. -There was an order for losartan potassium (a medication used to treat high blood pressure) 1 tablet daily (dose not specified). Review of Resident #1's signed physician's orders dated 07/12/23 and 01/17/24 revealed orders for losartan potassium 50mg daily. Division of Health Service Regulation TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

<u> Uivision d</u>	of Health Service Regu	ilation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:	· ·	COMPLETED
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		HAL099018	B. WING		ŷ3/27/2024
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
PATRIOT I	LIVING OF YADKINVILLI	409 HAR	RISON AVENUE		
		YADKIN	/!LLE, NC 2705!	5	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	FROVIDER'S PLAN OF CORRECTION	
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1,70			ì	DEFICIENCY)	
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D 358	Continued From page	e 1	D 358		
	Review of Resident #	t1's January, February, and			
	March 2024 (from 03	/01/24 to 03/26/24)			
,	electronic medication	administration records			
	(eMAR) revealed:				:
	•	for losartan potassium 50mg			
	take 1 tablet daily scl				
		ntation the medication was			
	administered daily fro				
		/24 through 02/29/24, and			
	from 03/01/24 throug	h 03/26/24.			
	Observation of media	cations on hand for Resident			
	#1 on 03/26/24 at 2:3		,		
		e containing losartan			
		blets labeled to take 1 tablet			
	daily.				
	-The dispensed date	was 11/14/23 and there		•	į
	were 86 out of 90 tab	lets remaining in the bottle.			
	-There were no half t	ablets in the bottle.			
	-The tablets were tea	er shaped and did not have a			
•	score on them to allo	w for cutting the tablets in			
	half.	•			
	0	-996.4			
	Observation of the fa	ісіііту's overstocк 7/24 at 3:37pm revealed:			
		e containing losartan			
		blets labeled to take 1 tablet			
	daily.	blets labeled to take I tablet			
		was 02/13/24 and there			
	•	olets remaining in the bottle.			
	-There were no half t	-			
		ar shaped and did not have a	İ		
		w for cutting the tablets in			
	half.	-			
	Interview with a med	• •			
	03/26/24 at 2:45pm r				
'		vailable for Resident #1 was			!
	what was on the med	dication cart.			

-Since the losartan was dispensed from the

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY
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				Market Committee of the	1 UOIZIIZUZY
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	E, ZIP CODE	
PATRIOT I	LIVING OF YADKINVILLE		RISON AVENUE		
		YADKINV	ILLE, NC 27055		
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2 330	Continued From page	e e e e e e e e e e e e e e e e e e e	27330		
	•	a 100mg tablet daily, the			
		half lengthwise to try to		. !	
	make it an even cut.				
		nyone at the facility had			
		n's Administration (VA)		!	
	facility instead of the	50mg tablets be sent to the			
	racinty instead of the	roomy tablets.		:	
	Interview with Reside	nt #1 on 03/27/24 at 8:53am			
		amiliar with his dose of		# 10 miles	
	losartan or if he recei	ved any half tablets with his			
	morning medications				
•	-	with a representative from			
	the VA pharmacy on	03/27/24 at 2:15pm			į
	revealed:	A and an East factories			
	 Resident #1's current potassium was 100m 	and the second of the second o			
	- · ·	g daily. nsed a 90-day supply of		:	<u>:</u>
		00mg on 11/14/23 and on			;
	02/13/24.	some on the new one			:
		of Resident #1 being		i I	÷
		losartan potassium 50mg		1	!
	tablets.			:	
				· •	!
		erations Manager (OM) on		!	
į	03/27/24 at 2:55pm re			!	į
,	had been active and	in potassium 50mg order		I	
		ed Resident #1's FL2 and		!	
	· · · · · · · · · · · · · · · · · · ·	ery 6 months for losartan		:	
	potassium 50mg daily	-			
		red Resident #1's losartan			·
	to him she cut the tab		1.	•	
!		e placed a change of order		!	
!	and the second s	1's losartan bottle to alert		i İ	
 		se against the eMAR so they		:	
. !	did not administer a fo			1	
i I		nave blood pressure checks	j	1	
ļ	ordered but he never	complained of symptoms of		i	i

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	high or low blood pres	ssure.		•			
	Interview with the Re	sident Care Coordinator	.)			1	
	(RCC) on 03/27/24 at						
	1 -	ident #1's losartan		4.			
		n bottle did not match his		1			
	dose order on the eM	•				i I	
! !		nything differently with					
!		n medication bottle because					
ļ		ordered dose of 50mg by					
	cutting the 100mg tab						
		ed Resident #1's losartan to				į	
	him a few times and a	always cut the tablet in half.			:		
		nd MA on 03/27/24 at			:	i :	
	4:07pm revealed:	-f Manidant Hills madiantians				:	
:	in half when administ	of Resident #1's medications		* * * * *		!	
	medications.	enilg his morning					-
		an pill bottle was labeled to					
		ally so that was what she					
	administered to him.	···, •• ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··				İ	
	-She was not aware t	the dose on the eMAR was				!	
:1 :	for 50mg daily.					į	
	Interview with the Adr	ministrator on 03/27/24 at				!	
	4:15pm revealed					* i	
ļ	-She was not aware t	that Resident #1's losartan					;
		rt was for 100mg tablets and		**		Ì	;
į	his order was 50mg.						;
İ		As to administer medications					:
İ		n the eMAR rather than the					!
	medication bottles sin	ice orders sometimes	.				
 -	changed.	and the for an arrive a					
Ì		ere responsible for ensuring ne medication cart matched					
		AR and the physician's					
	orders every month for						
	J. 30.0 0.01 y month to	s. dir. solidoriso.					
	Attempted telephone	interview with Resident #1's				:	

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				\$ 15		:)
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		409 HARI	RISON AVEILUE					
PATRIOT	LIVING OF YADKINVILLE	Ε	MULE, NO. 17050					
(X4) ID		TATEMENT OF DEFICIENCIES	(D)			IDER'S PLAN OF CORRECTION		(X5)
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D 358	Continued From page		D 358	.].				
į	VA primary care prov	rider (PCP) on 03/27/24 at						
i !	2:25pm was unsucce		.					
1	i		ĺ					
İ		nt #3's current FL2 dated		1		,		
İ	12/24/23 revealed:							
l	-Diagnoses included					.•		İ
ļ	hyperlipidemia, inguir and hypertension.	nal hernia, history of stroke,						
ŀ	-There was an order	for pantoprazole (a						
!		reat heartburn and acid						
l	reflux) 40mg daily.	nakan di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn K		1				
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İ	l .	#3's January, February, and				•		
l	March 2024 (from 03		ļ	1				
l		administration records		1				
!		re were no entries for		1				
	pantoprazole 40mg d	lally.		1				
ļ	Observation of medic	cations on hand for Resident		1				
		43pm revealed there was no						
!	l .	le on the medication cart.						
!		,		1				
!	Interview with Reside revealed:	ent #3 on 03/27/24 at 9:30am	1	1				
l		with each medication he						
;	took.			İ				
İ	-He did not have sym	nptoms of heartburn or reflux	-	:				
i	in the previous 3 mor	nths.	·					
l								
1		esident Care Coordinator						
	(RCC) on 03/27/24 at			1				
	-Resident #3's pantor							
	discontinued in the el			i				
		discontinue order from						
	1	y care provider (PCP) for		Ì				
	pantoprazole.	iono Managar (CM) had		T I				
ļ		ions Manager (OM) had				· ,		:
		ing orders in the eMAR. ARs and the medication casts						,
ļ	i .	I audited the eMARs to the	1					1
J	, monuny, and the Ow	, addited the elviants of the		I.	1 1			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		K2) MULTIPLE . BUILDING: _	CONSTRUCTI	on		(X3) DATE S COMPL	
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PATRIOT	LIVING OF YADKINVILLI	= , , , , , , , , , , , , , , , , , , ,		N AVENUE , NC 27055					
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D 358	Continued From page	e 5	1	D 358	, , , , , , , , , , , , , , , , , , ,				
	was in February 2024 pantoprazole back to -She had noticed Res not on the medication	cle-fill date for pantoprazole 4, but the facility returned the							
	the facility's contracted: 1:30pm revealed: -Resident #3 had a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted and a contracted	with a representative from ed pharmacy on 03/27/24 at current order for pantoprazole not received an order to zole 40mg for Resident #3, ensed pantoprazole 40mg for 3/24 for a 28-day supply, on a supply, on 01/12/24 for a ey had all been returned to ensed pantoprazole 40mg for 5/23, and it had not been nacy.							
	pantoprazole on the r previous few months, discontinued. -She did not administ not due to be administ eMAR. -Resident #3 had not symptoms of heartbu	evealed: sident #3 did not have medication cart for the but assumed it had been er any medication that was stered according to the complained of having rn or reflux.							
	Telephone interview v 03/27/24 at 3:08pm re -She had not disconti								

Division of Health Service Regulation

STATE FORM

6399

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WING HAL099018 03/27/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 HARRISON AVENUE** PATRIOT LIVING OF YADKINVILLE YADKINVILLE, NC 27055 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL FREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 6 pantoprazole order. -Resident #3 should have been receiving pantoprazole 40mg daily for the previous three months. -Resident #3 had not reported symptoms of heartburn, belching, or bloating to her but those would be the possible side effects for not taking pantoprazole. -She would expect the facility staff to only discontinue a medication order if she wrote an order to have it discontinued. Interview with the OM on 03/27/24 at 4:00pm revealed: -She had erroneously discontinued Resident #3's pantoprazole order from the eMAR in December 2023. -She would have caught her error during an eMAR audit if pantoprazole was a high-risk medication, but since most residents were not prescribed pantoprazole long-term, she had not questioned that it was discontinued. -When medications were received from the pharmacy, she scanned each medication card and if there was no matching order on the eMAR for the medication that was scanned, the scanner made an alert and she would set that medication aside. -She had sent pantoprazole back to the pharmacy in January, February and March 2024 since it was not showing as an active medication on his eMAR. -Resident #3 had not complained of acid reflux symptoms in the previous three months Interview with the Administrator on 03/27/24 at 4:15pm revealed. -She was not aware Resident #3's pantoprazole had been discontinued and he should have been

Division of Health Service Regulation

receiving it.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA - IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING.	CONSTRUCTION		(X3) DATE S COMPLE	
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PATRIOT I	IVING OF YADKINVILLE	=		E, NC 27055				
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D 358	Continued From page	e 7		D 358	rupe dang banyanan propinsi propinsi dan dan dan dan dan dan dan dan dan dan		-,	
j	-There should have b	pean a double-check	į		:			·
	between the OM and		1				j :	
	medication discontinu		Ì	j			:	
		ntoprazole should have		:				
		he OM's audit of the eMAR	- 1					
		ent physician's orders.	Ì		:		ļ	
		ld be discontinued without a		Ì				
	physician's order.			į	:			
	3 Review of Residen	nt #6's current FL2 dated						
	12/05/23 revealed:	icho d'oditotti i EE datod						
	-Diagnoses included	mental disability, dementia,	Ì					
	and schizoaffective d							
		for hydroxyzine HCL (used	ļ		·		İ	
		y and tension caused by	į					
	twice a day.	al conditions) 50mg daily		:				
		for hydroxyzine HCL 25rng			1			
	twice a day as neede		Ì					
	Poviou of Posidant to	f6' psychiatry progress notes		İ				
	dated 01/23/24 revea							
		used hydroxyzine ordered	į		:			
	as needed in several	• •	İ		:			
		to discontinue hydroxyzine	i		:			
	25mg used as neede		ĺ		:			
	 No additional change medications were red 		ì					
	medications were rec	commended.	į					
	Review of Resident #	6's Pharmacist's Quarterly	į		:			
		ated 03/05/24 revealed there	İ					
		ontinued hydroxyzine (as			:			
	needed) in January 2	2024.	1		i			
	Observation of modic	cation administration for						
		7/24 at 7:40am revealed:			;			1
		ation aide (MA) prepared and	.					
		medications to Resident #6.						
	-Resident #6 did not	receive hydroxyzine 50mg.			:			
					1	I .		

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Division of	of Health Service Regu	llation and the state of the state of						FO	RM APPROVED
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NAME OF P	ROVIDER OR SUPPLIER		ETADO	RESS, CITY, OF	WE ZIP CODE		Canadian (A. S. W. Malya, Sp. Temper Bis Aria	1 0.	3/27/2024
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	Observation of medic	ations on hand for Residera							
ļ	#3 on 03/27/24 at 12:	00pm revealed there was no							
		allable on the medication							
'	cart.	Horaston of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the St							
	Deview of Devid	01 14 1 000 1 11			Ï				
Ì		6's March 2024 (from			•				
	administration records	electronic medication			Ì				
		or hydroxyzine HCL 50mg							
	one tablet twice a day				<u> </u>		0		
	administration at 8:00				! i				
· !		tation hydroxyzine HCL			İ				
		ed twice daily from 8:00am							
	on 03/01/24 to 8:00ar	n on 03/06/24.	j	'					
		as marked discontinue on							
i	03/06/24 on the eMAI	🕄	ļ						
	Internal and the state of the Police	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	 	e e a a tra					
		sident Care Coordinator							
	(RCC) on 03/27/24 at	etion staff routinely entered	•						
İ	all orders for medicati								1
	pharmacy.								i
į :		ager (OM) and the RCC							
į	could enter or discont	inue orders on the eMAR at							
	the facility also.		ļ						
	-Resident #6's hydrox		,						
		larch 2024 eMAR by the							
	Operations Manager (}						
	hydroxyzine 50mg twi	o discontinue Resident #6's	Ì						
}	review.	ce a day available for							
į	Telephone interview w	with the order entry	.						
		contracted pharmacy on							1
į	03/27/24 at 9:40am re		· i						1
. !	-The pharmacy did no	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s							1
į		#6's hydroxyzine 50mg at					•		
	the pharmacy.	· · · · · ·							
	-The pharmacy's eMA	R system had Resident		.				•	1
	#6's hydroxyzine 50mg	g as a current medication.	!						

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(X4) ID		ATEMENT OF DEFICIENCIES	17			DER'S PLAN OF CORRECTION	
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2 113	Continued From page			1		·	
				: 	:		
į		MA on 03/27/24 at 10.00zm		 			
i I i	revealed:	edications on residents'		j	:		
	eMARs.	suicanons on residents			:		
		edications according to the			:		
		the eMAR at a scheduled		 	:		i
	time.				:		
		active entry for hydroxyzine	i				
		on the current eMAR,		1			
]		administer hydroxyzine HCL during medication		1 1			
ļ	administration on 03/		1 .	1			·
	danimetration on con						
! •	Interview with Reside	nt #6 on 03/27/24 at			, .	·	ļ
	11:45am revealed:	to an including the taken in			·		
	-He took a lot of medi	the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co		: 	ļ		
		ncreased anxiety or stresses					
	recently.		f .				
	Telephone interview v	vith a representative from		· 			
		ed pharmacy on 03/27/24 at		i I	:		
i	1:30pm revealed:						
		pensed hydroxyzine HCL					
	50mg quantity of 28 to	ablets on cycle fill on	1	<u> </u> 			
	03/08/24.	1. 50mm diamond do (00 (00)	į				
		L 50mg dispensed 03/08/24 harmacy for credit back to					
	Resident #6.	mannacy for credit back is		and the second			
		I on 03/27/24 at 2:45pm	1				!
	revealed:						
		cycle fill were added to the					
!		canning the bar code on the the medication was still					
- 1	active on a resident's				:		
		on was not listed as current	he he give in				
	on a resident's eMAR				:		
		cted pharmacy usopaned					
	for credit back to the i						:
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					!	DEFICIENCY)			
0.050	A				: }				
D 358	Continued From page 10		D 358						
	account.						İ		
	-She routinely processed recommendations and						į		İ
							!		į
	reviewed pharmacy reviews generated during the		ž						į !
	Quarterly Pharmacy Reviews				:				
	-She was not sure why she discontinued Resident	,				·		•	
	#6's hydroxyzine HCL 50mg on 03/06/24	į.					!		İ
	-She may nave confused the Pharmacist's				:				
	documentation that Resident #6's hydroxyzine								
	used as needed was discontinued in January				;		.		
	2024 noted on the pharmacy review, and				i		i		
	hydroxyzine HCL 50mg still active on Resident		·		:		į		
	#6's eMAR, somehow overlooking the				:				İ
	hydroxyzine HCL 50mg was scheduled and not				:				i
	as needed.								! [
	-She was not able to locate an order to				:		į		[
	discontinue hydroxyzine HCL 50mg for Resident					· ·	i		
	#6.				į.				
	-She would notify the mental health provider				ļ		ļ		
	(MHP) that hydroxyzine 50mg was discontinued				:		*		
	inadvertently on 03/06/24 and verify the resident						·		'
	should still be receiving the medication.						į į		
	i stodio sim po reserving the medication.								
	Interview with the Administrator on 03/27/24 at						į		
•	4:15pm revealed:						1		
	1						į		
	-She was not aware Resident #6's hydroxyzine				:		!		
	HCL was discontinued on 03/06/24.				:		·		
	-There should have been a double-check						-		
	between the OM and the RCC for each						1		
	medication discontinued to prevent errors.								i
	-The discontinued hydroxyzine should have been								
	caught during the OM's audit of the eMAR				ľ				!
	compared to the current physician's orders.						ļ		
	-No medication should be discontinued without a				:				; 1
	physician's order.	i			:		į		
	tea e e e e e e e e e e e e e e e e e e	-			:				
	Attempted telephone interview with Resident #6's	1-1			[:		i i		
	MHP on 03/27/24 at 10:20am and 3:30pm was	- *	**		:		. }		1
	unsuccessful.	. 1			ľ		1		
		!				'	1		
	Review of Resident #6's triage note dated	, ¦		-			!		į į
					<u> </u>	<u> </u>			

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If continuation sheet 1€ of 12

Division o	f Health Service Regu	lation			<u> </u>	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		(X3) DATE SURVEY COMPLETED
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<u>: ' </u>	<u> </u>	50m EL.E5
		·			· [С
		HAL099018	B. WING	<u> </u>	<u> </u>	03/27/2024
	201/IDED OD 61/201/IED	OTDEET AF	DRESS, CITY, STA	TE ZIP CODE		
NAME OF PR	ROVIDER OR SUPPLIER					
PATRIOT L	IVING OF YADKINVILLE	=	RISON AVENUE ILLE, NC 2705!			
		IAUNIN			IDEDIC DI AN OF CORRECTION	AVE.
(X4) ID	SUMMARY ST (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	HROV EAGH C	DER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD B	SE COMPLETE
PREFIX TAG		LSC (DENTIFYING INFORMATION)	TAG		FERENCED TO THE APPROPRI	
					DEFICIENCY)	
D 358	Continued From page	e 11	D 356	1.		
2 000			, i	[· ·		!
i !		ed by the OM at 4:20pm,	· '			<u> </u>
		S was supposed to be on				
		mg twice a day and a new ronically to the contracted				
	pharmacy.	omeany to the contracted				į
	priamacy.					
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Division of He	alth Service Regulation					

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