

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
---	--

(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 on March 14, 2024.	D 000		
D 113	<p>10A NCAC 13F .0311(d) Other Requirements</p> <p>10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F for 4 of 5 sampled fixtures (3 sinks and 1 shower) located in bathrooms used by the residents.</p> <p>The findings are:</p> <p>Review of the facility's water temperature log dated January 2024 revealed the water temperature ranges were 112-114 degrees F.</p> <p>Review of the facility's water temperature log dated February 2024 revealed the water temperature ranges were 112-114 degrees F.</p> <p>Observation of the hot water temperature at the sink in a hallway bathroom used by the residents</p>	D 113		

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

Bruce Lee Matyja

TITLE

administrator 4/12/2024

(X6) DATE

Reviewed and acknowledged 04/26/24
Kg

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
---	--

(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 113	<p>Continued From page 1</p> <p>on 03/14/24 at 1:08pm revealed the hot water temperature was 130.0 degrees F; there was no signage posted indicating the water was too hot.</p> <p>Second observation of the hot water temperature at the sink in this bathroom used by the residents on 03/14/24 at 2:08pm revealed: -The hot water temperature was 131.2 degrees F on the Maintenance Director's thermometer. -The hot water temperature was 129.1 degrees F on the surveyor's thermometer.</p> <p>Calibration of thermometers on 03/14/24 at 2:13pm revealed: -The surveyor's thermometer read 32.8 degrees F during calibration with an ice water slurry. -The Maintenance Director's thermometer read 32.5 degrees F with an ice water slurry.</p> <p>Observation of the hot water temperature at the sink in a shower room used by the residents on 03/14/24 at 1:13pm revealed the hot water temperature was 122.1 degrees F; there was no signage posted indicating the water was too hot.</p> <p>Observation of the hot water temperature in a second shower room used by the residents on 03/14/24 at 1:17pm revealed: -The hot water temperature at the sink was 126.1 degrees F; there was no signage posted indicating the water was too hot. -The hot water temperature in the shower was 130.0 degrees F; there was no signage posted indicating the water was too hot.</p> <p>Interview with a resident on 03/14/24 at 1:21pm revealed: -The water would get "really" hot, but he just had to turn it down. -He had never told anyone the water was "really"</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
---	--

(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 113	<p>Continued From page 2</p> <p>hot because he did not feel that he needed to when he could just adjust the temperature.</p> <p>Interview with a second resident on 03/14/24 at 1:23pm revealed: -It took a long time for the water to get hot. -If she left the water on "long" it was steaming hot. -She liked her water very warm but did not want to be scalded.</p> <p>Interview with a third resident on 03/14/24 at 1:25pm revealed: -She let the shower steam for a while and then turned the hot water down to get her shower. -All she had to do was move the hot water lever over to turn the hot water temperature down. -She had not told anyone the hot water was steaming because the staff was always in the bathroom when she got her showers, so the staff knew.</p> <p>Interview with a fourth resident on 03/14/24 at 2:30pm revealed: -If she turned the lever all the way hot, the water got "pretty hot" but she would just turn it back to cool down. -"The water had been that way a while, but she could not say for sure how long."</p> <p>Interview with the Supervisor on 03/14/24 at 1:30pm revealed: -She had seen steam in the shower when assisting the residents with their showers. -She adjusted the lever to cool the shower down. -She always checked the water temperature multiple times to make sure it was not too hot for the resident. -She did not check the water temperatures at the facility; the Maintenance Director checked the</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
---	--

(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 113	<p>Continued From page 3</p> <p>water temperatures.</p> <p>Interview with the Resident Care Director on 03/14/24 at 1:41pm revealed: -She had not checked water temperatures at the facility. -She had assisted with showers at the facility. -When she turned the water all the way to hot, the water was not scalding hot. -She adjusted the water temperature to be warm before assisting a resident with a shower. -No one had told her the water temperature was too hot. -She would post signs on the doors to warn residents of the hot water temperatures.</p> <p>Observation of all the resident bathroom doors on 03/14/24 at 1:45pm revealed signs were posted to notify the residents of the hot water temperatures.</p> <p>Interview with the Maintenance Director on 03/14/24 at 2:10pm and 2:58pm revealed: -The water temperatures at the facility usually ran between 112 degrees F-114 degrees F. -He had not checked the water temperatures for March 2024. -He thought something may have happened to the water mixer because he had never seen the water this hot in the resident bathrooms. -He adjusted the water temperatures at 3 of the 4 fixtures that were greater than 116 degrees F. -The hot water temperature when re-tested was 112 degrees F. -The fourth fixture could not be adjusted, so he cut the hot water off to that fixture until the plumber could assess the hot water on 03/15/24.</p> <p>Telephone interview with the facility's Primary Care Provider (PCP) on 03/14/24 at 4:21pm</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
---	--

(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 113	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> -If the facility's water temperatures were too hot it could result in burns; she did not know at what temperature hot water could burn. -If a resident had decreased sensations the resident may not feel the hot water temperatures and could be burned. <p>Telephone interview with the Administrator on 03/14/24 at 5:51pm revealed:</p> <ul style="list-style-type: none"> -She was aware of the hot water temperatures today, 03/14/24, after being notified by her staff. -A plumber was called and would be at the facility tomorrow, 03/15/24. -If she had been notified the water was too hot before today, 03/14/24, she would have had maintenance out immediately. -She would not want the residents in any harm. -She would have expected staff to notify her if the water temperature was too hot. <p>Review of the undated American Burn Association Scald Injury Prevention Educator's Guide revealed:</p> <ul style="list-style-type: none"> -A water temperature of 127 degrees F would cause a third-degree burn in 1 minute. -A water temperature of 124 degrees F would cause a third-degree burn in 3 minutes. -A water temperature of 120 degrees F would cause a third-degree burn in 5 minutes. -Scald injuries could result in considerable pain, prolonged treatment, possible lifelong scarring, and even death. -Older adults have thinner skin so hot liquids could cause deeper burns with even brief exposure. <p>The facility failed to ensure hot water temperatures were maintained between 100-116 degrees F as evidenced by hot water</p>	D 113	<p>On 3/14/2024 Maintenance Director adjusted the hot and was able to get 3 of the 4 fixtures waters below 116. He act the hot water off to the 4th fixture that was putting out hot water that was over 116 degrees. He called the plumber & they said they would be out on 3/15/2024. On 3/15/2024 in the morning The Plumbing Company came out, fixed what was causing the 4th fixture to have hot water over 116°. Maintenance Director purchased additional water thermometers.</p>	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
---	--

(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 113	<p>Continued From page 5</p> <p>temperatures ranging from 122-130 degrees F at 4 fixtures used by the residents. A hot water temperature of 127 degrees F could result in a first-degree burn in less than 45 seconds and a second-degree burn in 1.5 minutes. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/14/24 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 28, 2024.</p>	D 113	<p><i>trained the Resident Care Director & Care Coordinator on how to check water temperatures. The water temperatures are now being checked weekly by the resident care director or care coordinator in addition to monthly by the maintenance director. 3/15/2024 is the correction date.</i></p> <p><i>BoMc</i></p>	
D 276	<p>10A NCAC 13F .0902(c)(3-4) Health Care</p> <p>10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record:</p> <p>(3) written procedures, treatments or orders from a physician or other licensed health professional; and</p> <p>(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: Based on observations, interviews, and record reviews, the facility failed to implement physician's orders for 1 of 3 sampled residents (#1) related to an order for compression stockings.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
---	--

(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 276	<p>Continued From page 6</p> <p>01/23/24 revealed: -Diagnoses included vascular dementia, hypertension, muscle weakness, and dysphagia following cerebral infarction. -Resident #1 was semi-ambulatory with a wheelchair. -Resident #1 was intermittently disoriented.</p> <p>Review of Resident #1's current care plan dated 01/23/24 revealed: -Resident #1 required extensive assistance with toileting, ambulation, bathing, dressing, grooming, and transferring. -Licensed Health Profession Support tasks listed on the care plan included elevating legs daily, applying compression hoses in the morning and removing them at bedtime, and applying a leg brace on the left leg.</p> <p>Review of Resident #1's January 2024, February 2024, and March 2024 from 03/01/24-03/14/24 electronic medication administration records (eMAR) revealed: -There was an entry to apply compression stockings in the mornings, scheduled at 8:00am and removed at 8:00pm. -Resident #1's compression stockings were documented as applied at 8:00am and removed daily at 8:00pm from 01/01/24-01/31/24, 02/01/24-02/29/24, and 03/01/24-03/14/24.</p> <p>Review of Resident #1's primary care provider (PCP) after-visit summary dated 01/16/24 revealed: -Resident #1 was not wearing her compression stockings and had noted edema. -The plan was for staff to apply Resident #1's compression stockings in the morning and remove them at bedtime.</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
---	--

(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 276	<p>Continued From page 7</p> <p>Review of Resident #1's PCP after-visit summary dated 02/27/24 revealed:</p> <ul style="list-style-type: none"> -Resident #1 was not wearing her compression stockings and had 1+ pitting edema (pitting edema was when a swollen part of your body had a dimple (or pit) after it was pressed in for a few seconds). -Resident #1 reported she was unable to find one of her compression stockings and needed a new pair. -The plan was for staff to apply Resident #1's compression stockings in the morning and remove them at bedtime and Resident #1 needed a new pair of compression stockings due to not being able to find one. <p>Observation of Resident #1 on 03/14/24 at various times between 9:30am-11:52am and at 3:45pm revealed:</p> <ul style="list-style-type: none"> -She was sitting in a chair in the day room, with her feet flat on the floor; she had a molded plastic brace that covered the back and sides of her leg and an ankle-high sock; -She had a taupe-colored compression stocking on her right leg and a pair of ankle-high socks. -She did not have a compression stocking on the left leg. <p>Interview with Resident #1 on 03/14/24 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -Staff applied a compression stocking to her right leg today, 03/14/24. -She did not have a compression stocking on her left leg because she had lost one of the compression stockings. -She had only had one compression stocking for over two weeks. -She did not know if the staff had ordered her a replacement pair of compression stockings. 	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
---	--

(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 276	<p>Continued From page 8</p> <p>Telephone interview with Resident #1's PCP on 03/14/24 at 4:17pm revealed: -Resident #1 had chronic lower leg edema. -If Resident #1 was not wearing her compression stockings as ordered, the resident could have worsened edema in her legs.</p> <p>Interview with the Supervisor/medication aide (MA) on 03/14/24 at 4:40pm revealed: -Resident #1 had compression stockings on today, 03/14/24. -Resident #1 did not have a compression stocking on her left leg because the resident had lost the match to the stocking applied today and did not want to wear a different colored stocking. -Resident #1 only wore one stocking "a lot." -She had not notified Resident #1's PCP about the resident not wearing one of the compression stockings.</p> <p>Interview with the Resident Care Director (RCD) on 03/14/24 at 5:27pm revealed: -She had asked the MA today, 03/14/24, if Resident #1 was wearing her compression stockings and the MA told her yes. -The MA did not tell her Resident #1 was only wearing one compression stocking. -No one had told her Resident #1 had lost one compression stocking. -She would order Resident #1 a new pair of compression stockings immediately.</p> <p>Telephone interview with the Administrator on 03/14/24 at 5:51pm revealed: -She expected the MAs to apply compression stockings in the morning and take them off in the evening. -If a resident's compression stockings were worn out or one was missing, the MA should report it to the RCD or the MA could have called the</p>	D 276	<p><i>Resident Care Director ordered a new pair of compression stockings for the resident they were delivered on 3/14/2024 @ 7 PM. On 3/15/2024, the ^{missing} second stocking was found to the pair that the resident had. The resident now has 2 pair of compression stockings. Care Coordinator will do weekly checks on any wearing compression stockings to make sure they are on both legs, correct date is 3/15/2024</i></p> <p><i>BDM</i></p>	
-------	---	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253		
(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 276	Continued From page 9 pharmacy directly.	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 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: Based on observations, interviews, and record reviews, the facility failed to ensure a medication aide (MA) observed a resident take their medications (Resident #2).</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 01/23/24 revealed diagnoses included Alzheimer's dementia, hypertension, depression, anxiety, and hypertension.</p> <p>Review of Resident #2's signed physician's orders dated 01/23/24 revealed: -There was an order for Buspirone HCL (used to treat anxiety) 5mg three times daily. -There was an order for Centrum Silver (supplement) one tablet daily. -There was an order for Magnesium Oxide (supplement) 250mg one tablet daily. -There was an order for Metformin (used to treat diabetes) 500mg one tablet twice daily.</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253		
(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 366	<p>Continued From page 10</p> <ul style="list-style-type: none"> -There was an order for Pantoprazole (used to treat reflux) 40mg one tablet daily. -There was an order for Venlafaxine HCL ER (an antidepressant) 75mg take one tablet daily. -There was an order for Venlafaxine HCL ER 150mg take one tablet daily. -There was an order for Vitamin B (supplement) complex one tablet daily. <p>Review of Resident #2's physician's orders dated 02/16/24 revealed an order for Buspirone HCL 10mg three times daily.</p> <p>Review of Resident #2's physician's orders dated 02/16/24 revealed an order for Buspirone HCL 10mg three times daily.</p> <p>Review of Resident #2's March 2024 electronic administration records (eMARs) for 03/14/24 revealed:</p> <ul style="list-style-type: none"> -There was an entry for Buspirone HCL 10 mg one tablet three times daily with a scheduled administration time of 8:00am, 2:00pm, and 8:00pm; the 8:00am was documented as administered. -There was an entry for Centrum Silver one tablet daily with a scheduled administration time of 8:00am; the 8:00am was documented as administered. -There was an entry for Magnesium Oxide 250mg one tablet daily with a scheduled administration time of 8:00am; the 8:00am was documented as administered. -There was an entry for Metformin HCL 500mg one tablet twice daily with a scheduled administration time of 8:00am and 5:00pm; the 8:00am was documented as administered. -There was an entry for Pantoprazole SOD DR 40mg one tablet daily with a scheduled administration time of 7:00am; the 7:00am was 	D 366			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253		
(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 366	<p>Continued From page 11</p> <p>documented as administered.</p> <p>-There was an entry for Venlafaxine HCL ER 150mg one tablet daily with a scheduled administration time of 8:00am; the 8:00am was documented as administered.</p> <p>-There was an entry for Venlafaxine HCL ER 75mg one tablet daily with a scheduled administration time of 8:00am; the 8:00am was documented as administered.</p> <p>-There was an entry for Vitamin B complex one tablet daily with a scheduled administration time of 8:00am; the 8:00am was documented as administered.</p> <p>Observation of Resident #2's room on 03/14/24 at 8:22am revealed:</p> <p>-There was a cup of pills sitting on the resident's bedside table; there were 2 capsules and 6 tablets in the cup.</p> <p>-The resident was lying in her bed with her back to the cup of medications.</p> <p>-A second resident was in the second bed in the room; she appeared to be asleep.</p> <p>Interview with Resident #2 on 03/14/24 at 9:18am revealed:</p> <p>-The medications on her bedside table were her morning medications.</p> <p>-The MA had left the medications on her bedside table "probably because she was asleep."</p> <p>-Usually, someone handed her the medications to take, but "I guess since I was asleep the MA just left them."</p> <p>-She did not have water to take her medications when she saw the medication on her bedside table.</p> <p>-She took the medication as soon as the MA gave her a cup of water.</p> <p>Interview with the MA on 03/14/24 at 4:40pm</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253		
(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 366	<p>Continued From page 12</p> <p>revealed:</p> <ul style="list-style-type: none"> -She punched Resident #2's medications into a cup and took the cup to the resident's room. -She had to wake the resident up a couple of times before the resident took her medication. -She usually did not leave the medication in the resident's room and only did today, 03/14/24, to go and get the resident a cup of water and she returned to the resident's room. -She did not know what time she punched the medication, but the electronic medication administration record (eMAR) recorded the time. -She did not document that Resident #2 took her medication until she watched the resident take her medications. <p>Observation of the eMAR screen on 03/14/24 at 4:55pm revealed Resident #1's morning medications were administered at 8:06am.</p> <p>Interview with the Resident Care Director on 03/14/24 at 5:27pm revealed:</p> <ul style="list-style-type: none"> -She expected the MA to take medication to a resident and watch the resident take the medication. -The MA should not leave the resident until she had watched the resident swallow the medication. -She was concerned that another resident could pick up medication that was left at the bedside. -If the resident was not ready to take their medication, the MA should take the medication back to the medication cart and try again later. <p>Telephone interview with the Administrator on 03/14/24 at 5:51pm revealed:</p> <ul style="list-style-type: none"> -She expected the MAs to watch the residents take their medication. -The MA should take a beverage and the medication to the resident, make sure the resident took the medication, and then document 	D 366	<p>The MA was talked to the LED on 3/14/2024, about proper med administration procedures, MA was observed on the 8am med administration on 3/15/2024, 3/18/2024 & 3/20/2024. Med Administration Observations are done weekly</p> <p>Correction date: 3/15/2024</p> <p><i>B. Dunc</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253		
(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 366	Continued From page 13 on the eMAR. -She was concerned the medication was left in the resident's room.	D 366			

Beverly Deepmetagh

Beverly Deepmetagh
4/12/2024