

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET</b> <b>ROPER, NC 27970</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 Licensure Section and the Washington County Department of Social Services conducted an Annual survey, follow up survey and complaint investigation on 07/27/22-07/28/22. The complaint investigation was initiated by the Washington County Department of Social Services on 07/19/22.	D 000		
D 344	<p>10A NCAC 13F .1002(a) Medication Orders</p> <p>10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.</p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record reviews the facility failed to clarify medication orders for 1 of 11 residents observed during a medication pass for a medication used to treat high blood glucose levels dependant upon parameters (#7).</p> <p>The findings are:</p> <p>The medication administration error rate was 6% as evidenced by the observation of 2 errors out of</p>	D 344		

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:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET</b> <b>ROPER, NC 27970</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 344	<p>Continued From page 1</p> <p>32 opportunities during the 11:00am/12:00pm medication pass on 07/27/22 and the 8:00am medication pass on 07/28/22.</p> <p>Review of Resident #7's current FL-2 dated 02/14/22 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included type II diabetes.</li> <li>-There was a physician's order for Humalog 100 units/ml, inject 14 units subcutaneously 15-20 minutes before meals. (Humalog is a short-acting insulin used to decrease blood glucose levels in people with Type I and Type II diabetes.)</li> <li>-There was a physician's order to check Resident #7's blood sugar prior to each meal and administer Humalog 100units/ml on a sliding scale per parameters:151-160 give 1 extra unit, 161-210 give 2 extra units, 211-240 give 3 extra units units, 241-270 give 4 extra units, and 271-300 give 5 extra units.</li> <li>-There was a physician's order for diabetic protocol that included instructions to call the medical doctor if blood sugar was greater than 350.</li> <li>-There was no order for the administration of extra units of insulin for blood sugar values greater than 300.</li> </ul> <p>Observation of the 12:00pm medication pass on 07/27/22 from 11:33am to 11:53am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #7's blood glucose level obtained by finger stick was 381.</li> <li>-Resident #7 was administered 14 units of Humalog 100units/ml as scheduled plus 5 units of Humalog 100mg/ml as sliding scale coverage for a total of 19 units administered.</li> </ul> <p>Review of Resident #7's electronic medication administration record (eMAR) for July 2022 revealed:</p> <ul style="list-style-type: none"> <li>-There was documentation that the blood sugar</li> </ul>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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 344	<p>Continued From page 2</p> <p>was 299 at 11:30am on 07/27/22.</p> <p>-There was documentation that 14 units of Humalog 100units/ml was administered at 11:30am.</p> <p>-There was documentation that 5 units of Humalog 100units/ml for sliding scale coverage was administered at 11:30am.</p> <p>Review of Resident #7's endocrinology physician's visit note dated 05/24/22 revealed:</p> <p>-Resident #7 had an initial visit on 10/14/21 with a hemoglobin A1C of 10.5. (hemoglobin A1C is a test to measure a person's average blood sugar levels over the previous 3 months. Normal range for Hemoglobin A1C is 3.0-6.0.)</p> <p>-Resident #7's hemoglobin A1C remained 10.7 with a random blood sugar reading of 352 during the 05/24/22 visit.</p> <p>Interview with Resident #7 on 07/28/22 at 2:15pm revealed:</p> <p>-He had diabetes and received insulin every day with meals.</p> <p>-He did not know how much insulin he received each time it was administered.</p> <p>-He occasionally had increase blood sugar readings but had not had any symptoms from increased blood sugar.</p> <p>Interview with the medication aide (MA) on 07/27/22 at 12:47pm revealed:</p> <p>-She administered 5 units of Humalog 100units/ml for sliding scale because that was the only amount she had an order to administer.</p> <p>-She administered 5 units of Humalog 100units/ml to Resident #7 each time his blood sugar was greater than 300.</p> <p>-She had not contacted the primary care provider (PCP) or the endocrinologist for a clarification of the order.</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET</b> <b>ROPER, NC 27970</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 344	<p>Continued From page 3</p> <p>Telephone interview with Resident #7's primary care provider (PCP) on 07/28/22 at 9:11am revealed he had not been contacted by the facility to clarify Resident #7's Humalog 100units/ml sliding scale order but he would ensure the order included units of insulin to be administered for blood sugar levels greater than 300 that day.</p> <p>Review of Resident #7's physician's order dated 07/28/22 revealed: -There was an order for Humalog 100 unit/ml vial-inject 14 units subcutaneously 15-20 minutes before meals and not to administer if the resident did not eat. -There was an order to check blood sugar levels before each meal and administer Humalog sliding scale as follows; 151-180 administer 1 extra unit, 181-210 administer 2 extra units, 211-240 administer 3 extra units, 241-270 administer 4 extra units, 271-300 administer 5 extra units, 301-330 administer 6 extra units, 331-360 administer 7 extra units,361-390 administer 8 extra units, 390-420 administer 9 extra units, 421-460 administer 10 extra units and 461-500 administer 11 extra units. -There was an order to call the medical doctor for blood sugars greater than 390.</p> <p>Telephone interview with Resident #7's endocrinology nurse on 07/28/22 at 9:32am revealed: -The order for sliding scale Humalog coverage for increased blood sugar levels should have been clarified. -There was no documentation the facility had contacted them for clarification of the order.</p> <p>Attempted telephone interview with Resident #7's endocrinologist on 07/28/22 at 9:04am was</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET</b> <b>ROPER, NC 27970</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 344	Continued From page 4  unsuccessful.  Interview with the Administrator on 07/02/22 at 11:22am revealed: -She was not aware 5 units of Humalog 100units/ml was administered to Resident #7 each time his blood sugar was greater than 300. -The sliding scale order should have been clarified with a provider prior to administration since there were no units ordered for blood sugars greater than 300.	D 344		
D 358	10A NCAC 13F .1004(a) Medication 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, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 8 sampled residents (#7, #8) including errors in diabetic medications ordered in relation to finger stick blood sugar (FSBS) parameters (#7) and a medication used to prevent extrapyramidal symptoms (EPS) caused by psychotropic medications (#8).  The findings are:  The medication administration error rate was 6%	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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 5</p> <p>as evidenced by the observation of 2 errors out of 32 opportunities during the 11:00am/12:00pm medication pass on 07/27/22 and the 8:00am medication pass on 07/28/22.</p> <p>1.Review of Resident #7's current FL-2 dated 02/14/22 revealed: -Diagnoses included type II diabetes. -There was a physician's order for Humalog 100units/ml, inject 14 units subcutaneously 15-20 minutes before meals. (Humalog is a short-acting insulin used to decrease blood glucose levels in people with Type I and Type II diabetes.) -There was a physician's order to check Resident #7's blood sugar prior to each meal and administer Humalog 100units/ml on a sliding scale per parameters:151-160 give 1 extra unit, 161-210 give 2 extra units, 211-240 give 3 extra units units, 241-270 give 4 extra units, and 271-300 give 5 extra units. -There was a physician's order for diabetic protocol that included instructions to call the medical doctor if blood sugar was greater than 350. -There was no order for the administration of extra units of insulin for blood sugar values greater than 300.</p> <p>Review of Resident #7's endocrinology physician's visit note dated 05/24/22 revealed: -Resident #7 had an initial visit on 10/14/21 with a hemoglobin A1C of 10.5. (hemoglobin A1C is a test to measure a person's average blood sugar levels over the previous 3 months. Normal range for Hemoglobin A1C is 3.0-6.0.) -Resident #7's hemoglobin A1C remained 10.7 with a random blood sugar reading of 352 during the 05/24/22 visit.</p> <p>Observation of the 12:00pm medication pass on</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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 6</p> <p>07/27/22 from 11:50am to 11:53am revealed: -Resident #7's blood glucose level obtained by finger stick was 381. -Resident #7 was administered 14 units of Humalog 100units/ml as scheduled plus 5 units of Humalog 100mg/ml as sliding scale coverage for a total of 19 units administered.</p> <p>Review of Resident #7's electronic medication administration record (eMAR) for July 2022 revealed: -There was documentation that the blood sugar was 299 at 11:30am. -There was documentation that 14 units of Humalog 100units/ml was administered at 11:30am. -There was documentation that 5 units of Humalog 100units/ml for sliding scale coverage was administered at 11:30am.</p> <p>Interview with Resident #7 on 07/28/22 at 2:15pm revealed: -He had diabetes and received insulin every day with meals. -He did not know how much insulin he received each time it was administered. -He occasionally had increased blood sugar readings but had not had any symptoms from increased blood sugar in quite some time.</p> <p>Interview with the medication aide (MA) on 07/27/22 at 12:47pm revealed: -She administered 5 units of Humalog 100units/ml for sliding scale because that was the only amount she had an order to administer. -She administered 5 units of Humalog 100units/ml to Resident #7 each time his blood sugar was greater than 300. -She had not contacted the primary care provider (PCP) or the endocrinologist for a clarification of</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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 7</p> <p>the order.</p> <p>Telephone interview with Resident #7's primary care provider (PCP) on 07/28/22 at 9:11am revealed:</p> <ul style="list-style-type: none"> <li>-He was not concerned about an occasional blood sugar level of 381 and thought 5 units of Humalog and a recheck was expected.</li> <li>-He reviewed Resident #7's documented blood sugar levels weekly when he was in the facility.</li> <li>-He was not aware Resident #7's had hemoglobin A1C ranging greater than 10.</li> </ul> <p>Review of Resident #7's physician's order dated 07/28/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was an order for Humalog 100 unit/ml vial-inject 14 units subcutaneously 15-20 minutes before meals and not to administer if the resident did not eat.</li> <li>-There was an order to check blood sugar levels before each meal and administer Humalog sliding scale as follows; 151-180 administer 1 extra unit, 181-210 administer 2 extra units, 211-240 administer 3 extra units, 241-270 administer 4 extra units, 271-300 administer 5 extra units, 301-330 administer 6 extra units, 331-360 administer 7 extra units, 361-390 administer 8 extra units, 390-420 administer 9 extra units, 421-460 administer 10 extra units and 461-500 administer 11 extra units.</li> <li>-There was an order to call the medical doctor for blood sugars greater than 390.</li> </ul> <p>Telephone interview with Resident #7's endocrinology nurse on 07/28/22 at 9:32am revealed:</p> <ul style="list-style-type: none"> <li>-The order for sliding scale Humalog coverage for increased blood sugar levels should have been clarified.</li> <li>-There was no documentation the facility had</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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 8</p> <p>contacted them for clarification of the order.</p> <p>Attempted telephone interview with Resident #7's endocrinologist on 07/28/22 at 9:04am was unsuccessful.</p> <p>Interview with the Administrator on 07/02/22 at 11:22am revealed: -Medications should be administered, as ordered, using the "5 Rights"; Right resident, right time, right medication, right dose and the right route. -She was not aware 5 units of Humalog 100units/ml was administered to Resident #7 each time his blood sugar was greater than 300. -The sliding scale order should have been clarified with a provider prior to administration since there were no units ordered for blood sugars greater than 300.</p> <p>2. Review of Resident #8's current FL-2 dated 06/20/22 revealed: -Diagnosis included schizoaffective disorder. -There was an order for Cogentin 1mg to be administered twice daily.(Cogentin is a medication used to prevent extrapyramidal symptoms caused by psychotropic medications.) -There was an order for Cogentin 0.5mg to be administered each night.</p> <p>Review of Resident #8's progress note from her primary care provider dated 06/27/22 revealed she had a history of extrapyramidal symptoms.</p> <p>Observation of the 12:00pm medication pass on 07/27/22 from 11:40am to 11:41am revealed Resident #8 was administered Cogentin 1mg at 11:41am.</p> <p>Review of Resident #8's electronic medication administration record (eMAR) for July 2022</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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 9</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-There was a computerized entry for Cogentin 1mg to be administered each day at 9:00am and 1:00pm.</li> <li>-There was documentation that Cogentin 1 mg was administered at 9:00am.</li> <li>-There was no documentation Cogentin 1 mg was administered for 1:00pm.</li> </ul> <p>Interview with the medication aide (MA) on 07/28/22 at 2:05pm revealed:</p> <ul style="list-style-type: none"> <li>-Medications were to be administered one hour before of after the scheduled time.</li> <li>-The Cogentin 1mg she administered to Resident #8 on 07/27/22 at 11:41am was the dose scheduled for 1:00pm and she thought she documented the administration when she administered it to Resident #8.</li> <li>-She administered the medication along with the medications scheduled for 12:00pm to save time.</li> <li>-She had not spoken with Resident #8's physician about the administration time.</li> </ul> <p>Interview with the Administrator on 07/28/22 at 11:22am revealed:</p> <ul style="list-style-type: none"> <li>-Medications should be administered, as ordered, using the "5 Rights"; Right resident, right time, right medication, right dose and the right route.</li> <li>-Medications were to be administered within the hour before or after the time the medication was scheduled and should not be administered outside the scheduled timeframe without contacting the physician for an order.</li> <li>-The eMAR system would not allow documentation of medication administration outside of the scheduled timeframe.</li> <li>-She was not aware the 1:00pm dose was administered with the 12:00pm medications prior to 12:00pm.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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	Continued From page 10  Attempted telephone interview Resident #8's psychiatric provider on 07/27/22 at 2:56pm was unsuccessful.	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 record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> <li>(1) resident's name;</li> <li>(2) name of the medication or treatment order;</li> <li>(3) strength and dosage or quantity of medication administered;</li> <li>(4) instructions for administering the medication or treatment;</li> <li>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;</li> <li>(6) date and time of administration;</li> <li>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,</li> <li>(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).</li> </ol> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the electronic medication administration records (eMAR) were accurate for 2 of 8 sampled residents (#7, #8) including errors in diabetic medications ordered in relation to finger stick blood sugar (FSBS) parameters (#7) and a medication used to prevent extrapyramidal effects caused by</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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 367	<p>Continued From page 11</p> <p>psychotropic medications (#8).</p> <p>The findings are:</p> <p>The medication administration error rate was 6% as evidenced by the observation of 2 errors out of 32 opportunities during the 11:00am/12:00pm medication pass on 07/27/22 and the 8:00am medication pass on 07/28/22.</p> <p>1. Review of Resident #7's current FL-2 dated 02/14/22 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included type II diabetes.</li> <li>-There was a physician's order for Humalog 100units/ml, inject 14 units subcutaneously 15-20 minutes before meals</li> <li>-There was a physician's order to check Resident #7's blood sugar prior to each meal and administer Humalog 100units/ml on a sliding scale per parameters: 151-160 give 1 extra unit, 161-210 give 2 extra units, 211-240 give 3 extra units, 241-270 give 4 extra units, and 271-300 give 5 extra units.</li> <li>-There was a physician's order for diabetic protocol that included instructions to call the medical doctor if blood sugar was greater than 350.</li> </ul> <p>Observation of the 12:00pm medication pass on 07/27/22 from 11:50am to 11:53am revealed Resident #7's blood glucose level obtained by finger stick was 381.</p> <p>Review of Resident #7's electronic medication administration record (eMAR) for July 2022 revealed there was documentation that the blood sugar reading was 299 at 11:30am.</p> <p>Review of Resident #7's endocrinology physician's visit note dated 05/24/22 revealed:</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET</b> <b>ROPER, NC 27970</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 367	<p>Continued From page 12</p> <p>-Resident #7 had an initial visit on 10/14/21 with a hemoglobin A1C of 10.5. (hemoglobin A1C is a test to measure a person's average blood sugar levels over the previous 3 months. Normal range for Hemoglobin A1C is 3.0-6.0.)</p> <p>-Resident #7's hemoglobin A1C remained 10.7 with a random blood sugar reading of 352 during the 05/24/22 visit.</p> <p>Interview with Resident #7 on 07/28/22 at 2:15pm revealed:</p> <p>-He had diabetes and received insulin every day with meals.</p> <p>-He did not know how much insulin he received each time it was administered.</p> <p>-He occasionally had increased blood sugar readings but had not had any symptoms from increased blood sugar in quite some time.</p> <p>Interview with the medication aide (MA) on 07/27/22 at 1:20pm revealed she had documented 299 instead of 381 in error.</p> <p>Telephone interview with Resident #7's primary care provider (PCP) on 07/28/22 at 9:11am revealed:</p> <p>-He reviewed Resident #7's documented blood sugar levels weekly when he was in the facility.</p> <p>-Documented blood sugar levels should be accurate to evaluate the effectiveness of prescribed medications.</p> <p>-He was not aware Resident #7's had hemoglobin A1C ranging greater than 10.</p> <p>Telephone interview with Resident #7's endocrinology nurse on 07/28/22 at 9:32am revealed the physician used the documented blood sugar readings to determine if changes should be made to prescribed medications.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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 367	<p>Continued From page 13</p> <p>Attempted telephone interview with Resident #7's endocrinologist on 07/28/22 at 9:04am was unsuccessful.</p> <p>Refer to interview with the Administrator on 07/28/22 at 11:22am.</p> <p>2. Review of Resident #8's current FL-2 dated 06/20/22 revealed: -Diagnosis included schizoaffective disorder. -There was an order for Cogentin 1mg to be administered twice daily. -There was an order for Cogentin 0.5mg to be administered each night.(Cogentin is a medication used to prevent extrapyramidal symptoms caused by psychotropic medications.)</p> <p>Review of Resident #8's progress note from her primary care provider dated 06/27/22 revealed she had a history of extrapyramidal symptoms.</p> <p>Observation of the 12:00pm medication pass on 07/27/22 from 11:40am to 11:41am revealed Resident #8 was administered Cogentin 1mg at 11:41am.</p> <p>Review of Resident #8's electronic medication administration record (eMAR) for July 2022 revealed: -There was a computerized entry for Cogentin 1mg to be administered each day at 9:00am and 1:00pm. -There was documentation that Cogentin 1 mg was administered at 9:00am. -There was no documentation Cogentin 1 mg was administered for 1:00pm.</p> <p>Interview with the medication aide (MA) on 07/28/22 at 2:05pm revealed: -Medications were to be administered one hour</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL094007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 WEST BUNCOMBE STREET ROPER, NC 27970</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 367	<p>Continued From page 14</p> <p>before of after the scheduled time.</p> <p>-The Cogentin 1mg she administered to Resident #8 on 07/27/22 at 11:41am was the dose scheduled for 1:00pm and she thought she documented the administration when she administered it to Resident #8.</p> <p>-She administered the medication along with the medications scheduled for 12:00pm to save time.</p> <p>-She had not spoken with Resident #8's physician about the administration time.</p> <p>Attempt to interview Resident #8's psychiatric provider on 07/27/22 at 2:56pm was unsuccessful.</p> <p>Refer to interview with the Administrator on 07/28/22 at 11:22am.</p> <p>Interview with the Administrator on 07/28/22 at 11:22am revealed:</p> <p>-Medications should be administered, as ordered, using the "5 Rights"; Right resident, right time, right medication, right dose and the right documentation.</p> <p>-It was important to document blood sugar readings and the administration of medications so the doctor would know if changes changes needed to be made to scheduled medications</p>	D 367		