

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL032121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/06/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRESTIGE ESTATES HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4120 HOLT SCHOOL ROAD DURHAM, NC 27704</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
C 000	Initial Comments  The Adult Care Licensure Section and the Durham County Department of Social Services conducted an annual survey on 06/06/24.	C 000		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care  10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record;	C 375		

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

TITLE **Admin** (X6) DATE **7/12/24**

STATE FORM

6899

6UF111

If continuation sheet 1 of 5

Reviewed and Acknowledged K.M. 07/22/24

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C 375	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a pharmaceutical review was completed at least quarterly for 3 of 3 sampled residents (Resident #1, #2, and #3).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 04/23/24 revealed diagnoses included major neurocognitive disorder.</p> <p>Review of Resident #1's Resident Register revealed she was admitted to the facility on 03/11/21.</p> <p>Review of Resident #1's pharmaceutical reviews revealed: -There was a pharmaceutical review dated 05/07/24 signed by a registered pharmacist with no recommendations. -There was no other pharmaceutical review available for review.</p> <p>Refer to the interview with the Administrator on 06/06/24 at 4:45pm.</p> <p>2. Review of Resident #2's current FL2 dated 04/24/24 revealed diagnoses included schizoaffective disorder.</p> <p>Review of Resident #2's Resident Register revealed he was admitted to the facility on 03/21/22.</p> <p>Review of Resident #2's pharmaceutical reviews revealed: -There was a pharmaceutical review dated</p>	C 375	<p>pharmaceutical reviews will be completed for all residents quarterly and kept within Facility records. Pharmacy reviews file has been created to store all annual reviews and kept at facility.</p>	

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C 375	<p>Continued From page 2</p> <p>05/07/24 signed by a registered pharmacist with no recommendations. -There was no other pharmaceutical review available for review.</p> <p>Refer to the interview with the Administrator on 06/06/24 at 4:45pm.</p> <p>3. Review of Resident #3's current FL2 dated 05/02/24 revealed diagnoses included Alzheimer's dementia and bipolar disorder.</p> <p>Review of Resident #3's Resident Register revealed she was admitted to the facility on 04/28/18.</p> <p>Review of Resident #3's pharmaceutical reviews revealed: -There was a pharmaceutical review dated 05/07/24 signed by a registered pharmacist with no recommendations. -There was no other pharmaceutical review available for review.</p> <p>Refer to the interview with the Administrator on 06/06/24 at 4:45pm.</p> <p>Interview with the Administrator on 06/06/24 at 4:45pm revealed: -A pharmaceutical review was completed for all residents in January or February 2024, but she did not have documentation of the previous pharmaceutical reviews. -She knew that pharmaceutical reviews must be completed for all residents quarterly.</p>	C 375			
C 444	10A NCAC 13G .1213 Reporting Of Accidents And Incidents	C 444			

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C 444	<p>Continued From page 3</p> <p>10A NCAC 13G .1213 Reporting of Accidents and Incidents</p> <p>(a) A family care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency evaluation, hospitalization, or medical treatment other than first aid.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the reporting of accidents and incidents was completed and the local Department of Social Services (DSS) was notified for 1 of 3 sampled residents (#3) who went to the Emergency Department (ED) for evaluation of an injury.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 05/02/24 revealed diagnoses included Alzheimer's dementia and bipolar disorder.</p> <p>Review of Resident #3's hospital after visit summary dated 04/02/24 revealed Resident #3 went to the local ED for evaluation of a rib injury due to a fall.</p> <p>Review of Resident #3's incident/accident reports revealed there were no incident/accident report forms available for review.</p> <p>Interview with a representative from the local DSS on 06/06/24 at 10:45am revealed the facility had not faxed or sent any incident/accident report</p>	C 444	<p>Facility has Implemented and given a inservice to all employees to ensure that all incident forms are completed and faxed to the county Facility has completed all inservices to all employees as 7/12/24</p>	

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C 444	<p>Continued From page 4</p> <p>forms to the DSS in the last three months.</p> <p>Interview with Resident #3 on 06/06/24 at 4:20pm revealed: -She fell off her bed and hurt her ribs in April 2024. -She went to the hospital for evaluation.</p> <p>Interview with the Administrator on 06/06/24 at 4:15pm revealed: -Resident #3 fell off her bed and fractured some of her ribs on her right side in April 2024. -She did not complete an incident/accident report form for Resident #3's fall on 04/02/24 because Resident #3's family member transported Resident #3 to an urgent care for evaluation. -The urgent care was not able to do an X-ray scan of Resident #3 for evaluation, so the urgent care sent Resident #3 to the local ED for an X-ray. -She did not know she had to complete an incident/accident report when a resident went to an urgent care.</p>	C 444		