STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 Durham County Department of Social Services conducted a follow-up survey from July 9th to July 11th, 2024.	D 000		
D 056	10A NCAC 13F .0305(f)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (f) The requirements for storage rooms and closets are: (4) Housekeeping storage requirements are: (A) A housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion thereof; and (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure the storage closet in the Special Care Unit (SCU), containing razors and liquids, was locked and not accessible to residents. The findings are: Observation of the storage closet door on the 200-hall on 07/09/24 revealed: -The storage closet was across from the 200-hall nurses' station, which was next to the dining room. -At 3:53pm, the storage closet door was unlocked and there were no staff personnel within site to monitor the storage closet door and there were residents walking the hall-way.	D 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 056	Continued From page 1	D 056		

-At 5:20pm, the storage closet remained unlocked and there were residents walking by the storage closet on their way to and from dinner.
-The storage closet contained shampoo, razors, shaving cream, and toothpaste.

Interview with a medication aide (MA) on 07/11/24 at 9:46am revealed:
-On 07/09/24 at 3:43pm, the storage closet was unlocked when she entered the storage room.
-She did not know who left the storage closet unlocked.
-She should have locked the storage closet when she exited the room.
-The storage closet should be locked so the residents could not get in.
-The MAs and personal care aides (PCA) all had keys to the storage closet.
-The storage closet was kept locked to keep the resident from entering the storage closet and getting something that may harm them.

Interview with the Housekeeping Supervisor on 07/11/24 at 11:57am revealed:
-All storage closets should remain locked when there were no staff in them.
-He knew the storage closet on the 200-hallway was used to house items for personal care for the residents.
-He had never noticed the storage closet doors unlocked.

Interview with the Administrator on 07/11/24 at 11:57am revealed:
-The storage closet doors should be locked.
-A resident could go in the storage closet, get something and get hurt or injured.
-She expected all staff to lock the door of the storage closet when leaving the storage closet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 125	Continued From page 2	D 125		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and C), who administered medications, completed the 5-hour medication aide training course and the medication clinical validation checklist before administering medications. The findings are: 1. Review of Staff A's, medication aide (MA), personnel record revealed: -Staff A was hired on 06/19/24. -There was no documentation Staff A completed the 5-hour MA training course. -There was no documentation Staff A completed the medication clinical validation checklist. Review of a resident's June 2024 and July 2024 from 07/01/24 to 07/10/24 electronic medication administration record (eMAR) revealed there was	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 125	Continued From page 3	D 125		

documentation Staff A administered medications on 8 occasions.

Interview with Staff A on 07/11/24 at 2:25pm revealed:
-She had taken a 6-hour certification class and completed a checklist when she started with the facility in June 2024.
-A nurse from the pharmacy taught the class.
-She had not completed a test regarding medications.

Telephone interview with the Licensed Health Professional Services (LHPS) nurse from the facility's contracted pharmacy on 07/11/24 at 5:10pm revealed she did not recall completing a medication clinical validation checklist for Staff A.

Interview with the interim Health and Wellness Director (HWD) on 07/11/24 at 4:15pm revealed:
-She did not know Staff A needed a certificate of completion for the 5-hour MA training course.
-She did not know Staff A did not have a medication clinical validation checklist completed.

Refer to the interview with the Business Office Manager (BOM) on 07/11/24 at 4:28pm.

Refer to the telephone interview with the LHPS nurse from the facility's contracted pharmacy on 07/11/24 at 5:10pm.

Refer to the telephone interview with the interim HWD on 07/11/24 at 4:15pm.

Refer to the interview with the Regional Director of Health and Wellness on 07/11/24 at 11:00am and 3:56pm.

Refer to the interview with the Administrator on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 125	Continued From page 4 07/11/24 at 3:39pm. 2. Review of Staff C's, medication aide (MA), personnel record on revealed: -Staff C was hired on 06/11/24. -There was no documentation Staff C completed the 5-hour MA training course. -There was no documentation Staff C completed the medication clinical validation checklist. Review of a resident's July 2024 from 07/01/24 to 07/10/24 electronic medication administration record (eMAR) revealed there was documentation Staff C administered medications on 5 occasions. Interview with Staff C on 07/11/24 at 2:32pm revealed: -Another company came in and gave her training on 06/27/24 at the medication cart. -She took an online class but did not know how many hours it took. -The interim Health and Wellness Director (HWD) went over orders and did a checklist during orientation. Telephone interview with the Licensed Health Professional Services (LHPS) nurse from the facility's contracted pharmacy on 07/11/24 at 5:10pm revealed she did not recall completing a medication clinical validation checklist for Staff C. Interview with the interim HWD on 07/11/24 at 4:15pm revealed: -She did not know Staff C needed a certificate of completion for the 5-hour MA training course. -She did not know Staff C did not have a medication clinical validation checklist completed. Refer to the interview with the Business Office	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 125	Continued From page 5 Manager (BOM) on 07/11/24 at 4:28pm. Refer to the telephone interview with the LHPS nurse from the facility's contracted pharmacy on 07/11/24 at 5:10pm. Refer to the telephone interview with the interim HWD on 07/11/24 at 4:15pm. Refer to the interview with the Regional Director of Health and Wellness on 07/11/24 at 11:00am and 3:56pm. Refer to the interview with the Administrator on 07/11/24 at 3:39pm. _____ Interview with the Business Office Manager (BOM) on 07/11/24 at 4:28pm revealed: -She verified the MAs passed their MA test by checking the North Carolina (NC) MA Registry. -She filed the verification that the MA had passed the test in the personnel file. -She did not know if the MAs had a certificate for a 5-hour class or not. -She did not know if the MAs had a medication clinical validation checklist completed upon hire. -She had never been instructed to keep up with the MA training course certification or the medication clinical validation checklist. -She filed the forms the managers gave her. -She did not audit personnel records. -She had never been told to audit personnel records. -To her knowledge, no one was auditing personnel records. Telephone interview with the LHPS nurse from the facility's contracted pharmacy on 07/11/24 at 5:10pm revealed: -She did not teach the medication aide training	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 125	Continued From page 6	D 125		

course.
-She taught a 6-hour class several weeks ago which was a follow-up to the previous state survey.
-The 6-hour class was related to medication administration and medication storage.
-She gave a certificate to the attendees of the 6-hour class.
-The interim HWD would notify her when there were MAs that needed to be checked off for the medication clinical validation checklist.

Telephone interview with the interim HWD on 07/11/24 at 4:15pm revealed:
-The facility hired MAs who had already completed the MA training course and had passed the test.
-The BOM checked the NC MA Registry to ensure each MA was on the NC MA Registry before administering medications.
-The MA clinical validation checklist was completed by the pharmacy.
-She did not notify the LHPS nurse that she had two MAs that needed medication clinical validation checklist.
-She should have notified the LHPS nurse that 2 MAs were ready to be checked off on their medication clinical validation checklist.

Interview with the Regional Director of Health and Wellness on 07/11/24 at 11:00am and 3:56pm revealed:
-The interim HWD informed her that the staff only needed the 5-hour medication aide training course, and they had 90 days to complete the MA training course and the medication clinical validation checklist.
-The MA training course would be completed elsewhere.
-The MAs should be checked off on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 125	Continued From page 7 medication clinical validation checklist by the pharmacy. -The BOM was responsible for auditing the personnel files to ensure that all credentials were filed. Interview with the Administrator on 07/11/24 at 3:39pm revealed: -The facility did not offer MA in-house training. -The MAs hired by the facility had already been through the MA training and were on the North Carolina MA Registry. -The MAs certificate for the MA training for the 5-hour should be in their personnel file. -The nurse from the facility's contracted pharmacy completed the medication skills validation checklist. -If the MAs had not been checked off, they could not administer medications. Refer to Tag D 0358, 10A NCAC .1004 (a) Medication Administration. _____ The facility failed to ensure two staff, who worked as medication aides and administered medications to residents completed the 5-hour medication aide training course and had the medication clinical validation checklist completed before administering medications resulting in medication errors. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/11/24 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 25, 2024.	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to provide supervision for 1 of 3 sampled resident (#11) who was known to put items in her mouth was observed multiple times with items in her mouth that were not edible (#11). The findings are: Review of Resident #11's current FL-2 dated 12/19/23 revealed: -Diagnoses included severe early Alzheimer's dementia with other behavioral disturbance. -Resident #11 was constantly disoriented. -Resident #11 wandered. -Resident #11 did not communicate. -Resident #11 was incontinent of bladder and bowel. -The resident's level of care was Special Care Unit (SCU). Observation of Resident #11 on 07/09/24 at various times between 8:30am-5:00pm revealed Resident #11 wandered around the facility, up and down the hallways, and in and out of	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 270	Continued From page 9 common areas. Observation of the activity room on 07/09/24 at 9:50am revealed: -At 10:20am, Resident #11 entered the activity room where the surveyors were reviewing records. -At 10:25am, Resident #11 sat in a chair behind the surveyors. -The resident was holding an artificial flower. -At 10:47am, Resident #11 was chewing on something and was holding a stem with no leaves or petals. -Resident #11 was chewing on the artificial leaves and flowers that she had pulled off the stem. -At 10:49, a MA entered the activity room and attempted to remove the flowers and leaves from Resident #11's mouth. -At 10:52, a Supervisor entered the activity room to assist in removing the flowers and leaves from Resident #11's mouth . -At 10:55am, Resident #11 walked out of the activity room, followed by the MA and the Supervisor. -At 11:00am, the artificial flowers and leaves were removed from Resident #11's mouth. Observation of Resident #11 on 07/09/24 at 11:15am revealed: -Resident #11 was walking in the hallway. -There was no staff in the hallway. -Resident #11 had something in her mouth and she was having difficulty chewing. -When asked what she was chewing, she had a large piece of candy in its foil wrapper in her mouth. -Staff was notified. Interview with a medication aide (MA) on 07/10/24 at 10:15am revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 270	Continued From page 10	D 270		

-Resident #11 put things in her mouth every day.
-Resident #11 needed constant supervision.
-Resident #11 ate the bones in the chicken and she was afraid that one day the resident would choke.
-The staff could not keep an eye on Resident #11 all the time due to their other responsibilities.

Interview with Housekeeping Staff on 07/10/24 at 10:30am, revealed:
-She used to be a personal care aide (PCA) a couple of months ago but changed positions.
-Resident #11 always puts things in her mouth that she picked up.

Interview with a PCA on 07/10/24 at 10:35am revealed Resident #11 was "handsy" as she would grab any object that was out in the open and she had to keep a close eye on the resident.

Interview with a second PCA on 07/10/24 at 11:00am revealed:
-At least three to four times a day, Resident#11 put things in her mouth that were not edible.
-She was constantly taking things from Resident #11 that she should not have.
-It was hard to keep an eye on Resident #11.
-Resident #11 went into other residents' rooms.
-Resident #11 needed one on one supervision, like a sitter.

Interview with the Activity Director on 07/10/24 at 11:30am revealed:
-Resident #11 put things in her mouth that she picked up around the facility that were not edible.
-He had never seen staff walk or supervise Resident #11 one on one.
-Resident #11 had gone into his office in the past.
-Resident #11 went into other residents' rooms to get their stuff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 270	Continued From page 11 Interview with a third PCA on 07/10/24 at 11:35am revealed: -She could not keep up with Resident #11 due to her constant wandering. -Resident #11 needed a sitter for constant supervision. -Resident #11 went into other residents' rooms. -When Resident #11 put things in her mouth, she notified the MAs. -She did not know if Resident #11's family was aware of her behavior. Interview with Regional Health Wellness Director on 07/10/24 at 10:50am revealed: -She had not put anything in place as far as supervision for Resident #11. -She knew that Resident #11 put paper in her mouth. -The staff tried to keep an eye on Resident #11. The facility failed to provide supervision for a resident (#11) who was observed with items in her mouth multiple times that were choking hazards. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/11/24 for this violation. THE CORRECTION DATE FOR THIS A2 VIOLATION WILL NOT EXCEED AUGUST 10, 2024.	D 270		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 273	Continued From page 12 (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure referral and follow-up to meet the routine and acute healthcare needs for 1 of 3 sampled residents related to a resident who became aggressive toward another resident, and the primary care provider and the mental health provider were not notified (#9). The findings are: Review of Resident #9's current FL-2 dated 02/02/24 revealed diagnoses included unspecified dementia, with unspecified severity with mood disturbance. Review of Resident #9's Resident Register revealed an admission date of 01/18/24. Review of Resident #9's care plan dated 02/05/24 revealed: -There was no documentation that Resident #9 was verbally or physically abusive. -The care plan was not signed by his Primary Care Provider (PCP). Review of an incident report dated 07/01/24 at 6:00pm revealed: -Per the medication aide (MA), a [named] resident was observed in another resident's room on the floor. -Resident #9 attempted to kick the [named] resident but was stopped by the personal care	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 273	Continued From page 13	D 273		

aide (PCA).
-The [named] resident had a skin tear noted on his left hand and arm.

Interview with a MA on 07/09/24 at 2:56pm revealed:
-When the PCA walked into Resident #9's room, a [named] resident was on the floor and Resident #9 was getting ready to kick the [named] resident.
-It was not the first incident between Resident #9 and the [named] resident.
-She had only heard about other incidents between Resident #9 and the [named] resident and did not know any details.

Interview with the PCA on 07/11/24 at 9:23am revealed:
-He saw a [named] resident lying in the hallway and thought Resident #9 was going to kick the [named] resident.
-He did not know why the incident report listed the location as the resident's room.
-The [named] resident had a skin tear after this incident.
-He did not recall the date, but it was before the day the [named] resident was injured and had to get staples in his head.
-He reported the incident to the MA.

Review of an incident report dated 07/02/24 at 6:00pm revealed:
-Resident #9 approached a resident who had walked into another resident's room and told the resident he had no business in the resident's room.
-Resident #9 hit and pushed the resident causing the resident to fall and obtain a head injury.

Review of Resident #9's electronic chart notes revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 273	Continued From page 14	D 273		

-On 07/02/24, at 6:00pm, Resident #9 became aggressive with another resident for entering someone else's room.
-Resident #9 pushed and hit the other resident causing the resident to fall with a head injury noted.
-Law enforcement and Emergency Medical Services (EMS) were notified.
-Resident #9 was transported to a local hospital for an evaluation.
-On 07/02/24, a call was received from the attending provider at the hospital, and Resident #9 was medically cleared to return to the facility.
-On 07/03/24, Resident #9 was in the dining room enjoying lunch; no behaviors noted.
-On 07/05/24, Resident #9 had no behaviors today. The resident spent most of the day in his room.
-On 07/05/24, a late entry for 07/04/24, Resident #9 had not exhibited any behaviors.
-On 07/06/24, Resident #9 had no behaviors today.

Interview with Resident #9 on 07/10/24 at 4:13pm revealed:
-A [named] resident came into his room all the time.
-The [named] resident knew how to unlock the door even if his door was locked.
-The [named] resident went into his room 2-3 times a week.
- The [named] resident going into his room was worse in the evening, but it could happen any time of the day.
-A week ago, he pushed the [named] resident down to get the resident out of his room.
-"I hollered for him to leave, and he would not."
- The [named] resident had been back in his room since he pushed him down.
-He did not recall ever touching the [named]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 273	Continued From page 15	D 273		

resident before the day he pushed the resident down.
-"I just want him to stay out of my room."
-He was very frustrated with the [named] resident going in and out of rooms.

Interview with a second MA on 07/10/24 at 4:25pm revealed:
-Resident #9 had three altercations with a [named] resident she was aware of.
-Resident #9 and a [named] resident did not like each other, it has been going on since the [named] resident moved in, "maybe" two months.
-The [named] resident picked other residents' locks and for whatever reason the resident liked Resident #9's room.

Interview with a third MA on 07/10/24 at 4:32pm revealed:
-The conflict between Resident #9 and the [named]resident started about a month ago.
-At first Resident #9 was nice to the [named] resident and told the resident not to go in his room.
-But since then, Resident #9 had scratched and punched the [named] resident.
-She was working the day the [named] resident was on the floor and when she saw blood she called the Interim HWD.
-When the Interim HWD asked Resident #9 if he put his hands on the [named] resident, Resident #9 said no, but he told her yes, he did because the [named] resident went into a [named] female's room.
-A few minutes ago (07/10/24), she heard Resident #9 tell the [named] resident, "You better not go in anyone's freaking room."
-Before the incident on 07/02/24, the only other incidents she knew about between Resident #9 and the [named] resident were two months ago.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 273	Continued From page 16	D 273		

-She had told the previous HWD about incidents, but she could not recall when it was or what had occurred.

Interview with a fourth MA on 07/11/24 at 7:24am revealed:
-She heard a commotion in the hallway (she did not recall when).
-She heard Resident #9 say something about a [named] resident going into his room.
-The [named] resident was then found on the floor in the hallway with a skin tear.
-She recalled one time she saw the [named] resident touch Resident #9's doorknob and the resident became aggressive toward the [named] resident, telling the resident to not touch his door.
-She did not recall when it occurred, but it was weeks before the most recent incidents.
-Something could have been put in place sooner and maybe prevented the physical altercations from happening.

Interview with the Maintenance Director on 07/11/24 at 12:11pm revealed:
-A [named] resident had been scratched by Resident #9, he was not sure when it happened but thought it may have been two months ago.
-He had observed the scratches on the [named] resident's cheek and neck.
-A few weeks later it happened again, then again, and now the [named] resident had a gash on the back of his head.

Interview with a third PCA on 07/11/24 at 5:01pm revealed:
-A [named] resident had scratches on one side of his face like someone had clawed him.
-She had come in one morning, "about two weeks ago" and when she was making rounds, she saw the scratches on the resident's face.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 273	Continued From page 17	D 273		

-When she asked the MA what happened she was told the [named] resident went into Resident #9's room and the resident scratched the resident.

Interview with the Regional Health Director on 07/11/24 at 12:20pm revealed:
-A [named] staff member was the Interim HWD.
-When the Interim HWD was not at the facility, she was at the facility.
-The first time she heard about any issue with Resident #9 and the [named] resident was when the [named] resident had to go to the hospital to get sutures.
-She was told the [named] resident went into Resident #9 's room.
-Resident #9 was very territorial about his space and pushed the [named] resident and the resident fell backward.
-She thought it was an isolated incident, a one-time incident, and not a safety concern.
-She was not aware of any previous incidents between the two residents.

Telephone interview with the Interim HWD on 07/11/24 at 12:32pm revealed:
-On 07/02/24, she heard a yell and looked down the hallway, and she saw a [named] resident lying on the floor bleeding from the head.
-The [named] resident pointed at Resident #9 and said he pushed me down.
- Resident #9 stated, that yes, he did because the resident was in another resident's room.
-The first altercation she had heard about between Resident #9 and the [named] resident was when the [named] resident was in Resident #9's room on the floor and Resident #9 was going to kick the resident.
-She did not recall when it happened, but it was "not too long before the last incident."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 273	Continued From page 18	D 273		

-She was not aware of any other incidents between the two residents.
-Had she known there had been previous interactions between the two residents, she would have made sure Resident #9 had a psychiatric evaluation.

Interview with the facility's contracted primary care provider (PCP) on 07/11/24 at 2:51pm revealed:
-She was the PCP for Resident #9 and was aware he had attacked a [named] resident on 07/02/24.
-She was not aware of any other incidents between the two residents.
-She expected to have been notified of any other incidents because she would have contacted psychiatry for an evaluation.
-Psychiatry would have been able to evaluate the behavior and treated
-There may have been a better outcome had she been notified of previous incidents.

Telephone interview with the facility's contracted psychiatrist on 07/11/24 at 3:32pm revealed:
-She saw Resident #9 in May 2024 for an initial evaluation; the resident had no history of harm to himself or others.
-She saw Resident #9 again in June 2024 and staff reported no behaviors to her.
-Nothing had been reported to her about Resident #9 and the [named] resident.
-She was concerned she had not been made aware of the behaviors of Resident #9.
-She had implemented a telemedic program to be notified of acute changes in behavior and manage the residents more efficiently.
-A change in behavior warranted a change in Resident #9 medications.
-Medication changes would be to control

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 273	Continued From page 19	D 273		

outbursts that could lead to aggression.
-If she had known about multiple interactions, she would have scheduled medication to curtail the behavior from happening.
-She would have also looked at behavior modification to stop what triggered the action because medications could only do so much.

Interview with the Administrator 07/11/24 at 3:58pm revealed:
-She was aware Resident #9 had a confrontation on 07/02/24 with a [named] resident, and both residents were sent to the hospital to be evaluated per the facility's policy when there was an altercation between two residents.
-She did not recall being notified of an incident the prior day, 07/01/24.
-She was not aware of any incidents between Resident #9 and the [named] resident before 07/02/24.

_____
The facility failed to ensure referral and follow-up to meet the acute health care needs for Resident #9 whose primary care provider and mental health provider were not notified of incidents of aggressive behaviors toward another resident. This failure was detrimental to the health, safety, and welfare of residents and constitutes a Type B Violation.

_____
The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/30/24 for this violation.

CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED September 13, 2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 283	Continued From page 20	D 283		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) Facilities with a licensed capacity of 13 or more residents shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure foods were free from contamination related to unlabeled and expired food in the walk-in cooler. The findings are: Observation of the walk-in cooler on 07/09/24 at 9:18am revealed: -There was a large container of meat sauce dated as prepared 06/14/24 with a use-by date of 07/09/24. -There was a small container labeled as puree, dated as prepared 06/29/24, there was no use-by date. -There was a medium container labeled as meat puree dated as prepared 06/20/24 with a use-by	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 283	Continued From page 21	D 283		

date of 07/10/24.
-There was a large container of cooked broccoli labeled as prepared on 06/20/24, there was no use-by date.
-There was a large container labeled as marinara labeled as prepared on 06/23/24, there was no use-by date.
-There was a medium container labeled as ribs with a prepared date of 06/12/24 and a use-by date of 06/18/24.
-There was a container of bite-size chicken that was not labeled or dated.
-There was a small container of cooked shrimp that was not labeled or dated, and the foil covering was torn.
-There was a large container of barbecue sauce with a manufacturer expiration date of 01/17/24.
-There were two large containers of another barbecue sauce with a manufacturer expiration date of 07/07/24.
-There was a large container of what appeared to be milk gravy that was not labeled or dated.
-There was a large container of meatballs that was not dated as when prepared.
-There was a large container labeled as jerk chicken with a prepared date of 07/01/24, there was no use-by date.

Telephone interview with a local Environmental Health Inspector on 07/10/24 at 11:00am revealed:
-Prepared food should be disposed of within 7 days: all prepared foods.
-If a resident was served food that had been open for longer than 7 days, it could make the resident sick.

Interview with the Dietary Manager (DM) on 07/10/24 at 9:30am revealed:
-Most vegetables were good in the walk-in cooler

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 283	Continued From page 22	D 283		

for 7-10 days.
-He thought food like meatballs would last longer, like up to two weeks.

Interview with the DM on 07/11/24 at 1:44pm revealed:
-Whoever put food in the walk-in cooler was responsible for dating the food.
-The Environmental Health Inspector had been in to do an inspection of the kitchen on 07/10/24 and educated him on the 7-day rule.
-Anything that was cooked and properly cooled was good for 7 days.
-Checking the walk-in cooler should be done daily.
-If he saw something not dated, he looked at the menu to see when it was cooked and then talked to the cook about reminding him to date the food.
-He expected the cook to catch it, but if he saw expired food he discarded it and gave "coaching" to the cook.
-The pureed food that was labeled as prepared on 06/20/24, and to be used by 07/10/24, was labeled as that because he thought the puree would last that long.
-He thought prepared food lasted longer.
-He did not know there were containers of expired barbecue sauce on the shelf in the walk-in cooler.
-He was responsible for making sure all food was stored correctly.

Interview with the Regional Director of Operations on 07/11/24 at 7:20pm revealed:
-She expected all food to be covered, labeled, and dated.
-The policy of the facility was food was to be discarded after 3 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 286	Continued From page 23	D 286		
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure mealtime table service included a place setting consisting of a knife, fork, and spoon. The findings are: 1. Observation of the dining room on 07/09/24 between 8:39am-9:30am revealed: -There were multiple residents without a full place setting of silverware. -At one table, there was one resident who did not have a spoon. -At another table, there were two residents, one of the residents did not have a fork. -At the third table there were two residents, neither resident had a fork. -At 8:39am, a resident had her plate of food and was not provided with silverware; she was eating her biscuit, but not her other food. -At 8:52am, the surveyor told a personal care aide (PCA) that the resident needed silverware. -A resident was observed eating their entire meal	D 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 286	Continued From page 24	D 286		

with their hands, including scrambled eggs and grits; the resident was never offered silverware.
-At 9:12am a resident was given a plate of food and at 9:26am he was not eating.
-At 9:25am, a resident was served his plate with a spoon and a knife.

Observation of the breakfast meal in the smaller dining room on 07/09/24 from 8:29am to 8:56am revealed:
-There were no forks in the four-placed setting in the small dining room.
-There were two residents seated together in the larger dining room who only had a fork.
-There was a third resident seated at another tablet in the larger dining room who only had a fork and was attempting to eat her grits.
-Residents four and five were given a spoon after they had eaten about 1/4 of their meal.
-The sixth resident asked for a fork; she had eaten ½ of her meal before she received a fork.

Interview with a resident on 07/09/24 at 9:26am revealed:
-He could not eat breakfast because he was waiting on a fork.
-He told the PCA he needed a fork, but she had not brought him one yet.
-At 9:39am, the surveyor told the PCA the resident needed silverware.

Second interview with the resident on 07/09/24 at 11:22am revealed:
-Sometimes he was not given any silverware at all.
-Sometimes he was given a fork, sometimes he was given a spoon, and sometimes he might be given a knife.
-There was no certain silverware that was given to you, it varied every meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 286	Continued From page 25 Refer to interview with the Dietary Manager on 07/11/24 at 1:44pm. Refer to the interview with the Administrator on 07/11/24 at 3:58pm. 2. Observation of the dining room on 07/09/24 at 12:12pm-1:04pm revealed: -Multiple residents were provided only one eating utensil, a fork, or a spoon. -One resident ate her entire meal, including a chicken and noodle dish with a cream sauce and scooped ice cream, with her hands; she was not provided with any silverware. -A PCA announced there were not enough forks for everyone, but everyone should have a spoon. -A resident was observed eating his ice cream with a fork, he did not have a spoon. Observation of the dining room on 07/09/24 at 5:01pm revealed a cook announced there were not enough forks for everyone to have one. Interview with the cook on 07/09/24 at 5:01pm revealed: -He thought he was 10 forks short tonight. -He thought a particular resident was taking the silverware, but they looked in his room and he did not have any. Refer to interview with the Dietary Manager on 07/11/24 at 1:44pm. Refer to the interview with the Administrator on 07/11/24 at 3:58pm. 3. Observation of the dining room on 07/10/24 from 8:33am-8:43am revealed: -A resident struggled to use her spoon to cut her	D 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 286	Continued From page 26	D 286		

sausage into bite-size pieces.
-She then picked the pieces of sausage up with her fingers to eat the sausage.
-The resident did not have a fork or a knife.
-A second resident was picking up a piece of sausage with her hands and biting.
-The resident did not have a fork or a knife.

Interview with a PCA on 07/10/24 at 3:57pm revealed:
-The PCAs worked in the dining room during meals to make sure the residents were served the proper plate, and no residents were choking.
-The PCAs would take plated food off the cart if there were no dietary staff in the dining room.

Interview with a PCA on 07/10/24 at 3:57pm revealed:
-If there was silverware available, she passed it out.
-There were typically not enough forks for every resident to have a fork.
-There were usually enough spoons and knives for every resident.
-She had observed residents having a hard time using a spoon to eat when the residents did not have a fork.

Refer to interview with the Dietary Manager on 07/11/24 at 1:44pm.

Refer to the interview with the Administrator on 07/11/24 at 3:58pm.

_____

Interview with the Dietary Manager on 07/11/24 at 1:44pm revealed:
-He thought there was enough silverware for all the residents to have a fork, spoon, and knife.
-He thought one of the days had been short 2-3 forks.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 286	Continued From page 27 -He did not know the residents were not given a knife, fork, and spoon at every meal. -He purchased silverware every couple of weeks "trying to stay on top of it." Interview with the Administrator on 07/11/24 at 3:58pm revealed: -She expected every resident to be provided with a spoon, fork, and knife at every meal. -The Dietary Manager should keep ordering silverware if it was needed. -If residents did not have the necessary silverware the residents may not be able to eat their food properly. -Even residents who were served a finger food diet should be provided with a complete place setting.	D 286		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure 3 of 3 sampled residents (Resident #5, #6, and #10) received therapeutic diets as ordered related to a pureed diet (#5), finger foods diet (#6), and a mechanical soft diet (#10). The findings are: Observation of the dining room on 07/09/24-07/11/24 at various meals revealed the	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 310	Continued From page 28	D 310		

personal care aides (PCA) served resident meals from the food cart when dietary staff were not in the dining room.

1. Review of Resident #5's current FL2 dated 07/26/23 revealed:
-Diagnoses included Alzheimer's disease, gastroesophageal reflux disease, and hypertension.
-There was an order for a dysphagia, soft chew diet with nectar thick liquids.

Review of Resident #5's diet order dated 01/16/24 revealed an order for a soft chew dysphagia diet with thin liquids.

Review of Resident #5's physician orders dated 06/29/24 revealed a no added salt pureed diet.

Observation of the dietary board in the kitchen on 07/09/24 at 9:18am revealed:
-Multiple forms contained the residents' pictures and diet orders.
-Resident #5's diet was listed as level 3 soft chew, and dysphagia on his diet form attached to the board; there was no other diet list attached.

Review of the pureed diet for 07/09/24 revealed breakfast consisted of pureed sausage with gravy, cereal of choice, and a pureed biscuit.

Observation of Resident #5 breakfast meal service on 07/09/24 at 8:43am revealed Resident #5 was served chopped bacon, scrambled eggs, grits, and a chopped biscuit.

Review of the regular diet menu for 07/10/24 revealed bacon was the meat to be served at breakfast.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 310	Continued From page 29	D 310		

Review of the pureed diet for 07/10/24 revealed breakfast consisted of pureed sausage with gravy, cereal of choice, and pureed biscuit; bacon was not listed to be pureed.

Observation of Resident #5's breakfast meal service on 07/10/24 at 8:28am revealed Resident #5 was served scrambled eggs, grits, and ground sausage.

Observation of Resident #5 on 07/10/24 at 8:33am revealed:
-Resident #5 was observed coughing during the breakfast meal.
-Resident #5 ate 100% of his breakfast meal but ate the meal very slowly.

Interview with a cook on 07/10/24 at 11:25am revealed:
-Bread should be pureed with water so it was creamy.
-Sausage should be pureed with liquid to make it creamy.
-Eggs should be pureed in the blender with a little water to make the eggs creamy.

Interview with the Dietary Manager 07/10/24 at 11:49am revealed:
-Pureed food should be smooth.
-Pureed sausage needed to add water, it was okay for the food to be pasty, but it needed to be smooth.

Interview with the Dietary Manager 07/11/24 at 1:44pm revealed:
-Resident #5's diet changed more often than any other resident in the facility.
-Resident #5 had a diet order for soft chew but on 07/09/24 (later in the day) a medication aide (MA) gave him the order for Resident #1's diet to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 310	Continued From page 30	D 310		

changed to pureed.
-He did not know why the diet order dated 06/29/24 was not given to him before 07/09/24.
-He thought Resident #5's meals on 07/10/24 and 07/11/24 were pureed.
-He did not know why the sausage looked "grainy."

Based on observations, interviews and record reviews Resident #5 was not interviewable.

Attempted telephone interview with Resident #5's Primary Care Provider (PCP) on 07/11/24 at 8:12am was unsuccessful.

Refer to the interview with a cook on 07/10/24 at 11:25am.

Refer to the interview with a personal care aide (PCA) on 07/10/24 at 3:57pm.

Refer to the interview with the Dietary Manager on 07/11/24 at 1:44pm.

Refer to the interview with the Administrator on 07/11/24 at 3:58pm.

2. Review of Resident #6's current FL2 dated 03/28/24 revealed:
-Diagnoses included dementia.
-There was no diet order.

Review of Resident #6's diet order dated 05/30/24 revealed an order for finger foods.

Observation of the dietary board in the kitchen on 07/09/24 at 9:18am revealed:
-Multiple forms contained the residents' pictures and diet orders.
-Resident #6's diet was listed as finger food.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 310	Continued From page 31 Review of the therapeutic menu spreadsheet revealed no diet for finger food. Observation of the breakfast service meal in the small dining room on 07/09/24 at 8:42am revealed: -Resident #6 was served scrambled eggs, two bacon strips, grits, and a biscuit. -Resident #6 consumed 100 % of eggs, bacon, and grits and ¾ of the biscuit. -Resident #6 was fed his breakfast meal by staff, except for the bacon, which was placed in his hand, and he fed himself. Observation of Resident #6's lunch meal service on 07/09/24 at 12:21pm revealed: -Resident #6 was served chicken with noodles and cream sauce, cooked vegetables, and a biscuit. -Resident #6 was being fed by a personal care aide (PCA). -Resident #6 ate 100% of his meal. Interview with a medication aide (MA) on 07/09/24 at 8:42 am revealed: -Resident #6 was fed by the staff for all meals. -Resident #6 would hold finger foods in his hands and feed himself. -Resident #6 was able to hold bacon in his hands this morning and feed himself. Interview with the Dietary Manager on 07/10/24 at 11:49am revealed: -Finger foods were foods that could be eaten with fingers. -Examples included if residents were served chicken, a resident with finger food would be served chicken tenders. -Finger foods would not be served mashed	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 310	Continued From page 32	D 310		

potatoes but would be served French fries as a substitute.
-Resident #6 usually had a feeder.
-He thought since Resident #6 was being fed by staff, it was okay for Resident #6 to be served a regular diet.

Interview with Resident #6's Primary Care Provider (PCP) on 07/11/24 at 2:51pm revealed:
-Resident #6's current diet order was for finger foods.
-She expected staff to provide Resident #6 finger food and if the resident was not eating staff could request an order for a diet change.

Interview with the Administrator on 07/11/24 at 3:58pm revealed:
-Resident #6 should be served finger food per diet order.
-Staff should let Resident #6 feed himself.
-If the resident did not eat well, the staff could then feed Resident #6 the finger food.

Based on observations, interviews and record reviews Resident #6 was not interviewable.

Refer to the interview with a cook on 07/10/24 at 11:25am.

Refer to the interview with a personal care aide (PCA) on 07/10/24 at 3:57pm.

Refer to the interview with the Dietary Manager on 07/11/24 at 1:44pm.

Refer to the interview with the Administrator on 07/11/24 at 3:58pm.

3. Review of Resident #10's current FL2 dated 02/14/24 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 310	Continued From page 33	D 310		

-Diagnoses included dementia.
-There was an order for a mechanical soft diet.

Review of Resident #5's diet order dated 05/09/24 revealed an order to stop current diet order and start a mechanical soft chopped diet.

Observation of the dietary board in the kitchen on 07/09/24 at 9:18am revealed:
-Multiple forms contained the residents' pictures and diet orders.
-Resident #10's diet was listed as a mechanical soft diet on her diet form.

Review of the mechanical soft diet for 07/09/24 revealed breakfast consisted of ground sausage with gravy, cereal of choice, and a biscuit.

Observation of Resident #10 breakfast meal service on 07/09/24 at 8:43am revealed Resident #10 was served whole slices of bacon, scrambled eggs, grits, and a biscuit.

Review of the regular diet menu for 07/10/24 revealed bacon was the meat to be served at breakfast.

Review of the mechanical soft diet for 07/10/24 revealed breakfast consisted of ground sausage with gravy, cereal of choice, and a biscuit; bacon was not listed to be ground.

Observation of Resident #10's breakfast meal service on 07/10/24 at 8:28am revealed Resident #10 was served scrambled eggs, grits, and a whole piece of sausage.

Observation of Resident #10's dinner meal service on 07/09/24 at 5:15pm revealed:
-Resident #10 was served a sandwich on a large

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 310	Continued From page 34	D 310		

uncut sub roll, fried potato rounds, and fresh fruit including grapes.
-Resident #10 was observed coughing during the meal after taking bites of food.

Observation of Resident #10 on 07/10/24 between 8:41am-8:43am revealed:
-Resident #10 was served eggs, grits, a biscuit, and a whole piece of sausage.
-Resident #10 was coughing while eating her biscuit and grits.
-Resident #10 was coughing while eating her sausage.

Interview with a cook on 07/10/24 at 11:25am revealed:
-Sandwiches for a resident who was on a mechanical soft diet should be small pieces.
-The meat should be chopped up before putting the meat on the bread.
-Mechanical soft was food that was chopped up so the resident could chew the food and not get choked.
-He thought fresh fruit was okay to be served to a resident on a mechanical soft diet because the fruit was soft.

Interview with the Dietary Manager on 07/10/24 at 11:49am revealed:
-Meat should be chopped for residents with a mechanical soft diet.
-Bread should have gravy or juice on the bread to soften, any type of moisture.
-Sandwiches should be chopped into squares and on soft bread.
-Residents on a mechanical soft diet should not be served grapes.

Interview with the Administrator on 07/11/24 at 3:58pm revealed she was concerned staff were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 310	Continued From page 35	D 310		

not paying attention to the plates served and the resident could strangle.

Interview with Resident #10's Primary Care Provider (PCP) on 07/11/24 at 2:51pm revealed:
-Resident #10 current diet order was a mechanical soft diet.
-If Resident #10 was not served a mechanical soft diet, it increased the resident's risk of dysphagia, or choking as well as the resident may not eat as well.
-She expected Resident #10 to be served a mechanical soft diet as ordered.

Based on observations, interviews and record reviews Resident #10 was not interviewable.

Refer to the interview with a cook on 07/10/24 at 11:25am.

Refer to the interview with a personal care aide (PCA) on 07/10/24 at 3:57pm.

Refer to the interview with the Dietary Manager on 07/11/24 at 1:44pm.

Refer to the interview with the Administrator on 07/11/24 at 3:58pm.

_____

Interview with a cook on 07/10/24 at 11:25am revealed:
-Staff from dining services passed out the plates in the dining room.
-Sometimes the personal care aide (PCA) would help but the dining services staff had to tell the staff what plate to give the resident.
-PCAs should not give a plate to a resident if the staff member did not know what plate to serve the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 310	Continued From page 36 Interview with a PCA on 07/10/24 at 3:57pm revealed: -The PCAs worked in the dining room during meals to make sure the residents were served the proper plate, and no residents were choking. -The PCAs would take plated food off the cart if no dietary staff were in the dining room. Interview with the Dietary Manager on 07/11/24 at 1:44pm revealed staff from dietary services were the only staff who should serve resident plates to ensure the residents received the correct meal. Interview with the Administrator on 07/11/24 at 3:58pm revealed: -Dietary services staff were responsible for ensuring diets were served correctly. -She was concerned staff were not paying attention to the plates served. -If a resident was served the wrong diet consistency, the resident could choke.	D 310		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, record reviews, and interviews, the facility failed to provide care and services to 2 of 2 sampled residents (#1, #9) related to a resident (#1) who was known to wander into other residents' rooms and was	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 37	D 338		

pushed by another resident; and a resident (#9) who requested a secure room to prevent another resident from wandering into his room which resulted in an altercations with that resident.

The findings are:

1. Review of Resident #1's current FL2 dated 12/13/23 revealed:
-Diagnoses included dementia and glaucoma.
-Resident #1 was intermittently disoriented.
-Resident #1 wandered.
-The resident's care was Special Care Unit (SCU).

Review of Resident #1's care plan dated 12/21/23 revealed:
-There was no documentation that Resident #1 had wandering behaviors.
-The care plan was not signed by his Primary Care Provider (PCP).

Review of an incident report dated 07/01/24 at 6:00pm revealed:
-Per the medication aide (MA), Resident #1 was observed in another resident's room on the floor.
-The other resident attempted to kick Resident #1 but was stopped by the personal care aide (PCA).
-Resident #1 had a skin tear noted on his left hand and arm.

Review of Resident #1's electronic chart note dated 07/02/24 at 6:07pm revealed:
-A late entry for 07/01/24: Resident #1 was observed lying on the floor in another resident's room.
-Resident #1 had an abrasion observed on the top left hand.
-Resident #1 usually "ad lib walking" with care throughout the community.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 38	D 338		

Interview with the MA on 07/09/24 at 2:56pm revealed:
-When the PCA walked into a [named] resident's room, Resident #1 was on the floor and the [named] resident was getting ready to kick Resident #1.
-It was not the first incident between Resident #1 and the [named] resident.
-She had only heard about other incidents between Resident #1 and the [named] resident and did not know any details.

Interview with the PCA on 07/11/24 at 9:23am revealed:
-He saw Resident #1 lying in the hallway and thought a [named] resident was going to kick Resident #1.
-He did not know why the incident report listed the location as the resident's room.
-Resident #1 only had a skin tear after this incident.
-He did not recall the date, but it was before the day Resident #1 was injured and had to get staples in his head.
-He reported the incident to the MA.

Review of an incident report dated 07/02/24 at 6:15pm revealed:
-Resident #1 fell to the ground from a standing position, hitting his head on the floor causing a laceration to the back of his head.
-Emergency Medical Services (EMS) was called and the resident was transported to a local hospital.

Review of Resident #1's electronic chart note dated 07/03/24 at 12:16pm revealed:
-A late entry for 07/02/24: Resident #1 was observed lying on the floor in the hallway, on his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 39	D 338		

back and blood was noted at the back of his head.
-Resident #1 stated he was pushed by another resident.
-A small skin tear to the back of the resident's left arm was also observed.
-Pressure was applied to the back of the resident's head until EMS arrived.
-Resident #1 was transported to a local hospital.

Review of Resident #1's electronic chart note dated 07/03/24 at 1:38pm revealed Resident #1 returned to the facility with staples to the back of his head.

Review of Resident #1's after-visit summary dated 07/02/24 revealed Resident #1 had a head laceration secondary to a fall; staples were used to close the wound.

Observation of Resident #1 on 07/09/24 at 8:57am revealed there were multiple staples and bruising to the back left-hand side of the resident's head.

Interview with the Activities Director on 07/11/24 at 11:55am revealed:
-Resident #1 liked to walk all the time.
-He tried to get Resident #1 to participate in activities, but the resident did not want to.

Telephone interview with Resident #1's family member on 07/11/24 at 6:36pm revealed:
-She recalled Resident #1 having skin tears on his face, but she did not recall what happened; she thought it was within the past 2-4 weeks.
-She knew there had been other incidents with another male resident, but she did not recall when.
-She did not know who the male resident was.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 40	D 338		

-She was worried about Resident #1 getting hurt.
-The staff told her they were going to try to keep the two residents apart.
-Other residents wandered and came into Resident #1's room all the time, but Resident #1 did not beat those residents up just because they came into his room.

Interview with a second PCA on 07/10/24 at 3:57pm revealed:
-Resident #1 walked the hallways and tried to open every door.
-She had caught Resident #1 "a lot of times" before he got to the [named] resident's room.
-Usually, when the [named] resident yelled at Resident #1, the resident left.
-One day last week, she heard the [named] resident screaming to tell Resident #1 to get out of his room; she did not recall the date, but it was the day Resident #1 had to get stitches.
-She was in another resident's room but looked out into the hallway to see what was happening.
-She saw two staff going toward the [named] resident's room.
-She heard the screaming "maybe" three minutes before the staff got there.
-That was the first time she heard of an altercation between the two residents.
-After Resident #1 was injured, the Interim Health and Wellness Director (HWD) told her to try to redirect Resident #1 to avoid confrontation.

Interview with a second MA on 07/10/24 at 4:25pm revealed:
-Resident #1 had three altercations with another resident that she was aware of.
-Resident #1 picked other residents' locks and for whatever reason Resident #1 liked the [named] resident's room.
-No changes in Resident #1's care were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 41 discussed after the first incident. Interview with a third MA on 07/10/24 at 4:32pm revealed: -The conflict between Resident #1 and the [named] resident started about a month ago. -At first, the [named] resident was nice to Resident #1 and told Resident #1 not to go in his room. -But since then, the [named] resident had scratched and punched Resident #1. -She was working the day Resident #1 was on the floor and when she saw blood she called the Interim HWD. -When the Interim HWD asked the [named] resident if he put his hands on Resident #1, the [named] resident said no, but he told her yes, he did because Resident #1 went into a [named] female's room. -A few minutes ago (07/10/24), she heard the [named] resident tell Resident #1 "You better not go in anyone's freaking room." -Before the incident on 07/02/24, the only other incidents she knew about were two months ago. -She told the previous HWD about the incidents, but she could not recall when it was or what had occurred. -"Lately" she had been trying to redirect Resident #1 because she did not want to see Resident #1 get hurt. Interview with a third PCA on 07/11/24 at 9:23am revealed: -Resident #1 wandered. -Resident #1 quietly, and slowly, walked back and forth in the facility. -He was concerned about the [named] resident getting irritated with Resident #1. -There had been no evidence of Resident #1 doing anything but going into the resident's room.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 42	D 338		

-He had observed Resident #1 standing inside another resident's doorway, "just standing" and Resident #1 left the room as soon as he told him to.
-The previous HWD put a stop sign on the [named] resident's door to discourage Resident #1 from going in, but there had been ongoing conflict.
-It would be hard to always catch Resident #1 wandering toward the [named] resident's door, but if staff did, the staff could turn Resident #1 around.

Interview with a third MA on 07/11/24 at 7:24am revealed:
-Resident #1 wandered.
-It was a SCU, so staff could not stop Resident #1 from wandering.
-Resident #1 would not remember if he was told to not do something.
-She heard a commotion in the hallway (she did not recall when).
-She heard a [named] resident say something about Resident #1 going into his room.
-Resident #1 was then found on the floor in the hallway with a skin tear.
-She recalled one time she saw Resident #1 touch the [named] resident's doorknob and the resident became aggressive toward Resident #1, telling Resident #1 to not touch his door.
-She did not recall when it occurred, but it was weeks before the most recent incidents.
-After the incident where Resident #1 had to get staples, the Interim HWD and the Regional Health and Wellness Director, told the staff to keep Resident #1 and the [named] resident separated.

Interview with a fourth PCA on 07/11/24 at 5:01pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 43	D 338		

-Resident #1 wandered into other residents' rooms.
-She observed Resident #1 using items to unlock other resident's doors.
-Resident #1 had scratches on one side of his face like someone had clawed him.
-She came in one morning, "about two weeks ago" and when she was making rounds, she saw the scratches on Resident #1's face.
-When she asked the MA what happened she was told Resident #1 went into a [named] resident's room and the resident scratched Resident #1.
-Resident #1 would sit in on an activity for a few minutes but then get up and start wandering.
-She had been trying to think of something to do to keep Resident #1 safe.

Interview with the Regional Health and Wellness Director on 07/11/24 at 12:20pm revealed:
-A [named] staff member was the Interim HWD.
-When the Interim HWD was not at the facility, she was at the facility.
-The first time she heard about any issue with Resident #1 and the [named] resident was when Resident #1 had to go to the hospital to get sutures.
-She was told Resident #1 went into the [named] resident's room.
-The [named] resident was very territorial about his space and pushed Resident #1 and Resident #1 fell backward.
-Staff tried to keep Resident #1 on his side of the facility.
-There were usually staff in the television area and if the staff saw Resident #1 go by, the staff were supposed to redirect the resident.
-The staff were verbally told to redirect Resident #1 by the Interim HWD.
-She thought it was an isolated incident and not a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 44	D 338		

safety concern.
-She was not aware of any previous incidents between the two residents.

Telephone interview with the Interim HWD on 07/11/24 at 12:32pm revealed:
-On 07/02/24, she heard a yell and looked down the hallway, and she saw Resident #1 lying on the floor bleeding from the head.
-Resident #1 pointed at the [named] resident and said the resident pushed him down.
-The [named] resident stated he did push Resident #1 down because the resident was in another resident's room.
-The first altercation she heard about between Resident #1 and the [named] resident was when Resident #1 was in the [named] resident's room on the floor and the [named] resident was going to kick Resident #1.
-She did not recall when it happened, but it was "not too long before the last incident."
-She was not aware of any other incidents between the two residents.
-Resident #1 liked to walk and staff were told to redirect the resident away from the hallway where the [named] resident resided.
-When Resident #1 was redirected, he always turned around and went the other way.
-She could not recall if staff were instructed to redirect Resident #1 on that day, 07/02/24, or the next day 07/03/24.
-Had she known there had been previous interactions between the two residents, she would have made sure the [named] resident had a psychiatric evaluation and made sure to keep Resident #1 out of the [named] resident's space.
-Staff needed to keep Resident #1 out of the [named] resident's space because there would be a concern for Resident #1's safety.
-She had not seen Resident #1 go toward the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 45	D 338		

200-room hallway since he was injured.

Interview with the Administrator 07/11/24 at 3:58pm revealed:
-She was aware Resident #1 and the [named] resident had a confrontation on 07/02/24, and both residents were sent to the hospital to be evaluated per the facility's policy when there was an altercation between two residents.
-She did not recall being notified of an incident the prior day, 07/01/24.
-She was not aware of any incidents between Resident #1 and the [named] resident before 07/02/24.
-She was told there were no incident reports for Resident #1 or the [named] resident for May 2024 or June 2024.
-She would have expected staff to keep a check on Resident #1, so he did not wander into the [named] resident's room to prevent any incidents.
-Staff could have given Resident #1 something to do to keep him occupied.
-The Interim HWD should have made sure all staff were checking on the two residents and knew the residents' location.

Based on observations, interviews, and record reviews it was determined Resident #1 was not interviewable.

Attempted telephone interview with Resident #1's primary care provider (PCP) on 07/09/24 at 3:39pm was unsuccessful.

2. Review of Resident #9's current FL-2 dated 02/02/24 revealed diagnoses included unspecified dementia, with unspecified severity and with mood disturbance.

Review of Resident #9's Resident Register

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 46 revealed an admission date of 01/18/24. Review of Resident #9's care plan dated 02/05/24 revealed: -There was no documentation that Resident #9 was verbally or physically abusive. -The care plan was not signed by his Primary Care Provider (PCP). Review of an incident report dated 07/01/24 at 6:00pm revealed: -Per the medication aide (MA), a [named] resident was observed in another resident's room on the floor. -Resident #9 attempted to kick the [named] resident but was stopped by the personal care aide (PCA). -The [named] resident had a skin tear noted on his left hand and arm. Review of an incident report dated 07/02/24 at 6:00pm revealed: -Resident #9 approached a resident who had walked into another resident's room and told the resident he had no business in the resident's room. -Resident #9 hit and pushed the resident causing the resident to fall and obtain a head injury. Review of Resident #9's electronic chart notes revealed: -On 07/02/24, at 6:00pm, Resident #9 became aggressive with another resident for entering someone else's room. -Resident #9 pushed and hit the other resident causing the resident to fall with a head injury noted. -Law enforcement and EMS were notified. -Resident #9 was transported to a local hospital for an evaluation.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 47	D 338		

-On 07/02/24, a call was received from the attending provider at the hospital, and Resident #9 was medically cleared to return to the facility.

Interview with Resident #9 on 07/10/24 at 4:13pm revealed:
-A [named] resident came into his room all the time.
-The [named] resident knew how to unlock the door even if his door was locked.
-Staff were aware of the [named] resident going into his room and told him they could not do anything about it.
-A [named] went into his room 2-3 times a week.
-The [named] resident going into his room was worse in the evening, but it could happen any time of the day.
-A week ago, he pushed Resident #1 down to get the resident out of his room.
-"I hollered for him to leave, and he would not."
-The [named] resident had been back in his room since he pushed him down.
-He did not recall ever touching the [named] resident before the day he pushed the resident down.
-He had talked to the Maintenance Director about a new lock, and nothing had been done.
-"I just want him to stay out of my room."
-He was very frustrated with the [named] resident going in and out of rooms.

Observation of resident door locks on 07/10/24 and 07/11/24 at various times between 8:00am-5:00pm revealed staff used their fingernails and other items to unlock residents' doors.

Telephone interview with Resident #9's family member on 07/11/24 at 8:21am revealed:
-Resident #9 told her that a resident came into his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 48	D 338		

room and took his glasses and a pair of shoes; the glasses and shoes were never located.
-Resident #9 was able to identify the resident as [named] resident.
-After the first incident with the resident taking Resident #9's belongings, maintenance was asked about replacing the lock on her family member's door.
-The lock on Resident #9's door could be unlocked with a fingernail.
-Resident #9 asked her to talk to the Maintenance Director to put in a work order for a new lock.
-The Maintenance Director did put a new lock on Resident #9's door but it was the same kind of lock, it could be easily unlocked.
-She could not find the Maintenance Director, so she let the staff know she had thought the Maintenance Director understood a different lock was needed, one that other residents could not unlock.
-Resident #9's door lock still had not been changed to a lock other residents could not open.
-She talked to the Administrator on 07/05/24 and asked her if she was aware Resident #9 had assaulted another resident.
-She asked the Administrator if there was anything to keep other residents out of Resident #9's room.
-The Administrator told her locks were state-regulated and residents could not have locks that required a key.
-She was told before Resident #9 moved in that other residents wandered into other residents' rooms in a SCU.
-When the resident wandered into Resident #9's room the first time, she told staff to "do something" and was told by staff" "We told him not to do it."
-She was told by staff there were not enough staff to monitor the hallway to keep residents from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 49	D 338		

going into other residents' rooms.
-The previous Health and Wellness Director (HWD) put a stop sign on Resident #9's door but it did not stop the [named] resident from entering the room.

Interview with a second PCA on 07/11/24 at 9:23am revealed:
-He had been told Resident #9's lock could not be changed.
-He did not recall who told him Resident #9's lock could not be changed.
-He thought changing Resident #9's lock would be "great" and would keep the [named] resident from going into the resident's room.

Interview with the Maintenance Director on 07/11/24 at 12:11pm revealed:
-Resident #9 approached him all the time concerning a [named] resident going into his room.
-Resident #9 asked for a keyed lock for his room.
-The Interim HWD told him Resident #9 could not have a keyed lock because it was against state regulations.

Interview with the Regional Health Director on 07/11/24 at 12:20pm revealed:
-She was told when the [named] resident went into Resident #9's room, it was because the resident had not locked his door.
-Resident #9 needed to keep his door locked.
-Locks were replaced on all the doors recently (she did not recall the date).
-The locks could be locked.
-She thought they were told locks needed to be where the staff could unlock in case of an emergency.

Telephone interview with the Interim HWD on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 50	D 338		

07/11/24 at 12:32pm revealed:
-Resident #9 had the right to have his space.
-Resident #9 did not want the [named] resident in his space, and that was his right.
-She was aware Resident #9 had requested a lock for his door and maintenance was aware.
-She was not aware of any regulations related to locks.
-If it was not a problem for Resident #9 to have a lock to keep other residents out of his room, she would have expected the Maintenance Director to have changed the lock.
-Staff needed to keep the [named] resident out of Resident #9's space because there would be a concern for the [named] resident's safety.

Interview with the facility's contracted primary care provider (PCP) on 07/11/24 at 2:51pm revealed:
-She thought Resident #9 could manage a key to his room.
-Privacy was important for Resident #9's mental health and that may have been what triggered his behavior against the [named] resident.

Telephone interview with the facility's contracted mental health provider on 07/11/24 at 3:32pm revealed:
-She thought Resident #9 could manage a key to his room.
-Resident #9 got more frustrated because he was cognitively "with it."
-If a door lock would eliminate Resident #9's frustration, it would be an appropriate intervention.

Interview with the Administrator 07/11/24 at 3:58pm revealed:
-Resident #9's family member had talked with her about Resident #9's shoes and glasses being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 51 taken. -No one talked to her about Resident #9 locking his door. -She knew that for the safety of the residents, all the rooms needed to have the same type of lock so the staff could easily access the room in the event of an emergency. -All residents had the right to privacy and protect their belongings. -For someone like Resident #9, who was high functioning, the staff should have figured out a way so the resident could have privacy. -Had she known there had been multiple incidents between Resident #9 and the [named] resident they could have already worked on the situation. -There might have still been an altercation, but the altercation may have not been as bad, because if the resident had not gone into Resident #9's room, it would have decreased the frustration Resident #9 had been having. _____ The facility failed to provide care and services to two residents, including neglecting to secure a resident's room when the resident (#9) had requested on multiple occasions to have the lock to his room door secured to prevent another resident (#1) from wandering into his room. Resident #1 was known to wander into other residents' rooms. Resident #9 became aggressive toward Resident #1, pushing the resident down to the floor, resulting in Resident #1 sustaining a head injury which required staples when Resident #1 was entering another resident's room. This neglect resulted in substantial risk of serious harm to Resident #1, which constitutes a Type A2 Violation. _____ The facility provided a plan of protection in	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 338	Continued From page 52 accordance with G.S. 131D-34 on 07/30/24 for this violation. THE CORRECTION DATE FOR THIS A2 VIOLATION WILL NOT EXCEED September 13, 2024.	D 338		
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: FOLLOW UP TO THE TYPE A2 VIOLATION The Type A2 Violation was abated. Non-compliance continues. THIS IS A TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered to 3 of 5 sampled residents (#5, #7, and #8) observed during the morning medication pass including errors with three medication, a preventive medication, a medication to treat elevated blood pressure, and a medication for congestion, that could not be crushed (#8); a resident who received one-half the dosage of a medication that was ordered for constipation (#7); and two residents who were not	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 53	D 358		

observed by the medication aide taking their medication for constipation (#5 and #7); and for 3 of 7 sampled residents (#1, #2, and #5,) for record review including an eye drop (#1); a medication to treat benign prostatic hypertrophy, a cholesterol medication, and a sleep aide (#2); and an antibiotic and a eye lid cleanser (#5).

The findings are:

1. The medication error rate was 15% as evidenced by 5 errors out of 33 opportunities during the 8:00am medication pass on 07/10/24.

Review of the facility's medication procedures dated 03/09/17 revealed each resident must be observed taking their medication.

a. Review of Resident #8's current FL-2 dated 01/12/24 revealed diagnoses included hypertension and osteoarthritis.

1. Review of Resident #8's signed physician orders dated 05/30/24 revealed there was an order for aspirin 81mg enteric coated (EC) (used as a preventive for blood clots) daily.

Observation of the morning medication pass on 07/10/24 at 7:42am revealed:
-The medication aide (MA) removed 8 bubble packs of medication for Resident #8 from the medication cart.
-One of the medications was aspirin 81mg EC and the prescription label read "take one tablet every morning with "DO NOT CRUSH" printed on the label.
-The MA popped aspirin 81 EC into the souffle cup, with the other pills and then poured the pills into a small bag.
-The MA placed the small bag of pills into the pill

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 54	D 358		

crusher.
-The surveyor stopped the MA from crushing the 8 pills in the bag.
-The surveyor requested the MA to read the instructions on the prescription label for aspirin 81mg.
-The MA stated, "she should not crush this medication" and she removed the aspirin 81mg from the small bag.
-The MA placed the aspirin 81mg tablet , not crushed, in a souffle cup and added applesauce and administered the medication to Resident #8.

Review of Resident #8's July 2024 electronic medication administration record (eMAR) from 07/01/24 to 07/10/24 revealed:
-There was an entry for aspirin 81mg EC 1 tablet daily "DO NOT CRUSH" with a scheduled administration time of 8:00am.
-There was documentation aspirin 81mg EC was administered on 07/10/24 at 8:00am.

Observation of Resident #8's medications on hand on 07/10/24 at 7:40am revealed:
-There was a bubble pack of 14 of 28 aspirin 81mg EC tablets available for administration.
-The prescription label on the bubble pack of aspirin 81mg EC read "take one daily, DO NOT CRUSH."

Telephone interview with a representative from the facility's contracted pharmacy on 07/11/24 at 1:54pm revealed:
-Resident #8 had an order for aspirin 81mg daily.
-The pharmacy would type "DO NOT CRUSH" as part of the directions on the label and on the eMAR.
-EC meant the aspirin was coated and should not be crushed.
-If the aspirin was crushed, it could cause

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 55 stomach discomfort. Interview with Resident #8's Primary Care Provider (PCP) on 07/11/24 at 1:54pm revealed if aspirin was crushed the medication could have negative effects on the gastro-intestinal system such as pain and ulcers. Based on observations, interviews, and record reviews it was determined Resident #8 was not interviewable. 2. Review of Resident #8's signed physician orders dated 05/30/24 revealed there was an order for metoprolol succinate extended release (ER) (used to lower heart rate and treat high blood pressure) daily. Observation of the morning medication pass on 07/10/24 at 7:42am revealed: -The MA removed 8 bubble packs of medication for Resident #8 from the medication cart. -One of the medications was metoprolol succinate ER and the label read "take one tablet every morning, "DO NOT CRUSH." -The MA popped metoprolol succinate ER into the souffle cup, with the other pills and then poured the pills into a small bag. -The MA placed the small bag of pills into the pill crusher. -The surveyor stopped the MA from crushing the 8 pills in the bag. -The surveyor requested the MA to read the instructions on the prescription label for metoprolol succinate ER. -The MA stated, "she should not crush this medication" and she removed the metoprolol succinate ER from the small bag. -The MA placed the metoprolol succinate ER, not crushed, in a souffle cup and added applesauce	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 56 and administered the medication to Resident #8. Review of Resident #8's July 2024 eMAR from 07/01/24 to 07/10/24 revealed: There was an entry for metoprolol succinate extended release (ER) daily "DO NOT CRUSH" with a scheduled administration time of 8:00am. -There was documentation metoprolol succinate ER was administered on 07/10/24. Observation of Resident #8's medications on hand on 07/10/24 at 7:40am revealed: -There was a bubble pack of 14 of 28 metoprolol succinate ER tablets available for administration. -The prescription label on the bubble pack of metoprolol succinate ER read "take one daily, DO NOT CRUSH." Telephone interview with a representative from the facility's contracted pharmacy on 07/11/24 at 1:54pm revealed: -Resident #8 had an order for metoprolol succinate ER daily. -The pharmacy would type "DO NOT CRUSH" as part of the directions on the label and on the eMAR. -Metoprolol ER meant the medication was an extended release and could not be crushed. -The ER medication allowed the medication to be administered slowly over a period of time. Interview with Resident #8's PCP on 07/11/24 at 1:54pm revealed if metoprolol succinate ER was crushed the medication would be released faster into the body and could possibly lower the residents' heart rate and blood pressure. Based on observations, interviews, and record reviews it was determined Resident #8 was not interviewable.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 57	D 358		

3. Review of Resident #8's signed physician orders dated 05/30/24 revealed there was an order for Mucinex 600mg ER (used to relieve cough, cold, and congestion) every 12 hours.

Observation of the morning medication pass on 07/10/24 at 7:42am revealed:
-The MA removed 8 bubble packs of medication for Resident #8 from the medication cart.
-One of the medication was Mucinex 600mg ER and the label read "take one tablet every 12 hours, "DO NOT CRUSH."
-The MA popped Mucinex 600mg ER into the souffle cup, with the other pills and then poured the pills into a small bag.
-The MA placed the small bag of pills into the pill crusher.
-The surveyor stopped the MA from crushing the 8 pills in the small bag.
-The surveyor requested the MA to read the instructions on the prescription label for Mucinex 600mg ER.
-The MA stated, "she should not crush this medication" and she removed the Mucinex 600mg ER from the small bag.
-The MA placed the Mucinex 600mg ER, not crushed, in a souffle cup and added applesauce and administered the medication to Resident #8.

Review of Resident #8's July 2024 from 07/01/24 to 07/10/24 eMAR revealed:
-There was an entry for Mucinex 600mg ER every 12 hours "DO NOT CRUSH" with a scheduled administration time of 8:00am.
-There was documentation Mucinex ER was administered on 07/10/24.

Observation of Resident #8's medications on hand on 07/10/24 at 7:40am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 58	D 358		

-There was a bubble pack of 13 of 28 Mucinex ER tablets available for administration.
-The label on the bubble pack of Mucinex ER read "take one daily, DO NOT CRUSH."

Telephone interview with a representative from the facility's contracted pharmacy on 07/11/24 at 1:54pm revealed:
-Resident #8 had an order for Mucinex ER every 12 hours.
-The pharmacy would type "DO NOT CRUSH" as part of the directions on the prescription label and on the eMAR.
-Mucinex ER meant the medication was an extended release and could not be crushed.
-The ER medication allowed the medication to be administered slowly over the 12 hours.

Interview with Resident #8's PCP on 07/11/24 at 1:54pm revealed if Mucinex was crushed the medication would be released faster into the body and the medication would not cover the entire 12 hours as ordered

Based on observations, interviews, and record reviews it was determined Resident #8 was not interviewable.

_____
Interview with the MA on 07/10/24 at 2:15pm revealed:
-She always crushed Resident #8's medication.
-Resident #8 had an order to crush her medications.
-Resident #8 would get choked on medications if they were not crushed.
-She had not noticed "DO NOT CRUSH" on the pharmacy label for the medications that could not be crushed.
-She had not noticed "DO NOT CRUSH" on the eMAR in the directions of the medications that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 59 could not be crushed. Interview with Resident #8's PCP on 07/11/24 at 1:54pm revealed she expected medications to be administered as ordered. Interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm revealed: -The MA should read the eMAR and bubble pack before administering medications. -The MA should check to see if a medication can be crushed before the medication was crushed. -If a medication could not be crushed, the directions "DO NOT CRUSH" should be on the label and the eMAR. -MAs should not crush medications when the label read "DO NOT CRUSH." b. Review of Resident #7's current FL-2 dated 08/21/23 revealed diagnoses included neuro-cognitive disorder and Alzheimer's and vascular dementia with behavioral disturbances. Review of Resident #7's signed physician orders dated 05/30/24 revealed there was an order for polyethylene glycol 17gms (used to treat constipation) mix 1 packet in 8 ounces of liquid and drink daily. Observation of the morning medication pass on 07/10/24 at 7:30am revealed: -The medication aide (MA) removed a zip lock bag containing single dose packages of polyethylene glycol from the medication cart. -The MA removed 1 package of polyethylene glycol from the zip lock bag. -The MA opened the package of polyethylene glycol and poured half of the polyethylene glycol powder in a four-ounce cup and added water. -The MA mixed the polyethylene glycol powder	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 60	D 358		

with a spoon and approached Resident #7, who was sitting in the living room.
-Resident #7 took the cup of medications from the MA and spilt the miralax on her shirt.
-The MA returned to the medication cart, emptied the remaining polyethylene glycol powder from the individual packet into a four-ounce cup, and added water.
-The MA mixed the polyethylene glycol powder with a spoon and administered ½ dose of polyethylene to Resident #7.

Review of Resident #7's July 2024 electronic medications administration record (eMAR) from 07/01/24 to 07/10/24 revealed:
-There was an entry for polyethylene glycol mix 1 packet in 8 ounces of water daily with a scheduled administration time of 8:00am.
-There was documentation polyethylene glycol 1 packet was administered on 07/10/24.

Observation of Resident #7's medications on hand on 07/10/24 at 7:30am revealed:
-There was a zip lock bag containing 46 single dose packets of polyethylene glycol available for administration
-The prescription label on the zip lock bag read mix 1 packet in 8 ounces of water daily.

Interview with the MA on 07/10/24 at 2:18pm revealed:
-There were no 8-ounce cups in the facility, so she placed ½ packet of the polyethylene glycol in a four-ounce cup with water to administer to Resident #7.
-She gave Resident #7 the first 4-ounce cup and Resident #7 spilled the medication before drinking any of it.
-She prepared the remainder of the polyethylene glycol in a second 4-ounce cup and gave the cup

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 61	D 358		

to Resident #7 and returned to the medication cart.
-She only had 1/2 dose of polyethylene left in the single dose packet to administer to Resident #7.
-She should have used a new single dose packet so Resident #7 would have received the dose that was ordered.
-She did not watch Resident #7 take her medication.
-She did not know why she did not watch Resident #7 take her medication.
-She did not know if Resident #7 took her medication or not.
-She should have watched Resident #7 take her medication.

Interview with Resident #7's Primary Care Provider (PCP) on 07/11/24 at 1:54pm revealed:
-Resident #7 should be administered the dosage of polyethylene glycol that was ordered.
-Polyethylene was used for constipation.
-She expected the MA to administer the medication as ordered.

Interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm revealed:
-The MA should watch Resident #7 consume her medication to ensure she received the ordered dose.
-Another resident could drink Resident #7's medication if she did not drink all of it.

Based on observations, interviews, and record reviews it was determined Resident #7 was not interviewable.

Refer to the interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm.

Refer to the interview with the Administrator on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 62 07/11/24 at 11:57am. c. Review of Resident #5's current FL-2 dated 07/06/23 revealed: -Diagnoses included hypertension, osteoarthritis, and Alzheimer's Disease. -There was an order for polyethylene glycol 17gms (used to treat constipation) 1 capful in 8 ounces of water daily. Observation of the morning medication pass on 07/10/24 at 8:16am revealed: -The medication aide (MA) removed a 17.9-ounce bottle of polyethylene glycol powder from the medication cart. -The MA poured a capful of polyethylene glycol powder into the cap. -The MA entered the dining room and poured the capful of polyethylene glycol powder in Resident #5's milk. -The MA returned to the medication cart without mixing the powder in Resident #5's milk and the MA did not watch Resident #5 consume his polyethylene glycol. Review of Resident #5's July 2024 electronic medication administration record (eMAR) from 07/01/24 to 07/10/24 revealed: -There was an entry for polyethylene glycol mix 1 capful in 4 - 8 ounces of liquid daily with a scheduled administration time of 8:00am. -There was documentation polyethylene glycol was administered to Resident #5 on 07/10/24. Observation of Resident #5's medications on hand on 07/10/24 at 8:16am revealed: -There was a bottle of polyethylene glycol one-half full available for administration with a scheduled administration time of 8:00am. -The prescription label on the bottle of	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 63	D 358		

polyethylene glycol read mix 1 capful in 4 - 8 ounces of liquid daily.

Interview with the MA on 07/10/24 at 2:18pm revealed:
-She poured the polyethylene glycol in Resident #5's milk.
-Resident #5 could mix his polyethylene in any liquid.
-She did not watch Resident #5 take his medications because Resident #5 ate very slowly.
-She checked on Resident #5 at 9:00am to ensure he drank all of his milk and he had.

Observation of the dining room on 07/10/24 at 9:17am revealed Resident #5 was still drinking his milk.

Interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm revealed:
-The MA should watch Resident #5 consume his medication to ensure he received the ordered dose.
-Another resident could drink Resident #5's medication if he did not drink all of it.

Based on observations, interviews, and record reviews it was determined Resident #5 was not interviewable.

Refer to the interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm.

Refer to the interview with the Administrator on 07/11/24 at 11:57am.

2. Review of Resident #5's current FL-2 dated 07/06/23 revealed diagnoses included Alzheimer's disease, osteoarthritis, hyperlipidemia, hypertension, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 64 gastro-esophageal reflux disease (GERD). a. Review of Resident #5's signed physician order dated 07/03/24 revealed there was an order for Cefuroxime 500mg (used to treat infections) twice daily times 10 days. Review of Resident #5's July eMAR from 07/3/24 to 07/10/24 revealed: -There was an entry for Cefuroxime 500mg twice daily for 10 days with a scheduled administration time of 8:00am and 8:00pm. -There was documentation Cefuroxime was administered on 07/03/24 at 8:00pm, twice daily from 07/04/24 to 07/09/24, and on 07/10/24 at 8:00am. Observations of Resident #5's medication on hand on 07/10/24 at 8:15am revealed there were 9 of 20 Cefuroxime tablets remaining and available for administration. Telephone interview with the representative of the facility's contracted pharmacy on 07/10/24 at 2:30pm revealed: -The pharmacy had an order for Cefuroxime 500mg twice daily time 10 days. -The pharmacy profiled the order but did not fill the prescription. -The prescription was filled at the local pharmacy. -The interim Health Wellness Director (HWD) entered the order onto the eMAR on 07/03/24 at 12:06pm. -Cefuroxime was used to treat urinary tract infections. Interview with a MA on 07/11/24 at 9:15am revealed: -Resident #5 was on an antibiotic for a urinary tract infection.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 65	D 358		

-She administered his antibiotic each morning she worked with him.
-She did not know why he had 3 more capsules than he should in his bottle of medication.
-Resident #5 did not complain of any discomfort when urinating.

Interview with the Administrator on 07/11/24 at 11:57am revealed she was concerned that Resident #5's UTI may not resolve if Resident #5 was not administered the antibiotics correctly.

Based on observations, interviews, and record reviews it was determined Resident #5 was not interviewable.

Attempted telephone interview with Resident #5's responsible party on 07/11/24 at 8:52am was unsuccessful.

Attempted telephone interview with Resident #5's PCP on 07/11/24 8:35am was unsuccessful.

b. Review of Resident #5's current FL-2 dated 07/06/23 revealed there was an order for Ocusoft pads (used to remove irritants and debris from the eyelids) apply to both eyelids every morning.

Review of Resident #5'S May 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for Ocusoft pads wash bilateral eye lids every morning with a scheduled administration time of 8:00am.
-There was documentation Ocusoft pads were used every morning from 05/01/24 to 05/31/24.

Review of Resident #5's June 2024 eMAR revealed:
-There was an entry for Ocusoft pads wash

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 66	D 358		

bilateral eye lids every morning with a scheduled administration time of 8:00am.
-There was documentation Ocusoft pads were used every morning from 06/01/24 to 06/30/24.

Review of Resident #5's July 2024 eMAR from 07/01/24 to 07/10/24 revealed:
-There was an entry for Ocusoft pads wash bilateral eye lids every morning with a scheduled administration time of 8:00am.
-There was documentation Ocusoft pads were used every morning from 07/01/24 to 07/10/24.

Observation of Resident #5's medication on hand on 07/10/24 at 12:08pm revealed:
-There were 23 of 30 Ocusoft pads in a box available for use dispensed on 05/05/24
-There were 30 of 30 Ocusoft pads in a box available for use dispensed on 06/19/24.

Telephone interview with a representative from the facility's contracted pharmacy on 07/09/24 at 3:02pm revealed:
-Resident #5 had an order for Ocusoft pads wash bilateral eyelids every morning.
-The pharmacy dispensed 30 Ocusoft pads on 02/09/24, 05/05/24 and 06/09/24.
-The 30 Ocusoft pads were a 15-day supply.
-The facility had to re-order Ocusoft pads when needed; they were not on cycle fill.
-Ocusoft pads were used as a cleanser for the eyelids.

Interview with a medication aide (MA) on 07/11/24 at 9:15am revealed:
-She used the Ocusoft pads to cleanse Resident #5's eye lids each morning as ordered.
-She only used one Ocusoft pad for both eyes.
-She did not realize she needed to use one Ocusoft pad for each eye.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 67	D 358		

-It was possible that there were so many Ocusoft pads remaining because only one pad was being used instead of two.

Interview with the Administrator on 07/11/24 at 11:57am revealed the crustation on Resident #5's eyelids could cause discomfort.

Based on observations, interviews, and record reviews it was determined Resident #5 was not interviewable.

Attempted telephone interview with Resident #5's responsible party on 07/11/24 at 8:52am was unsuccessful.

Attempted telephone interview with Resident #5's PCP on 07/11/24 8:35am was unsuccessful.

Refer to the interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm.

Refer to the interview with the Administrator on 07/11/24 at 11:57am.

3. Review of Resident #2's current FL-2 dated 06/26/24 revealed diagnoses included Alzheimer's Disease, chronic kidney disease stage 3a, atrial fibrillation, diabetes mellitus type 2, and peripheral vascular disease.

a. Review of Resident #2's physician order dated 06/10/24 revealed there was an order for finasteride 5mg (used to treat symptoms of benign prostatic hypertrophy) (BPH) daily.

Review of Resident #2's June 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for finasteride 5mg daily with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 68	D 358		

a scheduled administration time of 8:00am.
-There was documentation finasteride was administered daily from 06/12/24 to 06/17/24 and from 06/27/24 to 06/30/24.
-There were exceptions documented from 06/18/24 to 06/26/24; the exception was Resident #2 was in the hospital.

Review of Resident #2's July 2024 eMAR from 07/01/24 to 07/10/24 revealed:
-There was an entry for finasteride 5mg daily with a scheduled administration time of 8:00am.
-There was documentation finasteride was administered daily from 07/01/24 to 07/08/24.

Observation of Resident #2's medication on hand on 07/10/24 at 12:28pm revealed:
-There was a bottle of 18 of 45 finasteride 5mg tablets available for administration.
-The dispensed date on the bottle of finasteride 5mg was 06/10/24.

Telephone interview with a representative from the Veterans Affairs (VA) pharmacy on 07/09/24 at 3:02pm revealed:
-Resident #2 had an order for finasteride 5mg daily.
-The pharmacy dispensed 45 tablets of finasteride 5mg on 06/10/24 which would last 45 days.
-Finasteride was used to help decrease the size of the prostate gland to ease voiding in men.

Interview with Resident #2 on 07/11/24 at 12:58 revealed:
-He took several medications but was not sure what they were for.
-He did not have any problems passing his water when he went to the bathroom.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 69	D 358		

Telephone interview with Resident #2's family member on 07/11/24 at 8:42am revealed:
-He knew Resident #2 had a diagnosis of BPH.
-He thought Resident #2 was on a medication for BPH.
-Resident #2 had not complained of difficulty using the bathroom.

Interview with a medication aide (MA) on 07/11/27 at 8:50am revealed:
-She administered finasteride 5mg to Resident #2.
-She did not know why there were 8 pills missing from Resident #2's bottle of medication.
-If Resident #2 was missing 8 pills of finasteride, he would not have enough pills to last until his medication was refilled.

Interview with the Administrator on 07/11/24 at 11:57am revealed Resident #2 would not have enough medication to last until his next refill.

Attempted telephone interview with Resident #2's Primary Care Provider (PCP) on 07/11/24 8:30am was unsuccessful.

b. Review of Resident #2's physician order dated 06/10/24 revealed there was an order for melatonin 3mg (used for sleep) every evening.

Review of Resident #2's June 2024 eMAR from 06/10/24 to 06/30/24 revealed:
-There was an entry for melatonin 3mg every evening with a scheduled administration time of 8:00pm.
-There was documentation melatonin was administered each evening from 06/12/24 to 06/17/24 and from 06/27/24 to 06/30/24.
-There were exceptions documented from 06/18/24 to 06/26/24; the exception was Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 70 #2 was in the hospital. Review of Resident #2's July 2024 eMAR from 07/01/24 to 07/8/24 revealed: -There was an entry for melatonin 3mg every evening with a scheduled administration time of 8:00pm. -There was documentation melatonin was administered each evening from 07/01/24 to 07/08/24. Observation of Resident #2's medication on hand on 07/10/24 at 12:29pm revealed: -There was a bottle of 55 of 60 melatonin tablets available for administration. -The dispensed date on the bottle of melatonin 3mg was 6/10/24. Telephone interview with a representative from the VA's pharmacy on 07/09/24 at 3:02pm revealed: -Resident #2 had an order for melatonin 3mg every evening. -The pharmacy dispensed 60 melatonin 3mg on 06/10/24. -Melatonin was used to help Resident #2 sleep at night. Interview with Resident #2 on 07/11/24 at 12:58 revealed: -He took several medications but was not sure what they were for. -He slept well each night. -Some nights he did wake up and to go to the bathroom. Interview with a MA on 07/11/27 at 7:56am revealed: -Resident #2 received melatonin each night. -Resident #2 did not refuse his medications.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 71	D 358		

-Resident #2 only had one bottle of melatonin.
-She did not know why there were only 5 tablets missing from the bottle of melatonin that was dispensed on 06/10/24.
-Resident #2 slept well each night.
-Resident #2 may wake up once or twice to go to the bathroom.

Telephone interview with Resident #2's family member on 07/11/24 at 8:42am revealed:
-He thought Resident #2 slept well at night.
-Resident #2 did not complain to him about not sleeping well.
-He did not know if Resident #2 took any medications to help him sleep.

Attempted telephone interview with Resident #2's PCP on 07/11/24 8:30am was unsuccessful.

c. Review of Resident #2's current FL-2 dated 06/04/24 revealed there was an order for atorvastatin 40mg (used to treat cholesterol) at bedtime.

Review of Resident #2's previous order dated 10/2/23 revealed there was an order for atrovastatin 80mg 1/2 tablet at bedtime

Review of the facility's medication procedures dated 03/09/17 revealed all medications must be stored in the original container in which they were dispensed by the pharmacy.

Review of Resident #2's June 2024 eMAR 06/04/24 to 06/30/24 revealed:
-There was an entry for atorvastatin 40mg at bedtime with a scheduled administration time of 8:00pm.
-There was documentation atorvastatin was administered from 06/28/24 to 06/30/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 72	D 358		

-There was an entry for atorvastatin 80mg 1/2 tablet at bedtime with a scheduled administration time of 8:00pm
-There was documentation atorvastin 80mg 1/2 tablet was administered from 06/04/24 to 06/17/24 and 06/27/24.
-There were exceptions documented on 06/09/24 and from 06/18/24 to 06/26/24; the exception was out of the facility and Resident #2 was in the hospital.

Review of Resident #2's July 2024 eMAR 07/01/24 to 07/08/24 revealed:
-There was an entry for atorvastatin 40mg at bedtime with a scheduled administration time of 8:00pm.
-There was documentation that atorvastatin was administered from 07/01/24 to 07/08/24.

Interview with Resident #2 on 07/11/24 at 12:58 revealed:
-He was not sure if he took a medication for cholesterol.
-He did not watch what he ate; he ate what he wanted too.

Observation of Resident #2's medication on hand on 07/09/24 at 12:29pm revealed:
-There was a bottle labeled atorvastatin 40mg at bedtime, NOTE NEW STRENGTH AND DOSE.
-The bottle label had the description of atorvastatin 40mg as an oval, yellow tablet with number 154 imprinted on it.
-The bottle contained 63.5 tablets of atorvastatin 40mg identified by the imprinted number.
-The bottle also contained 20 tablets with the number 155 imprinted on it, which was identified as atorvastatin 80mg.

Telephone interview with a representative from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 73	D 358		

the VA's pharmacy on 07/09/24 at 3:02pm revealed:
-The pharmacy had an order for Resident #2 for atorvastatin 40mg at bedtime dated 06/04/24.
-Resident #2 had a previous order for atorvastatin 80mg, take ½ tablet at bedtime.
-The order was changed on 06/04/24 because the facility could not cut the 80mg tablets in half.
-The pharmacy dispensed 90 atorvastatin 80mg last on 09/26/23.
-The pharmacy dispensed 90 atorvastatin 40mg on 06/04/24 which would last 90 days.
-The 40mg and 80mg tablets should not be placed in the same prescription bottle.
-Lower doses of atorvastatin were started in the elderly due to the possibility of muscle pain and increased risk of falls.
-Atorvastatin was used to lower cholesterol.

Interview with a MA on 07/10/24 at 6:57am revealed:
-She administered Resident #2 his atorvastatin at bedtime.
-Resident #2 had an order for atorvastatin 40mg at bedtime.
-Resident #2's medications came in bottles and not bubble packs.
-She would pour the medication into the bottle cap and then into the souffle cup to administer the medication.

Observation of the medication room on 07/10/24 at 6:59am revealed:
-The surveyor asked the MA to demonstrate how she would retrieve a tablet from the bottle of atorvastatin.
-The MA removed the bottle top and poured 2 tablets into the bottle top.

Interview with the same MA on 07/10/24 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 74 7:01am revealed: -The two tablets poured into the top of the atorvastatin medication bottle where not the same size, one was larger than the other. -One tablet had 154 imprinted on it and the other tablet had 155 imprinted on it. -The atorvastatin 40mg was identified by the imprinted number 154 on the tablet and the pharmacy label. -She did not know what the pill imprinted with number 155 was. -She did not know if she had been administering the correct dose of atorvastatin, because she did not realize there were two different medications in the bottle until this morning, 07/10/24. Interview with a second MA on 07/11/27 at 7:56am revealed: -She had administered Resident #2 his atorvastatin. -She had not noticed there were two different size pills in the bottles. -She did not know who added the 80mg tablets to the 40mg bottle. -She did not know if she had been administering a 40mg tablet or a 80mg tablets. Interview with the Regional Director of Health and Wellness on 07/11/24 at 1:30pm revealed: -The MAs were not allowed to score medications, or cut them in half. -The pharmacy was sending atorvastatin 80mg unscored, so a request was placed for atorvastatin 40mg. -The pharmacy had to score the 80mg tablets. -The MAs should have noticed there were two different sizes of tablets in the atorvastatin 40mg bottle and reported it to the supervisor. Attempted telephone interview with Resident #2's	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 75 PCP on 07/11/24 8:30am was unsuccessful. Refer to the interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm. Refer to the interview with the Administrator on 07/11/24 at 11:57am. 4. Review of Resident #1's current FL-2 dated 12/13/23 revealed diagnoses of glaucoma and depression. Review of Resident #1's current FL-2 dated 12/13/23 revealed an order for Latanoprost 0.005% eye drops (used to lower eye pressure caused by glaucoma) one drop to each eye daily. Review of Resident #1's May 2024 electronic medication administration record (eMAR) from 05/06/24-05/31/24 revealed: -There was an entry for Latanoprost 0.005% instill one drop into each eye daily with a scheduled administration time of 8:00pm. -There was documentation that Latanoprost 0.005% was administered daily from 05/06/24 -05/31/24 at 8:00pm. Review of Resident #1's June 2024 eMAR revealed: -There was an entry for Latanoprost 0.005% instill one drop into each eye daily with a scheduled administration time of 8:00pm. -There was documentation that Latanoprost 0.005% was administered daily from 06/01/24 -06/30/24 at 8:00pm. Review of Resident #1's July 2024 eMAR from 07/01/24-07/08/24 revealed: -There was an entry for Latanoprost 0.005% instill one drop into each eye daily with a scheduled	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 76	D 358		

administration time of 8:00pm.
-There was documentation that Latanoprost 0.005% was administered daily from 07/01/24 -07/08/24 at 8:00pm.

Observation of Resident #1's medication on hand on 07/09/24 at 11:35am and 3:52pm revealed:
-Latanoprost 0.005% was dispensed on 03/21/24 for three 2.5ml bottles from a local drug store.
-There was a handwritten note on the box as opened on 05/30/24; there was medication remaining in this bottle.
-There were no other bottles of Latanoprost from the 03/21/24 dispensing.
-There was asecond bottle of Latanoprost 0.005% dispensed on 06/26/24 from the facility's contracted pharmacy; the bottle had not been opened.

Telephone interview with a representative from the facility's contracted pharmacy on 07/09/24 at 3:09pm revealed:
-Resident #1 had an order for Latanoprost 0.005% one drop daily to each eye.
-The pharmacy was notified that Resident #1's family provided the resident's medications when he was admitted in December 2023.
-The first time Latanoprost 0.005% was dispensed for Resident #1 was on 06/26/24 for 2.5ml which was a 25-day supply.
-If Resident #1's Latanoprost was not administered as ordered, the resident could experience vision changes including halos and blurred vision.

Interview with a medication aide (MA) on 07/11/24 at 7:24am revealed:
-She administered Resident #1's Latanoprost eye drops when she worked.
-The date written on Resident #1's box of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 77	D 358		

Latanoprost was the date the medication was opened.
-Resident #1 did not refuse the medication so she did not know why there would still be medication in the bottle when the bottle usually only lasted one month.

Telephone interview with Resident #1's family member on 07/11/24 at 3:54pm revealed:
-She brought Resident #1's Latanoprost eye drops to the facility, but it had been "a while."
-She wanted Resident #1's eye drops to be administered as ordered because she did not want the resident's vision to get worse.

Based on observations, interviews, and record reviews it was determined Resident #1 was not interviewable.

Attempted telephone interview with the local pharmacy on 07/09/24 at 2:30pm was unsuccessful.

Attempted telephone interview with Resident #1's Ophthalmologist on 07/10/24 at 3:32pm was unsuccessful.

Refer to the interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm.

Refer to the interview with the Administrator on 07/11/24 at 11:57am.

_____

Interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm revealed:
-The MAs should be using the 6 rights when administering medications to the residents.
-The MAs should check the medication 3 times before administering to ensure they know the correct way to administer the medication and the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 78 strength of the medication. -The MAs should administer medications as ordered. Interview with the Administrator on 07/11/24 at 11:57am revealed: -The MAs need to pay closer attention to medication to ensure they were administering the correct medications, the correct dosage, and the correct route. -The MAs and HWD were auditing the medication carts weekly. -She expected the MAs to administer medications as ordered. _____ The facility failed to ensure medications were administered as ordered for a resident who was not administered an antibiotic as ordered for a urinary tract infection resulting in an increased risk of the urinary tract infection not being resolved (#5); a resident who had been receiving three medications crushed when they should not have been crushed resulting in an increased risk from one medication that could cause gastrointestinal issues, such as abdominal pain and ulcers, and a second medication that could lower the heart rate and blood pressure (#8); and a resident with glaucoma and was not receiving his eye drops as ordered which put the resident at risk for further visual changes (#1). The failure of the facility to administer medications as ordered was detrimental to the health, safety, and welfare of the residents and constitutes a B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/22/24 for this violation.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 371	Continued From page 79	D 371		
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure infection control measures were implemented as evidenced by a medication (MA), who performed a fingerstick blood sugar (FSBS) check and a second MA who administered eye drops and both MAs failed to wash their hands with soap and water or hand sanitizer before and after donning and doffing gloves, and the second MA who administered medications to 6 residents who did not use hand sanitizer or wash her hands between residents during the medication pass. Review of the facility's hand hygiene policy revealed: -The policy was revised on 11/1/22. -Staff must wash their hands before and after removing gloves, which were worn as a standard precaution when in direct contact with excretions or secretions, mucous membranes and specimens, and resident equipment. Observation of a MA during the 8:00am medication pass on the 200-hall on 07/09/24 at 9:21pm revealed: -The MA gathered the FSBS equipment from the medication cart that was needed to check a resident's FSBS. -The MA donned gloves without washing or	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 371	Continued From page 80	D 371		

sanitizing her hands and entered the resident's room.
-The MA checked the resident's FSBS, left the room and returned to the medication cart.
-The MA removed her gloves and did not wash or sanitize her hands before continuing to administer medications.
-There was no hand sanitizer on top of the cart.

Interview with the MA on 07/09/24 at 3:50pm revealed:
-She did not wash her hands before or after donning and doffing gloves.
-She washed her hands about every 30 minutes when administering medications, not necessarily before or after donning and doffing gloves.
-There was not any hand sanitizer on top of the medication cart, but she thought there was hand sanitizer inside the medication cart.
-She located a bottle of hand sanitizer inside the medication cart but left it inside the medication cart and did not use the hand sanitizer.

Observation of a second MA during the 8:00am medication pass on the 100-hall on 07/10/24 revealed:
-The MA removed a bottle of eye drops from the medication cart.
-The MA donned gloves, without washing or sanitizing her hands.
-The MA administered the eye drops to a resident and returned the eye drops to the medication cart.
-The MA doffed her gloves and did not wash or sanitize her hands.
-There was no hand sanitizer on top of the medication cart.

Second observation of the second MA during the 8:00am medication pass on 07/10/24 from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 371	Continued From page 81 7:25am to 8:20am revealed: -The MA was observed administering medications to 6 residents during the 8:00am medication pass. -The MA did not wash or sanitize her hands during the medication pass. Interview with the second MA on 07/10/24 at 2:18pm revealed: -She would use hand sanitizer if she touched a medication. -She would use hand sanitizer after every two residents. -The hand sanitizer was kept in the medication cart for safety so the residents would not take it off the top of the medication cart. -The MAs had been instructed to wash their hands before donning gloves and after doffing gloves. -She forgot to use sanitizer and wash her hands today, 07/10/24, because she was being observed by the surveyor. Interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm revealed: -The MAs were expected to wash their hands with soap and water or sanitizer after administering medications to 5 residents. -MAs should was their hands before and after donning and doffing gloves. -The resident who received the eye drops could have an increased risk of eye infections. Interview with the Administrator on 07/11/24 at 11:57am revealed: -The MAs should follow infection control protocol which consisted of handwashing before and after donning and doffing gloves. -Residents could get infections when infection control measures were not used.	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 378	10A NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the medication room in the Special Care Unit (SCU), which was located within the nurse's station, and medications on the medication cart were locked when not under the direct supervision of a medication aide. The findings are: Review of the facility's medication procedure policy dated 3/9/17 revealed all medications were to be kept in a locked area. Observation of the morning medication pass on 07/10/24 at 8:16am revealed: -The medication aide (MA) removed a 17.9-ounce bottle of polyethylene glycol powder (which is used for constipation) from the medication cart. -The MA poured a capful of polyethylene glycol powder into the cap of the bottle. -The MA entered the dining room and poured the capful of polyethylene glycol powder into a resident's glass of milk. -The MA left the bottle of polyethylene on top of the medication cart with no cap. -The MA could not see the medication cart when	D 378		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 378	Continued From page 83	D 378		

she was in the dining room.
-There were residents walking by the medication cart, going in and out of the dining room.

Interview with the medication aide on 07/10/24 at 2:18pm revealed:
-She opened a bottle of polyethylene glycol and poured a capful of powder in the cap, entered the dining room and poured the powder in a resident's cup of milk.
-She left the polyethylene glycol on top of the medication cart because she used the top of the bottle to measure the medication.
-She should have placed the opened bottle of polyethylene glycol in the medication cart before she administered the medication.
-Another resident could have taken the powder and the medication could have caused diarrhea in the resident.

Observation of the 100-hall nurses' station on 07/10/24 at 2:40pm revealed:
-The MA left the medication room and nurse's station and both doors were unlocked.
-There was a staff person seated in the nurse's station when the MA left, but the staff was not instructed to stay and observed the unlocked doors.
-At 2:42pm, the staff left the nurse's station leaving the nurse's station and the medication room unlocked with no supervision.
-At 2:48pm, the Regional Director of Health and Wellness entered the nurse's station and opened the medication room, immediately realizing the medication room was unlocked.

Interview with the MA on 07/10/24 at 2:52pm revealed:
-A personal care aide (PCA) asked her for supplies, and she left the medication room to get

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 378	Continued From page 84	D 378		

them.
-She did not realize she left the medication room door unlocked.
-She should always lock the medication room door when she left the medication room.

Observation of the storage closet door on the 200-hall on 07/11/24 at 9:46am and 11:50am revealed:
-The storage closet door was unlocked.
-The storage closet was across from the 200-hall nursing station, which was next to the dining room.
-There was a large tube of Biofreeze (which is used for joint and muscle pain) in the storage closet.
-There were residents walking by the unlocked storage closet on the 200 hall going to the dining room.

Interview with a MA on 07/11/24 at 9:48am revealed:
-She did not know why Biofreeze was in the storage closet.
-Biofreeze was considered a medication and should be in the medication room.
-Today, 07/11/24, was the first time she had seen Biofreeze in the storage closet.
-A resident could have wandered into the storage closet and gotten the Biofreeze and harmed themselves.

Interview with the Regional Director of Health and Wellness on 07/10/24 at 3:30pm revealed:
-All medications should be under lock and key when not being supervised by a MA.
-No medications should be left on top of the medication cart and accessible to residents.
-There should be no medications in the storage closet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 378	Continued From page 85 -Residents reside in a SCU and may consume a medication if the medication was not under lock and key. Interview with the Administrator on 07/11/24 at 11:57am revealed: -The medication rooms should remain locked, even if the MA was in the medication room. -Medication should not be left on top of the medication cart -The storage closet should not have medication in it. -No medications should be left on top of the medication cart; a resident from the SCU may get the medications and take it.	D 378		
D 619	10A NCAC 13F .1802 (b) Reporting & Notification of a Suspected or C 10A NCAC 13F .1802 REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED COMMUNICABLE DISEASE OUTBREAK (b) The facility shall provide the residents and their representative(s) and staff with an initial notice within 24 hours following confirmation by the local health department of a communicable disease outbreak. The facility, in its initial notification to residents and their representative(s), shall: (1) not disclose any personally identifiable information of the residents or staff; (2) provide information on the measures the facility is taking to prevent or reduce the risk of transmission, including whether normal operations of the facility will change; and (3) provide information to the resident(s) concerning measures they can take to reduce the risk of spread or transmission of infection.	D 619		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 619	Continued From page 86	D 619		

This Rule is not met as evidenced by:
Based on interviews and record reviews the facility failed to notify the local health department (HD) within 24 hours following confirmation of a communicable disease outbreak of 5 residents who were diagnosed with scabies.

Review of the facility's incident reports on 07/11/24 revealed:
-There were 5 residents who were treated for scabies.
-On 07/04/24, there was a resident observed with a rash on the arms, legs, and back.
-On 07/04/24, there was a second resident observed with a rash on the arms, legs, and back.
-On 07/04/24, there was a third resident observed with a rash on the arms, legs, and back.
-On 07/05/24, there was a fourth resident observed with a rash on the arms, legs, and back.
-On 07/05/24, there was a fifth resident observed with a rash on the arms, legs, and back.
-There was no documentation that the local HD had been notified of the scabies outbreak.

Telephone interview with a representative from the local HD on 07/10/24 at 8:45am revealed:
-There was no documentation the facility notified the HD of an outbreak of scabies.
-Facilities were mandated to notify the local HD of any infectious outbreaks of more than 2 residents so the HD can give information, recommendations, and provide follow up with the outbreak.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 619	Continued From page 87	D 619		

Telephone interview with the interim Health and Wellness Director (HWD) on 07/11/24 at 4:15pm revealed:
-There were 6 residents who had scabies the week of 07/04/24.
-The resident's families were notified that the residents had scabies.
-The Primary Care Provider (PCP) ordered treatment for each resident.
-She completed incident reports for each resident and notified the Department of Social Services (DSS) of the outbreak.
-She did not report the outbreak to the local HD.
-She did not know she needed to notify the local HD when there was a scabies outbreak.

Interview with Regional Health and Wellness Director on 07/11/24 at 10:30am revealed:
-She was notified on 07/04/24 that 5 residents had scabies.
-The Medication Aide (MA) called and informed the resident's Power of Attorneys (POA).
-She did not know that she had to call and inform local HD of the outbreak.
-She did not know if any other staff called and informed the local HD of the outbreak.
-She encouraged and tried to keep the residents separated that had scabies.

Interview with the PCP on 07/11/24 revealed:
-She was notified of the scabies outbreak on 07/04/24 by the interim HWD.
-She instructed the HWD to notify the HD on 07/04/24.
-The HWD told her that she would notify the local HD.

Interview with the Administrator on 07/11/24 at 11:57am revealed:
-She was notified by the interim HWD about the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: _____ B. WING _____	R 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	1002 EAST HIGHWAY 54 DURHAM, NC 27713

(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 619	Continued From page 88 scabies outbreak on the 5th or 6th of July. -She did not report the outbreak to the local HD. -The interim HWD should have notified the local HD. -She received a telephone call from a representative of the local HD on 07/10/24 regarding the outbreak of scabies. -The Adult Home Specialist (AHS) notified the HD of the outbreak on 07/10/24 to inquire whether the HD was aware of the scabies outbreak. -She expected the HWD to notify the local HD when there was a communicable disease outbreak.	D 619		