Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: R-C R WING 07/10/2024 HAL047015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8398 FAYETTEVILLE ROAD WICKSHIRE CREEKS CROSSING RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 000 D 000 Initial Comments The Adult Care Licensure Section and Hoke County Department of Social Services conducted a follow-up survey and complaint investigation on 07/9/24-07/10/24. Hoke County Department of Social Services initiated the complaint investigation on 07/02/24. D 079 D 079 10A NCAC 13F .0306(a)(5) Housekeeping and **Furnishings** 10A NCAC 13F .0306 Housekeeping and It shall always be the 9/9/24 procedure of the community to be maintained in an **Furnishings** (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. uncluttered, Clean and orderly This Rule shall apply to new and existing facilities. manner, free of all obstructions This Rule is not met as evidenced by: Based on observations, interviews, and record and hazards. The community ARCC/AMCD/ 9/9/24
Designee will come into the
community daily and perform
rounds to ensure that we reviews, the facility failed to maintain an environment free of hazards including personal care products that were accessible to the residents living on the special care unit (SCU). The findings are: Review of the facility's policy and procedures; are maintaining an environment ingestion of harmful substance on the special that is free of hozords including care unit (SCU) dated 10/01/20 revealed: -It is the policy of the facility to prevent residents personal care products that from coming into contact with substances that may be harmful to them if swallowed. may be accessible to the residents -Harmful substances may consist of products living on the special care whit. containing alcohol such as mouthwash. -Any personal items used by the resident that may be harmful if swallowed will be kept in a If items are discovered t locked drawer in the resident's room, when not Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING HAL047015 07/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD WICKSHIRE CREEKS CROSSING RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) removed immediately and placed in the designated resident bin 9/9/24 and locked in the supply closet. D 079 D 079 Continued From page 1 being used for personal care. -If harmful substances are found, they will be removed immediately and taken to a secure location. The community has inserviced -The associate will report finding the harmful substance and an incident report will be written all staff on checking all outlining outcome and how to mitigate the issue. apartments daily during rounds for anything in the resident apartments that -Associates will monitor resident apartments for any harmful substances while in the resident's rooms cleaning or giving personal care. Review of the facility's census report received on could be hazadous. 07/09/24 revealed there were 27 residents on the SCU Observation of the 300 hall and the 400 hall in the SCU on 07/09/24 from 8:32am -9:00am revealed: -At 8:32am, there were personal hygiene products in the shared bathroom for residents' room 303 -The personal care products included two in one body wash and moisturizer. -These products were sitting on the shelf in the -At 8:33am, there were personal care hygiene products in the shared bathroom for residents' room 305. -The personal products included a bottle of shampoo, lotion, and two bottles of body wash. -These products were sitting on the shelf in the bathroom. -At 8:35am, there were personal care hygiene products in the shared bathroom and in the room on the chest of drawers for residents' room 302. -The personal care hygiene products on the bathroom shelf included a bottle of shampoo, body wash, body lotion and hair detangler. The personal care hygiene products on the chest of drawers included mouthwash, petroleum jelly and body lotion.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL047015	B. WING			-C 10/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E. ZIP CODE		
Workerin			YETTEVILLE ROA			
WICKSHIE	RE CREEKS CROSSING	RAEFOI	RD, NC 28376			No. of Part of Street,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 079	Continued From page	e 2	D 079		1	
	-At 8:37am, there we	re personal care hygiene				
		d bathroom for residents'				
	room 306.					
	-The personal care hy	ygiene products included				
	body wash, dandruff	shampoo and regular				
	shampoo.					
		sitting on the shelf in the				100
	bathroom.					
		e personal care hygiene oom for resident room 307.				
		giene products included				
	hair body and face wa					
	deodorant.	and and				
	-These products were	sitting on the sink in the				
	bathroom.					J
		a bottle of body wash				100
	observed in the show	er of the bathroom in room				
		a bottle of body wash				
		of the bathroom in room				
	409.	or the bathloom in room				
	-At 8:48am there was	a tube of moisture barrier				
	ointment observed on	the shelf in the bathroom in				
}	room 401					
		me of the personal care				
		ep out or reach of children				
		pervision, for external use medical help or call poison				
	control center and avo					
	Some of the and are	od contact with eyes.				
	Interview with a perso	nal care aide (PCA) on				
	07/09/24 at 9:00am re					
		oducts for residents in the				
		back in the locked clean				
	linen closet after use.	المساوة والمارية				
		with the residents and				
	the closet.	nal care products back in				
	A second observation	of the 300 hall in the SCU				

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ R-C B. WING HAL047015 07/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD WICKSHIRE CREEKS CROSSING RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 079 Continued From page 3 D 079 on 07/10/24 from 8:57am -9:05am revealed: -There were personal care hygiene products in the shared bedroom for residents' room 302. -The personal care hygiene products included mouthwash, petroleum jelly and body lotion. - These products were sitting on the chest of drawers in the bedroom. Interview with the Memory Care Director (MCD) on 07/10/24 at 9:06am revealed: -All personal hygiene items should be taken to the supply closet and put in each resident's individual bin after use. -The hospice company that came into the facility and provided personal care often asked for personal hygiene items and after use did not give them back to the facility staff. Interview with the Assistant Memory Care Director (AMCD) on 07/10/24 at 1:12pm revealed: -She performed daily checks of each room on the SCU to ensure there were no personal hygiene products left in the rooms She did not get around to doing the check yesterday, because of being pulled to work on the medication cart. -She performed the checks once a day, usually around 9:15am. Interview with the facility executive director on 07/10/24 at 10:15am revealed: -The AMCD did everyday checks in the rooms on the SCU for personal care hygiene products. -If there were products found they were taken out of the room and put back into their individual bins in the locked supply closet. -She was not sure if the AMCD had time to do the checks yesterday.

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-The AMCD conducted these checks as personal hygiene products being left in the rooms on the

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPL R-	ETED
4	HE CONTROL	HAL047015	B. WING			0/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
WICKSHII	RE CREEKS CROSSING	8398 FA'	YETTEVILLE R	OAD		
	TE CHEEKS GROOGING	RAEFOR	RD, NC 28376	300 CT		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 079	Continued From page	e 4	D 079	2007		Brog A
	SCU had been an iss	sue before.				TI.
	Telephone interview of provider (PCP) on 07 revealed:	with the facility's primary care				
	products being left ac	cessible to the residents on				
	-The personal hygien away to ensure the pr	e products should be locked roducts were used properly ne residents with memory				
D 139	10A NCAC 13F .0407 Qualifications		D 139	If shall be the po	icy of	9/9/24
	<ul><li>(a) Each staff person</li><li>(7) have a criminal ba</li><li>in accordance with G.</li></ul>	Other Staff Qualifications at an adult care home shall: ckground check completed S. 131D-40 and results erson's personnel file;		If shall be the poll of the community that all staff have	o ensure a Crim	e l'inal
	available in the stall p	retsort's personner me,		background check an accordance with	ompletek	7
	facility failed to ensure A) had a criminal back	as evidenced by: and record reviews the e 1 of 6 sampled staff (staff aground check completed no findings were listed.		and results available staff person's person	in the	در2
	The findings are:	<b>9</b>		It shall be the res	sponsible ce Mau	14y 9191
	revealed: -Staff A was hired on (			Designee to ensure all potential associ or rehired have crimin	that lates; ne	ew .
	-Staff A was a medical			or rehired have crimin	nal bad	eground
	Interview with the Bus (BOM) on 07/10/24 at -She knew that a crimi			checks completed price to ensure no findings. The Executive Dire	or to him are list	e ed.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			
(3-3) #550000 mg/	HAL047015	B. WING	R-C 07/10/2024	
NAME OF PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE	07/10/2	

ICKSHII	RE CREEKS CRUSSING	YETTEVILLE R RD, NC 28376	OAD
(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 139	Continued From page 5 must be performed on all hired employeesIt was an oversight that the criminal background check was not performed on Staff AShe was responsible for performing the criminal background check on all hired employees.  Interview with the Administrator on 07/10/24 at 10:05am revealed: -It was the BOM's responsibility to perform the criminal background checks on all hired employeesShe did not know why the criminal background check was not performed on Staff AIt was her responsibility to ensure that the BOM completed the criminal background check.	D 139	will complete a weekly and as needed check on personnel files, to ensure 9/9/20 all associates have a criminal background check completed in accordance with GS 131D-40 and results available in the staff persons personnel file.
	10A NCAC 13F .1004(a) Medication Administration  10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered to 2 of 4 residents (#5, #2) observed during the medication passes including errors with a medication used to treat mood disorders, a medication used to treat acid reflux disease, a medication used to treat psychiatric conditions (#5), and a medication used to treat seasonal allergies (#2).	D 358	It shall always be the 9/9/21 procedure of the community to assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with orders by a licensed prescribing practitioner which are maintained in the resident record; and rules in this section and the community's policies and procedures.  All med techs will be retrained on Medication Administration and 9/9 be Medication Skills varidated

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	Maria Commence	HAL047015	B. WING		R-C 07/10/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	FATE, ZIP CODE	
MICKELII	BE ODEEKO ODOGONA	8398 FA	YETTEVILLE R	DAD	
WICKSHI	RE CREEKS CROSSING		RD, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
	The findings are: The medication error by 4 errors out of 26 8:00am medication p Review of Resident # diagnoses included A behavioral disturbance B12 deficiency. a. Review of Resider report dated 05/20/24 -There was an order medications"There was an order Release (DR) 125mg daily for mood, do no extended-release me disorders).  Observation of the 8: 07/09/24 from 8:18an -At 8:26am, the medication crush -The MA placed 5 pill 125mg, in a plastic poin a medication crush -The MA crushed the and emptied the medimedication cupThe MA mixed apple medications and then the cup with the other applesauceThe MA administered at 8:30am.  Review of Resident #8 medication administra revealed: -There was an entry for	r rate was 15% as evidenced opportunities during the basses on 07/09/24. #5's current FL2 revealed Alzheimer's dementia with ce, hypertension, and vitamin on the #5's medication review 4 revealed: for "may crush appropriate for Depakote Delayed I, give one tablet two times the crush (Depakote DR is an edication used to treat mood 00am medication pass on the 10 to		by our RN consultary of 18 24 and 9/9/22 The RCD/MCD/ will complete a med pass monitor different times, to staff are passing according to state and according to propose titioners.  The ED/Designed promisers that med administered according practition prescribing practition.	t. Designee weekly 9/9/24 ring at rovensure medications regulations resoribing  will complete toring to s are rding to the

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
	or Connection	IDENTIFICATION NUMBER.	A. BUILDING:	····	COMP	FEIED
- 40	N.9 MACESTRE	HAL047015	B. WNG			-C 10/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE	the record of the	d5.00- F, RQ
MICKSHII	RE CREEKS CROSSIN	8398 FA	YETTEVILLE ROA	ND .		
HIONGIII	C CREEKS CROSSIN	RAEFO	RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 7	D 358		a reasym w Chaini	-5 mcc
	8:00pm. -Depakote DR 125r	ice daily for 8:00am and  ng was documented as  0am from 07/01/24 to				
14		ng was documented as Opm from 07/01/24 to				
	report dated 05/20/2 -There was an orde medications"There was an orde tablet two times dail	ent #5's medication review 24 revealed: r for "may crush appropriate r for Zyprexa 5mg, give one y for mood, do not crush ation used to treat psychiatric				
	07/09/24 from 8:18a -At 8:26am, the med preparing Resident s -The MA placed 5 pi a plastic pouch and medication crushing -The MA crushed the and emptied the me medication cupThe MA mixed appl medications and the	ills, including Zyprexa 5mg, in placed the pouch in a				
	applesauceThe MA administere at 8:30am.	ed Resident #5's medications				
	medication administration revealed: -There was an entry	#5's July 2024 electronic ration record (eMAR) for Zyprexa 5mg, give one by for mood, do not crush				Mi-

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STATEMEN	of Health Service Regul FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE S COMPL	ETED
	deres to the second	HAL047015	B. WING		07/1	0/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
MICKELI	RE CREEKS CROSSING	8398 FA	YETTEVILLE ROAI			
WICKSHI	RE CREEKS CROSSING	RAEFO	RD, NC 28376	THE CONTRACTOR OF THE PARTY OF		,
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From pag	e 8	D 358			
	-Zyprexa 5mg was d at 8:00am from 07/0	ocumented as administered				
	report dated 05/20/2- There was an order medications". There was an order tablet one time a day disease (GERD), do	nt #5's medication review 4 revealed: for "may crush appropriate for Protonix 20mg, give one of for gastroesophageal reflux not crush (Protonix 20mg is of treat acid reflux and				
	07/09/24 from 8:18ai -At 8:26am, the med preparing Resident # -The MA placed 5 pil in a plastic pouch an medication crushing -The MA crushed the and emptied the med medication cupThe MA mixed apple medications and the the cup with the othe applesauce.	ls, including Protonix 20mg, d placed the pouch in a device. e medications in the pouch				
	medication administration revealed: -There was an entry tablet one time a day scheduled daily for 8	#5's July 2024 electronic ration record (eMAR) for Protonix 20mg, give one of the for GERD, do not crush 1:00am. documented as administered				

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ R-C B. WING HAL047015 07/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD WICKSHIRE CREEKS CROSSING RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 9 at 8:00am from 07/01/24 to 07/09/24. Interview with a medication aide (MA) on 07/09/24 at 10:52am revealed: -There was a do not crush medication list in the front of the narcotic count book on each medication cart. -Medications that should not be crushed were indicated on the residents' eMAR. -Resident #5 had an order to crush his medications. -Resident #5 would not take his medication if the medication was not crushed. -She had noticed on Resident #5's eMAR there were instructions not to crush Depakote DR, Zyprexa, and Protonix. -She used the pill crusher this morning, 07/09/24, on Resident #5's medications to break the medications into smaller pieces so Resident #5 would take the medications. -Resident #5 would spit medications out if the medications were not crushed and placed in applesauce. -She had not notified the Memory Care Director (MCD) of Resident #5 spitting out medications. -She referred to the do not crush list if she thought she needed to refer to it. Interview with the Memory Care Director (MCD) on 07/09/24 at 2:35pm revealed: -Each medication cart had a do not crush list located in the front of the narcotic count book. -Medications that should not be crushed were indicated on the residents' eMAR. -She was aware Resident #5 had some difficulty swallowing medications. -Some of Resident #5's medications could be crushed because he had an order to crush his

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medications.

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-Resident #5's medications that could not be

Division of Health Service Regulation  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	X3) DATÉ SURVEY	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL047015	B. WING	<u> </u>	R-C 07/10/2024
		STEGET A	DDRESS, CITY, STATE	ZIP CODE	
NAME OF PE	ROVIDER OR SUPPLIER		ETTEVILLE ROAD		
WICKSHIR	RE CREEKS CROSSIN	. —	RD, NC 28376	CAL	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETE ATE DATE
D 358	Continued From p	age 10	D 358	17 HERE!	
D 358	crushed were indiceMAR.  -She was not awa medications previously taking methe resident's primal linterview with the at 2:42pm revealed. MAs had a list of crushed on each of front of the narcotement of th	re that Resident #5 had spit out busly. In her when a resident had edications so she could notify early care provider (PCP).  Executive Director on 07/09/24 ed: Imedications that should not be medication cart, located in the ic count book. Is should not be crushed were on MAR. In hat could not be crushed was estructions on the eMAR. In ot have crushed Resident #5's morning, 07/09/24, if the eMAR erush. Idifficulty swallowing or taking MA should notify the MCD. Inotify a resident's PCP if the culty taking medications and eative medication.  Inharmacist from the facility's eacy on 07/09/24 at 2:00pm  Typrexa, and Protonix should not			
	and was formular medication over consistent in the -Zyprexa should film coating, which having a bitter ta	not be crushed due to having a ch kept the medication from			

the medication was crushed, the medication may

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ R-C B. WING HAL047015 07/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD WICKSHIRE CREEKS CROSSING RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 358 Continued From page 11 D 358 not work as effectively. Interview with Resident #5's PCP on 07/10/24 at 10:21am revealed: -When medications were crushed and should not be, the medications were absorbed immediately instead over the course of several hours. -Depakote DR and Zyprexa could potentially cause some sedation if the medication was crushed. -Protonix may not work as effectively to reduce acid in the stomach if the medication was crushed. Based on observations, interviews, and record reviews, it was determined that Resident #5 was not interviewable. d. Review of Resident #2's current FL-2 dated 10/12/2024 revealed diagnoses included ruptured cerebral aneurysm, hydrocephalus, left thalamic infarct, hypertension, chronic kidney disease, bladder calculus, subarachnoid bleed, prostate cancer, and anemia. Review of Resident #2's current physician order sheet dated 03/15/24 revealed there was an order for Fluticasone Propionate Nasal Spray 50mcg (a medication used for allergies) give 2 sprays in both nostrils two times daily. Observation of the morning medication pass on 07/09/24 revealed Resident #2 was administered Fluticasone Propionate Nasal Spray 27.5mcg 2

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sprays in both nostrils at 8:30am.

Observation of Resident #2's medications on hand on 07/09/24 at 2:25pm revealed:

-There was one bottle of Fluticasone Propionate Nasal Spray 27.5mcg on the medication cart.

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R-C 07/10/2024 B. WING HAL047015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8398 FAYETTEVILLE ROAD WICKSHIRE CREEKS CROSSING RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAC DEFICIENCY) D 358 D 358 Continued From page 12 -There was no Fluticasone Propionate Nasal Spray 50mcg on the medication cart. Review of Resident #2's June 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Fluticasone Propionate Nasal Spray 50mcg give 2 sprays in both nostrils two times daily at 8:00am and 4:00pm. -Fluticasone Propionate Nasal Spray 50mcg was documented as administered at 8:00am and 4:00pm on 06/07/24-06/30/24. Review of Resident #2's July 2024 eMAR revealed: -There was an entry for Fluticasone Propionate Nasal Spray 50mcg give 2 sprays in both nostrils two times daily at 8:00am and 4:00pm. -Fluticasone Propionate Nasal Spray 50mcg was documented as administered at 8:00am on 07/01/24-07/09/24. -Fluticasone Propionate Nasal Spray 50mcg was documented as administered at 4:00pm on 07/01/24-07/08/24. Telephone interview with the facility's contracted pharmacist on 07/10/24 at revealed: -The pharmacy had never received a prescription for Fluticasone Propionate Nasal Spray 50mcg give 2 sprays in both nostrils two times daily. -A prescription for Fluticasone Propionate Nasal Spray 27.5mcg give 2 sprays in both nostrils two times daily was received on 10/12/23. -Fluticasone Propionate Nasal Spray 27.5mcg was dispensed on 10/19/23, 12/7/24, 3/12/24, and 5/22/24. -Fluticasone Propionate Nasal Spray 27.5mcg contained 120 sprays that would last one month. Telephone interview with Resident #2's primary

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING HAL047015 07/10/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8398 FAYETTEVILLE ROAD WICKSHIRE CREEKS CROSSING RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 13 care provider (PCP) on 07/10/24 at 10:35am revealed: - Fluticasone Propionate Nasal Spray was administered for allergies and runny nose. -Not having the full dose could lead to worsening allergies and allergy symptoms. Interview with a medication aide (MA) on 07/09/24 at 3:10pm revealed: -She did not know why the Fluticasone Propionate Nasal Spray 27.5mcg was a different dose from what was entered on the eMAR. -She did not compare the medication to the eMAR before administering. -She had been educated to compare the medication to the eMAR before administering. Interview with the Resident Care Director (RCD) on 07/10/24 at 10:15am revealed: -The MAs were supposed to compare the medication administered to the eMAR before administering. -The MAs had been educated on comparing the medication to the eMAR before administering. -The MA should have notified her that there was a discrepancy between the medication and the eMAR. Interview with the Administrator on 07/09/24 at 3:12pm revealed: -The MAs had been educated to compare the medication to the eMAR before administering the medication. -The medication should have been removed from the medication cart and replaced with the correct medication. -It was the RCD's responsibility to ensure that the

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correct medication was on the medication cart.

STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047015	(X2) MULTIPL A. BUILDING: B. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 07/10/2024
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D 367 10A Adm 10A (j) Trecc follo (1) r (2) r (3) s adm (4) i or tr (5) r mec doc (6) c (7) c mec omis (8) r the sign doc adm This Bass revi adm sam for a	The resident's met ord (MAR) shall be brid aneurysm, I be brid aneurysm, I brid (MAR) shall brid (MAR) shall be brid aneurysm, I brid (MAR) shall	4 Medication Administration edication administration e accurate and include the cation or treatment order; age or quantity of medication diministering the medication etion for the administration of ments as needed (PRN) and ulting effect on the resident; any omission of ments and the reason for the efusals; and, if the person administering atment. If initials are used, a to those initials is to be intained with the medication of (MAR).  It as evidenced by: Ins, interviews, and record willed to ensure the medication of swere accurate for 1 of 5 fe2) to include a medication diagnoses included ruptured indiagnoses included ruptured incomplete the postate of the prostate of the pro	D 367	It shall always be procedure of the controller of the controller of the controller of the following: residents name; now treatment order; statement order; statement or treatment; reason of for the administration of the administration; documenting the efficient; date and to administration; documents on a comment of the order of t	ine of medication trength and 9/4/20 f medication or justification on of medication eeded and fects on the time of 9/9/24 medication medications the reason studing refusals sof the person dication or used

STATEMENT	of Health Service Reg of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL047015	(X2) MULTIPL A. BUILDING: B. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED  R-C 07/10/2024
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(X4) ID PREFIX TAG	SUMMARY (EACH DEFICIE!	RAEFOR STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE
D 367	Review of Resident sheet dated 03/15/2 order for Fluticason 50mcg (a medication sprays in both nost	t #2's current physician order 24 revealed there was an ie Propionate Nasal Spray on used for allergies) give 2 rils two times daily ident #2's medications on	D 367	and maintained with medication administ record.  All medtechs will on medication Admin	ration be retrained
CONT	hand on 07/09/24 at 2:25pm revealed: -There was one Fluticasone Propionate Nasal Spray 27.5mcg on the medication cartThere was no Fluticasone Propionate Nasal Spray 50mcg on the medication cart.  Review of Resident #2's June 2024 electronic			and be skills valida RN. consultant on a 9/9/24.	Ited by our " 718/24 and
10	medication administrevealed: -There was an entrology Nasal Spray 50mog two times daily at 8-Fluticasone Propide	y for Fluticasone Propionate g give 2 sprays in both nostrils t:00am and 4:00pm. onate Nasal Spray 50mcg was ministered at 8:00am and		In addition to twice medication cart auc RCD MCD Designee a weekly med pass different times, to	1175, THE
	revealed: -There was an entr Nasal Spray 50mo two times daily at 8 -Fluticasone Propio documented as ad 07/01/24-07/09/24 -Fluticasone Propio	onate Nasal Spray 50mcg was		staff are passing according to accurate administration recommendate will complete week audits to ensure of the lead medited.	medications emedication
	07/01/24-07/08/24. Telephone intervier pharmacist on 07/1 -The pharmacy had for Fluticasone Pro-	w with the facility's contracted		audits to ensure of MARS to ensure the accurracy of MARS to ensure the ot orders against MARS	of orders. prin checks he accurracy

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R-C HAL047015 B. WING 07/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD WICKSHIRE CREEKS CROSSING RAEFORD, NC 28376 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 367 Continued From page 16 D 367 -A prescription for Fluticasone Propionate Nasal Spray 27.5mcg give 2 sprays in both nostrils two times daily was received on 10/12/23. Review of the eMAR order details on 07/10/24 revealed that the Fluticasone Propionate Nasal Spray 50mcg give 2 sprays in both nostrils two times daily was entered onto the eMAR on 10/21/23 at 9:55am by a MA. Interview with a medication aide (MA) on 07/09/24 at 3:10pm revealed she did not know why Resident #2's Fluticasone Propionate Nasal Spray 27.5mcg was a different dose from what was entered on the eMAR. Interview with the Resident Care Director (RCD) on 07/10/24 at 10:15am revealed: -She, the Assistant Resident Care Director (ARCD), or the MAs, was responsible for entering new orders into the eMAR and faxing the orders to the pharmacy. -She was responsible for ensuring that all orders were entered correctly into the eMARs and sent to the pharmacy and the medication arrived at the facility and was correct. Interview with the Administrator on 07/09/24 at 3:12pm revealed it was the RCD's responsible to ensure that the orders were entered into the eMAR correctly, sent to pharmacy, and arrived at the facility within 24 hours.