

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL067022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE COTTAGES AT SWANSBORO- COTTAGE I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 PELICAN CIRCLE SWANSBORO, NC 28584</b>
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C 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on June 03, 2025.	C 000	The Cottages of Swansboro acknowledges receipt of a statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and to maintain compliance. The Plan of Correction is submitted as a written allegation of compliance. The Cottages of Swansboro response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that the deficiency is accurate. Further, the Cottages of Swansboro reserves the right to submit documentation to refute any of the stated deficiencies on the Statement of Deficiencies through the available administrative or legal proceedings.	
C 315	10A NCAC 13G .1002(a) Medication Orders  10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.  The facility shall ensure that this verification or clarification is documented in the resident's record.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to obtain verification of physician orders for 1 of 3 sampled residents (#3) related to an order for a medication used to treat hypertension.  The findings are:  Review of Resident #3's current FL-2 dated 03/26/25 revealed: -Diagnoses included essential hypertension, edema of lower extremity, chronic low back pain and nausea. -There was an order for amlodipine (amlodipine is used to treat high blood pressure) 2.5mg, take one tablet daily as needed for systolic blood pressure greater than 140.	C 315	1. 10A NCAC 13.G .1002(a) Medication Orders  10A NCAC 13.G .1002(a) Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2)if orders are not clear or complete; or (3)if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.	

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

*[Handwritten Signature]*

TITLE (X6) DATE

Administrator 6/30/25

STATE FORM

0099 5YX511

If continuation sheet 1 of 7

Reviewed and Acknowledged

*[Handwritten Signature]*

07/03/25

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C 315	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-There was an order for vital signs as needed.</li> <li>-There was no order for daily blood pressure checks.</li> </ul> <p>Review of Resident #3's signed physicians order sheet dated 03/26/25 revealed:</p> <ul style="list-style-type: none"> <li>-There was an order for amlodipine 2.5mg, take one tablet daily as needed for systolic blood pressure greater than 140.</li> <li>-There was an order for vital signs as needed.</li> <li>-There was no order for daily blood pressure checks.</li> </ul> <p>Observation of Resident #3's medications on hand on 06/03/25 at 3:25pm revealed there was no amlodipine 2.5mg tablets, available on the medication cart for Resident #3.</p> <p>Telephone interview with a representative with Resident #3's preferred retail pharmacy on 06/03/25 at 3:53pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's amlodipine 2.5mg was last dispensed for a quantity of 90 tablets, to take one daily as needed for systolic blood pressure greater than 140 on 05/03/24.</li> <li>-Resident #3's prescription for amlodipine 2.5mg expired as it was over a year old.</li> </ul> <p>Interview with Resident #3 on 06/03/25 at 12:35pm revealed:</p> <ul style="list-style-type: none"> <li>-She took medication for high blood pressure.</li> <li>-Staff checked her blood pressure often but she did not think her blood pressure was checked daily.</li> <li>-She went home with her family frequently.</li> </ul> <p>Review of Resident #3's April 2025 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for amlodipine 2.5mg, take</li> </ul>	C 315	<p>Continued from page 1</p> <p>On June 4, 2025 corrective action was taken by facility administrator. Facility contacted resident #3's physician for clarification on the prescribed medication, (amlodipine 2.5mg, take one tablet daily as needed for systolic blood pressure greater than 140) to continue or to discontinue the order. If the order is to be continued by physician, the facility needs a physician order for daily blood pressure checks. After obtaining physicians clarifications the adjustments were implemented.</p> <p>The Cottages of Swansboro's monitoring procedure to ensure that this plan of correction is effective and remains in compliance with the regulatory requirements is as follows:</p> <ul style="list-style-type: none"> <li>-Upon admission or readmission of each resident the physicians orders will be reviewed by RN Supervisor. Any medication orders that need clarification will be sent to physician.</li> <li>-If there are any changes and or clarifications made by physician the RN supervisor will update orders and document in residents record.</li> </ul>	

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C 315	<p>Continued From page 2</p> <p>one tablet once daily as needed for systolic blood pressure greater than 140.</p> <p>-There was an entry for vital signs as needed.</p> <p>-There was documentation, Resident #3 was out of the facility, 04/06/25, 04/07/25, 04/11/25, 04/12/25, 04/13/25, 04/14/25, 04/18/25, 04/19/25, 04/20/25, 04/21/25, 04/25/25, 04/26/25, 04/27/25 and 04/28/25.</p> <p>-Resident #3's vital signs were documented on 04/02/25, 04/09/25, 04/23/25 and 04/31/25.</p> <p>Review of Resident #3's May 2025 eMAR revealed:</p> <p>-There was an entry for amlodipine 2.5mg, take one tablet once daily as needed for systolic blood pressure greater than 140.</p> <p>-There was an entry for vital signs as needed.</p> <p>-There was documentation, Resident #3 was out of the facility on 05/02/25, 05/03/25, 05/04/25, 05/05/25, 05/09/25, 05/10/25, 05/11/25, 05/12/25, 05/16/25, 05/17/25, 05/18/25, 05/19/25, 05/23/25, 05/24/25, 05/25/25, 05/26/25, 05/30/25, and 05/31/25.</p> <p>-Resident #3's vital signs were documented on 05/07/25 and 05/14/25.</p> <p>Review of Resident #3's June 2025 eMAR revealed:</p> <p>-There was an entry for amlodipine 2.5mg, take one tablet once daily as needed for systolic blood pressure greater than 140.</p> <p>-There was an entry for vital signs as needed.</p> <p>-There was documentation, Resident #3 was out of the facility on 06/01/25 and 06/02/25.</p> <p>-There were no vital signs documented for 06/03/25.</p> <p>Interview with the medication aide (MA) on 6/03/25 at 3:25pm revealed:</p> <p>-She thought Resident #3's primary care provider</p>	C 315		

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C 315	<p>Continued From page 3</p> <p>(PCP) discontinued amlodipine because it was a PRN (as needed) order and she never used it.</p> <ul style="list-style-type: none"> <li>-PRN medications did not automatically pop up on the residents' eMAR, you had to look for the PRN orders on the eMAR.</li> <li>-Resident #3's vital signs including her blood pressure were checked weekly.</li> <li>-It did not occur to her that Resident #3 should have daily blood pressure checks to see if the amlodipine was needed.</li> </ul> <p>Interview with the facility's Registered Nurse on 06/03/25 at 2:56pm revealed:</p> <ul style="list-style-type: none"> <li>-The MAs were to review the medication and treatment orders on the residents' eMAR.</li> <li>-The MAs should have notified her if they had a question about a medication or treatment order.</li> <li>-Resident #3's PCP should have been contacted for clarification of her vital sign frequency related to the amlodipine order.</li> </ul> <p>Interview with the Administrator on 06/03/25 at 4:50pm revealed the MAs were responsible to review all medication and treatment orders and if there were any questions, they should either notify the facility's RN or contact the residents' PCP for order clarification.</p> <p>Attempted telephone interview with Resident #3's PCP on 06/03/25 at 3:59pm was unsuccessful.</p>	C 315		
C 330	<p>10A NCAC 13G .1004(a) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:</p>	C 330	<p>10A NCAC 13G .1004(a) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:</p>	

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C 330	<p>Continued From page 4</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record review with facility failed to administer medication as ordered to 1 of 3 sampled residents (#3) pertaining to a medication ordered with parameters to treat hypertension.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated 03/26/25 revealed: -Diagnoses included essential hypertension, edema of lower extremity, chronic low back pain and nausea. -There was an order for amlodipine (amlodipine is used to treat high blood pressure) 2.5mg, take one tablet daily as needed for systolic blood pressure greater than 140. -There was an order for vital signs as needed.</p> <p>Review of Resident #3's signed physicians order sheet dated 03/26/25 revealed: -There was an order for amlodipine 2.5mg, take one tablet daily as needed for systolic blood pressure greater than 140. -There was an order for vital signs as needed.</p> <p>Review of Resident #3's April 2025 electronic medication administration record (eMAR) revealed: -There was an entry for amlodipine 2.5mg, take one tablet daily as needed for systolic blood pressure greater than 140. -There was an entry for vital signs as needed.</p>	C 330	<p>Continued From page 4</p> <p>(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</p> <p>On June 4, 2025 corrective action was taken by the facility. An in-service on medication administration was scheduled for June 19, 2025 which was the earliest pharmacy was able to conduct it. The in-service was completed on June 19, 2025, given by a licensed pharmacist through the facility pharmacy during the monthly medication review. All medication aids, RN supervisor, and administrator were required to attend and complete in-service. Additionally all other medication administration records were reviewed and no other residents were identified to be missing medication during any medication administration pass.</p> <p>The Cottages of Swansboro's monitoring procedure to ensure that this plan of correction is effective and remains in compliance with the regulatory requirements is as follows:</p> <p>-Upon hiring of any medication aid staff they will complete any and all training, clinical skills validation, and pass the written examination.</p> <p>- After all requirements are met medication aid staff will attend specific training/ in-service on Medication Administration given by RN supervisor. This will also be a requirement for medication aid staff to repeat every 6 months while employed by the cottages and will be given by the facility RN supervisor.</p> <p>- Medication administration records will be monitored weekly by RN supervisor for three months and then at the end of every month there after. Administrator will perform verification of medication monitoring after RN supervisor has completed review.</p>	

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C 330	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-Resident #3's blood pressure was documented as 154/82 on 04/02/25.</li> <li>-There was no documentation that amlodipine 2.5mg was administered to Resident #3 on 04/02/25.</li> <li>-Resident #3's blood pressure was documented as 165/86 on 04/09/25.</li> <li>-There was no documentation that amlodipine 2.5mg was administered to Resident #3 on 04/09/25.</li> <li>-Resident #3's blood pressure was documented as 155/105 on 04/30/25.</li> <li>-There was no documentation that amlodipine 2.5mg was administered to Resident #3 on 04/30/25.</li> </ul> <p>Observation of Resident #3's medications on hand on 06/03/25 at 3:25pm revealed there were no amlodipine 2.5mg tablets available on the medication cart for Resident #3.</p> <p>Telephone interview with a representative from Resident #3's preferred retail pharmacy on 06/03/25 at 3:53pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's amlodipine 2.5mg was last dispensed for a quantity of 90 tablets, to take one daily as needed for systolic blood pressure greater than 140 on 05/03/24.</li> <li>-Resident #3's prescription for amlodipine 2.5mg had expired because it was over a year old.</li> </ul> <p>Interview with the medication aide (MA) on 06/03/25 at 3:25pm revealed:</p> <ul style="list-style-type: none"> <li>-She thought the reason there was no amlodipine on the medication cart for Resident #3 was because her primary care provider (PCP) discontinued the medication since it was a PRN (as needed) order and the resident never used it.</li> <li>-PRN medications did not automatically pop up on the residents' eMAR, she had to look for the</li> </ul>	C 330		

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C 330	<p>Continued From page 6</p> <p>PRN orders on the eMAR. -She did not think she had ever administered amlodipine to Resident #3.</p> <p>Second interview with the MA on 06/03/25 at 4:41pm revealed: -She was not sure why she did not administer amlodipine to Resident #3 in April 2025 when her systolic blood pressure was over 140. -She had previously contacted Resident #3's PCP for a discontinuation order for the amlodipine but had to leave a message and never received a phone call back. -She could not remember exactly when she placed the call to Resident #3's PCP requesting to discontinue her amlodipine order. -She did not document her attempt to contact Resident #3's PCP by phone.</p> <p>Interview with the facility's Registered Nurse (RN) on 06/03/25 at 2:56pm revealed: -The MAs were to review all medication orders on the eMAR. -If a medication was ordered with parameters, she expected the medication to be administered according to the ordered parameters. -Resident #3 should have received the amlodipine as ordered when her systolic blood pressure was above 140.</p> <p>Interview with the Administrator on 06/03/25 at 4:50pm revealed she expected the MAs to administer all scheduled medications and PRN medications to the residents as ordered by the PCP.</p> <p>Attempted telephone interview with Resident #3's PCP on 06/03/25 at 3:59pm was unsuccessful.</p>	C 330		