### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

345288

**State of North Carolina Department of Health and Human Services**

**Centers for Medicare & Medicaid Services**

**Form Approved OMB No. 0938-0391**

**Date Survey Completed:**

06/17/2015

---

**SUMMARY STATEMENT OF DEFICIENCIES**

**ID** | **PREFIX** | **TAG** | **DEFICIENCY**
--- | --- | --- | ---
F 253 | SS=D | 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

This **REQUIREMENT** is not met as evidenced by:

- Based on observation, record review and staff interview the facility failed to ensure walls were in repair for 3 of 3 halls (room #109, 105, 101, 102, 208, 309, 100, 104) that had torn wall paper and holes in the sheetrock.

- **The findings included:**
  - Observation on 06/15/15 at 8:35am revealed room #104 to have a visible sheet rock behind bed A. The sheet rock was concave in shape. To the left of bed A was an electrical socket. A hole in the sheet rock was observed directly underneath the electrical socket. Further observation of Room #104 revealed a large hole behind bed B with torn wallpaper. The sheet rock was observed to have a large hole directly though the sheet rock. Observation of Room #100 at 12:15am revealed a hole behind the bed. At 3:45pm room # 101, 102, 105, 109, 208, and 309 were also observed to have holes behind residents’ beds.
  - Observation of the facility maintenance log from 4/1/15 through 6/16/15 revealed no maintenance requests in regards to holes in walls or missing sheet rock.
  - During an interview and observation with maintenance on 6/16/15 at 3:15pm revealed he Rooms 101, 102, 105, 109, 208 and 309 have been repaired by Maintenance Department on 07/08/15. All holes in sheetrock have been replaced or patched. A 100% audit of all rooms was completed by Maintenance Director on 06/25/15 to identify any repairs that was needed to each room. A list was compiled by the Maintenance Director on 06/25/15 of his findings. Eight other rooms were identified with holes in the sheetrock. Maintenance Director has scheduled these rooms to be repaired in order of importance.
  - Staff was educated by Administrator on 07/09/15 on filling out maintenance requests when items are found in resident rooms or common areas needing to be repaired. Maintenance Director will educate all new hires on proper procedure of filling out maintenance request and were to place them during new hire orientation.
  - Weekly audits will be performed by department heads during guardian angel rounds 3 times a week for four weeks then monthly times four months to identify any new maintenance repairs needed. Guardian angel round sheets will be utilized and the department head will fill out repair requisitions as needed for further correction.

---

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Electronically Signed

**DATE**

07/09/2015

---

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
Continued From page 1

F 253

was aware there were some issues with wallpaper tearing but he was unaware of the hole in the walls in room #104 were as bad as observed. He stated he was notified of items in the facility that were in need of repair by staff. Staff were to document the concern on a maintenance request form and put the request in a central location. Maintenance indicated he checked the maintenance log daily and more often in the instance he notices there are requests in his box. Maintenance revealed the facility was going through renovations but they were halted. Maintenance stated he assumed the holes were being created by staff pushing beds up against the wall or staff lowering or raising beds.

Interview with Nursing Assistant #1 (NA) on 6/17/15 at 11:45am revealed she was aware that there were holes behind some of the resident’s beds. The NA#1 stated she had communicated the concern to nursing verbally.

Interview with Nurse #4 on 6/17/15 at 11:47am revealed she was aware of holes behind some resident beds. Nurse #4 stated she had communicated the concern to the maintenance department. The Nurse indicated she did not write the maintenance request down on a maintenance request form. Nurse #4 stated she communicated the concern verbally to maintenance.

Interview with housekeeping staff/floor technician on 6/17/15 at 11:53am revealed he was aware of the holes in walls in resident rooms. The floor technician stated that the holes were created when staff move the resident beds against the wall or move resident beds up or down. The bed findings.

These results will be brought into monthly QA meeting and reviewed.
### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier

**MAGNOLIA ESTATES SKILLED CARE**

**Address:**
1404 S SALISBURY AVENUE
SPENCER, NC  28159

#### Provider's Plan of Correction

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 253</td>
<td>Continued From page 2</td>
<td>Eventually digs into the wall until it creates a hole.</td>
<td>F 253</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F 332</td>
<td>483.25(m)(1)</td>
<td>FREE OF MEDICATION ERROR RATES OF 5% OR MORE</td>
<td></td>
<td>7/10/15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SS=D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### The Facility must ensure that it is free of medication error rates of five percent or greater.

This **Requirement** is not met as evidenced by:

- Based on observations, record review, and staff interviews, the facility failed to be free of a medication error rate greater than 5% as evidenced by 2 medication errors out of 26 opportunities, resulting in a medication error rate of 7.6%, for 2 of 5 residents (Resident #18 and Resident #11) observed during medication pass.

The findings included:

1) On 6/16/15 at 4:10 PM, Nurse #1 was observed as she prepared and administered medications to Resident #18. The administered medications included two-Creon Delayed Release (DR) 24,000 Unit capsules. Creon DR is a
medication which contains a combination of digestive enzymes that act locally in the small intestine to aid in the digestion of fats, protein, and starches. Creon is used to replace these enzymes when the body does not have enough of its own. Product information from the manufacturer indicated because of the local action of this medication, Creon must be taken with food to work.

A review of Resident #18’s June 2015 physician’s medication orders included a current order for Creon DR 24,000 Unit capsules to be given as two capsules by mouth with meals. The Creon DR was scheduled for administration three times daily at 8:00 AM, 12:00 PM, and 5:00 PM.

An interview was conducted on 6/16/2015 at 5:10 PM with Nurse #1. During the interview, Nurse #1 reviewed Resident #18’s Medication Administration Record (MAR), along with the physician’s order to give Creon with meals. Nurse #1 stated she thought it was okay to give the Creon because she administered the medication with some pudding (½ - 1 ounce) and a nutritional supplement (90 milliliters or 3 ounces). At the time of the interview, Resident #18 had not yet received her evening meal tray.

An observation made on 6/16/15 at 5:20 PM revealed the meal trays had not yet been delivered to Resident #18’s hallway. A review of the facility’s meal schedule revealed evening meal trays were scheduled to be sent to her hallway at 5:30 PM.

A review of the meal intake record for Resident #18 revealed the resident consumed 100% of her evening meal on 6/16/15.
### SUMMARY STATEMENT OF DEFICIENCIES

**Deficiency Code:** F 332

**Description:**
An interview was conducted on 6/17/15 at 9:14 AM with the facility's Director of Nursing (DON) and Consultant Nurse. During the interview, the DON indicated if the physician's order was for the Creon to be given with meals, then it should be given with a meal.

A telephone interview was conducted on 6/17/2015 at 11:43 AM with the facility's consultant pharmacist. Upon review of the timing observed for the Creon DR administration to Resident #18 relative to the scheduled evening meal service on 6/16/15, the pharmacist stated that the medication probably would have gone through her before the food (from the evening meal) got to her. The pharmacist stated this timing was, "clinically indefensible."

2) On 6/17/15 at 8:30 AM, Nurse #3 was observed as she prepared and administered medications to Resident #11. The medications pulled for administration included one -100 milligram (mg) capsule of docusate (a stool softener).

A review of Resident #11's June 2015 physician's medication orders included a current order for 100 mg docusate capsules to be given as two capsules by mouth twice daily.

An interview was conducted on 6/17/15 at 8:30 AM with Nurse #3. During the interview, Nurse #3 reviewed Resident #11's Medication Administration Record (MAR), which revealed two capsules of 100 mg docusate were ordered for administration to Resident #11 at 8:00 AM. Upon review of the order, Nurse #3 stated she missed seeing the order for two capsules and would need...
Continued From page 5
to give Resident #11 one additional capsule of 100 mg docusate. The nurse attributed this medication error to being nervous during the medication pass observation.

An interview was conducted on 6/17/15 at 9:14 AM with the facility’s Director of Nursing (DON) and Consultant Nurse. During the interview, the DON indicated his expectation was for the nurses to read the MAR and follow the "five rights" of medication administration (referring to the right patient, the right drug, the right dose, the right route, and the right time).