STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
<td>An unannounced Recertification survey was conducted on 5/20/2019 through 5/22/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # HDYR11</td>
<td></td>
<td></td>
<td></td>
<td>§483.21(b)(3) Comprehensive Care Plans Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</td>
<td>6/10/19</td>
</tr>
</tbody>
</table>
| F 658 | Services Provided Meet Professional Standards | F 658 | $483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-
(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:
Based on observations, record review, and staff interviews the facility failed to administer a medication according to manufacturer guidelines for 1 of 4 resident (Resident #259) observed for medication administration.

Findings Included:
Resident #259 was admitted to the facility on 05/16/19 with diagnoses including chronic obstructive pulmonary disease (COPD). An admission Minimum Data Set (MDS) assessment was pending on 05/22/19.

Review of resident #259's medical record revealed an order for Symbicort 160/4.5 micrograms 2 puffs by mouth twice daily for COPD.

Review of manufacturer guidelines for use of the inhaler read in part, "After using the inhaler, rinse your mouth with water and spit out. Do not | How corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice: Nurse #1 was immediately provided verbal education on the importance of following all instructions on the Medication Administration Record by RN Director of Staff Development. | |
| | | | | | | | How the facility will identify other resident's having the potential to be affected by the same deficient practice and what corrective action will be taken: Pharmacy will review all current residents receiving metered dose inhalers to ensure the appropriate administration instructions are reflected in the MAR by 06/05/2019. | |
| | | | | | | What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: Inservice initiated on | | |

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.
A. BUILDING ______________________

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER: 345572

B. WING _____________________________

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED 05/22/2019

NAME OF PROVIDER OR SUPPLIER

THE CARDINAL AT NORTH HILLS

STREET ADDRESS, CITY, STATE, ZIP CODE

311 GARDEN AT NORTH HILLS STREET

RALEIGH, NC  27609

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

F 658 Continued From page 1

swallow water.”

On 05/21/19 at 07:52 AM observation of
medication administration for resident #259 was
conducted. Nurse #1 was observed to administer
Symbicort 160/4.5 micrograms 2 puffs orally to
resident #259. Nurse #1 made no attempt to have
resident #259 rinse his mouth with water after
administration of the medication.

In an interview on 5/21/19 at 09:29 AM Nurse #1
indicated he was not aware he needed to ensure
resident #259 rinsed his mouth with water after
use of the inhaler. He further indicated he knew
some inhalers required mouth rinsing after use
but he did not think Symbicort was one of them.

On 05/21/19 at 09:34 AM an interview with the
DON revealed she was aware of the need for
residents to rinse their mouth with water after use
of Symbicort inhaler. She further indicated this
was to prevent residents from suffering mouth
sores or a fungal infection in their mouth from the
use of a steroid inhaler. She went on to say the
instruction to ensure residents rinsed their mouth
with water after use of Symbicort was visible to
the nurse administering the medication on the
electronic medication administration screen at the
time of administration.

05/21/2019 providing education to all
licensed nursing staff on the administering
medications through metered dose inhaler
(MDI). All current licensed nursing staff
will complete a competency assessment
proctored by the Director of Nursing and
or Designee on the administration of
medication through a metered dose
inhaler by June 5, 2019; for new hires,
competency will be completed within 30
days of employment.

How the facility plans to monitor its
performance to make sure that solutions
are sustained. The facility must develop a
plan for ensuring that correction is
achieved and sustained. This plan must
be implemented, and the corrective action
evaluated for its effectiveness. Director of
Nursing will initiate a monitoring schedule
with audit of medication administration
observation that will be completed by
Director of Nursing and or designee. The
monitoring schedule is as follows: 3X
week for one month, 1X week for one
month, 2X month for one month; then
maintain monthly monitoring schedule
going forward. QAPI PIP will be initiated
for medication observation to ensure
professional standards of quality are
sustained.

Date of Correction. Corrective actions will
be completed 06/10/2019

This Plan of Correction is submitted to be
in compliance with certain state and
federal regulations. Its submission does
not indicate that the facility agrees with

(X5) COMPLETION DATE

05/21/2019
<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>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F658</td>
<td>Continued From page 2</td>
<td></td>
<td></td>
<td>F658</td>
<td></td>
<td></td>
<td>the findings.</td>
<td></td>
</tr>
</tbody>
</table>