

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/01/2022
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS An onsite complaint investigation was conducted from 11/29/22 to 12/1/22. (Event 5KDT11) Three of the nineteen allegations were substantiated with a citation. Two of the nineteen allegations were substantiated without citation. NC 194697; NC 194945; NC 194201; NC 195271; NC 194674; NC 195069	F 000			
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview the facility failed to assure their medication error rate was less than five percent. Four nurses were observed administering medications. Two errors were detected out of twenty- six opportunities for error. This resulted in a medication error rate of 7.69 percent. The findings included: 1a. Record review revealed Resident # 12 had a diagnosis of anemia and a current order to administer Vitamin B 12 100 micrograms every day. Nurse # 1 was observed on 11/30/22 at 8:40 AM to administer Vitamin B 12 1000 micrograms to Resident # 12. Nurse # 1 obtained this Vitamin B 12 from a stock medication bottle located in the top drawer of the cart.	F 759			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/01/2022
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365		
(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) COMPLETION DATE	
F 759	<p>Continued From page 1</p> <p>b. Record review revealed Resident # 13 had a current order for Vitamin B 12 500 micrograms to be administered daily due to a "history of family deficiency." Nurse # 1 was observed on 11/30/22 at 8:50 AM to administer Vitamin B 12 1000 micrograms to Resident # 13. Nurse # 1 obtained this Vitamin B 12 from a stock medication bottle located in the top drawer of the medication cart.</p> <p>On 11/30/22 at 11:00 AM these errors were brought to the attention of the Director of Nursing. (DON). The DON stated that both Resident # 12 and Resident # 13 had individualized medication cards with the correct Vitamin B 12 dosage, and Nurse # 1 should have obtained the Vitamin B 12 from their medication cards instead of the stock medication. The DON was observed to go to the medication cart, find the Vitamin B 12 medication cards for both Resident # 12 and Resident # 13, and show Nurse # 1 where they were located.</p>	F 759			