

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

PRINTED: 01/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/07/2025
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106
---	--

(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 unannounced onsite complaint investigation was conducted on 1/2/25 through 1/3/25. Additional information was obtained offsite through 1/7/25. Therefore, the exit date was changed to 1/7/25. Event ID OX7D11. The following intakes were investigated: NC 00225292, NC00225536, NC00225583, and NC00225642.	F 000		
F 580 SS=D	4 of 12 allegations resulted in a deficiency. Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the	F 580		1/22/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/22/2025
--	-------	-----------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2025
NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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 580	<p>Continued From page 1</p> <p>physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, and staff, Nurse Practitioner (NP) and physician interviews, the facility failed to notify the physician when an anticonvulsant medication was not administered for 1 of 1 resident reviewed for notification (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility 11/27/24 with diagnoses that included stroke, nontraumatic subdural hemorrhage unspecified, and seizure disorder of epilepsy.</p>	F 580	<p>Resident #1 no longer resides in the facility.</p> <p>Residents residing in the facility that have regularly scheduled dialysis appointments have the potential to be affected by the deficient practice. An audit of dialysis residents' medication administration record was conducted by nursing administration on 1/22/2025 to identify those that may have missed medications during dialysis. Any issues or concerns identified during this audit were reviewed with and adjusted by the physician or</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2025
NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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 580	<p>Continued From page 2</p> <p>Resident #1's Physician's orders included an order written 11/29/24 for Valproic Acid Oral Solution 250mg (milligrams)/5 ml (milliliters) solution to give 15ml by mouth every 8 hours for seizures.</p> <p>Resident #1's Medication Administration Records (MAR) for 11/2024 and 12/2024 were reviewed and revealed the following: Valproic Acid Oral Solution 250 mg/5ml solution was not signed on the MAR as given at 2:00 pm on 12/3/24, 12/5/24, 12/7/24, 12/10/24 and 12/12/24. Further review of the MARs revealed on 12/3/24 Nurse #3 documented Hold/See Nurse Notes, on 12/5/24 Nurse #2 documented LOA (leave of absence), on 12/7/24 Nurse #4 documented Other/See Nurse Notes, on 12/10/24 and 12/12/24 Nurse #1 documented Other/See Nurse Notes.</p> <p>Further review of Resident #1's medical record and nursing notes revealed there was no documentation the physician was notified on 12/3/24, 12/5/24, 12/7/24, 12/10, 24 or 12/12/24 of the Valproic Acid not being administered.</p> <p>Review of Resident #1's MAR on 12/3/24 at 2:00pm revealed Resident #1 did not receive Valproic Acid and Nurse #3 indicated "hold/see nurse notes." Nurse #3's note on 12/3/24 at 3:16pm read "in the dialysis."</p> <p>During a phone interview on 1/3/25 at 2:13pm, Nurse #3 revealed that she didn't remember Resident #1 and could not answer any questions.</p> <p>Review of Resident #1's MAR on 12/5/24 at 2:00pm revealed that Valproic Acid was not given, and Nurse #2 documented Resident #1 was on Leave of Absence (LOA).</p>	F 580	<p>nurse practitioner.</p> <p>The Staff Development Coordinator educated nurses and medication aides on notification to the physician or nurse practitioner if a medication is unable to be administered as directed during dialysis appointment. Newly hired nurses and medication aides will receive the education during orientation from the Staff Development Coordinator. Nurses or medication aides that have not received the education by 1/22/25 will be unable to work until the education is completed.</p> <p>The Director of Nursing or designee will audit 5 dialysis residents medication administration records a week for 4 weeks, then 3 medication administration records a week for 4 weeks, then 1 medication administration record a week for 4 weeks to ensure that medications were administered as ordered or the physician/nurse practitioner was notified for further direction.</p> <p>The Director of Nursing or designee will review the data for patterns and trends and will take this information to the Quality Assurance Performance Improvement Committee monthly for 3 months. The Quality Assurance Performance Improvement Committee will evaluate the effectiveness of the above plan and will add interventions or continued monitoring as needed.</p>		

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

PRINTED: 01/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2025
NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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 580	Continued From page 3 During a phone interview on 1/3/25 at 3:22pm, Nurse #2 revealed that she didn't remember Resident #1 well, but Valproic Acid was not given on 12/5/24 due to Resident #1 being at dialysis. Nurse #2 indicated she would have told the NP if medication was held, although she really didn't recall. Nurse #4's progress noted dated 12/7/24 at 1:20pm did not reveal why Valproic Acid was not administered. During a phone interview on 1/4/25 at 4:20pm, Nurse #4 revealed that she was fairly new to the facility, and she didn't recall Resident #1. Resident #1's MAR on 12/10/24 revealed Resident #1 did not receive Valproic Acid at 2:00pm and read "other/see nurse notes." Resident #1's MAR on 12/12/24 revealed Resident #1 did not receive Valproic Acid at 2:00pm and read "other/see nurse notes." Nurse #1's progress note on 12/12/24 at 2:32pm read "he is on dialysis." Nurse #1's progress note on 12/10/24 at 4:52pm revealed Resident #1 returned from dialysis at 4:45pm. During an interview on 1/3/25 at 11:38am, Nurse #1 confirmed that Valproic Acid was not administered on 12/10/24 and 12/12/24 and he wrote a progress note that Resident #1 was at dialysis. Nurse #1 indicated he didn't notify the physician because he wrote the note as he thought it was known that Resident #1 was at dialysis.	F 580			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2025
NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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 580	Continued From page 4 During an interview on 1/3/25 at 10:08am, the Unit Manager revealed that Resident #1 missed the midday dose of Valproic Acid on 12/3/24, 12/5/24, 12/7/24, 12/10/24, and 12/12/24 due to being at dialysis. She was unsure if the physician was aware of missed doses. During an interview on 1/3/25 at 9:18am, NP revealed that she was not aware that Resident #1 missed several doses of his Valproic Acid that was scheduled while Resident #1 was at dialysis. The NP indicated the physician may have been aware of the missed doses and NP would have wanted Resident #1's medications given as ordered. During a phone interview on 1/3/25 at 10:47am the Physician revealed she was aware that Resident #1's midday Valproic Acid was scheduled during the time when Resident #1 would be at dialysis. During a phone interview with the Interim Director of Nursing on 1/6/25 at 4:30pm she indicated she expected medications to be given as ordered and if they were not given as ordered the physician needed to be notified. During a phone interview with the Administrator on 1/6/25 at 4:44pm she indicated that she expected medications to be given as ordered and if they were not given as ordered the physician needed to be notified.	F 580			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant	F 760		1/22/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2025
NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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 760	<p>Continued From page 5</p> <p>medication errors.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff, Pharmacist, Nurse Practitioner (NP) and Physician interviews, the facility failed to prevent a significant medication error when they failed to administer antiseizure medication as prescribed by the physician. As a result, Resident #1 missed 5 doses of antiseizure medication. This affected 1 of 3 sampled residents reviewed for assuring facility was free of medication errors (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 11/27/24 with diagnoses that included stroke, nontraumatic subdural hemorrhage unspecified, and seizure disorder or epilepsy.</p> <p>Resident #1's Care Plan dated 11/30/24 indicated he had a seizure disorder, and the interventions included administer seizure medication as ordered and monitor for effectiveness.</p> <p>Resident #1's Physician's orders included an order written 11/29/24 for Valproic Acid Oral Solution 250mg (milligrams)/5ml (milliliter) solution to give 15 milliliters by mouth every 8 hours for seizures.</p> <p>Resident #1's Medication Administration Records (MAR) for 11/2024 and 12/2024 were reviewed and revealed the following: Valproic Acid Oral Solution 250 mg/5ml solution was not signed on the MAR as given at 2:00 pm on 12/3/24, 12/5/24, 12/7/24, 12/10/24 and 12/12/24. Further review of the MARs revealed on 12/3/24 Nurse #3</p>	F 760	<p>Resident #1 no longer resides in the facility.</p> <p>Residents with regularly scheduled dialysis days have the potential to be affected. An audit was conducted by nursing administration on 1/22/2025 to identify residents who may have missed medications during dialysis. Residents identified during the audit had their medication administration schedules reviewed and adjusted by the physician/nurse practitioner to prevent future missed doses.</p> <p>The Staff Development Coordinator educated nurses and medication aides on proper medication administration practices, procedures for handling missed doses, and coordination with providers to adjust medication schedules for residents with dialysis appointments. Any nurse or medication aide that does not receive the education by 1/22/25 will not be able to work until the education is completed. Newly hired nurses and medication aides will receive the education in orientation from the Staff Development Coordinator.</p> <p>The Director of Nursing or designee will audit 5 medication administration records a week for 4 weeks, then 3 medication administration records a week for 4 weeks, then 1 medication administration record a week for 4 weeks to ensure appropriate administration and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2025
NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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 760	<p>Continued From page 6</p> <p>documented Hold/See Nurse Notes, on 12/5/24 Nurse #2 documented LOA (leave of absence), on 12/7/24 Nurse #4 documented Other/See Nurse Notes, on 12/10/24 and 12/12/24 Nurse #1 documented Other/See Nurse Notes.</p> <p>Review of Resident #1's MAR on 12/3/24 at 2:00pm revealed Resident #1 did not receive Valproic Acid and Nurse #3 indicated "hold/see nurse notes." Nurse #3's note on 12/3/24 at 3:16pm read "in the dialysis."</p> <p>During a phone interview on 1/3/25 at 2:13pm, Nurse #3 revealed that she didn't remember Resident #1 and could not answer any questions.</p> <p>Review of Resident #1's MAR on 12/5/24 at 2:00pm revealed that Valproic Acid was not given, and Nurse #2 documented Resident #1 was on Leave of Absence (LOA).</p> <p>During a phone interview on 1/3/25 at 3:22pm, Nurse #2 revealed that she didn't remember Resident #1 well, but Valproic Acid was not given on 12/5/24 due to Resident #1 being at dialysis. Nurse #2 indicated she would have told the NP if medication was held, although she really didn't recall.</p> <p>Nurse #4's progress noted dated 12/7/24 at 1:20pm did not reveal why Valproic Acid was not administered.</p> <p>During a phone interview on 1/4/25 at 4:20pm, Nurse #4 revealed that she was fairly new to the facility, and she didn't recall Resident #1.</p> <p>Resident #1 MAR on 12/10/24 revealed Resident #1 did not receive Valproic Acid at 2:00pm and</p>	F 760	<p>documentation during dialysis days.</p> <p>The Director of Nursing or designee will review the data for patterns and trends and will take this information to the Quality Assurance Performance Improvement Committee monthly for 3 months. The Quality Assurance Performance Improvement Committee will evaluate the effectiveness of the above plan and will add interventions or continued monitoring as needed.</p>		

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

PRINTED: 01/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2025
NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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 760	<p>Continued From page 7</p> <p>read "other/see nurse notes." Nurse #1's progress note on 12/10/24 at 4:52pm revealed Resident #1 returned from dialysis at 4:45pm. Resident #1's MAR on 12/12/24 revealed Resident #1 did not receive Valproic Acid at 2:00pm and read "other/see nurse notes." Nurse #1's progress note on 12/12/24 at 2:32pm read "he is on dialysis."</p> <p>During an interview on 1/3/25 at 11:38am, Nurse #1 confirmed that Valproic Acid was not administered on 12/10/24 and 12/12/24 and he wrote a progress note that Resident #1 was at dialysis. Nurse #1 indicated he didn't notify the physician because he wrote the note as he thought it was known that Resident #1 was at dialysis.</p> <p>During an interview on 1/3/25 at 10:08am, the Unit Manager revealed that Resident #1 missed the midday dose of Valproic Acid on 12/3/24, 12/5/24, 12/7/24, 12/10/24, and 12/12/24 due to being at dialysis. She was unsure if the Physician was aware of missed doses.</p> <p>A follow-up interview on 1/4/25 at 3:31pm with Unit Manager revealed Resident #1 went to dialysis on Tuesdays, Thursdays and Saturdays. Resident #1 had a chair time of 9:50am and was usually away from the facility between 5 - 6 hours.</p> <p>During an interview on 1/3/25 at 9:18am, NP revealed that she was not aware that Resident #1 missed several doses of Valproic Acid that were scheduled while Resident #1 was at dialysis and would have wanted Resident #1's Valproic Acid given as ordered.</p> <p>During a phone interview on 1/3/25 at 10:47am,</p>	F 760			

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

PRINTED: 01/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2025
NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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 760	<p>Continued From page 8</p> <p>Physician revealed she was aware that Resident #1's midday Valproic Acid was scheduled during the time when Resident #1 would be at dialysis. The interview further revealed she didn't feel like the missed medications were harmful to him and to her knowledge he didn't have any seizures at the facility.</p> <p>During a phone interview with the Pharmacist on 1/3/25 at 3:55pm she indicated that missing a dose of Valproic Acid would not have made Resident #1 subtherapeutic, Resident #1 would have had to have missed several doses in a row; Valproic Acid has 16-hour half-life. The interview further revealed missing one dose would not have caused Resident #1 to have a seizure.</p> <p>During a phone interview with the Interim Director of Nursing on 1/6/25 at 4:30pm she indicated Resident #1 didn't have any seizures while in the facility and she felt like the missed doses did not negatively affect Resident #1 in the short-term. The interview further revealed that she expected medications to be given as ordered and if they were not given as ordered the physician needed to be notified.</p> <p>During a phone interview with the Administrator on 1/6/25 at 4:44pm she indicated that she expected medications to be given as ordered and if they were not given as ordered the physician needed to be notified.</p>	F 760			