

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2022
NAME OF PROVIDER OR SUPPLIER COUNTRY LANE			STREET ADDRESS, CITY, STATE, ZIP CODE 534 COUNTRY LANE HOLLY SPRINGS, NC 27540		
(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	
W 111	<p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to maintain current records for physician orders for 5 of 5 audit clients (#5). The findings are:</p> <p>A. Review on 12/20/22 of client #5's record revealed a physician order dated for 5/2/22 for Allergy Relief Tab 10mg once daily for allergic rhinitis. A further review of the medication administration record (MAR) for December 2022, revealed the home manager (HM) had initialed on 12/19/22 that client #5 had received Cetirizine 5mg (antihistamine), the equivalent to Zyrtec.</p> <p>B. Review on 12/20/22 of client #1's record revealed the facility did not have a copy of his physician's order on file.</p> <p>C. Review on 12/20/22 of client #2's record revealed the last signed copy of the Phrygian's order was dated 4/20/21.</p> <p>D. Review on 12/20/22 of client #3's record revealed the last signed copy of the physician's order was dated 9/30/21.</p> <p>E. Review on 12/20/22 of the client #4's record revealed the last signed copy of the physician's order was dated 9/29/21.</p> <p>Interview on 12/20/22 with the HM revealed the copy of the physician's orders in the clients</p>	W 111			

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

TITLE

(X6) DATE

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.

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W 111	Continued From page 1 charts, were the only copy on file. The HM revealed, the nurse visited the facility weekly and was responsible for obtaining a copy of the orders. The HM had to contact the nurse and request that recent physician's orders be faxed to the facility. The HM received 4 out of 5 clients physician's orders. She did not receive the physician's order for client #1. Interview on 12/20/22 with the Nurse revealed she had not secured the recently signed physician's orders that get updated every six months. The Nurse revealed staff relied on the electronic medication record (EMAR) during medication administration as well as the pharmacist, therefore the physician's orders were not stored at the facility. Interview on 12/20/22 with the Program Director revealed the PO were signed quarterly and he would contact the nurse to have current orders faxed to the facility.	W 111			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to administer all medications prescribed by the physician without error. This affected 1 of 5 audit clients (#5) observed receiving medications. The finding is: During evening observations of medication administration on 12/19/22 at 4:05PM, the Home Manager (HM) observed client #5 take 1 tablet of	W 369			

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W 369	Continued From page 2 Levocetirizine (antihistamine) 5mg, the equivalent to Xyzal. Review on 12/20/22 of client #5's Physician Orders, signed on 5/2/22 revealed client #5 was prescribed "Allergy Relief Tab 10mg" once daily for allergic rhinitis. A further review of the medication administration record (MAR) for December 2022, revealed on the HM had initialed on 12/19/22 that client #5 had received Cetirizine 5mg (antihistamine), the equivalent to Zyrtec. Interview on 12/20/22 with the HM revealed that she witnessed client #5 receive Levocetirizine 5mg. Interview on 12/20/22 with the Nurse revealed she had not secured the recently signed Physician Order's that were updated every six months. The Nurse confirmed there was a medication change for the allergy medicine Levocetirizine in October 2022, but she did not have a copy of the order.	W 369			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to vary the times and conditions when conducting fire drills. This had the potential to affect all clients in the facility. The finding is: Review on 12/20/22 revealed the following pattern for fire drills. 3rd Shift	W 441			

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W 441	Continued From page 3 2/12/22 at 5:10AM 4/8/22 at 5:28AM 7/29/22 at 5:43AM	W 441			
W 508	Interview on 12/20/22 with the Program Director and Program Manager revealed no explanation for staff not varying times of fire drills. COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or	W 508			

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W 508	Continued From page 4 telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an	W 508			

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W 508	Continued From page 5 exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and	W 508			

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W 508	<p>Continued From page 6</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to implement their COVID-19 Vaccination Policy. The finding is:</p> <p>Review on 12/20/22 of the facility's COVID-19 Vaccination Enforcement policy dated 3/12/22 revealed they "must ensure those staff who are not fully vaccinated or have a temporary delay, adhere to additional precautions that are intended to mitigate the spread of COVID-19...Full vaccination is due by March 21, 2022." Their policy also included language from Center for Medicaid/Medicare Services (CMS) who "expects all facilities staff to have received the appropriate number of doses by the time frames specified in the interim final rule (IFC) unless exempted as a required by law."</p> <p>Review on 12/20/22 of the Center for Disease Control (CDC) website revealed, "COVID-19 vaccines are Food and Drug Administration (FDA) approved for a 4 week (Moderna) interval between the first and second primary series doses. CDC have advised that the second should be given no more than 8 weeks after the first</p>	W 508			

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W 508	<p>Continued From page 7 dose.</p> <p>Review on 12/20/22 of the facility's staff vaccination status revealed Staff A had received a Moderna COVID-19 vaccine on 4/6/21 and 12/23/21."</p> <p>Interview on 12/20/22 with Staff A revealed when she received the first Moderna shot, she had complications, and her doctor advised her not to get the second shot right away. Staff A revealed when she decided to get the second shot, her doctor did not advise starting the vaccination series over. Staff A revealed she did not seek a medication exemption from the facility during the lapse in her COVID-19 vaccine.</p> <p>Interview on 12/20/22 with the Program Director revealed the facility should have followed up with Staff A on the second shot, or she should have sought an exemption.</p>	W 508		