STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G050	A. BUILDING _____ B. WING _____	06/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL SERVICES, INC. RETIREMENT CENTER	6310 MOUNT HERMAN CHURCH ROAD DURHAM, NC 27705

(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 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure that medications were given as ordered by the physician. This affected 3 of 6 audit clients (#1, #3 and #12). The findings are: A. During evening medication observations on 6/5/23 at 4:30 pm in the home, Nurse 1 administered Metformin 500 mg to client #12 without food. Client #1 was observed asking Nurse 1 if he was going to get applesauce and was told that "it is coming", however it was not available at the time of the med pass. An additional observation of client #12 revealed he consumed dinner at 5:30 pm. Record review on 6/6/23 of client #12's Physician's Orders signed on 3/16/23 revealed an order was to take Metformin 500 mg at daily at 8:00 am. On the medication blister pack, the instructions revealed that Metformin should be taken with meal. B. During evening medication observations on 6/5/23 at 4:40 pm in the home, Nurse 2 administered Sucralfate Sus 1 GM/10 ML to client #3. Client #3 swallowed the liquid medication and drunk water afterwards. Nurse 2 did not offer client #3 any food with her medication. An additional observation revealed client #3 eating dinner at 5:15 pm. Record review on 6/6/23 of client #3's Physician's	W 368	W368: RSI Medication Policies and Procedures Manual was updated on 6/19/2023 to clarify company policy on Medication orders that refer to medications given with meals. Employees will be trained on the updated policy by 7/26/23. Please refer to the attached document and see the highlighted information on page 2. The physician for client #1, #3, and #12 will be contacted for a clarifying medical order to match company medication order policy. Once received, employees will be trained on the clarified order by 7/26/23. The RSI Nurse will review the MAR monthly to ensure it matches 90-day orders received by the pharmacy and that orders adhere to company policy.	7/26/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Director of Retirement Services	6/28/23

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G050	A. BUILDING _____ B. WING _____	06/06/2023

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RESIDENTIAL SERVICES, INC. RETIREMENT CENTER	6310 MOUNT HERMAN CHURCH ROAD DURHAM, NC 27705

(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 368	Continued From page 1 Orders signed on 2/6/23 revealed an order to take Sucralfate Sus with meals at 5:00 pm. On the medication box, the instructions revealed that Sucralfate Sus should be taken with meals. C. During evening medication observations on 6/5/23 at 5:00 pm in the home, Nurse 2 administered Metformin 500 mg to client #1 without food. Nurse 2 was observed asking client #1 if he was going to dinner and he responded yes. Client #1 drunk soda to swallow the pill. Client #1 was observed in the dining room eating dinner at 5:30 pm. Record review on 6/6/23 of client #1's Physician's Orders signed on 3/16/23 revealed an order to take Metformin 500 mg with food/meals. On the medication blister pack, the instructions revealed that Metformin should be taken with meal. Interview on 6/6/23 with Nurse #2 revealed medications should be given with food based on instructions in the Physician's Orders. Interview on 6/6/23 with the Nurse Supervisor revealed on 2/28/23 client #12's received a new order to take Metformin at 8:00 am and 5:00 pm, but they did not have a copy of the new order in his record. The Nurse Supervisor also revealed if the order required food, it should be given at the time the medication was administered.	W 368		