STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on April 30, 2015 and May 01, 2015 with an exit via telephone conference on 5/5/15.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 5 (Staff A and Staff E) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256. The findings are: A. Review of Staff A's personnel records revealed: -Staff A, Medication Aide (MA) was hired on 01/17/14. -No start date was documented. -A Health Care Personnel Registry (HCPR) check was completed on 08/09/14. Review of Medication Administration Records revealed Staff A worked at the facility on 02/02/15, 02/09/15, 02/12/15, 02/16/15, 02/19/15, 02/23/15, 02/25/15, 03/02/15, 03/17/15, 03/18/15, 03/21/15, 03/24/15, 03/26/15, 04/01/15, 04/02/15, 4/5/15-4/8/15, 04/09/15, 04/13/15,	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

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D 137	Continued From page 1 04/17/15, 04/20/15, and 04/30/15. Interview on 05/01/15 at 5:13 pm with Staff A, MA revealed: -She was hired as a Medication Aide in early February 2014, but did not begin working "until a week or two after that." -She currently worked as a MA and also provided personal care to residents. -"When I came for my interview, the Administrator told me that she would have to check to make sure I did not have any violations". -She thought that the facility had completed a Health Care Personnel Registry check prior to her beginning work. Interview on 05/01/15 at 5:35 pm with the Administrator revealed: -She was responsible for the hiring of new employees for the facility. -Staff A was hired as a MA. -She thought that she had completed a HCPR check on Staff A prior to her employment. -She could have misplaced the original HCPR check that was done prior to hire. -She had recently starting doing audits of employee files and may have done another HCPR check on Staff A when she could not find one in the personnel file. -She would monitor staff records to ensure HCPR checks had been completed. -She would ensure that all new employees have completed a HCPR check completed prior to beginning employment. B. Review of Staff E's personnel records revealed: -Staff E was hired on 03/28/13 as a Personal Care Aide (PCA). -No start date was documented.	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

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D 137	Continued From page 2 -Staff E became a Medication Aide (MA) on 2/25/14. -A Health Care Personnel Registry (HCPR) check was completed on 04/18/13. Review of Medication Administration Records revealed documentation Staff E worked at the facility on, 03/01/15, 03/12/15, 03/19/15, 03/25/15, 03/30/15, 03/24/15, 04/02/15, 04/07/15, 04/11/15, and 04/14/15. Interview on 05/01/15 at 5:13 pm with Staff E, MA revealed: -She was hired as a PCA in March 2013. -She began working immediately. -She currently worked as a MA and also provided personal care to residents. -She thought that the facility had completed a Health Care Personnel Registry (HCPR) check prior to her beginning work. Interview on 05/01/15 at 5:15 pm with the Administrator revealed: -The facility had a staff member that assisted her with checking the HCPR for new employees in 2013 and 2014. -She was currently responsible for the hiring of new employees for the facility. -Staff E was hired as a PCA and later became a MA. -She thought that the facility staff member assisting her with employment forms had completed a HCPR check on Staff E prior to her employment. -She was not aware the HCPR check was completed one month after Staff E started working. -She would monitor staff records to ensure HCPR checks had been completed. -She would ensure that all new employees have	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 137	Continued From page 3 completed a HCPR check completed prior to beginning employment.	D 137		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observation , interview and record review, the facility failed to assure therapeutic diets for nectar thickened liquids were served as ordered by the physician for 1 of 2 sampled residents (Resident #5). The findings are: Review of Resident #5's current FL2 dated 11/14/14 revealed: -Diagnosis of dementia. -An order for a pureed nectar liquid diet. Review of Resident #5's record revealed: -An admission date to the facility of 11/22/13. -Diet orders signed by the Hospice physician on 04/14/14 to start a bland pureed diet with nectar thickened liquids. -A subsequent diet order signed by a physician on 01/06/15 for a bland pureed diet with nectar thickened liquids. -A subsequent diet order signed by the Hospice physician on 04/30/15 to start a pureed diet with nectar thickened liquids.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

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D 310	Continued From page 4 Review of a Licensed Health Professional Support assessment on 06/11/14 revealed the resident required prompting and assistance with feeding due to swallowing problems. Review of a Licensed Health Professional Support assessment on 03/05/15 revealed the resident received a pureed diet with nectar thickened liquids as ordered and was having no issues with eating this diet. Review of the diet list provided by the cook on 04/30/15 revealed Resident #5 was to be served a bland pureed diet with regular liquids. Interview with the cook on 04/30/15 at 10:15 am revealed: -She had worked at the facility for three years as a cook. -She was provided a diet list weekly by the two of the Medication Aides/Supervisors or the Administrator. -She was provided a new list if a resident's diet changed or if there was a new resident. -She was provided an updated list last week. -She was responsible for the preparing of the meals, including therapeutic di -"I am trying to get it right." -She provided the current resident diet list that was kept in a notebook in the kitchen. On 04/30/15 at 10:50 pm the cook provided another resident diet list, stating "I gave you the wrong one." Observation of the lunch meal from 12:05 pm to 12:55 pm served to Resident #5 on 04/30/14 revealed: -Resident #5 sitting in a high-back wheelchair	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

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D 310	Continued From page 5	D 310		

with her eyes closed.
-Staff C, Medication Aide was seated beside the resident and fed her during the meal.
-The resident was served pureed chicken pot pie (6 ounces), pureed beets (1/2 cup), chocolate pudding (1/2 cup), milk (8 ounces) unthickened, water (6 ounces) unthickened, and tea (8 ounces unthickened).
-The resident drank sips of unthickened tea and water through a straw with assistance from staff without difficulty during the meal.
-The resident had her eyes closed throughout the meal and appeared drowsy.
-The resident consumer 20% of the meal, including 10% of unthickened beverages.
-At 12:20 pm and 12:32 pm, the resident coughed after being fed a bite of pureed beets by Staff C, Medication Aide.
-The Administrator, seated at an adjacent table, checked Resident #5 immediately after she coughed at 12:32 pm.
-The pureed beets and chicken pot pie were prepared with the correct whipped potato consistency.
-The resident had no verbal responses during the meal and was difficult to arouse, even with verbal prompting from staff.

Observation of the serving of the supper meal served to Resident #5 between 5:27 pm and 5:45 pm on 04/30/14 revealed:
-The resident was served pureed pasta (6 ounces), pureed cucumbers (1/2 cup), applesauce (1/2 cup), unthickened tea (8 ounces), unthickened water (6 ounces), and unthickened milk (8 ounces).
-The resident did not consume any of the unthickened liquids.
-At 5:35 pm, the surveyor requested the liquids for Resident #5 be removed from the table.

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D 310	Continued From page 6	D 310		

-At 5:45 pm, Resident #5 was served nectar thickened water (8 ounces), nectar thickened milk (8 ounces), and nectar thickened tea (10 ounces).

Based on record review and observation, it was determined Resident #5 was not interviewable.

Interview with the Administrator on 04/30/15 at 5:05 pm revealed:
-She had reviewed diet orders for all residents that morning, had updated the resident diet list, and had provided it to the cook.
-She had mistakenly looked at another resident's diet order thinking it was Resident #5's diet order.
-She changed the resident diet list this morning before lunch was served.
-She had instructed the cook to serve regular liquids to Resident #5.
-The cook told her that Resident #5 received thickened liquids, but she did not review the order again.
-The facility used a liquid thickening product that was designed for pre-mixing and could be stored in the refrigerator for up to three days.
-At 5:30 pm, the Administrator had reviewed the current diet order for Resident #5 and instructed the cook to prepare thickened liquids for Resident #5 for the supper meal.

Further interview with the cook on 05/01/15 at 10:55 am revealed:
-She had prepared nectar thickened liquids for Resident #5 "ever since her diet order changed."
-Resident #5 had received nectar thickened liquids for the breakfast meal on 04/30/15.
-She told the Administrator on 04/30/15 prior to the lunch meal that Resident #5 was supposed to be served nectar thickened liquids.
-She had not thickened Resident #5's liquids for

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	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

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D 310	Continued From page 7 the lunch meal and dinner meal on 04/30/15 "because the Administrator told me not to."	D 310		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to administer medications as ordered by a licensed practitioner for 1 of 3 residents (Resident #1) observed during medication administration on 4/30/15, and 1 of 3 sampled residents (Resident #3). The findings are: A. Review of Resident #1's current FL-2 dated 6/27/14 revealed diagnoses including Bipolar Disorder, anxiety, depression, personality disorder and depression with psychotic features. Review of Resident #1's record revealed: - Physician's orders dated 2/02/15 ordering Lorazepam 1 mg 3 times a day. (Lorazepam is used to treat anxiety.) - A subsequent physician order dated 2/23/15 ordering Lorazepam 2 mg 3 times a day. Review of Resident #1's March 2015 Medication	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

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MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

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D 358	Continued From page 8 Administration Record (MAR) and Controlled Drug Records (medication sign out logs) revealed: - Lorazepam 2 mg 3 times a day was listed and scheduled for administration at 8:00 am, 2:00 pm, and 8:00 pm. - Documentation for administration 3 times a day as ordered. Review of Resident #1's April 2015 MAR and Controlled Drug Records revealed: - Lorazepam 2 mg one tablet 3 times a day was listed and scheduled for administration at 8:00 am, 2:00 pm, and 8:00 pm. - Documented as administered 3 times a day as ordered from 4/01/15 to 4/26/15. - Lorazepam 2 mg was documented as administered at 8:00 am and 8:00 pm on 4/2715 and 4/28/15. - Lorazepam 2 mg was not documented as administered at 2:00 pm on 4/27/15 and 4/28/15. Review of medication on hand for administration on 5/01/15 revealed Resident #1 had a partial bingo card of Lorazepam 2 mg tablets on hand for administration. Interview on 5/01/15 at 3:10 pm with a Medication Aide (MA) supervisor revealed: - The facility was switching pharmacy providers and were using paper MARs for the last 2 weeks. - The MAs had been using electronic MARs prior to 4/15/15 and the switch back to paper MARs had created confusion for medication aides. - MAs were trained to review each page of the resident's MARs for medication scheduled to be administered. - Resident #1's lorazepam 2 mg scheduled for 2:00 pm must have been overlooked by the MA on 4/27/15 and 4/28/15.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

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D 358	Continued From page 9 Interview on 5/01/15 at 1:45 pm with Resident #1 revealed: - She relied on the MA staff to administer her medications as ordered. - She did not recall if she received lorazepam 2 mg at 2:00 pm on 4/27/15 and 4/28/15. - She had not experienced any increase anxiety lately. Refer to interview with the Administrator on 5/01/15 at 4:30 pm. B. Review of Resident #3's current FL-2 dated 4/06/15 revealed diagnoses including dementia, hypertension, hyperlipidemia and hypothyroid. Review of Resident #3's record revealed a physician order dated 4/06/15 for Visine eye drops 2 drops into each eye 3 times daily. (Visine eye drops are used to treat minor eye irritation and redness.) Review of Resident #3's Medication Administration Record (MAR) for April 2015 revealed Visine eye drops, 2 drops into each eye 3 times a day was listed and scheduled for administration at 8:00 am, 2:00 pm, and 8:00 pm. Observation of medication administration on 4/30/15 at 12:06 pm, 1:25 pm, and 1:35 pm revealed: - The day shift Medication Aide (MA) was reviewing the residents' Medication Administration Records (MARS) and administering medications. - The MA administered an oral medication to Resident #3 at 12:06 pm. Observation of medication on hand for administration on 5/01/15 revealed Resident #3	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

(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) COMPLETE DATE
D 358	Continued From page 10	D 358		

had a 15 milliliter bottle of generic Visine eye drops dispensed on 4/06/15 with approximately 10 milliliters remaining.

Later review of Resident #3's MAR at 3:00 pm revealed:
-Visine eye drops scheduled for administration at 2:00 pm was not documented as administered on 4/30/15.
-Visine eye drops scheduled for 2:00 pm was not documented for administration from 4/15/15 to 4/20/15, 4/22/15, from 4/24/15 to 4/26/15, and from 4/28/15 to 4/30/15.

Interview on 4/30/15 at 3:30 pm with the day shift MA revealed:
- She had reviewed the residents' MARs and administered all medications scheduled for 12:00 pm and 2:00 pm.
- She routinely worked in a sister facility within 200 feet of this facility.
- She occasionally worked in this facility to help with staffing.
- The facility was in the process of changing pharmacy providers and switched from electronic MARS (eMARs) to paper MARs for 2 weeks while the new pharmacy prepared their eMARs.
- She checked the paper MARs twice for scheduled medications, but overlooked the Visine scheduled for 2:00 pm for Resident #3.
- Other MAs must have overlooked the Visine eye drops at 2:00 pm since it was not documented on several days.

Interview on 5/01/15 at 11:25 pm with a family member for Resident #3 revealed:
- Resident #3 had a longtime recurring eyelid condition with red eyelids.
- The resident's physician had ordered Visine eye drops.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

(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) COMPLETE DATE
D 358	Continued From page 11 - Resident #3 had tried various medications to treat the resident's eyes. - He had seen Resident #3 within the last week and did not think her eyes were any better or worse. Refer to interview with the Administrator on 5/01/15 at 4:30 pm. Interview with the Administrator on 5/01/15 at 4:30 pm revealed: - She depended on medication aides to administer medications as ordered. - The facility was in the process of changing pharmacy providers and switching to a new electronic MAR (eMAR) system. - The facility had started using paper MARs on 4/15/15 to help with switching to the new eMAR system. - MAs were not accustomed to using paper MARs and must have overlooked a scheduled medication. - There was not a system in place to review the paper MARs for accuracy of medication administration because the paper MARs were temporary.	D 358		
D992	G.S.§ 131D-45 Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D992	Continued From page 12 be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure an examination and screening for the presence of controlled substances was performed before the employee began work at the facility for 1 of 2 newly hired employees hired after 10/01/13. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired on 02/08/14. -Staff A was hired as a Medication Aide (MA).	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D992	Continued From page 13 -No documentation of a controlled substance exam/screening had been completed. Interview on 05/01/15 at 5:13 pm with Staff A, MA revealed: -She was hired as a Medication Aide in early February 2014, but did not begin working "until a week or two after that." -She currently worked as a MA and also provided personal care to residents. -She had completed a drug screen prior to beginning work at the facility. -A medication aide/supervisor who worked at the facility at that time had her to do a urine test and "sent it off to the lab". -She thought the facility had the results of her drug screen. -She was told by the Administrator prior to beginning work that she had to complete a drug screen. Interview on 05/01/15 at 5:30 pm with the Administrator revealed: -She was responsible for the hiring of new employees for the facility. -She had completed an audit recently of Staff A's record and had requested a copy of the drug screen results from the lab. -The lab would not release the drug results to the facility without permission from the employee. -She had not requested that Staff A contact the company to request the results be made available to the facility. -She would either obtain the results with Staff A's assistance or have Staff A to complete a drug screen. -She would monitor staff records to ensure drug screen testing results were complete. -She would ensure that all new employees have completed a drug screen with results prior to	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D992	Continued From page 14 beginning employment.	D992		