STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 from 6/30/15 to 7/1/15.	D 000		
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: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure 2 of 7 sampled residents (#2 and #7) received medications as ordered by the prescribing practitioner concerning Coumadin for Resident #2 and Flonase for Resident #7. The findings are: A. Review of Resident #2's current FL2 dated 3/4/15 revealed diagnoses which included: - Cardiac pacemaker - Peripheral venous insufficiency - Hyperlipidemia - Hypertension Record review of a physician's order dated 2/25/15 revealed warfarin (generic name for Coumadin) 4 mg on Tuesday and Thursday, and 2 mg on Monday, Wednesday, Friday, Saturday	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 1 and Sunday was ordered. Review of a physician's order for Resident #2 dated 4/8/15 revealed: - An International Normalized Ratio (INR) lab value of 2.5 on 4/8/15, with the normal range of 2.0 to 3.0. - Current dosage: warfarin 4 mg on Tuesday and Thursday, and 2 mg on Monday, Wednesday, Friday, Saturday, and Sunday. - No change in current order. - An order to repeat INR in 4 weeks. Review of the facility "Coumadin Worksheet" for Resident #2 revealed an entry dated 4/8/15 which included the same INR value, Coumadin dosage and INR due date as ordered by the Primary Care Provider (PCP). Review of Resident #2's April 2015 Medication Administration Record (MAR) revealed: - An entry for warfarin sodium 2 mg tablets, take 1 tablet on Monday, Wednesday, Friday, Saturday and Sunday at 5pm, with a handwritten "X" on Sunday 4/26/15 instead of Tuesday 4/28/15. - An entry for warfarin sodium 2 mg tablets, take 2 tablets (4 mg) on Tuesday and Thursday at 5pm. - No documentation of administration was on the April MAR for warfarin sodium 2 mg on Sunday 4/26/15. -Warfarin sodium 2 mg and 4 mg were documented as administered at 5pm, for a total of 6 mg, on Tuesday 4/28/15. Review of Resident #2's May 2015 MAR revealed: - An entry for warfarin sodium 2 mg tablets, take 2 tablets (4 mg) on Tuesdays and Thursdays at	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 2 5pm, and had been marked through as "order changed 5/6/15". - An entry for warfarin sodium 2 mg take 1 tablet on Monday, Wednesday, Friday, Saturday and Sunday at 5pm. - No documentation of administration was on the MAR for the ordered dose of warfarin sodium 4 mg on Tuesday 5/5/15. Review of a physician's order for Resident #2 dated 6/10/15 revealed: - An INR lab value of 1.7 on 6/10/15. - Current dosage: warfarin 4 mg on Tuesday, and 2 mg all other days. - A new order for warfarin 4 mg today 6/10/15, then resume 4 mg on Tuesday, and 2 mg all other days. - An order to repeat INR in 2 weeks. Review of the facility "Coumadin Worksheet" for Resident #2 revealed an entry dated 6/10/15 which included the same INR value, Coumadin dosage and INR due date as ordered by the PCP. Review of a physician's order for Resident #2 dated 6/24/15 revealed: - An INR lab value of 2.9 on 6/24/15. - Current dosage: warfarin 4 mg on Tuesday, and 2 mg all other days. - A new order for warfarin 2 mg daily. - An order to repeat INR in 2 weeks. Review of the facility "Coumadin Worksheet" for Resident #2 revealed an entry dated 6/24/15 which included the same INR value, Coumadin dosage and INR due date as ordered by the PCP. Review of Resident #2's June 2015 MAR revealed: - There was no entry to reflect the new order for	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 3 warfarin 2 mg daily per the physician's order dated 06/24/15. - A handwritten entry dated 6/10/15 for Coumadin 4 mg on Tuesday at 5pm, and documented as administered at 5pm on June 16th through 23rd, with the next dose due on 6/30/15. - A second handwritten entry, that was not dated, for Coumadin 4 mg on Tuesday at 5pm, and the next dose due on 6/30/15. - A third handwritten entry, that was not dated, for Coumadin 2 mg on all days except Tuesday at 5pm, and documented as administered at 5pm from June 25th through 29th. Confidential interview with staff revealed: - They were not aware that there were 3 different orders for warfarin sodium on the MAR. - They were not aware that there were 2 orders on the MAR for warfarin sodium 4 mg due on 6/30/15. - They were not aware Resident #2 was ordered warfarin sodium 2 mg daily on 6/24/15, because it was not listed on the MAR. - They stated that they would have given the wrong dose if the error had not been pointed out. Observation of the medication on hand for Resident #2 on 6/30/15 at 3:50pm revealed: - An unused bubble pack with a dispense date of 6/25/15 with instructions for warfarin 2 mg daily. - A bubble pack of warfarin 2 mg with a dispense date of 6/10/15. - A bubble pack of warfarin 4mg with a dispense date of 6/10/15. Interview with a first shift Medication Aide (MA) on 7/1/15 at 2:00pm revealed: - The MA would made a copy of the new warfarin orders and give them to the Resident Care Director (RCD).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 4 - The new warfarin orders are faxed to the pharmacy, and filed in the resident's chart. - New orders for warfarin that are received after 5:00pm are started on the following day. Interview with Resident #2 on 6/30/15 at 10:00am revealed: - She had never ran out of any medications. - She had never missed any doses of medications. Interview with the RCD on 6/30/15 at 4:36pm revealed the facility's policy for medication orders was to rewrite the order on the MAR when an order changes. Interview with the RCD on 7/1/15 at 2:30pm revealed: -The MA supervisor was responsible for making changes to the MAR. - The RCD was responsible for entering the new order information in the Coumadin Worksheet Book and verifying the new order had been correctly transcribed on the MAR. - "If staff are in a hurry they don't always look at the new orders and change the MAR". - The medication aides are supposed to check after each other when they make changes to the MARs. Telephone interview with Resident #2's Primary Care Provider (PCP) on 7/1/15 at 3:33pm revealed: - He was not aware that the facility had not transcribed the 6/24/15 order for warfarin 2 mg daily on the June 2015 MAR. - He was not aware that Resident #2 had missed doses of warfarin on 5/5/15 and 4/26/15. - He was not aware that Resident #2 received an incorrect total dose of warfarin 6 mg on 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
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 5 - He felt like this had not put the resident at risk for danger. - "They (the facility) always communicate with me". Refer to interview with a first shift Medication Aide (MA) on 7/1/15 at 2:00pm. B. Review of Resident #7's current FL2 dated 8/6/14 revealed: - Diagnoses of rhinitis, dementia, mental retardation, and chronic obstructive pulmonary disease. - A medication order for Flonase Nasal Spray (NS), 1 spray into each nostril daily. (Flonase is a steroid nasal spray used to treat allergic rhinitis.) - An admission date of 6/30/04. Further review of Resident #7's record revealed: - A signed physician's order sheet dated 2/5/15 containing an order for Fluticasone NS (Generic Flonase), 1 spray into each nostril once daily, with a scheduled administration time of 8am. - A physician's order dated 3/2/15 to discontinue the Flonase. Review of Resident #7's Medication Administration Record (MAR) for March 2015 revealed: - A typewritten entry for Fluticasone Nasal Spray, 1 spray into each nostril once daily with a scheduled administration time of 8am. - The Fluticasone NS had been initialed as administered daily at 8am from 3/1/15 through 3/31/15. - A handwritten note on the Fluticasone entry, "D/C 3/30/15." The Flonase had been administered for 28 days	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 6 after it was discontinued by the resident's physician. Review of the April, May, and June MARs revealed no entry for Fluticasone NS. Interview with the Resident Care Director (RCD) on 7/1/15 at 2:15pm revealed: - The medication aide/supervisors make changes to the MARs when new orders are received. - The medication aides are supposed to check after each other when they make changes to the MARs. Interview with the dispensing pharmacist on 7/1/15 at 3:22pm revealed: - Resident #7's Flonase NS was last dispensed on 1/22/15, and a 2 month supply was sent at that time. - The pharmacy received a discontinue order for the Flonase on 3/3/15. Interview with Resident #7 on 7/1/15 at 3:40pm revealed: - He was not sure exactly which medications he was taking. - He used to be on a nasal spray, but "it didn't work." - Resident #7's physician told him she was going to discontinue his nose spray. Refer to interview with a first shift Medication Aide (MA) on 7/1/15 at 2:00pm. _____ Interview with a first shift Medication Aide (MA) on 7/1/15 at 2:00pm revealed: - The MAs on duty were responsible for new orders that were received on fax machine in the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 7 medication room. - When a faxed medication order is received from a PCP, the MAs compare the new orders to the current MAR, and make appropriate order changes. - The MAs were responsible to transcribe any new, changed, or discontinued orders to the MAR. - They did not sign or initial the changes made on the MAR. _____ On 7/1/15 the facility provided the following plan of protection: - The RCD will immediately check all current Coumadin orders. - The Executive Director (ED) and the RCD will put in place a system to double check all orders transcribed to Medication Administration Records. - Orders will be initialed and dated by the Medication Aide and Supervisor in Charge (SIC) that checked the orders. THE DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 15, 2015.	D 358		
D 400	10A NCAC 13F .1009(a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification,	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 400	Continued From page 8 prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide adequate pharmaceutical care that identified and prevented medication related problems for 2 of 7 residents sampled (#2 and #7). The findings are: A. Review of Resident #2's current FL2 dated 3/4/15 revealed diagnoses which included: - Cardiac pacemaker - Peripheral venous insufficiency - Hyperlipidemia - Hypertension	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 400	Continued From page 9 Record review of a physician's order dated 2/25/15 revealed warfarin (generic name for Coumadin) 4 mg on Tuesday and Thursday, and 2 mg on Monday, Wednesday, Friday, Saturday and Sunday was ordered. Review of a physician's order for Resident #2 dated 4/8/15 revealed: - An International Normalized Ratio (INR) lab value of 2.5 on 4/8/15, with the normal range of 2.0 to 3.0. - Current dosage: warfarin 4 mg on Tuesday and Thursday, and 2 mg on Monday, Wednesday, Friday, Saturday, and Sunday. - No change in current order. - An order to repeat INR in 4 weeks. Review of Resident #2's April 2015 Medication Administration Record (MAR) revealed: - An entry for warfarin sodium 2 mg tablets, take 1 tablet on Monday, Wednesday, Friday, Saturday and Sunday at 5pm, with a handwritten "X" on Sunday 4/26/15 instead of Tuesday 4/28/15. - An entry for warfarin sodium 2 mg tablets, take 2 tablets (4 mg) on Tuesday and Thursday at 5pm. - No documentation of administration was on the April MAR for warfarin sodium 2 mg on Sunday 4/26/15. -Warfarin sodium 2 mg and 4 mg were documented as administered at 5pm, for a total of 6 mg, on Tuesday 4/28/15. Review of Resident #2's May 2015 MAR revealed: - An entry for warfarin sodium 2 mg tablets, take 2 tablets (4 mg) on Tuesdays and Thursdays at 5pm, and had been marked through as "order	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 400	Continued From page 10	D 400		

changed 5/6/15".
- An entry for warfarin sodium 2 mg take 1 tablet on Monday, Wednesday, Friday, Saturday and Sunday at 5pm.
- No documentation of administration was on the MAR for the ordered dose of warfarin sodium 4 mg on Tuesday 5/5/15.

Review of the Drug Review Report (DRR) completed on 6/8/15 revealed:
- There was no mention of the absent documentation of warfarin 4 mg on 5/5/15 and warfarin 2 mg on 4/26/15.
- There was no mention of the additional dose of warfarin 2 mg given on Tuesday 4/28/15.

Interview with the consultant Pharmacist on 7/1/15 at 3:30pm revealed:
- He checked the facility residents' MARs as part of his DRR.
- With warfarin, he checked the INRs and the dosage changes.
- He "just missed it."

B. Review of Resident #7's current FL2 dated 8/6/14 revealed:
- Diagnoses of rhinitis, dementia, mental retardation, and chronic obstructive pulmonary disease.
- A medication order for Flonase Nasal Spray (NS), 1 spray into each nostril daily. (Flonase is a steroid nasal spray used to treat allergic rhinitis.)
- An admission date of 6/30/04.

Further review of Resident #7's record revealed:
- A signed physician's order sheet dated 2/5/15 containing an order for Fluticasone NS (Generic Flonase), 1 spray into each nostril once daily, with a scheduled administration time of 8am.
- A physician's order dated 3/2/15 to discontinue

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 400	Continued From page 11 the Flonase. Review of Resident #7's Medication Administration Record (MAR) for March 2015 revealed: - A typewritten entry for Fluticasone Nasal Spray, 1 spray into each nostril once daily with a scheduled administration time of 8am. - The Fluticasone NS had been initialed as administered daily at 8am from 3/1/15 through 3/31/15. - A handwritten note on the Fluticasone entry, "D/C 3/30/15." The Flonase had been administered for 28 days after it was discontinued by the resident's physician. Review of the April, May, and June MARs revealed no entry for Fluticasone NS. Review of the drug regimen review (DRR) completed on 3/24/15 revealed: - An entry noted the discontinuation of the Flonase on 3/2/15. - No mention of the fact the Flonase was still being documented as administered after the discontinuation. Review of the DRR completed on 6/8/15 made no mention of the Flonase documented as given throughout the entire month of March 2015. Interview with the dispensing pharmacist on 7/1/15 at 3:22pm revealed the Flonase for Resident #7 was last dispensed on 1/22/15 for a 2 month supply. Interview with the consultant pharmacist on 7/1/15 at 3:30pm revealed:	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: _____ B. WING _____	07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 400	Continued From page 12 - He checked the resident's Medication Administration Records as part of his DRR. - He should have picked up on the Flonase documented as administered after discontinuation on 3/2/15. - He "just missed it."	D 400		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations in the area of medication administration. The findings are: Based on observations, interviews, and record reviews, the facility failed to assure 2 of 7 sampled residents (#2 and #7) received medications as ordered by the prescribing practitioner concerning Coumadin for Resident #2 and Flonase for Resident #7. [Refer to Tag 358 10A NCAC 13F .1004(a) Medication Administration (Type B Violation.)]	D912		