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ADULT CARE
LICENSURE SECTION
RALEIGH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081013	A. BUILDING: _____ B. WING _____	C 03/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLAND LIVING CENTER	704 POORS FORD ROAD RUTHERFORDTON, NC 28139

(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 March 17-18, 2016, with an exit conference via telephone on March 22, 2016.	D 000	D 113 If water were not within limits, maintenance would loosen set screws on dial on mixing valve and adjust the dial accordingly. Water temperature would be checked to assure desired temperature is present. When desired temperature is attained the set screws would be tightened to prevent tampering. Maintenance would then check water temperatures weekly to assure temperatures were within limits.	04/20/16
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (F) at 6 out of 9 sinks used by residents. The findings are: Observations during the initial tour on 3/17/16 from 9:00am to 10:05am revealed the following water temperatures in bathrooms used by residents: -Room #209 at 9:03am, the sink measured 99 degrees F. -Room #208 at 9:15am, the sink measured 99 degrees F. -Room #204 at 10:04am, the sink measured 99 degrees F.	D 113		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Arlene Smith TITLE Administrator (X6) DATE

Arlene Smith, Administrator 4/21/16

Reviewed and accepted on 5/3/16
Jennifer Fender RN

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D 113	Continued From page 1 Interview with the Administrator on 3/17/16 at 9:36am revealed: -Staff had been bathing residents in the common shower room located on the 200 hall all morning . -All the residents on 200 Hall were showered by staff three times a week in the common shower on Mondays, Wednesdays, and Fridays. -All the residents on 100 Hall were showered by staff three times a week in the common shower on Tuesdays, Thursdays, and Saturdays. A recheck of the water temperatures in bathrooms used by residents on 3/18/16 revealed: -Room #203 at 9:48am, 99 degrees F. -Room #206 at 9:51am, 99 degrees F. -Room #210 at 9:55am, 98 degrees F. Confidential interviews with eight residents revealed the following comments about the facility hot water temperatures: -"The water is not hot enough" in my bathroom. -"I wish you could heat the water up." -"My bathroom sink is not as warm as the other sinks" in the facility. -"The water is tepid during my shower. We don't get to stay in there long, because there's quite a few [other residents] waiting to get in" to have their showers. -Our bathroom sink "gets warm but it seems like its not all the time." -"There's so many showers in one day by the time they get to me the water is cold." -"Once in awhile the water will be cold during my shower, but it hasn't been lately." -"Most of the time [the shower] is warm, but they worked on the water and said they had to get a part or something. It's better." -Staff "have to let it run for a few minutes....there's only been one time when [staff]	D 113		

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D 113	Continued From page 2 had to let [the hot water] run and run to get it to where I could stand it [to take a shower]. The shower is really good once its warm." -"There are times when the water is cold or it can be hot at times" during showers. Interview with a Personal Care Aide on 3/18/16 at 11:25am revealed: -She routinely showered residents. -"The shower temperatures are good. I haven't had any complaints about the water [temperature] today." -"Every time I have been in [the common shower room giving showers] I've had good water." Interview with Maintenance on 3/18/16 at 11:40am revealed: -"The reason the water temperatures are like that now is because the [hot water] circulating pump is broken." -"Right now the [hot] water is having to come from the hot water heater. With the circulating pump you get hot water in 5 seconds." -"The galvanized pipe rusted and it backed up the check valve and the propeller [in the valve] broke." -"So we are putting a stainless steel [check valve] back on it. It will be fixed within 2 hours of getting the part." -"The part [to repair the problem] is supposed to be here today." -The facility had begun having trouble with the hot water not getting hot enough since "last week." -One of the staff had let them know the water "wasn't getting hot." -The part had been ordered either on 3/14/16 or 3/15/16. -One staff member performed hot water checks in the resident bathrooms "about everyday." -The facility did not keep a written log of water	D 113		

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D 113	Continued From page 3 temperature checks. Interview with the Housekeeper on 3/18/16 at 12:15pm revealed she had not noticed any problems with the hot water in the resident's rooms on 200 hall not getting hot enough. Interview with Maintenance on 3/18/16 at 1:50pm revealed: -The part had arrived to fix the hot water circulating pump. -Another staff member had ordered the part and he did not have a receipt to show when the part had been ordered. -"I will get the circulator pump fixed tonight when I can turn the water off to fix it." -It would take him about 2 hours to perform the repair.	D 113		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure a small child, that was in the facility five days per week from 8:00am to 4:00pm daily, was tested for tuberculosis disease (TB) in	D 131	D 131 Administrator will assure upon employment and/or admission that any administrator, other staff, and or any live-in non-resident in the facility will have a test for tuberculosis according to regulation 10A NCAC 13F .0406(a) and as specified in 10A NCAC 41A .0205.	04/20/16

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D 131	Continued From page 4 compliance with control measures adopted by the Commission for Health Services. The findings are: Observation on 3/17/16 at 8:30am revealed a 3 year old child playing adjacent to the nurses desk in the facility. Interview with the Administrator on 3/18/16 at 9:30am revealed: -The 3 year old child was her family member. -He had stayed in the facility "since he was six weeks old." -He had never had a tuberculosis (TB) test. -Other family members had stayed with her in the facility until they were school age. Interview with the Administrator on 3/21/16 at 11:15am revealed she had contacted the local health department and was informed that they do not recommend TB testing in 3 year olds. Telephone interview with the Regional Tuberculosis Nurse Consultant on 3/22/16 at 9:19am revealed: -There were no restrictions related to children receiving TB skin tests. -The two-step skin test method was recommended in accordance with the guidelines published by the Centers for Disease Control and Prevention.	D 131		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in	D 139		

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D 139	Continued From page 5 accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 5 sampled staff (Staff C) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. The findings are: Review of Staff C's personnel record revealed: -Staff C was hired on 9/23/16 as a Personal Care Aide (PCA). -No documentation of of the criminal background check consent form. -There was no documentation that a criminal background check had been completed. Interview with the Administrator on 3/18/16 at 11:00am revealed: -She could not locate the criminal background check or the release form for Staff C. -The criminal background check was completed when the facility decided to hire someone. -She was aware the criminal background check was to be obtained for all new hires. -The facility's President/Owner was responsible for obtaining the criminal background checks for staff upon hire. The President/Owner was unavailable for interview on 3/18/16 at 11:00am. Staff C was unavailable for interview upon exit.	D 139	D 139 The president/owner will assure that each employee will have a criminal background check upon decision to hire. A running spread sheet has been created to assure an up to date criminal check record. This will be monitored monthly.	04/20/16
D 298	10A NCAC 13F .0904(d)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service	D 298		

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D 298	Continued From page 6 (d) Food Requirements in Adult Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on interviews, record reviews, and observations the facility failed to assure that snacks were offered or made available to all residents between each meal, for a total of three snacks per day, and shown on the menu as snacks. The findings are: Interview with the Administrator on 3/17/16 at 8:30am revealed 33 residents currently lived in the facility. Confidential interviews with 10 residents revealed; -"We get snack at 10 o'clock in the morning and at 3 in the afternoon and they are good ones too. Ice cream, peanut butter crackers, brownie...we enjoy it." -"They have good snacks. We have a lady that's really good with cooking and making cakes and pies and stuff like that." -"I don't know how many times a day we get snack." -"We get snack once in the morning and once in the afternoon." -One resident was never offered a bedtime snack by staff, "But I don't ever ask for one." -Another resident was not offered a bedtime snack by staff "because I have some [snacks] in my room. I've never asked them for any."	D 298	D 298 Upon admission to the facility, all residents, their POA's, and/or their personal representatives receive a copy of the "daily routine" in the admission packet that they are required to sign prior to admission. The "daily routine" includes three (3) snacks a day which are made available at 10 am, 3:30 pm, and 8:30 pm. If this is not sufficient, then the administrator will re-distribute a copy of the "daily routine" to all residents, their POA's, and/or their personal representatives. Snacks will be shown on menu maintained in kitchen three (3) times a day and labeled as snacks. Administrator will monitor this monthly.	04/20/16

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D 298	Continued From page 7 -"I don't want [a bedtime snack]. They don't offer [a snack] at night." -"I never eat the snacks." -"They offer snacks two times a day." -"I get snacks one or two times, but I usually don't eat them because I'm diabetic." Observation of the main dining room area on 3/17/16 at 10:00am revealed there was no posted lunch or snack menu available for the residents. Observation on 3/17/16 in the main dining room at 10:10am revealed: -The kitchen staff came out to the nursing station and rang a loud bell to alert residents and announced snack was ready in the dining room. -The snack served was diabetic and regular versions of cinnamon cake and diabetic and regular fruit flavored beverage. Interview with the Cook on 3/17/16 at 10:15am revealed she would be serving chocolate muffins today for the 3:30pm snack. Review of the Week One Menu on 3/17/16 revealed: -One entry for "HS Snack" after the dinner meal. -"Snack of the day" was listed as the menu option. -There was no snack listed between the breakfast and lunch menu and the lunch and dinner menu. Interview with the Cook on 3/18/16 at 9:00am revealed: -Snacks routinely served were fruit or diabetic fruit, muffins, cheese crackers, and diabetic cookies. -"We just kind of switch it off if they have cake for dessert at the meal I try to give them fruit [for snack]."	D 298		

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D 298	Continued From page 8 -Lemonade or another fruit flavored beverage was usually given for snack. -Snack was served at 10am and 3pm on her shift. -She was not aware of there being a bedtime snack being offered to residents. -"As far as I know last snack is 3pm that they get." -There was no menu available for snacks. -She could not explain what "HS Snack" meant on the menu. -She kept a notebook of snacks served on her shift so the oncoming shift would know what had been served. Interview with the Vice President on 3/18/16 at 9:05am revealed they did not serve a snack after dinner. Interview with the Administrator on 3/18/16 at 9:30am revealed: -They do not prepare a snack to be served in the dining room at 8:00pm. -"The residents know they can have a snack if they want it." -"The residents' families know they [the residents] can have snacks." Review of the facility's Daily Routine Sheet on 3/18/16 at 9:30am revealed snacks were scheduled to be served daily at 10:00am, 3:30pm, and 8:30pm. Observation on 3/18/16 in the main dining room at 10:10am revealed: -7 residents were participating in snack time. -Staff served 3 canned peach slices, water, and fruit flavored beverage to the residents. A second interview with the Administrator on 3/18/16 at 4:26pm revealed:	D 298		

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D 298	Continued From page 9 -The residents "eat supper and then they are in bed by 8pm, that's why I don't offer PM snacks." -"I will start to keep snacks on the med cart and offer them to all residents during the 8pm med pass." Interview with a Personal Care Aide (PCA) on 3/17/16 at 8:45am revealed: -The residents "get snack at 10am and 3pm." -"Some residents have snacks in their rooms." -"3pm is the last [snack] because dinner is at 5:30pm." -The residents went to the dining room where they were served snack. -Kitchen staff ring a bell to alert residents snack was ready. -The kitchen staff will go check on those residents who don't come down for snack that usually do." Interview with a second PCA on 3/17/16 at 2:41pm revealed: -"The kitchen prepares the snacks and we ask the residents if they want to go to snack." -"Snack time is 3 o'clock for my shift." -"They are allowed to keep snacks in their rooms too." -"We have access to the kitchen if the resident needs a snack or sandwich after the kitchen staff has left" for the day. Interview with a PCA on 3/18/16 at 8:03am revealed: -"Snacks are served at 10am and 3pm." -"They ring the bell at the front desk and the residents know to go to the dining room to get snack." -The kitchen was open at night if staff needed to get a resident something to eat.	D 298		

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D 298	Continued From page 10 Interview with a second PCA on 3/18/16 at 11:25am revealed snacks were served to residents two times a day at 10am and 3pm. Confidential interviews with two family members revealed: -The snacks "are very good. A lot of homemade stuff. Snacks are served at 10am and 3pm. They ring the bell. The girls will come and get [the resident] and take [the resident] to snack" in the dining room. -"I hear that bell go off at 10 in the morning. I think they give [the resident] something to drink and a cracker or cookie, just a little something to hold them over. [My family member] has never really said anything about a bedtime snack..."	D 298		
D 317	10A NCAC 13F .0905 (d) Activities Program 10ANCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by:	D 317		

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D 317	Continued From page 11 Based on observation, interview, and record review, the facility failed to assure a minimum of 14 hours of planned group activities were provided each week, that promoted socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills for the 33 residents currently living in the facility. The findings are: Review of the March 2016 Activity Calendar revealed 24.5 hours of activities were scheduled for the week of 3/13/16 to 3/19/16. Review of the March 2016 Activity Calendar scheduled activities for 3/17/16 revealed: -Beauty Shop Chat was scheduled for 8:00am to 12:00pm. -St. Patrick's Day Fun was scheduled for 2:00pm to 4:00pm. -Time to Rock was scheduled for 4:00pm to 5:00pm. Observations during the survey on 3/17/16 from 8:30am to 3:45pm revealed: -Several residents had their hair done in the beauty shop. -No other activities were observed. Review of the March 2016 Activity Calendar scheduled activities for 3/18/16 revealed: -Easter Crafts were scheduled for 9:00am to 11:00am. -Nature Walk was scheduled for 2:00pm to 3:00pm. -Reading Time was scheduled for 4:00pm to 5:00pm. Observation on 3/18/16 at 2:30pm revealed:	D 317	D 317 If there had not been 24.5 hours of activities planned for the week of March 13 through March 19, the administrator would assure that a minimum of 14 hours would be planned. Administrator will assure that staff encourage residents to participate while recognizing regulation 10A NCAC 13F .0905 that states our programs should "be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will." This would be assured at the first of every month.	04/20/16

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D 317	Continued From page 12 -There was one resident outside on the porch having a visit with a family member and a dog. -There were no other residents outside for the nature walk that was the scheduled activity on the calendar. -There were multiple residents sitting in the main living room. -One resident sat reading in the right corner of the room on a loveseat in the sun with a full view of the yard through the large windows. -The other residents were just napping in their chairs. Confidential interviews with five residents revealed: -"They are doing more [activities] than they used to." -"They do activities, but its no pleasure to me." -"They do activities, but I don't think they have 14 hours. I go to bingo. It lasts a couple hours. One day a week. They may have [other activities] that I don't know about." -"They do Bible study on Mondays, play bingo, and exercise." -"We play bingo, have Bible study, and exercise in the living room." Interview with one staff revealed: -"I don't know because we don't do activities in the afternoon except singings." -"I know they do exercises and bingo." -"I just don't know what all they do." Interview with second staff revealed: -"They have bingo every Wednesday with prizes." -"Today they are doing an Easter egg hunt (with candy corn in the plastic eggs)." -"We have singings here too." -They have "preaching here on Sundays."	D 317		

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	HAL081013	A. BUILDING: _____ B. WING _____	C 03/22/2016

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D 317	Continued From page 13 Interview with a third staff revealed: -The facility had a posted activity calendar for the residents. -"[Administrator's name] plans things." -"On Monday's they have Bible study and on Wednesday's they have bingo." -Church services were held at the facility for the residents on Sunday. Telephone interview with a family member on 3/17/16 at 12:25pm revealed: -She came in to the facility once a week as a volunteer to do exercises with the residents. -"I do exercises with the ones that are capable once a week." -She had noticed the residents playing bingo when she visited the facility. -"Church groups come in over the weekend." Telephone interview with a family member on 3/18/16 at 8:45am revealed: -"They do activities a lot." -[A family member's name] "donates her time to exercises with the residents once a week for about an hour in the dining room." -"They play bingo and give them little gifts." -"They have a lot of churches come in for either Bible study or singings." Telephone interview with a second family member on 3/18/16 at 2:25pm revealed: -She came in and helped with bingo once a week as a volunteer on Wednesdays. -"They try to get them to participate." Interview with Maintenance staff on 3/18/16 at 11:40am revealed: -"They do bingo every week and a church service every week." -"You will have to ask [the Administrator's name]	D 317		

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D 317	Continued From page 14 about the other activities." Interview with the Administrator on 3/18/16 at 11:55am revealed: -Activities were offered each week, "at least 10 hours a week." -Bingo was every Wednesday from 1:30pm to 4pm. -There was church service every Sunday that lasted "at least an hour." -They offered exercise every Tuesday for 1 hour. -One local church group came once a month on Saturday night for 1.5 hours. -A second local church group came every 4th Wednesday evening for 1.5 hours. -A third local church group came every 3rd Sunday night for 1.5 hours. -A gospel singing group came the first Monday of every month. -A fourth local church group came on Friday nights for 1 hour and 45 minutes and sang for the residents. -A fifth local church group came every 4th Saturday and played bingo with the residents. -"My [family member] comes and does art with the residents...drawing for about an hour and a half...don't get a lot of participation." -A sixth local church group came every 2nd Tuesday of the month from 10:30am to 11:30am and sang to the residents. -"As the weather gets warm we do outside walks." -"We had an Easter egg hunt today with gift" referring to activity of hiding candy filled eggs in the living room of the facility. -"Every Monday a volunteer comes in and does a 1 hour Bible study."	D 317		

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D 392	Continued From page 15	D 392	D 392 New control substance records have been put into place. The control substance sheets are being provided by Reliance Pharmacy (Facility Pharmacy). These sheets are now being used with each current controlled substance prescription on hand and will be used for all future prescription. Reliance Pharmacy will send these sheets with each new controlled substance dispensed. All medication technicians have been trained on how to correctly document the receipt, administration and disposition of all controlled substances using the new controlled substance sheets. The Consultant Pharmacist will monitor quarterly that the sheets are being documented and used correctly. A pharmacist from Reliance Pharmacy will monitor the use and accurate documentation of the sheets on each month that the Consultant Pharmacist is not completing a quarterly review. Completion date (March 29,2016)	
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to assure a readily retrievable record of controlled substances by documenting the receipt, administration, and disposition of controlled substances for 3 of 3 residents (Residents #6, #7, and #8) observed to be administered lorazepam, Norco, and Klonopin on the 2pm medication pass on 3/17/16. The findings are: Observation of Staff A, Medication Aide (MA), during the 2pm medication pass on 3/17/16 from 2:10pm to 2:27pm revealed: -At 2:14pm, Staff A correctly administered lorazepam 0.5mg 1/2 tablet to Resident #6, but did not document the administration on a controlled substance record. -At 2:15pm, Staff A correctly administered Norco 7.5/325mg 1 tablet to Resident #7, but did not document the administration on a controlled substance record. -At 2:22pm, Staff A correctly administered Klonopin 0.5mg 1 tablet to Resident #8, but did not document the administration on a controlled substance record. Interview with Staff A, MA, on 3/17/16 at 2:30pm	D 392		

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D 392	Continued From page 16 revealed: -The controlled substance records were not documented with a date, time, and initials of who administered for each tablet administered. -The controlled substances were counted, recorded, and reconciled once at the beginning of each shift and once at the end of each shift. -Extra bottles and cassettes of controlled substances that would not fit on the medication cart were stored in a locked closet in a bank of built in drawers that were individually locked. -Only the Administrator and Staff A had keys to get into the closet and bank of locked drawers where the extra supply of controlled substances were stored. -The extra supply of controlled substances stored in the locked closet were not included in the total amount of medication available that was documented on the controlled substance records for each resident. A. Review of Resident #6's current FL2 dated 3/2/16 revealed: -Diagnoses included memory loss and gastroesophageal reflux. -A physician order for lorazepam (used to treat anxiety) 0.5mg 1/2 tablet three times a day. Review of Resident #6's March 2016 Medication Administration Record (MAR) revealed: -A handwritten entry for lorazepam 0.5mg 1/2 tablet three times a day at 7:30am, 1:30pm, and 7:30pm. -The lorazepam was documented as administered for 19 occurrences out of 19 opportunities from 3/1/16 at 7:30pm to 3/18/16 at 1:30pm. Review of Resident #6's controlled substance record for lorazepam 0.5mg dated 3/2/16 to	D 392	D 392 New control substance records have been put into place. The control substance sheets are being provided by Reliance Pharmacy (Facility Pharmacy). These sheets are now being used with each current controlled substance prescription on hand and will be used for all future prescription. Reliance Pharmacy will send these sheets with each new controlled substance dispensed. All medication technicians have been trained on how to correctly document the receipt, administration and disposition of all controlled substances using the new controlled substance sheets. The Consultant Pharmacist will monitor quarterly that the sheets are being documented and used correctly. A pharmacist from Reliance Pharmacy will monitor the use and accurate documentation of the sheets on each month that the Consultant Pharmacist is not completing a quarterly review. Completion date (March 29, 2016)	

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D 392	Continued From page 17 3/18/16 revealed: -At the top of the form the resident's name, medication, strength, and dose were handwritten. -There was no dosing schedule as to when to administer the medication written on the form. -There were columns on the form labeled with date, 1st shift, 2nd shift, 3rd shift, and three columns for staff initials. -Documented was the total number of lorazepam 0.5mg 1/2 tablet pieces for Resident #6 available on the medication cart at the end of each shift. -The total was initialed by the two staff who completed the shift to shift count. -An entry dated 3/17/16 at change of shift from 3rd shift to 1st shift there were 8 documented on hand. -An entry on 3/17/16 at change of shift from 1st shift to 2nd shift there were 6 documented on hand with no individual entries as to what the time or who administered each of the 2 tablets administered to the resident during 1st shift. -The total 1/2 tablets documented on hand at the end of third shift on 3/18/16 was 5. Revioe of Resident #6's available lorazepam supplyon 3/18/16 at 3:40pm revealed: -On the medication cart, there was one bottle of lorazepam 0.5 mg tablets that contained 2 whole tablets and 3 halved tablets. -In the medication closet in a locked drawer, there was a bottle of lorazepam 0.5mg tablets that contained 10 halved tablets. Review of Resident #6's lorazepam 0.5mg controlled substance records and available supply on 3/18/16 at 3:40pm revealed 10 half tablets had been left off the total count of lorazepam available for Resident #6. Interview with Staff A, MA, on 3/17/16 at 2:30pm	D 392		

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D 392	Continued From page 18 revealed: -Resident #6's family would cut the lorazepam 0.5mg tablets in half for the facility to make the 0.25mg dose required by the resident. -The MA's at the facility were not allowed to half the tablets themselves. Interview with the Administrator on 3/18/16 at 4:07pm revealed: -"I may need to see if the family would allow us to fill the narcotics with our pharmacy rather than [name of mail order pharmacy] so they will be packaged for us" instead of in bottles. -Having the controlled substances packaged by the pharmacy would decrease the time it took at shift change for staff to count and verify the controlled substances. -"The family is already complaining about having to cut the lorazepam 0.5mg [tablets] in halves for [Resident #6's name] because some of them crumble." -"I can get a pill counter to put on the [medication] cart to make it easier for the staff to count" the controlled substances. Refer to interview with Staff A, MA, on 3/18/16 at 9:15am. Refer to interview with the Administrator on 3/18/16 at 11:55am. Refer to interview with a Pharmacy Technician from the facility pharmacy on 3/18/16 at 9:43am. Refer to interview with Staff A, MA, on 3/18/16 at 4:25pm. Refer to telephone interview with the Pharmacy Consultant on 3/18/16 at 4:42pm.	D 392		

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D 392	Continued From page 19 Refer to telephone interview with a Pharmacist from the the facility pharmacy on 3/18/16 at 4:55pm. B. Review of Resident #7's current FL2 dated 4/17/15 revealed: -Diagnoses included delirium over dementia. -A physician's order for Norco (used to treat pain) 7.5/325mg 1 tablet three times a day. Review of Resident #7's physician order dated 3/9/16 revealed Norco 7.5/325mg 1 tablet three times a day. Review of Resident #7's March 2016 MAR revealed: -A computer generated entry for Norco 7.5/325mg 1 tablet three times a day at 7:30am, 1:30pm, and 7:30pm. -The Norco was documented as administered for 53 occurrences out of 53 opportunities from 3/1/16 7:30am to 3/18/16 at 1:30pm. Review of Resident #7's controlled substance record for Norco 7.5/325mg dated 3/16/16 to 3/18/16 revealed: -At the top of the form the resident's name, medication, strength, dose, and dosing schedule (8am, 2pm, 8pm) were handwritten. -There were columns on the form labeled with date, 3rd shift, 1st shift, 2nd shift, and three columns for staff initials. -Documented was the total number of Norco 7.5/325mg tablets for Resident #7 available on the medication cart at the end of each shift. -The total was initialed by the two staff who completed the shift to shift count. -An entry dated 3/17/16 at change of shift from 3rd shift to 1st shift there were 10 documented on hand.	D 392		

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D 392	Continued From page 20 -An entry on 3/17/16 at change of shift from 1st shift to 2nd shift there were 8 documented on hand with no individual entries as to what the time or who administered each of the 2 tablets administered to the resident during 1st shift. -The total tablets documented on hand at the end of third shift on 3/18/16 was 7. Review of Resident #7's available Norco supply on 3/18/16 at 3:40pm revealed: -On the medication cart, there was one cartridge with 7 tablets. -In the medication closet in a locked drawer, there were four cartridges: one cartridge contained 9 tablets, and the other three cartridges contained 16 tablets each. Review of Resident #7's Norco 7.5/325mg controlled substance records and available supply on 3/18/16 at 3:40pm revealed 57 tablets had been left off the total count of Norco available for Resident #7. Refer to interview with Staff A, MA, on 3/18/16 at 9:15am. Refer to interview with the Administrator on 3/18/16 at 11:55am. Refer to interview with a Pharmacy Technician from the facility pharmacy on 3/18/16 at 9:43am. Refer to interview with Staff A, MA, on 3/18/16 at 4:25pm. Refer to telephone interview with the Pharmacy Consultant on 3/18/16 at 4:42pm. Refer to telephone interview with a Pharmacist from the the facility pharmacy on 3/18/16 at	D 392		

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D 392	Continued From page 21 4:55pm. C. Review of Resident #8's current FL2 dated 2/22/16 revealed: -Diagnoses included left hip fracture, severe anxiety, and depression. -A physician's order for Klonopin 0.5mg 1 tablet three times a day. Review of Resident #8's March 2016 MAR revealed: -A computer generated entry for Klonopin 0.5mg 1 tablet times a day at 7:30am, 1:30pm, and 7:30pm. -The Klonopin 0.5mg was documented as administered for 53 occurrences out of 53 opportunities from 3/1/16 at 7:30pm to 3/18/16 at 1:30pm. Review of Resident #8's controlled substance records for Klonopin 0.5mg dated 2/24/16 to 3/18/16 8am, 2pm, and 8pm doses revealed: -There were three separate forms: one labeled 8am, a second labeled 2pm, and a third labeled 8pm. -The resident's name, medication, strength, dose, and scheduled time were handwritten at the top of each form. -There were columns on the forms labeled with date, 3rd shift, 1st shift, 2nd shift, and three columns for staff initials. -Documented was the total number of Klonopin 0.5mg tablets for Resident #8 available in the 8am, 2pm, and 8pm dose cartridge on the medication cart at the end of each shift. -The totals were initialed by the two staff who completed the shift to shift count. -An entry dated 3/17/16 at change of shift from 3rd shift to 1st shift there were 8 documented on hand in the 8am cartridge.	D 392		

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D 392	Continued From page 22 -An entry on 3/17/16 at change of shift from 1st shift to 2nd shift there were 7 documented on hand with no individual entry as to what the time or who administered the 8am dose to the resident during 1st shift. Review of Resident #8's available Klonopin supply on 3/18/16 at 3:40pm revealed: -On the medication cart, there were three cartridges with Klonopin 0.5mg tablets. -One cartridge contained 6 tablets. -A second cartridge contained 6 tablets. -A third cartridge contained 7 tablets. Review of Resident #8's Klonopin 0.5mg controlled substance records and available supply on 3/18/16 at 3:40pm revealed the total count of Klonopin available for Resident #8 was correct. Refer to interview with Staff A, MA, on 3/18/16 at 9:15am. Refer to interview with the Administrator on 3/18/16 at 11:55am. Refer to interview with a Pharmacy Technician from the facility pharmacy on 3/18/16 at 9:43am. Refer to interview with Staff A, MA, on 3/18/16 at 4:25pm. Refer to telephone interview with the Pharmacy Consultant on 3/18/16 at 4:42pm. Refer to telephone interview with a Pharmacist from the the facility pharmacy on 3/18/16 at 4:55pm. _____ Interview with Staff A, MA, on 3/18/16 at 9:15am	D 392		

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D 392	Continued From page 23 revealed: -There were only 2 residents out of 33 who did not use the facility pharmacy for their medications. -For those 2 residents, "I just keep a check on the bottles and reorder them when there's about a 15 day supply left." -Those 2 residents would receive a 3 month supply of all of their medications and so they would not fit on the medication cart and had to be stored separately in the medication closet. -Most of the residents received their medications stored in cartridges provided by the facility pharmacy. -For the residents who used the facility pharmacy, controlled substances were refilled and sent in cartridges for a 2 week supply. -The entire 2 week supply of cartridges from the facility pharmacy for scheduled and as needed medications would fit on the medication cart and did not require any medications being stored separately. Interview with the Administrator on 3/18/16 at 11:55am revealed she was not aware there was a problem with how they documented administrations of controlled substances "That's how we have always done it." Telephone interview with a Pharmacy Technician from the facility pharmacy on 3/18/16 at 9:43am revealed "We don't send control sheets to [the facility], they have their own." Interview with Staff A, MA, on 3/18/16 at 4:25pm revealed: -The Pharmacy Consultant had just done a review in the facility on 3/9/16. -"She looks at the meds on the cart." -She "makes sure the meds match up with the	D 392		

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D 392	Continued From page 24 FL2 and MARs..." -"She checks the cart for expired meds." -The Consultant would make sure over the counter medications were labeled with the residents name it belonged to. -The Pharmacy Consultant had never told them the method of recording they used for controlled substances was not correct. Telephone interview with the Pharmacy Consultant on 3/18/16 at 4:42pm revealed: -She had not noticed anything unusual with the facility's controlled substance record keeping. -"I think they send bottled meds [received from the families or other pharmacies] to be repackaged by the facility pharmacy." -"The family should go through the facility pharmacy for narcotics." -During her reviews, she would check the medications on the cart to ensure they were not expired. -She did not look at every residents medications during her reviews, she would pick a 10% sample. -She tried to look at newly admitted residents. -"If they have a bottle stashed away somewhere else [other than on the medication cart] I wouldn't even know it was there" if staff did not inform her. Telephone interview with a Pharmacist from the the facility pharmacy on 3/18/16 at 4:55pm revealed: -"We don't repackage medications that we don't dispense." -"Its against the Board of Pharmacy." -"We could dispense control sheets, so [the facility staff] could count down" the controlled substance totals.	D 392		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLAND LIVING CENTER	704 POORS FORD ROAD RUTHERFORDTON, NC 28139

(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 412	Continued From page 25	D 412	Tag D412Consultant Pharmacist has been reeducated concerning the need for individual control substance forms to be in place. The Consultant Pharmacist will review the use of the individual control substance record at each quarterly review. The Administrator will review the quarterly pharmacy report to assure that the consultant pharmacist notes that she has reviewed the individual control substance records as indicated by a statement documented at each quarterly review. Completion date is 4/6/2016.	
D 412	10A NCAC 13F .1010 (e) Pharmaceutical Services 10A NCAC 13F .1010 Pharmaceutical Services (e) The facility shall assure that accurate records of the receipt, use and disposition of medications are maintained in the facility and readily available for review. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide pharmaceutical services that assure accurate records of the receipt, use, and disposition of medications were maintained in the facility for 3 of 4 sampled residents (Residents #6, #7, and #8) related to controlled substances. The findings are: A. Review of Resident #6's current FL2 dated 3/2/16 revealed: -Diagnoses included memory loss and gastroesophageal reflux. -A physician order for lorazepam 0.5mg 1/2 tablet three times a day. (Lorazepam is a narcotic medication used to treat anxiety. Lorazepam is a Schedule IV Controlled drug. Controlled Drugs require monitoring for distribution, dispensing, and administration.) Observation of Staff A, Medication Aide (MA), during the 2pm medication pass on 3/17/16 from 2:10pm to 2:27pm revealed: -At 2:14pm, Staff A did not document the date, time, and her initials on the controlled substance	D 412		

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D 412	Continued From page 26 record when she administered lorazepam 0.5mg 1/2 tablet to Resident #6. Observation on 3/18/16 at 3:40pm of Resident #6's available lorazepam supply revealed: -On the medication cart, there was one bottle of lorazepam 0.5 mg tablets that contained 2 whole tablets and 3 halved tablets. -In the medication closet in a locked drawer, there was a bottle of lorazepam 0.5mg tablets that contained 10 halved tablets. Review of Resident #6's controlled substance record for lorazepam 0.5mg dated 3/2/16 to 3/18/16 revealed: -There was no documentation of the date, time, and initials of the staff members who administered each tablet of lorazepam to show the declining inventory. -There were 10 half tablets left off the total documented supply of lorazepam available for Resident #6. Review of Resident #6's record revealed: -Pharmacy Reviews dated 9/28/15, 12/21/15, and 3/9/16. -No documentation the pharmacy had made any recommendations that the facility was required to maintain a readily retrievable record of controlled substances for the receipt, administration, and disposition of the controlled medications. Refer to interview with the Administrator on 3/18/16 at 11:55am. Refer to interview with Staff A, MA, on 3/18/16 at 4:25pm. Refer to telephone interview with the Pharmacy Consultant on 3/18/16 at 4:42pm.	D 412		

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D 412	Continued From page 27 B. Review of Resident #7's current FL2 dated 4/17/15 revealed: -Diagnoses included delirium over dementia. -A physician's order for Norco (used to treat pain) 7.5/325mg 1 tablet three times a day. Review of Resident #7's physician order dated 3/9/16 revealed Norco 7.5/325mg 1 tablet three times a day. Observation of Staff A, Medication Aide (MA), during the 2pm medication pass on 3/17/16 from 2:10pm to 2:27pm revealed: -At 2:15pm, Staff A did not document the administration, the date, time, and her initials on the controlled substance record when she administered Norco 7.5/325mg 1 tablet to Resident #7. Observation on 3/18/16 at 3:40pm of Resident #7's available Norco supply revealed: -On the medication cart, there was one cartridge with 7 tablets. -In the medication closet in a locked drawer, there were four cartridges: one cartridge contained 9 tablets, and the other three cartridges contained 16 tablets each. Review of Resident #7's controlled substance record for Norco 7.5/325mg dated 3/16/16 to 3/18/16 revealed: -There was no documentation of the date, time, and initials of the staff members who administered each tablet of Norco to show the declining inventory. -There were 57 tablets left off the total documented supply of Norco available for Resident #7.	D 412		

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D 412	Continued From page 28 Review of Resident #7's record revealed: -Pharmacy Reviews dated 12/21/15 and 3/9/16. -No documentation the pharmacy had made any recommendations that the facility was required to maintain a readily retrievable record of controlled substances for the receipt, administration, and disposition of the controlled medications. Refer to interview with the Administrator on 3/18/16 at 11:55am. Refer to interview with Staff A, MA, on 3/18/16 at 4:25pm. Refer to telephone interview with the Pharmacy Consultant on 3/18/16 at 4:42pm. C. Review of Resident #8's current FL2 dated 2/22/16 revealed: -Diagnoses included left hip fracture, severe anxiety, and depression. -A physician's order for Klonopin 0.5mg 1 tablet three times a day. Observation of Staff A, Medication Aide (MA), during the 2pm medication pass on 3/17/16 from 2:10pm to 2:27pm revealed: -At 2:22pm, Staff A did not document the date, time, and initials on the controlled substance record when she administered Klonopin 0.5mg to Resident #8. Observation on 3/18/16 at 3:40pm of Resident #8's available Klonopin supply revealed: -On the medication cart, there were three cartridges with Klonopin 0.5mg tablets. -One cartridge contained 6 tablets. -A second cartridge contained 6 tablets. -A third cartridge contained 7 tablets.	D 412		

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D 412	Continued From page 29 Review of Resident #8's controlled substance records for Klonopin 0.5mg dated 2/24/16 to 3/18/16 8am, 2pm, and 8pm doses revealed: -There was no documentation of the date, time, and initials of the staff members who administered each tablet of Klonopin to show the declining inventory. -The inventory documented on the controlled substance records matched the inventory on hand in the medication cart. Review of Resident #8's record revealed: -Pharmacy Reviews dated 9/28/15, 12/21/15, and 3/9/16. -No documentation the pharmacy had made any recommendations that the facility was required to maintain a readily retrievable record of controlled substances for the receipt, administration, and disposition of the controlled medications. Refer to interview with the Administrator on 3/18/16 at 11:55am. Refer to interview with Staff A, MA, on 3/18/16 at 4:25pm. Refer to telephone interview with the Pharmacy Consultant on 3/18/16 at 4:42pm. _____ Interview with the Administrator on 3/18/16 at 11:55am revealed she was not aware there was a problem with how they documented administrations of controlled substances "That's how we have always done it." Interview with Staff A, MA, on 3/18/16 at 4:25pm revealed: -The Pharmacy Consultant had just completed a	D 412		

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D 412	Continued From page 30 review in the facility on 3/9/16. -"She looks at the meds on the cart." -She "makes sure the meds match up with the FL2 and MARs..." -"She checks the cart for expired meds." -The Consultant would make sure over the counter medications were labeled with the residents name it belonged to. -The Pharmacy Consultant had never told the facility staff the method they used for recording controlled substances was incorrect. Telephone interview with the Pharmacy Consultant on 3/18/16 at 4:42pm revealed: -She had not noticed anything unusual with the facility's controlled substance record keeping. -"I think they send bottled meds [received from the families or other pharmacies] to be repackaged by the facility pharmacy." -"The family should go through the facility pharmacy for narcotics." -During her reviews, she would check the medications on the cart to ensure they were not expired. -She did not look at every residents' medications during her reviews, she would pick a 10% sample. -She tried to look at newly admitted residents. -"If they have a bottle stashed away somewhere else [other than on the medication cart] I wouldn't even know it was there" if staff did not inform her.	D 412		