

Division of Health Service Regulation

PRINTED: 06/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA107092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/11/2016
NAME OF PROVIDER OR SUPPLIER MOYER'S REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5767 HWY 135 STONEVILLE, NC 27048		
(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 a follow up survey on May 10, 2016 and May 11, 2016.	(D 000)		06.01.16	
(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: FOLLOW-UP TO TYPE A2 VIOLATION. The Type A2 Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to ensure medications (Symbicort and Spiriva) were administered as ordered by a licensed prescribing practitioner for 1 of 2 residents (Resident #1) observed during the morning medication pass. The findings are: Review of Resident #1's current FL-2 dated 05/07/16 revealed: -Diagnoses included syncope versus seizure, fall, and history of chronic obstructive pulmonary disease (COPD). -A physician's order for Symbicort 2 puffs twice daily. (Symbicort is an inhaled steroid and	(D 358)	The administrator set up a training with med techs and RN so that RN can do a Review on Medication Administration. The RN reviewed procedures for proper, correct Medication Administration. The RN will monitor Med Techs at least bi-weekly to ensure all meds are given correctly.		

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

[Signature]

TITLE

Administrator

(X6) DATE

06.27.16

STATE FORM

271112

If continuation sheet 1 of 3

*Reviewed and accepted
B Moore, RN
7/8/16*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/11/2016
NAME OF PROVIDER OR SUPPLIER MOYER'S REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5767 HWY 136 STONEVILLE, NC 27048			
(K4) 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 bronchodilator used to prevent bronchospasm in people with COPD.) -A physician's order for Spiriva 18 mgq inhaled daily. (Spiriva is an inhaled bronchodilator used to prevent bronchospasm in people with COPD.) Observation on 05/11/16 of the morning medication pass revealed: -At 7:40 am, the Administrator handed the Symbicort to Resident #1 for him to administer the inhaler. -Resident #1 took 2 inhalations of the Symbicort in rapid succession (less than 5 seconds between puffs.) -At 7:43, the Administrator handed the Spiriva (prepared in the inhaler device) to Resident #1 for him to administer the medication. -Resident #1 inhaled the Spiriva medication 3 minutes after the previously inhaled medication. Review of the May 2016 Medication Administration Record (MAR) revealed the Administrator documented administration of the Symbicort and the Spiriva on 05/11/16 at 8:00 am. Interview on 05/11/16 at 7:44 am with the Administrator revealed: -She had been a Medication Aide since "about 2001". -She did not know how long you were supposed to wait between puffs of inhaled medication or how long you were supposed to wait between different inhaled medications, but thought it was 5 minutes and 10 minutes respectively. -She did not instruct the resident to wait between puffs of the Symbicort or between the Symbicort and the Spiriva this morning because she was nervous with the surveyor "standing over" her.	(D 358)			

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If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/11/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MOYER'S REST HOME

5767 HWY 136
STONEVILLE, NC 27048

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(D 358)	Continued From page 2 Interview on 05/11/16 at 8:40 am with Resident #1 revealed: -He had experienced breathing problems in the past, but was "doing okay" lately and had not had any breathing difficulties. -He "gets 2500 on the breathing machine" (incentive spirometer) every day and stated, "That's the best you can do". -Staff sometimes made him wait "about 10 minutes" between puffs of his inhalers, but sometimes they did not tell him to wait. -If staff did not instruct him to wait between puffs, he did not wait because "it's hard to stand there and wait".	(D 358)		

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