PRINTED: 11/07/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078086	A. BUILDING _____ B. WING _____	R 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST WINDS ASSISTED LIVING	1261 GOINS ROAD PEMBROKE, NC 28372

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on October 19-20, 2017 with an exit conference via telephone on October 23, 2017.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a clean environment free of clutter and hazards in the hallway, bathrooms, laundry area, and kitchen. The findings are: Observations of the facility on 10/19/2017 from 8:45am to 10:00am revealed. -The ceiling cover was cracked and peeling in two areas of the common shower. -There was a yellow bucket with a brownish color liquid and a mop inside the liquid sitting on the floor in the laundry area. Observation of the hall bathroom next to the employee office area on 10/19/2017 at 5:00pm revealed: -There were dead insects in cob webbing on the wall on the left side of the doorframe. -There were several small dead dark	C 074	C074 All of the Cob webs and dead bugs was Cleaned by October 25, 2017 C074 the peeling on the Ceiling in the shower will be Repaired by Bathroom, Hallway & laundry Room and kitchen are free of Clutter and Clean I will personally	10/25/17 01/05/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Madelyn A Dawson — TITLE: Administrator — (X6) DATE: 11/24/17
STATE FORM 6899 — CMD 11 — 6 continuation sheet 1 of 30

Madelyn A Dawson 12/07/17

Reviewed and accepted with addendum on January 18, 2018 AL

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C 074	Continued From page 1 brownish-black colored insects on the floor along the wall in front of the toilet and in the right corner of the wall behind the toilet. Observations of the facility on 10/20/2017 between 9:00am and 10:00am revealed: -There was a rusted paper towel holder attached underneath a wall cabinet above the sink in hallway. -There was a heavy accumulation of dust on the ceiling vent close to the bathroom in the hallway. -There were dust particles in multiple places along the entire length of the wall in the hallway where the ceiling and wall met. -There were dead insects and cobwebs along the wall and around the exit door casings on the right end of the facility and in the laundry area. -There were rusted areas on the lower corners of the doors exiting the facility from the hallway, kitchen, and laundry area. -There were multiple cracked floor tiles in the laundry area near the exit door. -There were two cracked tile on the kitchen floor in front of the exit door. -There was one broken tile on the kitchen floor in front of the exit door. -There was a missing floor tile in the right corner of floor close to the door. -The stripping on the kitchen cabinet where the floor and cabinet joined was detached. -The wall covering behind the kitchen stove was attached to the wall with tape at the upper and lower edges. -There was a brownish colored substance underneath the range hood over the stove. Confidential interview with a resident revealed: -The resident saw staff cleaning the facility every day. -The resident saw staff sweeping, mopping, and	C 074	Monitor at least (3) times weekly Midolyn Simpson C074 the rusted towel holder underneath the Cabinet will be removed October 25, 2017 C074 plans are to either plaster or replace the ceiling vents in the hallway. Will be done C074 as stated above CobWebs and dust around & Windows tiles Cleaned	01/05/18 10/25/17 01/05/18 10/25/17

Addendum per telephone conversation with Midolyn Simpson, Administrator on 1/18/2018 @ 10:15 am. Tag C 074:
- Staff have been trained on the posted cleaning schedule
- The Administrator will review the cleaning schedule weekly and revise as needed.
- Staff will clean the facility daily and according to posted cleaning schedule.
- The date of completion will be 01/05/2018. — Hyra Soto, Surveyor

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	FCL076068	A. BUILDING _____ B. WING _____	R 10/23/2017

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C 074	Continued From page 2 dusting furniture -The resident saw staff dusting walls "sometimes". -The resident could not say when he had last seen staff dusting. Interview with the Administrator on 10/20/2017 at 9:45am revealed: -Staff working were supposed to clean everything daily. -The daily cleaning consisted of sweeping, mopping, and dusting. -There was supposed to be weekly moving of furniture to clean behind the furniture. -It was like staff did not look up when they were cleaning. -She had noticed the ceiling was peeling in the common shower "probably August". -The "drip pan" in the ceiling got clogged up and leaked" in the bathroom causing the ceiling cover to peel. -There should not be any tape holding up the wall covering behind the stove. -She had noticed the rusted paper towel holder over the hall sink but "didn't think to take it down". -She had planned to spray paint the rusted metal areas on the doors with a rust resistant paint. -She tried to come and walk through the facility 2-3 times a week. -She did not have a set schedule for doing the walk through visits in the facility. -She had not done much in the facility since June and "cob webs have built up". -She had a cleaning schedule posted in the facility. Review of the daily chore list for staff posted behind the kitchen door revealed staff cleaning duties included: -Clean kitchen entirely before leaving.	C 074	C074 The Rusted Areas on the Corner of the doors will be painted they are Metal doors. Rust resistant paint will be used by 01/03/18 C074 Broken tile in kitchen will be replaced by 01/05/18 New back splash will be put behind stove by 01/10/18 C074 the stripping on the Kitchen Cabinet where the Cabinet met the wall will be repaired 10/5/17	

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C 074	Continued From page 3 -Clean all bathrooms including visitor bathrooms daily and check for touch-up throughout day. -Dust furniture and neat up dressers. -Mop floors as needed and be sure not to leave wet floors without sign and telling residents to stay put. -There were no staff signatures on the posted cleaning schedule. Review of the most recent environmental inspection for the facility revealed: -The date of the inspection was 08/23/2016 with an approved Status Code A. -There was one demerit given for walls and ceiling kept clean and in good repair. A previous interview with the Administrator on 10/19/2017 at 9:00am revealed: -The facility environmental inspection was due. -She had not called to get the inspection done. -She was responsible for ensuring inspection visits were scheduled.	C 074	C 074 the Kitchen flood over the Stove. Has been Cleaned C 074 Recent environmental inspection on 11/2/17 was Completed with (1) demerit	10/25/17 11/2/17
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and	C 231	C 231 new Corrected Resident Assessments will be Completed on Resident #1 and Resident #3 and will be Monitored by Manager each time a new one is due.	12/5/17

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	FCL078686	A. BUILDING: _____ B. WING: _____	R 10/23/2017

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C 231	Continued From page 4 physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure there was an accurate functional assessment completed annually for 2 of 3 sampled residents (Residents #1 and #3) outlining the residents physical functioning level for activities of daily living. The findings are: 1. Review of Resident #1's FL-2 dated 05/01/2017 revealed: -Diagnoses included morbid obesity, diabetes mellitus type II (10-15 years), hyperlipidemia, asthma, chronic obstructive pulmonary disease, gastro-esophageal reflux disease, gout, benign prostatic hypertrophy, anemia, onychomycosis, diverticulosis, eczema, and chronic pain. -The resident was ambulatory. -The resident was continent of bowel and bladder. Review of a Resident Register for Resident #1 revealed an admission date of 02/27/2012. Review of the Personal Care Physician Authorization and Care Plan for Resident #1 revealed: -There was no date documented for the care plan	C 231	Addendum per telephone conversation with Madelyn Sampson, Administrator on 1/18/2018 @ 10:57am: - The Administrator will complete a record review every three months to ensure documents in the residents records are completed timely and up-to-date. - The Supervisor-in-Charge and Admin will be responsible to complete the 30-day assessment and annual care plans. - Date of correction will be 12/8/2017. — Hope Lobo RN, Licensure Consultant	

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C 231	Continued From page 5 assessment -The physician signature on the care plan was dated 05/01/2017. -Resident #1 had been assessed as totally dependent for activities of daily living (ADLs) with eating, ambulation and transferring, toileting, bathing, and grooming/personal hygiene. Review of Resident #1's record revealed there was a previous care plan for Resident #1 dated 06/03/2016 assessing the resident to be totally dependent for all ADLs. Observations of Resident #1 at intervals on 10/19/2017 and 10/20/2017 revealed: -He ambulated independently inside and outside the facility. -He was neatly dressed and groomed. -He fed himself. -He transferred himself from chair to standing. -He transferred himself from bed to standing. -He ambulated in and out of the bathroom without staff assistance. Observations of Resident #1 on 10/19/2017 at 8:45am revealed: -The resident was sitting on a porch bench outside the facility alone. -The resident went from a sitting position to a standing position without assistance. Interview with the Administrator on 10/19/2017 at 9:00am revealed all residents in the facility were ambulatory. Interview with Resident #1 on 10/19/2017 at 9:50am revealed: -He had been living at the facility for about 7 years. -Everything at the facility was "alright".	C 231	C 231 Resident #1 was admitted to facility 3/22/12	

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C 231	Continued From page 6 -He wished he could get out of the facility to live on his own. -He used to live on his own. -The staff would tell him to put on his clothes and he would dress himself. Interview with the Supervisor-in-Charge (SIC) on 10/20/2017 at 12:40pm revealed: -She was responsible for completing the care plan assessments. -She was responsible to make sure physicians signed the care plans. -Sometimes she faxed care plans to the physician offices for review and signature and sometimes she took the care plans to the physicians for signature. -She was not aware of the timeframe for getting the care plan signed after the assessment had been completed. -She "usually" tried to complete the care plan assessment about three days before the previous care plan year end date. Interview with the Administrator on 10/20/2017 at 3:00pm revealed: -Sometimes she completed care plans and sometimes the SIC completed the care plan assessments. -The current care plan did not reflect the care provided for Resident #1. -Resident #1 can bathe himself "some" with direction and staff have to wash his back. -Resident #1 needed his food cut up because he ate fast, and someone needed to be in the kitchen. -Resident #1 was not completely total care with ADLs. -She was aware the care plans needed to be completed yearly and anytime a change in resident status was noted.	C 231	Care plan for Resident #1 has been Corrected to Adequately Meet his Needs 5/1/17	

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C 231	Continued From page 7 -She was not aware there was a timeframe for getting the care plans signed after the assessment was completed. -She would expect the completed care plan assessment to accurately reflect the care the resident required. 2. Review of Resident #3's FL-2 dated 05/01/2017 revealed diagnoses included alcoholic liver cirrhosis, gouty arthropathy, mixed hyperlipidemia, osteoarthrosis, and essential hypertension. Review of the Resident Register for Resident #3 revealed an admission date of 08/15/2013. Review of the Personal Care Physician Authorization and Care Plan for Resident #3 revealed: -The care plan assessment date was documented as 06/04/2016. -The physician signature on the care plan was dated 06/07/2016. -Resident #3 had been assessed as totally dependent for dressing and grooming, and extensive assistance with toileting and bathing activities of daily living (ADLs). -There were no other assessment and care plans completed for Resident #3 after 06/07/2016. Observations of Resident #3 at intervals on 10/19/2017 and 10/20/2017 revealed he stayed in his room during the day and watched television. Interview with Resident #3 on 10/20/2017 at 1:40am revealed: -He showered himself every day. -He dressed himself. -He was getting everything he needed at the facility.	C 231	New C231 CARE PLAN 5/1/17 Care plan for Resident #3 was Completed 5/1/17	

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C 231	Continued From page 8 Interview with the Supervisor-in-Charge (SIC) on 10/20/2017 at 12:40pm revealed: -She was responsible for completing the care plan assessments. -She was responsible to make sure physicians signed the care plans. -Sometimes she faxed care plans to the physician offices for review and signature and sometimes she took the care plans to the physicians for signature. -She "usually" tried to complete the care plan assessment about three days before the previous care plan year end date Interview with the Administrator on 10/20/2017 at 3:00pm revealed: -Sometimes she completed care plans and sometimes the SIC completed the care plan assessments -She was aware the care plans needed to be completed yearly and anytime a change in resident status was noted. -The facility made sure care plans were signed before the date on the previous care plan "came around".	C 231		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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.	C 330		

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C 330	Continued From page 9 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered by the prescribing practitioner for 1 of 3 residents (Resident #2) sampled with physician orders for a medication used for exhibited behaviors of restlessness. The findings are: Review of Resident #2's current FL-2 dated 04/07/2017 revealed: -Diagnoses included restlessness and agitation, noncompliance with medication regemen, hypertension debility of age, deaf, and possible renal mass. -There was a medication order for Mirtazapine (generic for Remeron used to treat restlessness) 30mg oral at bedtime Review of Resident #2's Resident Register dated 04/07/2017 revealed he was admitted to the facility from a local hospital. Observation of Resident #2 on 10/19/2017 at 9:45am revealed the resident was sitting outside on the porch smoking. Interview with Resident #2 on 10/19/2017 at 9:45am revealed: -He wanted his "own apartment". -He did not like "none of these places". -He "sometimes" gave staff "a hard time". -He was treated good at the facility. -He liked to work on his computer and got internet at the facility. Review of a physician's office visit report for Resident #2 dated 08/14/2017 provided by the	C 330		

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C 330	Continued From page 10 Supervisor-in-Charge (SIC) revealed: -"Mirtazapine 15mg tablet" was printed on the office visit report in the section for "medications". -There were no directions for administration of the Mirtazapine. -There was a printed notation of "04/07/17 filled" for Mirtazapine 15mg tablet. -There was a printed notation for the physician's review and signature on 05/14/2017 of the office visit report. Review of Resident #2's record revealed there were no subsequent orders in the record for the Mirtazapine. Review of the June 2017 Medication Administration Records (MARs) for Resident #2 revealed: -A handwritten entry for Mirtazapine 15mg take two tablets at bedtime. -Staff had documented administration of Mirtazapine from June 1, 2017 through June 30, 2017 Review of the July 2017 MARs for Resident #2 revealed: -Mirtazapine 15mg take two tablets at bedtime was not printed to the MARs. -There was no documentation of administration for the Mirtazapine. Review of the August 2017 MARs for Resident #2 revealed: -There was a handwritten entry for Mirtazapine 15mg take 2 tablets at bedtime. -There was no documentation of administration for the Mirtazapine. Review of the September 2017, and October 2017 MARs for Resident #2 revealed:	C 330	Administrator will Monitor MAR's + f/2's on all new Residents + weekly thereafter 10/25/17 C 330 on the future pharmacy will be given a Copy of F1-2 for any new Resident 10/25/17 as an Added Check point	

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C 330	Continued From page 11 -The physician's order for Mirtazapine 15mg take 2 tablets at bedtime was not transcribed to the MARs. -There was no documentation for administration of the Mirtazapine. Interview with the Supervisor-in-Charge (SIC/MA) on 10/19/2017 at 3:15pm revealed: -She administered the Mirtazapine that came with Resident #2 from the hospital. -She never received any Mirtazapine from the pharmacy once the resident ran out of the supply he was admitted with. -She had called the pharmacy about the Mirtazapine. -She did not remember the date when she had called the pharmacy about the Mirtazapine. -She had called the physician's office about the Mirtazapine. -She did not remember the date when she called the physician's office about the Mirtazapine. -All the resident's prescriptions were sent to the pharmacy from the PCP's office by electronic prescription. Telephone interview with a provider Pharmacy Representative on 10/19/2017 at 3:25pm revealed. -The pharmacy was responsible for printing the MARs for the facility. -There was no order for Mirtazapine in Resident #2's medication profile. -The physician "usually" sent an electronic prescription for medication ordered. -The pharmacy received physician orders from FL-2's by fax, and handwritten or electronic prescriptions. -He had received a call from the facility SIC on 10/19/2017 about the Mirtazapine. -He had no prior knowledge of talking to the SIC	C 330	C 330 facility will in the future ~~Doctor~~ document 10/25/17 all Calls made to Doctor or Pharmacy about Specific Medications on back of MAR this will be monitored by the Administrator weekly	

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C 330	Continued From page 12 about the Mirtazapine for Resident #2 before the 10/19/2017 call he received. -The pharmacy started dispensing medications to the facility for Resident #2 on 08/17/2017. -The pharmacy had not dispensed the Mirtazapine for Resident #2. -The pharmacy was not aware Resident #2 was prescribed Mirtazapine until 10/19/2017. -The pharmacy did not usually get a copy of physician progress notes unless there was a change in a medication or there was an order to discontinue a medication -He did not know if the pharmacy got copies of resident FL-2's from the facility routinely. -If the pharmacy received a completed FL-2 with the physician's signature, the pharmacy considered the FL-2 to be a physician's order Interview with the Administrator on 10/19/2017 at 3:35pm revealed: -She transported Resident #2 to the facility for admission, from a local hospital. -She had the residents medications filled at the hospital pharmacy prior to leaving the hospital -There was enough Mirtazapine for administration to Resident #2 until the resident was seen by the Primary Care Provider (PCP) in June 2017. -She got the 04/07/2017 FL-2 for Resident #2 from the hospital. -She did not send a copy of the 04/07/2017 to the provider pharmacy since the resident's medications had been filled at the hospital pharmacy. -The provider pharmacy did not start printing the MARs for Resident #2 until the PCP sent electronic prescriptions in June 2017. -The SIC should have compared the previous months MARs with the upcoming month MARs and medications to ensure medications and MARs matched or if needed to contact the PCP	C 330	C.330 Current MAR's Will be Compared to the Previous Month each Month 12/29/17	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FGL078086	A. BUILDING: _____ B. WING _____	R 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST WINDS ASSISTED LIVING	1241 GOINS ROAD PEMBROKE, NC 28372

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C 330	Continued From page 13 for medication orders. Telephone interview with the PCP's office staff on 10/19/2017 at 3.50pm revealed: -Resident #2 was seen by the PCP on 06/14/2017. -The PCP did not discontinue the Mirtazapine until 09/27/2017. Telephone interview with the PCP on 10/19/2017 at 4:00pm revealed: -She saw Resident #2 in the office on 06/14/2017 and 09/27/2017 -When Resident #2 was seen in the office, the facility did not bring the resident's MARs, FL-2, or record. -The resident should have continued on the Mirtazapine once a day. -The facility should have sent a refill request for the Mirtazapine. -She expected the facility staff to contact her for clarification to see if a medication ordered by another provider should be continued. -She had not had any contact from the facility about the Mirtazapine until 10/19/2017. -She discontinued the Mirtazapine on 09/27/2017 when the resident came for an office visit because she "saw he hadn't been getting it". Interview with Resident #2 on 10/19/2017 at 4:30pm revealed: -He denied being restless. -He slept good at night. Interview with the Personal Care Aide (PCA) on 10/19/2017 at 4:45pm revealed: -She worked at the facility and stayed overnight in the facility. -Resident #2 was up every night talking to himself and on his computer.	C 330	the SIC will compare MAR's to previous Month each MO 11/1/17 C 330 Physicians will be contacted for clarification of order when in doubt. 10/25/17	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X3) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078088	A. BUILDING _____ B. WING _____	R 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST WINDS ASSISTED LIVING	1241 GOINS ROAD PEMBROKE, NC 28372

(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
C 330	Continued From page 14 -She would set the door alarms at night at around 9:00pm -Resident #2 "might wander out" -Resident #2 had not wandered out that she was aware of. Interview with the SIC on 10/20/2017 at 12:45pm revealed: -Resident #2 was on his computer at night. -Resident #2 did not walk in the halls at night. -Resident #2 could "get a little loud but not often". Confidential interviews with residents revealed: -Resident #2 was up at night around 2:00am. -When residents went to the bathroom, the residents could hear Resident #2 in his room "just cursing" and "talking to himself". -Resident #2 talked loud at night. -Sometimes Resident #2 walked in the halls Observations of medication on hand on 10/20/2017 at 2:00pm revealed there was no Mirtazapine for Resident #2. Interview with the Administrator on 10/20/2017 at 3:20pm revealed: -She was not aware until 10/20/2017 that Resident #2 was sometimes restless at night. -She was not aware until 10/19/2017 that Resident 32 was not still getting the Mirtazapine.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name;	C 342		

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WEST WINDS ASSISTED LIVING	1241 DORIS ROAD PEMBROKE, NC 28372

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C 342	Continued From page 15 (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure medication administration records were accurate and complete for 2 of 3 residents (#1, #3) sampled including documenting as needed medications and their effectiveness. The findings are: 1. Review of Resident #1's current FL-2 dated 05/01/2017 revealed -Diagnoses included morbid obesity, diabetes mellitus type II (10-15 years), hyperlipidemia, asthma, chronic obstructive pulmonary disease, gastro-esophageal reflux disease, gout, benign prostatic hypertrophy, anemia, onychomycosis, diverticulosis, eczema, and chronic pain. -There was a medication order for Trazadone (used to treat sleep disorders) 100mg take one tablet at bedtime. Review of physician's office visits reports dated	C 342	Addendum per telephone conversation with the Administrator on 1/18/2018. - The Administrator reviewed MAR's weekly for two (2) months. - The Admin will continue to review the MARs ~~monthly~~ BMG every 3 months - The SIC will review the MARs monthly for accuracy of physician orders and to ensure all physicians orders are transcribed to the MARs. - The SIC will contact the pharmacy and physician for any medication order discrepancies immediately when identified. - The date of correction will be 12/8/17. - Hope Zorto, R Licensure Consultant	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST WINDS ASSISTED LIVING	1241 GOINS ROAD PEMBROKE, NC 28372

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C 342	Continued From page 16 05/02/2017, 08/01/2017, and 09/01/2017 revealed: -The medication list included Trazadone HCL 100mg one tablet at bedtime for sleep as a medication Resident #1 was prescribed. -There was no physician's signature on the office visit reports. Review of physician's orders for Resident #1 revealed there were no subsequent orders in the record for the Trazadone 100mg tablet. Telephone interview with the provider Pharmacy Representative on 10/20/2017 at 4:20pm revealed: -The pharmacy printed MARs for facility residents based on orders received at the pharmacy. -The pharmacy had physician orders dated 01/17/2017, 09/26/2017, and 09/25/2017 for Trazadone 100mg take one tablet at bedtime as needed for sleep for Resident #1. -The pharmacy normally faxed the physician when medication refill orders were needed. -If the facility requested a copy of the physician's prescription orders obtained by the pharmacy, the order would be sent to the facility for their records. -The facility would ask for a copy of new prescription orders. -The facility was responsible to get physician refill orders but the pharmacy did it as a courteousy. Review of August 2017, September 2017, and October 2017 Medication Administration Records for Resident #1 revealed: -There were printed instructions for Trazadone 100mg take one tablet by mouth every night at bedtime as needed for sleep. -There was documentation for administration of the Trazadone 100mg tablet every night.	C 342	C342 DIC will make Changes to MARs as prescribed by Docs. 12/5/17 C342 All orders changed or Corrected will be completed by Doctor and Corrected on MARs asap 12/1/18	

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C 342	Continued From page 17 scheduled at 8:00pm -The MAR printed instructions for administration of the Trazadone 100mg tablet did not match the physician's order. -There was no documentation of the reason for the administration of the Trazadone 100mg. -There was no documentation of the effectiveness for the administration of the Trazadone 100mg Interview with the Supervisor-In-Charge/Medication Aide (SIC/MA) on 10/20/2017 at 11:00am revealed: -She did not document on the MARs for any as needed medications. -The physician had changed the Trazadone order from as needed to routinely administered. -She would have to call the physician's office to obtain a copy of the current order changing the Trazadone to a routinely administered medication. There were no additional orders received from the SIC/MA by the end of the survey. Interview with the SIC/MA on 10/20/2017 at 12:50pm revealed. -She did not check the MARs against physician orders -She "only" checked orders if there were changes with the order to make sure she had the right medication for administration. Interview with Resident #1 on 10/20/2017 at 1:20pm revealed: -He did not know what medications were prescribed for him. -The SIC/MA administered medicatons to him. -He believed he got a pill to help him sleep at	C 342	C 342 Trazadone order was changed to routine by Doctor 10/20/17 SIC Changed MAR Accordingly 10/20/17 to Drs. Orders SIC is Medtech Certified	

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C 342	Continued From page 18 night. -He slept good at night "sometimes". 2. Review of Resident #3's current FL-2 dated 05/01/2017 revealed diagnoses included alcoholic liver cirrhosis, gouty arthropathy, mixed hyperlipidemia, osteoarthrosis, and essential hypertension. Review of a physician's office visit for Resident #3 dated 05/01/2017 revealed a medication order for Trazadone (used to treat sleep disorders) 100mg tablet take one every night at bedtime as needed for insomnia. Review of Resident #3's record revealed there were no subsequent orders in the record for the Trazadone Telephone interview with the provider Pharmacy Representative on 10/20/2017 at 5:00pm revealed: -The pharmacy printed MARs for residents based on orders received at the pharmacy -The pharmacy had a current electronic prescription physician order dated 08/01/2017 for Trazadone 100mg take one tablet at bedtime as needed for sleep for Resident #3. Review of August 2017, September 2017, and October 2017 Medication Administration Records for Resident #3 revealed: -There were printed instructions for Trazadone 100mg take one tablet by mouth every night at bedtime as needed for insomnia -There was documentation for administration of the Trazadone 100mg tablet every night scheduled at 8:00pm -There was no documentation of the reason for the administration of the Trazadone 100mg	C 342	C 342 Trazadone 100MG for Resident #3 facility will Get new order to 12/6/17 Change to Routine Medication for Sleep	

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C 342	Continued From page 19 -There was no documentation of the effectiveness for the administration of the Trazadone 100mg Interview with the Supervisor-In-Charge/Medication Aide (SIC/MA) on 10/20/2017 at 11:00am revealed: -She did not document on the MARs for any as needed medications. -The physician had changed the Trazadone order from as needed to routinely administered. -She would have to call the physician's office to obtain a copy of the current order changing the Trazadone to a routinely administered medication There were no additional orders received from the SIC/MA by the end of the survey. Observations of the medication on hand for Resident #3 revealed there was a pharmacy dispensed blister pack labeled for Trazadone HCL 100mg one tablet at bedtime as needed for insomnia. Interview with the SIC/MA on 10/20/2017 at 12:50pm revealed: -She did not check the MARs against physician orders. -She "only" checked orders if there were changes with the order to make sure she had the right medication for administration. Interview with Resident #3 on 10/20/2017 at 1:40pm revealed. -He did not know what medications were prescribed for him. -The doctor had told him once what his prescribed medications were for. -The SIC/MA [named] administered medications	C 342		

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C 342	Continued From page 20 to him. -He was getting everything he needed	C 342		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following (1) an on-site medication review for each resident which includes at least 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.	C 375	C 375 Pharmacy will be notified And given a copy of the Corrans so that Corrections can be made Copies of C 375 will be given to RN who does drug Reviews for Pharmacy for their Review & Compliance 12/4/17	

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C 375	Continued From page 21 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure quarterly pharmaceutical care reviews identified errors on the FL-2's and medication administration records for 3 of 3 residents (#1, #2, and #3) sampled The findings are: 1. Review of Resident #1's current FL-2 dated 05/01/2017 revealed: -Diagnoses included morbid obesity, diabetes mellitus type II (10-15 years), hyperlipidemia, asthma, chronic obstructive pulmonary disease, gastro-esophageal reflux disease, gout, benign prostatic hypertrophy, anemia, onychomycosis, diverticulosis, eczema, and chronic pain. -There was a medication order listed as "Lasix 20 [milligrams] mg-"(used to treat fluid retention). There were no directions for frequency of administration or route of administration. -There was a medication order listed as "Prilosec 20mg" (used to treat disorders of the gastro-intestinal tract). There were no directions for frequency of administration or route of administration. -There was a medication order listed as "Mec 25mg-" -There was a medication order listed as "Selegiline HCL 5mg-" (used to treat movement disorders). There were no directions for frequency of administration or route of administration. -There was a medication order listed as "Symbicort 160-45mg" (used to treat breathing disorders). There were no directions for frequency of administration or route of administration. -There was a medication order listed for	C 375	C 375 this rule was Corrected on the first day of your annual visit ~~This~~ This was Corrected and SIC + Administrator are both aware of non Compliance and will not let this happen again	10/19/17 10/19/17

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C 375	Continued From page 22 Trazadone (used to treat sleep disorders) 100mg take one tablet at bedtime (There were no directions for frequency of administration or route of administration Review of physician's office visits reports dated 06/02/2017, 08/01/2017, and 09/01/2017 provided by the Supervisor-in-Charge (SIC) revealed: -There was a list of medications prescribed for Resident #1 on the office visit reports. -There was no physician's signature on the office visit reports. Review of Resident #1's record revealed there were no subsequent orders in the record for the above listed medications. Review of Resident #1's most recent quarterly pharmacy review dated 09/07/2017 revealed: -The pharmacy review was completed by a Registered Nurse (RN). -There was a printed notation for "I have reviewed this resident's medication therapy for the following potential problems: medication dosage too high/low, medication interactions, side effects, allergies, therapeutic benefits, and administration issues including schedule and route." -There was documentation for "no new med". -There was documentation for "MARS filled out correctly". -There were "no new recommendations at this time". -There was no documentation for review of the resident's current FL-2. Review of Resident #1's previous quarterly pharmacy review dated 06/07/2017 revealed: -The pharmacy review was completed by a Registered Nurse (RN).	C 375	C 375 Administrator will Monitor the MAR's monthly And Compare them With the FL-2 or Doctor's order for any Changes. 10/25/17	

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C 375	Continued From page 23 -There was a printed notation for "I have reviewed this resident's medication therapy for the following potential problems. medication dosage too high/low, medication interactions, side effects, allergies, therapeutic benefits, and administration issues including schedule and route." -There was a new medication listed for a topical cream application. -There was a handwritten recommendation to discontinue or write duplicate on the second order for the cream listed. -There was handwritten documentation for "MARS filled out". -There was no documentation for review of the resident's current FL-2. Review of August 2017, September 2017, and October 2017 Medication Administration Records for Resident #1 revealed: -There were printed instructions for Lasix 20mg take one tablet by mouth once daily. -There were printed instructions for Omeprazole 20mg (generic for Prilosec) take one capsule by mouth twice daily on empty stomach at least 30 minutes prior to a meal. -There were printed instructions for Meloxicam 7.5mg take one tablet by mouth once daily with food. -There were printed instructions for Meclizine 25mg take one tablet by mouth once daily as needed for vertigo -There were printed instructions for Selegiline 5mg take one capsule with breakfast and lunch twice a day. -There were printed instructions for Symbicort AER 160-4.5 inhale 2 puffs by mouth twice daily (rinses mouth after use). -There were printed instructions for Trazadone 100mg take one tablet by mouth every night at bedtime as needed for sleep	C 375	Addendum per telephone conversation with the Administrator on 1/18/18 at 10:57 a.m. - The SIC and Administrator will review Quarterly Pharmacy reviews and contact the physician or pharmacy for any recommendations needing follow-up. - When new FL-2's are received the SIC will send a copy to the pharmacy by fax for review. - A copy of all physicians orders will be kept in each residents record. - The Administrator will review each residents record every three months to ensure all physicians orders are in the record. - Hope Forte, a Licensure Consultant	

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C 375	Continued From page 24	C 375		

Telephone interview with the Registered Nurse on 10/23/2017 at 11:45am revealed:
-She looked at resident FL-2's for physician initial assessments.
-She had seen FL-2's which were done when the residents first came to the facility.
-She had not reviewed the 05/01/2017 FL-2 for Resident #1 when pharmacy reviews were completed but would have reviewed prescriptions for the resident.
-She knew the physician completed annual assessments but thought the annual assessment was completed in a progress note.
-If the facility did not tell her there was a new FL-2, she did not look at the FL-2.
-She did not remember the facility notifying her of any resident new FL-2's.
-Sometimes she could not read the FL-2.

Refer to the telephone interview with the SIC dated 10/23/2017 at 11:30am.

Refer to the telephone interview with the Provider Pharmacy Representative dated 10/23/2017 at 11:40am.

Refer to the telephone interview with the Registered Nurse dated 10/23/2017 at 11:45am.

2. Review of Resident #2's current FL-2 dated 04/07/2017 revealed:
-Diagnoses included restlessness and agitation, noncompliance with medication regimen, hypertension, debility of age, deaf, and possible renal mass.
-There was a medication order for Mirtazapine (generic for Remeron used to treat sleep disorders) 30mg oral at bedtime

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST WINDS ASSISTED LIVING	1341 SOINS ROAD PEMBROKE, NC 28372

(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
C 375	Continued From page 25 Review of a physician's office visit report for Resident #2 dated 06/14/2017 provided by the SIC revealed. -"Mirtazapine 15mg tablet" was printed on the office visit report in the section for "medications". -There were no directions for administration of the Mirtazapine. -There was a printed notation of "04/07/17 filled" for Mirtazapine 15mg tablet -There was a printed notation for the physician's review and signature on 06/14/2017 of the office visit report. Review of Resident #2's record revealed there were no subsequent orders in the record for the Mirtazapine. Review of the June 2017 Medication Administration Records (MARs) for Resident #2 revealed: -A handwritten entry for Mirtazapine 15mg take two tablets at bedtime. -Staff had documented administration of Mirtazapine from June 1, 2017 through June 30, 2017. Review of the July 2017 MARs for Resident #2 revealed: -Mirtazapine 15mg take two tablets at bedtime was not printed to the MARs. -There was no documentation of administration for the Mirtazapine. Review of the August 2017 MARs for Resident #2 revealed: -There was a handwritten entry for Mirtazapine 15mg take 2 tablets at bedtime -There was no documentation of administration for the Mirtazapine.	C 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078086	A. BUILDING: _____ B. WING _____	R 10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST WINDS ASSISTED LIVING	1241 GOINS ROAD PEMBROKE, NC 28372

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C 375	Continued From page 26 Review of the September 2017, and October 2017 Medication Administration Records for Resident #2 revealed there were no instructions on the MARs for the Mirtazapine. Review of Resident #2's most recent quarterly pharmacy review dated 09/07/2017 revealed: -The pharmacy review was completed by a Registered Nurse (RN). -There was a printed notation for "I have reviewed this resident's medication therapy for the following potential problems: medication dosage too high/low, medication interactions, side effects, allergies, therapeutic benefits, and administration issues including schedule and route." -There was documentation for "MARS filled out correctly" -There were "no new recommendations at this time" -There was no documentation for review of the resident's current FL-2. -There was no documentation concerning the absence of documentation of administration on the July 2017, August 2017, and September 2017 MARs for the Mirtazapine 30mg at bedtime. Refer to the telephone interview with the SIC dated 10/23/2017 at 11:30am. Refer to the telephone interview with the Provider Pharmacy Representative dated 10/23/2017 at 11:40am. Refer to the telephone interview with the Registered Nurse dated 10/23/2017 at 11:45am. 3. Review of Resident #3's current FL-2 dated 05/01/2017 revealed diagnoses included alcoholic liver cirrhosis, gouty arthropathy, mixed hyperlipidemia, osteoarthrosis, and essential	C 375		

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C 375	Continued From page 27 hypertension. Review of a physician's office visit for Resident #3 dated 05/01/2017 revealed a medication order for Trazadone (used to treat sleep disorders) 100mg tablet take one every night at bedtime as needed for insomnia Review of Resident #3's record revealed there were no subsequent orders in the record for the Trazadone Review of the August 2017, September 2017, and October 2017 Medication Administration Records (MARs) for Resident #3 revealed: -There were printed instructions on the MARs for Trazadone 100mg take one tablet every night at bedtime as needed for insomnia. -The Trazadone 100mg tablets were scheduled for administration at 8p nightly -There was no documentation for as needed administration of the Trazadone 100mg on the MARs Review of Resident #2's most recent quarterly pharmacy review dated 09/07/2017 revealed: -The pharmacy review was completed by a Registered Nurse (RN). -There was a printed notation for "I have reviewed the resident's medication therapy for the following potential problems. medication dosage too high/low, medication interactions, side effects, allergies, therapeutic benefits, and administration issues including schedule and route." -There was documentation for "MARS filled out correctly" -There were "no new recommendations at this time" -There was no documentation concerning the documentation of administration on the August	C 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FGL070086	A. BUILDING _____ B. WING _____	R 10/23/2017

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C 375	Continued From page 28 2017, September 2017, and October 2017 MARs for the Trazadone 100mg scheduled for administration nightly at 8:00pm. Refer to the telephone interview with the SIC dated 10/23/2017 at 11:30am Refer to the telephone interview with the Provider Pharmacy Representative dated 10/23/2017 at 11:40am. Refer to the telephone interview with the Registered Nurse dated 10/23/2017 at 11:45am. Telephone interview with the SIC on 10/23/2017 at 11:30am revealed: -Pharmacy reviews were completed by the Registered Nurse (RN) who worked for the pharmacy -The RN kept her own schedule of when pharmacy reviews were due. Telephone interview with a Provider Pharmacy Representative on 10/23/2017 at 11:40am revealed: -The RN went to the facility to complete pharmacy reviews. -The RN looked through all the resident medications to make sure medications were administered as ordered. -The RN gave the pharmacy reviews to the pharmacy once completed. Telephone interview with the Registered Nurse on 10/23/2017 at 11:45am revealed: -The MARs currently being used were reviewed when pharmacy reviews were completed. -She looked at any prescriptions in the resident's record -All resident prescriptions were sent to the	C 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 375	Continued From page 29 pharmacy. -She looked at resident FL-2's for physician initial assessments. -She had seen FL-2's which were done when the residents first came to the facility. -She completed the 08/02/2017 and 09/01/2017 pharmacy reviews. -She had not reviewed the 05/01/2017 FL-2 when pharmacy reviews were completed but would have reviewed prescriptions for the residents. -She "occasionally" had to refer to the pharmacy for resident orders. -"Sometimes" it took her a while to go through orders to find out what was current. -She reviewed physician orders to make sure the right resident, right route of administration, right time, and right dosage were documented. -She knew the physician completed annual assessments but thought the annual assessment was completed in a progress note. -If the facility did not tell her there was a new FL-2, she did not look at the FL-2. -The facility staff would tell her if the resident had been to see the doctor. -She did not remember the facility notifying her the residents had new FL-2's. -Sometimes she could not read the FL-2. -"Sometimes" she had to call the pharmacy to determine if resident medication orders were accurate.	C 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 375	Continued From page 29	C 375		

pharmacy.
-She looked at resident FL-2's for physician initial assessments.
-She had seen FL-2's which were done when the residents first came to the facility.
-She completed the 06/02/2017 and 09/01/2017 pharmacy reviews.
-She had not reviewed the 05/01/2017 FL-2 when pharmacy reviews were completed but would have reviewed prescriptions for the residents.
-She "occasionally" had to refer to the pharmacy for resident orders.
-"Sometimes" it took her a while to go through orders to find out what was current.
-She reviewed physician orders to make sure the right resident, right route of administration, right time, and right dosage were documented.
-She knew the physician completed annual assessments but thought the annual assessment was completed in a progress note
-If the facility did not tell her there was a new FL-2, she did not look at the FL-2.
-The facility staff would tell her if the resident had been to see the doctor.
-She did not remember the facility notifying her the residents had new FL-2's.
-Sometimes she could not read the FL-2.
-"Sometimes" she had to call the pharmacy to determine if resident medication orders were accurate.

12/27/17

Hope Forte RN, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Ms. Forte I hope that I have Addressed my plan to Correct the deficiencies is acceptable. I also plan to set up classes As soon as possible pertaining to Medication I will do a lot More Monitoring to get us in compliance and prevent this from happening in the future.

Madelyn Simpson
West Winds Assisted Living
910 521-4966

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