STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045005	A. BUILDING: _____ B. WING _____	R 02/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCULLOUGH'S REST HOME	720 ORR'S CAMP ROAD HENDERSONVILLE, NC 28739

(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 and Henderson County Department of Social Services conducted a follow-up survey on February 6, 2018.	{D 000}		
{D 367}	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (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: The Type B Violation was abated. Non-compliance continues. Based on observations. interviews, and record reviews, the facility failed to assure the medication administration records were accurate as evidenced by the omission of documentation of the administration of an oral contraceptive for 1	{D 367}		

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{D 367}	Continued From page 1 of 3 sampled residents (#1). The findings are: Review of Resident # 1's current FL2 dated 10/31/17 revealed: -Diagnoses which included bipolar schizodisorder. -A physician order for Amethia 0.15-0 .03-0 .01 mg, 1 daily (an oral contraceptive). Review of the February 2018 Medication Administration Record (MAR) revealed: -A pharmacy generated entry of Amethia 0.15-0 .03-0 .01 mg, 1 daily. -Daily documentation of administration of Amethia. Review of the December 2017 and January 2018 MARs revealed no entries and no documentation of the administration of Amethia 0.15-0 .03-0 .01 mg, 1 daily. Interview with Resident #1 on 2/6/18 at 1:15pm revealed she was administered the contraceptive daily in December 2017 and January 2018 per the physician orders. Interview with the first shift week day Supervisor/Medication Aide on 2/6/18 at 1:20pm revealed: -He administered the contraceptive daily. -He was not aware he had not documented the administration of the contraceptive in December 2017 and January 2018 and that it was an oversight. Telephone interview with the pharmacy provider on 2/6/17 at 11:22am revealed they dispensed 91 tablets on 9/21/17 and again on 12/28/17.	{D 367}		

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{D 367}	Continued From page 2 Observation of Resident #1's medications on hand on 2/6/18 at 11:00am revealed: -One container of Amethia 0.15-0 .03-0 .01 mg, 1 daily with 91 tablets dispensed on 12/28/17. -Fifty-two tablets remained out of the 91 tablets dispensed. Interview with the Administrator on 2/6/18 at 1:25pm revealed: -She was not aware the Amethia had not been documented. -The first shift week-day Supervisor and the week-end first shift Supervisor were both responsible to assure the MARs were accurate at the beginning of each month.	{D 367}		