STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092232	A. BUILDING: _____ B. WING _____	01/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANN'S NEW DAY	400 PARNELL STREET RALEIGH, NC 27610

(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 survey on January 24, 2018.	C 000		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. 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 is not met as evidenced by: Based on observations and interviews, the facility failed to assure hot water temperatures in resident accessible areas were maintained at minimum of 100 degrees Fahrenheit to a maximum of 116 degrees Fahrenheit. The findings are: Observations during the facility tour on 01/24/18 between 9:50am and 10:40am revealed: -The hot water temperature at the sink in the front bathroom at 9:50am was 120.7 degrees Fahrenheit (F). -The hot water temperature at the shower in the front bathroom at 9:53am was 121.1 degrees F. -The hot water temperature at the sink in the back bathroom at 9:58am was 120.1 degrees F. -The hot water temperature at the shower in the back bathroom at 10:03am was 120.6 F. -Steam was not noted at any of the fixtures. Interview with a resident on 01/24/18 at 10:12am revealed:	C 105		

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C 105	Continued From page 1 -The resident stated that he only took "cold" showers. -He did not use the hot water at all when he showered. Interview with a second resident on 01/24/18 at 10:20am revealed: -The resident knew how to adjust the hot water before he got into the shower. -He had never been burned by the hot water. -He thought the hot water temperature was "OK". Interview with the SIC on 01/24/18 at 2:30pm revealed: -The SIC checked the hot water temperatures every Friday for a facility required report. -The hot water temperature was never above 116 degrees F. -The residents have never complained about the temperature of the hot water. Interview with the Administrator on 01/24/18 at 10:07am revealed: -She was not aware that the hot water temperatures were too high. -The Supervisor in Charge (SIC) was responsible for monitoring the hot water temperature. -The Administrator did not know where the facility's thermometer was kept. -The Administrator would ask the SIC for the thermometer when the SIC returned to the facility. -The Administrator stated that she would turn down the hot water heater's thermostat immediately. -The Administrator stated that she would contact the facility's maintenance person to further adjust the hot water heater if necessary. Interview with the facility's maintenance person on 01/24/18 at 11:15am revealed:	C 105		

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C 105	Continued From page 2 -He was aware the hot water temperature should range between 100 degrees F and 116 degrees F. -He had adjusted the hot water heater's thermostat. -He would return tomorrow (02/25/18) to recheck the hot water temperature and make further adjustments if necessary. -The maintenance person did not have a thermometer on hand but would bring one tomorrow. Observation of the hot water temperature at the sink in the back bathroom on 01/24/18 at 11:17am was 118.8 degrees F. Observation of the facilities thermometer revealed a probe style thermometer with a dial face approximately 1 inch in diameter with very small numbers. Observation of the hot water temperature at the sink in the front bathroom on 01/24/18 at 4:30pm was 117.5 degrees F.	C 105		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.	C 315		

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C 315	Continued From page 3 The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to verify with the primary care provider that a mediaction (Prolixin, whixh is used for schizophrenia) was to be administered when the order did not appear on a new FL2 for 1 of 1 sampled resident, (Resident #1). The findings are: Review of Resident #1's Resident Registry revealed: -The resident's admission date was 11/22/17 -The resident was admitted from another facility. Review of Resident #1's FL-2 dated 06/20/17 revealed: -Medications listed Prolixin 5mg each day at bedtime, Qwetiapine 200mg daily at bedtime, Clonazepam 1mg daily at bedtime, Hydrochlorothiazide 12.5mg every day, Metoptolo Tartrate 25mg every day, Terazosin 4m at bedtime, Eloquis 5mg twice a day and Triamicinolone Acetonide cream apply topically twice a day. Review of Resident #1's current FL-2 dated 12/12/17 revealed: -Diagnoses included schizoaffective disorder and tardiva dyskinesia. -Medications listed were Eliquis 5mg twice a day, Terazosin 4mg at bedtime, Metoptolo Tartrate 25mg every day, Hydrochlorothiazide 12.5mg every day, Clonazepam 1 mg at bedtime as needed for anxiety, Quetiapine 200mg at bedtime and Triamcinolone Acetonide cream apply to	C 315		

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C 315	Continued From page 4	C 315		

affected are twice a day.

Review of Resident #1's Medication Administration Record (MAR) for November 04, 2017 through December 03, 2017 revealed:
-There was an entry for Prolixin 5mg to be given each day at bedtime.
-Documentation indicated that Prolixin 5mg was given daily from 11/04/17 through 12/03/17.

Review of Resident #1's MAR for December 04, 2017 through January 02, 1918 revealed:
-There was an entry for Prolixin 5mg to be given each day at bedtime.
-Documentation indicated that Prolixin 5mg was given at 8:00pm daily from 12/04/17 until 01/03/18.

Review of Resident #1's MAR for January 02, 2018 through February 01, 2018 revealed:
-There was no entry for Prolixin.

Review of Resident #1's physcian's orders revealed there was no order clarification for Prolixin which was not listed on the current FL-2 dated 12/22/17.

Interview with the Administrator on 01/24/18 at 11:47am revealed:
-The Supervisor in Charge (SIC) was responsible for checking medication orders and MARs.
-The Administrator could not explain why Prolixin was given 21 days after it was not listed on the new FL-2 without clarification.
-The Administrator would contact Resident #1's prescribing physician as soon as possible to obtain an order clarification.

A second interview with the Administrator on 01/21/18 at 2:20pm revealed:

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C 315	Continued From page 5 -The Administrator had attempted to contact Resident #1's prescribing physician. -The Administrator had been told by the medical office the prescribing physician had left for the day. -The Administrator had faxed an order clarification form to the prescribing physician's office. Interview with the SIC on 01/24/18 at 2:27pm revealed: -The SIC routinely checked each month's MARs before they are used. -Resident #1's MAR for 12/04/17 through 01/02/18 had been checked when received. -She could not explain how the medication change had been missed. -She would recheck all MARs against Resident's current medication orders as soon as possible. -The SIC had not noticed any changes in Resident #1's behavior.	C 315		