STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054067	A. BUILDING: _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE OF KINSTON	1935 IDLEWILD DRIVE KINSTON, NC 28504

(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 May 22-24, 2018.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to keep two doors, the flooring in four Resident Room s (#4, #23, #24, #27) and seven bathrooms, and one kitchen wall in good repair. The findings are: Observation of Resident Room #24 on 05/22/18 at 10:41 am revealed there were multiple snags in the carpet. Observation of Resident Room #23 on 05/22/18 at 10:43 am revealed there were multiple snags in the carpet. Observation of the bathroom on the 200 hall of the special care unit (SCU) on 05/22/18 at 10:50 am revealed there were brown stains on the four tiles bordering the toilet. Observation of the second bathroom on the 200 hall of the SCU on 05/22/18 at 11:05 am	D 074		

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D 074	Continued From page 1	D 074		

revealed:
-There were dark brown stains in between the nine tiles surrounding the toilet.
-There was rust on the grab bar attached to the wall behind the toilet.

Observation of Resident Room #27 on 05/22/18 at 11:22 am revealed there were multiple snags in the carpet.

Observation of the doors in the hallway by the assisted living dining room on 05/24/18 at 12:00 pm revealed there were multiple black scuff marks on the bottom of the door.

Observation of the bathroom on the 300 hall of the SCU on 05/24/18 at 2:43 pm revealed there was dark brown stained grout around the base of the toilet.

Observation of the spa bathroom on the 300 hall of the SCU on 05/24/18 at 2:44 pm revealed:
-There was a cracked tile to the left of the toilet.
-There were dark brown stains on the two tiles in front of the toilet.

Observation of the second bathroom on the 300 hall of the SCU on 05/24/18 at 2:51 pm revealed there were dark brown stains on the six tiles surrounding the front of the toilet.

Interview with the Executive Director on 05/22/18 at 11:30 am revealed:
-She was aware of the carpet issues throughout the facility.
-She was aware of the stained tiles in the bathrooms.
-She had obtained quotes to have the carpet replaced as well as the flooring redone in the bathrooms.

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D 074	Continued From page 2 -She had forwarded those quotes to the corporate office for approval. Observation of the bathroom in Resident Room #5 on 5/22/18 at 11:05am revealed: -There was a 7 inch crack in the ceiling above the toilet in which the ceiling was peeling on each side of the crack. -There were several gray and black stains ranging in sizes from 3 inches to 6 inches on the tile floor. -The grout along all sides of the floor and around the toilet was molded and black. Interview with the Executive Director (ED) on 5/22/18 at 11:10am revealed: -She was not aware of the crack in the bathroom ceiling of Resident Room #5. -The maintenance director should walk around the facility weekly to look for repairs that are needed and repair those or contact the corporate head of maintenance to schedule repairs. Observation of the bathroom in Resident Room #10 on 5/22/18 at 11:30am revealed: -There was an 8 inch crack in the ceiling near the exhaust vent. -The tile flooring had dark gray and black stains in several areas that ranged in sizes. -The grout along all sides of the floor and around the toilet was molded and black. Observation of Resident Room #4 on 5/22/18 at 11:55am revealed there was a 7 inch by 3 inch area of carpet that was missing near the bed at the window exposing the flooring underneath. Observation of the bathroom in Resident Room #4 on 5/22/18 at 11:55am revealed: -The tile flooring had dark gray and black stains in	D 074		

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D 074	Continued From page 3	D 074		

several areas that ranged in sizes from 3 inches to 6 inches in diameter.
-There were various sizes of cracks in all areas of the tile.
-The grout along all sides of the floor and around the toilet was molded and black.
-There were two areas on the wall each 2 inches by 3 inches with chipped plaster.

Observation of the kitchen wall at the entrance door on 5/22/18 at 2:45pm revealed:
-There was paint chipping around the entire door frame.
-The left side of the door frame was separating from the wall.

Interview with the housekeeper on 05/23/18 at 10:30 am revealed:
-She cleaned all bathrooms daily and some twice daily.
-She was the only housekeeper for the facility currently.
-She worked Monday through Friday and every other Saturday.

Interview with the maintenance director on 5/23/18 at 12:30pm revealed:
-He walked around the facility each day to look for needed repairs.
-He would fix repairs or call corporate for assistance if he did not have the supplies or was unable to fix.
-He was aware of the paint chipping and the door frame needing repair in the kitchen and would be working on it soon.

Interview with the Executive Director on 05/22/18 at 11:30 am revealed:
-She was aware of the carpet issues throughout the facility.

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D 074	Continued From page 4 -She was aware of the stained tiles in the bathrooms. -She had obtained quotes to have the carpet replaced as well as the flooring redone in the bathrooms. -She had forwarded those quotes to the corporate office for approval.	D 074		
D 075	10A NCAC 13F .0306(a)(2) Housekeeping And Furnishing 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (2) have no chronic unpleasant odors; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain an odor free environment in the spa bathroom, main hallway, and dining room. The findings are: Observation of the assisted living dining room on 05/23/18 at 8:08 am revealed there was a strong odor of urine in the dining room and the hallway surrounding the dining room. Observation of the assisted living dining room on 5/23/18 at 8:15 am revealed the personal care aide (PCA) was spraying air freshener in the dining room and hallway. Observation of the spa bathroom by the assisted living dining room on 05/23/18 at 8:16 am revealed there was a strong smell of urine	D 075		

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D 075	Continued From page 5 coming from the bathroom. Interview with a resident on 05/23/18 at 9:59 am revealed: -There was a urine smell that came from one specific resident's room. -The smell seemed to have gotten worse in the last few weeks. -The smell bothered him but he was not sure if he smelled it while eating in the dining room. Interview with second resident on 05/23/18 at 10:07 am revealed: -He sometimes smelled urine in the building. -He often sprayed air freshener in his room. Interview with two residents on 05/23/18 at 10:15 am revealed there was usually a smell of urine in the dining room due to one resident being incontinent. Interview with a third resident on 05/23/18 at 10:45 am revealed: -She often smelled urine in the halls but usually not in the dining room. -She had not complained because staff also smelled the urine. Interview with a fourth resident on 05/23/18 at 4:20 pm revealed: -The urine smell in the building came from incontinent residents. -There was sometimes a smell of urine in the dining room depending on who was in the room. -He had not complained to anyone because it would not change anything. Observation of the assisted living dining room and hallway on 05/23/18 from 12:34-12:51 pm revealed there was a smell of urine.	D 075		

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D 075	Continued From page 6 Interview with a resident on 05/23/18 at 12:51 pm revealed: -"Flies seemed to come with the smell of urine. -It had been that way for quite some time. Interview with two personal care aides on 05/23/18 at 4:28 pm revealed: -The smell of urine came from the spa bathroom across the hall. -They had not heard any residents complain about the smell of urine. Interview with a medication aide on 05/23/18 at 11:20 am revealed: -There was a smell of urine mostly in one resident's room due to the resident being incontinent. -The spa bathroom across from the dining room also usually had a smell of urine. -They were in the process of removing the floor in that bathroom to help stop the smell. -She recalled one resident complaining about the smell of urine. -Housekeeping came and cleaned the area and sprayed air freshener. -Staff often complained about the urine smell. Interview with the housekeeper on 05/23/18 at 10:30 am revealed: -The urine smell in the building came from the spa bathroom across the hall from the dining room. -More men used that restroom and often urinated on the floor. -The urine seeped through the tiles and caused the lingering smell of urine in the bathroom. -She cleaned that bathroom daily and sometimes twice daily. -No residents had complained to her about the	D 075		

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D 075	Continued From page 7	D 075		

smell.
-She was the only housekeeper for the facility currently.
-She worked Monday through Friday and every other Saturday.

Interview with the Maintenance Director on 05/23/18 at 10:35 am revealed:
-They were working on eliminating the smell of urine in the building.
-They were in the process of replacing the tile in the spa bathroom.
-They were also planning to get a new toilet in the bathroom to minimize spills while male residents urinated.
-He had been shampooing the carpet about two times weekly to reduce the smell of urine in the building.
-There were plans to replace the carpet in the building as well.
-None of the residents had complained to him about the smell.

Interview with the Executive Director on 5/24/2018 at 3:45am revealed:
-The odor in the dining room area was coming from the spa bathroom near the dining room.
-Urine had soaked under the tiles in the bathroom over a period of time, and the tiles needed to be replaced.
-The carpet in the hallway near the dining room had urine odor and had to be shampooed by housekeeping staff repeatedly (several times a week).
-When the weather temperature was hot, the urine odor was stronger.
-There was one resident who thought the carpet was his outside yard and urinated onto the carpet daily.
-The facility had 1 housekeeper who worked from

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D 075	Continued From page 8 8:00am until 4:00pm Monday through Friday and every other Saturday in the special care unit (SCU) and the assisted living AL) unit.	D 075		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2-step tuberculosis (TB) testing had been completed upon admission in compliance with the control measures adopted by the commission for Health Services for 1 of 5 sampled residents (Resident #1). The findings are: Review of Resident #1's current FL-2 dated 4/24/18 revealed diagnoses of dementia, cerebral palsy, vitamin D deficiency, and dry eye syndrome. Review of Resident #1's Resident Register revealed an admission date of 5/17/15. Review of Resident #1's Tuberculin Skin Test	D 234		

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D 234	Continued From page 9 (TST) Record revealed: -There was documentation of a TST administered to Resident #1 on 7/23/15 and read as negative on 7/26/15. -There was documentation of another TST being administered to Resident #1 on 4/25/17 and read as negative on 4/27/17. -There was no documentation of any other TST being administered to Resident #1. Interview with Resident #1 on 5/23/18 at 1:15pm revealed she did not remember having two TSTs within a few weeks of each other since she was admitted to the facility Interview with the Resident Care Coordinator (RCC) on 5/24/18 at 9:15am revealed: -She was not aware Resident #1 had not had a two-step TST at admission. -The Executive Director (ED) was responsible for keeping up with what residents needed the 2-step TST. -The RCC did not do anything with the TST for residents. Interview with Resident #1's primary care physician (PCP) on 5/24/18 at 10:20am revealed: -They had no record of a TB skin test given to Resident #1. -Their office did not perform TSTs on the residents unless the facility requested. -It was her expectation that the facility would ensure a 2-step TB test was completed prior to residents being admitted to the facility. Interview with the ED on 5/24/18 at 3:15pm revealed: -She was not aware that Resident #1 had not had her 2-step TST completed. -Resident #1 was admitted from another facility.	D 234		

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D 234	Continued From page 10 -The process was that residents who come from other facilities would come with evidence that the 2-step TST was completed. -The ED was responsible to make sure newly admitted residents had at least one TST completed prior to admission. -The ED would contact the PCP to get the 2-step TST started for Resident #1.	D 234		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to serve eight ounce glasses of milk at least twice daily to the residents in the Assisted Living (AL) and the Special Care Unit (SCU) dining rooms. The findings are: Observation of the posted menus for 5/22/18, 5/23/18 and 5/24/18 revealed residents were to be served milk at breakfast, and a beverage of choice for lunch and supper.	D 299		

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D 299	Continued From page 11 Observation of the milk in the refgrigerator on 5/22/18 at 2:45pm revealed there was 1/2 gallon of milk available. Interview with the Dietary Manager on 5/22/18 at 2:45pm revealed: -The company that supplied the milk would be delivering a weekly supply (8 gallons) the next morning. -Residents in the AL and SCU were offered milk at breakfast. -A few residents had milk with their cereal and only one resident wanted milk in a cup for breakfast. -No other residents on SCU had asked for milk. -"Residents are not offered milk at lunch or supper." -"If a resident asks for milk they are given it." Observation of the breakfast meal in the SCU dining room on 5/23/18 at 8:00am revealed: -The dietary aide (DA) announced loudly to all residents "does anyone want milk?" -There were no residents that responded verbally or non-verbally to the offer of milk. -She did not place a glass of milk at the residents' table. -There were 4 tables with 12 residents that all had water and juice. -There was one resident that had a glass of milk. Observation of the breakfast meal in the Assisted Living dinng room on 05/23/18 from 8:25am to 9:02am revealed residents were served a bowl of cereal if they chose with a glass of milk. Observation of the lunch meal in the AL dining room on 05/23/18 from 12:27 pm to 1:05 pm revealed no residents were served or offered milk.	D 299		

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D 299	Continued From page 12 Interview with personal care aide (PCA) on 5/23/18 at 8:30am revealed: -"We only offer milk at breakfast." -"The residents don't get milk at lunch or supper, they get tea or juice and water." Observation of the lunch meal in the SCU dining room on 5/23/18 at 12:10pm revealed: -There were 4 tables with 12 residents that all had tea and water. -Milk was not offered to any resident by the staff. Interview with an Assisted Living (AL) resident on 05/23/18 at 9:59 am revealed: -He was not always served milk and did not get milk that morning of 05/23/18. -He liked drinking milk. Interview with anotherAL resident on 05/23/18 at 10:15 am revealed: -Milk was only served at breakfast. -She would like to have milk with dinner as well. -She did not think she was able to ask for milk at dinner. Interview with another AL resident on 05/23/18 at 10:48 am revealed: -She drank milk but only got it in the morning. -She would like to have some milk in the afternoons as well. Interview with the Dietary Manager on 5/23/18 at 12:40pm revealed they asked the residents on the SCU if they wanted milk for breakfast; they did not use any gestures to illustrate the milk in a glass. Interview with a DA on the AL on 5/23/18 at 4:45pm revealed, "We don't give the residents	D 299		

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D 299	Continued From page 13 milk unless they ask." Interview with a PCA on the SCU on 5/24/18 at 10:00am revealed: -"Today we gave all residents milk this morning for breakfast and everyone drank it except one resident." -"Everyone may have liked milk all along, but we didn't know that." Interview with the Executive Director (ED) on 5/24/18 at 3:15pm revealed: -They offered all residents on AL and SCU milk, juice, coffee and water at breakfast. -They gave all residents on AL and SCU water, and tea, coffee or beverage of choice for lunch and supper. -They did not offer milk two times a day. -She was not aware that milk was to be offered two times a day. -They only offered milk at breakfast "as the menu indicates" for both AL and SCU.	D 299		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure therapeutic diets were served as ordered for 1 of 1 resident sampled (#7) with physician's orders for nectar	D 310		

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thickened liquids.

The findings are:

Review of Resident #7's current FL-2 dated 11/29/17 revealed diagnoses included dementia, chronic obstructive pulmonary disease, hypertension, Alzheimer's disease and stroke.

Review of Resident #7's diet order dated and signed by the physician on 11/29/17 revealed a mechanical soft, no added sodium, nectar thickened liquids diet.

Observation of the Special Care Unit (SCU) kitchen area on 5/23/18 at 8:00am revealed:
-There was a container of thickener with a scoop inside the container.
-The scoop had one side that was a teaspoon and one side that was a tablespoon.
-There were instructions on the container with measurements needed to thicken liquids.
-Four ounces of clear liquids required 1 tablespoon of thickener to be nectar consistency.
-Eight ounces of clear liquids required 2 tablespoons of thickener to be nectar consistency.

Observation of the DA preparing Resident #7's beverages on 5/23/18 at 8:00 am revealed:
-She poured out the cranberry juice that had been mixed with one teaspoon of thickener.
-She added one tablespoon of thickener to 4 ounces of cranberry juice that was in a 4 ounce cup.
-She added one tablespoon of thickener to 4 ounces of water that was in a 4 ounce cup.

Interview with the dietary aide (DA) preparing Resident #7's beverages on 5/23/18 at 8:00am

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revealed:
-She added one teaspoon of thickener to a cup of cranberry juice that she had been told was a 4 ounce cup.
-She thought the teaspoon side of the scoop was a tablespoon because she was always told to use the "small side of the scoop".

Observation of Resident #7 on 5/23/18 at 8:00am in the SCU dining room revealed:
-He was served and drank 4 ounces of nectar thick cranberry juice and 4 ounces of nectar thick water with his breakfast.
-He did not experience any coughing while drinking the nectar thick liquids.

Observation of the DA preparing Resident #7's beverages on 5/23/18 at 12:10pm revealed she added two tablespoons of thickener to 8 ounces of tea that was in an 8 ounce cup.

Interview with the DA preparing Resident #7's beverages on 5/23/18 at 12:12pm revealed she was not aware that she had to measure the liquid and then pour it into the cup.

Observation of the DA preparing Resident #7's beverages on 5/23/18 at 12:14pm revealed:
-She poured out the thickened tea.
-She got a measuring cup and measured 8 ounces of tea and added two tablespoons of thickener.
-She measured 4 ounces of water and added one tablespoon of thickener.

Observation of Resident #7 on 5/23/18 at 12:15pm in the SCU dining room revealed:
-He was served and drank 8 ounces of nectar thick tes and 4 ounces of nectar thick water with his lunch.

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D 310	Continued From page 16 -He did not experience any coughing while drinking the nectar thick liquids. Interview with the dietary manager (DM) and the DA on 5/23/18 at 12:40pm revealed: -They had always mixed one teaspoon of thickener in 4 ounces of liquid to make nectar thickened liquids. -They thought the teaspoon side of the scoop was a tablespoon. -They have never measured the 4 ounces or 8 ounces of liquid since they had cups that were 4 ounces or 8 ounces. -There was no training for new employees on how to thicken liquids. -The new employees were told to "read the label and follow the instructions". Interview with the Executive Director (ED) on 5/24/18 at 3:15pm revealed: -She was not aware that the staff were incorrectly measuring the nectar thickened liquids. -The DM was responsible for assring the residents were given the proper thickened liquids as ordered. -The supervisor was responsible for insuring the residents were given the proper thickened liquids as ordered on the weekends or in the absence of the DM. -The staff were to follow the instructions on the can of thickener. -"Training on thickened liquids began today with all staff."	D 310		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a	D 317		

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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:
Based on observations, record review, and interviews, the facility failed to provide 14 hours of planned group activities per week for the 48 residents living in the facility.

The findings are:

Review of the May 2018 Assisted Living (AL) calendar revealed there were 20 hours-26 hours of activities offered each week.

Review of the May 2018 Special Care Unit (SCU) calendar revealed there were 17 hours-19 hours of activities offered each week.

Review of the May 2018 AL activity calendar for 5/22/18 revealed:
-Arts and crafts were scheduled at 9:00am-11:00am.
-Popcorn and movie were scheduled at 2:30pm-4:30pm.

Review of the May 2018 SCU activity calendar for

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D 317	Continued From page 18 5/22/18 revealed: -Ball toss was scheduled at 9:00am-10:00am. -Sock sorting was scheduled at 1:00pm-2:00 pm. Review of the May 2018 AL & SCU activity calendar for 5/23/18 revealed: -Memorial Day crossword puzzle was scheduled at 9:00am-10:00am. -Popcorn and movie were scheduled at 1:00pm-2:00pm. Review of the May 2018 AL & SCU activity calendar for 5/24/18 revealed: -Memorial Day puzzles were scheduled at 9:00am-10:00am. -Music/singing was scheduled at 1:00pm-2:00pm. Observations of the AL activity room, large living room and the SCU large living room/dining room on 5/23/18 and 5/24/18 between 9:00am-10:00am and 1:00pm-2:00pm revealed: -There were no activities occurring with the residents. -Residents were in their rooms or seated in chairs or wheelchairs in the hallways or day areas, and not actively engaged in an activity. Interviews with 5 residents on the AL unit 5/22/2018 between 10:00am and 11:55am revealed: -There were no daily activities at the facility. -When activities were offered it would usually be Bingo, but most of the residents did not participate. -When the facility had an activity director, some of the residents were transported to outings, including shopping trips and eating at restaurants. -Church groups came to the facility on Sunday and provided church services. -There had not been any other activities at the	D 317		

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facility for a few months.
-There was no transportation available to go out for activities because they were training someone.
-There were no activities at the facility for a few weeks.
-One resident had not been out other than to the doctor.
-Residents played Bingo "once in a blue moon."
-It had been months since there were any activities, probably back before Christmas.
-They did play ball yesterday.
-One resident usually walked the building and exercised on her own.
-One resident usually worked on crossword puzzles in his room for activity.

Interview with a medication aide on 05/23/18 at 11:20 am revealed:
-The Executive Director (ED) and the personal care aides (PCAs) did activities with residents.
-There was usually an activity once a day, but they did not follow an activity calendar.
-She was not sure when the activity director left the facility but thought it might have been in January of 2018.

Interview with the SCU medication aide (MA) on 5/24/18 at 9:20 am revealed:
-There was no activity director and no one assigned to do the activities with residents.
-There was an activity schedule posted on AL and SCU but the staff did not follow it.
-The personal care aides (PCA) may do something with the residents if there was time but there was no set schedule and usually no time to do activities.

Interview with the AL MA on 5/24/18 at 9:35 am revealed:

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D 317	Continued From page 20 -Activities were not offered that often. -She thought there was an activity book that the staff could log the activity and time they did it. -She could not locate the activity book. -There was no schedule that they followed for activities. -There was no activity director or coordinator of activities. Confidential interview with another staff member on 5/24/18 at 9:40 am revealed she would sometimes see the transportation staff play ball with a resident, but she usually did not see any activities going on with residents. Interview with the Executive Director (ED) on 5/24/18 at 3:15 pm revealed: -She was responsible for making the activity calendar each month. -She was not a certified activity director. -They had not had an activity director since December 2017 but were trying to hire one. -She did not know when an activity director would be hired. -Activities in assisted living (AL) unit were done by the personal care staff (when they had time) and the residents, which included bingo, puzzles, reading groups, and coloring. -The staff should log in a book if an activity was done, but there was no monitoring of the documentation and she was not sure if the documentation was done. -She was not sure where the book was. -The activities were not performed according to the posted activity calendar schedules. -Activities in the special care unit included folding clothes, towels and wash clothes; washing dishes on the special care unit; polishing finger nails, and outside groups provided activities occasionally such as church services	D 317		

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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: Based on observations, interviews, and record reviews the facility failed to administer a sleep medication as ordered by the physician for 1 of 5 sampled residents (Resident #4). The findings are: Review of Resident #4's current FL-2 dated 11/27/17 revealed diagnoses included dementia, aortic stenosis, hypertension, atherosclerotic heart disease, and coronary artery disease. Review of physician's orders dated 11/27/17 revealed Resident #4 was prescribed Ambien 5 (mg.) one tab nightly. (Ambien is used to help with sleep.) Review of Resident #4's Controlled Substance Logs revealed: -A log dated January 2018 revealed the last dose of Ambien was administered on 1/26/18. -A log dated March 2018 revealed the next dose of Ambien was not administered until 3/14/18.	D 358		

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D 358	Continued From page 22 Review of the February 2018 medication administration record (MAR) revealed Ambien was administered to Resident #4 every night as scheduled. Interview with the Pharmacist on 05/24/18 at 9:20 am revealed: -Thirty tablets of Ambien were dispensed on 12/26/17. -The facility requested a refill on Ambien on 01/23/18. -There were no refills on the script at that time. -The pharmacy sent the request to the doctor. -The pharmacy received a new script dated 03/09/18 from the facility on 03/13/18 that was dispensed that day 03/13/18. Review of the February 2018 medication administration record (MAR) revealed Ambien was administered to Resident #4 every night as scheduled. Interview with a medication aide (MA) on 05/24/18 at 1:40 pm revealed: -She did not recall Resident #4 being out of the Ambien prescription in February 2018. -She did not know why there was no controlled substance log for February 2018 and thought it should have been filed in the record. -She had signed the MAR as administering the medication while there was none on hand in February of 2018. -It was possible she might have gotten busy and just signed as administering the dose. Interview with the Resident Care Coordinator (RCC) on 05/24/18 at 2:30 pm revealed: -She was not employed at the facility in February 2018. -She was not sure why Resident #4 was out of	D 358		

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the medication but was told it was due to the resident changing doctors.
-She was not sure why the medication aides would have documented administering the medication in February 2018 when there was none in the facility.
-She expected MAs to document a medication was not given if it was not available.
-She would contact the primary care physician's office directly in the future if there was a delay in obtaining a prescription.
-She would also document all attempts to get the prescription.

Interview with staff at the primary care provider ' s (PCP) office on 05/24/18 at 1:45 pm revealed:
-Resident #4 was last seen in the office on 12/15/17.
-They received a request from the pharmacy for a refill on Ambien on 12/11/17 and 03/09/18.
-There was no record of a request made on 01/23/18 from the pharmacy for a refill.
-All requests came into the office electronically and would be recorded in the computer system.
-There were no calls from the facility staff requesting a refill on the prescription.
-The resident was prescribed Ambien due to sleep issues.
-Without the prescription, the resident would have likely had issues sleeping.

Based on observations, interviews, and record reviews it was determined Resident #4 was not interviewable.

Interview with the Executive Director (ED) on 05/24/18 at 3:30 pm revealed:
-If a medication was not available in the facility, the Supervisor should contact the pharmacy.
-If the medication would not be available by the

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D 358	Continued From page 24 next scheduled dose, the backup pharmacy should be contacted. -If the medication was still unavailable, the MA should document that the medicine was not available, document the estimated arrival time, notify the doctor. -If an MA was administering a controlled medication, they would document on the MAR and also the controlled substance log. -MAs should never document a medication was given if it was not administered. -She was not aware the MAs had documented administering Ambien to Resident #4 during February 2018 despite the medication not being in the facility. -She would have expected the Supervisor to follow up with the pharmacy and the PCP if there was a delay in obtaining a prescription.	D 358		