STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049016	A. BUILDING: _____ B. WING _____	R 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIN VILLAGE	999 TABOR ROAD OLIN, NC 28660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on June 19-20, 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: Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MARs) for 2 of 5 sampled residents (Resident #3 and #5) related to documenting administration of klonopin a medication used to treat anxiety (Resident #3) and amlodipine/valsartan a medication used to treat	D 367	The Administrator / Manager shall ensure the resident's medication administration record shall be accurate and include the resident's name, name of the medication order, strength and dosage or quantity of medication administered, instructions for administering the medication or treatment, reason or justification for the administration of medications or treatments as needed and documenting the resulting effect on the resident, date and time of administration, documentation of any omission of medications or treatments and the reason for the omission, including refusals, and the name and initials of the person administering the medication or treatment. The Administrator, Manager, and Lead Medication Aide reviewed the current MARs for accuracy on 6/28-6/29, 2018. The Administrator, Manager or Lead Medication Aide will monitor the MARs for accuracy weekly X3, biweekly X3, monthly X3, then quarterly thereafter. Documentation of the monitoring will be kept at the facility for review.	07/31/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amanda Farmer | TITLE: ADMINISTRATION | (X6) DATE: 07/31/18

Reviewed and acknowledged 08/07/18 jeanne s robinson RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049016	A. BUILDING: _____ B. WING _____	R 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIN VILLAGE	999 TABOR ROAD OLIN, NC 28660

(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 367	Continued From page 1	D 367		

high blood pressure (Resident #5).

The findings are:

1. Review of Resident #3's current FL2 dated 11/30/17 revealed:
-Diagnoses included chronic schizoaffective disorder-bipolar, anxiety and depression.
-There was an order for klonopin 0.5 mg take ½ tablet three times daily.

Review of Resident #3's record revealed a subsequent physician's order dated 4/17/18 to change klonopin 0.5 mg take ½ tablet two times daily.

Review of Resident #3's Medication Administration Record (MAR) for May 2018 revealed:
-There was an entry for klonopin 0.5 mg take ½ tablet three times daily at 8:00am, 12:00pm, and 4:00pm.
-There was documentation klonopin 0.5mg take ½ tablet (0.25) had been administered 93 times in May 2018.

Review of Resident #3's Medication Administration Record (MAR) for June 2018 revealed:
-There was an entry for klonopin 0.5 mg take ½ tablet three times daily at 8:00am, 12:00pm, and 4:00pm.
-There was documentation klonopin 0.5mg take ½ tablet (0.25) had been administered 55 times in June 1-19, 2018.

Observation on 6/19/18 at 2:15pm of the medications on hand for Resident #3 revealed there were five klonopin 0.5mg tablets which had been cut into ½ tablets to equal ten 10 tablets,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049016	A. BUILDING: _____ B. WING _____	R 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIN VILLAGE	999 TABOR ROAD OLIN, NC 28660

(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 367	Continued From page 2 which creconciled correctly with the facility narcotic record. Telephone interview with the facility pharmacy on 6/19/18 at 1:15pm revealed: -They were responsible for completing the MARs monthly for the facility. -The current order the pharmacy had dated 3/6/18 for Resident #3's klonopin was ordered as 0.5mg ½ tablet three times daily. -They had not received the order dated 4/17/18 from the facility. -The facility was to fax the order to the pharmacy, the pharmacy would update the changes to the MAR. Telephone interview with Resident #3's pharmacy 6/20/18 at 10:15am revealed: -The pharmacy was responsible for sending Resident #3's medications to the facility when the facility requested a 30 day supply be sent via mail. -The current order for Resident #3 klonopin was dated 4/17/18 and was ordered as klonopin 0.5mg take ½ tablet two times daily. -The pharmacy had dispensed 30 tablets of klonopin 0.5mg to the facility on 4/19/18, 5/10/18 and on 6/4/18. Interview on 6/20/18 at 10:05 with the Medication Aide (MA) revealed: -She worked in the facility on first shift. -She administered Resident #3's klonopin at 8:00am, but she did not administer the klonopin at 12:00pm. -"I guess I charted administered when I did not." -The MA were responsible for faxing the new orders to the pharmacy for updating the MARs. -"I am not sure what happened to the order, but we administered [Resident #3's] klonopin 0.25mg	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049016	A. BUILDING: _____ B. WING _____	R 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIN VILLAGE	999 TABOR ROAD OLIN, NC 28660

(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 367	Continued From page 3	D 367		

two times daily like the order on the prescription bottle."

Attempted telephone interview on 6/19/18 at 1:30pm with Resident #3's physician was unsuccessful.

Interview on 6/19/18 at 2:30pm and on 6/20/18 at 11:00am with the facility Director revealed:
-She was not aware the order dated 4/18/18 for Resident #3's klonopin 0.5mg take ½ tablet was not faxed to the pharmacy.
-She was not aware the MAs had documented on Resident #3's MAR they administered the klonopin, when it had not been administered.
-She relied on the MAs to fax all new orders to the pharmacy.
-The MAs were to document on the MAR only when they had administered the medications to the residents.

2. Review of Resident #5's current FL2 dated 5/10/18 revealed diagnoses included hypertension, depression, angina, hyperlipidemia, headaches, gastric esophageal reflux disease, chronic pain, and anxiety.

Review Resident #5's record revealed:
-There was a signed physician's order dated 5/10/18 to give amlodipine-valsartan 10-325mg 1 tablet daily.
-There was a physician's visit note dated 5/24/18 regarding it had been necessary to change the amlodipine-valsartan due to resident's complaint of ongoing headache and dizziness.
-There was another signed physician's order for Resident #5 dated 5/25/18, Discontinue amlodipine-valsartan 10-325mg start Amlodipine-valsartan 5-160mg daily.
-The ordered had been faxed on 5/29/18 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049016	A. BUILDING: _____ B. WING _____	R 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIN VILLAGE	999 TABOR ROAD OLIN, NC 28660

(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 367	Continued From page 4 9:23am. Review of Resident #5's May 2018 Medication Administration Record (MAR) revealed: -There was an entry for amlodipine-valsartan 10-325mg 1 tablet daily. -There was documentation of administration of amlodipine-valsartan 10-325mg 1 tablet daily on 5/10-5/24/18 at 8am. -There was handwritten documentation to discontinue Amlodipine-valsartan 10-325mg 1 tablet on 5/24/18. -There was no entry of the physician's order for amlodipine-valsartan 5-160mg 1 tablet daily. Review of Resident #5's June 2018 MAR revealedno entry of amlodipine-valsartan 5-160mg 1 tablet daily. Review of Resident #5 May 2018 pharmacy packing slip revealed Amlodipine-valsartan 5-160mg with seven tablets delivered and received 5/25/18 at 10am. Review of Resident #5 June 2018 pharmacy packing slip revealed: -Amlodipine-valsartan 5-160mg with fourteen tablets was recieved and delivered on 6/3/18 and 6/14/18 Observation on 6/19/18 of Resident #5 medication on hand revealed there were nine tablets of amlodipine-valsartan 5-160mg. Interview with Medication Aide, (MA) on 6/19/18 at 2:15pm revealed: -The medication order came from a medical provider. -She looked over the order and faxed it to the facility pharmacy.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049016	A. BUILDING: _____ B. WING _____	R 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIN VILLAGE	999 TABOR ROAD OLIN, NC 28660

(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 367	Continued From page 5 -The facility pharmacy entered the medication order onto the MAR for the resident. -Once the pharmacy entered the order, she had checked the orders on the MAR for accuracy. -Amlodipine-valsartan 5-160mg had been delivered by the pharmacy on 5/25/18, 6/3/18 and 6/14/18. -The resident had been given amlodipine-valsartan 5-160mg 1 tablet daily beginning 5/25/18. -Administration of amlodipine-valsartan 5-160mg had not been documented on the MAR because the order was not written on the MAR on 5/26/18. -She was not aware the medication had been given and not documented on the MAR. -She had reviewed the June MAR and it was inaccurate on 5/26/18. Interview with the facility Director on 6/19/18 at 2:45pm revealed: -The MAs were responsible for ensuring MAR accuracy. -She did not know why the error had occurred. Interview with Resident #5 on 6/20/18 at 11:00am revealed: -He received all of his medications every day. -He was aware he took a medication to control his blood pressure. -His blood pressure medication had been changed because he had severe headaches and dizziness. -His headaches and dizziness had improved with the new medication.	D 367		