| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | FCL011195 | A. BUILDING: _____ B. WING _____ | R 01/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| EVERGREEN LIVING HOME #3 | 103 COUNTRY TIME LANE LEICESTER, NC 28748 |

| (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 |
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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual and follow-up survey on 01/02/19. | C 000 | | |
| C 059 | 10A NCAC 13G .0310 (b) Storage Areas<br><br>10A NCAC 13G .0310 Storage Areas<br><br>(b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use.<br><br>This Rule is not met as evidenced by:<br>Based on interview, observation and record review the facility failed to assure that for 5 of 5 residents there was locked storage for cleaning agents and bleach which could be hazardous if ingested, inhaled or handled.<br><br>The findings are:<br><br>On 01/02/18 at 10:15 AM observation of the laundry room revealed:<br>-The laundry door was unlocked.<br>-Inside the unlocked laundry room was a bottle of all-purpose cleaner, a multi-surface cleaner, glass cleaner, a gallon of bleach and laundry detergent all of which contained chemicals that could be hazardous if ingested, inhaled or handled according to labeling.<br><br>Interview with the Supervisor-in-Charge (SIC) at 10:20 am on 01/02/18 am revealed:<br>-She never kept the door unlocked.<br>-She opened the door for the survey so that | C 059 | | |

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| C 059 | Continued From page 1<br>surveyors could see what was inside.<br><br>Interview with the Administrator at 2:00 pm on 01/02/18 revealed:<br>-The facility had a policy to keep the laundry door locked at all times.<br>-Staff were all aware of this policy.<br>-Administrator or other designated staff had checked weekly to be sure that medication carts and laundry doors were locked.<br><br>Review of a weekly checklist for facility revealed that administrator or other designated staff would check off that laundry doors and medication carts were locked at all times. | C 059 | | |
| C 342 | 10A NCAC 13G .1004(j) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(j) The resident's medication administration record (MAR) shall be accurate and include the following:<br>(1) resident's name;<br>(2) name of the medication or treatment order;<br>(3) strength and dosage or quantity of medication administered;<br>(4) instructions for administering the medication or treatment;<br>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;<br>(6) date and time of administration;<br>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and<br>(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 | C 342 | | |

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|---|---|---|---|---|
| C 342 | Continued From page 2 | C 342 | | |

documented and maintained with the medication administration record (MAR).

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews the facility failed to ensure the medication administration record (MAR)was accurate for 3 of 3 sampled residents (Resident #1, Resident #2 and Resident #3).

The findings are:

Interview on 01/02/19 at 9:15am with the Supervisor-In-Charge (SIC) revealed there were 5 residents in the facility with one resident out of town with her family.

Observation on 01/02/19 at 9:20am during the initial tour revealed the SIC was documenting on the December 2018 Medication Administration Record (MAR) in the kitchen for the residents in the facility for 12/29, 12/30 and 12/31/18.

1. Review of Resident #1's current FL2 dated 08/14/18 revealed:
-Diagnoses included diabetes mellitus, hypertension, hyperlipidemia, depression, hypothyroidism, dyspepsia and atrial fibrillation.
-Medications ordered were Losartan-Hydrochlorothiazide 12.5mg daily (used to treat high blood pressure), levothyroxine 50mg daily (hormone used to treat thyroid problems), Glimepiride 1 mg daily ( used to treat diabetes), Tramadol 50mg every morning (used to treat pain), rantidine 150mg twice daily (used to reduce stomach acid), Senexon two tablets at bedtime (used to treat constipation), mirtazapine 15mg at bedtime (used to treat depression), amlopidipine 10mg at bedtime (used to treat high blood pressure and chest pain).

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| C 342 | Continued From page 3<br><br>Review on 01/02/19 of the December 2018 MAR for Resident #1 revealed:<br>-Entries for Losartan 12.5mg daily, levothyroxine 50mg daily, Glimepiride 1 mg daily, Tramadol 50mg every morning, rantidine 150mg twice daily, senexon two tablets at bedtime, mirtazapine 15mg at bedtime, and amlopidipine 10mg at bedtime were documented as administered daily from 12/01/18 through 12/28/18.<br>-The SIC had not documented Losartan 12.5mg daily, levothyroxine 50mg daily, Glimepiride 1 mg daily, Tramadol 50mg every morning, rantidine 150mg twice daily, Senexon two tablets at bedtime, mirtazapine 15mg at bedtime, and amlopidipine 10mg at bedtime as administered for 12/29, 12/30 and 12/31/18.<br><br>Review on 01/02/19 of the January 2019 MAR for Resident #1 revealed:<br>-Entries for Losartan 12.5mg daily, levothyroxine 50mg daily, Glimepiride 1 mg daily, Tramadol 50mg every morning, rantidine 150mg twice daily, Senexon two tablets at bedtime, mirtazapine 15mg at bedtime, and amlopidipine 10mg at bedtime.<br>-There was no documentation of administration for losartan 12.5mg daily, levothyroxine 50mg daily, Glimepiride 1 mg daily, Tramadol 50mg every morning, rantidine 150mg twice daily, Senexon two tablets at bedtime, mirtazapine 15mg at bedtime, and amlopidipine 10mg at bedtime listed on the MAR for 01/01/19 or 01/02/19.<br><br>Refer to the interview on 01/02/19 at 9:25am and 10:40am with the SIC.<br><br>Refer to interview on 01/02/19 at 12:03pm with the Administrator. | C 342 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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| C 342 | Continued From page 4<br><br>2. Review of Resident #2's current FL2 dated 11/19/18 revealed:<br>-Diagnoses included chronic low back pain, hyperkalemia, type 2 diabetes, osteoarthritis, osteoporosis, hypertension, hyperlipidemia, constipation, depression.<br>-Medications ordered were metoprolol XL 100mg daily, (used to treat high blood pressure and chest pain), aspirin 81mg daily (used to treat fevers and mild pain and swelling), amlodipine 10 mg daily (used to treat high blood pressure and chest pain), mirtazapine 15 mg at bedtime (used to treat depression), senna nightly (used to treat constipation), furosemide 20mg three days a week (used to treat fluid retention and swelling caused by congestive heart failure), extra strength Tylenol 500mg twice daily (used to treat pain).<br><br>Review on 01/02/19 of the December 2018 MAR for Resident #2 revealed:<br>-Entries for metoprolol XL 100mg daily, aspirin 81mg daily , amlodipine 10mg daily, mirtazapine 15mg at bedtime, senna nightly, furosemide 20mg three days a week, extra strength tylenol 500mg twice daily were documented as administered daily from 12/01/18 through 12/28/18.<br>-The SIC had not documented metoprolol XL 100mg daily, aspirin 81mg daily , amlodipine 10mg daily, mirtazapine 15 mg at bedtime, senna nightly, furosemide 20mg three days a week, extra strength Tylenol 500mg twice daily as administered for 12/29, 12/30 and 12/31/18.<br><br>Review on 01/02/19 of the January 2019 MAR for Resident #2 revealed:<br>-Entries for metoprolol XL 100mg daily, aspirin 81mg daily, amlodipine 10mg daily, mirtazapine | C 342 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| EVERGREEN LIVING HOME #3 | 103 COUNTRY TIME LANE LEICESTER, NC 28748 |

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|---|---|---|---|---|
| C 342 | Continued From page 5 | C 342 | | |

15mg at bedtime, senna nightly, furosemide 20mg three days a week, extra strength Tylenol 500mg twice daily.
-There was no documentation of administration for metoprolol XL 100mg daily, aspirin 81mg daily , amlodipine 10mg daily, mirtazapine 15 mg at bedtime, senna nightly, furosemide 20mg three days a week, extra strength Tylenol 500mg twice daily listed on the MAR for 01/01/19 or 01/02/19.

Refer to the interview on 01/02/19 at 9:25am and 10:40am with the SIC.

Refer to interview on 01/02/19 at 12:03pm with the Administrator.

3..Review of Resident #3's current FL2 dated 07/30/18 revealed:
-Diagnoses included depression, myelodyplasia, hyperlipidemia, degenerative joint disease, aortic stenosis, epilepsy and cholesteatoma (abnormal noncancerous skin growth).
-Medications ordered were therems tablet daily, losartan 100mg daily, levothyroxine 25mg daily, chlorthalidone 37.5mg daily, celecoxib 200mg daily, atenolol 50mg daily, amlodipine 10mg daily, levetiracetam 500mg twice daily, senna 8.6mg two tablets at bedtime, Docusate 100mg at bedtime, acetaminophen 500mg every 4 hours as needed (used for pain), Ceterizine 10mg at bedtime as needed.

Review on 01/02/19 of the December 2018 MAR for Resident #3 revealed:
-Entries for Therems tablet daily, losartan 100mg daily, levothyroxine 25mg daily, chlorthalidone 37. 5mg daily, celecoxib 200mg daily, atenolol 50mg daily, amlodipine 10mg daily, levetiracetam 500mg twice daily, senna 8.6mg two tablets at bedtime, Docusate 100mg at bedtime,

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|---|---|---|---|
| | FCL011195 | A. BUILDING: _____ B. WING _____ | R 01/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #3 | 103 COUNTRY TIME LANE LEICESTER, NC 28748 |

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|---|---|---|---|---|
| C 342 | Continued From page 6 | C 342 | | |

acetaminophen 500mg every 4 hours as needed (used for pain), Ceterizine 10mg at bedtime as needed were documented as administered daily from 12/01/18 through 12/28/18.
-The SIC had not documented therems tablet daily, losartan 100mg daily, levothyroxine 25mg daily, chlorthalidone 37.5mg daily, celecoxib 200mg daily, atenolol 50mg daily, amlodipine 10mg daily, levetiracetam 500mg twice daily, senna 8.6mg two tablets at bedtime, Docusate 100mg at bedtime, acetaminophen 500mg every 4 hours as needed (used for pain), Ceterizine 10mg at bedtime as needed, as administered for 12/29, 12/30 and 12/31/18.

Review on 01/02/19 of the January 2019 MAR for Resident #3 revealed:
-Entries for therems tablet daily, losartan 100mg daily, levothyroxine 25mg daily, chlorthalidone 37.5mg daily, celecoxib 200mg daily, atenolol 50mg daily, amlodipine 10mg daily, levetiracetam 500mg twice daily, senna 8.6mg two tablets at bedtime, Docusate 100mg at bedtime, acetaminophen 500mg every 4 hours as needed (used for pain), Ceterizine 10mg at bedtime as needed.

-There was no documentation of administration for theorems tablet daily, losartan 100mg daily, levothyroxine 25mg daily, chlorthalidone 37.5mg daily, celecoxib 200mg daily, atenolol 50mg daily, amlodipine 10mg daily, levetiracetam 500mg twice daily, senna 8.6mg two tablets at bedtime, Docusate 100mg at bedtime, acetaminophen 500mg every 4 hours as needed (used for pain), Ceterizine 10mg at bedtime as needed, listed on the MAR for 01/01/19 or 01/02/19.

Refer to the interview on 01/02/19 at 9:25am and 10:40am with the SIC.

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|---|---|---|---|
| | FCL011195 | A. BUILDING: _____ B. WING _____ | R 01/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #3 | 103 COUNTRY TIME LANE LEICESTER, NC 28748 |

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| C 342 | Continued From page 7<br><br>Refer to interview on 01/02/19 at 12:03pm with the Administrator.<br><br>Interview on 01/02/19 at 9:25am and 10:40am with the SIC revealed:<br>-She was aware she was to sign the MAR after she administered the medication but with the holidays she "didn't do it".<br>-She gave the residents their medication, she just did not document she gave it.<br>-She had not documented any medications as administered since 12/29/18.<br>-She had backdated the medication as given on 01/02/19.<br>-She had not received the January MAR from the pharmacy and therefore was unable to document anything on the MAR for January.<br>-Another staff member had placed the January MAR in a folder in the cabinet in the dining room but they were not signed as administered.<br>-She was used to looking for the new MAR in the back of the MAR notebook.<br>-"We messed up our communication."<br>-The MAR had been in the facility since 12/19/18.<br>-She just didn't know it was in the cabinet but had asked the Administrator about it on 01/01/19.<br>-The Administrator had told her she did not know where it was but the pharmacy had sent it.<br><br>Interview on 01/02/19 at 12:03pm with the Administrator revealed:<br>-She was unaware the SIC had not been documenting the medications were being given.<br>-She had never had any problem with the SIC not documenting the medications when they were given.<br>-"We need to educate her."<br>-The SIC may have thought since the | C 342 | | |

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|---|---|---|---|
| | FCL011195 | A. BUILDING: _____ B. WING _____ | R 01/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #3 | 103 COUNTRY TIME LANE LEICESTER, NC 28748 |

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|---|---|---|---|---|
| C 342 | Continued From page 8<br>medications had not changed and she was just signing the same thing over and over again she could document it later.<br>-The Supervisor would follow-up with the SIC to make sure she was documenting when medications were administered.<br>-She would also spot check the MAR's to make sure the SIC was documenting correctly. | C 342 | | |
| C 367 | 10A NCAC 13G .1008(a) Controlled Substances<br><br>10A NCAC 13G .1008 Controlled Substances<br>(a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews and record reviews the facility failed to ensure an accurate reconciliation of the resident's record of controlled substances by not documenting the receipt, administration and disposition of controlled substances for 2 of 3 sampled residents (Resident #1 and Resident #4).<br><br>The findings are:<br><br>Interview on 01/02/19 at 9:15am with the Supervisor-In-Charge (SIC) revealed there were 5 residents in the facility with one resident out of town with her family.<br><br>Observation on 01/02/19 at 9:20am during the initial tour revealed the SIC was documenting on the December 2018 Medication Administration | C 367 | | |

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|---|---|---|---|
| | FCL011195 | A. BUILDING: _____ B. WING _____ | R 01/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #3 | 103 COUNTRY TIME LANE LEICESTER, NC 28748 |

| (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 367 | Continued From page 9 | C 367 | | |

Record (MAR) in the kitchen for two of the 5 residents in the facility for 12/29, 12/30 and 12/31/18.

1. Review of Resident #1's current FL2 dated 08/14/18 revealed:
-Diagnoses included diabetes mellitus, hypertension, hyperlipidemia, depression, hypothyroidism, dyspepsia and atrial fibrillation.
-Medication ordered included Tramadol 50mg every morning (used to treat pain).

Review on 01/02/19 of the December 2018 MAR for Resident #1 revealed:
- Tramadol 50mg every morning, rantidine 150mg twice daily was documented as administered daily from 12/01/18 through 12/28/18.
-The SIC had not documented Tramadol 50mg every morning as administered for 12/29, 12/30 and 12/31/18.

Review on 01/02/19 of the January 2019 MAR for Resident #1 revealed:
-An entry for Tramadol 50mg every morning was typed on the MAR as an entry of the medication to be administered.
-There was no documentation of administration for Tramadol 50mg every morning listed on the MAR for 01/01/19 or 01/02/19.

Review of the Controlled Substance record beginning December 20, 2018 for Resident #1 revealed:
-There was documentation the medication had been administered from 12/01/18 to 12/28/19.
-There was no documentation of the Tramadol being administered for 12/29, 12/30 and 12/31/18, 01/01/19 and 01/02/19.
-The documentation revealed there should be 16 tablets of Tramadol 50mg daily remaining.

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|---|---|---|---|
| | FCL011195 | A. BUILDING: _____ B. WING _____ | R 01/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #3 | 103 COUNTRY TIME LANE LEICESTER, NC 28748 |

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|---|---|---|---|---|
| C 367 | Continued From page 10<br><br>Observation of the Tramadol 50mg daily on hand in the facility for Resident #1 on 01/02/19 at 11:23am revealed there were 16 tablets of Tramadol 50mg daily remaining.<br><br>Refer to the interview on 01/02/19 at 9:25am and 10:40am with the SIC.<br><br>Refer to interview on 01/02/19 at 12:03pm with the Administrator.<br><br>2. Review of Resident #4's current FL2 dated 08/14/18 revealed diagnoses included dementia, hypertension, chronic allergic rhinitis, constipation, diabetes mellitus .<br><br>Review of a physician order for Resident #4 dated 12/17/18 revealed an order for Tramadol 50mg once daily.<br><br>Review on 01/02/19 of the December 2018 MAR for Resident #4 revealed:<br>- An order for Tramadol 50 mg once daily was handwritten on the MAR and documented as administered daily from 12/19/18 through 12/28/18.<br>-The SIC had not documented Tramadol 50mg once daily as administered for 12/29, 12/30 and 12/31/18.<br><br>Review on 01/02/19 of the January 2019 MAR for Resident #4 revealed:<br>-An entry for Tramadol 50mg once daily was typed on the MAR as an entry of the medication to be administered.<br>-There was no documentation of administration for Tramadol 50mg once daily on the Controlled Substance Record for 01/01/19 or 01/02/19. | C 367 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011195 | A. BUILDING: _____ B. WING _____ | R 01/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #3 | 103 COUNTRY TIME LANE LEICESTER, NC 28748 |

| (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 |
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| C 367 | Continued From page 11<br><br>Review of the Controlled Substance record beginning December 20, 2018 for Resident #4 revealed:<br>-There was documentation the Tramadol 50mg once daily had been administered from 12/19/18 to 12/28/19.<br>-There was no documentation of the Tramadol being administered for 12/29, 12/30 and 12/31/18, 01/01/19 and 01/02/19.<br>-The documentation revealed there should be 9 tablets of Tramadol 50mg once daily remaining.<br><br>Observation of the Tramadol 50mg once daily on hand in the facility for Resident #4 on 01/02/19 at 11:31am revealed there were 9 tablets of Tramadol 50mg once daily remaining.<br><br>Refer to the interview on 01/02/19 at 9:25am and 10:40am with the SIC.<br><br>Refer to interview on 01/02/19 at 12:03pm with the Administrator.<br><br>_____<br>Interview on 01/02/19 at 9:25am and 10:40am with the SIC revealed:<br>-She was aware she was to sign the Controlled Substance Record after she administered the medication but with the holidays she "didn't do it".<br>-She had administered the residents medication, she just did not document she gave it.<br>-She had not documented any medications as administered since 12/29/18.<br>-She had backdated the medication as given on 01/02/19.<br><br>Interview on 01/02/19 at 12:03pm with the Administrator revealed:<br>-She was unaware the SIC had not been documenting the medications were being given.<br>-She had never had any problem with the SIC not | C 367 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011195 | A. BUILDING: _____ B. WING _____ | R 01/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #3 | 103 COUNTRY TIME LANE LEICESTER, NC 28748 |

| (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 367 | Continued From page 12<br>documenting the medications when they were given.<br>-"We need to educate her."<br>-The SIC may have thought since the medications had not changed and she was just signing the same thing over and over again she could document it later.<br>-The Supervisor would follow-up with the SIC to make sure she was documenting when medications were administered.<br>-She would also spot check the MAR's to make sure the SIC was documenting correctly. | C 367 | | |