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 11/21/2019

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 11/19/19, 11/20/19 and a telephone exit on 11/21/19.	{D 000}		
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to assure referral and follow-up to meet the needs for 1of 5 sampled residents (Resident #7) who had a physician's order for a sleep study. The findings are: Review of the current FL2 dated 02/12/19 for Resident #7 revealed: -Diagnoses included Schizoaffective disorder, borderline intellect, hypertension, borderline personality disorder, asthma and hypothyroidism, traumatic brain injury. Review of the Resident Register revealed Resident #7 was admitted 02/12/19.	{D 273}		

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 11/21/2019

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 273}	Continued From page 1 Review of a physician's order dated 02/12/19 for Resident #7 revealed an outpatient sleep study to evaluate for sleep apnea secondary to snoring and shortness of breath during sleep. Review of the record for Resident #7 revealed there was no documentation a sleep study had been completed. Interview with Resident #7 on 11/20/19 at 2:05pm revealed: -She had had a sleep study years ago and had a diagnosis of sleep apnea. -She continued to have shortness of breath and snoring when she was resting and sleeping. -When she was admitted to the facility the hospital had ordered her a sleep study to be done after her discharge from the hospital back in February. -She had not had a sleep study done since her admission to the facility. Interview with the family member and Guardian for Resident #7 on 11/20/19 at 2:48pm revealed: -Resident #7 had had numerous hospitalizations over the years and he thought Resident #7 may have had a sleep study at some point. -He did not recall any of the details about the sleep study and had informed the Administrator-in-Charge (AIC) of that when he had discussed it with her earlier on 11/20/19. Interview with the AIC on 11/20/19 at 4:04pm revealed: -She was responsible for reviewing orders for all new residents. -She did not recall an order for a sleep study for Resident #7. -The normal process would have been for her to	{D 273}		

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 11/21/2019

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 273}	Continued From page 2 have reviewed the new order with the facility's physician assistant (PA) upon admission. -She did not remember seeing the order upon admission therefore she had not reviewed the order with the PA in order to follow up or schedule the sleep study for Resident #7. Interview with the Administrator on 11/20/19 at 4:04pm revealed when she had reviewed the resident records in August, for physician orders needing a referral to outside agencies, she had not seen the order for the sleep study for Resident #7. Telephone interview with the sleep disorder department nurse at the hospital on 11/21/19 at 2:43pm revealed: -The sleep study had been ordered by the physician at the hospital on 02/12/19. -There was no record of any appointments scheduled for a sleep study for Resident #7. -It was important for residents with hypertension to have a sleep study as the irregular rhythm can be excerbated by the sleep apnea. -If sleep apnea is left untreated it could cause high blood pressure and other cardiovascular diseases as well as memory problems.	{D 273}		
{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	{D 358}		

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 11/21/2019

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 358}	Continued From page 3 (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 medications as ordered for 1 of 5 residents sampled (Resident #4), including an anxiety medication. The findings are: Review of Resident #4's current FL2 dated 01/18/19 revealed: -Diagnoses included bipolar disorder, generalized anxiety disorder, hypertension, irritable bowel syndrome, and lymphedema. -There was no order for buspirone. Review of Resident #4's Resident Register revealed an admission date of 01/18/19. Review of Resident #4's Nurse Practitioner's (NP) order dated 03/20/19 revealed: -Increase buspirone (a medication used to treat anxiety) to 20mg twice daily for three days. -On the fourth day, increase buspirone to 25mg twice daily for 3 days. -On the seventh day, increase buspirone to 30mg twice daily #60 (3 refills). Review of Resident #4's Physician Assistant (PA) order dated 05/29/19 revealed buspirone 15mg two tablets (30mg) twice daily. Review of Resident #4's August through October 2019 Medication Administration Records (MARs) revealed: -There was a computer generated entry for	{D 358}		

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 11/21/2019

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 358}	Continued From page 4 buspirone 15mg two tablets (30mg) twice daily scheduled for 8:00am and 8:00pm. -The buspirone was documented as administered twice daily from 08/01/19 to 10/31/19. Review of Resident #4's November 2019 MAR revealed: -There was a computer generated entry for buspirone 15mg two tablets (30mg) twice daily scheduled for 8:00am and 8:00pm. -The buspirone was documented as administered twice daily from 11/01/19 to 11/20/19 at 8:00am. Observation of Resident #4's medications on hand on 11/20/19 at 10:30am revealed there was no buspirone available for administration. Telephone interview with a representative from the facility's contracted pharmacy on 11/20/19 at 10:56am revealed: -They had received Resident #4's buspirone order dated 03/20/19 on 03/20/19. -They had dispensed six tablets of buspirone 20mg and six tablets of buspirone 25mg in small bubble packs for Resident #4 on 03/20/19. -They had not dispensed any other buspirone of any strength for Resident #4 other than the original 12 tablets dispensed on 03/20/19. -They had only "profiled" the buspirone 15mg two tablets (30mg) twice daily, so an entry would show up on the MAR. Interview with Resident #4 on 11/20/19 at 2:00pm revealed: -She thought she was still taking buspirone. -The medication was prescribed to treat anxiety. -She was unable to identify what each of her medications were when they were administered to her by the facility staff.	{D 358}		

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 11/21/2019

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 358}	Continued From page 5 -Her anxiety was better overall than when she was admitted to the facility. -"Sometimes, my anxiety gets bad, but I've made lots of improvement since coming here." -She received all of her medications from the facility's contracted pharmacy. Interview with the Medication Aide Supervisor on 11/20/19 at 2:35pm revealed: -She did not know why the buspirone was on the MARs and documented as being administered when the medication had not been available to administer. -She had documented administering the buspirone and did not know why she had signed off administering the medication when it had been unavailable. Interview with a second medication aide on 11/20/19 at 3:55pm revealed: -She routinely administered medications on second shift. -She did not remember if she had administered buspirone to Resident #4. -She had initialed administering 8:00pm doses of buspirone to Resident #4 according to the MAR. -She believed she may have signed the MAR "automatically" even though the medication had been unavailable to administer. Attempted interview with Resident #4's psychiatric physician on 11/21/19 at 3:15pm was unsuccessful. Attempted interview with Resident #4's PA on 11/21/19 at 3:30pm was unsuccessful.	{D 358}		
{D 367}	10A NCAC 13F .1004(j) Medication Administration	{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 11/21/2019

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 6 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, interviews, and record reviews, the facility failed to ensure the accuracy of the Medication Administration Records (MARs) for 1 of 5 sampled residents (Resident #4) related to documenting the administration of buspirone, a medication used to treat anxiety.	{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 11/21/2019

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 7 The findings are: Review of Resident #4's current FL2 dated 01/18/19 revealed: -Diagnoses included bipolar disorder, generalized anxiety disorder, hypertension, irritable bowel syndrome, and lymphedema. -There was no order for buspirone. Review of Resident #4's Nurse Practitioner's (NP) order dated 03/20/19 revealed: -Increase buspirone to 20mg twice daily for three days. -On the fourth day, increase buspirone to 25mg twice daily for 3 days. -On the seventh day, increase buspirone to 30mg twice daily #60 (3 refills). Review of Resident #4's Physician Assistant's (PA) order dated 05/29/19 revealed buspirone 15mg two tablets (30mg) twice daily. Review of Resident #4's August through October 2019 Medication Administration Records (MARs) revealed: -There was a computer generated entry for buspirone 15mg two tablets (30mg) twice daily scheduled for 8:00am and 8:00pm. -The buspirone was documented as administered twice daily from 08/01/19 to 10/31/19. Review of Resident #4's November 2019 MAR revealed: -There was a computer generated entry for buspirone 15mg two tablets (30mg) twice daily scheduled for 8:00am and 8:00pm. -The buspirone was documented as administered twice daily from 11/01/19 to 11/20/19 at 8:00am.	{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 11/21/2019

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 8 Observation of Resident #4's medications on hand on 11/20/19 at 10:30am revealed there was no buspirone available for administration. Interview with the Medication Aide Supervisor on 11/20/19 at 2:35pm revealed: -She did not know why the buspirone was on the MARs and documented as being administered when the medication had not been available to administer. -She had documented administering the buspirone and did not know why she had signed off administering the medication when it had been unavailable to administer. -She was responsible for auditing the medication cart weekly to ensure medications were available for administration. -A cart audit included randomly selecting two residents and checking their available medications against their current MAR. -She would pick new residents each week for the medication cart audit. -She did not know when Resident #4's medications had last been audited. -When the new monthly MARs were received from the pharmacy, she was primarily responsible for ensuring the new MARs were accurate. -When the new MARs came in from the pharmacy, she would check them against the prior month's MAR and make sure any new or changed orders were on the new MARs. -She did not know how the buspirone had been missed. Interview with a second medication aide on 11/20/19 at 3:55pm revealed: -She routinely administered medications on	{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 11/21/2019

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 9 second shift. -She did not remember if she had routinely administered buspirone at 8:00pm to Resident #4. -She had initialed administering 8:00pm doses of buspirone to Resident #4 according to the MAR. -She believed she may have signed the MAR "automatically" even though the medication had been unavailable to administer. Interview with the Administrator-In-Charge (AIC) on 11/20/19 at 4:12pm revealed: -The MARs were checked monthly by the Medication Aide Supervisor for accuracy when the new preprinted MARs were received from the contracted pharmacy. -The medication aides were responsible for checking the MARs for accuracy. -The Medication Aide Supervisor was responsible for doing weekly cart audits. -The cart audits were to include one or two different residents each week. -She had assisted the Medication Aide Supervisor with the cart audits for the last three weeks. -"Unfortunately," Resident #4 had not had her medications audited recently.	{D 367}		