STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079086	A. BUILDING: _____ B. WING _____	R 03/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN ADULT CARE HOME	165 GLENDALE DRIVE EDEN, NC 27288

(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 and follow-up survey on 03/02/21 and 03/03/21.	C 000		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .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 ensure the medication administration records (MARs) were accurate for 1 of 3 sampled residents (#1) related to documentation of a vitamin supplement and an anti-hypertensive medication.	C 342		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sydne G. Williams — TITLE: Administrator — (X6) DATE: 4/6/2021

reviewed and accepted 04/22/21 Jo Scarlett, RN

In Regards to 10 NCAC 13G.1004(j) Medication Administration

3/3/2021—The Administrator and the SIC reviewed resident's MAR's, orders, FL-2's , health service sheets and medications on hand to ensure that all medications listed on MAR's is correct and match medications that are on hand in the facilty.

All medications were verified to ensure that proper doses are given and documented correctly on the MARs.

All medications for resident #1 were verified and correctly documented on the MAR.

Medication aides were reminded of their responsibility to check MARs against medication orders and medications on hand. They were also reminded to ensure that all changes to medications are reported and faxed to the pharmacy immediately.

3/3/2021 and ongoing—the administrator or designee will randomly audit resident MARs to ensure that medications listed are correct and match orders as well as medications on hand.

3/13/2021—a new FL-2 was completed by resident #1's physician in order to simplify and verify current medication regimen for said resident.