| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow-up survey on April 13, 2021. | C 000 | | |
| C 202 | 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination<br><br>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination<br>(a) Upon admission to a family 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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#2) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services.<br><br>The findings are:<br><br>Review of Resident #2's current FL-2 dated 04/10/21 revealed diagnoses included congestive heart failure, atrial fibrillation, chronic leg ulcer, hypertension, and hyperlipidemia.<br><br>Review of Resident #2's tuberculosis (TB) skin test revealed there was no documentation of a TB skin test . | C 202 | | |

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| C 202 | Continued From page 1<br><br>Interview with Resident #2 on 04/13/21 at 5:15 pm revealed:<br>-He thought he had a TB skin test completed in the hospital prior to his admission to the facility in 2020.<br>-He thought the TB skin test was negative.<br>-He used his mobile phone to look at his personal medical file online for a local medical provider, but he did not see a TB skin test result in his file.<br><br>Interview with the Administrator/medication aide (MA) on 04/13/21 at 4:00pm revealed:<br>-He thought Resident #2 had a TB skin test upon admission in April 2020.<br>-He did not know where the documentation for Resident #2's TB skin test was located and thought it was in Resident #2's record.<br>-He had thinned the residents' records and Resident #2's TB skin test was possibly upstairs.<br>-He was responsible for ensuring residents had a completed TB skin test upon admission to the facility. | C 202 | | |
| C 212 | 10A NCAC 13G .0703 (a) Resident Register<br><br>10A NCAC 13G .0703 Resident Register<br><br>(a) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register within 72 hours of the resident's admission to the home. The Resident Register is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or at no charge from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. The facility may use a resident information form | C 212 | | |

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| C 212 | Continued From page 2<br>other than the Resident Register as long as it contains at least the same information as the Resident Register.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure the Resident Register was completed within 72 hours of admission for 2 of 3 sampled residents (#2 and #3).<br><br>The findings are:<br><br>1. Review of Resident #2's current FL-2 dated 04/10/21 revealed diagnoses included congestive heart failure, atrial fibrillation, chronic leg ulcer, hypertension, and hyperlipidemia.<br><br>Review of Resident #2's record revealed there was no resident register.<br><br>Interview with Resident #2 on 04/13/21 at 9:35am revealed:<br>-He was admitted to the facility after a hospitalization.<br>-He did not know the exact date in 2020 that he was admitted to the facility.<br><br>Refer to interview with the Administrator/medication aide (MA) on 04/13/21 at 3:00pm.<br><br>2. Review of Resident #3's current FL-2 dated 05/28/20 revealed diagnoses included schizophrenia and alcohol abuse.<br><br>Review of Resident #3's record revealed there was no resident register.<br><br>Interview with Resident #3 on 04/13/21 at 10:20am revealed: | C 212 | | |

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| C 212 | Continued From page 3<br>-He was admitted during the global pandemic.<br>-He was admitted from a psychiatric hospital, but he could not remember the month in 2020 when he came to the facility.<br><br>Refer to interview with the Administrator/medication aide (MA) on 04/13/21 at 3:23pm.<br><br>_____<br>Interview with the Administrator/medication aide (MA) on 04/13/21 at 3:23pm revealed:<br>-He knew he was supposed to complete a new resident's register within 72 hours of admission.<br>-He had not completed the Resident Registers for the residents who were admitted in 2020 because of the global pandemic.<br>-He was trying to do what was needed in response to the global pandemic and forgot to complete the Resident Registers. | C 212 | | |
| C 231 | 10A NCAC 13G .0801(b) Resident Assessment<br><br>10A NCAC 13G .0801Resident Assessment<br>(b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, | C 231 | | |

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| C 231 | Continued From page 4 | C 231 | | |

transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 3 of 3 sampled residents (#1, #2, and #3) had an assessment and care plan updated annually.

The findings are:

1. Review of Resident #1's current FL-2 dated 12/12/20 revealed diagnosis included diabetes mellitus, schizophrenia, obsessive compulsive disorder, hyperlipidemia, hypertension, and hepatitis C.

Review of Resident #1's record revealed there was no care plan.

Interview with Resident #1 on 04/13/21 at 9:10am revealed he had resided at the facility for 6 or 7 years.

Refer to interview with the Administrator on 04/13/21 at 4:06pm.

2. Review of Resident #2's current FL-2 dated 04/10/21 revealed diagnoses included congestive heart failure, atrial fibrillation, chronic leg ulcer, hypertension, and hyperlipidemia.

Review of Resident #2's record revealed there was no care plan.

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| C 231 | Continued From page 5<br><br>Interview with Resident #2 on 04/13/21 at 9:35am revealed:<br>-He was admitted during the global pandemic last year.<br>-He had improved since coming to the facility, because he needed a lot of assistance when he was first admitted.<br>-He utilized a walker but now he walked a couple of miles per day.<br><br>Refer to interview with the Administrator on 04/13/21 at 4:06pm.<br><br>3. Review of Resident #3's current FL-2 dated 05/28/20 revealed diagnoses included schizophrenia and alcohol abuse.<br><br>Review of Resident #3's record revealed there was no current or previous care plan.<br><br>Interview with Resident #3 on 04/13/21 at 10:20am revealed:<br>-He was able to dress himself, trim his own hair, and clip his fingernails and toenails.<br>-The staff provided him with his medications and food.<br><br>Refer to interview with the Administrator on 04/08/21 at 2:06pm.<br><br>_____<br>Interview with the Administrator on 04/13/21 at 4:06pm revealed:<br>-He had not completed new care plans for any of the residents.<br>-He knew he was supposed to update residents' care plans annually.<br>-He forgot to complete them in 2020 and in 2021.<br>-He was responsible for ensuring resident care plans were updated annually and the physician signed the care plans. | C 231 | | |

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| C 249 | 10A NCAC 13G .0902(c)(3)(4) Health Care<br><br>10A NCAC 13G .0902 Health Care<br>(c) The facility shall assure documentation of the following in the resident's record:<br>(3) written procedures, treatments or orders from a physician or other licensed health professional; and<br>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure blood pressure (BP) checks were implemented and documented as ordered for 2 of 3 sampled residents with orders for weekly BP checks (Resident #1) and monthly BP checks (#3).<br><br>The findings are:<br><br>1. Review of Resident #1's current FL-2 dated 12/12/20 revealed:<br>-Diagnoses included diabetes mellitus, schizophrenia, obsessive compulsive disorder, hyperlipidemia, hypertension, and hepatitis C.<br>-There was an order for weekly blood pressure (BP) monitoring.<br><br>Review of Resident #1's February, March, and April 2021 medication administration record (MAR) revealed:<br>-There was no entry for weekly BPs and there was no documentation of BPs for Resident #1.<br>-There was no documentation of refusals of BPs for Resident #1.<br><br>Review of Resident #1's record for | C 249 | | |

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| C 249 | Continued From page 7 | C 249 | | |

documentation of BPs revealed there was no documentation of weekly BPs for February, March and April 2021.

Observation of the facility on 04/13/21 at 4:20pm revealed there was an automatic wrist BP cuff available for use and the Administrator went upstairs to retrieve it.

Observation of Resident #1 on 04/13/21 at 4:24pm revealed Resident #1's blood pressure measured 119/74 using the wrist BP cuff.

Interview with Resident #1 on 04/13/21 at 3:59pm revealed he did not have his BP monitored at the facility, and he only had his BP obtained at his primary care provider's (PCP) office.

Telephone interview with a nurse at Resident #1's PCP's office on 04/13/21 at 2:02pm revealed:
-Resident#1 had BP ordered weekly because he has a history of hypertension.
-The PCP reviewed the BP measurements

Interview with the Administrator on 04/13/21 at 4:40pm revealed:
-He reviewed residents' FL-2s after the physician signed the document.
-He did not notice Resident #1's PCP ordered weekly BP checks on his FL-2 dated 12/12/20.
-He had not monitored Resident #1's BP weekly.

Refer to interview with the Administrator on 04/13/21 at 4:40pm.

2. Review of Resident #3's current FL-2 dated 05/28/20 revealed:
-Diagnoses included schizophrenia and alcohol abuse.
-There was an order for monthly blood pressures.

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| C 249 | Continued From page 8<br><br>Review of Resident #3's February, March, and April 2021 medication administration record (MAR) revealed:<br>-There was no entry for weekly blood pressures and there was no documentation of blood pressures for Resident #3<br>-There was no documentation of refusals of blood pressures for Resident #3.<br><br>Review of Resident #3's record for BP documentation revealed there was no documentation of monthly blood pressures for February, March or April 2021.<br><br>Observation of Resident #3 on 04/13/21 at 5:00pm revealed Resident #3's blood pressure measured 144/95 using the wrist BP cuff.<br><br>Telephone interview with a nurse at Resident #3's primary care provider (PCP) on 04/13/21 at 2:02pm revealed:<br>-Resident #3's blood pressure was monitored because he took olanzapine.<br>-The use of olanzapine caused some individuals to have higher blood pressures.<br><br>Interview with Resident #3 on 04/13/21 at 10:20am revealed:<br>-He did not have his blood pressure obtained at the facility.<br>-His blood pressure was obtained at his PCP's office.<br><br>Interview with the Administrator on 04/13/21 at 4:40pm revealed:<br>-He did not notice Resident #3's PCP ordered monthly BP checks on his FL-2 dated 05/28/20.<br>-He had not monitored Resident #3's BP monthly. | C 249 | | |

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| C 249 | Continued From page 9<br>Refer to interview with the Administrator on 04/13/21 at 4:40pm.<br>_____<br>Interview with the Administrator on 04/13/21 at 4:40pm revealed he was responsible for ensuring residents' blood pressure was checked and documented. | C 249 | | |
| C 252 | 10A NCAC 13G .0903(a) Licensed Health Professional Support<br><br>10A NCAC 13G .0903 Licensed Health Professional Support<br>(a) A family care home shall assure that an appropriate licensed health professional, participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks:<br>(1) applying and removing ace bandages, ted hose, binders, and braces and splints;<br>(2) feeding techniques for residents with swallowing problems;<br>(3) bowel or bladder training programs to regain continence;<br>(4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;<br>(5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;<br>(6) chest physiotherapy or postural drainage;<br>(7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;<br>(8) collecting and testing of fingerstick blood samples;<br>(9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); | C 252 | | |

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| C 252 | Continued From page 10<br>(10) care for pressure ulcers, up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater;<br>(11) inhalation medication by machine;<br>(12) forcing and restricting fluids;<br>(13) maintaining accurate intake and output data;<br>(14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established);<br>(15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter;<br>(16) oxygen administration and monitoring;<br>(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;<br>(18) oral suctioning;<br>(19) care of well-established tracheostomy, not to include indo-tracheal suctioning;<br>(20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph (14) of this Paragraph);<br>(21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);<br>(22) application of prescribed heat therapy;<br>(23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;<br>(24) ambulation using assistive devices that requires physical assistance;<br>(25) range of motion exercises;<br>(26) any other prescribed physical or occupational therapy;<br>(27) transferring semi-ambulatory or | C 252 | | |

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| C 252 | Continued From page 11 | C 252 | | |

non-ambulatory residents; or
(28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36.

This REQUIREMENT is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to ensure quarterly licensed health professional support (LHPS) evaluations were completed for 1 of 3 sampled residents with LHPS tasks for fingerstick blood sugar (FSBS) (#1).

The findings are:

Review of Resident #1's current FL-2 dated 12/12/21 revealed:
-Diagnoses included diabetes mellitus, schizophrenia, obsessive compulsive disorder, hyperlipidemia, hypertension, and hepatitis C
-There was no order for FSBS.
-There was a medication order for Novolog flex pen 20 units before breakfast and dinner.
-There was a medication order for Novolog flex pen 15 units at lunch.

Observation of Resident #1 on 04/13/21 at 12:00pm revealed he received Novolog insulin 15units prior to the lunch meal service.

Review of Resident #1's record revealed there were no licensed health professional support (LHPS) evaluations.

Review of Resident #1's February, March and April 2021 medication administration records (MARs) revealed there was an entry for check FSBS twice daily, scheduled for 8:00am and

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| C 252 | Continued From page 12<br>8:00pm.<br><br>Interview with Resident #1 on 04/13/21 at 3:52pm revealed he had a FSBS twice daily.<br><br>Interview with Administer on 04/13/21 at 4:06pm revealed:<br>-Resident #1 was diagnosed with diabetes and he obtained a FSBS twice daily from Resident #1.<br>-Resident #1 was administered insulin three times per day.<br>-He did not currently have a LHPS nurse to complete the LHPS evaluations for residents.<br>-He knew LHPS evaluations were supposed to be completed quarterly for residents with LHPS tasks.<br>-He was responsible for ensuring the LHPS evaluations were completed for residents. | C 252 | | |
| C 330 | 10A NCAC 13G .1004(a) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br>(2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents related to a medication used to treat iron deficiency and a | C 330 | | |

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| C 330 | Continued From page 13<br>vitamin supplement (#2).<br><br>The findings are:<br><br>1. Review of Resident #2's current FL-2 dated 04/10/21 revealed:<br>-Diagnoses included congestive heart failure, atrial fibrillation, chronic leg ulcer, hypertension, and hyperlipidemia.<br><br>a. Review of Resident #2's current FL-2 dated 04/10/21 revealed there was a medication order for ferrous sulfate 325 mg (used to treat or prevent low level of iron) twice daily.<br><br>Review of Resident #2's February 2021 medication administration record (MAR) revealed:<br>-There was an entry for ferrous sulfate 325mg every other day, scheduled for 8:00am.<br>-There was documentation of administration of ferrous sulfate every other day from 02/01/21 to 02/28/21 at 8:00am.<br><br>Review of Resident #2's March 2021 printed MAR revealed:<br>-There was an entry for ferrous sulfate 325mg every other day, scheduled for 8:00am.<br>-There was documentation of administration of ferrous sulfate every other day from 03/01/21 to 03/31/21 at 8:00am.<br><br>Review of Resident #2's April 2021 printed MAR revealed:<br>-There was an entry for ferrous sulfate 325mg every other day, scheduled for 8:00am.<br>-There was documentation of administration of ferrous sulfate every other day from 04/01/21 to 04/13/21 at 8:00am.<br><br>Observation of Resident #2's medications on | C 330 | | |

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| C 330 | Continued From page 14 | C 330 | | |

hand on 04/13/21 at 12:15pm revealed:
-There were 18 tablets remaining in a bubble pack for ferrous sulfate 325mg dispensed on 02/19/21.
-There were 45 tablets dispensed and the medication label indicated take one tablet every other day.

Telephone interview with Resident #2's facility contracted pharmacy on 04/13/21 at 12:44pm revealed:

Telephone interview with a nurse at Resident #2's primary care provider (PCP) on 04/13/21 at 2:02pm revealed:
-Resident #2 last saw his PCP on 04/21/21.
-Resident #2 had an order for ferrous sulfate 325mg twice daily.
-She thought the PCP ordered ferrous sulfate for Resident #2 because his iron was deficient.

Interview with the Administrator on 04/13/21 at 4:15pm revealed:
-He reviewed residents' FL-2s and ensured the medications were on the MARs.
-He gave Resident #2 ferrous sulfate every other day.
-He did not know Resident #2's current FL-2 had a different order for ferrous sulfate.
-He thought the PCP had an old order that was used to place on the current FL-2.

Refer to interview with the Administrator on 04/13/21 at 4:15pm.

b. Review of Resident #2's current FL-2 dated 04/10/21 revealed there was a medication order for thiamine 100mg (used to treat low levels of vitamin B1) daily.

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| C 330 | Continued From page 15<br><br>Review of Resident #2's February 2021 medication administration record (MAR) revealed:<br>-There was an entry for thiamine 100mg daily, scheduled for 8:00am.<br>-There was documentation of administration of thiamine 100mg from 02/01/21 to 02/28/21 at 8:00am.<br><br>Review of Resident #2's March 2021 printed MAR revealed:<br>-There was an entry for thiamine 100mg daily, scheduled for 8:00am.<br>-There was documentation of administration of thiamine 100mg from 03/01/21 to 03/31/21 at 8:00am.<br><br>Review of Resident #2's April 2021 printed MAR revealed:<br>-There was an entry for thiamine 100mg daily, scheduled for 8:00am.<br>-There was documentation of administration of thiamine 100mg from 04/01/21 to 04/13/21 at 8:00am.<br><br>Observation of Resident #2's medications on hand on 04/13/21 at 12:15pm revealed there was no thiamine 100mg available to administer.<br><br>Interview with Resident #2 on 04/13/21 at revealed he did not recall the doctor ordering Thiamine, and he did not recall refusing Thiamine.<br><br>Telephone interview with Resident #2's facility contracted pharmacy on 04/13/21 at 2:44pm revealed:<br>-He had an active order for thiamine 100mg, and it was last dispensed 04/2020.<br>-There were 100 tablets dispensed at that time.<br>-The Administrator told the pharmacy that the | C 330 | | |

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| C 330 | Continued From page 16<br>resident refused the Thiamine.<br><br>Telephone interview with a nurse at Resident #1's primary care provider (PCP) on 04/13/21 at 2:02pm revealed:<br>-Resident #2 had an order for thiamine 100mg daily and it was listed as a "recorded" medication.<br>-A "recorded" medication meant that the resident was on the medication prior to the PCP assuming care of the resident.<br><br>Interview with the Administrator on 04/13/21 at 4:15pm revealed:<br>-He thought Resident #2's Thiamine was discontinued but, he did not have a discontinue order for it.<br>-He thought the discontinue order was given verbally to the pharmacy.<br>-He had not administered Thiamine to Resident #2 and he did not notice that Thiamine was on Resident #2's current FL-2.<br><br>2. Review of Resident #1's current FL-2 dated 02/26/21 revealed:<br>-Diagnoses included type 2 diabetes mellitus with neuropathy, bipolar mixed, smoker, and hyperlipidemia.<br>-There was a medication order for Latuda "?0"mg (used to treat certain mood/mental health conditions) one daily.<br><br>Review of Resident #1's February and March 2021 medication administration record (MAR) revealed:<br>-There was an entry for Latuda 60 mg daily, scheduled for 6:00pm.<br>-There was documentation of administration of Latuda 60mg from 02/01/21 to 03/31/21 at 6:00pm. | C 330 | | |

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| C 330 | Continued From page 17<br><br>Review of Resident #1's April 2021 MAR revealed there was an entry for Latuda 60mg daily, scheduled for 6:00pm and there was documentation beside the entry that it was discontinued.<br><br>Observation of Resident #1's medications on hand on 04/13/21 at 12:41pm revealed:<br>-There was one bottle of Latuda 60mg with 19 tablets remaining dispensed on 03/12/21.<br>-The medication label indicated the prescription was written on 01/06/21 by the resident's primary care provider (PCP).<br><br>Telephone interview with Resident #1's pharmacist on 04/13/21 at 2:30pm revealed:<br>-Resident #1 had an order dated 01/06/21 for Latuda 60mg take one tablet at bedtime.<br>-There were 30 tablets dispensed on 03/12/21 and this was a 30 day supply.<br>-The facility was on cycle fill and another delivery would be sent on 04/15/21.<br><br>Interview with the Administrator on 04/13/21 at 3:45pm revealed:<br>-The pharmacy provided MARs for the facility.<br>-He received the MARs prior to the end of the month and placed them in the MAR book when he was ready to use them.<br>-He reviewed the new MARs by comparing them to the previous months MARs.<br>-He knew that Resident #1 had an order for Latuda.<br>-He marked through the entry for Latuda by mistake on Resident #1's April MARs.<br>-He had not documented administration of Latuda until 04/13/21, but he had administered Latuda to Resident #1.<br><br>Refer to interview with the Administrator on | C 330 | | |

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| C 330 | Continued From page 18<br>04/13/21 at 4:15pm.<br>_____<br>Interview with the Administrator on 04/13/21 at 4:15pm revealed he was responsible for ensuring medications were administered as ordered by the PCP. | C 330 | | |
| C 350 | 10A NCAC 13G .1005 (a) Self-Administration Of Medications<br><br>10A NCAC 13G .1005 Self-Administration Of Medications<br>(a) The facility shall permit residents who are competent and physically able to self-administer to self-administer their medications if the following requirements are met:<br>(1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and<br>(2) specific instructions for administration of prescription medications are printed on the medication label.<br>(b) When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 3 | C 350 | | |

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| C 350 | Continued From page 19<br>sampled residents (#2) who self-administered medications had orders to self-administer prescribed medications that were kept in the resident's room including a medicated lotion, moisturizing ointment, and a steroidal cream.<br><br>The findings are:<br><br>Review of Resident #2's current FL-2 dated 04/10/21 revealed congestive heart failure, atrial fibrillation, chronic leg ulcer, hypertension, and hyperlipidemia.<br>-There was a medication order for Sarna lotion topical application daily as needed.<br>-There was no documentation for the reason for the use of Sarna lotion.<br>-There was no order for Aquaphor healing ointment.<br>-There was no order for triamcinolone 0.1% ointment.<br><br>Observation of Resident #2's medications in the resident's room on 04/13/21 at 9:35am revealed:<br>-There was a bottle of Sarna lotion on Resident #2's bedside table and the medication label indicated it was dispensed on 10/05/20.<br>-There was an empty jar of Aquaphor on Resident #2's bedside table without a medication label.<br>-There was a jar of triamcinolone 0.1% ointment on Resident #2's bedside table.<br>-The topical medications were not ordered by Resident #2's PCP.<br><br>Telephone interview with Resident #2's primary care provider on 04/13/21 at 2:02pm revealed:<br>-Sarna lotion, triamcinolone and Aquaphor ointment were not listed as active medications for Resident #2.<br>-She did not have any documentation that Resident #2 could self-administer any | C 350 | | |

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| C 350 | Continued From page 20<br>medications.<br><br>Telephone interview with Resident #2's pharmacist on 04/13/21 at 2:30pm revealed:<br>-There was no self-administration note in the computer system for Resident #2's Sarna lotion, Aquaphor, and triamcinolone ointment.<br>-There was an order for Sarna lotion dated 04/07/20 and it was last dispensed on 10/05/20.<br>-There was an order for Aquaphor ointment dated 04/07/20 and it was never dispensed to the facility.<br>-Aquaphor ointment was an over the counter and the facility might have purchased it.<br>-There was an order for triamcinolone 0.1% ointment dated 05/22/20 and it was dispensed on 10/06/20<br><br>Interview with Resident #2 on 04/13/21 at 1:15pm revealed:<br>-He applied the Sarna lotion for itching.<br>-He used the Aquaphor as needed because it was the same the triamcinolone ointment and he was told that by his PCP.<br>-He applied the triamcinolone all over his body every other day.<br>-He was seen at a local wound clinic every two weeks for a una boot change on his legs.<br><br>Interview with the Administrator/medication aide (MA) on 04/13/21 at 4:30pm revealed:<br>-Resident #2 insisted on applying topical medications himself, so he let him keep the medications.<br>-He did not obtain a self-administration medication order for Resident #2, but should have obtained an order.<br>-He was responsible for ensuring a PCP order was obtained for self-administration of medication by a resident. | C 350 | | |

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| C 612 | 10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp)<br><br>10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM<br>(c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to the screening of residents, staff and visitors.<br><br>The findings are: | C 612 | | |

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| C 612 | Continued From page 22<br><br>Review of the Centers for Disease Control and Prevention (CDC) Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities dated 03/20/21 revealed designate one or more facility employees to ensure all residents and staff have been screened at least daily for symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty of breathing, fatigue, headache, body aches, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.<br><br>Review of the NC Department of Health and Human Services COVID-19 Long Term Care (LTC) Infection Control Assessment and Response Tool for LHD dated 10/2020 revealed staff and residents should be screened daily for fever, signs and symptoms of COVID-19.<br><br>Review of the facility's infection control policy revealed:<br>-There was no date on the policy.<br>-There were instructions for when to use gloves, masks, gowns, and eye protection.<br>-There were instructions for hand washing and universal precautions.<br><br>Based on record reviews and interviews the facility did not have a COVID-19 policy.<br><br>Observation of the facility on 04/13/21 at 9:09am revealed:<br>-A resident came to the front door and called for the facility's staff who was upstairs.<br>-Staff came downstairs to the front entrance door of the facility wearing a face mask and stated there was nothing that needed to be done prior to entrance into the facility. | C 612 | | |

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| C 612 | Continued From page 23<br><br>Observation of the facility on 04/13/21 at 9:30am revealed:<br>-A resident's family member came into the facility to visit wearing a face mask but staff did not check her temperature.<br>-Staff did not ask any questions concerning COVID-19 symptoms.<br><br>Observation of the facility on 04/13/21 at 5:00pm revealed a repairman entered the facility and the Administrator did not take his temperature nor did he ask any questions concerning COVID-19 symptoms.<br><br>Observation of the facility on 04/13/21 at 5:20pm revealed there was an infrared thermometer available for use in the facility.<br><br>Based on record reviews and interviews, the facility did not have any staff, visitor or resident screening logs for COVID-19 screening.<br><br>Interview with a resident on 04/13/21 at 9:49am revealed his temperature was checked at the physician's office.<br><br>Interview with another resident on 04/13/21 at 10:39am revealed the Administrator had never checked his temperature at the facility.<br><br>Interview with the Administrator on 04/13/21 at 5:05pm revealed:<br>-He and his family member were the only staff and lived in the facility.<br>-He went out to the grocery store and to attend resident's physician's appointments.<br>-He took his temperatures daily, but he did not document it anywhere<br>-He did not have a screening log for visitors or staff to document if they had any symptoms of | C 612 | | |

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| C 612 | Continued From page 24<br><br>COVID-19.<br>-He did check the residents' temperatures daily but, did not document any residents' temperatures on their MARs.<br>-He had received the COVID-19 vaccine, and the residents received the vaccine.<br>-He did not know the CDC guidelines concerning screening of residents, staff or visitors.<br>-He had received emails from NC DHHS and the local health department concerning COVID-19.<br>-He was responsible for ensuring all staff were following the guidelines of the CDC and LHD for infection control by providing daily temperature screenings for residents and staff in the facility.<br><br>Attempted telephone interview with the local county health department (LHD) Registered Nurse (RN) on 04/13/21 at 5:33pm was unsuccessful. | C 612 | | |