STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096003	A. BUILDING: _____ B. WING _____	C 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE COUNTY REST VILLA NO. 1	305 VANCE STREET FREMONT, NC 27830

(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 completed an annual survey on 09/02/21.	D 000		
D 077	10A NCAC 13F .0306(a)(4) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a North Carolina Division of Environmental Health inspection was completed annually. The findings are: Review of the Inspection of Residential Care Facility posted in the facility hallway on 09/02/21 revealed: -The inspection was completed 08/31/17. -The facility inspection was classified as approved. -There were 6 total demerits on the inspection. Interview with the Resident Care Coordinator (RCC) on 09/02/21 at 1:55pm revealed: -The latest inspection that she was aware of was	D 077		

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D 077	Continued From page 1 done in 2017. -She attempted to call the county Environmental Health Department to request an inspection about 2 weeks ago, but she could not recall who she left a message with. Interview with the administrative assistant from the county Environmental Health Department on 09/02/21 at 2:05pm revealed: -There was no record of a call from the facility to schedule an inspection. -The facility was responsible for calling to request an environmental inspection annually. -The latest inspection that the county had on file was done on 06/14/19. -There was no restriction for completing environmental health inspections currently in place. Review of the Inspection of Residential Care Facility provided by the county inspector on 09/02/21 revealed: -The inspection was completed 06/14/19. -The facility inspection was classified as approved. -There were 17 total demerits on the inspection. Telephone interview with the Administrator/Owner on 09/02/21 at 4:18pm revealed: -The county was not coming out to complete inspections because of COVID-19. -The RCC called the county last week to come and complete the inspection but she had not heard back from the county.	D 077		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical	D 234		

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D 234	Continued From page 2 Examination & Immunizations (a) Upon admission to an adult 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. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure residents were tested upon admission for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services for 1 of 3 residents sampled (#1). The findings are: Review of Resident #1's current FL-2 dated 05/19/21 revealed diagnoses included seizure disorder, type 2 diabetes, gastroesophageal reflux disorder, hypertension, depression, lumbago, breast cancer, hearing loss and right mastectomy. Review of Resident #1's facility progress notes dated 05/08/21 revealed an admission date of 05/08/21. Review of Resident #1's chest x-ray dated 04/30/21 revealed: -The reason for the exam was screening for tuberculosis. -The chest x-ray was compared to the x-ray completed 09/25/18. -In the impression section of the x-ray there was	D 234		

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D 234	Continued From page 3 no indication that tuberculosis was not present. Interview with Resident #1 on 09/02/21 at 11:46am revealed: -She had tuberculosis in 4th grade. -Her physicians informed her she needed a chest x-ray instead of receiving the skin tuberculosis test if needed. -She was told she would react to the skin tuberculosis exam. Interview with the Resident Care Coordinator (RCC) on 09/02/21 at 1:15pm revealed: -She was aware that Resident #1 needed a chest x-ray for admission since she had a history of tuberculosis. -She was not aware that Resident #1's x-ray completed prior to admission did not address that there was no presence of tuberculosis. Telephone interview with the Administrator/Owner on 09/02/21 at 4:18pm revealed she was not aware that Resident #1's admission chest x-ray did not include that there was no sign of tuberculosis present.	D 234		
D 253	10A NCAC 13F .0801(a) Resident Assessment 10A NCAC 13F .0801 Resident Assessment (a) An adult care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.	D 253		

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D 253	Continued From page 4	D 253		

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to ensure an initial assessment of each resident was completed within 72 hours of admission using the Resident Register on 1 of 3 residents sampled (#1).

The findings are:

Review of Resident #1's current FL-2 dated 05/19/21 revealed diagnoses included seizure disorder, type 2 diabetes, gastroesophageal reflux disorder, hypertension, depression, lumbago, breast cancer, hearing loss and right mastectomy.

Review of Resident #1's facility progress notes dated 05/08/21 revealed an admission date of 05/08/21.

Review of Resident #1's Resident Register revealed:
-There was no date of admission recorded.
-Page 4 of the Resident Register was blank.
-There was no resident signature recorded.
-There was no Administrator or supervisor signature recorded.

Interview with Resident #1 on 09/02/21 at 11:46am revealed:
-She was responsible for signing her own information for business and medical purposes.
-She moved to the facility from Virginia in May of 2021.
-She did not remember who completed the Resident Register.

Interview with the Resident Care Coordinator (RCC) on 09/02/21 at 1:15pm revealed:
-Resident #1's family accessed the Resident

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D 253	Continued From page 5 Register that was included in the admission paperwork on the facility's website. -Resident #1's family faxed the resident register to the facility prior to her admission. -Resident #1 was admitted on 05/08/21. -She reviewed the Resident Register for Resident #1 when she was admitted but forgot to have it signed. -She was responsible for ensuring that the Resident Register was completed and accurate when the residents were admitted. -She was not aware that Resident #1's Resident Register was not completed upon her arrival. Telephone interview with the Administrator/Owner on 09/02/21 at 4:18pm revealed: -She was not aware that Resident #1's Resident Register was not completed. -She expected the Resident Register to be completed upon resident admission.	D 253		
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	D 367		

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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 record reviews and interviews, the facility failed to ensure medication administration records were complete and accurate for 3 of 3 residents sampled including medications for seizures, diabetes and depression (#1), high cholesterol, depression, diabetes, bladder infections, nerve pain and constipation (#2); and high blood pressure, schizophrenia, depression and anxiety (#3).

The findings are:

1. Review of Resident #1's current FL-2 dated 05/19/21 revealed:
-Diagnoses included seizure disorder, diabetes type 2, and depression.
-There was an order for Lamictal 150mg twice a day (Lamictal is used to treat seizures).
-There was an order for Keppra 1,000mg twice a day (Keppra is used to treat seizures).
-There was an order for Antivert 12.5mg every eight hours (Antivert is used to treat dizziness).
-There was an order for Metformin 500mg twice a day (Metformin is used to treat diabetes).
-There was an order for Seroquel 25mg at bedtime (Seroquel is used to treat depression).
-There was an order for Topamax 200mg twice a day (Topamax is to control seizures).

Review of Resident #1's July 2021 electronic medication administration record (eMAR)

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D 367	Continued From page 7 revealed: -There was an entry for Lamictal 150mg twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Lamictal was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an entry for Keppra 1,000mg twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Keppra was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an entry for Antivert 12.5mg every eight hours, scheduled at 8:00am and 8:00pm. -There was no documentation Antivert was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an entry for Metformin 500mg twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Metformin was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an entry for Seroquel 25mg at bedtime, scheduled at 8:00pm. -There was no documentation Seroquel was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an order for Topamax 200mg twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Topamax was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. Review of Resident #1's August 2021 eMAR revealed: -There was an entry for Lamictal 150mg twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Lamictal was administered on 08/06/21 and 08/25/21 at 8:00pm. -There was an entry for Keppra 1,000mg twice a	D 367		

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day, scheduled at 8:00am and 8:00pm.
-There was no documentation Keppra was administered on 08/06/21 and 08/25/21 at 8:00pm.
-There was an entry for Antivert 12.5mg every eight hours, scheduled at 8:00am and 8:00pm.
-There was no documentation Antivert was administered on 08/06/21 and 08/25/21 at 8:00pm.
-There was an entry for Metformin 500mg twice a day, scheduled at 8:00am and 8:00pm.
-There was no documentation Metformin was administered on 08/06/21 and 08/25/21 at 8:00pm.
-There was an entry for Seroquel 25mg at bedtime, scheduled at 8:00pm.
-There was no documentation Seroquel was administered on 08/06/21 and 08/25/21 at 8:00pm.
-There was an order for Topamax 200mg twice a day, scheduled at 8:00am and 8:00pm.
-There was no documentation Topamax was administered on 08/06/21 and 08/25/21 at 8:00pm.

Interview with Resident #1 on 09/02/21 at 11:30am revealed she received her medications and never had an issue missing medication.

Refer to interview with the Resident Care Coordinator (RCC) on 09/02/21 at 1:30pm.

Refer to the telephone interview with the Administrator/Owner on 09/02/21 at 4:18pm.

2. Review of Resident #2's current FL-2 dated 11/24/20 revealed diagnoses included diabetes, anemia, and obesity.

Review of Resident #2's physician orders dated

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D 367	Continued From page 9 04/06/21 revealed: -There was an order for Elavil 50mg at bedtime (Elavil is used to treat depression). -There was an order for Lipitor 10 mg at bedtime (Lipitor is used to treat high cholesterol). -There was an order for Lantus 7units at bedtime (Lantus is used to treat diabetes). -There was an order for Hiprex 1gm twice a day (Hiprex is used to treat recurring bladder infections). -There was an order for Lyrica 150mg twice a day (Lyrica is used to treat muscle and nerve pain). -There was an order for Senna Plus 1 tablet twice a day (Senna Plus is used to treat constipation). Review of Resident #2's July 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Elavil 50mg at bedtime, scheduled at 8:00pm. -There was no documentation Elavil was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an entry for Lipitor 10 mg at bedtime, scheduled at 8:00pm. -There was no documentation Lipitor was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an entry for Lantus 7units at bedtime, scheduled at 8:00pm. -There was no documentation Lantus was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an entry for Hiprex 1gm twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Hiprex was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an entry for Lyrica 150mg twice a day, scheduled at 8:00am and 8:00pm.	D 367		

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D 367	Continued From page 10 -There was no documentation Lyrica was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. -There was an entry for Senna Plus 1 tablet twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Senna Plus was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm. Review of Resident #2's August 2021 eMAR revealed: -There was an entry for Elavil 50mg at bedtime, scheduled at 8:00pm. -There was no documentation Elavil was administered on 08/06/21 and 08/25/21 at 8:00pm. -There was an entry for Lipitor 10 mg at bedtime, scheduled at 8:00pm. -There was no documentation Lipitor was administered on 08/06/21 and 08/25/21 at 8:00pm. -There was an entry for Lantus 7units at bedtime, scheduled at 8:00pm. -There was no documentation Lantus was administered on 08/06/21 and 08/25/21 at 8:00pm. -There was an entry for Hiprex 1gm twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Hiprex was administered on 08/06/21 and 08/25/21 at 8:00pm. -There was an entry for Lyrica 150mg twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Lyrica was administered on 08/06/21 and 08/25/21 at 8:00pm. -There was an entry for Senna Plus 1 tablet twice a day, scheduled at 8:00am and 8:00pm. -There was no documentation Senna Plus was administered on 08/06/21 and 08/25/21 at	D 367		

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8:00pm.

Interview with Resident #2 on 09/02/21 at 9:25am revealed she received her medications and never had an issue missing medication.

Refer to interview with the Resident Care Coordinator (RCC) on 09/02/21 at 1:30pm.

Refer to the telephone interview with the Administrator/Owner on 09/02/21 at 4:18pm.

3. Review of Resident #3's current FL-2 dated 05/05/21 revealed:
-Diagnoses included anemia, depression, schizophrenia, hyponatremia and hypomagnesemia.
-There was an order for Coreg 3.125mg twice a day (Coreg is used to treat high blood pressure).
-There was an order for Remeron 30mg at bedtime (Remeron is used to treat depression).
-There was an order for Zyprexa 20mg at bedtime (Zyprexa is used treat schizophrenia).

Review of Resident #3's order dated 07/27/21 revealed there was an order for Klonopin 0.5mg at bedtime (Kloponin is used to treat anxiety).

Review of Resident #3's July 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for Coreg 3.125mg twice a day, scheduled at 8:00am and 8:00pm.
-There was no documentation Coreg was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm.
-There was an entry for Remeron 30mg at bedtime, scheduled at 8:00pm.
-There was no documentation Remeron was administered on 07/11/21, 07/21/21, 07/23/21 and

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07/30/21 at 8:00pm.
-There was an entry for Zyprexa 20mg at bedtime, scheduled at 8:00pm.
-There was no documentation Zyprexa was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm.
-There was an entry for Klonopin 0.5mg at bedtime, scheduled for 8:00pm.
-There was no documentation Klonopin was administered on 07/11/21, 07/21/21, 07/23/21 and 07/30/21 at 8:00pm.

Review of Resident #3's August 2021 eMAR revealed:
-There was an entry for Coreg 3.125mg twice a day, scheduled at 8:00am and 8:00pm.
-There was no documentation Coreg was administered on 08/06/21 and 08/25/21 at 8:00pm.
-There was an entry for Remeron 30mg at bedtime, scheduled at 8:00pm.
-There was no documentation Remeron was administered on 08/06/21 and 08/25/21 at 8:00pm.
-There was an entry for Zyprexa 20mg at bedtime, scheduled at 8:00pm.
-There was no documentation Zyprexa was administered on 08/06/21 and 08/25/21 at 8:00pm.
-There was an entry for Klonopin 0.5mg at bedtime, scheduled for 8:00pm.
-There was no documentation Klonopin was administered on 08/06/21 and 08/25/21 at 8:00pm.

Refer to interview with the Resident Care Coordinator (RCC) on 09/02/21 at 1:30pm.

Refer to the telephone interview with the Administrator/Owner on 09/02/21 at 4:18pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096003	A. BUILDING: _____ B. WING _____	C 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE COUNTY REST VILLA NO. 1	305 VANCE STREET FREMONT, NC 27830

(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 13 Interview with Resident Care Coordinator (RCC) on 09/02/21 at 1:30pm revealed: -She was responsible for ensuring electronic medication administration records were complete and accurate. -If an eMAR has a blank entry it meant that it was not given by the medication aide (MA) or that the MA was not able to document it because the internet was out at the facility. -She could not recall when the last time the internet went out at the facility. -MAs were instructed to go back and document administration after the internet returned but they had forgotten. -She performed audits on 3 resident's eMAR to ensure that they are complete. -She had not noted that there were blanks on the July and August 2021 eMAR. Telephone interview with Administrator/Owner on 09/02/21 at 4:18pm revealed: -She was aware that there were internet issues at the facility. -She was not aware that there were issues with the eMAR being left blank. -She expected staff to fill out the eMAR accurately and completely.	D 367		