STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 December 08, 2021 through December 10, 2021.	{D 000}		
{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 (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO CONTINUING TYPE B VIOLATION Based on these findings, the previously Unabated Type B Violation has not been abated. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 5 sampled residents (#2, #4) including errors with insulin (#2, #4), administering discontinued medications to treat high blood pressure, heart failure, fluid build-up, arthritic pain, and high blood sugar which were discontinued due to the resident's diagnosis of acute renal failure (#2), a delay in the administration of an antibiotic and a medication to treat high potassium levels (#2) medications not available to administer at the facility including an inhaled medication to prevent difficulty breathing (#4), blood thinners, a medication to treat fluid build-up, depression, heart failure and	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 1	{D 358}		

supplements (#2), medications to treat mild to moderate pain (#4) and dizziness (#2).

The findings are:

Review of the facility's Medication Services/Pharmaceutical Care Services policy and procedures dated September 2021 revealed:
-The Administrator (Executive Director), Resident Care Coordinator (RCC) or designee would ensure medication administration services required for each resident were provided.
-Routine medications ordered by 5:00pm should be started no later than the regularly scheduled dose following the regular pharmacy delivery of the next business day.
-Antibiotic administration of any medication order for a systemic antibiotic would be started no later than 9:00am of the following day unless the order was designated by the physician as urgent. All efforts should be made to start the antibiotics at the next scheduled dose.

Review of the facility's New Order policy and processes dated September 2021 revealed:
-New order processes included that all orders were reviewed by the RCC or designee.
-The RCC (medication aide (MA) if after hours/weekends) would fax the order to the pharmacy and scan the order into the electronic scan.
-The RCC or designee would wait for the order to be placed in the electronic medication system for approval and then approve the order for administration.

1. Review of Resident #2's current FL-2 dated 12/01/21 revealed:
-Diagnoses included acute renal failure, leukocytosis, uremia, cardiomyopathy, history of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 2 cerebrovascular accident, hypertension, diabetes type 2, sarcoidosis (inflammatory disease that most commonly affects the lungs), depression, chronic respiratory failure, history of diastolic heart failure, and hypomagnesemia. (Hypomagnesemia is an electrolyte disturbance when there is a low level of magnesium in the blood). -There was an order for Meclizine 12.5mg twice daily for dizziness. (Meclizine is a medication used to prevent dizziness). -There was an order for Aspirin 81mg once daily. (Aspirin is a medication used to thin the blood). -There was an order for Lasix 40mg twice daily. (Lasix is a medication used to treat excess fluid). -There was an order for Plavix 75mg once daily. (Plavix is a medication used to thin the blood to prevent a stroke or heart attack). -There was an order for Vitamin B-12 once daily. (Vitamin B-12 is a supplemental vitamin). -There was an order for Ferrous Sulfate 325mg twice daily. (Ferrous Sulfate is an iron supplement). -There was an order for Vitamin C 500mg twice daily. (Vitamin C is a supplemental vitamin). -There was an order for Lexapro 5mg once daily. (Lexapro is a medication used to treat depression). -There was an order for Cardizem HCL 120mg extended release once daily. (Cardizem is a medication used to treat high blood pressure and chest pain). Review of a hospital discharge summary for Resident #2 dated 11/17/21 revealed: -The resident was admitted on 11/11/21 - 11/17/21 for acute renal failure. -The resident's active hospital diagnosis was cardiomyopathy. (Cardiomyopathy is an acquired or hereditary disease of the heart muscle).	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 -The resident's resolved hospital diagnoses included acute renal failure, hyperkalemia, hyponatremia, leukocytosis, encephalopathy and uremia. (Hyperkalemia is a medical term used to describe a higher than normal level of potassium in the blood which can cause abnormal heart rhythms. Hyponatremia is a medical term to describe low blood levels of sodium. Leukocytosis is a medical term used to describe higher than normal white cells in the blood which is frequently a sign of inflammation or infection in the body. Encephalopathy is a medical term used to describe disease, damage, or malfunction of the brain. Uremia is a medical term used to describe high levels of urea and other excess waste in the blood that are usually eliminated by the kidneys). -On admission, the resident's potassium level was 8.8. (The normal range for potassium is 3.6 to 5.2 and a potassium level higher than 6 could be dangerous, requiring immediate treatment). -The resident's creatinine level was 7.63. (Creatinine is metabolic waste product eliminated from the body by the kidneys. Abnormally high creatinine levels warn of possible malfunction or failure of the kidneys. The typical range for creatinine is 0.59 to 1.04. A very high creatinine level may require a kidney transplant or dialysis). -The resident was admitted to the cardiac intensive care unit and upon arrival, the resident was emergently dialyzed by nephrology. -The resident's severe acute kidney injury was likely due to intravascular volume depletion (reduction of effective circulating volume within the blood vessels) in the setting of Lisinopril, Metformin, Aldactone, Lasix and Voltaren gel. (Lisinopril is a medication used to treat high blood pressure and heart failure. Metformin is a medication used to treat high blood sugar levels. Aldactone is a medication used to treat high blood pressure and fluid retention. Voltaren gel is	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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	{D 358}		

a topical medication used to treat arthritic pain).
-The resident had multiple dialysis sessions with good improvement in renal function and potassium.
-The nephrologist recommended for the resident to permanently discontinue Lisinopril.
-The resident's creatinine level stabilized toward the end of the hospitalization.
-The resident's potassium level on the day of discharge was elevated some, (11/17/21) however, the resident was given a few doses of Lokelma to go back to the facility on with close follow up with the resident's primary care provider (PCP) on 11/18/21 to ensure her laboratory blood work was checked. (Lokelma is a medication to treat high potassium levels in the blood).
-The resident would complete treatment for an uncomplicated urinary tract infection (UTI) with Keflex 500mg. (Keflex is a medication used to treat infection).

Review of Resident #2's recommendations/orders for follow-up on the discharge summary dated 11/17/21 revealed:
-The resident's dose of Lantus 36 units was decreased to 18 units on discharge because she was requiring much less insulin. (Lantus is an injectable medication used to lower blood sugar levels).
-The resident's Metformin and Aldactone was discontinued on discharge due to acute renal failure and hyperkalemia.
-The resident's dose of Metoprolol was decreased from 25mg to 12.5mg twice daily. (Metoprolol is a medication used to treat high blood pressure, chest pain and heart failure).

Review of Resident #2's previous FL-2 dated 11/17/21 revealed:
-There was an order for Keflex 500mg twice daily.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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	{D 358}		

-There was an order Lantus 18 units at bedtime.
-There was an order for Lokelma 100gram, one packet daily.
-There was an order for Metoprolol 25mg, 0.5 tablets twice daily.
-There was an order for Lasix 40mg twice daily.
-There was an order for Plavix 75mg daily.
-There was an order for Vitamin B-12 1000mcg daily.
-There was an order for Lexapro 5mg daily.
-There was an order for Cardizem CD 120mg daily.
-There was an order for Meclizine 12.5mg twice daily.

Interview with Resident #2 on 12/08/21 at 9:05am revealed:
-The medication aides (MAs) administered all her medications.
-She was not sure exactly what medications she took, but the MAs knew.
-There had been a few times her medications were not available in the facility for her to take but this did not occur frequently.

Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/09/21 at 8:32am revealed:
-Resident #2 was readmitted to pharmacy services after a hospitalization 11/17/21.
-Resident #2's FL-2 dated 11/17/21 was received by fax on 11/17/21.

Interview with a MA on 12/10/21 at 8:15am revealed:
-She remembered when Resident #2 returned from the hospital on 11/17/21 some of her medications were marked through with a pen as discontinued on the resident's multidose packaging system and she reviewed the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 6	{D 358}		

resident's hospital discharge medication list.
-Some of Resident #2's medications had not been updated in the eMAR system to display the changed orders after the resident was discharged from the hospital on 11/17/21.
-The medications marked as discontinued were on one of the sides of the foldable multidose package.
-She "picked out" Resident #2's discontinued medications from the multidose packaging by comparing the named imaged pictures of the medications in the package and disposed of the medication in a drug disposal system.
-She thought the reason why Resident #2 had some documentation of discontinued medications being administered after the residents' hospitalization in November 2021 was due to some of the MAs possibly did not turn Resident #2's multidose packaging system over and could have overlooked the medications that had been marked out as discontinued on 11/17/21.
-Resident #2's medication changes on the eMAR after 11/17/21 had not been electronically changed as ordered from the resident's hospitalization.

Interview with the Lead MA Supervisor on 12/10/21 at 11:57am revealed around "11/23/21", she became aware there was an issue with Resident #2's medication when she was contacted by telephone from a MA working at the facility who had performed a cart audit for the resident's medication.

a. Review of Resident #2's November 2021 electronic medication administration record (eMAR) from 11/17/21 - 11/30/21 revealed:
-There was an entry for Keflex 500mg twice daily with a scheduled administration time at 8:00am and 8:00pm. (Keflex is a medication used to treat

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 7	{D 358}		

infection).
-There was a second entry for Keflex 500 mg twice daily with documentation on 11/20/21 at 8:00am Keflex was not administered with a reason as not administered "waiting on delivery" and 11/20/21 at 8:00pm with a reason "not administered".
-The first dose of Keflex 500mg was documented as administered on 11/20/21 at 8:00pm and continued through 11/25/21 at 8:00am.
-There was no documentation Keflex 500mg was administered twice daily on 11/18/21, 11/19/21 and on 11/20/21 at 8:00am.

Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed:
-Resident #2's Keflex 500mg was delivered to the facility on 11/18/21 at 2:41pm.
-The medication aides (MAs) should have started the administration of Resident #2's Keflex 500mg the night of 11/18/21.
-The administration of Resident #2's Keflex 500mg was delayed because the medication had not been approved for administration in the eMAR system.

Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/09/21 at 8:32am revealed:
-Resident #2's Keflex 500mg was dispensed and delivered to the facility on 11/18/21 at 3:00pm with a quantity of 10 tablets.
-It was important for Resident #2 to start the antibiotic as soon as the medication was available so there would be no risk of the resident possibly having a systemic infection such as sepsis or worsening UTI symptoms.
-The treatment goal of Keflex would have been for Resident #2 to start the medication as soon

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 8	{D 358}		

the medication was available for the antibiotic to rid the resident's body of infection.

Telephone interview with Resident #2's primary care provider (PCP) on 12/09/21 at 12:42pm revealed:
-It would have been important for the resident to receive Keflex without any delays.
-A delay in the administration of the antibiotic could have placed the resident at risk for a worsening UTI.

Refer to the interview with a MA on 12/09/21 at 9:31am.

Refer to the telephone interview with the RCC on 12/10/21 at 10:00am.

Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am.

Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am.

Refer to the interview with the Administrator on 12/10/21 at 12:34pm.

b. Review of Resident #2's November 2021 electronic medication administration record (eMAR) from 11/17/21 - 11/30/21 revealed:
-There was an entry for Lantus 36 units at bedtime with a scheduled administration time at 9:00pm and a discontinued date of 11/18/21. (Lantus is an injectable medication used to lower blood sugar levels).
-There was an entry for Lantus 18 units at bedtime with a scheduled administration time at 8:00pm with a start date of 11/19/21.
-There was documentation Lantus 36 units was administered at 9:00pm on 11/18/21, 11/19/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 9	{D 358}		

and 11/22/21 for a total of 3 doses instead of Lantus 18 units as ordered on the FL-2 dated 11/17/21.

Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed:
-Resident #2's medications were not approved in the eMAR system after the resident's hospitalization in November 2021; the resident's medication orders and changed medications did not start when ordered.
-There were times imported orders appeared on the eMAR for administration prior to the medication being approved.
-This had caused two entries on the residents' eMAR for the same medications with different dosages which had resulted in displaying the new unapproved dosage changed medication and the residents' previous medication dose order for administration.
-She was not sure how "imported orders" were occurring in the eMAR system.

Telephone interview with Resident #2's primary care provider (PCP) on 12/09/21 at 12:42pm revealed she expected the facility to ensure all medications were administered as ordered to the resident.

Refer to the interview with a medication aide (MA) on 12/09/21 at 9:31am.

Refer to the telephone interview with the RCC on 12/10/21 at 10:00am.

Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am.

Refer to the interview with the Regional Clinical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 10 Director (RCD) on 12/10/21 at 11:51am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm. c. Review of Resident #2's November 2021 electronic medication administration record (eMAR) from 11/17/21 - 11/30/21 revealed: -There was an entry for Metformin 1000mg twice daily with a scheduled administration time at 8:00am and 8:00pm. (Metformin is a medication used to treat high blood sugar levels). -Metformin 1000mg was documented as administered on 11/18/21 at 8:00am, 11/19/21 at 8:00am, 11/21/21 at 8:00am for a total of 3 doses (Metformin 1000mg was not ordered on the FL- 2 dated 11/17/21 and the reason of discontinuation of Metformin 1000mg was documented on the resident's hospital discharge summary dated 11/17/21, signed by the prescribing medical provider). -Metformin 1000mg was discontinued on the eMAR on 11/24/21. Interview with a medication aide (MA) on 12/10/21 at 11:34am revealed: -She verified her initials were documented on Resident #2's eMAR for the administration of Metformin 1000mg on 11/18/21 and 11/21/21 at 8:00am. -When she administered the resident's medications, she prepared medications for administration by comparing each medication label and dosage on the packaged medication with the medications displayed on the residents' eMAR to administer at that specific time. Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed when Resident #2's medications were	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 11	{D 358}		

not approved in the eMAR system in November 2021 after the resident's hospitalization, the medication changes or orders were not started when ordered.

Telephone interview with Resident #2's primary care provider (PCP) on 12/09/21 at 12:42pm revealed the facility staff should not have administered Metformin to Resident #2 after the medication was discontinued because the resident was in acute renal failure and the medication could have potentially caused damage to her kidneys.

Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/09/21 at 8:32am revealed:
-Metformin was a medication contraindicated when Resident #2 was diagnosed with renal failure.
-The administration of Metformin could have caused Resident #2 to experience ongoing renal complications.
-Resident #2's Metformin was dispensed in a multi-dose pack.
-Resident #2's Metformin was dispensed on 11/03/21 and 11/10/21 with a quantity of 14 tablets delivered each time to the facility for a total of 28 doses.

Refer to the interview with a MA on 12/09/21 at 9:31am.

Refer to the telephone interview with the RCC on 12/10/21 at 10:00am.

Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am.

Refer to the interview with the Regional Clinical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 12 Director (RCD) on 12/10/21 at 11:51am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm. d. Review of Resident #2's November 2021 electronic medication administration record (eMAR) from 11/17/21 - 11/30/21 revealed: -There was an entry for Voltaren gel 15gms apply 2gms to the neck three times daily with a scheduled administration time at 8:00am, 2:00pm and 8:00pm. (Voltaren gel is a topical medication used to treat arthritic pain). -Voltaren gel 1% was documented as administered at 8:00am on 11/18/21, 11/19/21, 11/20/21 and 11/23/21, at 2:00pm on 11/19/21, 11/20/21 and 11/23/21, and on 11/22/21 at 8:00pm for a total of 8 doses after the medication had been discontinued. (Voltaren gel 1% was not ordered on the FL- 2 dated 11/17/21 and the discontinued reason was documented on the resident's hospital discharge summary dated 11/17/21 signed by the prescribing medical provider). -Voltaren gel 1% was discontinued on the eMAR on 11/24/21. Interview with a medication aide (MA) on 12/09/21 at 9:31am revealed: -She verified her initials for the administration of Resident #2's Voltaren gel 1% on 11/20/21 at 8:00am and 2:00pm. -Her initials on 11/20/21 at 8:00am and 2:00pm meant she administered Voltaren gel 1% to Resident #2 because the medication was displayed as an active order to be administered at that time. Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 13	{D 358}		

revealed when Resident #2's medications were not approved after the resident's hospitalization in the eMAR system in November 2021, the medication changes or orders were not started when ordered.

Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/09/21 at 8:32am revealed:
-The use of Voltaren gel was not recommended when diagnosed with kidney damage.
-Voltaren gel was a medication applied to the skin of the affected area and only small amounts would have been absorbed systemically.
-Resident #2's Voltaren gel 100gms was dispensed on 11/03/21.
-Resident #2 was prescribed 20gm to the neck three times daily and there would have been a used tube available after 11/17/21 when the resident returned from the hospital.

Telephone interview with Resident #2's primary care provider (PCP) on 12/09/21 at 12:42pm revealed the facility staff should not have administered Voltaren gel 1% to Resident #2 after the medication was discontinued.

Refer to the interview with a MA on 12/09/21 at 9:31am.

Refer to the telephone interview with the RCC on 12/10/21 at 10:00am.

Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am.

Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am.

Refer to the interview with the Administrator on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 14 12/10/21 at 12:34pm. e. Review of Resident #2's November 2021 electronic medication administration record (eMAR) from 11/17/21 - 11/30/21 revealed: -There was an entry for Lisinopril 5mg twice daily with a scheduled administration time at 9:00am and 9:00pm. (Lisinopril is a medication used to treat high blood pressure and heart failure). -Lisinopril 5mg was documented as administered at 9:00am on 11/18/21, 11/19/21, 11/21/21, 11/24/21, and at 9:00pm on 11/18/21 for a total of 5 doses after the medication had been discontinued. (Lisinopril 5mg was not ordered on the FL- 2 dated 11/17/21 and the discontinued reason was documented on the resident's hospital discharge summary dated 11/17/21 signed by the prescribing medical provider). -Lisinopril 5mg was discontinued on the eMAR on 11/24/21. Interview with a medication aide (MA) on 12/10/21 at 11:34am revealed: -She verified her initials were documented on Resident #2's eMAR for the administration of Lisinopril 5mg on 11/18/21 and 11/21/21 and 11/24/21 at 9:00am. -When she administered residents' medications, she prepared the medications for administration by comparing each of the residents' medication labels and dosage on the packaged medication with the medications displayed on the residents' eMAR to be administered at that specific time. Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed when Resident #2's medications were not approved in the eMAR system in November 2021 after the resident's hospitalization, the medication changes or orders were not started	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 15 when ordered. Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/09/21 at 8:32am revealed: -Resident #2's Lisinopril was discontinued on 11/18/21. -Resident #2's Lisinopril was dispensed in a multi-dose pack on 11/03/21 and 11/10/21 with a quantity of 14 tablets delivered each time for a total 28 tablets for the month of November 2021. -Resident #2 was at risk for increased potassium levels with the administration of Lisinopril because the medication flowed through the kidneys and would not be the best idea for the resident to receive the medication when the goal was to decrease the resident's potassium levels. -The continued use of Lisinopril could have placed Resident #2 at risk for additional kidney injury that could have advanced to acute renal failure requiring permanent dialysis due to kidney injury and function depletion. Telephone interview with Resident #2's primary care provider (PCP) on 12/09/21 at 12:42pm revealed facility staff should not have administered Lisinopril to Resident #2 after the medication was discontinued because the resident was in acute renal failure and the medication could have potentially caused damage to her kidneys. Refer to the interview with a MA on 12/09/21 at 9:31am. Refer to the telephone interview with the RCC on 12/10/21 at 10:00am. Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 16 Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm. f. Review of Resident #2's November 2021 electronic medication administration record (eMAR) from 11/17/21 - 11/30/21 revealed: -There was an entry for Lokelma 100gram one packet daily with a scheduled administration time at 9:00am. (Lokelma is a medication used to treat high potassium levels in the blood). -Lokelma 10 grams was documented as administered 11/23/21 and 11/24/21 at 9:00am (5 days after the medication was ordered on 11/17/21). Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed: -Resident #2's Lokelma was delivered from the pharmacy om 11/19/21 at 1:59am. -The medication aides (MAs) should have administered Lokelma to Resident #2 on 11/19/21 or 11/20/21 however, because the medication had not been approved in the eMAR system, the resident did not receive Lokelma until 11/23/21 and 11/24/21. -When Resident #2's medications were not approved in the eMAR system in November 2021 after the resident's hospitalization, the medication changes or orders were not started when ordered. Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/09/21 at 8:32am revealed: -Lokelma was dispensed on 11/18/21 and	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 17	{D 358}		

delivered to the facility on 11/19/21 at 2:00am with a quantity of 2 doses.
-Resident #2 was at risk for increased potassium levels in the body when delayed for 6 days for the administration of Lokelma.
-It would have been important for facility staff to start the administration of Lokelma for Resident #2 as soon as the medication was available in order to start getting the resident's high potassium levels down.
-It was important to treat high potassium levels because raised levels could lead to strain on the heart causing the resident to have heart arrythmias, stomach upset, muscle cramps and spasms.

Refer to the interview with a MA on 12/09/21 at 9:31am.

Refer to the telephone interview with the RCC on 12/10/21 at 10:00am.

Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am.

Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am.

Refer to the interview with the Administrator on 12/10/21 at 12:34pm.

g. Review of Resident #2's November 2021 electronic medication administration record (eMAR) from 11/17/21 - 11/30/21 revealed:
-There was an entry for Metoprolol 25mg twice daily with a scheduled administration time at 8:00am and 8:00pm. (Metoprolol is a medication used to treat high blood pressure, chest pain and heart failure).
-Metoprolol 25mg was documented as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 18	{D 358}		

administered on 11/18/21 at 8:00am and 8:00pm, 11/19/21 and 11/21/21 at 8:00am for a total of 4 doses. (Metoprolol 25 mg twice daily was decreased to 12.5 mg twice daily on the FL- 2 dated 11/17/21 and the change in dose was documented on the resident's hospital discharge summary dated 11/17/21 signed by the prescribing medical provider).
-Metoprolol 25mg was discontinued on the eMAR on 11/24/21.
-There was an entry for Metoprolol 25mg, 0.5mg twice daily with a scheduled administration time at 8:00am and 8:00pm with a start date on 11/23/21.
-Metoprolol 25mg, 0.5 tablet was documented as administered on 11/23/21 - 11/30/21 at 8:00am and 8:00pm with the exception on 11/25/21 at 8:00pm and 11/26/21 at 8:00am with a reason as the resident was unavailable and on a home visit.

Interview with a medication aide (MA) on 12/10/21 at 11:34am revealed:
-She verified her initials were documented on Resident #2's eMAR for the administration of Metoprolol 25mg on 11/18/21 and 11/21/21 at 8:00am.
-When she administered the resident's medication, she prepared medications for administration by comparing each medication label and dosage on the packaged medication with the medications displayed on the residents' eMAR to be administered at that specific time.

Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed:
-Resident #2 should have received Metoprolol 12.5mg starting on 11/18/21 and the prior order for Metoprolol 25mg twice daily should have been discontinued on the eMAR.
-When Resident #2's medications were not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 19	{D 358}		

approved in the eMAR system in November 2021 after the resident's hospitalization, the medication changes or orders were not started when ordered.

Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/09/21 at 8:32am revealed:
-Resident #2's Metoprolol 25mg was dispensed to the facility for Resident #2 in a multidose packaging system.
-Resident #2's Metoprolol 25mg was dispensed on 11/03/21 and 11/10/21 with a quantity of 14 tablets which equaled 28 doses.
-On 11/19/21 at 2:00am, Resident #2's Metoprolol 12.5mg was dispensed with a quantity of 11 tablets to equal 22 doses in a bubble pack card.

Refer to the interview with a MA on 12/09/21 at 9:31am.

Refer to the telephone interview with the RCC on 12/10/21 at 10:00am.

Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am.

Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am.

Refer to the interview with the Administrator on 12/10/21 at 12:34pm.

h. Review of Resident #2's November 2021 electronic medication administration record (eMAR) from 11/17/21 - 11/30/21 revealed:
-There was an entry for Aldactone 25mg daily with a scheduled administration time at 9:00am. (Aldactone is a medication used to treat high blood pressure and fluid retention).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 20	{D 358}		

-Aldactone 25mg was documented as administered at 9:00am on 11/18/21, 11/19/21, 11/21/21 and 11/24/21 for a total of 4 doses. (Aldactone 25 mg was not ordered on the FL- 2 dated 11/17/21 and the discontinued reason was documented on the resident's hospital discharge summary dated 11/17/21 signed by the prescribing medical provider).
-Aldactone 25mg was discontinued on the eMAR on 11/24/21.

Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed:
-Resident #2 should not have been administered Aldactone 25mg after 11/17/21 and the order should have been discontinued on the eMAR.
-When Resident #2's medications were not approved in the eMAR system in November 2021 after the resident's hospitalization, the medication changes or orders were not started when ordered.

Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/09/21 at 8:32am revealed:
-Resident #2's order for Aldactone was discontinued on 11/18/21.
-Resident #2's Aldactone was dispensed in a multi-dose pack on 11/03/21 and 11/10/21 with a quantity of 14 tablets delivered each time for a total 28 tablets for the month of November 2021.
-Resident #2 was at risk for an increase in potassium levels with the administration of Aldactone because the medication flowed through the kidneys and would not be the best idea for the resident to receive the medication when the goal was to decrease the resident's potassium levels.
-The continued use of Aldactone could have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 21 placed Resident #2 at risk for additional kidney injury that could have advanced to acute renal failure requiring permanent dialysis due to kidney injury and function depletion. Telephone interview with Resident #2's primary care provider (PCP) on 12/09/21 at 12:42pm revealed facility staff should not have administered Aldactone to Resident #2 after the medication was discontinued because the resident was in acute renal failure and the medication could have potentially caused damage to her kidneys. Refer to the interview with a medication aide (MA) on 12/09/21 at 9:31am. Refer to the telephone interview with the RCC on 12/10/21 at 10:00am. Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am. Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm. i. Review of Resident #2's November 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Meclizine 12.5mg, twice daily as needed for dizziness. -Meclizine 12.5 mg was documented as administered on 11/02/21 at 2:10pm for dizziness and the result was documented as effective. -Meclizine 12.5mg was not documented as administered twice daily on the eMAR.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 22 Review of Resident #2's December 2021 eMAR revealed: -There was an entry for Meclizine 12.5mg, twice daily as needed for dizziness. -Meclizine 12.5mg was documented as administered on 12/03/21 at 9:54pm, 12/06/21 at 5:02pm and 12/07/21 for dizziness and the result was documented as effective. -Meclizine 12.5mg was not documented as administered twice daily. Interview with Resident #2 on 12/10/21 at 8:27am revealed she had dizziness daily. Telephone interview with the Resident Care Coordinator (RCC) on 12/01/21 at 10:00am revealed she was not aware Resident #2's Meclizine order had changed on the FL-2 dated 11/17/21 and 12/02/21. Telephone interview with Resident #2's primary care provider (PCP) on 12/10/21 at 11:00am revealed: -The resident was experiencing dizziness due to previous strokes. -She had written an order to change Meclizine 12.5mg to twice daily instead of as needed in order to prevent the resident from experiencing dizziness. -She excepted staff to ensure the resident received medications as ordered. Refer to the interview with a medication aide (MA) on 12/09/21 at 9:31am. Refer to the telephone interview with the RCC on 12/10/21 at 10:00am. Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 23 Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm. j. Review of November 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Aspirin 81mg once daily with a scheduled administration time at 9:00am. -Aspirin 81mg was documented as not administered on 11/23/21 with a reason documented as "waiting on pharmacy to deliver the medicine". -There was an entry for Lasix 40mg twice daily with a scheduled administration time at 8:00am and 2:00pm. -Lasix 40mg was documented as not administered on 11/23/21 at 8:00am and 2:00pm with a reason as "waiting on pharmacy to deliver medicine". -There was an entry for Plavix 75mg once daily with a scheduled administration time at 8:00am. -Plavix 75mg was documented as not administered on 11/23/21 at 8:00am with a reason as "waiting on pharmacy to deliver medicine". -There was an entry for Vitamin B-12 1000mg daily with a scheduled administration time at 9:00am. -Vitamin B-12 1000mg was documented as not administered on 11/23/21 at 9:00am with a reason as "waiting on pharmacy to deliver medicine". -There was an entry for Ferrous Sulfate 325mg twice daily with a scheduled administration time at 9:00am and 8:00pm. -Ferrous Sulfate was documented as not	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 24 administered on 11/23/21 at 9:00am, with a reason as "waiting on pharmacy to deliver medicine". -There was an entry for Vitamin C 500mg twice daily with a scheduled administration time at 8:00am and 8:00pm. -Vitamin C 500mg was documented as not administered on 11/23/21 at 8:00am with a reason as "waiting on pharmacy to deliver medicine". -There was an entry for Lexapro 5mg once daily with a scheduled administration time at 9:00am. -Lexapro 5mg was documented as not administered on 11/23/21 at 9:00am with a reason as "waiting on pharmacy to deliver medicine". -There an entry for Cardizem HCL 120mg extended release once daily with a scheduled administration time at 8:00am. -Cardizem HCL 120mg extended release was documented as not administered on 11/23/21 at 8:00am with a reason as "waiting on pharmacy to deliver medicine". Interview with Resident #2 on 12/08/21 at 9:05am revealed: -The medication aides (MAs) administered all her medications. -She was not sure exactly what medications she took, but the MAs knew. -There had been a few times her medications were not available in the facility for her to take but this did not occur frequently. Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed: -The MAs were responsible to perform weekly medication cart audits to ensure all residents had their ordered medications on hand.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 25 -Residents' receiving their medication in the multidose packaging from pharmacy were delivered in a 7-day supply and one week in advance meaning the residents' multidose packaged medications received this week would start next week. Interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am revealed: -Refill of medications were reordered within the last 3 days of supply. -The MAs could order refills of medications. Interview with the Administrator on 12/10/21 at 12:34pm revealed: -Medications that had been ordered but was not ready for refill were placed on a calendar for a reminder to contact the pharmacy. -The MAs were responsible for ordering medication refills on every shift. Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/09/21 at 8:32am revealed: -Resident #2's multidose packaging of medication was filled for the noon delivery on 11/23/21. -There was a STAT (urgent) delivery available for medications, however, medications dispensed in a multidose packaging would have required for the pharmacy to open at 8:00am and the 24-hour pharmacy was a long distance from the facility. -The morning of 11/23/21, staff would have documented waiting on pharmacy because Resident #2 had scheduled medication dosing times scheduled at 8:00am and 9:00am and the resident's refill request was being processed at 9:10am on 11/23/21. -The facility was provided residents' multidose packaging 3 days in advance for facility staff to audit what medications were delivered to ensure	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 26	{D 358}		

there were no discrepancies in the package.
-Resident #2 was hospitalized from 11/11/21 - 11/17/21, then the resident would have missed the next automatic cycle fill unless staff notified the pharmacy the medication was needed.
-The facility should have requested Resident #2's refills the night of 11/22/21.

Telephone interview with Resident #2's primary care provider (PCP) on 12/09/21 at 12:42pm revealed:
-She was made aware by facility staff that Resident #2's medications were missed at 8:00am and 9:00am on 11/23/21.
-She expected the MAs to ensure the residents' medications were available at the facility and administered as ordered.

Refer to the interview with a MA on 12/09/21 at 9:31am.

Refer to the telephone interview with the RCC on 12/10/21 at 10:00am.

Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am.

Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am.

Refer to the interview with the Administrator on 12/10/21 at 12:34pm.

2. Review of Resident #4's current FL-2 dated 09/15/21 revealed diagnoses included chronic obstructive pulmonary disease, diabetes mellitus, hypertension, chronic back pain, hypothyroidism and polyneuropathy.

a. Review of Resident #4's current FL-2 dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 27 09/15/21 revealed there was an order for Lantus 55units at bedtime. (Lantus is an injectable medication used to lower blood sugar levels Review of Resident #4's subsequent medication orders revealed: -There was an order dated 10/29/21 to discontinue Lantus 55units and change dose to Lantus 60units at bedtime. -There was an order dated 11/15/21 to discontinue Lantus 60units and change dose to Lantus 65units at bedtime. Review of handwritten note dated 11/24/21 and a primary care provider (PCP) order dated 11/29/21 on a physician's order form for Resident #4 revealed: -The resident had a "Lantus order that needs to be approve but we can't find hard copy". The resident was currently on "Lantus 60units at bedtime, but has a new order for 65 units. Can we get a copy of the new order so that we can discontinue the 60unit order?" -There was an order to discontinue Lantus 60units for Resident #4 and an entry from the PCP "the pharmacy should provide copy of the new prescription". Review of Resident #4's November 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Lantus 60units at bedtime with a scheduled administration time at 8:00pm. -Lantus 60units was documented as administered from 11/01/21 - 11/29/21. -There was an entry Lantus 60units was discontinued on 11/30/21. -There was an entry for Lantus 65 units at bedtime with a scheduled administration time at 8:00pm.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 28 -Lantus 65unit was documented as administered on 11/30/21 at 8:00pm. -There were 15 days documented the resident was administered Lantus 60 units instead of Lantus 65 as ordered on 11/15/21. Interview with the Lead medication aide (MA) Supervisor on 12/10/21 at 11:57am revealed: -She saw Resident #4 had a new order in the eMAR system for Lantus 65units but she could not locate the hard copy of the order in order to verify the new order in the eMAR system for approval so she sent a request for the order to Resident #4's PCP on 11/24/21. -She did not think about contacting the facility's contracted pharmacy provider for a copy of Resident #4's order. Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed: -When Resident #4's medications were not approved in the eMAR system in November 2021, the medication changes or orders did not start when ordered. -There were times imported orders appeared on the eMAR for administration prior to the medication being approved. -This had caused two entries on the residents' eMAR for the same medications with different dosages which had resulted in displaying the new unapproved dosage change medication and the residents' previous medication dose order for administration. -She thought the "imported orders" caused Resident #4's new order for Lantus 65units to be displayed before the order was approved along with his previous order for Lantus 60units. -She was not sure how "imported orders" were occurring in the eMAR system.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 29 Telephone interview with Resident #4's PCP on 12/10/21 at 11:00am revealed: -The resident had a hemoglobin A1C (HGA1C) result of 7.9 on 11/05/21. (A HGA1C was a blood test that measured an average blood sugar level over the past 3 months. A normal HGA1C is 5.7% and the goal for persons with diabetes is 7% or less). -She increased the resident's Lantus to 65units to better control his blood sugar levels. -Resident #4's blood sugar levels would have been higher as a result of the 15-day order delay of starting Lantus 65units as ordered. -She had increased Resident #4's Lantus dosage to get the resident's HGA1C level closer to 7%. -It was important to administer the residents' medications as ordered. Refer to the interview with a MA on 12/09/21 at 9:31am. Refer to the telephone interview with the RCC on 12/10/21 at 10:00am. Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am. Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm. b. Review of Resident #4's medication orders dated 10/27/21 revealed there was an order for Tylenol 650mg three times daily. (Tylenol is a medication used for mild to moderate pain and fever).	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 30	{D 358}		

Review of Resident #4's subsequent medication orders dated 11/03/21 revealed:
-There was an order to discontinue the scheduled Tylenol.
-There was an order for Tylenol 650mg one every 6 hours for pain and fever.

Review of Resident #4's November 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for Tylenol 325mg, take 2 tablets three times daily with a scheduled administration time at 8:00am, 2:00pm and 8:00pm.
-Tylenol 325mg, 2 tablets were documented as administered at 8:00am, 2:00pm and 8:00pm from 11/01/21 - 11/25/21 at 8:00am with exceptions on 11/06/21 at 8:00am, 2:00pm and 8:00pm, 11/07/21 at 2:00pm, 11/10/21 at 2:00pm, and 11/11/21 at 8:00am with documentation the resident refused the medication.
-There were 21 days documented the resident was administered Tylenol 325mg, 2 tablets scheduled instead of as needed for pain and fever as ordered on 11/03/21.
-There was an entry the Tylenol 325mg 2 tablets three times a day was discontinued on 11/25/21.
-There was an entry Tylenol 325mg, take 2 tablets every 6 hours as needed for pain and fever with a start date of 11/03/21.
-Tylenol 325mg, take 2 tablets every 6 hours as needed was documented as administered on 11/05/21 at 3:19am and 11/13/21 at 3:19am for pain with a results documented as effective.

Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed when Resident #4's medications were not approved in the eMAR system in November 2021, the medication changes or orders did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 31 start when ordered. Telephone interview with Resident #4's primary care provider (PCP) on 12/10/21 at 11:00am revealed: -Resident #4 requested for Tylenol to be changed from scheduled to as needed. -She expected for the facility to ensure the medications were administered as ordered. Refer to the interview with a medication aide (MA) on 12/09/21 at 9:31am. Refer to the telephone interview with the RCC on 12/10/21 at 10:00am. Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am. Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm. c. Review of Resident #4's current FL-2 dated 09/15/21 revealed there was an order for Budesonide 0.5mg/2ml inhale contents of 1ml via nebulizer twice daily. (Budesonide is an inhaled medication used to prevent difficulty breathing, chest tightness, wheezing and coughing). Review of Resident #4's November 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Budesonide 0.5mg/2ml inhale contents of 1ml via nebulizer twice daily with a scheduled administration time at 8:00am and 8:00pm. -There was documentation on 11/12/21 at	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 32 8:00pm, 11/13/21 at 8:00am and 8:00pm and 11/19/21 at 8:00pm Budesonide 0.5mg/2ml was not administered with a reason documented as waiting on pharmacy to bring for a total of 4 doses. Interview with Resident #4 on 12/09/21 at 3:35pm revealed: -He administered his own nebulizer treatments. -There were times he did not have any medication to use in his nebulizer machine, but this had not occurred lately (no estimated time provided). Review of Resident #4's pharmacy dispensing record for Budesonide revealed: -Resident #4's Budesonide 0.5mg/2ml was dispensed on 07/31/21 with a quantity 60. -Resident #4's Budesonide 0.5mg/2ml was dispensed on 10/29/21 with a quantity of 60. Observation of Resident #4's medications on hand on 12/09/21 at 4:00pm revealed there was an opened box of Budesonide 0.5mg/2ml on hand with a dispensing label dated 10/19/21 labeled 1 of 2 with a quantity of 30 single dose ampules delivered and a second box of Budesonide 0.5mg/2ml labeled 2 of 2 with a quantity of 60ml of 30 single dose ampules delivered. Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed the MAs were responsible to perform weekly medication cart audits to ensure all residents had their ordered medications on hand. Interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am revealed: -Refill of medications were reordered within the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 33 last 3 days of supply. -The MAs could order refills of medications. Interview with the Administrator on 12/10/21 at 12:34pm revealed: -Medications that had been ordered but was not ready for refill were placed on a calendar for a reminder to contact the pharmacy. -The MAs were responsible for ordering medication refills on every shift. Telephone interview with Resident #4's primary care provider on 12/10/21 at 11:00am revealed she expected the facility to ensure medications were available for administration. Refer to the interview with a medication aide (MA) on 12/09/21 at 9:31am. Refer to the telephone interview with the RCC on 12/10/21 at 10:00am. Refer to the interview with the Lead MA Supervisor on 12/10/21 at 11:57am. Refer to the interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm. _____ Interview with a medication aide (MA) on 12/09/21 at 9:31am revealed: -The MAs were responsible to perform cart audits weekly. -During medication cart audits, the MA compared the medications in the cart to the current orders on the electronic medication administration record (eMAR) to ensure they matched. -The current medications on the eMAR used to	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 34	{D 358}		

compare with the residents' medications on hand were not signed by the residents' primary care provider (PCP).
-If there were medications on hand that were not listed on the residents' current medication list then the medication was removed from the medication cart and sent back to the pharmacy.
-The Resident Care Coordinator (RCC) and the Lead MA Supervisor were responsible for approving and discontinuing the residents' medications on the eMAR system.

Telephone interview with the RCC on 12/10/21 at 10:00am revealed:
-She had been employed at the facility as the RCC since 05/17/21.
-The Lead MA Supervisor, the Administrator and herself were responsible for reviewing and approving residents' orders after the medication orders were entered into the eMAR system by the facility's contracted pharmacy provider.
-The residents' new medication orders would not show as an active order in the eMAR system for administration until the medication had been reviewed and approved.
-In November 2021, when some of the residents' new medications orders were entered into the eMAR system by the facility's contracted pharmacy provider, the orders were not approved and caused some medication errors.
-There were times "imported orders" would "show up" on the eMAR system automatically that required to ensure the start dates were correct.
-She was not sure what "imported orders" were and why they "showed up" on the eMAR.
-The facility's contracted pharmacy provider entered residents' new or changed medication to the eMAR, however the contracted pharmacy did not discontinue medications in the system.
-She, the Administrator and the Lead MA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 35	{D 358}		

Supervisor were responsible to discontinue medication orders in the eMAR system when needed.
-The Lead MA Supervisor took over the role of approving and the discontinuing residents' medication orders in the eMAR system a few weeks ago; she was unable to remember the exact date.
-She trained the Lead MA Supervisor in the role of approving and discontinuing residents' medications in the eMAR system.
-Around 11/23/21, she had noticed some of the residents' ordered medications had not been approved yet and she immediately reported it to the Administrator.
-She and the Administrator decided she would resume the role of approving residents' medications orders in the eMAR system (around 11/23/21) instead of the Lead MA Supervisor.
-When the residents' medications were not approved in the eMAR system in November 2021, the medication changes or orders were not started when ordered.
-When a resident's medication order was received, the MA on duty was responsible to fax the medication order to the pharmacy.
-The MAs were responsible for placing the residents' orders in her box located in the medication room.
-The residents' order would go through the facility's "Bucket System" until the order was processed and ready to be filed in the residents' record.
-She was responsible "for the most part" to ensure orders moved through the Bucket Systems folders until the resident's order had been completed and ready to file.
-The Lead MA Supervisor was responsible to ensure medication administration changes were completed and up to date with the current orders

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 36	{D 358}		

in the eMARS (in November 2021).
-The facility did not have an audit system process to compare the residents' current FL-2 with the subsequent orders, with the eMARS with the medications on hand.

Interview with the Lead MA Supervisor on 12/10/21 at 11:57am revealed:
-She had been in her current role since September 2021.
-She was not aware she was responsible for approving all residents new and discontinued orders in the eMAR system in November 2021.
-The residents' new medication orders would not show as an active order in the eMAR system for administration until the medication had been reviewed and approved.
-When residents' medications were not approved in the eMAR system, some of the resident's medications were not administered as ordered when the medication order changed.
-She had past experience working with another eMAR system but not with the same named system the facility used.
-No one had provided her with any teaching or resources on how to approve and discontinue medication orders in the facility's eMAR system.

Interview with the Regional Clinical Director (RCD) on 12/10/21 at 11:51am revealed:
-There was a "Bucket System" used to track all new medications orders.
-The pharmacy updated the eMAR based on the primary care provider's (PCP's) orders.
-The RCC reviewed the eMARs for accuracy.
-The RCC had contacted the pharmacy when there were duplicated medications listed on the eMAR.
-The RCC was responsible for following up on all medication orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 37 -The RCC and the MAs were responsible for all new medication orders. -She expected the RCC and the MAs to use the "bucket system" for all new medication orders and refill orders. Interview with the Administrator on 12/10/21 at 12:34pm revealed: -There was a "bucket system" used for all new medication orders. -The RCC was responsible for updating the eMAR for all medication orders including discontinued medications. -If the medication order was a hard script it was forwarded to the pharmacy and the pharmacy uploaded the medication onto eMAR. -The RCC checked the eMAR to ensure the medication was accurate. -She expected the RCC and MAs to follow the "Bucket System" to ensure all medication orders were received and entered onto the eMAR correctly. -The Lead MA Supervisor's role was to ensure the MAs were aware of procedures and knowledgeable of their job responsibilities and to answer any questions or concerns the MAs might have. -The RCC was responsible for the clinical department which included ensuring the residents were receiving everything they needed, ensuring the residents were receiving their medications and for the residents' medical follow up appointments. -She was not aware the Lead MA Supervisor was assisting the RCC as much as she was until the end of November 2021 at which time, she informed the RCC to resume her role regarding approving and discontinuing medications in the eMAR system. -The Lead MA Supervisor did not get the training	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 38 to perform the job successfully. -If she had known the Lead MA Supervisor was approving and discontinuing residents' medication orders in the electronic system, she would have ensured the Lead MA Supervisor had detailed training prior to performing that task. _____ The failure of the facility to administer medications as ordered resulted in a resident receiving medications after the medications were discontinued due to a diagnosis of severe acute kidney injury, renal failure with a high potassium level requiring a hospitalization in intensive care and emergent dialysis including a medication that was recommended by a nephrologist to permanently discontinue which could have caused the resident to suffer additional kidney injury (#2), a two day delay in the administration of an antibiotic to treat a urinary tract infection (UTI) placing the resident at risk for a worsening UTI (#2), multiple days of residents receiving the wrong dosages of insulin (#2, #4) and a delay in administering a medication used to treat high potassium levels (#2). The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/09/21 with an addendum on 12/13/21 for this violation.	{D 358}		
{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;	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 39 (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 medication administration records were accurate for 2 of 5 sampled residents (#2, #4) including inaccurate documentation of a medication used to decrease stomach acid (#2) and a narcotic medication used for pain (#4). The findings are: 1. Review of Resident #2's current FL-2 dated 12/01/21 revealed: -Diagnoses included acute renal failure, leukocytosis, uremia, cardiomyopathy, history of cerebrovascular accident and hypertension. -There was an order for Protonix 40mg once daily. (Protonix is a medication used to decrease stomach acid). Review of Resident #2's previous primary care provider's (PCP's) orders from a pharmacy	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 40 consultation dated 10/27/21 revealed an order to reduce Protonix 40mg to once daily. Review of Resident #2's previous FL-2's dated 11/17/21 and 09/15/21 revealed there were orders for Protonix 40 mg twice daily. Review of Resident #2's November 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Protonix 40mg twice daily with a scheduled administration time at 8:00am and 8:00pm. -Protonix 40 mg was documented as administered on 11/01/21, 11/04/21, 11/07/21 and 11/10/21 at 8:00am. -There was a discontinued date for Protonix 40mg twice daily on 11/24/21. -There was an entry for Protonix 40 mg daily with a scheduled administration time at 8:00am. -Protonix 40 mg was documented as administered on 11/01/21, 11/04/21, 11/07/21 and 11/10/21 at 8:00am. -Resident #2 had two morning doses of Protonix documented as administered on 11/01/21, 11/04/21, 11/07/21 and 11/10/21 instead of one morning dose at 8:00am. Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed: -She had identified there were duplicate orders on the residents' eMARs. -She thought Resident #2's Protonix 40mg order was duplicated on the eMAR in November 2021 because the Lead medication aide (MA) Supervisor inadvertently did not discontinue the previous order when the dosage changed on 11/17/21 to daily.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 41 Attempted telephone interview with a pharmacist at the facility's contracted pharmacy provider for Resident #2's Protonix dispensing records on 12/10/21 at 9:45am was unsuccessful. Telephone interview with Resident #2's PCP on 12/10/21 at 11:00am revealed she expected for the facility to ensure the residents' eMARs were accurate to ensure the resident was receiving all medications as ordered. Refer to the telephone interview with the RCC on 12/10/21 at 10:00am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm 2. Review of Resident #4's current FL-2 dated 09/15/21 revealed: -Diagnoses included chronic obstructive pulmonary disease, hypertension, chronic back pain, and polyneuropathy. -There was an order for Hydrocodone 5-325mg one tablet every 4 hours as needed for pain. (Hydrocodone is a narcotic medication used to treat moderate to severe pain). Review of Resident #4's subsequent medication orders dated 11/03/21 revealed there was an order to discontinue Hydrocodone. Review of Resident #4's November 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Hydrocodone 5-325mg every 8 hours as needed for pain. -There was no documentation the resident was administered Hydrocodone 5-325mg in November 2021.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 42 Review of Resident #4's December 2021 eMAR revealed: -There was an entry for Hydrocodone 5-325mg every 8 hours as needed for pain. -There was no documentation the resident was administered Hydrocodone 5-325mg from 12/01/21 - 12/08/21. Observation of Resident #4's medications on hand on 12/09/21 at 4:01pm revealed there were 15 tablets of Hydrocodone 5-325mg tablets dispensed on 10/23/21 with 2 tablets remaining in the medication card. Telephone interview with Resident #4's primary care provider (PCP) on 12/10/21 at 11:00am revealed: -Resident #4 had requested to discontinue Hydrocodone. -Resident #4's Hydrocodone should not have been on the resident's eMAR after she wrote the order to discontinue on 11/03/21. -She expected for the facility to ensure the residents' eMARs were accurate to ensure the resident was receiving all medications as ordered. Refer to the telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am. Refer to the interview with the Administrator on 12/10/21 at 12:34pm. _____ Telephone interview with the Resident Care Coordinator (RCC) on 12/10/21 at 10:00am revealed the facility did not have a process to review the accuracy of the residents' electronic medication administration record (eMAR). Interview with the Administrator on 12/10/21 at	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 43 12:34pm revealed: -It was important for the residents' eMAR to be accurate in order to ensure medications were administered as ordered. -The RCC was responsible to ensure the residents' eMARS were accurate.	{D 367}		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to medication administration. The findings are: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 5 sampled residents (#2, #4) including errors with insulin (#2, #4), administering discontinued medications to treat high blood pressure, heart failure, fluid build-up, arthritic pain, and high blood sugar which were discontinued due to the resident's diagnosis of acute renal failure (#2), a delay in the administration of an antibiotic and a medication to treat high potassium levels (#2) medications not available to administer at the facility including an	{D912}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: _____ B. WING _____	R-C 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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
{D912}	Continued From page 44 inhaled medication to prevent difficulty breathing (#4), blood thinners, a medication to treat fluid build-up, depression, heart failure and supplements (#2), medications to treat mild to moderate pain (#4) and dizziness (#2). [Refer to Tag 358, 10A NCAC 13F .1004(a) Medication Administration (Continuing Unabated Type B Violation)].	{D912}		