STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062016	A. BUILDING: _____ B. WING _____	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTGOMERY SENIOR LIVING	327 FREEMAN STREET STAR, NC 27356

(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 an annual and follow-up survey on 06/15/22-06/16/22.	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: The Type B violation was abated. Non-compliance continues. Based on observations, interviews and record reviews, the facility failed to administer medications as ordered by a physician for 1 of 5 sampled residents (Resident #3) related to a medication for hypertension. The findings are: Review of Resident #3's current FL-2 dated 04/20/22 revealed: -Diagnoses of dementia, depression, hypertension and chronic obstructive pulmonary disease (COPD). -A medication order for Amlodipine Besylate 10mg tablet, take 1 tablet by mouth every day. (Amlodipine is used to treat hypertension). Review of Resident #3's signed physician's	D 358		

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D 358	Continued From page 1	D 358		

orders dated 06/01/22 revealed an order to decrease Amlodipine Besylate to 5mg by mouth daily.

Review of Resident #3's June 2022 medication administration record (MAR) on 06/16/22 at 1:25pm reveled:
-Amlodipine Besylate 10mg tablet was administered on 06/01/22 at 8:00am.
-Amlodipine Besylate 5mg tablet was administered on 06/02/22- 06/16/22 at 8:00am.

Observation of the medication cart for Resident #3 on 06/16/22 at 1:30pm revealed:
-Amlodipine Besylate 10mg tablet was in the medication cart.
-Amlodipine Besylate 5mg tablet was not in the medication cart.

Interview with a medication aide (MA) on 06/16/22 at 1:30pm revealed:
-The Resident Care Coordinator (RCC) was responsible for ensuring medications were accurate in the medication cart.
-She scanned the medication card using the barcode on the card to the electronic medication administration record (eMAR) today, 06/15/22, before administering the medication to Resident #3.
-She assumed once the medication card was scanned to the eMAR, if there was an error with the dosage the system would alert her.
-She did not read the directions on the medication card before administering the medication to Resident #3.

Interview with the RCC on 06/16/22 at 1:39pm revealed:
-The Primary Care Provider (PCP) informed her on 06/15/22 Resident #3's Amlodipine order had

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D 358	Continued From page 2 changed. She did not check the medication cart to ensure the medication had been changed in the cart. -She assumed the medication aides removed the medication from the cart and replaced it. -She and the Administrator were responsible for ensuring the medication orders were sent to the pharmacy. -She conducted medication cart audits quarterly but could not remember the last time she completed an audit. Interview with the Administrator on 06/16/22 at 1:46pm revealed: -She was not aware the Amlodipine order for Resident #3 had changed. -She expected the RCC to review the medication cart and ensure accuracy. -The RCC and the MAs were responsible to ensure the medications in the medication cart were removed and replaced when orders changed.	D 358		