Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	R 06/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 06/01/02/22 and 06/02/22.	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: FOLLOW UP TO TYPE A2 VIOLATION The Type A2 Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 5 residents sampled (#4) for record review including errors with medications to treat agitation. The findings are: Review of Resident #4's current FL-2 dated 03/29/22 revealed: -Diagnoses included dementia, hypertension, hyperlipidemia, major depressive disorder, and schizophrenia. -There was an order ABH 1-25-1 gel (used to treat end of life agitation) 1 ml topically twice daily.	D 358	The Community will continue weekly quality meetings and resident chart reviews, lead by the Admin and RN. 6/3/22	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 7/7/2022

Reviewed and acknowledged with addendums 07/12/22. Catherine Prater

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D 358	Continued From page 1 Review of Resident #4's physician orders revealed: -There was an order dated 04/20/22 for ABH compound gel apply to skin three times daily for agitation and/or anxiety. -There was an order dated 05/13/22 for ABH 1-25-1 gel apply 1 ml topically to skin twice daily. -There were no signed verbal or stat orders for ABH 1-25-1 gel. Review of Resident #4's six-month physician orders dated 05/10/22 revealed an order for ABH 1-25-1 gel (used to treat agitation) 1 ml topically three times daily. Review of Resident #4's April 2022 eMAR revealed: -There was an entry for ABH 1-25-1 gel apply 1 ml topically twice daily, scheduled for 8:00am and 8:00pm. -There was documentation of administration of ABH gel from 04/01/22 to 04/03/22, 04/05/22, 04/12/22, and 04/15/22 at 8:00am and 8:00pm. -There was documentation of administration of ABH gel from 04/06/22 to 04/07/22, 04/09/22 and 04/11/22 at 8:00am. -There was documentation of administration of ABH gel on 04/04/22 at 8:00pm. -There was documentation of refusal of ABH gel on 04/04/22 and 04/19/22 at 8:00am. -There was documentation of refusal of ABH gel on 04/06/22, 04/07/22, 04/09/22, 04/11/22 at 8:00pm. -There was documentation of refusal of ABH gel on 04/08/22, 04/10/22, from 04/13/22 to 04/14/22 and from 04/16/22 to 04/18/22 at 8:00am and 8:00pm. -There was another entry for ABH 1-25-1 gel apply 1 ml topically three times daily, scheduled for 9:00am, 3:00pm, and 9:00pm.	D 358		

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D 358	Continued From page 2 -There was documentation of administration of ABH gel on 04/21/22, and from 04/23/22 to 04/29/22 at 9:00am, 3:00pm, and 9:00pm. -There was documentation of administration of ABH gel on 04/20/22, 04/22/22, and 04/30/22 at 9:00am and 3:00pm. -There was documentation of refusal of ABH gel on 04/19/22, 04/20/22, 04/22/22, and 04/30/22 at 9:00pm. -There was no documentation of administration of a fourth dose of ABH gel on 04/24/22 and 04/28/22. Review of Resident #4's April 2022 controlled substance count sheet (CSCS) for ABH 1-25-1 gel revealed: -On 04/24/22 at 8:00am, there was documentation of removal of one ABH gel syringe. -On 04/24/22 at 3:00pm, there was documentation of removal of one ABH gel syringe. -On 04/24/22 without a documented time, there was documentation of removal of one ABH gel syringe. -On 04/24/22 at 9:00pm, there was documentation of removal of one ABH gel syringe. -On 04/28/22 at 8:00am, there was documentation of removal of one ABH gel syringe. -On 04/28/22 at 11:00am, there was documentation of removal of one ABH gel syringe. -On 04/28/22 at 3:00pm, there was documentation of removal of one ABH gel syringe. -On 04/28/22 at 8:00pm, there was documentation of removal of one ABH gel syringe.	D 358		

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D 358	Continued From page 3 Review of Resident #4's May 2022 eMAR revealed: -There was an entry for ABH 1-25-1 gel apply 1 ml topically three times daily, scheduled for 9:00am, 3:00pm, and 9:00pm. -There was documentation of administration of ABH gel on 04/21/22, and from 05/01/22 to 05/04/22 and from 05/06/22 to 05/17/22 at 9:00am, 3:00pm, and 9:00pm. -There was documentation of administration of ABH gel on 05/05/22 at 3:00pm and 9:00pm. -There was documentation of refusal of ABH gel on 05/05/22 at 9:00am. -There was another entry for ABH 1-25-1 gel apply 1 ml topically twice daily, scheduled for 8:00am and 8:00pm. -There was documentation of administration of ABH gel from 05/19/22 to 05/31/22 at 8:00am and 8:00pm. -There was documentation of administration of ABH gel on 05/18/22 at 9:00pm. Review of Resident #4's May 2022 controlled substance count sheet (CSCS) for ABH 1-25-1 gel revealed: -On 05/04/22 at 8:00am, there was documentation of removal of one ABH gel syringe. -On 05/04/22 at 3:00pm, there was documentation of removal of one ABH gel syringe. -On 05/04/22 at 8:00pm, there was documentation of removal of one ABH gel syringe. -On 05/04/22 at 9:00pm, there was documentation of removal of one ABH gel syringe. -On 05/11/22 at 8:00am, there was documentation of removal of one ABH gel	D 358		

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D 358	Continued From page 4 syringe. -On 05/11/22 at 12:00pm, there was documentation of removal of one ABH gel syringe. -On 05/11/22 at 3:00pm, there was documentation of removal of one ABH gel syringe. -On 05/11/22 at 8:00pm, there was documentation of removal of one ABH gel syringe. -On 05/12/22 at 8:00am, there was documentation of removal of one ABH gel syringe. -On 05/12/22 at 8:00am, there was documentation of removal of one ABH gel syringe. -On 05/12/22 at 8:00pm, there was documentation of removal of one ABH gel syringe. -On 05/12/22 at 8:00pm, there was documentation of removal of one ABH gel syringe. -On 05/18/22 at 8:00am, there was documentation of removal of one ABH gel syringe. -On 05/18/22 at 3:00pm, there was documentation of removal of one ABH gel syringe. -On 05/18/22 at 6:00pm, there was documentation of removal of one ABH gel syringe. -On 05/25/22 at 8:00am, there was documentation of removal of one ABH gel syringe. -On 05/25/22 at 10:30am, there was documentation of removal of one ABH gel syringe. -On 05/25/22 at 8:00pm, there was documentation of removal of one ABH gel syringe.	D 358		

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D 358	Continued From page 5 -On 05/26/22 at 8:00am, there was documentation of removal of one ABH gel syringe. -On 05/26/22 at 12:00pm, there was documentation of removal of one ABH gel syringe. -On 05/26/22 at 4:27pm, there was documentation of removal of one ABH gel syringe. -On 05/26/22 at 8:00pm, there was documentation of removal of one ABH gel syringe. Observation of Resident #4's medications in the facility on 06/01/22 at 4:10pm revealed there were a total of 6 one ml syringes of ABH 1-25-1 gel that were dispensed on 05/05/22. Telephone interview with Resident #4's hospice registered nurse (RN) on 06/02/22 at 9:11am revealed: -The orders for Resident #4's ABH gel were sent via electronic prescription. -There was a prescription sent on 05/05/22 for ABH 1-25-1 gel 1 ml topically three times a day. -There was an electronic prescription sent on 05/15/22 for ABH 1-25-2 gel 1 ml topically twice daily. -She did not know of any other recent orders for Resident #4's ABH gel. -ABH gel was ordered for Resident #4 because of her refusal of oral medications and episodes of agitation. Telephone interview with a representative at the facility contracted pharmacy on 06/02/22 at 9:49am revealed: -Resident #4 had an order dated 05/18/22 for ABH 1-25-1 gel 1 ml topically twice daily. -Ninety syringes of ABH 1-25-1 gel were	D 358		

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D 358	Continued From page 6	D 358		

dispensed on 02/24/22.
-Thirty syringes of ABH 1-25-1 gel were dispensed on 03/21/22.
-Forty-five syringes of ABH 1-25-1 gel were dispensed on 04/19/22 and 05/05/22.
-Thirty syringes of ABH 1-25-1 gel were dispensed on 05/18/22.
-Staff at the facility had to request a refill when a controlled substance was needed.
-ABH gel was used topically as a sedating medication that helped calm residents who had agitation.
-ABH gel might cause excessive drowsiness.
-If an elderly resident received additional doses of ABH gel, it might cause sedation.

Telephone interview with the facility contracted primary care provider (PCP) on 06/02/22 at 12:47pm revealed:
-She did not recall providing orders for additional dose of ABH gel for Resident #4.
-She did not recall providing verbal order for additional doses of ABH gel for Resident #4.
-Resident #4 was receiving hospice services and the resident had become more agitated in the last months.

Telephone interview with a medication aide (MA) on 06/02/22 at 10:48am revealed:
-She signed for removing controlled substances on the resident's CSCS.
-She administered controlled substances by looking at the eMAR system for the resident, she signed the CSCS, removed the controlled substance, administered the medications, and then she documented on the eMAR.
-She knew Resident #4 and Resident #4 was aggressive at times.
-Resident #4 yelled out through out the day.
-She administered an as needed medication to

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D 358	Continued From page 7 Resident #4 to help calm her down. -She administered ABH gel to Resident #4 but Resident #4 refused the ABH gel. -She did not know why Resident #4's ABH gel was signed out for additional doses. -She did not recall administering any additional doses to Resident #4. -She was not aware of any changes regarding Resident #4's ABH gel order. Interview with another MA on 06/02/22 at 10:22am revealed: -When she administered a scheduled controlled substance, she saw that the medication was due on the eMAR system. -She removed the controlled substance, signed for the controlled substance on the CSCS, administered the controlled substance and documented the administration on the resident's eMAR. -The CSCS were reviewed at the end of the shift when the MAs conducted a controlled substance count. -If the controlled substance count was not accurate, she and the oncoming MA reviewed the MARs to determine if there was a dose given that was not documented. -When she was the oncoming MA and the controlled substance count was inaccurate, she refused to take the keys to the medication cart until the discrepancy was reconciled. -She knew Resident #4 had documentation on her CSCS that she received additional doses of ABH gel in April and May. -She reported the additional doses to a senior MA, but she did not know if she told the RCC. -She conducted cart audits when she had some down time and saw the documentation of the additional doses on Resident #4's CSCS. -She thought the reason some MAs were	D 358		

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D 358	Continued From page 8 administering extra dose was because they did not read the CSCS. -Resident #4's CSCS showed how many doses were given by the date. -If a MA read the CSCS before removing a syringe of ABH gel it might have prevented Resident #4 from receiving additional doses. Interview with the Resident Care Coordinator (RCC) on 06/02/22 at 11:38am revealed: -She expected the MAs to follow all the rights related to medication administration, administer the medication in the correct time frame and administer as needed medication for the reason it was ordered to treat. -She expected MAs to remove and sign on the CSCS and eMAR when they administered a controlled substance. -She expected MAs to document accurately when medications were or were not administered. -She knew Resident #4 had order changes for the frequency of administration of ABH gel. -She did not know that Resident #4 had received additional doses of ABH gel in April 2022 and May 2022. -She thought the PCP gave verbal orders or stat orders to administer ABH gel because of Resident #4's behaviors. -She thought the PCP forgot to write the verbal orders for the additional dose of ABH gel for Resident #4. -She held the MAs responsible for administering medications accurately. Interview with the Administrator on 06/02/22 at 12:00pm. -She expected the MAs to administer controlled substances as ordered, within the correct time frame and for the correct reason. -She did not know Resident #4 had received	D 358		

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D 358	Continued From page 9 additional dose of ABH gel. -She thought Resident #4's PCP had given verbal or stat order for the additional doses of ABH gel, but forgot to write the orders. -The RCC was responsible for ensuring verbal orders were written and signed by the PCP. -She held the RCC responsible for ensuring medications were administered as ordered. Based on observations, record reviews, and interviews it was determined that Resident #4 was not interviewable. Attempted telephone interview with a third MA on 06/02/22 at 10:16am was unsuccessful.	D 358		
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 5	D 375	A full deep clean of all rooms will be conducted by the Housekeeping Dept. on or before 6/7/22.	6/3/22

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D 375	Continued From page 10 sampled residents (#1) had a physician's order to self-administer an inhaler, a nasal spray and a topical cream. The findings are: Review of the facility's self-management of medications policy revealed there was no written policy for review. 1. Review of Resident #1's current FL-2 dated 03/15/22 revealed diagnoses included lymphedema, atrial flutter and chronic respiratory failure with hypoxia. a. Observation of the top of Resident #1's nightstand on 06/01/22 at 9:11am revealed there was a bottle of fluticasone nasal spray (used to treat nasal congestion); the bottle was ¾ empty; there was no pharmacy prescription label on the bottle of nasal spray. Review of Resident #3's physician's orders dated 05/10/22 revealed there was no order for fluticasone nasal spray. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/02/22 at 9:06am revealed: -Fluticasone was used for allergic rhinitis. -Resident #1 did not have an order for fluticasone nasal spray; she could not locate an order that Resident #1 ever had an order for fluticasone nasal spray. Interview with a medication aide (MA) on 06/02/22 at 8:10am revealed the PCP had discontinued Resident #1's fluticasone. Telephone interview with Resident #1's Primary	D 375	A complete review of all self administer orders will be completed by the RN on or before 6/10/2022. 6/8/22 Administrator and/or RN will audit weekly.	

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D 375	Continued From page 11 Care Provider (PCP) on 06/02/22 at 12:22am revealed Resident #1 did not have an order for fluticasone nasal spray. Interview with the Administrator on 06/02/22 at 10:15am revealed: -Resident #1 must have brought the fluticasone in the facility when he was admitted, bought it on a shopping outing or had his family bring the fluticasone nasal spray to the facility. -The resident and their families were instructed on admission that no medications were to be brought to the facility from the outside without a doctor's order. Attempted telephone interview with Resident #1's family on 06/02/22 at 11:30am was unsuccessful. Refer to the interview with a MA on 06/02/22 at 8:10am. Refer to the interview with a personal care aide (PCA) on 06/02/22 at 7:55am. Refer to the interview with the Resident Care Coordinator (RCC) on 06/22/22 at 9:15am. Refer to the interview with the Administrator on 06/01/22 at 3:55pm. Refer to the interview with the Administrator on 06/02/22 at 10:15am. b. Observation of the top of Resident #1's nightstand on 06/01/22 at 9:11am revealed there was a tube of bacitracin (used to help prevent burns from becoming infected); the tube was ¾ empty; there was no pharmacy prescription label on the tube of medication.	D 375		

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D 375	Continued From page 12 Review of Resident #3's physician's orders dated 05/10/22 revealed there was an order for bacitracin ointment apply topically on wounds twice daily; there was no order to self-administer. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/02/22 at 9:06am revealed: -The pharmacy did not have an order to keep bacitracin at the bedside. -The pharmacy had not dispensed Bacitracin ointment. Interview with a medication aide (MA) on 06/02/22 at 8:10am revealed: -The bacitracin was applied to Resident #1's burns on his head and face. -The bacitracin was brought into the facility by Resident #1's friend. Telephone interview with the Primary Care Provider (PCP) on 06/02/22 at 12:22am revealed: -Resident #1 did not want the staff to apply bacitracin ointment; he wanted to apply the ointment himself. -She did not realize there was no order to keep at bedside and may self-administer. Attempted telephone interview with Resident #1's family on 06/02/22 at 11:30am was unsuccessful. Refer to the interview with a MA on 06/02/22 at 8:10am. Refer to the interview with a personal care aide (PCA) on 06/02/22 at 7:55am. Refer to the interview with the Resident Care Coordinator (RCC) on 06/22/22 at 9:15am.	D 375		

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D 375	Continued From page 13 Refer to the interview with the Administrator on 06/01/22 at 3:55pm. Refer to the interview with the Administrator on 06/02/22 at 10:15am. c. Observation of the top of Resident #1's nightstand on 06/01/22 at 9:11am revealed there were two Trelegy Ellipta inhalers (used to treat asthma); one inhaler was unopened, the second inhaler had 11 inhalations remaining. Review of Resident #3's physician's orders dated 05/10/22 revealed there was an order for Trelegy Ellipta inhale 1 puff into lungs daily; there was no order to self-administer. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/02/22 at 9:06am revealed: -Trelegy Ellipta was used for asthma. -The recommended dose was 1 puff daily. -The resident could experience agitation or dizziness if administered more than 1 puff a day. Interview with a medication aide (MA) on 06/02/22 at 8:10am revealed: -Resident #1 returned from the hospital with the Trelegy Ellipta inhalers. -He did not know why the Trelegy Ellipta inhalers were not placed on the medication cart. -Resident #1 had a Trelegy Ellipta inhaler on the medication cart that was administered to him. -He did not know if Resident #1 used the Trelegy Ellipta inhalers in his room. Telephone interview with the Primary Care Provider (PCP) on 06/02/22 at 12:22am revealed: -Resident #1 was ordered Trelegy Ellipta inhalers one puff daily.	D 375		

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D 375	Continued From page 14 -The inhaler was not ordered to keep at the bedside. Attempted telephone interview with Resident #1's family on 06/02/22 at 11:30am was unsuccessful. Refer to the interview with a MA on 06/02/22 at 8:10am. Refer to the interview with a personal care aide (PCA) on 06/02/22 at 7:55am. Refer to the interview with the Resident Care Coordinator (RCC) on 06/22/22 at 9:15am. Refer to the interview with the Administrator on 06/01/22 at 3:55pm. Refer to the interview with the Administrator on 06/02/22 at 10:15am. _____ Interview with a medication aide (MA) on 06/02/22 at 8:10am revealed: -He had not noticed the medications on Resident #1 nightstand. -He did not know Resident #1 had medications at his bedside that were not ordered for self-administration. -He knew medications left at the bedside were required to have a pharmacy label indicating the name of resident, the medication and how to administer the medication. Interview with a personal care aide (PCA) on 06/02/22 at 7:55am revealed: -She had not noticed any medications in Resident #1's room. -She would inform the MA if she saw medication's in a resident room.	D 375		

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D 375	Continued From page 15 -She knew residents could not have medications in their rooms without an order. Interview with the Resident Care Coordinator (RCC) on 06/22/22 at 9:15am revealed: -Any resident who wanted to keep medications at their bedside would need an order "may keep at bedside." -The Primary Care Coordinator (Primary Care Provider) was responsible for assessing the resident for competency of medication administration. -The medications were to be kept in a safe place, preferably secured in a locked box. -Creams and rescue inhalers were the only medication the facility allowed to be self-administered. Interview with the Administrator on 06/01/22 at 3:55pm revealed: -The facility did not have a self-administration policy. -The facility followed the rules of the state for self-administration of medications. Interview with the Administrator on 06/02/22 at 10:15am revealed: -She was concerned that the medications were not secure in the medication cart. -She expected the staff to remove all medications for resident's room if there was no doctor's order to "keep at bedside."	D 375		
D 387	10A NCAC 13F .1007 (b) Medication Disposition 10A NCAC 13F .1007 Medication Disposition (b) Medications, excluding controlled medications that are expired, discontinued,	D 387		

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D 387	Continued From page 16 prescribed for a deceased resident or deteriorated shall be stored separately from actively used medications until disposed of. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure expired medications were stored separately from active medications for 1 of 5 sampled residents (#1). The findings are: Review of Resident #1's current FL-2 dated 03/15/22 revealed diagnoses included lymphedema, atrial flutter and chronic respiratory failure with hypoxia. a. Review of Resident #1's current FL-2 dated 03/15/22 revealed there was an order for baza cream (provides a moisture barrier against wetness) topically to buttocks three times daily. Review of Resident #1's physician orders dated 04/07/22 revealed there was an order to discontinue baza cream. Observation of Resident #1's room on 06/01/22 at 9:11am revealed a tube of baza cream on the resident's nightstand. Interview with Resident #1 on 06/01/22 at 2:00pm revealed: -Baza cream had been at his bedside for administration for months. -He used it occasionally but not every day. -He was not aware that the baza cream had been discontinued.	D 387	A full cart audit will be completed by the RN for discontinued / expired medications by the nurse on or before 6/15/22. Administrator and/or RN will audit weekly.	6/10/22

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D 387	Continued From page 17 Interview with a representative from the facility's contracted pharmacy on 06/01/22 at 3:45pm revealed there was an order to discontinue baza cream dated 04/04/22. Interview with a medication aide (MA) on 06/02/22 at 8:10am revealed: -Baza cream was applied to Resident #1's buttocks several times a day. -He did not know Baza cream had been discontinued for Resident #1. Telephone interview with the Primary Care Provider (PCP) on 06/02/22 at 12:22am revealed baza cream was discontinued a few months ago since Resident #1 was not using baza cream. Refer to the interview with MA on 06/02/22 at 8:10am. Refer to the interview with the RCC on 06/22/22 at 9:15am. Refer to the interview with the Administrator on 06/01/22 at 3:55pm. Refer to the interview with the Administrator on 06/02/22 at 10:15am. b. Review of Resident #1's current FL-2 dated 03/15/22 revealed there was an order for acetaminophen (used to treat pain) 325mg every 6 hours as needed for pain. Review of Resident #1's physician orders dated 03/16/22 revealed: -There was an order to discontinue acetaminophen 325mg every 6 hours. -There was an order to administer acetaminophen 325mg every 6 hours as needed	D 387		

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D 387	Continued From page 18 for pain. Review of Resident #1's physician orders dated 03/31/22 revealed there was an order to discontinue acetaminophen 325mg every 6 hours as needed for pain. Observations of Resident #1's medication revealed: -There was a container of acetaminophen 325mg located on the medication cart available for administration. -The acetaminophen 325mg had a dispensed date of 02/21/22. Interview with Resident #1 on 06/01/22 at 2:00pm revealed: -He was taking acetaminophen for pain. -The Primary Care Provider (PCP) discontinued the acetaminophen and ordered an arthritis medication for pain. Interview with a medication aide (MA) on 06/02/22 at 8:10am revealed: -He knew the acetaminophen had been discontinued. -He should have removed it from the medication cart. Interview with a representative from the facility's contracted pharmacy on 06/01/22 at 3:45pm revealed there was an order to discontinue acetaminophen on 03/31/2022. Telephone interview with the PCP on 06/02/22 at 12:22am revealed she had discontinued acetaminophen 325mg and started Resident #1 on an arthritis acetaminophen for pain.	D 387		

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D 387	Continued From page 19 Refer to the interview with MA on 06/02/22 at 8:10am. Refer to the interview with the RCC on 06/22/22 at 9:15am. Refer to the interview with the Administrator on 06/01/22 at 3:55pm. Refer to the interview with the Administrator on 06/02/22 at 10:15am. _____ Interview with a medication aide (MA) on 06/02/22 at 8:10am revealed: -When discontinued orders were received the RCC entered them into the electronic medication record (eMAR). -Once the discontinued order was entered, the order would pop-up on the eMAR; it would be indicated by a yellow flag. -When a medication was discontinued, it would be removed from the medication cart. -The MA's were responsible for removing the discontinued medications from the medication cart. -The staff began medication audits in March 2022. -The MAs, the Memory Care Coordinator (MCC) and the Resident Care Coordinator (RCC) audited the medication carts. -The auditors looked for documented opened dates and the need to re-order medications. Interview with the RCC on 06/22/22 at 9:15am revealed: -Discontinued orders were faxed to the pharmacy. -The pharmacy entered the discontinued order into the eMAR. -A yellow flag would appear on the eMAR beside	D 387		

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D 387	Continued From page 20 the discontinued medication. -The discontinued order would be approved by the RCC, MCC or Supervisor-in-Charge (SIC). -The MAs would remove the discontinued medication from the medication cart and place it in a tote to be returned to the pharmacy. -The MAs would know the medication was discontinued and needed to be removed when the order turned gray on the eMAR. -Medication carts were audited weekly by the MAs. -There was no schedule posted at this time; MAs were expected to perform medication cart audits. -A representative from the pharmacy trained the staff on how to audit a medication cart in late March 2022 or early April 2022. -The 100-hall medication cart was audited 2 weeks ago; the 100-hall medication cart contained Resident #1's medications. Interview with the Administrator on 06/01/22 at 3:55pm revealed: -The facility did not have a discontinuation of medications policy. -The facility followed the rules of the state for discontinuation of medications. Interview with the Administrator on 06/02/22 at 10:15am revealed: -Discontinued medications should be placed in the pharmacy tote to be returned to the pharmacy. -The discontinued order was faxed to the pharmacy; the pharmacy entered the discontinued order into the eMAR. -She expected the MAs to remove all discontinued medications. -The MAs, RCC and MCC were auditing medication carts since March 2022.	D 387		

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D 392	Continued From page 21	D 392		
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to ensure a readily retrievable record that accurately reconciled the receipt, administration, and disposition of controlled substances was maintained for 1 of 3 sampled residents (#4) with physician orders for anti-anxiety medications. The findings are: 1. Review of Resident #4's current FL-2 dated 03/29/22 revealed diagnoses included dementia, hypertension, hyperlipidemia, major depressive disorder, and schizophrenia. a. Review of Resident #4's current FL-2 dated 03/29/22 revealed there was an order ABH 1-25-1 gel (used to treat end of life agitation) 1 ml topically twice daily.	D 392	The MCD and RN will complete a Complete count of all narcotic/ controlled drugs on or before 6/15/22. The RN will audit and compare the MAR's to the Control Count sheet on or before. Administrator and/or RN will audit weekly.	6/5/22 6/20/22

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D 392	Continued From page 22 Review of Resident #4's physician orders revealed: -There was an order dated 04/20/22 for ABH compound gel apply to skin three times daily for agitation and/or anxiety. -There was an order dated 05/13/22 for ABH 1-25-1 gel apply 1 ml topically to skin twice daily. -There were no signed verbal or stat orders for ABH 1-25-1 gel. Review of Resident #4's six-month physician orders dated 05/10/22 revealed an order for ABH 1-25-1 gel (used to treat agitation) 1 ml topically three times daily. Review of Resident #4's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for ABH 1-25-1 gel apply 1 ml topically three times daily, scheduled for 8:00am, 2:00pm, and 8:00pm. -There was documentation of administration of ABH gel from 03/03/22 to 03/17/22, and from 03/19/22 to 03/20/22 at 8:00am, 2:00pm, and 8:00pm. -There was documentation of administration of ABH gel on 03/21/2 at 8:00am and 2:00pm. -There was documentation of refusal of ABH gel on 03/17/22 at 8:00am. -There was another entry for ABH 1-25-1 gel apply 1 ml topically twice daily, scheduled for 8:00am and 8:00pm. -There was documentation of administration of ABH gel from 03/22/22 to 03/31/22 at 8:00am. -There was documentation of administration of ABH gel on 03/21/22, from 03/23/22 to 03/24/22, and from 03/27/22 to 03/31/22 at 8:00pm. -There was documentation of refusal of ABH gel on 03/22/22 at 8:00pm. -There was documentation of "withheld per	D 392		

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D 392	Continued From page 23 doctor's orders" from 03/25/22 to 03/26/22 at 8:00pm. Review of Resident #4's March 2022 controlled substance count sheet (CSCS) for ABH gel revealed: -On 03/23/22 at 8:00pm, there was no documentation of removal of one syringe of ABH gel, but there was documentation of administration on Resident #4's March 2022 eMAR. -On 03/25/22 at 8:00pm, there was documentation of removal of one syringe of ABH gel, but there was documentation the dose was withheld on Resident #4's March 2022 eMAR. -On 03/26/22 at 8:00am, there was no documentation of removal of one syringe of ABH gel, but there was documentation of administration on Resident #4's March 2022 eMAR. -On 03/27/22 at 8:00pm, there was no documentation of removal of one syringe of ABH gel, but there was documentation of administration on Resident #4's March 2022 eMAR. -On 03/31/22 at 8:00pm, there was no documentation of removal of one syringe of ABH gel, but there was documentation of administration on Resident #4's March 2022 eMAR. Review of Resident #4's April 2022 eMAR revealed: -There was an entry for ABH 1-25-1 gel apply 1 ml topically twice daily, scheduled for 8:00am and 8:00pm. -There was documentation of administration of ABH gel from 04/01/22 to 04/03/22, 04/05/22, 04/12/22, and 04/15/22 at 8:00am and 8:00pm. -There was documentation of administration of	D 392		

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D 392	Continued From page 24 ABH gel from 04/06/22 to 04/07/22, 04/09/22 and 04/11/22 at 8:00am. -There was documentation of administration of ABH gel on 04/04/22 at 8:00pm. -There was documentation of refusal of ABH gel on 04/04/22 and 04/19/22 at 8:00am. -There was documentation of refusal of ABH gel on 04/06/22, 04/07/22, 04/09/22, 04/11/22 at 8:00pm. -There was documentation of refusal of ABH gel on 04/08/22, 04/10/22, from 04/13/22 to 04/14/22 and from 04/16/22 to 04/18/22 at 8:00am and 8:00pm. -There was another entry for ABH 1-25-1 gel apply 1 ml topically three times daily, scheduled for 9:00am, 3:00pm, and 9:00pm. -There was documentation of administration of ABH gel on 04/21/22, and from 04/23/22 to 04/29/22 at 9:00am, 3:00pm, and 9:00pm. -There was documentation of administration of ABH gel on 04/20/22, 04/22/22, and 04/30/22 at 9:00am and 3:00pm. -There was documentation of refusal of ABH gel on 04/19/22, 04/20/22, 04/22/22, and 04/30/22 at 9:00pm. Review of Resident #4's April 2022 CSCS for ABH 1-25-1 gel revealed: -On 04/23/22 at 9:00am, there was no documentation of removal of one ABH gel syringe. -The documentation on Resident #4's April 2022 eMAR for 04/23/22 did not correlate with the April 2022 CSCS. Telephone interview with a representative from the facility's contracted pharmacy on 06/02/22 at 9:49am revealed: -Resident #4 had an order dated 05/18/22 for ABH 1-25-1 gel 1 ml topically twice daily.	D 392		

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D 392	Continued From page 25 -Ninety syringes of ABH 1-25-1 gel were dispensed on 02/24/22. -Thirty syringes of ABH 1-25-1 gel were dispensed on 03/21/22. -Forty-five syringes of ABH 1-25-1 gel were dispensed on 04/19/22 and 05/05/22. -Thirty syringes of ABH 1-25-1 gel were dispensed on 05/18/22. Interview with the Resident Care Coordinator (RCC) on 06/02/22 at 11:15am revealed she was not aware that there were doses of ABH gel that were not documented on the eMAR and CSCS for Resident #4. Interview with the Administrator on 06/02/22 at 12:00pm revealed she did not know the documentation on Resident #4's March 2022 and April 2022 eMAR did not match the documentation on Resident #4's CSCS for the administration of ABH gel. Refer to the interview with a medication aide (MA) on 06/02/22 at 10:22am. Refer to the telephone interview with a MA on 06/02/22 at 10:48am. Refer to the interview with the RCC on 06/02/22 at 11:15am. Refer to the interview with the Administrator on 06/02/22 at 12:00pm. b. Review of Resident #4's current FL-2 dated 03/29/22 revealed there was an order for lorazepam 0.5mg every 4 hours as needed for anxiety. Review of Resident #4's physician orders	D 392		

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D 392	Continued From page 26 revealed there was an order dated 05/05/22 for lorazepam 0.5mg one tablet every 4 hours as needed for anxiety. Review of Resident #4's April 2022 eMAR revealed: -There was an entry for lorazepam 0.5mg one tablet every 4 hours as needed for anxiety. -There was documentation of administration of lorazepam on 04/25/22 at 9:18pm and 10:29pm, on 04/26/22 at 9:33pm, and on 04/28/22 at 10:52am. -There was documentation of refusal on 04/18/22 at 10:36pm. Review of Resident #4's April 2022 CSCS for lorazepam 0.5mg revealed: -On 04/25/22 at 8:00pm, there was documentation of removal of one lorazepam. -On 04/26/22 at 8:00pm, there was documentation of removal of one lorazepam. -There was no documentation of removal of lorazepam on 04/28/22. Review of Resident #4's May 2022 eMAR revealed: -There was an entry for lorazepam 0.5mg one tablet every 4 hours as needed for anxiety. -There was documentation of administration of lorazepam on 05/02/22 at 10:39pm, 05/04/22 at 1:48pm, 05/09/22 at 11:55am, 05/10/22 at 10:55am, 05/12/22 at 12:16pm, 05/23/22 at 5:52am, 05/23/22 at 6:43pm, 05/25/22 at 10:28am, 05/26/22 at 12:00pm, 05/26/22 at 4:28pm, 05/26/22 at 5:10pm, 05/28/22 at 12:21pm, 05/30/22 at 2:18pm, and 05/31/22 at 2:05pm. -There was no documentation of administration of lorazepam on 05/01/22. -There was no documentation of administration of	D 392		

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D 392	Continued From page 27 lorazepam on 05/10/22 at 12:00am. -There was no documentation of administration of lorazepam on 05/22/22 at 5:30am. Review of Resident #4's May 2022 CSCS for lorazepam 0.5mg revealed: -On 05/01/22 at 8:00pm, there was documentation of removal of one lorazepam. -On 05/02/22 at 8:00pm, there was documentation of removal of one lorazepam. -On 05/04/22 at 2:00pm, there was documentation of removal of one lorazepam. -On 05/09/22 at 12:00pm, there was documentation of removal of one lorazepam. -On 05/10/22 at 12:00am, there was documentation of removal of one lorazepam. -On 05/10/22 at 10:30am, there was documentation of removal of one lorazepam. -On 05/12/22 at 12:00pm, there was documentation of removal of one lorazepam. -On 05/22/22 at 5:30am, there was documentation of removal of one lorazepam. -On 05/23/22 at 12:00pm, there was documentation of removal of one lorazepam. -On 05/23/22 at 5:55pm, there was documentation of removal of one lorazepam. -On 05/26/22 at 5:10, am or pm not specified, there was documentation of removal of one lorazepam. -On 05/30/22 at 2:17, am or pm not specified, there was documentation of removal of one lorazepam. -On 05/31/22 at 2:00pm, there was documentation of removal of one lorazepam. -The documentation for removal times on 05/23/22 did not match the administration times on the May 2022 eMAR. -There was no documentation of removal of one lorazepam on 05/25/22, but there was documentation of administration on the May 2022	D 392		

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D 392	Continued From page 28 eMAR. -There was no documentation of removal of lorazepam on 05/26/22 at 12:00pm and 4:28pm, but there was documentation of administration on the May 2022 eMAR. Telephone interview with a representative from the facility's contracted pharmacy on 06/02/22 at 9:49am revealed thirty tablets of lorazepam 0.5mg were dispensed on 12/29/21. Interview with the Resident Care Coordinator (RCC) on 06/02/22 at 11:15am revealed she was not aware that there were doses of lorazepam that were not documented on the eMAR and CSCS for Resident #4. Interview with the Administrator on 06/02/22 at 12:00pm revealed she did not know the documentation on Resident #4's April 2022 and May 2022 eMARs did not match the documentation on Resident #4's CSCS for the administration of lorazepam. Refer to the interview with a medication aide (MA) on 06/02/22 at 10:22am. Refer to the telephone interview with a MA on 06/02/22 at 10:48am. Refer to the interview with the RCC on 06/02/22 at 11:15am. Refer to the interview with the Administrator on 06/02/22 at 12:00pm. Interview with the medication aide (MA) on 06/02/22 at 10:22am revealed: -Each MA counted the controlled substances at the beginning and end of the shift.	D 392		

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D 392	Continued From page 29 -The MAs were supposed to document administration on the eMAR and on the CSCS. -She knew that MAs sometimes forgot to document administration of controlled substances on the eMAR and the CSCS. -When there was a discrepancy while counting controlled substances, she first reviewed the eMAR to determine the discrepancy. -Often the discrepancy was because a MA forgot to document a dose of controlled substance on the CSCS. -If she could not determine the reason for the discrepancy, she notified the Resident Care Coordinator (RCC). -She had spoken to the senior MA when she saw a MA had not documented administration on the eMAR and the CSCS. -She knew about the specific dates for March 2022, April 2022, and May 2022 when Resident #4 did not have documentation of administration of ABH gel on her CSCS. -She had not reported the mistakes to the RCC, but she thought the senior MA told the RCC about the mistakes. -She did cart audits. -The RCC did not review the CSCS and eMAR. Telephone interview with a medication aide (MA) on 06/02/22 at 10:48am revealed: -She took the documentation of controlled substances seriously and she signed out controlled substances before administering the medication. -She knew that some of the MAs removed a controlled substance and documented on the CSCS but then forget to document on the eMAR because they were distracted. -She thought that some of the MAs were new to the job and were easily distracted causing them to make mistakes with documentation of	D 392		

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D 392	Continued From page 30 controlled substances. Interview with the RCC on 06/02/22 at 11:15am revealed: -She expected the MAs to document on the eMAR and the CSCS. -She expected the MAs to document as they administer medication to ensure accuracy. -She had not audited or compared the eMARs to the CSCS. -The MAs were responsible for documenting medications as administered. -The MA on each shift was supposed to count off each controlled substance on the medication cart with the oncoming MA to ensure the pill count matched the number on the CSCS. -If the count on the CSCS did not match the number of pills in the medication bubble cards, the MAs notified her. -There was no other system in place to ensure the documentation was accurate on the CSCSs. -The MAs should document accurately whether a medication was given or not given. -If the medication was not administered, a reason for not administering the medication should be documented. Interview with the Administrator on 06/02/22 at 12:00pm revealed she expected the MAs to administer controlled substances as prescribed and document the effectiveness of the medication.	D 392		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has	D 612	The administration (ED, RN, MCD) will complete a	

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D 612	Continued From page 31 been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NCDHHS) were implemented and maintained to provide protection to the residents during the global coronavirus (COVID-19) pandemic as related to the use of facemasks (source control) by staff. The findings are: Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic updated 02/02/22 revealed: -Source control measures were to be implemented for HCP. -Source control referred to the use of well-fitting facemasks to cover a person's mouth and nose to prevent the spread of respiratory secretions when the person was breathing, talking, sneezing, or coughing.	D 612	infection control class on or before 6/10/22. The RN will complete another class on or before 7/1/22.	6/3/22

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D 612	Continued From page 32 -Fully vaccinated HCP should wear source control when they were in areas of the facility where they could encounter residents. Review of the NC DHHS COVID-19 Infection Prevention Guidance for Long-Term Care Facilities dated 02/10/22 revealed cloth masks were not considered personal protective equipment (PPE) and should not be worn by staff. Review of the facility's COVID-19 policy with no date revealed: -The policy was titled the COVID-19 vaccination, testing and face covering policy. -Employees were required to always wear a facemask while in the community, including breakroom's or other spaces where they might encounter coworkers. Observation of the facility's front door on 06/01/22 at 9:00am revealed there was no signage that masks were required inside of the facility. Observation of a medication aide (MA) on 06/01/22 at 8:55am revealed she was not wearing a mask while in the activity room while administering medication to three residents. Observation of the Administrative Assistant on 06/01/22 at 8:56am revealed she opened the door for surveyors and was not wearing a mask. Interview with the Administrative Assistant on 06/01/22 at 8:57am revealed: -She did not know she had to wear a mask while in the facility. -She began working at the facility in late April 2022 and was never told she had to wear a mask. -Most staff did not wear masks.	D 612		

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D 612	Continued From page 33 Observation of a housekeeper on 06/01/22 at 8:58am revealed she was not wearing a mask while in the dining room cleaning up after residents' breakfast. Interview with the housekeeper on 06/01/22 at 8:58am revealed: -She did not know she had to wear a mask while in the facility. -She was told by a co-worker a week ago that staff did not have to wear masks anymore. -She did not ask her supervisor if she had to continue to wear a mask at work. Interview with the business office manager (BOM) on 06/01/22 at 9:05am revealed: -Per the Administrator, the Governor lifted the mask mandate in his last statement. -She thought staff who were vaccinated did not have to wear masks at work anymore. Interview with the Supervisor-in-Charge (SIC) on 06/01/22 at 8:59am revealed: -He wore his mask when in the facility. -The staff had the option to wear a mask. -All visitors had to wear a mask when visiting the facility. -The staff was instructed by management that masks were no longer required; masks became optional about a month ago. Observation of the Resident Care Coordinator's (RCC) office on 06/01/22 at 11:55pm revealed: -The RCC, Memory Care Coordinator (MCC), and Administrator were seated in the RCC's office without masks. Interview with the Administrator on 06/01/22 at 11:55am revealed: -The facility had been informed by a	D 612		

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representative from the local Health Department that masks were no longer required if the staff was vaccinated.
-The facility depended on the Health Department for guidance during COVID-19.

Observation of a personal care aide (PCA) on 06/02/22 at 7:55am revealed:
-She was on the 100-hall, opening the door to a resident's room.
-She was wearing a mask below her chin.

Interview with PCA on 06/02/22 at 7:55am revealed:
-Masks should be worn over the nose and mouth.
-She had removed her mask because she was hot and short of breath.

Observation of the Activity Assistant on 06/01/22 at 11:42am revealed:
-The Activity Assistant had her face mask pulled below her chin while cleaning up after a bingo game in the assisted living common room.
-There were 6 residents in the common room.

Observation of the Activity Assistant on 06/02/22 at 10:30am revealed:
-The Activity Assistant was on the special care unit conducting an activity with her face mask off.
-The residents were sitting in chairs in a semi-circle in the television area.

Interview with the Activity Assistant on 06/02/22 at 12:34pm revealed:
-She did not wear a face mask when conducting activities with the residents because she remained 6 feet away from them.
-She did not know what the CDC guidelines related to face masks in long term care facilities.
-She knew that she needed to place a face mask

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D 612	Continued From page 35 on before entering the building, but she thought she could remove it if she was 6 feet away from a resident. Observation of the Dietary Manager (DM) on 06/02/22 at 1:05pm revealed: -The DM was in the dining room with 15 residents. -The DM was not wearing a mask. Interview with the DM on 06/02/22 at 1:05pm revealed: -She forgot to don her mask when she came into the dining room from the kitchen. -She usually wore a mask in the dining room when she was around residents. -She did not wear a mask when in the kitchen. -The staff was informed by management that masks were no longer required if vaccinated. Interview with the RCC on 06/02/22 at 12:50pm revealed: -Staff that was not vaccinated were to wear a mask when providing resident care. -If the staff was vaccinated, a mask was not required but optional. -The facility received information on masks from the local Health Department. -The facility was informed about two weeks ago that masks were no longer required for the vaccinated personnel. -The staff started wearing masks again yesterday when notified that mask were not optional. Interview with the Administrator on 06/02/22 at 12:30pm revealed: -Approximately two-three weeks prior, she was told by a representative from the county Health Department, who was completing an inspection of the building, that facility staff who were vaccinated did not have to continue to wear a	D 612		

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D 612	Continued From page 36 facemask within the facility. -At that time, she told all the staff that they no longer had to wear masks in the facility. -Some staff chose to continue to wear masks and other chose not to wear masks. -She comprised a folder labeled "COVID-19 Plan" for the facility according to the North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) issued in June 2021 that included guidance on PPE use. -She received the NCDHHS emails that provide guidance and links to the CDC site with COVID-19 guidance information for adult care homes. -She thought the Health Department representative's guidance to not wear masks in the facility was within the recent guidelines. -She did not review the most recent guidance after he told her that staff no longer had to wear masks. -The county Adult Home Specialist (AHS) and the ombudsman had visited recently and neither of them told her that staff should be wearing masks, so she thought the guidance from the Health Department representative was correct. -The facility had no recent staff nor resident COVID-19 infections. -Facemasks should be worn to cover the nose and mouth. -She expected all staff to wear face masks properly whenever they are inside the facility.	D 612		