

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section completed a follow-up survey on October 31, 2022 to November 1, 2022.	D 000		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that 1 of 3 medication aides (Staff C) who administer medications independently passed the written examination within 60 days of validation of medication skills checklist. The findings are: Review of Staff C's, medication aide (MA), personnel record on 10/31/22 at 2:45pm revealed: -Staff C was re-hired as a medication aide (MA)	D 125		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 125	Continued From page 1 on 08/08/22. -Staff C was signed off on the medication clinical skills checklist on 08/08/22. -Staff C was signed off on the 15-hour medication training course on 03/20/21. -There was no documentation that Staff C had taken the medication aide exam. Review of Staff C's personnel record on 11/01/22 at 7:00am revealed there was clinical skills checklist provided with a sign off date of 10/01/22. Review of August 2022 electronic medication administration records (eMAR) Staff C administered medications starting 08/12/22. Interview with the Director of Operations (DO) on 11/01/22 at 7:30am revealed: -Staff C was a third shift (11pm-7am) MA who passed medications independently to residents. -Staff C had not yet taken the written examination because she was having difficulty scheduling the exam. -She was under the impression that Staff C could repeat her clinical skills checklist with the facility's training nurse and her 60 days to take the test would reset. Attempted telephone interview with the facility's training nurse on 11/01/22 at 11:19am was unsuccessful.	D 125		
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,	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 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: Based on observations, interviews, and record reviews the facility failed to administer medications as ordered for 1 of 3 residents (#1) observed during the medication passes including errors with a medication used to lower blood sugar and a medication used to treat constipation; and for 1 of 5 residents sampled (#3) for record review including errors with insulin. The findings are: 1. The medication error rate was 6% as evidenced by the observation of 2 errors out of 33 opportunities during the 8:00am medication pass on 10/31/22. Review of Resident #1's current FL-2 dated 08/11/22 revealed diagnoses included diabetes. a. Review of Resident #1's current FL-2 dated 08/11/22 revealed there was an order for Trulicity 0.75mg/0.5mL inject every week (Trulicity is a medication used to lower blood sugar). Observation of the 8:00am medication pass on 10/31/22 revealed: -The medication aide (MA) administered 13 pills to Resident #1 at 8:42am. -The MA stated she was finished administering all medications to Resident #1. -The MA did not administer Trulicity to Resident #1.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 Review of Resident #1's October 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Trulicity 0.75mg/0.5mL inject 0.5mL(0.75mg) every week scheduled for administration at 8:00am. -Trulicity was documented as administered at 8:00am on 10/31/22. Review of the facility's medication administration policy on 10/31/22 revealed medications are to be administered one hour before or one hour after the prescribed or scheduled times unless an emergency situation precludes the administration. Interview with Resident #1 on 10/31/22 at 9:33am revealed: -She received her Trulicity injection once a week. -The MA administered her Trulicity to her about 10 minutes ago (approximately 9:23am). -The MA told her she did not administer her Trulicity when she received her pills because she did not want someone watching her administer it. Interview with the MA on 10/31/22 at 9:39am revealed: -Resident #1 received Trulicity every Monday. -She went back and administered Resident #1's Trulicity after she administered her pills because she did not have Resident #1's Trulicity with her at the time. -Resident #1's Trulicity was kept in the refrigerator in the medication room. -She did not know what time she administered Resident #1's Trulicity on 10/31/22. Interview with the Resident Care Coordinator (RCC) on 10/31/22 at 11:33am revealed: -She expected residents to receive their	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 medications one hour before or one after the scheduled administration time. -She expected the MA to go to the refrigerator during the medication pass and retrieve Resident #1's Trulicity so it could be administered at the correct time. Interview with the Director of Operations (DO) on 10/31/22 at 11:29am revealed: -Residents were expected to receive their medications one hour before or one hour after the scheduled administration time. -She expected the MA to go the refrigerator to retrieve Resident #1's Trulicity and administer it with the rest of her scheduled medications at the correct time. Interview with the Administrator on 10/31/22 at 2:24pm revealed he expected MAs to administer medications at the scheduled time. b. Review of Resident #1's current FL-2 dated 08/11/22 revealed there was an order for Miralax dissolve 1 cap (17gm) in water daily (Miralax is used to treat constipation). Observation of the 8:00am medication pass on 10/31/22 revealed: -The medication aide (MA) administered 13 pills to Resident #1 at 8:42am. -The MA stated she was finished administering all medications to Resident #1. -The MA did not administer Miralax to Resident #1. Review of Resident #1's October 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Miralax dissolve 1 cap (17gm) and mix in 8 ounces of water or fluid and	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 drink once daily scheduled for administration at 8:00am. -Miralax was documented as administered to Resident #1 at 8:00am on 10/31/22. Interview with Resident #1 on 10/31/22 at 9:33am revealed: -She did not receive any Miralax on 10/31/22. -She was not sure that she ever received Miralax but she knew she took a stool softener twice a day. -Sometimes she had problems moving her bowels. -Her last bowel movement was on 10/29/22. Interview with the medication aide (MA) on 10/31/22 at 9:39am revealed: -She forgot to administer Resident #1's Miralax during the 8:00am medication pass. -She was going now to administer Resident #1's Miralax. Interview with the Resident Care Coordinator (RCC) on 10/31/22 at 11:33am revealed she expected residents to receive all medications as ordered. Interview with the Director of Operations (DO) on 10/31/22 at 11:29am revealed she expected all residents to receive medications as ordered. Interview with the Administrator on 10/31/22 at 2:24pm revealed he expected MAs to administer all medications to residents as ordered. 2. Review of Resident #3's current FL-2 dated 05/26/22 revealed diagnoses included diabetes. Review of Resident #3's current physician's orders dated 07/29/22 revealed:	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 -There was an order for fingerstick blood sugars (FSBS) twice a day at 7:00am and 7:00pm. -There was an order for Humalog insulin 15 units before breakfast daily (Humalog is a fast-acting insulin used to manage high blood sugars). -There was an order for Humalog insulin 15 units before lunch daily. -There was an order for Humalog insulin 30 units with supper. Review of Resident #3's September 2022 electronic medication administration record revealed: -There was an entry for Humalog insulin 15 units scheduled for administration at 7:30am and 11:30am. -There was an entry for Humalog insulin 30 units scheduled for administration at 5:00pm. -Humalog 15 units on 09/04/22, 09/05/22, 09/06/22, and 09/07/22 at 7:30am was documented as not administered with reason stating, 'waiting on pharmacy refill'. -Humalog 15 units on 09/04/22, 09/05/22, 09/06/22, and 09/07/22 at 11:30am was documented as not administered with reason stating, 'waiting on pharmacy refill'. -Humalog 30 units on 09/04/22, 09/05/22, and 09/06/22 at 5:00pm was documented as not administered with reason stating, 'waiting on pharmacy refill'. Review of Resident #3's September 2022 treatment record revealed blood sugars ranged from 122 to 265 on 09/04/22 to 09/07/22. Observation of Resident #3's medications on hand on 11/01/22 at 11:08am revealed there were 5 prefilled Humalog insulin pens available for administration.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 Interview with Resident #3 on 11/01/22 at 8:25am revealed she did not remember being out of insulin in the beginning of September, but she took several different types of insulin to control her diabetes including fast-acting and long-acting. Interview with a medication aide (MA) on 11/01/22 at 11:05am revealed: -She notified pharmacy that Resident #3 was out of Humalog insulin by requesting a refill on 09/04/22. -She was not aware that the pharmacy was out of Humalog insulin until she called them later in the week, she could not remember which day. -She did not notify the Resident Care Coordinator (RCC) that Resident #3 was out of Humalog insulin. Interview with the RCC on 11/01/22 at 11:15am revealed: -She was not aware that Resident #3 was out of Humalog insulin in the beginning of September 2022. -The MA should have notified her so that she could call the pharmacy or use the facility's back up pharmacy to obtain the resident's medication. -Resident #3 took Humalog insulin to help control her blood sugars and she needed to have the medication available for administration. Interview with the Regional Director of Operations (RDO) on 11/01/22 at 11:15am revealed she expected Resident #3's Humalog insulin to be available for administration as ordered. Attempted telephone interview with the facility's pharmacy on 11/01/22 at 10:00am was unsuccessful. Attempted telephone interview with Resident #3's	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 primary care provider (PCP) on 11/01/22 at 9:22am was unsuccessful.	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; (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 that medication administration records were complete and accurate for 4 of 5 sampled residents including errors with a medication used to treat constipation (#1), a medication used to treat nerve pain (#3), documentation of monthly weights (#4), and eye drops (#5).	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 9 1. Review of Resident #1's current FL-2 dated 08/11/22 revealed: -Diagnoses included diabetes. -There was an order for Miralax dissolve 1 cap (17gm) in water daily (Miralax is used to treat constipation). Observation of the 8:00am medication pass on 10/31/22 revealed: -The medication aide (MA) administered 13 pills to Resident #1 at 8:42am. -The MA stated she was finished administering all medications to Resident #1. -The MA did not administer Miralax to Resident #1. Review of Resident #1's October 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Miralax dissolve 1 cap (17gm) and mix in 8 ounces of water or fluid and drink once daily scheduled for administration at 8:00am. -Miralax was documented as administered to Resident #1 at 8:00am on 10/31/22. Interview with Resident #1 on 10/31/22 at 9:33am revealed she did not receive any Miralax on 10/31/22. Interview with the medication aide (MA) on 10/31/22 at 9:39am revealed: -She forgot to administer Resident #1's Miralax during the 8:00am medication pass. -She mistakenly documented on Resident #1's eMAR that she administered her Miralax on 10/31/22. -She should have documented on the eMAR that Resident #1 did not receive her Miralax.	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 10 Interview with the Resident Care Coordinator (RCC) on 10/31/22 at 11:33am revealed the MA should not have documented that she administered Resident #1's Miralax is she did not administer it. Interview with the Director of Operations (DO) on 10/31/22 at 11:29am revealed: -The MA should not have documented that she administered Resident #1's Miralax if she did not administer it. -The MA should have documented on the eMAR that the Miralax was not administered to Resident #1 and why it was not administered. Interview with the Administrator on 10/31/22 at 2:24pm revealed if a MA did not administer a medication to a resident the MA should not document that it was administered. 2. Review of Resident #3's current FL-2 dated 05/26/22 revealed: -Diagnoses included diabetes, chronic anemia, gastroesophageal reflux disease, and chronic obstructive pulmonary disease. -There was an order for Neurontin 300mg twice daily (Neurontin is a medication used to treat nerve pain). Review of Resident #3's current physician's orders dated 07/29/22 revealed there was an order to change Neurontin to 400mg twice daily. Review of Resident #3's August 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Neurontin 300mg twice daily, scheduled for administration at 8:00am and 8:00pm. -Neurontin 300mg was documented as	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 11 administered 08/12/22 through 08/24/22 at 8:00am and 8:00pm. -There was an entry for Neurontin 400mg twice daily, scheduled for administration at 8:00am and 8:00pm. -Neurontin 400mg was documented as administered 08/12/22 through 08/24/22 at 8:00am and 8:00pm. Observation of Resident #3's medications on hand on 11/01/22 at 11:08am revealed there was Neurontin 400mg available for administration on the medication cart. Interview with a medication aide (MA) on 11/01/22 at 9:40am revealed: -The medications were placed on the eMAR by the pharmacy. -The pharmacy did not discontinue the Neurontin 300mg dose from the eMAR until 08/24/22. -Resident #3 was only receiving Neurontin 400mg after the order change on 07/29/22. Interview with Resident #3 on 11/01/22 at 8:25am revealed she has been receiving Neurontin 400mg since her July 2022 doctor visit where they adjusted her medications for pain. Interview with the Resident Care Coordinator (RCC) on 11/01/22 at 11:15am revealed she expected Resident #3's eMAR to be complete and accurate including the correct dose of Neurontin. Interview with the Regional Director of Operations on 11/01/22 at 11:15am revealed she expected Resident #3's eMAR to accurately reflect her ordered dose of Neurontin. Attempted telephone interview with the facility's	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 12 pharmacy on 11/01/22 at 10:00am was unsuccessful. Attempted telephone interview with Resident #3's primary care provider (PCP) on 11/01/22 at 9:22am was unsuccessful. 3. Review of Resident #4's current FL-2 dated 02/14/22 revealed diagnoses included tachycardia, osteoporosis, hypertension, and hyperlipidemia. Review of Resident #4's current physician orders dated 07/28/22 revealed there was an order for monthly weights. Review of Resident #4's August 2022 treatment record revealed: -There was an entry for monthly weights scheduled on the 15th on 1st shift (7:00am-3:00pm). -On 08/15/22 Resident #4's monthly weights were documented as 136/79 blood pressure (BP) and 94 heart rate (HR). -There was no weight documented on the treatment record. Review of Resident #4's September 2022 treatment record revealed: -There was an entry for monthly weights scheduled on the 15th on 1st shift (7:00am-3:00pm). -On 09/15/22 Resident #4's monthly weights were documented as 129/79 BP and 74 HR. -There was no weight documented on the treatment record. Review of Resident #4's October 2022 treatment record revealed: -There was an entry for monthly weights	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 13 scheduled on the 15th on 1st shift (7:00am-3:00pm). -On 10/15/22 Resident #4's monthly weights were documented as 143/68 BP and 68 HR. -There was no weight documented on the treatment record. Interview with Resident #4 on 11/01/22 at 7:58am revealed staff weighed him monthly. Interview with the Resident Care Coordinator (RCC) on 11/01/22 at 11:15am revealed medication aides (MA) were responsible for inputting the resident's monthly weights into the electronic record. Review of a written monthly weight sheet provided on 11/01/22 at 11:15am revealed: -Resident #3's August 2022 weight was 203 pounds. -Resident #3's September 2022 weight was 200 pounds. -Resident #3's October 2022 weight was 200 pounds. Interview with the Regional Director of Operations on 11/01/22 at 11:15am revealed she expected Resident #4's treatment record to accurately reflect his weights as ordered. 4. Review of Resident #5's current FL-2 dated 07/19/22 revealed diagnoses included chronic conjunctivitis. Review of Resident #5's physician's orders dated 09/17/22 revealed: -There was an order for Prednisolone Acetate 0.12% ophthalmic suspension 1 drop in each eye four times daily for 3 days, then 1 drop in each eye three times daily for 3 days, then 1 drop in	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 14 each eye two times daily for 3 days, then 1 drop in each eye at bedtime for 3 days (Prednisolone Acetate is a medicated eye drop used to treat inflammation). -There was an order for Resident #5 to self-administer the Prednisolone Acetate 0.12% as ordered. Review of Resident #5's September 2022 electronic medication administration record (eMAR) revealed: -There was an order for Prednisolone Acetate 0.12% ophthalmic drops, 1 drop into each eye four times a day for three days, scheduled for administration at 8:00am, 12:00pm, and 8:00pm. -Prednisolone Acetate 0.12% ophthalmic drops were documented as administered on 09/21/22 at 12:00pm, 4:00pm, and 8:00pm. -Prednisolone Acetate 0.12% ophthalmic drops were documented as administered on 09/22/22 at 8:00am, 12:00pm, 4:00pm, and 8:00pm. -Prednisolone Acetate 0.12% ophthalmic drops were documented as administered on 09/23/22 at 8:00am, 12:00pm, and 4:00pm. -It was documented on the eMAR that Resident #5 only received 10 of his 12 ordered doses from 09/21/22 to 09/23/22. Interview with Resident #5 on 11/01/22 at 9:27am revealed he administered his own eye drops when he had an infection and used the instructions on the box to titrate his medicine as prescribed. Interview with the medication aide (MA) on 11/01/22 at 10:56am revealed: -Resident #5 administered his own eye drops with physician's orders and the staff mark it off on the eMAR. -She was not sure why Resident #5's eye drops	D 367			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870		
(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 15 were not documented as administered because they would populate on the eMAR to sign off on. Interview with the Resident Care Coordinator (RCC) on 11/01/22 at 11:15am revealed she expected Resident #5's eMAR to be complete and accurate including his titrate Prednisolone Acetate 0.12% eye drops.	D 367		