Rec'd via Email 11-22-22

PRINTED: 10/31/2022
FORM APPROVED

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
	HAL080027	A. BUILDING: _____ B. WING _____	R 10/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD PLANTATION	2809 OLD CONCORD ROAD SALISBURY, NC 28146

(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 October 06, 22 to October 07, 22.	D 000	RCD + Dmas facility manager Arranged For Documentation Course to be Completed On line through the facility Pharmacy. for All medtechs. ~~the~~ facility RCD Arranged for a 200m meeting With all med techs to discuss the & Correct process for Documentation of PRN Medications and the Importance of Correct Documentation. RCD Prepared Handouts for Staff to review on protocol for PRN Medications along with a few others to be used for reference. the Zoom meeting is Scheduled for 11/18/22. RCD is doing Weekly Checks of the Emar for documentation and follow-up of PRNs Date of Correction is 11.18.22 Per RCD via phone 11.22.22 @ 12:29pm HRP	
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, record reviews and interviews, the facility failed to ensure the accuracy of the electronic Medication Administration Record (eMAR) for 2 of 3 sampled residents for accurately documenting the administration of as needed (prn) administration of a narcotic pain reliever (#3) and an anxiety medication (#1).	D 367		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Rekia Smith — mgr — 11/22/2022

Reviewed and Acknowledged
11-22-22 - HRP

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D 367	Continued From page 1 The findings are: 1. Review of Resident #3's current FL2 dated 07/05/22 revealed diagnoses included schizoaffective disorder bipolar type, closed head injury, and diabetes mellitus. Review of Resident #3's physician's order dated 07/29/22 revealed an order for oxycodone (a narcotic pain reliever) give 2 tablets every 4 hours prn for pain. Telephone interview with a pharmacist at the facility's contracted pharmacy on 10/07/22 at 10:34am revealed: -The pharmacy sent controlled substance count sheets (CSCS) for documenting and tracking administration of controlled substances (like narcotic pain relievers). -On 08/02/22, there were 60 oxycodone 5mg tablets to equal 30 doses dispensed for Resident #3. -On 08/18/22, there were 60 oxycodone 5mg tablets to equal 30 doses dispensed for Resident #3. -On 08/22/22, there were 40 oxycodone 5mg tablets to equal 20 doses dispensed for Resident #3. Review of Resident #3's controlled substance count sheet (CSCS) for 60 oxycodone 5mg (to equal 30 doses) dispensed on 08/02/22, with instructions to give 2 tablets every 4 hours as needed for pain, revealed there were 30 doses documented for administration from 8:00pm on 08/03/22 to 3:56pm on 08/23/22. Review of Resident #3's eMAR for August 2022 revealed:	D 367		

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D 367	Continued From page 2 -There was an entry for oxycodone 5mg take 2 tablets every 4 hours as needed for pain (control). -There were 24 doses (to equal 48 tablets) of oxycodone 5mg documented as administered, including reason for administration and effectiveness, from 08/03/22 at 8:02pm to 08/23/22 at 3:56pm. -Compared to Resident #3's CSCS for 60 tablets of oxycodone 5mg dispensed on 08/08/22, there were 14 tablets (7 doses) not documented for administration, purpose of administration and effectiveness. -Examples of doses of oxycodone 5mg signed out for administration on the CSCS and documented for administration on the eMAR included: -On 08/05/22 at 8:00am, two tablets of oxycodone 5mg (one dose) was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 08/09/22 at 1:45pm, two tablets of oxycodone 5mg (one dose) was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 08/18/22 at 2:30am, two tablets of oxycodone 5mg (one dose) was documented as signed out on the CSCS but not documented as administered on the eMAR. Review of Resident #3's CSCS for 60 oxycodone 5mg (to equal 30 doses) dispensed on 08/18/22, with instructions to give 2 tablets every 4 hours as needed for pain, revealed there were 30 doses documented for administration from 08/23/22 at 10:20pm to 09/11//22 at 11:25pm. Review of Resident #3's eMARs for August 2022 and September 2022 revealed: -There entries for oxycodone 5mg take 2 tablets every 4 hours as needed for pain (control).	D 367		

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D 367	Continued From page 3 -There were 27 doses (to equal 54 tablets) of oxycodone 5mg documented as administered, including reason for administration and effectiveness, from 08/23/22 at 10:21pm to 09/11/22 at 7:18pm. -Compared to Resident #3's CSCS for 60 tablets of oxycodone 5mg dispensed on 08/18/22 for 60 tablets, there were 6 tablets (3 doses) not documented for administration, purpose of administration and effectiveness. -Examples of doses of oxycodone 5mg signed out for administration on the CSCS and documented for administration on the eMAR included: -On 08/24/22 at 3:15am, two tablets of oxycodone 5mg (one dose) was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 08/31/22 at 8:00pm, two tablets of oxycodone 5mg (one dose) was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 09/03/22 at 4:35am, two tablets of oxycodone 5mg (one dose) was documented as signed out on the CSCS but not documented as administered on the eMAR. Review of Resident #3's CSCS for 40 oxycodone 5mg (to equal 20 doses) dispensed on 08/22/22, with instructions to give 2 tablets every 4 hours as needed for pain, revealed there were 14 doses documented for administration from 09/13/22 at 3:30pm to 10/07/22 at 12:12am. Review of Resident #3's eMAR for September 2022 and October 2022 revealed: -There were entries for oxycodone 5mg take 2 tablets every 4 hours as needed for pain (control). -There were 7 doses (to equal 14 tablets) of oxycodone 5mg documented as administered,	D 367		

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D 367	Continued From page 4 including reason for administration and effectiveness, from 09/13/22 at 3:30pm to 10/07/22 at 12:12am. -Compared to Resident #3's CSCS for 60 tablets of oxycodone 5mg dispensed on 08/22/22 for 60 tablets, there were 14 tablets (7 doses) not documented for administration, purpose of administration and effectiveness. -Examples of doses of oxycodone 5mg signed out for administration on the CSCS and documented for administration on the eMAR included: -On 09/13/22 at 11:52pm, two tablets of oxycodone 5mg (one dose) was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 09/30/22 at 3:15am, two tablets of oxycodone 5mg (one dose) was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 10/04/2212:18am, two tablets of oxycodone 5mg (one dose) was documented as signed out on the CSCS but not documented as administered on the eMAR. Interview with Resident #3 on 10/07/22 at 8:06am revealed: -He routinely received his medications. -He had a prn pain medication he could take when was he experienced more pain. -He received the pain medication a few times daily. Refer to telephone interview with a medication aide (MA) on 10/07/22 at 9:12am. Refer to the interview with the Director on 10/07/22 at 11:10am. Refer to the interview with the the Resident Care	D 367		

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D 367	Continued From page 5 Director on 10/07/22 at 11:20am. 2. Review of Resident #1's current FL2 dated 05/07/22 revealed: -Diagnoses included dementia, schizophrenia and diabetes mellitus. -There was an order for alprazolam 0.25mg, take one tablet twice daily as needed for anxiety. Review of Resident #1's physician's order dated 07/11/22 revealed an order for alprazolam 0.25mg, take one tablet twice daily as needed for anxiety. Telephone interview with a pharmacist at the facility's contracted pharmacy on 10/07/22 at 8:15am revealed: -The pharmacy sent controlled substance count sheets (CSCS) for documenting and tracking administration of controlled substances (like narcotic anxiety medications). -On 07/05/22, there were 60 alprazolam 0.25mg tablets dispensed for Resident #1. -On 08/18/22, there were 60 alprazolam 0.25mg tablets dispensed for Resident #1. -On 09/17/22, there were 60 alprazolam 0.25mg tablets dispensed for Resident #1. Review of Resident #1's controlled substance count sheet (CSCS) for 60 alprazolam 0.25mg dispensed on 07/05/22, with instructions to give 1 tablet twice a day as needed for anxiety, revealed there were 31 doses documented for administration and one dose wasted due to "water spilled" from 8:00am on 08/01/22 to 8:00am on 08/17/22. Review of Resident #1's eMAR for August 2022 revealed: -There was an entry for alprazolam 0.25mg, take	D 367		

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D 367	Continued From page 6 one tablet twice daily as needed for anxiety. -There were 19 tablets of alprazolam 0.25mg, documented as administered, including reason for administration and effectiveness, from 08/01/22 at 8:00am to 08/17/22 at 8:00am. -Compared to Resident #1's CSCS for 60 tablets of alprazolam 0.25mg, dispensed on 07/05/22, there were 12 tablets not documented for administration, purpose of administration and effectiveness. -Examples of doses of alprazolam 0.25mg, signed out for administration on the CSCS and documented for administration on the eMAR included; -On 08/01/22 at 8:00am, one tablet of alprazolam 0.25mg, was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 08/09/22 at 8:00am, one tablet of alprazolam 0.25mg, was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 08/17/22 at 8:00am, one tablet of alprazolam 0.25mg, was documented as signed out on the CSCS but not documented as administered on the eMAR. Review of Resident #1's CSCS for 60 alprazolam 0.25mg, dispensed on 08/18/22, with instructions to give 1 tablet twice a day as needed for anxiety, revealed there were 26 doses documented for administration from 08/18/22 at 8:00am to 09/18//22 at 8:00am. Review of Resident #1's eMARs for August 2022 and September 2022 revealed: -There were entries for alprazolam 0.25mg twice daily as needed for anxiety. -There were 45 tablets of alprazolam 0.25mg documented as administered, including reason	D 367		

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D 367	Continued From page 7 for administration and effectiveness, from 08/18/22 at 8:00am to 09/18/22 at 8:00am. -Compared to Resident #1's CSCS for 60 tablets of alprazolam 0.25mg dispensed on 08/18/22 for 60 tablets, there were 13 tablets not documented for administration, purpose of administration and effectiveness. -Examples of doses of oxycodone 5mg signed out for administration on the CSCS and documented for administration on the eMAR included; -On 08/18/22 at 8:00am, alprazolam 0.25mg was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 08/27/22 at 8:00am, alprazolam 0.25mg was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 09/10/22 at 8:00pm, alprazolam 0.25mg was documented as signed out on the CSCS but not documented as administered on the eMAR. Review of Resident #1's CSCS for 60 alprazolam 0.25mg dispensed on 09/17/22, with instructions to give 1 tablet twice daily as needed for anxiety, revealed there were 22 doses documented for administration from 09/20/22 at 8:00am to 09/30/22 at 8:00pm. Review of Resident #1's eMAR for September 2022 revealed: -There were entries for alprazolam 0.25mg twice daily as needed for anxiety. -There were 16 tablets of alprazolam 0.25mg documented as administered, including reason for administration and effectiveness, from 09/20/22 at 8:00am to 09/30/22 at 8:00pm. -Compared to Resident #1's CSCS for 60 tablets of alprazolam 0.25mg dispensed on 09/17/22 for 60 tablets, there were 4 tablets not documented for administration, purpose of administration and	D 367		

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D 367	Continued From page 8 effectiveness. -Examples of doses of alprazolam 0.25mg signed out for administration on the CSCS and documented for administration on the eMAR included; -On 09/20/22 at 8:00am, alprazolam 0.25mg was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 09/23/22 at 8:00am, alprazolam 0.25mg was documented as signed out on the CSCS but not documented as administered on the eMAR. -On 09/27/22 at 8:00am, alprazolam 0.25mg was documented as signed out on the CSCS but not documented as administered on the eMAR. Interview with Resident #1 on 10/06/22 at 3:05pm revealed: -She was familiar with her medications. -She had a prn anxiety medication she could take when she felt nervous. -She received the anxiety medication every day, most days she took it two times a day. -She knew which tablet was her anxiety medication and the staff were good about giving it to her. Refer to telephone interview with a medication aide (MA) on 10/07/22 at 9:12am. Refer to the interview with the Director on 10/07/22 at 11:10am. Refer to the interview with the the Resident Care Director (RCD) on 10/07/22 at 11:20am. Telephone interview with a MA on 10/07/22 at 9:12am revealed: -MAs signed out narcotics on the CSCS and then also document the medication administration on the eMAR.	D 367		

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D 367	Continued From page 9 -The eMAR allowed for documentation of multiple doses and effectiveness of PRN medications even if there was only one entry space visible on the eMAR screen. -If the resident received more than one dose, the eMAR would display "2X" etc after the MAs documented administration of the medication. -She always signed out narcotics on the CSCS, but would get busy and forgot to go back and save prn medication documentation on the eMAR. -She thought that was why she missed eMAR documentation for residents' prn medications on the eMAR. Interview with the Director on 10/07/22 at 11:10am revealed: -She did no know residents' prn controlled medications were not being documented correctly on the electronic eMARs to include administration, reason for administration and effectiveness. -The MAs were responsible to document administration of controlled substances on the CSCS when signed out and on the eMAR when administered. -She completed random medication audits compared to the residents' eMARs looking for missing (holes) administration on routinely scheduled medications, but she did not have a system in place to routinely audit for accuracy of medication administration comparing the CSCS documentation to the prn documentation on the corresponding eMAR. -The Resident Care Director (RCD) conducted medication audits also and she was not sure if the RCD compared the CSCS documentation to the corresponding eMAR administration documentation for prn controlled substances.	D 367		

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D 367	Continued From page 10 Interview with the RCD on 10/07/22 at 11:20am revealed: -The MAs were responsible to document as signed out of any controlled substance, scheduled or as needed (prn), on the CSCS when the medication was prepared. -The MAs were responsible to document administration of medications on the resident's eMAR immediately after administration, including prn medications and to documented for reason administered and effectiveness. -She did not know there were several controlled medications ordered for prn administration that were documented as signed out on the CSCS and not documented as administered on the corresponding eMAR. -The RCD did not have a system in place to audit medication administration documented on the residents' CSCS compared to documentation on the eMARs, including medications ordered prn. -The RCD's medication audits focused on comparing medications ordered on the eMAR and availability of the medications on the medication carts for administration and looking for eMAR holes (missed documentation).	D 367		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER · Governor
KODY H. KINSLEY · Secretary
MARK PAYNE · Director, Division of Health Service Regulation

Electronic Mail

October 31, 2022

Ms. Juliet Okwoshah, Administrator
Alpha Concord Plantation, LLC, Licensee
Alpha Concord Plantation
Post Office Box 41153
Raleigh, North Carolina 27629

E-mail address: juliet@alphahealthservices.com

Re: Annual and Follow-up Survey completed October 07, 2022 (ASPEN Event ID: R2SW11)

Facility:	**Alpha Concord Plantation**
Licensure Number:	**HAL-080-027**
County:	**Rowan**

Dear Ms. Okwoshah:

Thank you for the cooperation and courtesy extended during the survey completed October 07, 2022 by staff with the Adu Care Licensure Section

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflecte on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of th Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the stat regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. I the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you wi correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Belo you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of th type of violation(s) and the time frame(s) for compliance are also provided below.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy an procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable t the State.
- Sign and date the bottom of the first page of the State Form.

- Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is **SIGNED AND DATED** or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **November 22, 2022**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **November 22, 2022**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at (336) 341-8127. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

H Ray Peedin, RPh

H. Ray Peedin,Registered Pharmacist
Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies
Revisit Report

cc: Ms. Katrina Simmons, Supervisor/Designee, Rowan County Department of Social Services
(email: katrina.simmons@rowancountync.gov)
Ms. Carolyn Harrison, Team Supervisor, Central Region, Adult Care Licensure Section
Facility File

Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Director, Division of Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: **http://info.ncdhhs.gov/dhsr/customerservice.html**
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISI
HAL080027 Y1	A. Building B. Wing Y2	10/7/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD PLANTATION	2809 OLD CONCORD ROAD SALISBURY, NC 28146

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0131 Reg. # 10A NCAC 13F .0406(a) LSC	Correction Completed 10/07/2022	ID Prefix D0358 Reg. # 10A NCAC 13F .1004(a) LSC	Correction Completed 10/07/2022	ID Prefix Reg. # LSC	Correct Comple
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correct Compl
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correc Compl
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correc Compl
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correc Comp

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
				10/28/
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐
6/14/2019	