DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL-096-056	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	DATE SURVEY COMPLETED: 10/10/22

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 Old Smith Chapel Road, Mount Olive, 28365**

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)	COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Wayne County Department of Social Services conducted an initial survey on October 10, 2022.	C 000		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidence by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 residents sampled (#1, #2, #3) had completed tuberculosis (TB) testing in compliance with control measures adopted by the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL-2 dated 09/15/22 revealed diagnoses included anemia and dementia. Review of Resident #1's Resident Register dated	C 202	(see page 20)	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE Samantha Tedder TITLE Administrator DATE 11/21/22

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

Reviewed and Acknowledged (see Attached pages 20-23) 11.29.22 AVT

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)	COMPLETE DATE
C 202	Continued From page 1 09/15/22 revealed: -He was admitted to the facility on 09/15/22. -His previous residence was another family care facility, and he was admitted to the current facility from the hospital. Review of Resident #1's facility record revealed there was no documentation of a tuberculosis (TB) test upon admission and no documentation of a previous TB test. Refer to the telephone interview with the facility's Registered Nurse (RN) on 10/10/22 at 10:38am. Refer to interview with the Administrator on 10/10/22 at 11:25am. Attempted interview with Resident #1's primary care provider (PCP) on 10/10/22 at 10:57am was unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #1 was not interviewable. 2. Review of Resident #2's current FL-2 dated 09/07/22 revealed diagnoses included dementia. Review of Resident #2's Resident Register dated 09/09/22 revealed: -She was admitted to the facility on 09/09/22. -Her previous residence was an assisted living	C 202		

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL-096-056	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	DATE SURVEY COMPLETED: 10/10/22

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 Old Smith Chapel Road, Mount Olive, 28365**

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)	COMPLETE DATE
C 202	Continued From page 2 facility and she was admitted to the current facility from the hospital. Review of Resident #2's facility record revealed there was no documentation of a tuberculosis (TB) test upon admission and no documentation of a previous TB test. Refer to the telephone interview with the facility's Registered Nurse (RN) on 10/10/22 at 10:38am. Refer to interview with the Administrator on 10/10/22 at 11:25am. Attempted telephone interview with Resident #2's primary care provider (PCP) on 10/10/22 at 10:57am was unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable. 3. Review of Resident #3's current FL-2 dated 07/01/22 revealed diagnoses included atrial fibrillation (irregular heartbeat), hypertension, and dementia. Review of Resident #3's Resident Register dated 07/01/22 revealed: -He was admitted to the facility on 07/01/22. -His previous residence was another assisted living facility and he was admitted to the current facility from the hospital. Review of Resident #3's facility record revealed there	C 202		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Tedder Administrator 11/21/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL-096-056	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	DATE SURVEY COMPLETED: 10/10/22

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 Old Smith Chapel Road, Mount Olive, 28365**

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)	COMPLETE DATE
C 202	Continued From page 3 was no documentation of a tuberculosis (TB) test upon admission and no documentation of a previous TB test. Refer to the telephone interview with the facility's Registered Nurse (RN) on 10/10/22 at 10:38am. Refer to telephone interview with the Administrator on 10/10/22 at 11:25am. Attempted telephone interview with Resident #3's primary care provider (PCP) on 10/10/22 at 10:57am was unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable. _____ Telephone interview with the facility's Registered Nurse (RN) on 10/10/22 at 10:38am revealed: -When a new resident was admitted to the facility, it was her responsibility to review the admission paperwork with the Administrator and ensure that the resident has met the criteria for admission. -She was aware that staff members needed to complete a 2-step tuberculin (TB) test but she was not aware that the residents were required to have a TB screening done prior to admission. Interview with the Administrator on 10/10/22 at 11:25am revealed: -She did not know that the residents were	C 202		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Hedgepeth Administrator 11/21/22

ATT

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)	COMPLETE DATE
C 202	Continued From page 4 -She did not know that the residents were required to have a TB prior to admission. -She did not have the paperwork from the resident's previous facilities to ensure that they had any TB skin tests prior to admission. 10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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: Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 2 of 3 residents sampled (#1, #2) for a medication used to help aid sleep (#1) and a medication used to treat high blood pressure (#2). The findings are: 1. Review of Resident #1's current FL-2 dated 09/15/22 revealed: -Diagnoses included anemia and dementia.	C 202 C 330	(see page 21)	
C 330				

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Hedgepeth Administrator 11/21/22

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)	COMPLETE DATE
C 330	Continued From page 5 -There was an order for Melatonin 6mg at bedtime (Melatonin is a medication used to help aid sleep). Review of Resident #1's September 2022 medication administration record (MAR) revealed there was no entry for Melatonin 6mg at bedtime. Review of Resident #1's October 2022 MAR revealed there was no entry for Melatonin 6mg at bedtime. Observation of Resident #1's medications on hand on 10/10/22 at 8:05am revealed: -There was a bubble package of Melatonin 3mg, with instructions to take 2 tablets every night at bedtime for 30 days. -The printed label on the Melatonin packaging stated 60 tablets were dispensed on 09/14/22. -There were 30 pills left in the Melatonin packaging that was dispensed on 09/14/22. Interview with the Administrator on 10/10/22 at 11:25am revealed: -She faxed Resident #1's FL-2 to the pharmacy and the pharmacy dispensed medications. -The pharmacy filled out the MAR for Resident #1 and sent it with the medication for the resident. -She was not sure why Resident #1's Melatonin was not on the MAR. -She administered medications some evenings and knew to administer Resident #1's Melatonin but other medication aides (MA)s may not have known to administer it if it wasn't on the MAR. -Resident #1 had no issues with getting to sleep or staying asleep that she was aware of. Telephone interview with the facility's Registered Nurse (RN) on 10/10/22 at 10:38am revealed:	C 330		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Tammy Holder — Administrator — 11/21/22

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)	COMPLETE DATE
C 330	Continued From page 6 -It was her responsibility to review Resident #1's orders and ensure that the order matches what the resident is receiving. -She was not aware that Resident #1 was not receiving Melatonin scheduled every night. Attempted telephone interview with the facility's contracted pharmacy on 10/10/22 at 10:59am was unsuccessful. Attempted telephone interview with Resident #1's primary care provider (PCP) on 10/10/22 at 10:57am was unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #1 was not interviewable. 2. Review of Resident #2's current FL-2 dated 09/07/22 revealed: -Diagnoses included dementia. -There was an order for Clonidine 0.2mg every 8 hours (Clonidine is a medication used to treat high blood pressure). Review of Resident #1's Resident Register dated 09/09/22 revealed she was admitted to the facility on 09/09/22. Review of Resident #2's hospital discharge summary dated 09/09/22 revealed there was an order to discontinue Clonidine 0.2mg. Review of Resident #2's September 2022 medication administration record (MAR) revealed: -There was an entry for Clonidine 0.2mg, take one	C 330		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Samantha Peddrow TITLE: Administrator DATE: 11/21/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL-096-056	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	DATE SURVEY COMPLETED: 10/10/22

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	928 Old Smith Chapel Road, Mount Olive, 28365

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)	COMPLETE DATE
C 330	Continued From page 7 tablet every 8 hours, scheduled for administration at 9:00am ,1:00pm, and 9:00pm. -Clonidine 0.2mg was documented as administered 09/09/22 to 09/30/22 at 9:00am, 1:00pm, and 9:00pm. Review of Resident #2's October 2022 MAR revealed: -There was an entry for Clonidine 0.2mg, take one tablet every 8 hours, scheduled for administration at 9:00am ,1:00pm, and 9:00pm. -Clonidine 0.2mg was documented as administered 10/01/22 to 10/08/22 at 9:00am, 1:00pm, and 9:00pm. Review of Resident #2's medication on hand on 10/10/22 at 8:15am revealed Resident #2 had Clonidine 0.2mg in a multiple medication dose package for morning, afternoon and evening. Interview with the Administrator on 10/10/22 at 11:25am revealed: -She faxed Resident #2's FL-2 to the pharmacy and the pharmacy dispensed medications. -She did not fax the pharmacy Resident #2's hospital discharge summary 09/09/22 where the Clonidine was discontinued. -It was her responsibility to ensure that the pharmacy received all orders for the residents so that they could update the resident's medication. -The pharmacy filled out the MAR for Resident #2 based on the FL-2 and sent it with the medication for the resident. Telephone interview with the facility's Registered Nurse (RN) on 10/10/22 at 10:38am revealed: -It was her responsibility to review Resident #2's orders and ensure that the order matched what the resident was receiving.	C 330		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Childers Administrator 11/21/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL-096-056	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	DATE SURVEY COMPLETED: 10/10/22

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 Old Smith Chapel Road, Mount Olive, 28365**

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)	COMPLETE DATE
C 330	Continued From page 8 -She was not aware that Resident #2/s Clonidine was discontinued on the hospital discharge summary. Attempted telephone interview with the facility's contracted pharmacy on 10/10/22 at 10:59am was unsuccessful. Attempted telephone interview with Resident #2's primary care provider (PCP) on 10/10/22 at 10:57am was unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .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	C 342	(see page22)	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Hudson Administrator 11/21/22

AM

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)	COMPLETE DATE
C 342	Continued From page 9 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 interviews and record reviews, the facility failed to ensure the medication administration records (MAR) were complete and accurate for 3 of 3 sampled residents (#1,#2,#3). The findings are: 1.Review of Resident #1's current FL-2 dated 09/15/22 revealed: -Diagnoses included anemia and dementia. -There was an order for Lexapro 10mg daily (Lexapro is a medication used to treat depression). -There was an order for Melatonin 6mg at bedtime (Melatonin is a medication used to aid sleep). -There was an order for Multivitamin 400mcg daily (Multivitamin is a vitamin supplement). -There was an order for Trazadone 25mg at bedtime (Trazadone is a medication used to treat agitation). -There was an order for Senokot 8.6-50mg twice a day (Senokot is a laxative used to treat constipation). Review of Resident #1's October medication administration record (MAR) on 10/10/22 at 8:05am revealed: -There was an entry for Lexapro 10mg daily, scheduled for administration at 9:00am. -Lexapro 10mg on 10/09/22 at 9:00am was not documented as administered. -There was no entry for Melatonin 6mg at bedtime. -There was an entry for Multivitamin 400mcg daily, schedule for administration at 9:00am.	C 342		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Hilpert | Administrator | 11/21/22

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)	COMPLETE DATE
C 342	Continued From page 10 -Multivitamin 400mcg on 10/09/22 at 9:00am was not documented as administered. -There was an entry for Trazadone 25mg at bedtime, scheduled for administration at 9:00pm. -Trazadone 25mg on 10/09/22 at 9:00pm was not documented as administered. -There was an entry for Senokot 8.6-50mg twice a day, scheduled for administration at 9:00am and 9:00pm. -Senokot 8.6-50mg on 10/09/22 at 9:00am and 9:00pm was not documented as administered. Refer to interview with the medication aide (MA) on 10/10/22 at 9:18am. Refer to interview with the Administrator on 10/10/22 at 11:25am. Based on observations, interviews, and record reviews, it was determined that Resident #1 was not interviewable. 2. Review of Resident #2's current FL-2 dated 09/07/22 revealed: -Diagnoses included dementia. -There was an order for Tylenol 1000mg twice a day (Tylenol is a mild pain reliver). -There was an order for Allopurinol 50mg daily (Allopurinol is a medication used to treat gout). -There was an order for Norvasc 10mg at bedtime (Norvasc is a medication used to treat high blood pressure). -There was an order for Atorvastatin 20mg at bedtime (Atorvastatin is a medication used to treat high cholesterol). -There was an order for Vitamin D3 2,000u daily (Vitamin D3 is a supplement used to treat Vitamin D3	C 342		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Tedder Administrator 11/21/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL-096-056	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	DATE SURVEY COMPLETED: 10/10/22

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 Old Smith Chapel Road, Mount Olive, 28365**

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C 342	Continued From page 11 deficiency). -There was an order for Clonidine 0.2mg every 8 hours (Clonidine is a medication used to treat high blood pressures). -There was an order for Plavix 75mg daily (Plavix is a blood thinning agent used to prevent clots). -There was an order for Colace 100mg at bedtime (Colace is a stool softener used to treat constipation). -There was an order for Imdur 5mg three times a day (Imdur is a medication to treat high blood pressure). -There was an order for a Lidocaine 4% patch to be applied to the right hip daily (lidocaine is a topical medication used to treat pain). Review of Resident #2's hospital discharge summary dated 09/09/22 revealed there was an order to discontinue Clonidine 0.2mg. Review of Resident #2's October 2022 medication administration record (MAR) on 10/10/22 at 8:21am revealed: -There was an entry for Tylenol 1000mg twice a day, scheduled for administration at 9:00am and 9:00pm. -Tylenol 1000mg on 10/09/22 at 9:00am and 9:00pm was not documented as administered. -There was an entry for Allopurinol 50mg daily, scheduled for administration at 9:00am. -Allopurinol 50mg on 10/09/22 at 9:00am revealed was not documented as administered. -There was an entry for Norvasc 10mg at bedtime, scheduled for administration at 9:00pm. -Norvasc 10mg on 10/09/22 at 9:00pm revealed was not documented as administered. -There was an entry for Atorvastatin 20mg at bedtime, scheduled for administration at 9:00pm. -Atorvastatin 20mg on 10/09/22 at 9:00 pm was not	C 342		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Samantha Pelder — Administrator — 11/21/22

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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)	COMPLETE DATE
C 342	Continued From page 12 documented as administered. -There was an entry for Vitamin D3 2,000u daily, scheduled for administration at 9:00am. -Vitamin D3 2,000u on 10/09/22 at 9:00am was not documented as administered. -There was an entry for Clonidine 0.2mg every 8 hours, scheduled for at administration at 9:00am, 1:00pm, and 9:00pm. -Clonidine 0.2mg on 10/09/22 at 9:00am, 1:00pm, and 9:00pm was not documented as administered. -There was an entry for Plavix 75mg daily, scheduled for administration at 9:00am. -Plavix 75mg on 10/09/22 at 9:00am was not documented as administered. -There was an entry for Colace 100mg at bedtime, scheduled for administration at 9:00pm. -Colace 100mg on 10/09/22 at 9:00pm was not documented as administered. -There was an entry for Imdur 5mg three times a day, scheduled for administration at 9:00am, 1:00pm, and 9:00pm. -Imdur 5mg on 10/09/22 at 9:00am, 1:00pm, and 9:00pm was not documented as administered. -There was an entry for a Lidocaine 4% patch to be applied to the right hip daily, scheduled for administration at 9:00am. -Lidocaine 4% patch on 10/09/22 at 9:00am was not documented as administered. Refer to interview with the medication aide (MA) on 10/10/22 at 9:18am. Refer to interview with the Administrator on 10/10/22 at 11:25am. Attempted telephone interview with Resident #2's	C 342		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Samantha Hedgepeth Administrator 11/21/22

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)	COMPLETE DATE
C 342	Continued From page 13 primary care provider (PCP) on 10/10/22 at 10:57am was unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable. 3. Review of Resident #3's current FL-2 dated 07/01/22 revealed: -Diagnoses included atrial fibrillation (irregular heartbeat), seizure disorder, hypertension, and dementia. -There was an order for Norvasc 10mg daily (Norvasc is a medication used to treat high blood pressure). -There was an order for Vitamin D3 1,000u daily (Vitamin D3 is a supplement used to treat Vitamin D3 deficiencies). -There was an order for Senokot 8.6-50mg two times a day (Senokot is a laxative used to treat constipation). -There was an order for Imdur 60mg daily (Imdur is a medication used to treat high blood pressure). -There was an order for Keppra 500mg twice a day (Keppra is a medication used to treat seizures). -There was an order for Melatonin 6mg at bedtime (Melatonin is a medication used to aid in sleep). -There was an order for Namenda 5mg daily (Namenda is a medication used to slow the progression of memory loss). -There was an order for Rivaroxaban 20mg daily (Rivaroxaban is a medication used to treat atrial fibrillation). -There was an order for Atorvastatin 80mg at bedtime (Atorvastatin is a medication used to treat high cholesterol). -There was an order for Losartan 100mg daily (Losartan is a medication used to treat high blood pressure).	C 342		

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)	COMPLETE DATE
C 342	Continued From page 14 -There was an order for Flomax 0.4mg daily (Flomax is a medication used to treat enlarged prostate). -There was an order for Trazadone 50mg at bedtime (Trazadone is a medication used to treat agitation and aid with sleep). Review of Resident #3's October 2022 medication administration record (MAR) on 10/10/22 at 8:58am revealed: -There was an entry for Norvasc 10mg daily, scheduled for administration at 9:00am. -Norvasc 10mg on 10/09/22 at 9:00am was not documented as administered. -There was an entry for Vitamin D3 1,000u daily, scheduled for administration at 9:00am. -Vitamin D3 1,000u on 10/09/22 at 9:00am was not documented as administered. -There was an entry for Senokot 8.6-50mg twice a day, scheduled for administration at 9:00am and 9:00pm. -Senokot 8.6-50mg on 10/09/22 at 9:00am and 9:00pm was not documented as administered. -There was an entry for Imdur 60mg daily, scheduled for administration at 9:00am. -Imdur 60mg on 10/09/22 at 9:00am was not documented as administered. -There was an entry for Keppra 500mg twice a day, scheduled for administration at 9:00am and 9:00pm. -Keppra 500mg on 10/09/22 at 9:00am and 9:00pm was not documented as administered. -There was an entry for Melatonin 6mg at bedtime, scheduled for administration at 9:00pm. -Melatonin 6mg on 10/09/22 at 9:00pm was not documented as administered. -There was an entry for Namenda 5mg daily, scheduled for administration at 9:00am. -Namenda 5mg on 10/09/22 at 9:00am was not	C 342		

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)	COMPLETE DATE
C 342	Continued From page 15 documented as administered. -There was an entry for Rivaroxaban 20mg daily, scheduled for administration at 9:00am. -Rivaroxaban 20mg on 10/09/22 at 9:00am was not documented as administered. -There was an entry for Atorvastatin 80mg at bedtime, scheduled for administration at 9:00pm. -Atorvastatin 80mg on 10/09/22 at 9:00pm was not documented as administered. -There was an entry for Losartan 100mg daily, scheduled for administration at 9:00am. -Losartan 100mg on 10/09/22 at 9:00am was not documented as administered. -There was an entry for Flomax 0.4mg daily, scheduled for administration at 9:00am. -Flomax 0.4mg on 10/09/22 at 9:00am was not documented as administered. -There was an entry for Trazadone 50mg at bedtime, scheduled for administration at 9:00pm. -Trazadone 50mg on 10/09/22 at 9:00pm was not documented as administered. Refer to interview with the medication aide (MA) on 10/10/22 at 9:18am. Refer to interview with the Administrator on 10/10/22 at 11:25am. Attempted telephone interview with Resident #3's primary care provider (PCP) on 10/10/22 at 10:57am was unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #3 was not interviewable.	C 342		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Steele | Administrator | 11/21/22

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)	COMPLETE DATE
C 342	Continued From page 16 Interview with the medication aide (MA) on 10/10/22 at 9:18am revealed medication were to be signed off by the person administering the medications at the time they give the medications on the medication administration record (MAR). Interview with the Administrator on 10/10/22 at 11:25am revealed: -She expected MAs to sign off the MAR accurately and completely. -She worked most weekends at the facility and administered medications. -She was responsible for administering medications on 10/09/22. -She forgot to sign off the MAR when administering the resident's medications on 10/09/22.	C 342		
C935	G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers of Disease Control and	C935	(see page 23)	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Chelton | Administrator | 11/21/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL-096-056	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	DATE SURVEY COMPLETED: 10/10/22

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 Old Smith Chapel Road, Mount Olive, 28365**

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)	COMPLETE DATE
C935	Continued From page 17 Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled medication aides (Staff C) had successfully passed the state medication aide exam within 60 days of completing the 5-hour medication aide training and validation of their medication administration competency checklist. The findings are: Review of Staff C, medication aide (MA), personnel file revealed: -She was hired on 03/20/22. -She completed the 5-hour medication aide training on 03/24/22. -She completed the medication administration competency checklist on 03/28/22. -There was no documentation of Staff C taking the MA exam. -There was no documentation of Staff C completing the 10-hour medication aide training. Telephone interview with the facility's Registered Nurse (RN) on 10/10/22 at 10:38am revealed: -She was responsible for staff training and competency verification. -She was aware that MAs must take the state MA exam	C935		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Samantha Tuttle | Administrator | 11/21/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL-096-056	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	DATE SURVEY COMPLETED: 10/10/22

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 Old Smith Chapel Road, Mount Olive, 28365**

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)	COMPLETE DATE
C935	Continued From page 19 within 60 days of completing the medication administration competency checklist. -She validated Staff C's medication administration competency checklist on 03/28/22 but was not aware that she had not taken the exam. Interview with the Administrator on 10/10/22 at 11:25am revealed: -Staff C had not yet taken the state MA exam. -She was allowing Staff C until the end of November to take the MA exam. -She was not aware that Staff C had to take the MA exam within 60 days of completing the medication administration competency checklist. -Staff C passed medications independently to residents at the facility where she worked about once a week. Attempted telephone interview with Staff C on 10/10/22 at 11:20am was unsuccessful.	C935		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE Samantha Fuller TITLE Administrator DATE 11/21/22

AJ

LATTER DAYS
Senior Living

C202

Resident Affected:

Residents #1, #2, and #3 had incomplete tuberculosis tests that were to be administered on date of admission then results read 48 to 72 hours after.

Residents with Potential to be Affected:

Nursing Leadership, which is the Director of Nursing, conducting a 100% audit of all residents to ensure the facility is aware of all residents who did not receive their TB testing. Those residents identified will have their TB test administered by Director of Nursing on or by 11/1/2022. Any concerns will be addressed by the Administrator or Director of Nursing.

Systematic Changes:

Effective November 1, 2022 all licensed nurses were educated by the Director of Nursing and Administrator on completing TB testing with each resident upon admission to be administered no longer than 24 hours. Second TB test will follow after 2 weeks if the resident doesn't have a prior TB skin test to admission. The Administrator educated the nurse leader (Director of Nursing) on ensuring tuberculosis testing is done in timely manner. Newly hired licensed nurses will receive education prior to working or as part of the new hire orientation.

Monitoring:

Using a facility created audit tool, the Director of Nursing will complete the audit to ensure the residents received their tuberculosis tests and are up to date. This audit will be completed upon each new admission. The Administrator or Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance.

Completion Date: November 21, 2022

LATTER DAYS
Senior Living

C935

Staff involved:

Staff C had not taken the medication aid test or completed the 10 hour training.

Systematic Changes:

Effective November 1, 2022 Staff C has registered for the Med tech test and will complete by November 30, 2022. Staff has been moved to night shift where there are no scheduled meds to pass. Upon successful completion of test staff will be able to resume administering medications.

Monitoring:

Using a facility audit toll, the Director of Nursing and the Administrator will ensure that all training and certifications are up to date. The Administrator or Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance.

Completion Date: November 21, 2022

LATTER DAYS
Senior Living

C330

Resident Affected:

Residents #1 and #2 had medications failed to be administered as directed by FL-2. An audit of FL-2 and resident medication had to be initiated in order to ensure that residents have correct medication being dispensed.

Residents with Potential to be Affected:

Nursing Leadership, which is the Director of Nursing, conducting a 100% audit of all residents medications, electronic MAR and FL-2 to ensure the facility is aware of all residents medications and to identify any orders that need to be added to the residents. Those residents identified will have their medications reviewed and physician contacted to address orders that need clarification by Director of Nursing on or by 11/1/2022. Any concerns will be addressed by the Administrator or Director of Nursing.

Systematic Changes:

Effective November 5, 2022, all licensed nurses and medication aides were educated by the Director of Nursing on double checking medications before administering to residents. The Administrator educated the nurse leader (Director of Nursing) on ensuring FL-2 and discharge to outside facility paperwork is thoroughly checked before transcribing to electronic MAR. Newly hired licensed nurses or medication aides will receive education prior to working or as part of the new hire orientation.

Monitoring:

Using a facility created audit tool, the Director of Nursing will complete the audit to ensure the residents medications are in electronic MAR and transcribed per physician order. This audit will be completed 2 times a week for 8 weeks, then monthly for 4 months and upon each new admission. The Administrator or Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance.

Completion Date: November 21, 2022

LATTER DAYS
Senior Living

C342

Resident Affected:

Residents #2 and #3 had medications failed to be administered as directed by medication administration record. An audit of MARS, both paper and electronic to find any failure to administer or sign out medications.

Residents with Potential to be Affected:

Nursing Leadership, which is the Director of Nursing, conducting a 100% audit of all residents medications, electronic and paper MARS and FL-2 to ensure the facility is aware of all residents with any medication administration were signed out as ordered. Those residents identified will have their MARS reveiwed by Director of Nursing on or by 11/1/2022. Any concerns will be addressed by the Administrator or Director of Nursing.

Systematic Changes:

Effective November 5, 2022, all licensed nurses and medication aides were educated by the Director of Nursing on double checking medications before administering to residents along with ensuring staff to sign out MARS while administering medication. The Administrator educated the nurse leader (Director of Nursing) on ensuring MARS is thoroughly checked before giving medications. Newly hired licensed nurses or medication aides will receive education prior to working or as part of the new hire orientation.

Monitoring:

Using a facility created audit tool, the Director of Nursing will complete the audit to ensure the residents medications are signed out in electronic MAR and transcribed per physician order. This audit will be completed 2 times a week for 8 weeks, then monthly for 4 months and upon each new admission. The Administrator or Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance.

Completion Date: November 21, 2022