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| DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | PROVIDER IDENTIFICATION NUMBER:                                                                                        | MULTIPLE CONSTRUCTION                           |                                                                                                                 | DATE SURVEY COMPLETED: |
|                                                                   | HAL005015                                                                                                              | A. BUILDING: _____                              |                                                                                                                 | 10/12/2022             |
| NAME OF PROVIDER                                                  |                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE           |                                                                                                                 |                        |
| FOREST RIDGE                                                      |                                                                                                                        | 151 VILLAGE PARK DRIVE WEST JEFFERSON, NC 28694 |                                                                                                                 |                        |
| 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          |

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| D 000 Initial Comments | The Adult Care Licensure Section conducted a follow-up survey on October 11-12, 2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                |  |
| D378                   | <p>10A NCAC 13F .1006(b) Medication Storage</p> <p>10A NCAC 13F. 1006(b) Medication Storage</p> <p>Based on observations, record reviews and interviews the facility failed to ensure the medication cart on the Special Care Unit was properly secured.</p> <p>The findings are:</p> <p>Observation on the Special Care Unit (SCU) on 10/11/22 at 10:20am revealed:</p> <ul style="list-style-type: none"> <li>-There were 17 residents in the SCU.</li> <li>-A male resident that walked up to the medication cart where was no SCU staff present.</li> <li>-The resident picked up a pair of reading glasses that were lying on top of the medication cart and tried them on.</li> <li>-He looked at the screen of the medication cart laptop, then removed the reading glasses, placed them down on the cart and walked away.</li> <li>-No SCU staff observed the male resident during the time he had access to the medication cart.</li> </ul> |  | <p>All med carts have been replaced effective 11/15/2022</p> <p>Med Techs responsibility to check the functionality daily and report any issues to management immediately.</p> |  |

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

*Sarah Reedy*

TITLE

Executive Director

DATE

11/13/23

STATE FORM - DHSR LIMITED USE STATEMENT OF DEFICIENCIES

*Reviewed and Acknowledged by Melvin J. Jones on 01/13/23.*

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| D378 | <p>Observation of the Special Care Unit (SCU) medication cart on 10/11/22 at 2:50pm revealed:</p> <ul style="list-style-type: none"> <li>-The medication cart was in front of the nurse's station on the SCU while the surveyor checked medications on hand for a resident.</li> <li>-After the medications on hand were checked, the MA pushed in the primary locking mechanism on the medication cart, and immediately the lock popped out of position approximately half-way.</li> <li>-The MA pushed the lock back in again, and it remained in place, and she stated, "They are supposed to be replacing these things [the medication carts]."</li> <li>-Before leaving the medication cart, the surveyor tried to open the second drawer on the medication cart to verify that it was locked correctly, and after 2 attempts, the drawer to the medication cart came open without the MA unlocking the cart.</li> </ul> <p>Interview with the SCU MA on 10/11/22 at 3:26pm revealed:</p> <ul style="list-style-type: none"> <li>-She stated the lock on the medication cart, "had been acting up for a while".</li> <li>-The facility was getting new medication carts due to the current cart being older but not because it was not locking properly.</li> </ul> |  |  |  |
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*Sarah Reilly*

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*Executive Director*

DATE

*11/13/23*

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| D378 | <p>-She thought the medication carts had been ordered.</p> <p>Interview with the Resident Care Coordinator (RCC) on 11/12/22 at 12:00pm revealed:</p> <p>-Staff had reported to her several months ago that the medication cart had not been locking properly.</p> <p>-She had checked the lock on the medication cart herself and did not have any issues with it locking properly.</p> <p>-She stated that the new medication carts had been ordered.</p> <p>Interview with the facility's contracted pharmacy's medication cart technician on 10/12/22 at 1:02pm revealed there had been no notification or reporting of any issues with the facilities medication carts prior to 10/11/22.</p> <p>Review of email provided by the administrator on 10/11/22 at 3:53pm revealed:</p> <p>-There was an email dated 10/11/22 at 3:07pm where the administrator requested a medication cart technician come to the facility to fix the medication cart lock.</p> |  |  |  |
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*Sarah Reedy*

TITLE

*Executive Director*

DATE

*11/13/23*

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| D378 | <p>-Email stated, "the lock popped back out and would not lock when state was watching. It has been harder to push in but has been locking with pushing it in".</p> <p>-The Administrator stated a medication cart technician would be there the afternoon of 10/11/22 to bring a new lock if needed.</p> <p>Interview with Administrator on 10/11/22 at 3:53pm revealed:</p> <p>-She did not know the SCU medication cart had not been locking properly.</p> <p>-No one had reported any issues with the medication cart to her.</p> <p>-She was able to lock the SCU medication cart herself.</p> <p>-She stated the medication cart did not lock properly due to human error and not due to lock error.</p> <p>-She placed the medication cart in the locked SCU medication room.</p> <p>-The only person that had access to the locked SCU medication room was the MA.</p> <p>-She provided an email dated 09/27/22 where new medications carts were ordered.</p> |  |  |  |
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*Sarah Leidy*

TITLE

*Executive Director*

DATE

*1/13/23*

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

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| D378- | <p>She had requested that a medication cart technician come to the facility today to look at cart.</p> <p>The medication cart technician would arrive this afternoon, on 10/11/22 to bring a new lock if needed.</p> |  |  |  |
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PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

TITLE

DATE

*Bertha Lewis*

Executive Director

11/13/23

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*Sarah Leach*

TITLE

*Executive Director*

DATE

*1/13/23*

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