

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/19/2023
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted a follow up survey on 04-18-23 through 04-19-23.	D 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Actions Report; The Plan of Correction is prepared solely as a matter of compliance with State law.	
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 interviews and record reviews the facility failed to ensure the electronic medication administration record (eMAR) was accurate for 1 of 5 sampled residents (Resident #3) related to a cream to treat a yeast infection. The findings are:	D 367	10A NCAC 13F .1004(j) Medication Administration An audit of all current medication orders was conducted to ensure accuracy of orders on MAR and Resident's charts. Any findings indicating the order was not reflected correctly on MAR were corrected and the Physician/Provider was notified for any additional orders. The Resident Care Coordinator, and Special Care Coordinator will conduct weekly cart audits to ensure the accuracy of orders on the MAR. Any orders that are not accurate on the MAR, will be corrected and the Physician/Provider will be notified for any additional orders. ED will conduct random monthly cart audits to help ensure the accuracy of orders on the MAR and assist with continued compliance with this rule area.	05/02/23 05/19/23

Division of Health Service Regulation

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

Rene Robinson

TITLE

Executive Director

(X6) DATE

5/8/23

STATE FORM

0000

11JV11

If continuation sheet 1 of 3

LSB

Reviewed and Acknowledged 05-08-23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/19/2023
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

YANCEY HOUSE

4 COOPER LANE
BURNSVILLE, NC 28714

(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)	(X6) COMPLETE DATE
D 367	Continued From page 1 Review of Resident #3's current FL2 dated 02-23-23 revealed diagnoses included memory loss, chronic kidney disease and gout. Review of Resident #3's physician orders revealed an order dated 03-02-23 for nystatin/triamcinolone cream to be applied to groin twice a day for 14 days. Review of Resident #3 March 2023 eMAR revealed there was not an entry for nystatin/triamcinolone cream to be applied to groin twice a day for 14 days. Telephone with a pharmacist from the facility's contracted pharmacy on 04-18-23 at 2:31pm revealed ; -A faxed order for nystatin/triamcinolone cream for Resident #3 was received on 03-02-23 and dispensed the same day. -The pharmacy was not responsible for updating the facility's eMAR system. Interview with a Medication Aide (MA) on 04-18-23 at 2:40pm and 04-19-23 at 9:05am revealed: -She remembered when Resident #3 was ordered the nystatin/triamcinolone cream but she was not responsible for entering orders into the eMAR system. -She applied nystatin/triamcinolone cream to Resident #3 as ordered but apparently did not document it on the eMAR as there was no entry. -The facility did not utilize Treatment Administration Records (TARs) so there was no other place for her to document administration. -The Resident Care Coordinator (RCC) was responsible for ensuring medication orders were put into the eMAR system. -At the time she did not think about mentioning to	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/19/2023
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
(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 2 the RCC that there was no place to document administration of the nystatin/triamcinolone cream. Interview with the RCC on 04-18-23 at 3:30pm revealed: -She was responsible for faxing new orders to the pharmacy that maintained the facility's eMAR system. -She remembered faxing the order but sometimes the fax machine did not properly transmit documents. -When an order was entered into the eMAR system by the pharmacy she had to authorize it so it would show up on the eMAR that MAs had access to. -She did not have a system in place to prompt her to ensure orders that were faxed were later authorized and put into the eMAR system. -MAs were trained to document all medication administration and she did not know why she was not told the cream was not in the eMAR system so they could document administration. Interview with Resident #3 revealed nystatin/triamcinolone cream was applied by the MAs and his rash was currently healed.	D 367		