STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045005	A. BUILDING: _____ B. WING _____	R 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCULLOUGH'S REST HOME	720 ORR'S CAMP ROAD HENDERSONVILLE, NC 28739

(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, and complaint investigation on 06/27/23. The complaint investigation was initiated by the Henderson County Department of Social Services on 06/21/23.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based observations, interviews, and record reviews, the facility failed to ensure referral and follow up to meet the acute health care needs for 1 of 3 sampled residents (Resident #2) related to the failure to notify the prescribing provider of refusals of a medication that treats atopic dermatitis. The findings are: Review of Resident #2's current FL2 dated 08/10/23 revealed diagnoses included schizophrenia and eczema (atopic dermatitis). Review of Resident #2's Resident Register revealed an admission date of 08/02/17. Review of Resident #2's Medication Administration Record (MAR) for May 2023 revealed: -There was a handwritten entry for Dupixent (atopic dermatitis) 300mg, inject 300mg subcutaneous (SQ) every other week. -There was documentation Resident #2 "refused"	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045005	A. BUILDING: _____ B. WING _____	R 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCULLOUGH'S REST HOME	720 ORR'S CAMP ROAD HENDERSONVILLE, NC 28739

(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 273	Continued From page 1	D 273		

the Dupixent on 05/12/23 and 05/26/23.
-There was no other documentation.

Review of Resident #2's MAR for 06/01/23 - 06/27/23 revealed:
-There was a handwritten entry for Dupixent 300mg, inject 300mg SQ every other week.
-There was documentation Resident #2 "refused" the Dupixent on 06/02/23 and 06/14/23.
-There was documentation Resident #2 was administered the Dupixent on 06/22/23 without a time administered.

Review of physicians' orders for Resident #2 on 06/27/23 revealed there was not an order for Dupixent.

Observations of Resident #2's medications available for administration on 06/27/23 at 1:18pm revealed:
-There were two boxes labeled Dupixent 300mg/2ml single dose injectables.
-There were two injectables in a box without a printed label on it.
-There was a second box with one injectable inside a plastic bag with a printed pharmacy label.
-Printed on the label was Dupixent 300mg/2ml inject 1 syringe every other week, 2 had been dispensed on 01/20/22.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 06/27/23 at 12:59pm revealed:
-The pharmacy had received a signed physician's order for Dupixent 300mg every other week on 01/20/22 and dispensed two injectable syringes to the facility the same day.
-The pharmacy had received a signed physician's order from a previous Dermatology office to discontinue the Dupixent 300mg on 05/27/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045005	A. BUILDING: _____ B. WING _____	R 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCULLOUGH'S REST HOME	720 ORR'S CAMP ROAD HENDERSONVILLE, NC 28739

(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 273	Continued From page 2	D 273		

-They had no other physician's orders for Dupixent for Resident #2.

Telephone interview with Registered Nurse (RN) at a local dermatology office on 06/27/23 at 2:00pm revealed:
-Resident #2 was being seen by the Dermatologist as of January 2023 for atopic dermatitis.
-Resident #2 was prescribed Dupixent 300mg every other week for the dermatitis and a prescription was called into a local pharmacy on 01/26/23.
-Resident #2's dermatitis would continue without the Dupixent.
-The Dermatologist should have been notified that Resident #2 was refusing the Dupixent.

Interview with the Resident Care Coordinator (RCC) on 06/27/23 at 2:05pm revealed:
-Resident #2 had refused the Dupixent frequently.
-He thought he notified Resident #2's current Dermatologist but it must have been the previous Dermatologist.
-He did not know where the physician's order was for the Dupixent.
-He did not know what pharmacy had dispensed the Dupixent or how it arrived in the facility.

Interview with the Administrator on 06/27/23 at 2:10pm revealed:
-The facility did not have a policy and procedure related to refusals of medications.
-She thought a physician should be notified after 2 or 3 times of refusals.
-She thought the staff had been trained to do that.
-She did not know why the current Dermatology office was not notified.

Interview with Resident #2 on 06/27/23 at 2:20pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045005	A. BUILDING: _____ B. WING _____	R 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCULLOUGH'S REST HOME	720 ORR'S CAMP ROAD HENDERSONVILLE, NC 28739

(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 273	Continued From page 3 revealed he did not like the injections and sometimes refused them. Attempted telephone interview with the local pharmacy on 06/27/23 at 2:15pm was unsuccessful.	D 273		