STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 survey and follow-up survey on 07/25/23 through 07/26/23.	D 000		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult 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 interviews and record reviews, the facility failed to discontinue a medication as ordered for 1 of 5 sampled residents (#2) related to a medication used to treat muscle spasms. The findings are: Review of Resident #2's current FL2 dated 08/01/22 revealed: -Diagnoses included cerebral palsy. -An order for baclofen 10 mg (a medication used to treat muscle spasms) three times daily. Review of Resident #2's physician's orders dated 06/12/23 revealed: -An order for gabapentin 100 mg (a medication to treat nerve pain and muscle spasms) take two capsules daily at bedtime. -The order was written on the facility's order sheet.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 358	Continued From page 1	D 358		

Review of Resident #2's physician's orders dated 07/24/23 revealed:
-The following was handwritten; "D/C" (discontinue) over the entry for baclofen 10 mg three times daily.
-The order was written on the six-month physician's order sheet.

Review of Resident #2's July 2023 electronic medication administration record (eMAR) revealed:
-An entry for baclofen 10 mg, one tablet three times daily.
-Baclofen 10 mg was scheduled to be administered daily at 7:00am, 1:00pm and 6:00pm.
-Baclofen 10 mg was documented as administered three times daily from 07/01/23 to 07/25/23 and on 07/26/23 at 7:00am.
-An entry for gabapentin 100 mg, two capsules daily at bedtime.
-Gabapentin 100 mg was scheduled to be administered daily at 8:00pm.
-Gabapentin 100 mg was documented as administered from 07/01/23 to 07/02/23 and from 07/06/23 to 07/25/23.
-From 07/03/23 to 07/05/23 gabapentin 100 mg was documented as not administered due to "physically unable to take".

Interview with Resident #2 on 07/25/23 at 9:15am revealed she was recently prescribed gabapentin for pain in her left leg.

Interview with the medication aide (MA) on 07/26/23 at 10:35am revealed:
-She administered baclofen to Resident #2 that morning (07/26/23).
-Baclofen was not discontinued in the eMAR system.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 358	Continued From page 2	D 358		

-If a medication was discontinued the eMAR would flag it and the computer would not be able to scan the medication.
-She was not aware Resident #2's baclofen order was discontinued on 07/24/23 since the Resident Care Coordinator (RCC) processed the medication orders.

Interview with the RCC on 07/26/23 at 11:00am revealed:
-She typically sent the six-month physician's orders to the pharmacy within one to two days of the orders being signed.
-Resident #2's six-month physician's orders were signed on 07/24/23 and the pharmacy picked up the paperwork on 07/25/23 at 9:00pm.
-The order for Resident #2's baclofen was discontinued on 07/24/23 due to the Primary Care Provider (PCP) prescribing a different medication to treat muscle spasms.
-She was able to discontinue medication on the eMAR but sometimes the pharmacy would add the medication back to the eMAR if they had not processed the discontinuation order.
-She let the pharmacy discontinue medication on the eMAR to decrease confusion.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 07/26/23 at 11:58am revealed:
-He was not able to find an order to discontinue Resident #2's baclofen in the computer system.
-The facility provided the pharmacy with six-month physician's orders and the pharmacy normally processed the orders within twenty-four hours.
-A pharmacist and the facility had the ability to discontinue medication on the eMAR.
-If the facility discontinued a medication on the eMAR before the pharmacy received the order to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 358	Continued From page 3	D 358		

discontinue it, he would not expect the pharmacy to add the medication back to the eMAR without receiving a new medication order.

Interview with the Administrator on 07/26/23 at 11:40am revealed:
-Resident #2's PCP visited the facility every Monday and wrote medication orders on a facility order sheet.
-She expected the RCC to fax the facility's order sheet to the pharmacy the same day the order was written.
-The RCC did not fax the six-month physician's orders to the pharmacy because there were too many pages to send; instead, the RCC made copies of the six-month orders and put them in the pharmacy tote for the pharmacy to pick up at night.
-She expected the RCC to review the six-month physician's orders before they were sent to the pharmacy but there was not an expected time frame to do that since the PCP wrote new orders on a separate form.
-She was not aware Resident #2 had an order to discontinue the baclofen on the six-month physician's orders.
-The pharmacy was responsible for discontinuing medication on the eMAR.
-New medication orders were expected to be sent to the pharmacy on the same day the order was written.

Attempted telephone interview with Resident #2's PCP on 07/26/23 at 12:05pm was unsuccessful.