Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001165	A. BUILDING: _____ B. WING _____	R 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES MEMORY CARE	3810 HERITAGE DRIVE BURL, NC 27215

(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 and the Alamance Department of Social Services conducted an annual and follow-up survey on August 8th, 2023 through August 9th, 2023.	D 000		
D 392	10A NCAC 13F .1008 (a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a record of controlled substances by documenting the receipt, administration, and disposition of controlled substances. These records shall be maintained with the resident's record in the facility and in such an order that there can be accurate reconciliation of controlled substances. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure readily retrievable records that accurately reconciled the receipt and administration of controlled substances for 1 of 3 sampled residents (#3) with orders for a controlled substance used to treat moderate to severe pain. The findings are: Review of the facility's medication administration record policy revealed all medication doses should be charted immediately following administration, on the medication administration record. Review if Resident #3's current FL-2 dated 06/12/23 revealed diagnoses included left femur fracture, osteoarthritis, Alzheimer ' s disease, and mood disorder. Review of Resident #3's signed physician orders	D 392	An in-service was held on 8/27/23 to educate the weekend nursing staff on the PRN Narcotic medication administration documentation on both the CSCS and eMAR. By 9/8/23 all nursing staff will be in-serviced and an e-mail of the in-service materials will be sent to all nursing staff. On 8/21/23 the pharmacy consultant conducted a spot check audit of PRN Narcotic medication documentation during the normal monthly consult visit. These audits will continue monthly for the next six months. If staff are found to be out of compliance, the audits will extend for another six months. Results of the audit will be reported to the DON/Administrator. On 8/22/23 the DON conducted a full audit of all PRN Narcotic medication administration documentation ensuring the CSCS and eMar matched. Beginning the week of 9/4/23, DON will conduct spot check audits of the PRN Narcotic medication documentation every two weeks through 3/4/24. If documentation is accurate, audits will be monthly until 8/5/2024. If they are not accurate, they will continue every two weeks through 8/5/2024 and additional education will be provided to the staff member(s) who failed to document properly.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sara Patton — TITLE: Administrator — (X6) DATE: 9-1-23

Received and Acknowledged on 09/05/23 — Janet Thornburg

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STATE FORM 6899 N0Q611 If continuation sheet 1 of 3

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D 392	Continued From page 1 dated 06/23/23 revealed there was an order for Norco 5-325mg (a controlled substance used to manage moderate to severe pain) every 6 hours as needed (PRN) for moderate to severe pain. Review of Resident #3's July 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Norco 5-325mg every 6 hours PRN for moderate to severe pain. -There was documentation Norco 5-325 was administered 18 times in July 2023. Review of Resident #3's controlled substance count sheet (CSCS) for Norco 5-325mg for July 2023 revealed Norco 5-235 had been signed out 29 times for administration. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 08/08/23 at 3:54pm revealed: -The pharmacy had an order for Norco 5-325mg every 6 hours as needed for moderate to severe pain. -The pharmacy had a prescription dated 06/23/23 and 07/07/23. -The pharmacy dispensed 30 Norco 5-325mg on 06/23/23 and 07/07/23. Telephone interview with the facility nurse on 08/09/23 at 11:59am revealed: -She administered medications to Resident #3. -She had administered Norco 5-325mg to Resident #3 for pain since she fell and broke her leg. -She had always signed the CSCS sheet when she prepared the Norco for administration. -She did not realize she did not sign the eMAR each time she had administered the Norco. -She got busy with residents and forgot to sign	D 392		

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D 392	Continued From page 2 the eMAR. Interview with the Director of Nursing (DON) on 08/09/23 at 10:24am and 10:55 revealed: -The nurse who administered the controlled substance should sign the eMAR in addition to the CSCS. -She expected the nurse to document on the eMAR each time a PRN medication was administered. -A resident could receive a dosage of medication to soon if the administration of PRN medications were not documented on the eMAR. -The pharmacy audits the medication carts and checks to ensure the controlled substance count was correct. -No one audits the documentation of the CSCS and compares with the documentation of the eMAR. Interview with the Administrator on 08/09/23 at 10:55am revealed: -The nurses were expected to document controlled substances on the CSCS and the eMAR when a controlled substance was administered. -There must be a tracking system for all controlled substances that were administered. Attempted telephone interview with a second MA on 088/09/23 at 10:40am was unsuccessful.	D 392		