STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on October 03, 2023.	C 000		
C 131	10A NCAC 13G .0403(a) Qualifications of Medication Staff 10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF (a) Family care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure staff who administered medications had taken and successfully passed the written medication aide examination within the 60 days after completion of the Medication Competency Validation Clinical Skills Checklist for 1 of 2 sampled staff (Staff B). The findings are: Review of Staff B's, medication aide (MA), personnel record revealed: -Staff B was hired on 05/15/23. -There was documentation Staff B completed the Medication Competency Validation Clinical Skills Checklist on 05/15/23. -Staff B should have completed the written medication aide examination by 07/15/23. -There was no documentation Staff B had taken the written medication aide examination within 60 days of completing the Medication Competency	C 131	C131- All staff were retrained about qualifications of medication staff. The 60 day standard is consecutive and staff understand this for anyone who administers medication. Administrator has ensured that all staff are in accordance and any staff who administer medications must take and successfully pass the written medication aide examination within 60 days of date of hire. Administrator started monitoring this on October 9th and will continue bi weekly audits to ensure all staff have proper qualifications.	

LABORATORY DIRECTOR'S ~~OR PROVIDER~~/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

11-3-2023

reviewed and acknowledged 11/6/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 131	Continued From page 1 Validation Clinical Skills Checklist. -There was documentation Staff B successfully passed the written medication aide examination on 08/25/23. Review of residents' medication administration records (MAR) for August 2023 revealed: -There was documentation Staff B continued to administer medications after 07/16/23 without having taken the written medication aide examination. -Staff B documented medication administration from 08/04/23 to 08/09/23 and from 08/17/23 to 08/22/23. Interview with Staff B on 09/03/23 at 3:00pm revealed: -She was not aware of the 60 day rule for passing the written medication aide examination and administering medications. -She had been told by the facility management she would need to take the exam. -She scheduled the examination during a week she was off from work (08/25/23). -She administered medications without supervision from 08/04/23 to 08/09/23 and from 08/17/23 to 08/22/23. Interview with the Administrator on 10/03/23 at 3:30pm revealed: -She was responsible to ensure MAs obtained all required documentation for passing medications. -Staff B worked a week at a time but she worked every other week. -She was aware Staff B was administering medications in the facility and it was past the 60 days after she had completed the Medication Competency Validation Clinical Skills Checklist. -She thought MAs had 60 working days to successfully pass the written medication aide	C 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 131	Continued From page 2 examination.	C 131		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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 observations, record reviews, and interviews, the facility failed to ensure medications were administered as ordered to 1 of 3 sampled residents (#1) related to an anti-psychotic medication. The findings are: Review of Resident #1's current FL2 dated 04/28/23 revealed diagnoses included Alzheimer's dementia, and primary hypertension. Review of Resident #1's psychiatric Nurse Practitioner (NP) physician's orders dated 08/08/23 revealed an order to start quetiapine (an anti-psychotic medication) 25 mg take 1/2 tablet at 2 pm, and take 1/2 tablet at bedtime for mood instability related to dementia. Review of Resident #1's August 2023 handwritten medication administration record (MAR) revealed: -There was no entry for quetiapine 12.5mg at 2:00pm, and 12.5mg at bedtime.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 330	Continued From page 3 -There was no documentation for administration of quetiapine 12.5mg at 2:00pm, and 12.5mg at bedtime from 08/08/23 to 08/31/23. Review of Resident #1's September 2023 handwritten MAR revealed: -There was no entry for quetiapine 12.5mg at 2:00pm, and 12.5mg at bedtime. -There was no documentation for administration of quetiapine 12.5mg at 2:00pm, and 12.5mg at bedtime from 09/01/23/23 to 09/31/23. Review of Resident #1's October 2023 handwritten MAR (10/01/23-10/03/23) revealed: -There was no entry for quetiapine 12.5mg at 2:00pm, and 12.5mg at bedtime. -There was no documentation for administration of quetiapine 12.5mg at 2:00pm, and 12.5mg at bedtime from 10/01/23/23 to 10/03/23. Observation of Resident #1's medications on hand on 10/03/23 at 2:08pm revealed there was no quetiapine available for administration. Interview with the medication aide (MA) on 10/03/23 revealed: -The Administrator and the contracted Nurse generated the handwritten residents' MARs. -She did not add medications or orders to the MARs. -She did not see the residents' medication orders routinely. -Resident #1 had no quetiapine in her medications to administer and no quetiapine on the MAR for administration. Telephone interview with a pharmacist at the facility's contracted pharmacy on 10/03/23 at 3:05pm revealed: -The facility was responsible to fax all medication	C 330	C330-All staff were re-trained on proper medication administration on October 9,2023. All staff were notified to administer medications, prescription and non-prescription and treatments in accordance with medication administration records (MAR). All staff were notified that FL2, MAR, and labeled medications should be identical to the physician's orders which are to be used when administering medication. Any orders that exist without medication, staff should notify the Administrator and call the physician to verify order to stay in compliance. After verification, staff should call the pharmacy to ensure the delivery of medication and that it matches the MAR and order. Administrator has monitored medication administration on a weekly basis since October 9th and is still on-going to ensure accuracy. Audits are to be done bi-weekly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 330	Continued From page 4	C 330		

orders to the pharmacy for adding to the residents' medication profile.
-The pharmacy did not generate MARs for the facility.
-Resident #1 received her medications from another pharmacy supplier unless the medications were ordered for immediate therapy.
-There was no record of the an escript sent to the pharmacy dated 08/08/23 for Resident #1 to start quetiapine 25 mg take 1/2 tablet (12.5mg) at 2 pm, and take 1/2 tablet (12.5mg) at bedtime for mood instability related to dementia.

Telephone interview with a order entry representative at Resident #1's mail order pharmacy on 10/03/23 at 3:20pm revealed:
-The pharmacy had no documentation for receipt of Resident #1's order dated 08/08/23 for quetiapine 25 mg take 1/2 tablet (12.5mg) at 2 pm, and take 1/2 tablet (12.5mg) at bedtime for mood instability related to dementia.
-The pharmacy had not dispensed quetiapine for Resident #1.

Telephone interview with Resident #1's psychiatric NP on 10/03/23 at 3:35pm revealed:
-She ordered quetiapine 25 mg take 1/2 tablet (12.5mg) at 2 pm, and take 1/2 tablet (12.5mg) at bedtime for mood instability related to dementia on 08/08/23.
-She had verification the medications were ordered via computer (e-scribe) on 08/08/23 at 8:58pm through the faciliy's contracted pharmacy (documented as the pharmacy to receive medications orders by the facility).
-Resident #1 should be receiving quetiapine 25 mg take 1/2 tablet (12.5mg) at 2 pm, and take 1/2 tablet (12.5mg) at bedtime for mood instability related to dementia as ordered.
-Not receiving her medications as ordered could

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 330	Continued From page 5	C 330		

result in changes in mood and increased forgetful behaviors.

Telephone interview with a nurse at Resident #1's primary care provider's (PCP) office on 10/03/23 at 3:45pm revealed:
-The medication orders from the psychiatric NP physician's orders dated 08/08/23 were routinely added to Resident #1's PCP list of medication.
-There was an order dated 08/08/23 for quetiapine 25 mg take 1/2 tablet (12.5mg) at 2 pm, and take 1/2 tablet (12.5mg) at bedtime on the current medication list.
-Resident #1 should be receiving quetiapine 25 mg take 1/2 tablet (12.5mg) at 2 pm, and take 1/2 tablet (12.5mg) at bedtime as ordered.

Interview with the Administrator on 10/03/23 at 4:00pm revealed:
-The Administrator was responsible to ensure medication orders were entered on the MARs, ordered from the pharmacy and administered as ordered.
-The facility had a contracted Nurse responsible to review all new orders, check for available medications, and hand write the MARs from month to month.
-The Administrator was responsible to review all orders and medications along with the contracted Nurse.
-She did not have a system in place to routinely audit resident orders compared to mediations on the MAR and available for administration.
-She was present for most visits by the psychiatric NP.
-She overlooked the order to start quetiapine 25 mg take 1/2 tablet (12.5mg) at 2 pm, and take 1/2 tablet (12.5mg) at bedtime for mood instability related to dementia dated 08/08/23.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 330	Continued From page 6 Based on observations, interviews, and record review, it was determined Resident #1 was not interviewable.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .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 observations, record reviews and interviews, the facility failed to ensure the accuracy of the medication administration record (MAR) for 1 of 3 sampled residents (#1) related to documenting blood pressure checks ordered 2 times a day. The findings are:	C 342	C 342- All staff were re-trained to ensure the accuracy of medication administration on October 9, 2023. The training on the accuracy of medication administration record included: staff identifying the correct name of the medication, correct strength, dosage, quantity of medication being administered, time of administration and documentation. Staff were re-trained on becoming knowledgeable about the MAR, instructions for administering medication, reason for the medication, and the date and time and documentation of administration. Employees are to document any occurrences and include initials as the person who is administering the medication or treatment in each residents MAR. Staff should also contact the Administrator or facility nurse in the event of error. The accuracy of documentation is being monitored by the Administrator and facility nurse beginning from October 9, 2023 and is monitored weekly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 342	Continued From page 7 Review of Resident #1's current FL2 dated 04/28/23 revealed: -Diagnoses included Alzheimer's dementia, and primary hypertension. -There was an order to administer losartan 100mg (used to treat high blood pressure) one tablet daily, hold for blood pressure (BP) less than 100/60 or heart rate (HR) less than 60. -There was an order to administer carvedilol 3.125mg (used to treat high blood pressure) one tablet twice a day, hold for BP less than 100/60 or heart rate less than 60. Review of Resident #1's August 2023 medication administration record (MAR) revealed: -There was an entry for losartan 100mg one tablet daily, hold for BP less than 100/60 or HR less than 60 schedule for administration at 8:00am daily with BP and HR documented along with documented administration of losartan 100mg daily at 8:00am. -There was an entry for carvedilol 3.125mg one tablet twice a day, hold for BP less than 100/60 or HR less than 60, scheduled for administration at 8:00am and 8:00pm daily with documented administration daily at 8:00am and 8:00pm. -There was documentation for 8:00am blood pressures ranging from 140-112/80-60 and heart rate 69-80 beats per minute for 8:00am -There was a second entry for blood pressure values daily with no time indicated and BP ranged from 139-112/80-62 and no heart rate documented. -Without MAR documentation it could not be determined if carvedilol 3.125mg was administered according to BP and HR parameters. Review of Resident #1's September 2023 MAR	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 342	Continued From page 8 revealed: -There was an entry for losartan 100mg one tablet daily, hold for BP less than 100/60 or HR less than 60 schedule for administration at 8:00am daily with BP and HR documented along with documented administration of losartan 100mg daily at 8:00am. -There was an entry for carvedilol 3.125mg one tablet twice a day, hold for BP less than 100/60 or HR less than 60, scheduled for administration at 8:00am and 8:00pm daily with documented administration daily at 8:00am and 8:00pm. -There was documentation for 8:00am BPs from 09/01/23 to 09/08/23 ranging from 136-128/81-79 and HR 79-75 beats per minute heart rate documented: from 09/09/23 to 09/15/23 there was no documented BP or HR; from 09/16/23 to 09/31/23 BP ranged from 166-140/83-65 and no HR documented. -There was no second entry for BP or HR and no documented BP or HR for 8:00pm dosing of carvedilol 3.25mg. -Without MAR documentation for BP and HR it could not be determined if losartan 100mg and carvedilol 3.125mg was administered according to BP and HR parameters at 8:00am from 09/01/23 to 09/31/23. -Without MAR documentation it could not be determined if carvedilol 3.125mg was administered according to BP and HR parameters at 8:00pm from 09/01/23 to 09/31/23. Review of Resident #1's October 2023 MAR for 10/01/23 from 10/01/23 to 10/03/23 revealed: -There was an entry for losartan 100mg one tablet daily, hold for BP less than 100/60 or HR less than 60 schedule for administration at 8:00am daily with documented administration of losartan 100mg daily at 8:00pm on 10/01/23 and 10/02/23.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 342	Continued From page 9 -There was an entry for carvedilol 3.125mg one tablet twice a day, hold for BP less than 100/60 or HR less than 60, scheduled for administration at 8:00am and 8:00pm daily with documented administration daily at 8:00am and 8:00pm on 10/01/23 and 10/02/23 and 8:00am on 10/03/23. -There was no entry for BP or HR and no documented BP or HR for 8:00am dosing of carvedilol 3.25mg or losartan 100mg. -There was no second entry for BP or HR and no documented BP or HR for 8:00pm dosing of carvedilol 3.25mg. -Without MAR documentation it could not be determined if carvedilol 3.125mg administered at 8:00am and 8:00pm from 10/01/23 to 10/03/21 and losartan 100mg was administered according to BP and HR parameters on 10/01/23 and 10/02/23. Observation of Resident #1's medications on hand on 10/03/23 at 2:08pm revealed: -There was a partial bottle of losartan 100mg tablet dispensed from a mail order pharmacy on 04/21/23. -There was a partial bottle of carvedilol 3.25mg tablet dispensed from a mail order pharmacy on 08/23/23. Interview with the Medication Aide/Supervisor in Charge (MA/SIC) on 10/03/23 at 4:10pm revealed: -She always took Resident #1's BP before administering losartan 100mg and carvedilol 3.25mg per the direction on the resident's MAR. -Resident #1's BP and HR were within the parameters to administer the medications. -She did not document the BP and HR at 8:00am or 8:00pm on the October 2023 MAR because there was no entry to document them on the MAR.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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
C 342	Continued From page 10 -She did not document the BP and HR on the September 2023 MAR because the MAR was not clear as to where to document the BP and HR for the 8:00pm readings. -She did not document the BP and HR at 8:00pm in August again because she was not clear as to where to document the values on the MAR. -The Administrator or the contracted Nurse created the MARs for the two residents from month to month. -She had never entered tasks or medications on the residents' MARs. -She had not informed the Administrator Resident #1's MAR did not have a place to document BP and HR values as ordered for parameters for losartan and carvedilol. Interview with the Administrator on 10/02/23 at 4:00pm revealed: -The contracted Nurse generated handwritten MARs from month to month. -The Administrator was not aware Resident #1's BP and HR was not documented correctly on the MARs. -She relied on the contract Nurse to generate complete and correct MARS for the residents from month to month.	C 342		