STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 Northampton Department of Social Services conducted a follow-up survey on November 1, 2023 to November 2, 2023.	{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: FOLLOW-UP TO TYPE B VIOLATION. The Type B Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered to 1 of 5 residents (#6, #7) observed during the medication pass including errors with a medication used to treat acid reflux (#6) and a medication used to treat seasonal allergies (#7). The findings are: The medication error rate was 7% as evidenced by 2 errors out of 26 opportunities during the 8:00am medication pass on 11/01/23 and 11/02/23.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 a. Review of Resident #6's current FL-2 dated 01/09/23 revealed: -Diagnoses included seizure and altered mental status. -There was an order for omeprazole delayed release (DR) (used to treat acid reflux) twice a day 1 hour before meals. Observation of the 8:00am medication pass on 11/01/23 revealed: -The medication aide (MA) prepared Resident #6's medications and placed them in a medication cup. -The MA administered 11 pills to Resident #6 at 8:59am. -The MA did not administer omeprazole DR 10mg to Resident #6. Observation of Resident #6's medications on hand on 11/01/23 at 10:23am revealed: -There was a multidose pack of medications for Resident #6 which contained 11 pills. -Resident #6's omeprazole DR 10mg was not in the multidose pack of medications. -Resident #6's omeprazole DR was by itself in a separate pack of medication. Review of Resident #6's November 2023 electronic medication administration record (eMAR) revealed: -There was an entry for omeprazole DR 10mg twice daily one hour before meals scheduled for administration at 7:00am and 5:00pm. -Omeprazole DR 10mg was documented as administered at 7:00am on 11/01/23. Interview with Resident #6 on 11/01/23 at 11:20am revealed she felt fine and was not having any pain or heartburn.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 Interview with the medication aide (MA) on 11/01/23 at 10:24am revealed: -She was the Resident Care Coordinator (RCC) at the facility. -She did not see the separate pack of medication containing Resident #6's omeprazole DR 10mg and that was why she did not administer it to Resident #6. Second interview with the MA on 11/02/23 at 9:26am revealed: -When she administered medications to residents, she should perform 3 checks before administering the medication. -She should check the medication pack and compare it to the resident's eMAR. -MAs scanned resident's medications and they would pop up on the eMAR system. -She would then check the medications again to make sure they matched the eMAR before administering them. Telephone interview with Resident #6's primary care provider (PCP) on 11/02/23 at 9:18am revealed: -Resident #6 received omeprazole DR to treat acid reflux. -Resident #6 not receiving her morning dose of omeprazole DR could cause reflux symptoms that made her uncomfortable and could make it difficult for her to eat later in the day. -Resident #6 not receiving her morning dose of omeprazole DR could also cause her to have heartburn or excess gas. Refer to interview with the Administrator on 11/02/23 at 9:34am. b. Review of Resident #7's current FL-2 dated 10/03/23 revealed:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 -Diagnoses included hypertension and acute respiratory failure. -There was an order for Flonase (used to treat seasonal allergies) 50mcg instill 1 spray in each nostril once daily. Observation of the 8:00am medication pass on 11/02/23 revealed: -The medication aide (MA) prepared Resident #7's medications and placed them in a medication cup. -Resident #7 was seated at a table in the dining room. -The MA administered 7 ½ pills to Resident #7 at 8:11am. -The MA did not administer Flonase 50mcg to Resident #7. Review of Resident #7's November 2023 electronic medication administration record (eMAR) revealed: -The eMAR was printed by the facility at 8:18am. -There was an entry for Flonase 50mcg instill 1 spray in each nostril once daily scheduled for administration at 8:00am. -Flonase 50mcg was not documented as administered at 8:00am on 11/02/23. Interview with the MA on 11/02/23 at 8:56am revealed she administered Resident #7's Flonase later because the resident was in the dining room when she administered his medications. Second interview with the MA on 11/02/23 at 9:14am revealed she administered Resident #7's Flonase to him once he returned to his bedroom. Third interview with the MA on 11/02/23 at 9:26am revealed: -When she administered medications to	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 4	{D 358}		

residents, she should perform 3 checks before administering the medication.
-She should check the medication pack and compare it to the resident's eMAR.
-MAs scanned resident's medications and they would pop up on the eMAR system.
-She would then check the medications again to make sure they matched the eMAR before administering them.

Review of Resident #7's November 2023 eMAR revealed:
-The eMAR was printed by the facility at 9:11am.
-There was an entry for Flonase 50mcg instill 1 spray in each nostril once daily scheduled for administration at 8:00am.
-Flonase 50mcg was documented as administered at 8:00am on 11/02/23.

Interview with Resident #7 on 11/02/23 at 9:04am revealed:
-He did not receive his nasal spray today.
-He received his pills from the MA while he was in the dining room eating breakfast.
-The MA did not come to his bedroom and administer his nasal spray after he finished breakfast.

Telephone interview with Resident #7's primary care provider (PCP) on 11/02/23 at 9:18am revealed:
-Resident #7 received Flonase for allergy symptoms.
-Resident #7 not receiving Flonase as ordered could cause the medication to not remain constant in his system.
-Resident #7 should receive Flonase every day to help relieve allergy symptoms.

Refer to interview with the Administrator on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 5 11/02/23 at 9:34am. _____ Interview with the Administrator on 11/02/23 at 9:34am revealed she expected MAs to administer all medications as ordered.	{D 358}		
{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 observations, interviews, and record reviews, the facility failed to ensure the electronic medication administration records (eMAR) were accurate for 2 of 5 residents (#6, #7) observed during the medication passes including errors with a medication used to treat acid reflux (#6)	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 6 and a medication used to treat seasonal allergies (#7). The findings are: 1. Review of Resident #6's current FL-2 dated 01/09/23 revealed: -Diagnoses included seizure and altered mental status. -There was an order for omeprazole delayed release (DR) (used to treat acid reflux) twice a day 1 hour before meals. Observation of the 8:00am medication pass on 11/01/23 revealed: -The medication aide (MA) prepared Resident #6's medications and placed them in a medication cup. -The MA administered 11 pills to Resident #6 at 8:59am. -The MA did not administer omeprazole DR 10mg to Resident #6. Review of Resident #6's November 2023 electronic medication administration record (eMAR) revealed: -There was an entry for omeprazole DR 10mg twice daily one hour before meals scheduled for administration at 7:00am and 5:00pm. -Omeprazole DR 10mg was documented as administered at 7:00am on 11/01/23. Observation of Resident #6's medications on hand on 11/01/23 at 10:23am revealed: -There was a multidose pack of medications for Resident #6 which contained 11 pills. -Resident #6's omeprazole DR 10mg was not in the multidose pack of medications. -Resident #6's omeprazole DR was by itself in a separate pack of medication.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 7 Interview with the medication aide (MA) on 11/01/23 at 10:24am revealed: -She was the Resident Care Coordinator (RCC) at the facility. -She did not see the separate pack of medication containing Resident #6's omeprazole DR 10mg and that was why she did not administer it to Resident #6. Second interview with the MA on 11/01/23 at 11:17am revealed: -Resident's medications were usually scanned into the eMAR system before they were administered. -The scanner was broken, and she entered Resident #6's administered medications on the eMAR manually. -She saw that omeprazole DR was on the eMAR for Resident #6 to receive and she accidentally clicked it and marked it as administered. Refer to interview with the Administrator on 11/02/23 at 9:34am. 2. Review of Resident #7's current FL-2 dated 10/03/23 revealed: -Diagnoses included hypertension and acute respiratory failure. -There was an order for Flonase (used to treat seasonal allergies) 50mcg instill 1 spray in each nostril once daily. Observation of the 8:00am medication pass on 11/02/23 revealed: -The medication aide (MA) prepared Resident #7's medications and placed them in a medication cup. -Resident #7 was seated at a table in the dining room.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 8 -The MA administered 7 ½ pills to Resident #7 at 8:11am. -The MA did not administer Flonase 50mcg to Resident #7. Review of Resident #7's November 2023 electronic medication administration record (eMAR) revealed: -The eMAR was printed by the facility at 8:18am. -There was an entry for Flonase 50mcg instill 1 spray in each nostril once daily scheduled for administration at 8:00am. -Flonase 50mcg was not documented as administered at 8:00am on 11/02/23. Interview with the MA on 11/02/23 at 8:56am revealed she administered Resident #7's Flonase later because the resident was in the dining room when she administered his medications. Second interview with the MA on 11/02/23 at 9:14am revealed she administered Resident #7's Flonase to him once he returned to his bedroom. Interview with Resident #7 on 11/02/23 at 9:04am revealed: -He did not receive his nasal spray today. -He received his pills from the MA while he was in the dining room eating breakfast. -The MA did not come to his bedroom and administer his nasal spray after he finished breakfast. Review of Resident #7's November 2023 eMAR revealed: -The eMAR was printed by the facility at 9:11am. -There was an entry for Flonase 50mcg instill 1 spray in each nostril once daily scheduled for administration at 8:00am. -Flonase 50mcg was documented as	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066012	A. BUILDING: _____ B. WING _____	R 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 9 administered at 8:00am on 11/02/23. Refer to interview with the Administrator on 11/02/23 at 9:34am. _____ Interview with the Administrator on 11/02/23 at 9:34am revealed the medication aide (MA) should not document medications as administered on resident's electronic medication records (eMAR) if they were not administered.	{D 367}		