

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## CAROLINA MEADOWS FAIRWAYS

700 A CAROLINA MEADOWS  
CHAPEL HILL, NC 37517

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL019020</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/13/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAROLINA MEADOWS FAIRWAYS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>700 A CAROLINA MEADOWS<br/>CHAPEL HILL, NC 37517</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| D 377                                                                | <p>Continued From page 1</p> <p>medication cart.</p> <p>Observation of the medication cart on 12/12/23 between 8:35am and 9:28am revealed:</p> <ul style="list-style-type: none"> <li>-At 8:35am, the medication cart was unlocked on the 300-hallway and the MA was not present.</li> <li>-At 8:47am, the medication cart was unlocked at second location on the 300-hallway and the MA was not present.</li> <li>-At 8:50am, the medication cart was unlocked at a third location on the 300-hallway and the MA was not present.</li> <li>-At 9:28am, the medication cart was unlocked at a fourth location on the 300-hallway and the MA was not present.</li> </ul> <p>Interview with the medication aide (MA) on 12/13/23 at 1:54pm revealed:</p> <ul style="list-style-type: none"> <li>-The medication cart contained medications, including narcotics, for the residents on the 300-hallway.</li> <li>-The medication cart should be locked when the medication cart was not in eyesight of the MA.</li> <li>-She did not realize she left the medication cart unlocked during the morning medication pass on 12/12/23.</li> <li>-She needed to slow down and ensure the medication cart was locked each time she was away from the medication cart.</li> </ul> <p>Interview with the Nurse Manager on 12/13/23 at 2:41pm revealed:</p> <ul style="list-style-type: none"> <li>-The MAs should lock the medication cart when they walk away, and they are not within eyesight of the medication cart.</li> <li>-The medication cart should be locked for safety reasons.</li> <li>-Anyone could walk by and open the medication cart and take medications.</li> </ul> | D 377                                                                                            |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| D 377                                                                | Continued From page 2<br><br>Interview with the Administrator on 12/13/23 at 3:23pm revealed:<br>-Medications should be under lock at all times.<br>-When the MA was not with the medication cart, the cart should be locked.<br>-The MA was responsible for maintaining the security of the medications on the medication cart.<br>-She expected the MA to lock the medication cart when the MA was not in sight of the medication cart. | D 377                                                                                            |                                                                                                                          |                                                        |