STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054071	A. BUILDING: _____ B. WING _____	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF KINSTON	3207 CAREY ROAD KINSTON, NC 28504

(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 on 02/27/24 to 02/28/24.	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 observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 4 residents (#5) observed during the medication pass including errors with a medication used to lower blood pressure, a medication used to prevent low potassium levels and a medication used to provide cardiovascular benefits. The findings are: The medication error rate was 8% as evidenced by 3 errors out of 37 opportunities during the 8:00am medication pass on 02/28/24. Review of Resident #5's current FL-2 dated 02/09/24 revealed diagnoses included dementia, acute kidney failure and coronary artery disease. Review of Resident #5's signed Physicians Order Sheet dated 02/09/24 revealed: -There was an order for Aspirin EC (enteric	D 358		

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coated) 81mg tablet, take 1 tablet every day (Aspirin is used to prevent heart attack and stroke. Enteric coated aspirin is designed to resist dissolving and being absorbed in the stomach and is absorbed in the small intestine and is not recommended to be crushed).
-There was an order for Metoprolol Succinate ER (extended release) 50mg tablet, take one tablet every day (Metoprolol is used to treat high blood pressure, regulate the heart rate and/or treat heart failure. Metoprolol Succinate ER is a long-acting drug and is not recommended to be crushed).
-There was an order for Potassium Chloride ER 20meq tablet, take one tablet every day (Potassium Chloride is a mineral supplement used to prevent low potassium levels. Potassium Chloride ER is a tablet formulated to provide a controlled rate of release of micro-encapsulated potassium chloride and is not recommended to be crushed).
-There was an order to provide all medications in pudding or applesauce.

Review of Resident #5's standing physicians orders dated 02/28/24 revealed medications that were appropriate to crush may be crushed for this resident and placed in applesauce, pudding, yogurt, or juice.

Observation of the 8:00am medication pass on 02/28/24 revealed:
-The medication aide (MA) prepared morning medications for Resident #5, including one Aspirin EC 81mg tablet, one Metoprolol Succinate ER 50mg tablet and one Potassium Chloride ER 20meq tablet.
-The MA crushed all of Resident #5's oral medications, including the Aspirin EC 81mg tablet, the Metoprolol Succinate ER 50mg tablet

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and the Potassium Chloride ER 20meq tablet, mixed them in pudding and administered the medications to the resident at 7:30am.

Observation of Resident #5's medications on hand on 02/28/24 at 10:48am revealed:
-There was a supply of Aspirin EC 81mg tablets on hand dispensed on 02/22/24
-There were no instructions on the medication label indicating Aspirin EC 81mg should not be crushed.
-There was a supply of Metoprolol Succinate ER 50mg tablets on hand dispensed on 02/22/24.
-There were no instructions on the medication label indicating Metoprolol Succinate 50mg should not be crushed.
-There was a supply of Potassium Chloride ER 20meq tablets on hand dispensed on 02/22/24.
-There were no instructions on the medication label indicating Potassium Chloride ER 20meq should not be crushed.

Review of Resident #5's February 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for Aspirin EC 81mg take one tablet every day scheduled for 8:00am.
-Aspirin EC 81mg was documented as administered daily from 02/01/24 - 02/28/24.
-There was no information noted on the eMAR to indicate Aspirin EC 81mg should not be crushed.
-There was an entry for Metoprolol Succinate ER 50mg take one tablet every day scheduled for 8:00am.
-Metoprolol Succinate ER 50mg was documented as administered daily from 02/01/24 - 02/28/24.
-There was no information noted on the eMAR to indicate Metoprolol Succinate 50mg should not be crushed.
-There was an entry for Potassium Chloride ER

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20meq take one tablet every day scheduled for 8:00am.
-Potassium Chloride ER 20meq was documented as administered daily from 02/01/24 - 02/28/24.
-There was no information noted on the eMAR to indicate Potassium Chloride 20meq should not be crushed.

Telephone interview with a representative from the facility's contracted pharmacy provider on 02/28/24 at 11:43am revealed:
-Aspirin EC 81mg tablets were last dispensed for Resident #5 on 02/22/24 for a quantity of 30 tablets for a 30-day supply.
-Crushing Aspirin EC 81mg could potentially cause gastrointestinal upset.
-Metoprolol Succinate ER 50mg tablets were last dispensed for Resident #5 on 02/22/24 for a quantity of 30 tablets for a 30-day supply.
-Metoprolol Succinate ER 50meq tablets were scored meaning they can be cut in half but should not be crushed due to the release mechanism, immediate release of the Metoprolol Succinate ER could potentially cause bradycardia (low heart rate).
-Potassium Chloride ER 20 meq tablets were last dispensed for Resident #5 on 02/22/24 for a quantity of 30 tablets for a 30-day supply.
-Potassium Chloride ER 20 meq should not be crushed due to the release mechanism, immediate release of potassium chloride could potentially cause throat irritation and or gastrointestinal upset.

Attempted interview with Resident #5 on 02/28/24 at 10:45am was unsuccessful.
Attempted interview with Resident #5 on 02/28/24 at 11:32am was unsuccessful.
Attempted interview with Resident #5 on 02/28/24 at 1:35pm was unsuccessful.

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D 358	Continued From page 4 Attempted interview with Resident #5 on 02/28/24 at 2:18pm. was unsuccessful. Interview with the MA on 02/28/24 at 10:48am revealed: -She always crushed all of Resident #5's medications. -There was a "Do Not Crush" sticker on the medication label if a medication could not be crushed. -There were instructions on the eMARS indicating if a medication should not be crushed. -Long-acting medications should not be crushed. -She knew ER meant extended release. -She was not sure why she crushed the Metoprolol Succinate ER and the Potassium Chloride ER. -She did not know that EC meant enteric-coated. -The facility had a Do Not Crush (DNC) list, but she could not locate it. -She did not review the DNC list. Interview with the Resident Care Coordinator (RCC) on 02/28/24 at 10:59am revealed: -Extended-release medications should never be crushed because being crushed affects how the medication is absorbed. -Enteric coated medications should never be crushed due to possible gastrointestinal upset. -The facility had a DNC list. -The MA from the Special Care Unit must have borrowed the DNC list from the Assisted Living side. -There were usually instructions on the eMARs or the medication labels indicating if a medication should not be crushed. -The MAs were trained and expected to consult the DNC list for medications. -The MAs should not crush medications that should not be crushed.	D 358		

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-She planned to put a DNC list on each medication cart.
-If a medication could not be crushed, she or the MAs could check with the provider to get the medication order changed if needed.

Review of the facility's provided DNC list revealed:
-Aspirin EC was listed with the reason listed as enteric coated formulation.
-Metoprolol ER was listed with the reasons listed as time release formulation and tablet is scored and may be broke in half at the score line, without affecting release characteristics in most situations.
-Potassium Chloride ER was listed with reason listed as time-release formulation.

Interview with the Administrator on 02/28/24 at 11:15am revealed:
-She thought the pharmacy labeled all medications that were not to be crushed.
-She was not aware that all medications that were not to be crushed were not labeled by the pharmacy.
-The MAs should review the DNC list before crushing any medications.

Telephone interview with the nursing supervisor at Resident #5's Primary Care Provider's (PCP) office on 02/28/24 at 12:30pm revealed:
-Aspirin EC 81mg tablets were prescribed to Resident #5 for coronary artery disease and should not be crushed due to the potential for gastrointestinal upset.
-Metoprolol Succinate ER was prescribed to Resident #5 for hypertension and crushing the tablet would affect the absorption of the medication.
-Potassium Chloride ER was prescribed to

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D 358	Continued From page 6 Resident #5 to avoid low potassium levels and should not crushed due to the potential for gastrointestinal upset and absorption issues. -She was not aware these medications were being crushed and not administered as whole tablets to Resident #5. Attempted telephone interview with Resident #5's PCP on 02/28/24 at 12:30pm was unsuccessful.	D 358		