Division of Health Service Re ulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(YO) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092219	A. BUILDING:_____ B. WING	03114/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE. ZIP CODE
THE ADDISON OF FUQUAY VARINA	6516 JOHNSON POND ROAD FUQUAY VARINA, NC 27526

0(4) ID PREFD(TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY'NG INFORMATION	ID TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual, and follow-up survey, and complaint investigation on 03/12/24 03/14/24.	D 000	The leadership team will educate all of the clinical department that if there are any known history of psychiatric or mental issue within 12 months of admission, the community must notify primary care provider for resident to be referred in psych and a plan of psychiatric follow up care within 30 days. after admission. Area Nurse in-serviced: HWD, RCC, MCD, MCC, ED Educating medication aide on how to locate resident information who is receiving psychiatric care, in the community. Responsible person: HWD, ED RCC,MCD,MCC In-service conducted on 3/16/24 Resident charts will be labeled for easy identification that resident is receiving psych-care. Service of psych will be placed in the front pages of resident's chart. Responsible persons: HWD, RCC, MCD, MCC HWD and or designee will be auditing charts monthly until compliance is achieved. Audits will be reviewed at the community Quality Assurance (QA) meeting by ED.	3/18/24 3/20/24
D 242	IOA NCAC 13F .0703 (e) Tuberculosis Test, Medical Examination And 1m IOA NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (e) The facility shall make arrangements for any resident, who has been an inpatient of a psychiatric facility within 12 months before entering the home and who does not have a current plan for psychiatric care, to be examined by a local physician or a physician in a mental health center within 30 days after admission and to have a plan for psychiatric follow-up care when indicated This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure there was a plan for psychiatric care within 30 days after admission for 1 of 1 sampled resident (#5) who received more than 30 days inpatient evaluation and treatment for mental health diagnoses immediately prior to admission and was prescribed psychiatric medications after admission to the facility. The findings are: Review of Resident #5's admitting FL-2 dated 02117/23 revealed diagnoses included major neurocognitive disorder,	D 242		

Jamaal Willis Reviewed and Aknowledged 05/01/24

Pamela Mayo GD 4/25/24

Division of Health Service Re ulation

	paranoid psychosis, hypertension, hypothyroidism, cardiomyopathy, obsessive compulsive disorder, myocardial infarction, hypokalemia, hypotension, and chest			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE | TITLE | 0<6} DATE

1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER)SUPPLIER/CLIA IDENTIFICATION NUMBER:	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092219	A. BUILDING:_____ B. WING_____	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY. STATE. ZIP CODE
THE ADDISON OF FUQUAY VARINA	6516 JOHNSON POND ROAD FUQUAY VARINA, NC 27526

Paula May
4/25/24

p REF IX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
D 242	Continued From page 3 appointment with a psychiatrist during one of their conversations. -Resident #5 refused everything related to mental health including referrals to psychiatrists and medications. -When Resident #5 did take her antipsychotic medications, she was better. -She did not know which medications Resident #5 took that helped her. Interview with the Administrator on 03/14/24 at 4:00pm revealed she did not know if there were referrals and/or consultations for evaluation by psychiatry and neurology for Resident #5.	D 242		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure follow up with the primary care provider (PCP) for 1 of 5 sampled residents (#5) who had complaints of gastrointestinal illness, was admitted to the hospital, and diagnosed with norovirus (a highly contagious gastrointestinal virus). The findings are: Review of Resident #5's current FL-2 dated 04/20/23 revealed diagnoses included major neurocognitive disorder with predominantly poor executive function, norovirus, and hypertension. Review of Resident #5's electronic progress	D 273	Community Staff will notify MD and Family of any changes in condition and or acute illness of residents in community as per regulations 10A NCAC 13F. 0902. Any acute incident or change of condition the clinical staff will take resident's vital signs. If situation requires 911 community will call immediately for assistance. Clinical staff will also ensure to document it in the resident's progress notes steps taken as per regulation requirement. Community Leadership team in-serviced by Area Nurse. Community Staff Education Completed by: HWD, RCC, MCD, MCC HWD and or designee will be auditing charts monthly until compliance is achieved. Audits will be reviewed at the communities QA meetings by ED.	3/15/24 3/16/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092219	A. BUILDING:_____ B. WING_____	03/14/2024

Pamela Mays RD 4/25/24

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FUQUAY VARINA	6516 JOHNSON POND ROAD FUQUAY VARINA, NC 27526

TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
D 273	Continued From page 6 Interview with the Administrator on 03/14/24 at 4:00pm revealed: -Staff should have talked with Resident #5 when they became aware of the need for a hospital evaluation, checked her vital signs, notified her family member and PCPs and documented everything in the resident's electronic progress notes. -If Resident #5 called EMS, the MA was still responsible to check the resident when EMS arrived and notify the resident's PCP. Attempted telephone interview on 03/13/24 at 10:37am with the former Memory Care Coordinator (MCC) was unsuccessful. Attempted telephone interview on 03/13/24 at 8:36am with the local EMS was unsuccessful.	D 273		
D 338	IOA NCAC 13F .0909 Resident Rights IOA NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131 DOI Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE AI VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure the rights of a resident related to being free from the abuse of unreasonable confinement on the memory care unit (MCU) after identifying the resident had mild cognitive impairment and recommended placement for the assisted living (Resident #5). The facility failed to permit the resident to receive	D 338	Resident Rights in-service was conducted at all staff meeting and the curriculum of NC 17 Resident Rights were distributed. to teammates. This will continue to be distributed and discussed at New Employee training. Leadership Team responsible for in-servicing current employees and new hires as to regulations 10A NCAC 13F .0909: ED, Completed **4/17/24** BOM, HWD, RCC, MCD, MCC, Resume of RN: Outline/ Power point of educational handout Sheet for training. Mandatory meeting held on "Resident Rights" **4/25/2024** Business Office Manager (BOM) and or designee will audit employee files until compliance is achieved for documented training. Audits will be reviewed at the QA meeting by ED.	**4/25/24**

Pamela Mayo 4/25/24

D 338	Continued From page 32 The facility failed to ensure Resident #5 was free from unreasonable confinement after identifying through standard cognitive screening tools the resident had mild cognitive impairment, was assessed at the hospital as needing assisted living placement and observed the resident take action to meet her own legal, financial and housing needs by obtaining an attorney and realtor. The facility's failure resulted in violations to Resident #5s rights to leave the Memory Care unit (MCU), maintain individual dietary preferences, have personal belongings and experience mental and emotional anguish related to being cognitively aware of confinement in the MCU, which resulted in serious , mental and emotional abuse and neglect constitutes a Type AI Violation. The facility provided a plan of protection in accordance with G.S. 131 D-34 on 03/14/24 for this violation. THE CORRECTION DATE FOR THE TYPE AI VIOLATION SHALL NOT EXCEED APRIL 13, 2024.	D 338		
D 358	IOA NCAC . 13F .1004(a) Medication AdminiStration IOA 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.	D 358	Clinical staff will manually discontinue the orders and remove any discontinue medication. Instead of waiting for the pharmacy. Orders will be received via e-fax or email. Assigned staff will verify medications in written MD order to Yardi or EMAR system. Assigned staff will meet every end of the week.to ensure that the written orders and EMAR system is the same. HWD, RCC, MCD, MCC and/or designee. Completed on	3/25/24

Pamela Mays
4/25/24

Division of Health Service Re ulation

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FUQUAY VARINA	6516 JOHNSON POND ROAD FUQUAY VARINA, NC 27526

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Pamela Mays BD
4/25/24

D 367 D 367	Continued From page 48 IOA NCAC 13F .1004(j) Medication Administration IOA 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 that monthly medication administration records were accurate for 2 of 6 sampled residents related to a medication used to treat depression, a medication used to treat osteoporosis, and a medication used to treat psychiatric disorders and to help stabilize mood. The findings are: 1 .Review of Resident #6's current FL2 dated 10/17/23 revealed:	D 367 D 367	HWD and/or designee will be performing cart weekly audit ensuring that the medications ordered by the primary care provider in the EMAR are available in the cart Refill sheets will be available and will be placed in the memory care unit and assisted living nursing station. Any insulin to be open will be dated upon opening and initialed. Area Nurse In-serviced Clinical Team on Regulation 10A NCAC 13F .1004 on 3/16/24 Clinical Leadership to in-service Med Techs on medication administration requirement by (Date) 3/16/24	3/25/24

Lauren Mays
4/25/24

SENIOR
LIFESTYLE

your *life*, your *style*

INSERVICE AND TRAINING RECORD

COMMUNITY: McAdison of Ingleside-Varina

Time Started: 1pm Date Completed 1p-330pm on 4/16/2024

TOPIC: Residents' Rights, Medication Administration & Health Care, Geri Psych Referral

SPEAKER's Name, Title, and signature: Jasmine Thongs RN | BSN | Area Duse II

Trainees have gained a knowledgeable understanding of the topic discussed and will incorporate this training/education into the duties of my position.

PRINT Trainee's NAME	Trainee's Title	DATE COMPLETED	SIGNATURE
Pamela Mayo	ED	4/16/2024	Pamela Mayo
Lakisha Hall	MED	4/16/2024	Lakisha Hall
Sharon Rodgers	RCC	4/16/2024	Sharon Rodgers
Shawonda Williams	MCC	4/16/2024	Shawonda Williams

4/25/24
Pamela Mayo

INSERVICE AND TRAINING RECORD

COMMUNITY: The Addison at Fuquay-Varina

Time Started: 2:00 pm **Date Completed** 4/17/2024

TOPIC: ~~Resident's Rights~~ GeriPsych Referral, Health Care, Medication Administration

SPEAKER's Name, Title, and signature: Pamela Mays ED, LaKisha Hall MCD, Sharon Rodgers

Trainees have gained a knowledgeable understanding of the topic discussed and will incorporate this training/education into the duties of my position.

PRINT Trainee's NAME	Trainee's Title	DATE COMPLETED	SIGNATURE
Theresa Reed	PCA	4-17-24	
Asinta Smith	PCA	4-17-24	
~~Tiffany McMillian~~	PCA	4.17.24	
Barbara Ofori-A.	PCA	4-17-24	
~~Emily Stamir~~	Med Tech/PCA	4/17/24	Emily Stamir
Vanessa Campbell	Cook	4-17-24	
Lisa Bailey	COOK	4-17	
Cindy Stewart	Dietary Aide	4-17-24	
Ruby McDonald	Cook	4-17-24	
Raquel Evans	STC/MCD	4-17-24	
Shawonda Williams	MCC	4/17/24	
Jacqueline Young	PCA	4/17/24	
Rin Lopez	cook	4/17/24	

jenienunn

Christine Knight/Med Tech

INSERVICE AND TRAINING RECORD

COMMUNITY: The Additions at Fuquay-Varina

Time Started: 2:00 pm **Date Completed** 4/17/2024

TOPIC: ~~Resident's Rights~~ GeriPsych Referral, Health Care, Medication Admission

SPEAKER's Name, Title, and signature: Pamela Mayo, ED, Lekisha Hall MSD, Sharon Rodgers RCC

Trainees have gained a knowledgeable understanding of the topic discussed and will incorporate this training/education into the duties of my position.

PRINT Trainee's NAME	Trainee's Title	DATE COMPLETED	SIGNATURE
Nicholas Lovell	DDS	4/17/24	
Taleshia Myers	SIC Medtech	4/17/24	
C. McNeill	PCA	4-17-24	C. McNeill
Rhonda Thompson	CNA	4/17/21	
Gracia Kande	PCA	4/17/24	
Shareka McKinnie	housekeeping	4/17/24	
Prudence Burch	CNA	4/17/24	
Tyanna Dixon	PCA	4/17/24	
Lisa East	med/SIC	4/17/24	
Catherine Crawford	med/SIC	4/17/24	
Taffy McCoy	med/SIC	4/17/24	
ROBIN Dickerson	med/SIC	4/17/24	
Colette Price		4-17-24	

Devine Sidney SIC 4/17/24
Leslie Johnson 4-17-24 BOM
Mary Rodgers RCC 4-17-24

Marie Salinave