STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: _____ B. WING _____	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on April 3, 2024 and April 4, 2024.	D 000	Responses to the cited areas do not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the CAR. The Plan of Correction if prepared solely as a matter of compliance with state law.	
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult 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. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 3 sampled medication aides (Staff A) who administered medications had documentation of passing the written medication aide examination. The findings are: Review of Staff A's medication aide (MA) personnel record revealed: -Staff A was hired on 12/06/22 as a personal care aide (PCA). -Staff A began working as a MA on 11/12/23. -There was documentation Staff A completed the 15- hour medication training on 11/02/23. -There was documentation Staff A completed the medication clinical skills validation checklist on 11/02/23.	D 125	D125 Medication Aides will score at least 90% on the written medication aide examination within the required timeframe after successful completion of the Clinical Skills Validation provided by the facility's contracted Nurse. This will be monitored by the facility Administrator and the RCC 5/31/24 and on-going	

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D 125	Continued From page 1 -There was no documentation Staff A passed the written medication aide examination within 60 days of hire as a MA. Observation of the morning medication pass on 04/04/24 from 7:45am to 8:05 am revealed Staff A prepared and administered medications to 2 residents. Review of residents' February 2024 electronic medication administration records (eMAR) revealed Staff A documented the administration of medications for 11 days from 02/01/24 through 02/29/24. Review of residents' March 2024 eMAR revealed Staff A documented the administration of medications for 19 days from 03/01/24 through 03/31/24. Review of residents' April 2024 eMAR from 04/01/24 to 04/04/24 revealed Staff A documented the administration of medications for 2 days from 04/01/24 through 04/04/24. Interview with the facility's contracted Nurse on 04/04/24 at 1:30pm revealed: -She and the Resident Care Coordinator (RCC) were responsible to ensure the facility's MA had all training required prior to administering medications. -She completed the 15 hours MA training class for Staff A on 11/02/23. -She completed Staff A's the medication clinical skills validation checklist on 011/02/23. -Staff A attempted to take the written MA examination in January 2024, but did not have all the required documents to enter the examination. -Staff A attempted the written MA examination on 02/15/24, but did not receive a passing score due	D 125		

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D 125	Continued From page 2 to interruption in the computer connectivity and inability to re-establish connectivity within required time limits. -She repeated 15 hours of MA training and completed a new medication clinical skills validation for Staff A on 03/20/24. -She had tried to receive clarification for the procedure to be used in the event a staff member did not pass the MA state examination and was informed within the last 2 weeks that a MA had to stop administering medications until they passed the medication examination and there was no way to extend the within 60 days of hire as a MA time constraint for completing all the required qualifications in order to pass medications unsupervised. -She thought Staff A was only working on the medication cart under the direct supervision of a qualified MA. Interview with the RCC on 04/04/24 at 2:00pm revealed: -She and the facility's contracted Nurse were responsible for ensuring MAs received all qualifications for administering medications. -Staff A had not passed the written MA examination on 02/15/24. -She did not know there were no provisions for Staff A to extend the 60 days requirement for passing the written MA examination. -She thought the new 15 hour MA training and medication clinical skills validation checklist restarted the 60 day time frame to pass the written MA test. Telephone interview with Staff A on 04/04/24 at 2:10pm revealed: -She worked as a MA some shifts but not full time. -She administered medications to residents when	D 125		

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D 125	Continued From page 3 scheduled as a MA. -She did not pass the written MA examination on 02/15/24, because there was internet issues and she did not get reconnected in the allotted time. -The facility's contracted Nurse re-trained her 15 hours MA course and redid her clinical skills validation on 03/20/24. -There was another medication aide working with her when she worked currently, she was not alone on the medication cart. Telephone interview with an evening MA on 04/04/24 at 2:29pm revealed: -She worked the evening shift arriving around 6:30pm for the shift. -Staff A administered some medications scheduled for 7:00pm before Staff A left from her shift. -She did not always directly supervise Staff A administering medications, but was in the general area when Staff A was administering medications. Interview with the Administrator on 04/04/24 at 3:30pm revealed: -The contracted Nurse and the RCC were responsible for ensuring medication aides met the requirements to administer medications and documentation was in their personnel records. -She was aware Staff A did not pass the written MA examination on 02/15/24, but thought the contracted Nurse had solved the issue.	D 125		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the	D 366		

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D 366	Continued From page 4 staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the documentation on the electronic medication administration record (eMAR) was recorded by the medication aide (MA) that administered the medications to 2 of 2 residents (#6 and #7) observed during the medication pass. The findings are: Observation of medication staff present on 04/04/24 at 7:40am revealed: -There was a staff member identified as the third shift MA sitting on the office adjacent to the lower hall medication room. -There was a staff member identified as a first shift MA in the medication room of the lower hall. -The Resident Care Coordinator (RCC) was present and passing medications to residents on the upper hall. -The Assistant Administrator was present but in and out of the medication room on the lower hall. 1. Review of Resident #6's current FL-2 dated 06/19/23 revealed diagnoses included traumatic brain injury, amnesia memory loss, Hepatitis C, asthma, psoriasis, and diabetes mellitus Type II. Review of Resident #6's physician's order dated 10/18/23 revealed: -There was an order for Aspirin 81mg (used to treat circulation) one tablet daily.	D 366	D366 Medication Aides will complete the proper steps to fully log in and log out during their allotted medication passes. The facility Administrator and the RCC have met with all medication aides to instruct this procedure and each will monitor. 5/31/24 and on-going	

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D 366	Continued From page 5 -There was an order for Lamictal 25mg (used to treat seizures) twice a day. -There was an order for Lamictal 100mg with one 25mg tablet (to equal 125mg) twice day. -There was an order for Keppra 250mg (used to treat seizures and mental disorders) twice a day. -There was an order for metformin 500mg (used to treat diabetes) twice a day. -There was an order for Vitamin D3 2000 international units (a vitamin supplement) once daily. -There was an order for Pataday 0.2% eye drops (used to treat allergy) 2 drops in each eye daily. -There was an order for Ventolin HFA (used to treat asthma) 2 puffs by mouth twice a day. Review of Resident #6's physician's orders revealed an order dated 01/18/24 for paroxetine 30mg (used to treat mental disorders) once a day. Observation of the 8:00am medication pass on 04/04/24 revealed: -The first shift MA administered 9 medications to Resident # 6 at 7:25am including, aspirin 81mg, Lamictal 25mg and 100mg, Keppra 250mg, metformin 500mg, Vitamin D3 2000IU, generic Pataday eye drops, paroxetine 30mg, and Ventolin HFA inhaler. -The MA documented administration on the eMAR by checking off the individual medications and complete on the eMAR. Review of Resident #6's April 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Aspirin 81mg one tablet daily, scheduled for administration at 8:00am. -There was an entry for Lamictal 25mg twice a day scheduled for administration at 8:00am and	D 366		

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D 366	Continued From page 6 8:00pm. -There was an entry for Lamictal 100mg with one 25mg tablet (to equal 125mg) twice daily scheduled for administration at 8:00am and 8:00pm. -There was an entry for Keppra 250mg twice a day scheduled for administration at 8:00am and 8:00pm. -There was an entry for metformin 500mg twice a day scheduled at 8:00am and 8:00pm scheduled for administration at 8:00am and 6:00pm. -There was an entry for Vitamin D3 2000IU once daily scheduled for administration at 8:00am. -There was an entry for Pataday 0.2% eye drops 2 drops in each eye daily scheduled for administration at 8:00am. -There was an entry for Ventolin HFA 2 puffs by mouth twice a day scheduled for administration at 8:00am and 8:00pm. -There was an entry for paroxetine 30mg scheduled for administration at 8:00am daily. -All medications (9 total) were documented on the eMAR as administered on 04/04/24 at 8:00am by another MA and not documented as administered by the MA observed administering the medications. Refer to the telephone interview with the first shift medication aide (MA) on 03/13/24 at 1:30pm. Refer to the telephone interview with the third shift MA on 03/13/24 at 2:20pm. Refer to the interview with the Assistant Administrator on 04/04/24 at 2:30pm. Refer to the telephone interview with the Administrator on 04/04/24 at 2:35pm. 2. Review of Resident #7's current FL-2 dated	D 366		

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D 366	Continued From page 7 06/19/23 revealed diagnoses included unspecified asthma uncomplicated, seizure disorder, seasonal allergies, dementia, psoriasis, traumatic brain injury, hematoma, cardiovascular disease, and hypertension. Review of Resident #7's physician's orders dated 10/18/23 revealed: -There was an order for carbamazepine 200mg (used to treat seizures) 4 times a day. -There was an order for vitamin D 1000 (a vitamin supplement) daily. -There was an order for aspirin 81mg (used to help with circulation) daily. -There was an order for sertraline 100mg (used to treat mental disorders) daily. -There was an order for multiple vitamin (a vitamin supplement) daily. -There was an order for Depakote 125mg (used to treat seizures) 5 capsules each morning. -There was an order for amlodipine 5mg (used to treat hypertension) daily. -There was an order for vitamin B-12 100mcg (a vitamin supplement) daily. -There was an order for montelukast 10mg (used to treat allergies) daily. -There was an order for l-carnitine 500mg (a vitamin supplement) daily. -There was an order for metoprolol extended release 50mg (used to treat hypertension) daily. -There was an order for acetaminophen 650mg (used for mild pain) three times a day. -There was an order for Nuedexta 20/10mg (used to treat mental disorders) every 12 hours. -There was an order for Breo Elipta 200/25mcg (used to treat breathing disorders) one puff once daily. -There was an order for triamcinolone 0.1% ointment (used to treat dermatology disorders) topically twice a day.	D 366		

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D 366	Continued From page 8 -There was an order for petroleum jelly (used to treat dry skin) all over the body twice a day. Review of Resident #7's physician orders revealed: -There was an order dated 01/02/24 for olanzapine 2.5mg (used to treat mental disorders) twice a day. -There was an order dated 02/28/24 for lamotrigine 25mg (used to treat mental disorders) 2 tablets twice a day for mood stabilizer. Observation of the 8:00am medication pass on 04/04/24 revealed: -The first shift medication aide (MA) administered 18 medications to Resident #7 at 7:55am including carbamazepine 200mg, vitamin D 1000, aspirin 81mg, sertraline 100mg, daily multiple vitamin, Depakote 125mg, amlodipine 5mg, vitamin B-12 100mcg, montelukast 10mg, l-carnitine 500mg, metoprolol extended release 50mg, acetaminophen 650mg, Nuedexta 20/10mg, Breo Elipta 200/25mcg, triamcinolone 0.1% ointment, petroleum jelly, olanzapine 2.5mg, and lamotrigine 50mg. --The MA documented administration on the eMAR by checking off the individual medications and complete on the eMAR. Review of Resident #7's April 2024 electronic medication administration record (eMAR) revealed: -There was an entry for carbamazepine 200mg scheduled for administration 4 times a day, including 8:00am. -There was an entry for vitamin D 1000 daily scheduled for administration at 8:00am. -There was an entry for aspirin 81mg daily scheduled for administration at 8:00am. -There was an entry for sertraline 100mg daily	D 366		

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D 366	Continued From page 9 scheduled for administration at 8:00am. -There was an entry for multiple vitamin daily scheduled for administration at 8:00am. -There was an entry for Depakote 125mg 5 capsules each morning scheduled for administration at 8:00am. -There was an entry for amlodipine 5mg daily scheduled for administration at 8:00am. -There was an entry for vitamin B-12 100mcg daily scheduled for administration at 8:00am. -There was an entry for montelukast 10mg daily scheduled for administration at 8:00am. -There was an entry for l-carnitine 500mg daily scheduled for administration at 8:00am. -There was an entry for metoprolol extended release 50mg daily scheduled for administration at 8:00am. -There was an entry for acetaminophen 650mg (used for mild pain) three times a day. -There was an entry for Nuedexta 20/10mg every 12 hours scheduled for administration at 8:00am and 7:00pm. -There was an entry for Breo Elipta 200/25mcg one puff once daily scheduled for administration at 8:00am. -There was an entry for triamcinolone 0.1% ointment topically twice a day scheduled for administration at 8:00am and 8:00p. -There was an entry for petroleum jelly all over the body twice a day scheduled at 8:00am. -There was an entry for olanzapine 2.5mg twice a day scheduled for 8:00am and 8:00pm -There was an entry for lamotrigine 25mg 2 tablets twice a day for mood stabilizer scheduled at 8:00am and 8:00pm. -All medications (18 total) were documented as administered on 04/04/24 at 8:00am by another MA and not documented as administered by the MA observed administering the medications.	D 366		

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D 366	Continued From page 10 Refer to the telephone interview with the first shift medication aide (MA) on 03/13/24 at 1:30pm. Refer to the telephone interview with the third shift MA on 03/13/24 at 2:20pm. Refer to the interview with the Assistant Administrator on 04/04/24 at 2:30pm. Refer to the telephone interview with the Administrator on 04/04/24 at 2:35pm. _____ Telephone interview with the first shift MA on 03/13/24 at 1:30pm revealed: -The MA administering medications was supposed to document the medications that were administered by the staff. -MAs were supposed to log out of the eMAR system at the end of their shift. -The night shift MA must not have logged out of the facility's eMAR system. -She overlooked the eMAR system had not been switched to reflect the MA change at 7:00am. Telephone interview with the third shift MA on 03/13/24 at 2:20pm revealed: -Her shift ended at 7:00am. -She was still at the facility at 7:40am this morning (04/04/24), but was not administering medications. -She was supposed to log out of the computer at the end of her shift. -The oncoming MA should have realized that the computer log-in had not been changed to reflect the shift change also. Interview with the Assistant Administrator on 04/04/24 at 2:30pm revealed: -MAs were supposed to log out of the eMAR system after their shift or if they left the	D 366		

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D 366	Continued From page 11 medication cart for the day. -She did not know the third shift MA was still signed into the computer until she printed the requested medication pass eMARs. -The MAs were responsible to document with the initials of the MA administering the medications. Telephone interview with the Administrator on 04/04/24 at 2:35pm revealed documentation of the administration of a medication on the eMAR should be by the MA administering the medication.	D 366		