

PRINTED: 04/18/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081917	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/11/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RISING HOPE HEALTH CARE SERVICES

233 GHOLSON AVENUE

HENDERSON, NC 27536

(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
(C 000)	Initial Comments The Adult Care Licensure Section completed a follow-up survey on April 11, 2024.	(C 000)		
(C 230)	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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 2 sampled residents (#1) related to a vitamin supplement. The findings are: Review of Resident #1's current FL-2 dated 10/21/22 revealed: -Diagnoses included hypertension, hypothyroidism, depression, and peptic ulcer disease. -There was an order for vitamin B12 (used to treat vitamin B12 deficiency) 1,000mcg daily. Review of Resident #1's February 2024 medication administration record (MAR) revealed: -There was an entry for vitamin B12 1,000mcg daily with a scheduled administration time of 8:00am. -Vitamin B12 was documented as administered daily from 02/01/24 to 02/29/24.	(C 230)	Community now has a back pharmacy Walgreens to fill any orders that need to be filled in an emergency. So there will be no delay in residents receiving their meds on time. Med Tech will communicate with Manager when medication needs to be picked up from Walgreens.	4/13/24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Maurice Achu

TITLE
Administrator

STATE FORM

Reviewed, not acknowledged - 05/16/24

kc

Reviewed and acknowledged 05/23/24

kc

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL091017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/11/2024
NAME OF PROVIDER OR SUPPLIER RIISING HOPE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 233 GHOLSON AVENUE HENDERSON, NC 27536		
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{C 330}	Continued From page 1 Review of Resident #1's March 2024 MAR revealed: -There was an entry for vitamin B12 1,000mcg daily with a scheduled administration time of 8:00am. -Vitamin B12 was documented as administered daily from 03/01/24 to 03/31/24. Review of Resident #1's April 2024 MAR from 04/01/24 to 04/11/24 revealed: -There was an entry for vitamin B12 1,000 mcg daily with a scheduled administration time of 8:00am. -Vitamin B12 was documented as administered daily from 04/01/24 to 04/11/24. Observation of Resident #1 medications on hand on 04/11/24 at 10:30am revealed: -One hundred tablets of vitamin B12 were dispensed on 11/16/23. -Ninety tablets of vitamin B12 remained in the bottle. -There was no other vitamin B12 for Resident #1 available to administer. Telephone interview with a representative from the Veterans Administration (VA) pharmacy on 04/11/24 at 11:32am revealed: -There was an order for vitamin B12 1,000mcg daily. -One-hundred tablets of vitamin B12 1,000mcg were dispensed on 11/16/23. -Resident #1's medications were not on cycle fill; the facility would have to order medications as they needed them. -Vitamin B12 was used as a supplement and could cause deficiency symptoms to include increased heart rate, fatigue, and muscle weakness.	{C 330}	Continue on C330, Immediate Cert audit was completed weekly. Med Tech was immediately educated on medication protocols. The Administrator will continue to maintain the medication admin- istration record (MAR) & review them to ensure that it matched with the provider's order doing this will ensure that the deficiency does not occur any more.	

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NAME OF PROVIDER OR SUPPLIER RISING HOPE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 233 GHOLSON AVENUE HENDERSON, NC 27536		
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{C 330}	Continued From page 2 Interview with Resident #1 on 9:50am and again on 2:10pm revealed: -He received medications three times a day from the staff. -He took a vitamin B12 supplement and thought he received it every day. -He did not have increased fatigue or muscle weakness. Interview with the medication aide (MA) on 04/11/24 at 12:15pm revealed: -She just came back to work at the facility in March. -She ordered medications for Resident #1 when there were about 7 days left; she had to call the VA pharmacy and order the medications. -She gave Resident #1 his vitamin B12 daily. -Resident #1 did not refuse his medications. -She could not explain why the vitamin B12 received on 11/16/23 was still on the medication cart and there were so many tablets left. Interview with the Administrator on 04/11/24 at 12:00pm revealed: -He checked the medications on hand against the MAR to ensure the residents had the medications that were ordered. -He did not check the dates the medications were dispensed but should. -He expected the medications to be administered as ordered. Attempted interview with Resident #1's primary care provider (PCP) on 04/11/24 at 12:35pm was unsuccessful.	{C 330}		