Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092140	A. BUILDING: _____ B. WING _____	R 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WRENETTES PLACE	7029 SAN JAN HILL COURT RALEIGH, NC 27610

(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 conducted a follow-up and annual survey on May 2, 2024.	C 000		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure there were readily retrievable records for controlled substances by documenting the receipt, administration, and disposition for 1 of 1 sampled resident with an order for a medication used to treat anxiety (#1). The findings are: Review of Resident #1's current FL-2 dated 11/27/23 revealed: -Diagnosis included bipolar disorder and delusional disorder. -There was an order for Lorazepam 1mg (generic for Ativan and used to treat anxiety) two times a day. *Interview with Resident #1 on 05/02/24 at 8:55am* revealed: -The Administrator administered medications to him in the mornings and at night. -He did not remember the names of all his medications.	C 367	Addendum per telephone conversation with Ms. Hodge, Administrator on 07/08/2024 at 4:07 p.m.: - The date of correction will be 05/03/2024. — H. Tate, N Licensure Consultant	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nenette O Hodge	Administrator	08/19/2024

Received via email on 08/19/2024.
The Plan of Correction with Addendum was reviewed and acknowledged on 07/08/2024. Refer to addendum on page 1 of this Statement of Deficiencies - H. Tate, N

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C 367	Continued From page 1 -He was administered Ativan in the morning and at night. -It was good the Administrator administered his medications because he would forget. Review of Resident #1's March 2024 medication administration record (MARs) revealed: -There was an entry for Lorazepam 1mg twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation that Lorazepam 1mg was administered to Resident #1 at 8:00am and 8:00pm from 03/01/24-03/31/24. Review of Resident #1's April 2024 MARs revealed: -There was an entry for Lorazepam 1mg twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation that Lorazepam1mg was administered to Resident #1 at 8:00am and 8:00pm from 04/01/24-04/30/24. Review of Resident #1's May 2024 MARs revealed: -There was an entry for Lorazepam 1mg twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation that Lorazepam 1mg was administered to Resident #1 at 8:00am and 8:00pm on 05/01/24. -There was no documentation that Lorazepam 1mg was administered on 05/02/24 at 8:00am. Review of page 1 of 2 of a controlled substance count sheet (CSCS) for Resident #1 dated 01/25/24 revealed: -There was a pharmacy printed label on the CSCS for Lorazepam 1mg take one tablet twice daily, quantity of 60 tablets dispensed.	C 367		

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C 367	Continued From page 2 -The date received, quantity received, and received by sections were blank. -There was no documentation for medication time, doses given, amounts remaining, wasted, checked by, or signatures. There was no page 2 of 2 CSCS dated for 01/25/24 provided for review. Review of page 2 of 2 of a CSCS for Resident #1 dated 03/08/24 revealed: -There was a pharmacy printed label on the CSCS for Lorazepam 1mg take one tablet twice daily, quantity of 60 tablets dispensed. -The date received was documented as "2/10/24" and the quantity received was documented as "30". -The received by sections was blank. -There was documentation dated for 03/10/24, 03/11/24, and 03/12/24 for one dose given at 9:00pm each night with the amount of "27" remaining on 03/12/24 at 9:00pm. -There was no additional information documented for time, dose given, amount remaining, wasted, checked by, or signature. -The Administrator's name was written in the section for signature of person administering medication. There was no page 1 of 2 CSCS dated for 03/08/24 provided for review. Review of page 1 of 2 of a CSCS for Resident #1 dated 04/01/24 revealed: -There was a pharmacy printed label on the CSCS for Lorazepam 1mg take one tablet twice daily, quantity of 60 tablets dispensed. -The date received, quantity received, and received by sections were blank. -There was documentation dated for 05/01/24 at	C 367		

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C 367	Continued From page 3 9:00pm for dose given of "29" and amount remaining of "1". -There were dates documented for 05/02/24 and 05/03/24 with no additional information for time, dose given, amount remaining, wasted, checked by, or signature. -The Administrator's name was written in the section for signature of person administering medication. There was no page 2 of 2 CSCS dated for 04/01/24 provided for review. Review of page 1 of 2 of a CSCS for Resident #1 dated 04/25/24 revealed: -There was a pharmacy printed label on the CSCS for Lorazepam 1mg take one tablet twice daily, quantity of 60 tablets dispensed. -There was documentation of "30" in the section for date received. -The quantity received and received by sections were blank. -There was documentation dated for 05/01/24 at 9:00am for one dose given and amount remaining of "29". -There were dates documented for 05/02/24 at 9:00am for one dose administered with no additional information for amount remaining, wasted, checked by, or signature. -The Administrator's name was written in the section for signature of person administering medication on 05/01/24 at 9:00am. Review of page 2 of 2 of the CSCS for Resident #1 dated 04/25/24 revealed: -There was a pharmacy printed label on the CSCS for Lorazepam 1mg take one tablet twice daily, quantity of 60 tablets dispensed. -The date received, quantity received, and received by sections were blank.	C 367		

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C 367	Continued From page 4 -There was no documentation of time, dose given, amount remaining, wasted, checked by, or signature for any dosages of the Lorazepam 1mg tablet. Observation of Resident #1's Lorazepam 1mg tablets on hand on 05/02/24 revealed: -There was a pharmacy dispensed blister pack labeled 1 of 2 and dated 04/01/24, quantity of 60 tablets dispensed with 12 tablets remaining. -There was a second pharmacy dispensed blister pack labeled 2 of 2 and dated 04/01/24, quantity of 60 tablets dispensed with 6 tablets remaining. Interview with the Administrator on 05/02/24 at 11:39am revealed: -She had the CSCS but had not documented on them. -She did not think she had to document on the CSCS because she was the only staff and documented the administration of the Lorazepam 1mg tablet on the resident's MARs. -She only documented on the MARs. -She administered Resident #1's Lorazepam at 8:00am and 8:00pm. -She was supposed to sign her name, date, and time the medication was administered. -She was supposed to document on the CSCS the time she administered a control substance to make sure controlled medications were accounted for. -She was "not fully operational" and was "just getting back into the swing of things".	C 367		

Forte, Hope

From: Glenda Oladoye <oladoyeg@yahoo.com>
Sent: Wednesday, June 19, 2024 5:34 PM
To: Forte, Hope
Subject: [External] Wrenette's Place Inc. Plan of Correction

Wrenette's Place Inc. Plan of Correction From the Annual Survey Conducted on 5/2/2024

The Adult Care Licensure Section conducted a follow-up and annual survey on May 2, 2024.

10A NCAC 13G .1008(a) Controlled Substances

10A NCAC 13G .1008 Controlled Substances

(a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration, and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure there were readily retrievable records for controlled substances by documenting the receipt, administration, and disposition for 1 of 1 sampled resident with an order for a medication used to treat anxiety (#1).

The findings are:

A review of Resident #1's current FL-2 dated 11/27/23 revealed:
-Diagnosis included bipolar disorder and delusional disorder.
-There was an order for Lorazepam 1mg (generic for Ativan and used to treat anxiety) two times a day.

Interview with Resident #1 on 05/02/24 at 8:55 am revealed:

-The Administrator administered medications to him in the mornings and at night.- He did not remember the names of all his medications -He was administered Ativan in the morning and at night.
-It was good the Administrator administered his medications because he would forget.

A review of Resident #1's March 2024 medication administration record (MARs) revealed:
-There was an entry for Lorazepam 1mg twice daily with a scheduled administration time of 8:00 am and 8:00 pm.

-There was documentation that Lorazepam 1mg was administered to Resident #1 at 8:00 am and 8:00 pm from 03/01/24-03/31/24.

Review of Resident #1's April 2024 MARs revealed:
-There was an entry for Lorazepam 1mg twice daily with a scheduled administration time of 8:00 am and 8:00 pm.
-There was documentation that Lorazepam 1mg was administered to Resident #1 at 8:00 am and 8:00 pm from 04/01/24-04/30/24.

Review of Resident #1's May 2024 MARs revealed:
-There was an entry for Lorazepam 1mg twice daily with a scheduled administration time of 8:00 am and 8:00 pm.
-There was documentation that Lorazepam 1mg was administered to Resident #1 at 8:00 am and 8:00 pm on 05/01/24.
-There was no documentation that Lorazepam 1mg was administered on 05/02/24 at 8:00 am.

Review of page 1 of 2 of a controlled substance count sheet (CSCS) for Resident #1 dated 01/25/24 revealed:
-There was a pharmacy printed label on the CSCS for Lorazepam 1mg take one tablet twice daily, quantity of 60 tablets dispensed 9:00pm for dose given of "29" and amount remaining of "1".
-There were dates documented for 05/02/24 and 05/03/24 with no additional information for time, dose given, amount remaining, wasted, checked by, or signature.
-The Administrator's name was written in the section for signature of person administering medication.

There was no page 2 of 2 CSCS dated for 04/01/24 provided for review.

Review of page 1 of 2 of a CSCS for Resident #1 dated 04/25/24 revealed:
-There was a pharmacy printed label on the CSCS for Lorazepam 1mg take one tablet twice daily, quantity of 60 tablets dispensed.
-There was documentation of "30" in the section for date received.
-The quantity received and received by sections were blank.
-There was documentation dated for 05/01/24 at 9:00am for one dose given and amount remaining of "29".
-There were dates documented for 05/02/24 at 9:00am for one dose administered with no additional information for amount remaining, wasted, checked by, or signature.
-The Administrator's name was written in the section for signature of person administering medication on 05/01/24 at 9:00am.

Review of page 2 of 2 of the CSCS for Resident #1 dated 04/25/24 revealed:
-There was a pharmacy printed label on the CSCS for Lorazepam 1mg take one tablet twice daily, quantity of 60 tablets dispensed.
-The date received, quantity received, and received by sections were blank.

-There was no documentation of time, dose given, amount remaining, wasted, checked by, or signature for any dosages of the Lorazepam 1mg tablet.

Observation of Resident #1's Lorazepam 1mg tablets on hand on 05/02/24 revealed:
-There was a pharmacy dispensed blister pack labeled 1 of 2 and dated 04/01/24, quantity of 60 tablets dispensed with 12 tablets remaining. -There was a second pharmacy dispensed blister pack labeled 2 of 2 and dated 04/01/24, quantity of 60 tablets dispensed with 6 tablets remaining.

Interview with the Administrator on 05/02/24 at 11:39am revealed:
-She had the CSCS but had not documented on them.

-She did not think she had to document on the CSCS because she was the only staff and documented the administration of the Lorazepam 1mg tablet on the resident's MARs.
-She only documented on the MARs.
-She administered Resident #1's Lorazepam at 8:00am and 8:00pm.
-She was supposed to sign her name, date, and time the medication was administered.

-She was supposed to document on the CSCS the time she administered a control substance to make sure controlled medications were accounted for.
-She was "not fully operational" and was "just getting back into the swing of things"

WRENETTE'S PLACE PLAN OF CORRECTION ANSWERS TO THE QUESTIONS.

1) What corrective actions will be accomplished in those areas of the facility found to have been affected by the deficient practice.

A) The corrective actions that will be accomplished in the area where the facility had not met this rule; The facility will be vigilant in documenting on the control substance sheet and review the medication rules regularly.

2) How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken?

A) Hopefully, this unfortunate oversight will not affect the other areas in the facility. The administrator will continue to review the paperwork in the home daily and weekly

3) What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur;

A) The administrator will make sure that all paperwork is double check. During the monthly and quarterly meetings, the quality and assurance team will also observe and review all documentation

4) How the corrective actions will be monitored to ensure the deficient practice will not recur, I.E. what quality assurance program will be put into place.

A) The home has a quality assurance program that meets every quarter to identify areas that need improvement. During these meetings, the administrator shall review all reports and discuss solutions. Not only quarterly but as the need arrives

5) The date when the corrective action will be done is immediately. 5/2/24