STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034110	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/PHILLIPS VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 09/10/24.	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 3 sampled residents (#3) who had orders to discontinue an antidepressant medication. The findings are: Review of Resident #3's current FL2 dated 07/10/24 revealed: -Diagnoses included major depressive disorder, insomnia related to another mental disorder, obstructive sleep apnea, and hypertension. -There was an order for mirtazapine (a medication used to treat major depressive disorder) 7.5mg take 1 tablet at bedtime. Review of Resident #3's psychiatry progress notes dated 07/31/24 revealed an order to discontinue mirtazapine. Review of Resident #3's July 2024 electronic	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034110	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/PHILLIPS VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 358	Continued From page 1	D 358		

medication administration record (eMAR) revealed:
-There was an entry for mirtazapine 7.5mg take 1 tablet at bedtime scheduled at 8:00pm.
-There was documentation mirtazapine 7.5mg was administered once daily from 07/01/24 through 07/31/24.
-There was no documentation of the discontinue order dated 07/31/24 on the eMAR.

Review of Resident #3's psychiatry progress notes dated 08/28/24 revealed an order to discontinue mirtazapine.

Review of Resident #3's August 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for mirtazapine 7.5mg take 1 tablet at bedtime scheduled at 8:00pm.
-There was documentation mirtazapine 7.5mg was administered once daily from 08/01/24 through 08/31/24.
-There was no documentation of the discontinue order dated 08/28/24 on the eMAR.

Review of Resident #3's September 2024 eMAR from 09/01/24 through 09/10/24 revealed:
-There was an entry for mirtazapine 7.5mg take 1 tablet at bedtime scheduled at 8:00pm.
-There was documentation mirtazapine 7.5mg was administered once daily from 09/01/23 through 09/09/24.
-There was no documentation of the discontinue order on the eMAR.

Observation of medication on hand for Resident #3 on 09/10/24 at 3:10pm revealed:
-There was one medication card for mirtazapine 7.5mg with a dispensed date of 09/04/24.
-There were 8 out of 14 total dispensed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034110	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/PHILLIPS VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 358	Continued From page 2 mirtazapine tablets in the medication card remaining. Telephone interview with a representative from the facility's contracted pharmacy on 09/10/24 at 3:00pm revealed: -Resident #3 had current orders on file at the pharmacy for mirtazapine 7.5mg take 1 tablet at bedtime. -The pharmacy had not received an order dated 07/31/24 or dated 08/28/24 to discontinue mirtazapine. -Mirtazapine was part of Resident #3's cycle-fill medications and had been dispensed 09/04/24 for a 14-day supply. Interview with Resident #3 on 09/10/24 at 4:40pm revealed she was not familiar with which medications she was taking for depression or if any of her orders had recently changed. Interview with a medication aide (MA) on 09/10/24 at 3:55pm revealed: -Resident #3 was receiving mirtazapine 7.5mg, 1 tablet at bedtime as ordered. -She was not aware of orders to discontinue mirtazapine for Resident #3. -The Administrator-in-Training (AIT) and the Business Office Manager (BOM) were usually responsible for reviewing the mental health provider (MHP) progress notes for any order changes. -When medication orders changed, it was usually the AIT and the BOM who were responsible for ensuring the pharmacy received the order change and it was reflected on the resident's eMAR. -The AIT and the BOM were responsible for providing updated orders from the administrative office to the facility's mailbox and the MAs were responsible for removing discontinued	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034110	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/PHILLIPS VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 358	Continued From page 3 medications from the medication carts. Interview with the BOM on 09/10/24 at 4:00pm revealed: -When the MHP wrote an order to discontinue a resident's medication, the order was sent into the administrative office where she and the AIT had access to it. -The MHP also sent discontinued and new medication orders directly to the pharmacy. -The pharmacy changed medication orders in the eMAR system, and she and the AIT were responsible for monitoring the eMAR to approve the medication order changes at the administrative office for the facility. -The AIT and the BOM were responsible for providing updated orders from the administrative office to the facility's mailbox and the MAs were responsible for removing discontinued medications from the medication carts. -She was aware Resident #3's order for mirtazapine was discontinued and the discontinue orders on the MHPs progress notes dated 7/31/24 and 8/28/24 were sent to the pharmacy by the BOM; but no follow-up communication had been provided with the pharmacy to verify the receipt of the MHPs progress notes with the discontinue orders. -She was not aware the pharmacy had not received the discontinued order for mirtazapine and that Resident #3 was still receiving mirtazapine. Interview with the AIT on 09/10/24 at 4:10pm revealed: -Discontinued and new medication orders were sent from the PCP to both the administrative office and the pharmacy. -She and the BOM who were responsible for ensuring the pharmacy received the order change	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034110	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/PHILLIPS VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 358	Continued From page 4	D 358		

and it was reflected on the resident's eMAR for the facility.
-Once the pharmacy changed the medication order, they added it to the dashboard on the eMAR so the administrative office could review the order change for accuracy and approve it for the facility.
-The AIT and the BOM were responsible for providing updated orders from the administrative office to the facility's mailbox and the MAs were responsible for removing discontinued medications from the medication carts.
-She was not aware of the MHPs order to discontinue mirtazapine for Resident #3.

Interview with the Administrator on 09/10/24 at 4:20pm revealed:
-She was not aware of Resident #3's mirtazapine order had not been discontinued as ordered.
-It was the responsibility of the AIT and the BOM to review all medication order changes and follow up with the pharmacy if the order was not discontinued.

Attempted telephone interviews with Resident #3's MHP on 09/10/24 at 2:45pm, 3:15pm, and 4:30pm were unsuccessful.