

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER CLAYTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520		
(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 from 08/20/24 to 08/21/24.	D 000	Reponse to the cited deficiencies do not constitute an admission of the truth of the facts alleged or the conclusions set forth in the Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.	
D 075	10A NCAC 13F .0306(a)(2) Housekeeping And Furnishing 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (2) have no chronic unpleasant odors; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to maintain an environment which was free from chronic unpleasant odors. The findings are: Observation of the facility on 08/20/24 at 8:30am revealed there was a strong smell of urine upon entrance that permeated throughout the 200 hall. Second observation of the facility on 08/20/24 at 1:47am revealed: -There was a strong smell of urine upon entrance to the facility. -The strong smell of urine extended to the 200 hall from the entrance. -There was a urine odor in and around a resident's room (room #204) and throughout the hall. Third observation of the facility on 08/21/24 at	D 075	The room 204 floor was ripped up and replaced with new flooring. Room 204 walls were freshly painted and P-Tac was cleaned and sanitized. Executive Director completed an in-service with staff on room checks and how to properly clean rooms. These areas will be monitored by the Maintenance Tech, ED, or Designee.	10/18/24 10/1/24 Ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Toshunda Gibson 9-19-24

STATE FORM

6699

R2E111

If continuation sheet 1 of 9

Reviewed and Acknowledged 09/23/24 *Theresa A. Hays*

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D 075	Continued From page 1 6:59am revealed: -There were 3 residents in the hallways. -There was a strong smell of urine upon entrance to the facility that permeated throughout the 200 hall. -There were no observations of unkempt residents or residents with soiled incontinent briefs. Interview with the Resident Care Coordinator on 08/20/24 at 10:20am revealed: -There was an odor coming from room 204. -The housekeeping staff were expected to clean room 204 throughout the day. -The smell had been going on for months. Interview with a housekeeper on 08/20/24 at 1:10pm revealed: -She started as a housekeeper last week. -This was her first week working alone since her training last week. -She was not told to clean a specific room daily. -She noticed the odor during her training last week and now this week on the 200 hall. Interview with the Maintenance Director on 08/20/24 at 2:15pm revealed he did not have a schedule to help with housekeeping duties. Interview with the Administrator on 08/20/24 at 1:12pm revealed: -She was aware of the odor on the 200 hall. -The odor was coming from room 204 due to urine in the floor. -The maintenance director was expected to clean the room when the housekeeping staff were off. -It was the responsibility of the housekeeping staff to sweep and mop all floors daily in common areas and bathrooms and alternate resident rooms.	D 075			

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D 075	Continued From page 2 -The housekeeping staff would repeat sweeping and mopping more frequently when needed. -The housekeeping staff were expected to clean room 204 daily.	D 075		
D 315	10A NCAC 13F .0905 (a & b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure all 26 residents were offered activities designed to promote active involvement with each other and the community. The findings are: Review of the facility census on 08/20/24 revealed there were 26 residents residing at the facility Observation of the bulletin board located outside of the dining room on 08/20/24 revealed: -There was an activity calendar dated August 2024. -The activities listed for 08/20/24 included coffee talk from 10:00am-11:00am, gardening from 1:00pm-2:00pm, and Jenga from	D 315	Life Enrichment Coordinator hours were reinstated. LEC has been hired and activities are taking place. Executive Director to complete an in-service with the staff on how to conduct activities when LEC is unavailable. Activities will be led by the LEC and/or PCA daily. ED or Designee will do rounds daily to ensure the activities are being done.	10/1/24 Ongoing

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D 315	Continued From page 3 3:00pm-4:00pm. -The activities listed for 08/21/24 included poetry from 10:00am-11:00am, summer craft from 1:00pm- 2:00pm, and pool noodle exercises from 3:00pm-4:00pm.	D 315		
	Observation of the facility on 08/20/24 between 8:30am -2:45pm revealed no activities observed. Observation of the facility on 08/21/24 between 7:00am-10:15am revealed no activities observed. Interview with a resident on 08/20/24 at 9:00am revealed: -The facility did not provide activities daily only occasionally. -She could not remember when there was an activity held. -She attended the activities when they had them and would like to have them again. -She was bored at the facility and there was nothing to do except watch television. Interview with a second resident on 08/20/24 at 2:10pm revealed: -The facility used to have activities but not anymore. -She attended the activities when they had them. -She missed having activities. -There was nothing to do except watch television. Interview with a third resident on 08/20/24 at 2:15pm revealed: -He would attend Bingo when it was provided but they did not have it anymore. -He loved to paint but was not provided that activity. -He was bored and there was nothing to do at the facility.			

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D 315	Continued From page 4 Interview with a personal care assistant (PCA) on 08/20/24 at 10:30am revealed that the facility did not provide any activities for the residents since the activity director left.	D 315			
	Interview with a medication aide (MA) on 08/20/24 at 10:40am revealed: -The facility did not have a current activity person since the last one left. -The facility staff does activities when they have time. Interview with the Resident Care Coordinator (RCC) on 08/20/24 at 1:40pm revealed: -The facility did not have a current activity person. -The facility staff performed activities when they had time. -The facility's corporate office did away with the activity position. Interview with the Administrator on 08/20/24 revealed: -The facility did not have a dedicated activity person. -The facility's corporate office eliminated the activity director position. -The activity director left in November 2023. -She was responsible for developing and posting the activity calendar. -She was responsible for ensuring that activities were provided for the residents.				
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	D 358	The Clayton House shall ensure that the preparation and administration of medications, prescriptions, and non-prescription, and treatments by staff		

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D 358	Continued From page 5 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	and are given according to doctors orders which are kept in residents records; the facility's policies and procedures, and State Rule area .1004(a)	
	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 residents observed on medication pass (#4) including a medication used to treat high blood pressure. The findings are: The medication error rate was 3% as evidenced by the observation of 1 error out of 26 opportunities during the morning medication pass on 08/21/24. Review of Resident #4's current FL-2 dated 09/11/23 revealed diagnoses included dementia with behavioral disturbance, hypertension, and acute respiratory distress. Review of Resident #4's physician order sheet dated 09/11/23 revealed there was an ordered for Metoprolol Succinate extended release 25mg daily (used to treat high blood pressure and is an extended-release tablet that should not be chewed or crushed according to the manufacturer). Observation of the medication pass on 08/21/24 at 7:20am revealed the medication aide (MA) crushed the Metoprolol Succinate extended release 25mg tablet and placed it in yogurt and administered it to Resident #4. Review of Resident #4's August 2024 electronic		The Special Care Coordinator (SCC) notified Residents 4 family and the PCP of resident receiving a crushed medication that should not have been crushed. The SCC will ensure "Do Not Crush" lists are available on all medication carts and at nurses' station for Med- Tech use. The SCC will ensure accuracy when approving physician orders, making sure to follow all directions given. SCC will be sure to clarify orders for medications that should not be crushed on Residents crush orders to ensure medications are given appropriately. The Executive Director (ED) and SCC in-serviced Med-Techs on the "Do Not Crush" list regarding: Where to find it, When and How to refer to the list, Reviewing medication labels for "Do Not Crush" advisements, How to consult the pharmacy when unsure of crush status, and Medications frequently labeled "Do Not Crush"	10/1/24 10/1/24 10/1/24

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STATE FORM

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D 358	Continued From page 7 Interview with the Administrator on 08/21/24 at 8:55am revealed: -There was a do not crush medication list on the medication cart. -It was the responsibility of the MAs, RCC, Licensed Health Professional Support (LHPS), provider, and the pharmacy to ensure that the Metoprolol Succinate was not crushed. -She was ultimately responsible to ensure medications were administered correctly. Interview with the LHPS nurse on 08/21/24 at 9:15am revealed: -The MAs had been trained related to medications that were not to be crushed. -There was a do not crush medication list on the medication cart. -The MAs did not understand the gravity of the situation which was Resident #4 was not getting the benefits of the Metoprolol Succinate throughout the 24-hour period. -Resident #4 could experience a sudden drop in blood pressure (BP) and heart rate (HR) and reduced benefit of the medication throughout the 24-hour period. Interview with the facility's contracted pharmacist on 08/21/24 at 8:30am revealed: -Metoprolol Succinate should not be crushed because it was an extended-release tablet. -The resident's BP and HR could be lowered too fast when the whole dose was administered at once by crushing the tablet. -Crushing Metoprolol Succinate could cause orthostatic hypotension which could cause dizziness, lightheadedness, and falling. -The pharmacy did not routinely place do not crush on the medication card or eMAR unless there was an order.	D 358	Clinical Nursing Consultant (CNC) will complete random med pass observations at a minimum of 2 per month to validate that Med-Techs are giving medications accurately and according to MD orders.	Ongoing	

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D 358	Continued From page 8 Based on observations, interviews, and record reviews, it was determined Resident #4 was not interviewable.	D 358			
	Attempted telephone interview with the facility's primary care provider (PCP) on 08/21/24 at 8:40am was unsuccessful.				