STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL042005	A. BUILDING: _____ B. WING _____	R 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REST HOME	1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870

(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 a follow-up survey on November 5, 2024 and November 6, 2024.	{D 000}		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interview and record reviews, the facility failed to verify there were no substantiated findings on the Health Care Personnel Registry (HCPR) for 2 of 3 sampled staff (Staff A and Staff C) prior to working in the facility. The findings are: 1. Review of Staff A's personnel record revealed: -There was a hire date of 01/12/16. -There was no documentation a healthcare personnel registry check (HCPR) was completed. Interview with Staff A on 11/05/24 at 1:15pm revealed: -She was the Resident Care Coordinator/medication aide (RCC/MA). -She was a personal care aide (PCA) at the facility prior to obtaining the medication aide certification. -She had been employed at the facility for 10 years.	D 137		

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D 137	Continued From page 1 Review of a HCPR check dated 11/06/24 at 11:31am revealed Staff A was not listed on the HCPR. Refer to the interview with the Manager of the facility dated 11/06/24 at 10:56am. Refer to the interview with the Administrator of the facility dated 11/06/24 at 10:58am. 2. Review of Staff C's personnel record revealed: -There was a hire date of 09/03/23. -There was no documentation a healthcare personnel registry check (HCPR) was completed. Review of a HCPR check dated 11/06/24 at 11:40 am revealed Staff C was not listed on the HCPR. Attempted telephone interview with Staff C on 11/06/24 at 4:00pm was unsuccessful. Refer to the interview with the Manager of the facility dated 11/06/24 at 10:56am. Refer to the interview with the Administrator of the facility dated 11/06/24 at 10:58am. _____ Interview with the Manager of the facility on 11/06/24 at 10:56am revealed: -She was responsible for completing the HCPR checks. -She completed HCPR checks prior to hire of newly hired employees. -Staff A and Staff C were hired before she was hired at the facility. -She had not reviewed personnel records since being hired in August 2023. -She did not have a system in place for review of personnel records. -She was responsible for reviewing personnel	D 137		

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D 137	Continued From page 2 records. -She thought information required for employment such as HCPR checks were in staff personnel records. Interview with the Administrator on 11/06/24 at 10:58am revealed: -She was in the process of researching information for Staff A and Staff C HCPR checks. -The previous administration of the facility took all files with them when their employment ended at the facility.	D 137		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to notify the primary care provider (PCP) of multiple medication refusals for 1 of 5 sampled residents (#5). The findings are: Review of the facility's Drug Administration by staff policy dated 10/29/04 revealed: -If the resident refuses medication, the designated charge staff will indicate with an R, or code refused in the appropriate time block on the drug administration sheet. -Omissions and refusals of medications or treatments and the reason for omission will be documented on the medication administration	D 273		

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record (MAR).

Review of Resident #5's current FL-2 dated 07/11/24 revealed:
-Diagnoses included chronic obstructive pulmonary disease (COPD), right hip fracture, hypothyroidism, hypercholesterolemia, poly osteoarthritis, dorsopathy, type 2 diabetes mellitus, depression, unstable gait, and cerebral ischemia.
-There was an order for Aspirin 81mg 1 tablet daily (used to prevent heart attacks, strokes, and colon cancer).
-There was an order for Carvedilol 3.125mg 1 tablet twice a day (used to treat high blood pressure).
-There was an order for Amitriptyline HCL 50mg 1 tablet at bedtime daily (used to treat depression).
-There was an order for Aripiprazole 5mg 1 tablet daily (used to treat schizophrenia and major depressive disorder).
-There was an order for Celecoxib 100mg 1 tablet daily (used to relieve pain, tenderness, swelling and stiffness caused by osteoarthritis).
-There was an order for Diclofenac Sodium 1% gel apply 4gms to affected knee four times a day (used to treat mild to moderate pain and help to relieve symptoms of arthritis).
-There was an order for Docusate Sodium 100mg 1 tablet twice a day (used to treat constipation).
-There was an order for Escitalopram 20mg 1 tablet at bedtime daily (used to treat depression).
-There was an order for Furosemide 20mg 1 tablet daily (used to treat fluid retention).
-There was an order for Gabapentin 300mg twice daily (used to treat nerve pain).
-There was an order for Gavilax powder 17gms, daily (used to treat constipation).
-There was an order for Hydrocodone-APAP 7.5-325mg 1 tablet three times daily (used to treat

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pain).
-There was an order for Levothyroxine 125mcg 1 tablet daily (used to treat an underactive thyroid gland).
-There was an order for Pantoprazole SOD DR 40mg 1 tablet daily (used to treat gastroesophageal reflux disease).
-There was an order for Probenecid-Colchicine 1 tablet twice daily (used to treat gout).
-There was an order for Multivitamin 1 tablet daily (used to provide vitamins that are not taken in through the diet).
-There was an order for QVAR Redihaler 80mcg 1 puff twice daily (used to treat asthma).
-There was an order for Senna Laxative 8.6mg 1 tablet daily (used to treat constipation).
-There was an order for Spironolactone-HCTZ 25-25 1 tablet daily (used to treat high blood pressure).

Review of Resident #5's Resident Register revealed an admission date of 07/29/21.

Review of Resident #5's September 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for Levothyroxine 125mcg, take 1 tablet daily (8:00am).
-Levothyroxine 125mcg was documented as refused (using the symbol key R to indicate resident refused) at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Furosemide 20mg, take 1 tablet daily (8:00am).
-Furosemide 20mg was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and

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09/29/24.
-There was an entry for Aripiprazole 5mg, take 1 tablet daily (8:00am).
-Aripiprazole 5mg was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Diclofenac Sodium 1% gel apply 4gms four times a day (8:00am, 12:00pm, 4:00pm, and 8:00pm).
-Diclofenac Sodium 1% gel was documented as refused at 8:00am at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Carvedilol 3.125mg, take 1 tablet twice a day (8:00am and 8:00pm).
-Carvedilol 3.125mg was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Celecoxib 100mg, take 1 tablet daily (8:00am).
-Celecoxib 100mg was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Aspirin 81mg, take 1 tablet daily (8:00am).
-Aspirin 81mg was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Gabapentin 300mg, take twice daily (8:00am and 8:00pm).
-Gabapentin 300mg was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and

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09/29/24.
-There was an entry for Gavilax powder 17gms, daily (8:00am).
-Gavilax powder 17gms was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Hydrocodone-APAP 7.5-325, take 1 tablet three times daily (10:00am, 2:00pm, and 8:00pm).
-Hydrocodone-APAP 7.5-325 was documented as refused at 10:00am and 2:00pm on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Multivitamin, take 1 tablet daily (8:00am).
-Multivitamin was documented as not administered at as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Pantoprazole SOD DR 40mg, take 1 tablet daily (8:00am).
-Pantoprazole SOD DR 40mg was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Probenecid-Colchicine, take 1 tablet twice daily (8:00am and 8:00pm).
-Probenecid-Colchicine was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for QVAR Redihaler 80mcg, take 1 puff twice daily (8:00am and 8:00pm).
-QVAR Redihaler 80mcg was documented as

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refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Senna Laxative 8.6mg, take 1 tablet daily (8:00am).
-Senna Laxative 8.6mg was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There was an entry for Spironolactone-HCTZ 25-25, take 1 tablet daily (8:00am).
-Spironolactone-HCTZ 25-25 was documented as refused at 8:00am on 09/01/24, 09/06/24 through 09/08/24, 09/13/24 through 09/15/24, 09/20/24, 09/22/24, 09/23/24, 09/26/24, 09/27/24, and 09/29/24.
-There were 16 medications documented as refused on 13 out of 30 days.

Review of Resident #5's October 2024 eMAR revealed:
-There was an entry for Levothyroxine 125mcg, take 1 tablet daily (8:00am).
-Levothyroxine 125mcg was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There was an entry for Furosemide 20mg, take 1 tablet daily (8:00am).
-Furosemide 20mg was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There was an entry for Aripiprazole 5mg, take 1 tablet daily (8:00am).
-Aripiprazole 5mg was documented as refused at

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D 273	Continued From page 8 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24. -There was an entry for Diclofenac Sodium 1% gel apply 4gms four times a day (8:00am, 12:00pm, 4:00pm, and 8:00pm). -Diclofenac Sodium 1% gel was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24. -There was an entry for Carvedilol 3.125mg, take 1 tablet twice a day (8:00am and 8:00pm). -Carvedilol 3.125mg was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24. -There was an entry for Celecoxib 100mg, take 1 tablet daily (8:00am). -Celecoxib 100mg was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24. -There was an entry for Aspirin 81mg, take 1 tablet daily (8:00am). -Aspirin 81mg was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24. -There was an entry for Gabapentin 300mg, take twice daily (8:00am and 8:00pm). -Gabapentin 300mg was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.	D 273		

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-There was an entry for Gavilax powder 17gms, daily (8:00am).
-Gavilax powder 17gms was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There was an entry for Hydrocodone-APAP 7.5-325, take 1 tablet three times daily (10:00am, 2:00pm, and 8:00pm).
-Hydrocodone-APAP 7.5-325 was documented as refused at 10:00am and 2:00pm on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There was an entry for Multivitamin, take 1 tablet daily (8:00am).
-Multivitamin was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There was an entry for Pantoprazole SOD DR 40mg, take 1 tablet daily (8:00am).
-Pantoprazole SOD DR 40mg was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There was an entry for Probenecid-Colchicine, take 1 tablet twice daily (8:00am and 8:00pm).
-Probenecid-Colchicine was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There was an entry for QVAR Redihaler 80mcg, take 1 puff twice daily (8:00am and 8:00pm).
-QVAR Redihaler 80mcg was documented as refused at 8:00am on 10/03/24, 10/04/24,

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10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There was an entry for Senna Laxative 8.6mg, take 1 tablet daily (8:00am).
-Senna Laxative 8.6mg was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There was an entry for Spironolactone-HCTZ 25-25, take 1 tablet daily (8:00am).
-Spironolactone-HCTZ 25-25 was documented as refused at 8:00am on 10/03/24, 10/04/24, 10/06/24, 10/07/24, 10/10/24, 10/12/24, 10/13/24, 10/16/24 through 10/21/24, 10/25/24, 10/27/24, and 10/28/24.
-There were 16 medications documented as refused on 16 out of 31 days.

Review of Resident #5's lab results dated 08/20/24 revealed:
-Thyroid was abnormal, "have you been taking your thyroid medication?"
-The Thyroid-stimulating hormone (TSH) result was 72.200.
-A normal TSH range was 0.450 - 4.500.
-The Thyroxine, Free (T4) result was 0.40.
-A normal T4 range was 0.82 - 1.77.

Interview with Resident #5 on 11/06/24 at 2:40pm revealed:
-She often felt cold and could not get warm, she felt tired and drained all the time, and did not feel like getting up in the morning,
-She told her PCP about the decrease in her energy level (she could not recall when she spoke with the PCP), and he placed her on multiple vitamins, but she felt they were not working.
-She told her PCP that she did not take her

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	HAL042005	A. BUILDING: _____ B. WING _____	R 11/06/2024

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medication all the time and mentioned in October 2024 that she had been constipated for a week and she was prescribed a medication to help her with bowel movements.
-The facility would drive her to her PCP appointments and drop her off, but they never came in to speak with the PCP.
-She slept extremely hard and often could not hear when the medication aide (MA) came into her room in the mornings.
-When she was up and moving around, two MA were very mean and condescending towards her and spoke to her like a child and would say, "get up and take your medication" and that would make her "mad" so she would not take her medications.
-She did not report this to management because she did not want to get anyone in trouble.

Interview with the Resident Care Coordinator (RCC) on 11/06/24 at 11:25am revealed:
-She was aware that Resident #5 refused her medications.
-Resident #5 slept late in the mornings and would not wake up.
-She would go to her bedroom and asked Resident #5 if she was ready to take her medication and the resident would often ask her to give her a minute to get herself together.
-Resident #5 would missed her 8:00am medication and once up around 11:00am, she wanted her medication, but it was too late and would have to wait for the next schedule medication to receive her pain medication.
-She would offer the medication three times and if Resident #5 refused she would then document that she refused the medication.
-There was a meeting two months ago with all MAs regarding the resident's refusal to take her medication in the morning, and they were told to

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encourage the resident to take her medicine and try to give her medicine at the end of the medication rounds.
-When a resident refused medication, she was to notify the Manager after three refusals.

Interview with a medication aide (MA) on 11/06/24 at 3:00pm revealed:
-She would go to Resident #5's room and ask her did she want to take her medication, and if the answer was no, she would document that she refused her medications.
-Before she pulled Resident #5's medications, she would ask her if she was ready to take her medications to keep the medication from sitting in the cup if she refused.
-She would ask her at 8:00am to take her pain medications and at 10:00am to take her pain medication and she often refused.
-Resident #5 got up around lunch most days and would then ask for her medication and she would tell her that she could not take it because it was too late.
-She did not know the refusal policy but believed if a resident refused two or three days to contact the doctor and she knew to document on the eMARs that the resident refused.
-She spoke with the RCC and management about Resident #5 refusals, and they spoke with the resident about taking her medication.

Second interview with the RCC on 11/06/24 at 3:50pm revealed:
-She was aware that Resident #5 refused her medications.
-She was aware that after two to three days of medication refusal she was responsible for notifying the PCP, but did not know why she did not contact Resident #5's PCP.
-She never sent unused medication back to the

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pharmacy, it was their practice to dispose of any unused medication by flushing it or putting it in a bag and then in a large trash can.

Interview with the Manager on 11/06/24 at 12:05pm revealed:
-She was aware that Resident #5 refused her medications.
-The resident did not like to get up early to take her medications.
-She met with the MAs regarding the resident's medication refusals about two months ago, could not give exact date, and instructed the MAs to encourage the resident to take her medication and to offer up to three times.
-She and the RCC met with Resident #5 and discussed the importance of taking her morning medications and she agreed to take her medications.
-She went with the resident to her PCP appointment, could not recall the date, and mentioned to the PCP that she refused to take her morning medication, and the response was that can happen sometimes.
-Her expectation was if a resident refused medication three to five days consecutively, the RCC was responsible for notifying the PCP.

Telephone interview with Resident #5's PCP's Licensed Practical Nurse (LPN) on 11/06/24 at 1:33pm revealed:
-She was the nurse support for the office.
-There was no documentation that the facility had made the PCP aware that Resident #5 refused her medications.
-Resident #5 had an appointment on 8/20/24 and completed lab work at that time.
-Resident #5 TSH level was 72.2 on 8/20/24 and the lab work showed why she would feel horrible and did not want to get up in the morning

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because her level was so high.
-In August, during a phone call, she discussed Resident #5's lab work with her and the resident said that she was not taking her medication, and she encouraged her to start.
-Her concerns about the resident not being administered her Levothyroxine medication was that the resident could become fatigued, her thought process altered, and she could show behavior such as confusion and mood swings.
-Symptoms of not taking Aripiprazole depended on the individual because each person could be affected differently but if she was prescribed this medication the resident should be taking this medication daily.
-Her concerns about the resident not being administered her Diclofenac Sodium 1% gel medication was it was used to treat anti-inflammatory problems and helped with managing pain.
-Her concern with the resident not getting her Furosemide was it helped with removing excessive fluid and if missing dosages could cause blood pressure to increase.
-Probenecid-Colchicine was used to prevent gout and if not taking the medication, gout could become a problem.
-She was unable to discuss Resident #5's other medications because the PCP did not prescribe them to the resident.
-She expected the staff to follow all orders and notify the PCP if a resident refused to take their medication more than three days in a row.

Interview with the Administrator on 11/06/24 at 4:00pm revealed:
-She was aware of Resident #5's history of medication refusal a few years back, could not recall the exact year, but was not aware of the most recent, August 2024 refusal of medication.

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D 273	Continued From page 15 -The RCC was responsible for notifying the PCP when a resident refused medication. -The facility did not have a written policy on how many times a resident could refuse medication before notifying the PCP, but she believed up to three refusals the PCP should be contacted. Attempted telephone interview with Resident #5's family member on 11/06/24 at 2:50pm was unsuccessful. Attempted telephone interview with Resident #5's PCP on 11/06/24 at 2:00pm was unsuccessful. _____ The facility failed to ensure follow-up with the primary care provider to report medication refusals for a resident (#5) who refused sixteen medications from 1 to 16 days in the months of September and October 2024. She refused medication to treat her thyroid 13 of 30 days in September and 16 of 31 days including 6 consecutive days, in October. This failure caused the resident with a history of hypothyroidism to have an abnormal thyroid level which could cause the resident to become fatigued, have altered thought processes, and become confused and have mood swings. This failure was detrimental to the health, safety, and welfare of the resident and constituted a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/06/24 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED December 21, 2024	D 273		

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{D 358}	Continued From page 16	{D 358}		
{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 5 residents (#2) related to a controlled substance used to treat agitation. The findings are: Review of Resident #2's current FL-2 dated 01/02/24 revealed: -Diagnoses included Alzheimer's disease, dementia, hypertension and hypothyroidism. -There was an order for lorazepam 0.5mg 1 tablet every 6 hours (used for agitation). Review of Resident #2's physician order dated 04/04/24 revealed there was an order for lorazepam 0.5mg 1 tablet every 6 hours (used for agitation). Review of Resident #2's September 2024 controlled drug record revealed: -There was an entry for lorazepam 0.5mg 1 tablet every 6 hours scheduled at 2:00am, 8:00am, 2:00pm, and 8:00pm. -Lorazepam 0.5mg was not documented as	{D 358}		

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{D 358}	Continued From page 17 administered at 2:00am on 09/03/24, 09/04/24, 09/07/24, 09/08/24, 09/13/24, 09/17/24, 09/19/24, 09/20/24, 09/21/24, 09/22/24, 09/23/24, 09/27/24, and 09/28/24 Review of Resident #2's October 2024 controlled drug record revealed: -There was an entry for lorazepam 0.5mg 1 tablet every 6 hours scheduled at 2:00am, 8:00am, 2:00pm, and 8:00pm. -Lorazepam 0.5mg was not documented as administered at 2:00am on 10/04/24, 10/05/24, 10/09/24, 10/11/24, 10/12/24, 10/19/24, 10/20/24, and 10/21/24. Review of Resident #2's November 2024 controlled drug record revealed: -There was an entry for lorazepam 0.5mg 1 tablet every 6 hours scheduled at 2:00am, 8:00am, 2:00pm, and 8:00pm. -Lorazepam 0.5mg was not documented as administered at 2:00am on11/01/24, 11/02/24, 11/03/24, and 11/05/24. Interview with a medication aide (MA) on 11/06/24 at 11:10am revealed: -Resident #2 was not always administered her lorazepam at 2:00am. -She did not always wake Resident #2 up to administer her the 2:00am dose of lorazepam. -When Resident #2 was not administered her 2:00am lorazepam she would have more energy and would walk around the facility more than usual the following morning. Interview with the Resident Care Coordinator (RCC) on 11/06/24 at 11:30am revealed: -She believed that Resident #2 was not always administered her 2:00am dose of lorazepam. -She believed that when Resident #2 was much	{D 358}		

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{D 358}	Continued From page 18 more active in the mornings she was not administered her 2:00am dose of lorazepam. -Resident #2 did not refuse medications. -It was her responsibility to review the controlled drug records, she only reviewed them if there was an issue with the medications. Interview with the Manager on 11/06/24 at 10:38am revealed: -She believed the MAs were not administering Resident #2's 2:00am lorazepam because they did not want to wake her up. -She expected the MAs to administer all medications as ordered by the primary care provider (PCP). -It was the responsibility of the RCC to check the controlled drug records for accuracy. Interview with the Administrator on 11/06/24 at 10:38am revealed: -She expected the MAs to administer all medications as ordered by the PCP. -It was the MAs responsibility to ensure medications were administered as ordered. -The RCC and Manager were responsible for checking the controlled drug records for accuracy. Interview with hospice nurse on 11/06/24 at 11:15am revealed: -Resident #2 was prescribed scheduled lorazepam 0.5mg 1 tablet every 6 hours because she had Alzheimer's disease and dementia which caused severe agitation. -Resident #2 was administered lorazepam to keep her calm. -She was not concerned if Resident #2 missed doses of her lorazepam.	{D 358}		

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{D 367}	Continued From page 19	{D 367}		
{D 367}	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 1 of 5 sampled residents (#2) including inaccurate documentation of a controlled substance. The findings are: Review of Resident #2's current FL-2 dated 01/02/24 revealed: -Diagnoses included Alzheimer's disease, dementia, hypertension and hypothyroidism.	{D 367}		

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{D 367}	Continued From page 20 -There was an order for lorazepam 0.5mg 1 tablet every 6 hours (used for agitation). Review of Resident #2's physician order dated 04/04/24 revealed there was an order for lorazepam 0.5mg 1 tablet every 6 hours (used for agitation). Review of Resident #2's September 2024 controlled drug record revealed: -There was an entry for lorazepam 0.5mg 1 tablet every 6 hours scheduled at 2:00am, 8:00am, 2:00pm, and 8:00pm. -Lorazepam 0.5mg was not documented as administered at 2:00am on 09/03/24, 09/04/24, 09/07/24, 09/08/24, 09/13/24, 09/17/24, 09/19/24, 09/20/24, 09/21/24, 09/22/24, 09/23/24, 09/27/24, and 09/28/24 Review of Resident #2's September 2024 electronic medication administration record (eMAR) revealed: -There was an entry for lorazepam 0.5mg 1 tablet every 6 hours scheduled at 2:00am, 8:00am, 2:00pm, and 8:00pm. -Lorazepam 0.5mg was documented as administered at 2:00am on 09/03/24, 09/04/24, 09/07/24, 09/08/24, 09/13/24, 09/17/24, 09/19/24, 09/20/24, 09/21/24, 09/22/24, 09/23/24, 09/27/24, and 09/28/24 Review of Resident #2's October 2024 controlled drug record revealed: -There was an entry for lorazepam 0.5mg 1 tablet every 6 hours scheduled at 2:00am, 8:00am, 2:00pm, and 8:00pm. -Lorazepam 0.5mg was not documented as administered at 2:00am on 10/04/24, 10/05/24, 10/09/24, 10/11/24, 10/12/24, 10/19/24, 10/20/24, and 10/21/24.	{D 367}		

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{D 367}	Continued From page 21 Review of Resident #2's October 2024 eMAR revealed: -There was an entry for lorazepam 0.5mg 1 tablet every 6 hours scheduled at 2:00am, 8:00am, 2:00pm, and 8:00pm. -Lorazepam 0.5mg was documented as administered at 2:00am on 10/04/24, 10/05/24, 10/09/24, 10/11/24, 10/12/24, 10/19/24, 10/20/24, and 10/21/24. Review of Resident #2's November 2024 controlled drug record revealed: -There was an entry for lorazepam 0.5mg 1 tablet every 6 hours scheduled at 2:00am, 8:00am, 2:00pm, and 8:00pm. -Lorazepam 0.5mg was not documented as administered at 2:00am on11/01/24, 11/02/24, 11/03/24, and 11/05/24. Review of Resident #2's November 2024 eMAR revealed: -There was an entry for lorazepam 0.5mg 1 tablet every 6 hours scheduled at 2:00am, 8:00am, 2:00pm, and 8:00pm. -Lorazepam 0.5mg was documented as administered at 2:00am on11/01/24, 11/02/24, 11/03/24, and 11/05/24. Interview with a medication aide (MA) on 11/06/24 at 11:10am revealed: -Resident #2 was not always administered her lorazepam at 2:00am. -She documented on the eMAR that she administered the lorazepam when she had not. -She was rushing to get her medications administerd on time. -She should have documented that the lorazepam was not administered because the resident was asleep.	{D 367}		

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{D 367}	Continued From page 22 Interview with the Resident Care Coordinator (RCC) on 11/06/24 at 11:30am revealed: -She believed that Resident #2 was not always administered her 2:00am dose of lorazepam. -She believed that the MAs on night shift were documenting that they were administering the 2:00am lorazepam when they were not. -It was her responsibility to review the eMARs and controlled drug records for accuracy. Interview with the Manager on 11/06/24 at 10:38am revealed: -She believed the MAs were not administering Resident #2's 2:00am lorazepam but documenting that they were. -She expected the MAs to administer all medications as ordered by the primary care provider (PCP). -She expected the MAs to document the administration of medications on the eMAR accurately. -The MAs should document when they did not administer a medication on the eMAR. -It was the responsibility of the RCC to check the eMARs and controlled drug records for accuracy. Interview with the Administrator on 11/06/24 at 10:38am revealed: -She expected the MAs to document the administration of medications on the eMAR accurately. -It was the responsibility of the RCC and Manager to ensure the eMARs and controlled drug records were accurate. Interview with hospice nurse on 11/06/24 at 11:15am revealed she expected the MAs in the facility to document medications administered accurately.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL042005	A. BUILDING: _____ B. WING _____	R 11/06/2024

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D 392	10A NCAC 13F .1008 (a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a record of controlled substances by documenting the receipt, administration, and disposition of controlled substances. These records shall be maintained with the resident's record in the facility and in such an order that there can be accurate reconciliation of controlled substances. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a readily retrievable record that accurately reconciled the administration of a controlled substance for 1 of 6 residents (Resident #6) sampled. The findings are: Review of Resident #6's current FL-2 dated 04/19/24 revealed diagnoses included right sided weakness, traumatic brain injury with loss of consciousness, muscle spasticity, expressive aphasia, motor vehicle collision sequela, and spastic hemiplegia of right dominant side as late effect of cerebral "infraction". Review of Resident #6's signed physician's orders dated 09/05/24 revealed an order for lorazepam (a controlled substance used to treat anxiety) 0.5mg tablet twice daily. Observations during the morning medication pass on 11/06/24 at 8:10am revealed the Resident Care Coordinator/medication aide (RCC/MA) prepared nine (9) tablets, including lorazepam 0.5mg one tablet to be administered to Resident #6.	D 392		

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D 392	Continued From page 24 Observation of Resident #6's lorazepam on 11/06/24 at 8:10am revealed there was a quantity of 5 tablets for the lorazepam 0.5mg tablet on hand. Review of the controlled substance count sheet (CSCS) on 11/06/24 at 8:10am revealed there was a quantity of 4 tablets for the lorazepam 0.5mg tablets remaining on hand. Review of the September 2024, October 2024, and November 2024 electronic medication administration records (EMARs) revealed staff documented administration of the lorazepam 0.5mg tablet to Resident #6 at 8:00am and 8:00pm each day. Interview with the RCC/MA on 11/06/24 between 8:10am to 8:18am revealed: -The CSCS and the quantity on hand for Resident #6's lorazepam 0.5mg tablets should match. -When there was a discrepancy in a controlled substance quantity and the CSCS, the manager was to be notified after the medication pass was completed. -Once the manager was notified, the MAs and manager would try to find the reason for the discrepancy by reviewing documentation of administration of the controlled substance medication. -There was a shift-to-shift controlled substance sign-in log, but she had not signed it for 11/06/24. -She normally signed the shift-to-shift controlled substance sign-in log when she counted the controlled substance medications with the off-going MA, but "was a little late this morning". Interview with the Administrator on 11/06/24 at 3:15pm revealed: -She always expected the CSCS to be accurate.	D 392		

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D 392	Continued From page 25 -She expected the MAs and manager to find out why there was a discrepancy. -The RCC was responsible to find out why the CSCS and medication on hand did not match or ensure the manager was notified if the discrepancy could not be determined. -She expected the manager to contact the contract pharmacy provider concerning a discrepancy with controlled substances. Interview with the manager on 11/06/24 at 3:20pm revealed: -She had not been able to reconcile Resident #6's CSCS with the medication count on hand. -She expected the MAs to count the controlled substances and sign the shift-to-shift controlled substance count logs. Telephone interview with a pharmacist at the facility's contract pharmacy on 11/06/24 at 3:27pm revealed: -The facility was provided a CSCS with each controlled substance medication filled by the pharmacy. -The CSCS were used to keep an accurate account of the controlled substance medication by documenting each time the controlled substance was administered to the resident. Based on observations, interviews, and record review, it was determined Resident #6 was not interviewable.	D 392		
{D9999}	Final Observation As a result of the Informal Dispute Resolution (IDR) on October 28, 2024, Tag D0338 10A NCAC 13F .0909 Resident Rights was deleted.	{D9999}		