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
	HAL092131	A. BUILDING: _____ B. WING _____	R-C 11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

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D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up and state involved complaint investigation on November 19 and 20, 2024.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; 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 provide a safe and clean environment related to the presence of live and dead cockroaches and cockroach excrement throughout the facility. The findings are: Review of the United States Environmental Protection Agency's (EPA) cockroach information sheet dated 10/28/24 revealed: -Cockroaches and their droppings, saliva, eggs, and outer coverings can cause allergic reactions to humans, particularly those with a history of asthma or other respiratory conditions. -Cockroaches carry bacteria on their bodies, which could cause salmonella, staphylococcus, or streptococcus if cockroaches come in contact with food. Review of the facility's census on 11/19/24	D 079	Director will retrain staff on pest control protocols and expectations of cleanliness. Director/Designee will inspect rooms for signs of pests. Rooms identified with activity will be deep cleaned to eliminate clutter to prevent further issues. If anything is found, the pest control company will be notified. Housekeeping staff will inspect rooms daily for signs of pests and report to Director. Director will immediately report to QI director and pest control company. Director will complete walk throughs (including interviewing residents) at least 3 times per week to ensure staff are following through with procedures for pests.	01/04/2025

Jamaal Willis Reviewed and Acknowledged 01/09/25

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D 079	Continued From page 1 revealed there 73 residents residing in the facility. Review of the facility's October 2024 pest control record dated 10/24/24 revealed: -The type of service performed was regular commercial monthly service. -The kitchen, dining areas, and resident room numbers 2-69 were treated. Observation of room 38 on 11/19/24 at 9:20am revealed: -There were 2 disposable incontinence underpads unfolded on the top of the dresser. -The two disposable underpads were soiled with cockroach excrement. -There was a live cockroach on one of the underpads. -There was cockroach excrement throughout the two top drawers of the dresser. -A cockroach crawled out of the second left side dresser drawer when the drawer was opened. -There was cockroach excrement on the electrical outlet in the bathroom. Observation of room 37 on 11/19/24 at 9:37am revealed: -There was a live cockroach on the outside of the top dresser drawer. -In the second left side dresser drawer, there were 2 cockroaches crawling on the resident's clothing, roach excrement in the corners of the drawers, and one dead cockroach. -There were remnants of 2 dead cockroaches on the walls in the bathroom. Observation of room 30 on 11/19/24 at 9:57am revealed: -The top left dresser drawer had 5 live cockroaches crawling on the resident's personal items.	D 079		

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D 079	Continued From page 2 -There were 2 dead cockroaches and cockroach excrement in the top left dresser drawer. -There was 1 live cockroach crawling on the outside of the dresser, and 2 live cockroaches on the floor in front of the dresser. Observation of room 36 on 11/19/24 at 10:15am revealed: -There was cockroach excrement on the resident's personal items in the bottom right dresser drawer and in the corners of the drawer. -There was an insect bait station beside the dresser. Observation of the hallway near the assisted living (AL) dining room on 11/19/24 at 9:45am revealed there was a dead cockroach on the floor near the baseboard. Observation of the AL dining room on 11/19/24 at 9:46am revealed there were 3 dead cockroaches in the rear left corner near an exit door. Second observation of the hallway near the AL dining room on 11/20/24 at 1:49pm revealed there was a dead cockroach on the floor near the baseboard. Second observation of the AL dining room on 11/20/24 at 1:48pm revealed there were 3 dead cockroaches in the rear left corner near an exit door. Interview with the resident in room 38 on 11/19/24 at 9:20am revealed: -She had lived at the facility for almost a year and the facility had cockroaches the whole time she had lived there. -She did not think the number of cockroaches she saw in the facility had improved recently.	D 079		

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D 079	Continued From page 3 -She saw cockroaches in her room every day. -She killed a cockroach in her room this morning, 11/19/24. -She once felt a roach crawling on her while she was in bed but was unsure when this occurred. -She had seen cockroaches crawling on the walls of the dining room during meals in the last couple of weeks. -The facility staff cleaned out her dresser a couple of months ago but now it was full of cockroach excrement again. -She had reported the cockroaches to the facility's management every week. Interview with a resident in room 37 on 11/19/24 at 9:37am revealed: -He had lived at the facility for less than a month. -He had seen live and dead cockroaches throughout the facility. -He frequently saw cockroaches in his dresser. -He frequently saw cockroaches in the dining room during meals Interview with a second resident in room 37 at 9:38am revealed: -He saw an exterminator at the facility about a month ago. -He was unsure how often the exterminator treated the facility. -He saw cockroaches in his room every day. -He frequently saw cockroaches in the dining room during meals. Interview with a resident in room 30 on 11/19/24 at 9:57am revealed: -He frequently saw cockroaches in his room. -He had seen cockroaches in the dining room during meals. -The cockroaches had been an issue in the facility for a while.	D 079		

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D 079	Continued From page 4 -He was unsure if an exterminator had treated the facility. Interview with a resident in room 36 on 11/19/24 at 10:15am revealed: -The facility had an issue with cockroaches. -The facility staff was aware there were cockroaches in the facility. -She had not seen any recent improvement with the number of cockroaches in the facility. -She saw numerous live and dead cockroaches in the facility daily. -There were always live cockroaches around her dresser. Interview with a housekeeper on 11/19/24 at 2:44pm revealed: -She started working at the facility in September 2024. -She had been instructed to clean each resident's room and bathroom daily. -Each resident's room was swept and mopped daily. -She had seen cockroaches in residents' rooms. -She had not reported the cockroaches to her supervisor because he knew the facility had cockroaches. Interview with a second housekeeper on 11/20/24 at 8:13am revealed: -She started working at the facility at the beginning of September 2024. -She was instructed to clean each resident's room daily. -She used a disinfectant cleaner to clean surfaces and mop. -She moved the furniture and cleaned under the beds in each resident's room daily. -Some residents would not let her clean inside of their dresser drawers.	D 079		

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D 079	Continued From page 5 -Some residents stored food in their dressers, and she attempted to clean those dresser drawers daily if the resident would allow her to clean them. -She felt the cockroach issue was improving compared to when she first started working at the facility. -She reported any sightings of live cockroaches to her supervisor. Interview with the Maintenance Director on 11/19/24 at 3:48pm revealed: -The pest control technician used to come to the facility once a month, but he was now coming more frequently, at least twice monthly. -The pest control technician was at the facility last week on 11/14/24. -He did not always receive documentation of the pest control technician's service visit. -The pest control technician sprayed the facility and placed bait stations throughout the facility. -The housekeepers were scheduled to work in the facility 6 days a week, Monday through Saturday. -Each resident's room was cleaned daily with a disinfectant. -The cleaning of each resident's room consisted of sweeping and mopping floors and behind furniture, cleaning the bathrooms, taking out trash, cleaning refrigerators, and looking for any open food items. Second interview with the Maintenance Director on 11/20/24 at 12:51pm revealed: -The housekeepers should check and clean the residents' dresser drawers daily. -Some residents would not allow the housekeepers to check their dressers. -The dressers were an area of concern because some residents stored food in their dresser	D 079		

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D 079	Continued From page 6 drawers. -He had provided residents with plastic storage containers to store any food items. Interview with the Administrator on 11/20/24 at 8:45am revealed: -The pest control technician provided the facility with a monthly invoice and did not list each date of service. -The pest control technician was treating the facility every other week now instead of monthly. -The pest control technician was using a chemical to spray areas and added bait stations to help kill cockroaches. -The housekeepers were now cleaning all areas of the facility more frequently and cleaning the residents' rooms daily. -The housekeepers checked the residents' rooms for open food items daily. -She was not aware of some of the resident rooms having cockroaches and cockroach excrement in their dressers. -The housekeeping staff should clean the residents' dresser drawers regularly especially if any cockroach excrement or cockroaches were seen in the drawers. Telephone interview with the facility's pest control technician on 11/20/24 at 9:18am revealed: -The facility had increased their pest control services to twice monthly beginning in September 2024. -He had treated the facility twice in October 2024, once in November 2024, and a pest control service was scheduled for 11/22/24. -The current pest control treatment at the facility consisted of a chemical spray which continued to kill insects for up to 60 days and insect bait stations. -He treated resident rooms, especially those with	D 079		

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D 079	Continued From page 7 active pests, shower rooms, maintenance closets, and the kitchen and dining areas during each pest control service at the facility. -Dressers were a difficult area to treat because he could not use the chemical spray because the spray would get on residents' clothing and personal items. -He had placed bait stations near many of the residents' dressers to help with cockroaches around the dressers. Telephone interview with the facility's contracted primary care provider (PCP) on 11/20/24 at 2:30pm revealed: -She had not seen any cockroaches in the facility when she visited the facility each week. -She had not treated any residents for illnesses related to the cockroaches. -If there were dead cockroaches and cockroach excrement present in the facility, the facility should clean those areas immediately and on a regular basis.	D 079		
D 129	10A NCAC 13f .0404 (2) Qualifications Of Activity Director 10A NCAC 13f .0404 Qualifications Of Activity Director Adult care homes shall have an activity director who meets the following qualifications: (2) The activity director hired after September 30, 2022 shall complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. An activity director shall be exempt from the required basic activity course if one or more	D 129		

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D 129	Continued From page 8 of the following applies: (a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C; (b) have two years of experience working in programming for an adult recreation or activities program within the last five years, one year of which was full-time in an activities program for patients or residents in a health care or long term care setting; (c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; (d) be certified as an Activity Professional by the National Certification Council for Activity Professionals; or (e) the required basic activity course was completed prior to September 1, 2024. This Rule is not met as evidenced by: Based on interviews, the facility failed to employ a qualified activity director. The findings are: Interview with a resident on 11/19/24 at 9:15am revealed: -She lived in assisted living (AL). -There was not many activities being offered in the facility. -The facility had not had a activity director for about a year. -She would like to be offered more activities. Interview with a second resident on 11/19/24 at 9:30am revealed: -She lived on the AL.	D 129	HR/Director will continue to recruit for an Activities Director to meet qualifications of 10a NCAC 13F .0404. Director will assure activities program continues while recruiting for position.	1/4/2025

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D 129	Continued From page 9 -The facility did not have an activity director. -She would like to be offered more activities. Interview with a third resident on 11/19/24 at 9:45am revealed: -She lived on the AL. -The facility did not have an activity director. -She would like the facility to offer more outings. Interview with a personal care aide (PCA) on 11/19/24 at 2:40pm revealed: -She worked on the special care unit (SCU). -The facility did not have an activity director. -The PCAs would do an exercise activity and listen to music with residents. Interview with the Special Care Coordinator (SCC) on 11/19/24 at 2:50pm revealed: -The facility did not have an activity director. -All staff members helped to do activities with residents. -Fourteen hours of activities per week were not being done for residents. Interview with kitchen staff on 11/19/24 at 3:00pm revealed: -She was hired as the activity director about a year ago. -She was the activity director for a couple of months before she was moved to the kitchen. -The facility had not had an activity director for 8 to 12 months. -The residents were not getting 14 hours of activities each week. Interview with the Director on 11/19/24 at 3:10pm revealed: -The facility did not have an activity director. -The facility had not had an activity director for the 6 months she had been working at the facility.	D 129		

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D 129	Continued From page 10 -The facility was actively attempting to hire an activity director.	D 129		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide personal care according to the resident's care plan for 2 of 5 sampled residents (#2, #4) related to limited assistance with bathing. The findings are: 1. Review of Resident #2's current FL2 dated 03/14/24 revealed: -Diagnoses included acute kidney failure, atrial fibrillation, dementia, and chronic combined systematic congestive heart failure. -The resident was semi-ambulatory with a wheelchair. Review of Resident #2's care plan dated 06/01/24 revealed the resident required limited assistance with bathing. Observation of Resident #2 on 11/19/24 at 9:45am revealed she was clean. Interview with Resident #2 on 11/19/24 at 9:45am	D 269	Personal Care Aides were re-trained to provide personal care including toileting, bathing, etc according to the needs of the residents and frequency, identified on their care plan. Personal Care Aides/ qualified staff will provide personal care including toileting, bathing, etc according to the needs of residents and frequency, identified on their care plan. Supervisor In Charge/Special Care Unit Coordinator will monitor daily to ensure personal care tasks are being completed on including toileting, bathing, etc according to the needs of residents and frequency, identified on their care plan. Outside agencies will be notified for residents needing additional orders to address personal care needs. Director will do random interviews with residents to ensure staff are addressing issues identified on the care plan.	01/04/2025

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D 269	Continued From page 11 revealed: -She needed staff assistance with bathing. -She was scheduled to get a bath three times a week. -She only got one bath a week. -The facility did not have enough staff to meet the needs of the residents. Review of the facility's shower schedule on 11/20/24 at 1:12pm revealed Resident #2 was scheduled to receive three bath/showers a week on Tuesdays, Thursdays and Saturdays on the second shift. Review of Resident #2's personal care services records dated 10/16/24 to 11/12/24 revealed: -The resident was documented to have received 12 baths/showers. -The resident was documented to have received 3 baths/showers every week. Refer to interview with a personal care aide (PCA) on 11/20/24 at 2:00pm. Refer to interview the Director on 11/20/24 at 2:35pm. 2. Review of Resident #4's current FL2 dated 11/30/23 revealed: -Diagnoses included dystonia, multisystem atrophy, hypertension, and abnormal gait. -The resident was semi-ambulatory with a wheelchair. Review of Resident #4's Care Plan dated 11/18/23 revealed the resident required limited assistance with bathing. Observation of Resident #4 on 11/19/24 at 9:15apm revealed she was clean.	D 269		

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D 269	Continued From page 12 Interview with Resident #4 on 11/19/24 at 9:15am revealed: -She needed staff assistance with bathing. -She was scheduled to get a bath three times a week. -She only got one bath a week. -The facility did not have enough staff to provide personal care to residents. Review of the facility's shower schedule on 11/20/24 at 1:30pm revealed Resident #4 was scheduled to receive personal hygiene twice weekly which included: shower, bath, shampoo, nail care, grooming, and shave daily. Review of Resident #4's personal care services records dated 10/19/24 to 11/19/24 revealed the resident was documented to have received personal hygiene daily on first shift. Refer to interview with a personal care aide (PCA) on 11/20/24 at 2:00pm. Refer to interview the Director on 11/20/24 at 2:35pm. _____ Interview with a personal care aide (PCA) on 11/20/24 at 2:00pm revealed: -She did the majority of the baths/showers for residents in assisted living on the first shift. -Residents were scheduled to have showers two or three days each week. -Resident showers were done on first or second shift. -Resident #2 was on the schedule to be showered 3 times a week on the second shift. -Resident #3 was scheduled for personal hygiene daily but baths/showers 3 times a week.	D 269		

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D 269	Continued From page 13 -Resident #3 often refused showers, it was documented as personal hygiene being completed because she was assisted with grooming. -When Resident #3 refused a bath/shower she attempted to shower her on a before her shift was over or on a different day. Interview with the Director on 11/20/24 at 2:35pm revealed: -She expected the PCAs to follow resident care plans and give extra care when needed. -She reviewed activity of daily living logs weekly to ensure personal care was being complete. -The supervisors and managers were responsible for ensuring resident personal care needs were met.	D 269		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure physicians' orders were implemented for 1 of 5 sampled residents (#1) with orders for thrombo-embolic deterrent hose (TED). The findings are:	D 276		

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D 276	Continued From page 14 Review of Resident #1's current FL-2 dated 03/04/24 revealed diagnoses included dementia, hyperlipidemia, type II diabetes, neuropathy, hypertension and morbid obesity. Review of Resident #1's physician order summary report dated 01/05/24 revealed there was an order for compression socks apply every morning to both legs and remove at bedtime. Observation of Resident #1 on 11/19/24 at 1:30pm revealed she did not have on her thrombo-embolic deterrent hose (TED). Review of Resident #4s October 2024 electronic medication administration record (eMAR) revealed: -There was an entry for compression socks wear beginning in the morning and remove at night. -Compression socks were documented at applied and removed 30 of 31 days. Interview with Resident #1 on 11/19/24 at 1:30pm revealed: -Staff did not attempt to apply her TED hose that morning. -She could not remember the last time she wore her TED hose. -She should be wearing her TED hose daily. Observation of Resident #1 on 11/20/24 at 9:15am revealed she did not have on her TED hose. Review of Resident #1's November 2024 eMAR revealed: -Compression socks were documented as removed at 8:00pm on 11/19/24. -Compression socks were documented as applied at 8:00am on 11/20/24.	D 276	All Medication Aides/SIC completed training for implementation of procedures, orders and treatment as per physician's orders. SCUC/Designee will review MARs weekly to ensure documentation is completed for procedures, orders and treatment as per physician's orders. Director will audit to twice monthly x2 months then randomly thereafter, to ensure documentation is completed for procedures, orders and treatment as per physician's orders.	01/04/2025

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D 276	Continued From page 15 Interview with Resident #1 on 11/20/24 at 9:15am revealed staff did not attempt to apply her TED hose that morning. Telephone interview with a medication aide (MA) on 11/20/24 at 9:15am revealed: -He documented on the eMAR on 11/19/24 at 8:00am that he applied Resident #1's TED hose. -He did not apply Resident #1's TED hose because he was called to the special care unit (SCU) to pass medications. -He should have applied Resident #1's TED hose. Interview with a second MA on 11/20/24 at 9:20am revealed: -She documented on the eMAR on 11/20/24 at 8:00am that morning that she applied Resident #1's TED hose. -She usually put Resident #1"s TED hose on after Resident #1 ate breakfast and smoked a cigarette. -She applied Resident #1's TED hose on daily. Interview with the Special Care Coordinator (SCC) on 11/20/24 at 9:30am revealed: -She expected the MAs to apply Resident #1's TED hose every morning and remove every night. -She expected the MAs to inform her if they were not able to apply Resident #1's TED hose for any reason. -The MAs were responsible for ensuring resident health care was completed as ordered. -She did not know why Resident #1 did not have her TED hose applied daily. Interview with the Director on 11/20/24 at 9:50am revealed: -She expected the MAs to implement physician orders.	D 276		

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D 276	Continued From page 16 -The MAs were responsible for applying and removing Resident #1's TED hose daily. -Licensed Health Professional Health (LHPS) staff came to the facility twice a month to ensure TED hose were available to residents. -It was the responsibility of the supervisors and the managers to ensure health care was being completed for each resident. -She did not know why Resident #1 did not have her TED hose applied daily. Telephone interview with Resident #1's primary care provider (PCP) on 11/20/24 at 2:25pm revealed: -Resident #1 had an order for TED hose from her previous PCP. -She expected the MAs to follow resident orders as prescribed. -She had no concerns about Resident #1 not having her TED hose applied daily.	D 276		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide 14 hours of planned group activities per week for active involvement of residents. The findings are:	D 317		

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D 317	Continued From page 17 Observation of the facility on 11/19/24 at 8:15am revealed: -The was no activities calendar posted on the assisted living (AL) side of the facility. -There was a November activities calendar posted in the special care unit (SCU). Interview with a resident on 11/19/24 at 9:15am revealed: -She lived in assisted living. -There was not many activities being offered in the facility. -There was a therapy dog on Mondays. -A church group came in on Thursdays and played bingo. -A high school band came to the facility twice and played music for residents. -She would like to be offered more activities. Interview with a second resident on 11/19/24 at 9:30am revealed: -She lived on the AL. -A church group came in and played bingo on Thursdays. -A high school band came and played music for residents. -She would like to be offered more activities. Interview with a third resident on 11/19/24 at 9:45am revealed: -She lived on the AL. -A church group came in and played bingo on Thursdays. -A therapy dog came in once a week. -She would like the facility to offer more outings. Observation of the facility on 11/19/24 at 11:00am revealed the November activities calender was posted on the AL side of the facility.	D 317	Director will develop scheduled activities of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Director/designee will monitor to ensure that there are at least 14 hours of activities each week. QI department/Compliance director will conduct audits of facility at least quarterly to ensure a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression increased knowledge and learning of new skills.	1/04/2025

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D 317	Continued From page 18 Review of the facility's activity calendar on 11/19/24 revealed, cooking class was scheduled from 3:00pm to 4:00pm. Observation of the facility at 3:30pm revealed there was no cooking class observed. Interview with a personal care aide (PCA) on 11/19/24 at 2:40pm revealed: -She worked on the SCU. -The PCAs would do an exercise activity and listen to music with residents. -The facility did offer 14 hours of activities each week to residents in the SCU. -The facility did not offer 14 hours of activities each week to the residents on the AL side. Interview with the Special Care Coordinator (SCC) on 11/19/24 at 2:50pm revealed: -Fourteen hours of activities per week were not being done for residents. -Residents on the SCU may get 8 to 10 hours of activities per week. -Residents on the AL side got less activities weekly. -She did not know why there were so few activities offered to residents on the AL side. Interview with the Director on 11/19/24 at 3:10pm revealed: -The facility did not have an activity director. -She expected a minimum of 14 hours of activities to be offered to residents each week. -She expected the activity calendar to be posted at the beginning of each month. -She believed there were 14 hours of activities being done each week but they were not activities that were on the schedule.	D 317		

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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 (#1) including inaccurate documentation of thromboembolic deterrent hose (TED). The findings are: Review of Resident #1's current FL-2 dated 03/04/24 revealed diagnoses included dementia, hyperlipidemia, type II diabetes, neuropathy,	D 367	SCUC audited all MARs to ensure they are accurate per physicians orders. SCUC will audit all MARs monthly to ensure they are accurate per physicians orders. Director/Compliance Director will audit MARs randomly thereafter to ensure they are accurate as per physicians orders.	1/4/2025

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D 367	Continued From page 20 hypertension and morbid obesity. Review of Resident #1's physician order summary report dated 01/05/24 revealed there was an order for compression socks apply every morning to both legs and remove at bedtime. Observation of Resident #1 on 11/19/24 at 1:30pm revealed she did not have on her thromboembolic deterrent hose (TED). Interview with Resident #1 on 11/19/24 at 1:30pm revealed: -Staff did not attempt to apply her TED hose that morning. -She could not remember the last time she wore her TED hose. -She should be wearing her TED hose daily. Second observation of Resident #1 on 11/20/24 at 9:15am revealed she did not have on her TED hose. Second interview with Resident #1 on 11/20/24 at 9:15am revealed staff did not attempt to apply her TED hose that morning. Review of Resident #4s October 2024 electronic medication administration record (eMAR) revealed: -There was an entry for compression socks wear beginning in the morning and remove at night. -Compression socks were documented at applied and removed 30 of 31 days. Review of Resident #1's November 2024 eMAR revealed: -Compression socks were documented as applied at 8:00am on 11/19/24. -Compression socks were documented as	D 367		

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D 367	Continued From page 21 removed at 8:00pm on 11/19/24. -Compression socks were documented as applied at 8:00am on 11/20/24. Telephone interview with a medication aide (MA) on 11/20/24 at 9:15am revealed: -He documented on the eMAR on 11/19/24 at 8:00am that he applied Resident #1's TED hose. -He did not apply Resident #1's TED hose because he was called to the special care unit (SCU)to pass medications. -He should not have documented on the eMAR that the TED hose were applied. Interview with a second MA on 11/20/24 at 9:20am revealed: -She documented on the eMAR on 11/20/24 at 8:00am that morning that she applied Resident #1's TED hose. -She usually put Resident #1"s TED hose on after Resident #1 ate breakfast and smoked a cigarette. -She documented that she applied Resident #1's TED hose with her 8:00am medications. Interview with the Special Care Coordinator (SCC) on 11/20/24 at 9:30am revealed: -She expected the MAs to document on the eMARs accurately. -The MAs were responsible for ensuring documentation on eMARS were accurate. Interview with the Director on 11/20/24 at 9:50am revealed: -She expected the MAs to document Resident #1's TED hose accurately -She expected the MAs to document what they were applying and what was being refused accurately. -The MAs were responsible for ensuring	D 367		

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D 367	Continued From page 22 documentation on eMARS were accurate.	D 367		
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure infection control measures were followed as evidenced by a medication aide (MA) who did not sanitize his hands or change gloves between the preparation and administration of residents' medications. The findings are: Review of the facility's undated medication administration policy revealed facility staff will administer medications in accordance with infection control measures. Observation of the facility's census on 11/19/24 revealed there were 19 residents residing in the facility's Special Care Unit (SCU). Observation of the 8:00am SCU medication pass on 11/19/24 from 9:09am to 9:19am revealed: -At 9:10am, the medication aide (MA) working in the SCU opened the medication cart and removed a resident's medications from the cart. -The MA removed the medications from the unit	D 371	Director/Designee retrained Medication Aides on infection control measures while administering medications to residents. Director/SCUC will observe a minimum of two medication passes weekly x4, will observe a minimum of 3 medication passes monthly x3 and then randomly thereafter to ensure medication is administered as ordered by the physician.	1/4/2025

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D 371	Continued From page 23 dose packaging and placed them in a paper souffle cup. -The MA was holding the paper souffle cup and removed a pill from the unit dose package into the cup. -The paper souffle cup tilted, causing the medications in the cup to partially spill into the MA's hand. -The MA placed the cup on the top of the medication cart with his hand covering the cup and the pills dropped into the cup. -The MA did not discard the medications and left the medications in the cup. -At 9:11am, the MA donned gloves on both hands. -The MA finished preparing the resident's medications. -The MA administered the resident's medications at 9:14am. -The MA returned to the medication cart and did not remove the gloves or sanitize his hands, and then touched the computer mouse, the computer keyboard, medication cart keys, and the outside of the medication cart. -The MA removed another resident's medication from the cart without removing the pair of gloves. -The MA prepared the resident's medication and administered the medication at 9:17am. -The MA returned to the medication cart, touched the computer mouse, the computer keyboard, the medication cart keys, and the outside of the medication and did not remove the gloves. Interview with the MA on 11/20/24 at 8:23am revealed: -He usually wore gloves when he prepared the resident's medications during the medication pass. -Sometimes he did not wear gloves and when he did not wear gloves, he used hand sanitizer	D 371		

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D 371	Continued From page 24 before he administered residents' medications. -He was aware he should change gloves in between performing tasks for residents. -He did not change gloves during the 8:00am medication pass on 11/19/24, because he was running behind on his medication pass and needed to finish on time. -Changing gloves in between performing tasks helped to keep from spreading germs to residents. Interview with the Special Care Unit Coordinator (SCC) on 11/20/24 at 8:30am revealed: -MAs should sanitize their hands before and after administering medications to residents. -Medications should not be touched when preparing medications for administration. -MAs should wear gloves when administering certain medications such as eye drops or insulin or when checking fingerstick blood sugars (FSBS). -Gloves should be removed after the task was completed, then the MA should sanitize or wash their hands. -Gloves should be changed after each task for infection control measures. -The MA should have removed the gloves and sanitized his hands before preparing another resident's medications. Interview with the Administrator on 11/20/24 at 8:45am revealed: -MAs should sanitize their hands after administering medications to each resident. -After a MA used hand sanitizer 3 times, the MA should wash their hands with soap and water. -If the MA's hands become soiled at any point during the medication pass, the MA should wash their hands with soap and water. -When preparing medications, the MA should	D 371		

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D 371	Continued From page 25 remove the medication directly into the cup and not touch the medication. -MAs should wear gloves when administering insulin, eye drops, creams, or performing FSBS. -Gloves should always be changed between each task and the MAs should wash their hands or use hand sanitizer after removing gloves. Telephone interview with the facility's contracted primary care provider (PCP) on 11/20/24 at 2:30pm revealed: -The MA did not need to wear gloves while preparing medications unless there were instructions on the residents' medication administration record (MAR) to wear gloves. -MAs should change gloves after contact with each resident. -The MA not changing gloves after having contact with each resident was an infection control issue.	D 371		