

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL084010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF ALBEMARLE		STREET ADDRESS, CITY, STATE, ZIP CODE 315 PARK RIDGE ROAD ALBEMARLE, NC 28001		
(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 and follow up survey from 01/21/25 to 01/23/25.	D 000	<i>It is Spring Arbor of Albemarle's policy and standard practice to comply with all North Carolina Adult Care Home rules and state regulations.</i> 10A NCAC 13F .1004(n) Medication Administration 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. D371 <u>Plan of Correction</u> Immediately upon notification of cited deficiency, Resident Care Coordinator and RN Consultant initiated re-education and training for Med Tech 's (SIC's) to ensure compliance with routine health care needs of residents, Spring Arbor policies and infection control protocols.	
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, interviews, and record reviews the facility failed to ensure implementation of infection control measures for one of four residents observed during the medication pass. The findings are: Review of the facility's management policy and procedures revealed: -All destruction of schedule II, III, and IV substances must be done by two team members certified to pass medications. -Proper documentation was to be completed and signed by both team members witnessing the destruction. -The following guidelines and procedures when preparing medication prevents medication variances. -These are the guidelines for pouring and preparing medications for administration to the resident.	D 371		

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

TITLE

(X6) DATE

Audrey M. Durgin

Executive Director

02/26/25

STATE FORM

6899

8YBG11

If continuation sheet 1 of 3

RECEIVED AND ACKNOWLEDGED ON 02/27/25 BY NURSE CONSULTANT

Jina B Nielsen

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D 371	Continued From page 1 -Always make sure the medication order is complete. -If a pill falls to the floor, it's considered contaminated. -Dispose of it in the drug Buster and document this. -Never use contaminated medication. -Follow procedures for destruction when pouring from a multidose container. -Never touch pills with your hands. -Pouring and preparing medications procedures: -Clean the work area. -Wash your hands. -Compare physician medication order and administration records to ensure accuracy. -Administer medication and document administration on the eMAR. Observation of the 8:00am medication pass on 01/21/25 from 8:22am to 8:36am revealed: -At 8:29am, the medication aide (MA) prepared a resident's medication. -The MA had prepared all of the regular medications in the plastic medication cup. -The MA attempted to pop the resident's-controlled substance 2 tablets from the bubble pack. -When one tablet did not release from the bubble pack, the MA used her bare fingers to remove the tablet and placed it into the plastic medication cup with the rest of the medications for the resident. -The MA administered the resident's medication at 8:31am. -The MA returned to the medication cart and sanitized her hands with alcohol-based hand sanitizer. Interview with a MA on 01/23/25 at 1:05pm revealed: -She had infection control training upon hire and	D 371	• RN Consultant completed Infection Control Training with all Med Tech's (SIC's) on 01/29/2025. • RN Consultant completed in-service re-education with all Med Tech's (SIC's) reviewing Spring Arbor Policy for Medication Administration on 01/29/2025. • All Med Tech's (SIC's) will complete "Medication Administration" course offered by Express Care Pharmacy on or before 02/28/2025. Prevention and Re-occurrence Protocols and systems in place to assure medications are administered in accordance with infection control measures include: • Resident Care Coordinator will continue to observe Med Tech's (SIC's) during medication administration on a monthly basis. In addition, RN Consultant and/or The Director of Quality & Education, Regional RN will periodically	

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D 371	Continued From page 2 then the MAs had a yearly update for infection control. -Medications should never be touched by the MA's bare hands because it would be contamination of the medication, also the MA may be allergic to that medication or the medication could be absorbed through the MA's skin. -The medication once contaminated by the MA's hands should be discarded per the policy of the facility and the "wasted" medication would have to be witnessed by the MA and another person (usually the 2nd MA working) since it was a controlled substance. -The dropped medication was considered contaminated and should have been destroyed and not placed back in the residents' medication bottles. Interview with the Administrator on 01/23/25 at 1:25pm revealed: -She was not a medication aide but as the Executive Director she expected the MAs to follow the policies and procedures of the facility. -All facility staff received infection control training annually. -The facility staff's last annual training on infection control measures was done around September or October 2024. -The MA should not touch the residents' medications with their bare hands due to contamination and the potential for the MA being allergic to the medication or the medication could be absorbed by the MA's skin. -The MA should have destroyed the medication that was contaminated by following the facility's policies and procedures. Attempted telephone interview with the MA on 01/23/25 at 11:00am was unsuccessful.	D 371	observe Med Tech's (SIC's) performing medication administration while onsite for any further recommendations on a quarterly basis, at minimum. <u>Monitoring Responsibility and Frequency</u> Resident Care Coordinator, RN Consultant or designee will perform monthly observation of medication administration by Med Tech's (SIC's). <u>Correction Completion Date</u> 02/28/2025	