

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>I</u> B. WING: _____	(X3) DATE SURVEY COMPLETED 02/19/2025
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NAME OF PROVIDER OR SUPPLIER
AUTUMN HOME CARE OF JOHNSTON COUNTY

STREET ADDRESS, CITY, STATE, ZIP CODE
**474 JERRY ROAD
SELMA, NC 27576**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 02/18/25 to 02/19/25.	D 000		
D 306	10A NCAC 13F .0904(d)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (4) Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure water was served at each meal, in addition to other beverages. The findings are: Observation of the lunch meal on 02/18/25 at 12:06pm revealed: -There were 7 residents present for the lunch meal. -There were 5 residents who were served only tea, and two residents were served water. -There were no additional glasses placed on the dining table for an additional beverage or water. -There was not a pitcher or container of water placed in the dining room to offer to residents. -The staff did not offer water to the residents drinking tea. Observation of the dinner meal on 02/18/25 at	D 306	Glasses of water are now placed at each resident's plate at each meal and a pitcher of water is on both tables for the staff to fill - This was corrected immediately on Feb. 18, 2025 after it was brought to our attention. Each staff member will be responsible and the administrator and RCC will monitor weekly to ensure it will not occur again. 02/18/25	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE **ADMINISTRATOR** DATE **02/19/25**

STATE FORM

0800

Z/MT/1

If continuation sheet 1 of 2

Reviewed & Acknowledged
-Mela y. Wain 03/10/25

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051002	A. BUILDING: <u>1</u> B. WING: _____	02/19/2025
NAME OF PROVIDER OR SUPPLIER AUTUMN HOME CARE OF JOHNSTON COUNTY I		STREET ADDRESS, CITY, STATE, ZIP CODE 474 JERRY ROAD SELMA, NC 27576	
(X4) ID TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX (A)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY THE APPROPRIATE DEFICIENCY)
D 306	Continued From page 1 5:01pm revealed: -There were 7 residents present for the dinner meal. -There were 5 residents who were served only tea, and two residents were served water. -There was not a pitcher or container of water placed in the dining room to offer to residents. Interview with a resident on 02/18/25 at 5:12pm revealed water was not served at every meal. Interview with a second resident on 02/18/25 at 5:13pm revealed she was not served water at every meal unless she asked for a glass of water. Interview with the medication aide (MA) on 02/18/25 at 5:14pm revealed: -Water was served to the residents at their breakfast meal -She only served water to the two residents who did not drink tea or other beverages. -Residents were served water when they asked for water. -She had not made the pitcher of water for the lunch and dinner meals. Interview with the Administrator on 02/19/25 at 10:35am revealed: -Residents were to be served water with all three meals each day. -A pitcher of ice water was to be placed on the dining table to serve to residents who requested a glass of water. -Residents were encouraged to drink water because drinking water would prevent dehydration.	D 306	
D 378	10A NCAC 13F .1006 (b) Medication Storage	D 378	

W. Webster administrator 03/07/25

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D 378	Continued From page 2 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications for residents were stored in a locked container in the refrigerator. The findings are: Observation of the kitchen on 02/18/25 at 10:00am revealed: -There was a small black box and a plastic zip storage bag on the second shelf on the refrigerator door. -The small black box was placed beside two bottles of ketchup. -The black box had an unlockable latch and contained Lantus 100 units/mL (U-100) for subcutaneous use only. -The clear plastic food storage bag contained 1 box of Ozempic 0.25mg/Dose (0.25mg syringe) was placed on top of the small black box. -There was a sign placed on the refrigerator door, "Workers Only Please. Thank you." Review of the facility's medication storage policy on 02/19/25 at 10:47pm revealed: -All medications, prescription and non-prescription, administered by facility staff, including those medications requiring refrigeration, were to be refrigerated.	D 378	The administrator obtained a larger box with a padlock and key to store all insulin. One drawer in the refrigerator has been designated for the locked insulin box with a sign that reads "do not open staff only". This was corrected immediately on Feb. 18, 2025 when it was brought to our attention. Each staff member will be responsible and the administrator and RCC will monitor weekly to ensure it will not occur again. 02/18/25

OK [Signature], administrator 03/07/25

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D 378	Continued From page 3 -Medications will not be stored in a refrigerator with non-medication items unless stored in a container. -The container will be locked if the refrigerator does not contain a lock. Telephone interview with the facility's contracted Pharmacist on 02/19/25 at 10:50am revealed: -Lantus and Ozempic were medications used to treat diabetes. -The insulin should be stored in the refrigerator and locked to ensure the medication was not misused. -If the medication was not stored properly, the medication could lose its potency and could not be affected for treating low or high blood sugar. Interview with the medication aide (MA) on 02/18/25 at 10:05am revealed: -The Lantus was kept in the black box and the Ozempic was kept in the zip plastic storage bag on the refrigerator shelf door. -She was not aware of the medication being kept in a locked container and stored separately away from the food. -Residents were not allowed to access the refrigerator at any time. -The facility had a written medication storage policy, but she could not remember what the policy stated about storing medication in the refrigerator. Telephone interview with the Administrator on 02/19/25 at 10:35am revealed: -The black box had a lock and should have been locked. -He was the person responsible for purchasing locked containers for residents' medication. -He was not aware the Lantus or Ozempic was not placed in the locked box.	D 378		

Division of Health Service Regulation
STATE FORM

6800

Z7HT11

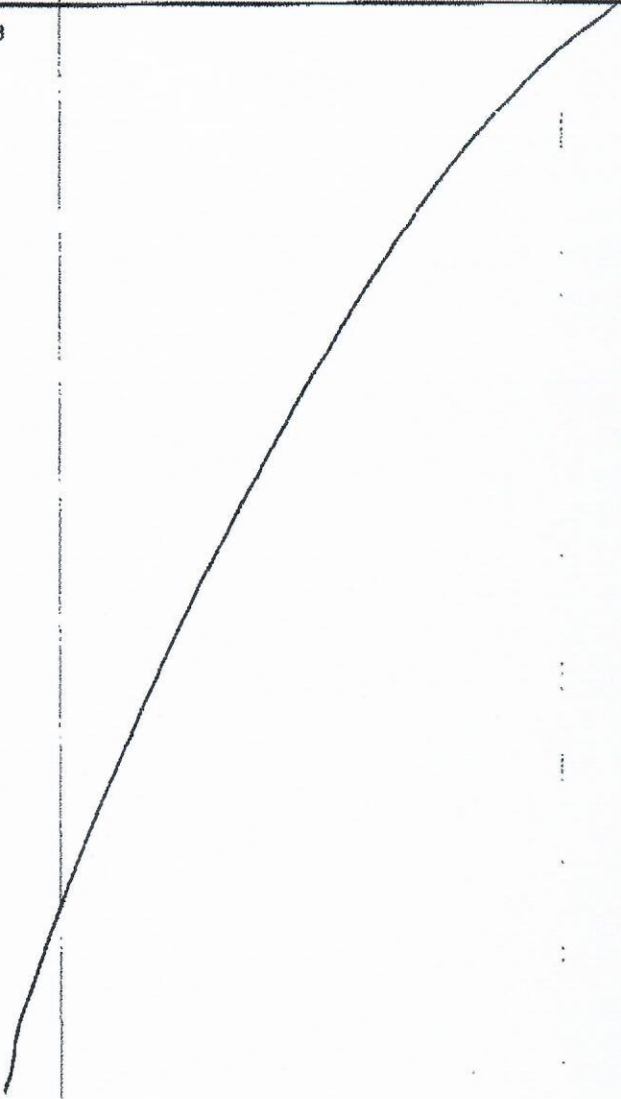
If continuation sheet 4 of 5

[Signature]

administrator

03/07/2025

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D 378	Continued From page 4 He had purchased a new locked container to store the Lantus and Ozempic.	D 378		

0000 27HT11
OK [Signature], administrator,
02/07/25