

## Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL041029 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br>R<br>03/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BROOKDALE SKEET CLUB |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1560 SKEET CLUB ROAD<br>HIGH POINT, NC 27265                                    |                          |                                                      |
| (X4) ID<br>PREFIX<br>TAG                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                      |
| D 000                                                    | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual, follow-up survey and complaint investigation on 03/11/25 to 03/12/25.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D 000                                                                  |                                                                                                                          |                          |                                                      |
| D 276                                                    | 10A NCAC 13F .0902(c)(3-4) Health Care<br><br>10A NCAC 13F .0902 Health Care<br>(c) The facility shall assure documentation of the following in the resident's record:<br>(3) written procedures, treatments or orders from a physician or other licensed health professional; and<br>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure physicians' orders were implemented for 1 of 5 sampled residents (#2) with orders for thrombo-embolic deterrent hose (TED).<br><br>The findings are:<br><br>Review of Resident #2's current FL-2 dated 12/31/24 revealed:<br>-Diagnoses included dementia, psoriasis, epilepsy, anxiety, dizziness, and abnormalities of gait.<br>-Resident #2 needed assistance with dressing.<br><br>Review of Resident #2's physicians orders dated 09/03/24 revealed thrombo-embolic deterrent (TED) hose were to be applied every morning an removed at bedtime.<br><br>Review of Resident #2's January 2025 electronic medication administration record (eMar) | D 276                                                                  |                                                                                                                          |                          |                                                      |

Division of Health Service Regulation

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

*Elisabeth H. Newton, RN, MSN*

STATE FORM

6899

L56H11

TITLE

*Executive Director April 21, 2025*

(X6) DATE

If continuation sheet 1 of 13

Reviewed and acknowledged.

*PD*

05/08/25

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL041029</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>03/12/2025</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE SKEET CLUB</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1560 SKEET CLUB ROAD</b><br><b>HIGH POINT, NC 27265</b> |
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| D 276                    | <p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for TED hose to be applied at 9:00am and removed at 10:00pm daily.</li> <li>-TED hose were documented as applied 01/04/25 to 01/06/25, 01/08/25, 01/11/25 to 01/13/25, 01/15/25 to 01/22/25, 01/25/25 to 01/27/25, and 01/29/25 to 01/31/25.</li> <li>-TED hose were documented as not available on 01/10/25, 01/14/25, 01/23/25, 01/24/25, and 01/28/25.</li> </ul> <p>Review of Resident #2's February 2025 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for TED hose to be applied at 9:00am and removed at 10:00pm daily.</li> <li>-TED hose were documented as applied on 02/01/25 to 02/04/25, 02/06/25 to 02/11/25, 02/13/25 to 02/15/25, 02/17/25 to 02/24/25, and 02/28/25.</li> <li>-TED hose were documented as not available on 02/05/25, 02/12/25, 02/16/25, and 02/25/25 to 02/27/25.</li> </ul> <p>Review of Resident #2's March 2025 eMAR from 03/01/25 to 03/11/25 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for TED hose to be applied at 9:00am and removed at 10:00pm daily.</li> <li>-TED hose were documented as applied on 03/01/25, 03/03/25 to 03/05/25, and 03/07/25 to 03/10/25.</li> <li>-TED hose were documented as not available on 03/02/25, 03/06/25, and 03/11/25.</li> </ul> <p>Observation of Resident #2 on 03/11/25 at 3:20pm revealed he was not wearing TED hose.</p> <p>Observation of Resident #2 on 03/12/25 at 11:00am revealed he was not wearing TED hose.</p> <p>Attempted interview with Resident #2's primary</p> | D 276               |                                                                                                                          |                          |

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| D 276                                                    | <p>Continued From page 2</p> <p>care provider (PCP) on 03/12/25 at 8:05am.</p> <p>Interview with a personal care aide (PCA) on 03/11/25 at 3:26pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 did not wear TED hose.</li> <li>-Resident #2 used to wear TED hose but did not wear them anymore.</li> </ul> <p>Interview with a second PCA on 03/11/25 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 did not wear TED hose.</li> <li>-Resident #2 used to wear TED hose but did not wear them anymore.</li> <li>-She did not know why Resident #2 did not wear TED hose anymore.</li> </ul> <p>Interview with a medication aide (MA) on 03/12/25 at 9:03am revealed:</p> <ul style="list-style-type: none"> <li>-She did not know if Resident #2 wore TED hose.</li> <li>-There might be TED hose in Resident #2's room.</li> <li>-Either the PCAs or the MAs could apply and remove them.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 03/12/25 at 10:00am revealed:</p> <ul style="list-style-type: none"> <li>-She was the RCC but also worked as a MA.</li> <li>-TED hose would show up on the eMAR for the MAs or PCAs to apply.</li> <li>-Resident #2 did wear TED hose.</li> <li>-Resident #2 did refuse his TED hose at times.</li> <li>-If a resident refused TED hose, the MA should document on the eMAR.</li> <li>-Sometimes the TED hose got soiled and had to be cleaned.</li> </ul> <p>Interview with the Health and Wellness Director (HWD) on 03/12/25 at 11:23am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 had an order for TED hose.</li> <li>-MAs should not be documenting they are applying TED hose when they were not.</li> </ul> | D 276                                                                  |                                                                                                                          |                          |                                                      |

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| D 276                                                           | Continued From page 3<br><br>Interview with the Administrator on 03/12/25 at 12:45pm revealed:<br>-MAs should not be documenting things they are not doing.<br>-She expected physician's orders to be followed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D 276                                                                         |                                                                                                                          |                          |                                                                    |
| D 358                                                           | 10A NCAC 13F .1004(a) Medication Administration<br><br>10A NCAC 13F .1004 Medication Administration<br>(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:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br>(2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 2 of 5 residents (#2, #5) including a gel to treat pain and a laxative (#2) and a pain patch (#5).<br><br>The findings are:<br><br>1. Review of Resident #2's current FL-2 dated 12/31/24 revealed diagnoses including dementia, psoriasis, epilepsy, anxiety, dizziness, and abnormalities of gait.<br><br>a. Review of Resident #2's current FL-2 dated 12/31/24 revealed there was an order for voltaren gel (a non-steroidal anti-inflammatory used to treat arthritis pain) 1% apply 4gm to left knee | D 358                                                                         |                                                                                                                          |                          |                                                                    |

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| D 358                                                           | <p>Continued From page 4</p> <p>twice a day.</p> <p>Review of Resident #2's electronic medication administration record (eMAR) for January 2025 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for voltaren gel 1% apply 4gm apply to left knee twice a day with scheduled administration times of 9:00am and 9:00pm.</li> <li>-Voltaren gel 1% apply 4gm apply to left knee twice a day was documented as administered at 9:00am from 01/03/25 to 01/31/25.</li> <li>-Voltaren gel 1% apply 4gm apply to left knee twice a day was documented as administered at 9:00pm from 01/02/25 to 01/31/25.</li> </ul> <p>Review of Resident #2's eMAR for February 2025 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for voltaren gel 1% apply 4gm apply to left knee twice a day with scheduled administration times of 9:00am and 9:00pm.</li> <li>-Voltaren gel 1% apply 4gm apply to left knee twice a day was documented as administered at 9:00am from 02/01/25 to 02/25/25 and 02/28/25.</li> <li>-Voltaren gel 1% apply 4gm apply to left knee twice a day was documented as administered at 9:00pm from 02/01/25 to 02/25/25 and 02/27/25 to 02/28/25.</li> </ul> <p>Review of Resident #2's eMAR for March 2025 from 03/01/25 to 03/11/25 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for voltaren gel 1% apply 4gm apply to left knee twice a day with scheduled administration times of 9:00am and 9:00pm.</li> <li>-Voltaren gel 1% apply 4gm apply to left knee twice a day was documented as administered at 9:00am from 03/01/25 to 03/11/25.</li> <li>-Voltaren gel 1% apply 4gm apply to left knee twice a day was documented as administered at 9:00pm from 03/01/25 to 03/10/25.</li> </ul> | D 358                                                                         |                                                                                                                          |                          |                                                                    |

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| D 358                                                           | <p>Continued From page 5</p> <p>Observation of medications on hand for Resident #2 on 03/11/25 at 3:30pm revealed there was one half-full tube of voltaren gel 1% from another pharmacy with a dispensed date of 10/11/24 available for administration.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 03/11/25 at 4:25pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 had an active order for voltaren gel 1% 4gm to left knee twice a day.</li> <li>-Voltaren gel was an anti-inflammatory used to treat arthritic pain.</li> <li>-One tube of voltaren gel 1% was dispensed on 11/22/23, 12/26/23 and 04/19/24.</li> <li>-One tube of voltaren gel would last 12 and a half days if applied as ordered.</li> <li>-The facility would have to reorder the voltaren gel; the pharmacy did not automatically send it.</li> </ul> <p>Interview with Resident #2 on 03/12/25 at 8:30am revealed:</p> <ul style="list-style-type: none"> <li>-His left knee hurt a lot.</li> <li>-He thought he got a cream applied to his left knee once a week.</li> <li>-The cream helped a little with the pain.</li> <li>-It would be helpful if he got the cream applied more often.</li> </ul> <p>Interview with a medication aide (MA) on 03/12/25 at 9:03am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 did not refuse his medications.</li> <li>-Resident #2 did not complain of knee pain to her.</li> <li>-She applied voltaren gel to Resident #2 as ordered when she worked.</li> </ul> <p>A telephone interview with Resident #2's PCP was attempted but not successful on 03/12/25 at 8:05am.</p> | D 358                                                                         |                                                                                                                          |                          |                                                                    |

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| D 358                                                           | <p>Continued From page 6</p> <p>Interview with the Resident Care Coordinator (RCC) on 03/12/25 at 10:00am revealed:<br/>-The voltaren gel that was dispensed in October 2024 would not still be available if administered as ordered.<br/>-The voltaren gel should have been ordered more frequently.</p> <p>Interview with the Health and Wellness Director (HWD) on 03/12/25 at 11:23am revealed:<br/>-She was concerned Resident #2 was not getting voltaren gel applied as ordered.<br/>-Resident #2 did not complain of pain that she was aware of.</p> <p>Interview with the Administrator on 03/12/25 at 12:45pm revealed:<br/>-She thought Resident #2 might be getting his voltaren gel from another pharmacy.<br/>-The MAs should document if Resident #2 refused his voltaren gel.</p> <p>Refer to interview with Resident #2's family member on 03/11/24 at 4:00pm.</p> <p>Refer to interview with the HWD on 03/12/25 at 11:23am.</p> <p>Refer to the interview with the Administrator on 03/12/25 at 12:45pm.</p> <p>b. Review of Resident #2's current FL-2 dated 12/31/24 revealed there was an order for Metamucil (a bulk-forming fiber supplement with laxative properties) 1tsp in 8oz of liquid daily.</p> <p>Review of Resident #2's January 2025 eMAR revealed:<br/>-There was an entry for Metamucil 1tsp in 8oz of liquid daily with a scheduled administration time</p> | D 358                                                                                               |                                                                                                                          |  |                                                                    |

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| D 358                                                           | <p>Continued From page 7</p> <p>of 10:00am.</p> <p>-Metamucil 1tsp was documented as administered form 01/03/25 to 01/16/25 and from 01/24/25 to 01/31/25.</p> <p>Review of Resident #2's February 2025 eMAR revealed:</p> <p>-There was an entry for Metamucil 1tsp in 8oz of liquid daily with a scheduled administration time of 10:00am.</p> <p>-Metamucil 1tsp was documented as administered form 02/01/25 to 02/25/25 and 02/28/25.</p> <p>Review of Resident #2's March 2025 eMAR from 03/01/25 to 03/11/25 revealed:</p> <p>-There was an entry for Metamucil 1tsp in 8oz of liquid daily with a scheduled administration time of 10:00am.</p> <p>-Metamucil 1tsp was documented as administered form 03/01/25 to 03/11/25.</p> <p>Observation of medications on hand for Resident #2 on 03/11/25 at 3:30pm revealed there was one half-full bottle of Metamucil with a dispensed date of 08/12/24 available for administration.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 03/11/25 at 4:25pm revealed:</p> <p>-Resident #2 had an active order for Metamucil 1tsp daily for constipation.</p> <p>-One bottle of Metamucil was dispensed on 09/09/23, 12/12/23, and 08/12/24.</p> <p>-One bottle of Metamucil contained 425g and would last 25 days.</p> <p>-The facility had to reorder the Metamucil, it was not automatically sent.</p> <p>Interview with a medication aide (MA) on</p> | D 358                                                                                               |                                                                                                                          |  |                                                                    |



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| D 358                                                           | <p>Continued From page 8</p> <p>03/12/25 at 9:03am revealed:<br/>-Resident #2 did not refuse his Metamucil.<br/>-The MAs were able to re-order medications from the eMAR or they could call the pharmacy.<br/>-She could not recall if she re-ordered Metamucil for Resident #2.</p> <p>Interview with the Resident Care Coordinator (RCC) on 03/12/25 at 10:00am revealed:<br/>-Resident #2's should not still have Metamucil on the medication cart from August 2024.<br/>-She was concerned he did not receive the Metamucil as ordered.</p> <p>Interview with the Health and Wellness Director (HWD) on 03/12/25 at 11:23am revealed:<br/>-She recalled a request was sent to Resident #2's primary care provider (PCP) to change the Metamucil order to as needed (prn) but she did not know if the request was answered.<br/>-Resident did not have constipation that she was aware of, but he did have trouble emptying his colon.</p> <p>A telephone interview with Resident #2's PCP was attempted but not successful on 03/12/25 at 8:05am.</p> <p>Refer to interview with Resident #2's family member on 03/11/24 at 4:00pm.</p> <p>Refer to interview with the HWD on 03/12/25 at 11:23am.</p> <p>Refer to the interview with the Administrator on 03/12/25 at 12:45pm.</p> <p>Interview with Resident #2's family member on 03/11/24 at 4:00pm revealed:<br/>-She had not taken medications to the facility in</p> | D 358                                                                                               |                                                                                                                          |  |                                                                    |

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| D 358                                                    | <p>Continued From page 9</p> <p>several months.</p> <p>Interview with the RCC on 03/12/25 at 10:00am revealed:</p> <ul style="list-style-type: none"> <li>-She checked the medications on the medication carts to be sure medications were labeled.</li> <li>-There was a form she was supposed to use to complete medication cart audits but she was not using it.</li> </ul> <p>Interview with the HWD on 03/12/25 at 11:23am revealed:</p> <ul style="list-style-type: none"> <li>-Medication cart audits were done every 2 weeks</li> </ul> <p>2. Review of Resident #5's current FL-2 dated 07/23/24 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included wedge compression fracture of first, third, and fourth lumbar vertebra.</li> <li>-There was an order for Lidoderm (a patch used to treat pain) 5% patch to back in am.</li> </ul> <p>Review of Resident #5's January 2025 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Lidoderm external patch 5% to back daily and remove per schedule with an administration time of 6:00pm and removal time of 6:00am.</li> <li>-There was documentation Lidoderm 5% patch was applied daily at 6:00pm from 01/14/25 to 01/22/25 and 01/24/25 to 01/31/25.</li> </ul> <p>Review of Resident #5's February 2025 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Lidoderm external patch 5% to back daily and remove per schedule with an administration time of 6:00pm and removal time of 6:00am.</li> <li>-There was documentation Lidoderm 5% patch was applied daily from 02/01/25 to 02/28/25 at</li> </ul> | D 358                                                               |                                                                                                                          |                          |                                                   |

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| D 358                                                           | <p>Continued From page 10</p> <p>6:00pm.<br/>-On 02/04/25, 02/06/25, 02/11/25, 02/12/25, 02/14/25, 02/18/25, 02/20/25, 02/21/25, 02/25/25, 02/26/25 and 02/28/25, there was documentation there was no patch to be removed at 6:00am</p> <p>Review of Resident #5's March 2025 from 03/01/25 to 03/11/25 eMAR revealed:<br/>-There was an entry for Lidoderm external patch 5% to back daily and remove per schedule with an administration time of 6:00pm and removal time of 6:00am.<br/>-There was documentation Lidoderm 5% patch was applied daily at 6:00pm from 03/01/25 to 03/10/25.<br/>-On 03/04/25, 03/05/25, 03/07/25, 03/10/25, and 03/11/25, there was documentation there was no patch to be removed at 6:00pm.</p> <p>Review of Resident #5's medications on hand on 03/11/25 at 3:42pm revealed:<br/>-There was one box of Lidoderm 5% patches for Resident #5 with a dispensed date of 01/29/25.<br/>-The box of Lidoderm 5% patches had 30 patches in the box.<br/>-The box of Lidoderm 5% patches had not been opened.<br/>-On 03/12/25 at 10:30am, two additional boxes of 5 Lidoderm 5% patches were provided to the surveyor by the Health and Wellness Director (HWD).<br/>-Of the two additional boxes of Lidoderm 5% patches, one box was full and the other box had patches that remained in the box.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 03/11/25 at 4:30pm revealed:<br/>-Resident #5 had an active order for Lidoderm 5% patch daily dated 08/03/24.</p> | D 358                                                                      |                                                                                                                          |                          |                                                           |

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STATE FORM

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If continuation sheet 11 of 13

Division of Health Service Regulation

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| D 358                                                    | <p>Continued From page 11</p> <p>-One box of 30 Lidoderm 5% patches was dispensed on 11/20/24, 12/24/24, and 01/29/25.</p> <p>Interview with Resident #5 on 03/12/25 at 10:05am revealed:</p> <p>-She did not have back pain right now.</p> <p>-She did not know how often the pain patch was applied.</p> <p>-She did not remove the pain patch herself.</p> <p>Telephone interview with Resident #5's family member on 03/12/25 at 4:35pm revealed:</p> <p>-He brought Resident #5 two boxes of 5 Lidoderm 5% patches to the facility a few months ago because it was cheaper to buy them at an outside pharmacy.</p> <p>-He had not brought any additional Lidoderm patches to the facility for Resident #5.</p> <p>-He was not aware the facility had not used all the patches he provided.</p> <p>-Resident #5 did complain of back pain occasionally.</p> <p>Interview with a medication aide (MA) on 03/12/25 at 10:00am revealed:</p> <p>-Resident #5 had a lidoderm patch ordered for her back.</p> <p>-She did not know if the patch was being applied or not.</p> <p>-No one had informed her that Resident #5 refused the patch or removed the patches herself.</p> <p>-Resident #5 did not complain of back pain to her.</p> <p>Refer to interview with the Health and Wellness Director on 03/12/25 at 11:23am.</p> <p>Refer to interview with the Administrator on 03/12/25 at 12:45pm.</p> | D 358                                                               |                                                                                                                          |                          |                                                   |

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| D 358                                                           | <p>Continued From page 12</p> <p>Interview with the Health and Wellness Director (HWD) on 03/12/25 at 11:23am revealed:</p> <ul style="list-style-type: none"> <li>-She conducted medication cart audits every 2 weeks.</li> <li>-The audit included checking for expired meds, making sure medication bottles were labeled, making sure eye drops were separated from ear drops and nasal sprays.</li> <li>-The MAs were responsible for making sure they had the medications they needed.</li> <li>-Resident #5 had a lot of back pain and she had a pain patch ordered.</li> <li>-She had not checked to make sure the lidoderm 5% patches were being used.</li> <li>-She thought Resident #5's family member might have brought in some lidoderm patches for Resident #5 to use.</li> <li>-She was concerned the MAs were documenting things they were not doing.</li> </ul> <p>Interview with the Administrator on 03/12/25 at 12:45pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not sure how often medication cart audits were being conducted.</li> <li>-She thought the last audit might have been conducted a couple of months ago.</li> <li>-Part of the medication cart audit was to check the medications with the eMAR.</li> <li>-The Lidoderm patch might not be included in the audit.</li> <li>-She expected medications to be administered as ordered.</li> </ul> | D 358                                                                                               |                                                                                                                          |  |                                                                    |

The following is a summary of the Plan of Correction for Brookdale Skeet Club. This Plan of Correction is in regards to the Corrective Action Report dates March 12, 2025. This Plan of Correction is not to be constructed as an admission of or agreement with the findings and conclusions in the State of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation, nor have we identified mitigating factors.

#### **10A NCAC 13F .0902(c)(3-4) 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.**

- The Health & Wellness Director/Nurse/Executive Director or designee will conduct retraining for care associates on referral and follow up of physician's orders. The Health & Wellness Director/Nurse/Executive Director or designee will conduct an audit on current resident records to verify that physician orders are being followed as ordered. To assist with ongoing compliance, the Health & Wellness Director/Nurse/Executive Director or designee will provide weekly monitoring of physician orders for three (3) months, with the Health & Wellness Director/designee to monitor routinely thereafter. Plan of correction to be completed by April 30, 2025.

#### **10A NCAC 13F. 1004 Medication Administration**

**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.**

- The Health & Wellness Director/Nurse/Executive Director or designee will re-in-service medication aids & LPN's on the 7 rights of medication administration; along with an eMAR to medication cart audit to ensure that physician orders and eMAR match. To assist with ongoing compliance the Health & Wellness Director/Nurse/Executive Director or designee will review the New Order Tracking forms to verify accuracy and transcription of physician orders twice weekly for 6 weeks and then randomly thereafter. Plan of correction to be completed by April 30, 2025.



Elizabeth Newton, RN, MSN, Executive Director