

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL-092-22	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER CALYX LIVING OF FUQUAY-VARINA			STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E ACADEMY STREET FUQUAY VARINA, NC 27526		
(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 June 4-5, 2025.	D 000			
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 administered medication as ordered for 1 of 5 sampled resident (#2). The findings are: Review of the medication administration policy dated 03/01/24 revealed: -When residents receive more than monthly weights, blood sugars or vital signs, the Resident Care Director (RCD) will ensure a weekly review as applicable for the measurements and notify the physician of results if changes are present. -The RCD or designee should notify the resident's physician any time there is a value that is below a "normal" range for the resident. -Examples were if blood pressure normally runs 100/60, the medication aide (MA) records a reading of 180/100, this is considered a significant change, and the physician should be notified.	D 358			

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

TITLE

(X6) DATE

STATE FORM

6899

694511

If continuation sheet 1 of 4

Jamaal Willis

Reviewed and Acknowledged 07/08/2025

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D 358	Continued From page 1 -If a blood sugar is normally around 200 and the MA records a reading of 58, this is a significant change, and the physician should be notified even if the resident is not symptomatic of low blood sugar. Review of Resident #2's current FL2 dated 02/17/25 revealed diagnoses included Alzheimer disease, dementia, atrial fibrillation, heart failure, and hypertension. There was an order from the facility's contracted pharmacy dated 05/02/25 revealed: -Digoxin 0.125mg 1 tablet daily (used to control the heart rate) hold for heart rate (HR) less than 55 and notify the physician for HR less than 55 or over 120. -Primary care provider (PCP) initial order dated 05/12/25. Review of Resident #2's April 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Digoxin 0.125mg 1 tablet daily (8:00am) hold for HR less than 55 and notify the physician for HR less than 55 or over 120. -There was an entry on 04/09/25 at 8:00am HR was documented as 167 and was documented as administered. Review of Resident #2's May 2025 eMAR revealed: -There was an entry for Digoxin 0.125mg 1 tablet daily (8:00am) hold for HR less than 55 and notify the physician for HR less than 55 or over 120. -There was an entry on 05/08/25 at 8:00am HR was documented as 121 and was documented as administered. -There was an entry on 05/21/25 at 8:00am HR was documented as 143 and was documented as	D 358			

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D 358	Continued From page 2 administered. Interview with the medication aid (MA) on 06/05/25 at 1:00pm revealed: -She could not recall if the PCP was notified of HR results over 120. -The MAs were to document the HR on the eMAR with their initial when administered the medication. -If the HR was under 55 or over 120 the medication was not to be given and place result in progress note and notified the RCD who then notified the PCP. -She expected the MAs to administer the medication per the physician order. Interview with the Administrator on 06/05/25 at 1:20pm revealed: -She could not recall if the PCP was notified about Resident #2 HR results over 120 before 06/04/25. -The MA should document with the "code 3" to signify held medication by PCP order/order parameters. -The MA documented with an initial confirmed they administered the medication to Resident #2. -The MA was to notify the PCP and the RCD when the HR was under 55 or over 120. -The RCD was responsible to ensure implementation of orders were completed. -She expected the MAs to administer the medication per the physician order. Telephone interview with Resident #2's PCP on 06/05/25 at 3:50pm revealed: -She initialed the pharmacy order agreeing to continue to monitor Resident #4 HR with the instructions to administer Digoxin 0.125mg 1 tablet daily and hold for HR less than 55 and notify the physician for HR less than 55 or over	D 358			

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D 358	Continued From page 3 120. -Digoxin was used to control HR in people with atrial fibrillation. -The purpose of the instructions was to notify the PCP if the HR was under 55 or over 120 to be sure Resident #2 was not symptomatic, compare if she was away from her baseline, and review her other vitals status. -If notified of HR status, she would advise to recheck in a couple of hours and if at baseline then hold the medication and recheck in the am and she would visit the resident during her next rounds. -She had been notified of Resident's #2 HR status in the past but could not recall the last notification.	D 358		

10A NCAC 13F .1004 (a) Medication Administration

July 5th 2025- All Med Techs and Supervisors will have documented education/training on the process of reporting vital signs outside of written physician parameters and how to document the follow-up in the resident record. Training to be completed by ED and/or RCD

July 5th 2025- ED/RCD or designee will review all resident orders with parameters to validate necessity with PCP.

July 5th 2025- ED/RCD or designee to review atypical resident vital signs and verify the completion of the physician reporting process daily until consistency of process is established and then twice weekly to monitor compliance.



Cassie D. Marcy 7/3/2025

Executive Director- Calyx Living Fuquay-Varina