STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001159	A. BUILDING: _____ B. WING _____	R 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 a Follow-Up survey on July 12, 2022 through July 13, 2022.	{D 000}		
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, record reviews and interviews, the facility failed to ensure the accuracy of the electronic medication administration records (eMARs) for 2 of 5 sampled residents related to pain medication (#4) and medication for agitation (#5) The findings are:	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001159	A. BUILDING: _____ B. WING _____	R 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 367	Continued From page 1 1. Review of Resident #4's current FL-2 dated 05/16/22 revealed: -Diagnoses included unspecified sequelae of cerebral, dysphagia following cerebral infarction, diabetes mellitus type 2, heart disease, and muscles weakness. -There was an order for acetaminophen (used to treat pain) 325mg three tablets every 6 hours as needed (PRN) for pain. Review of Resident #4's June 2022 electronic medication administration record (eMAR) revealed: -There was an entry for acetaminophen 325mg three tablets every 6 hours as needed for pain. -There was documentation that acetaminophen was administered twice on 06/12/22 and once on 06/13/22, 06/16/22, 06/22/22, and 06/25/22. Review of Resident #4's July 2022 eMAR revealed: -There was an entry for acetaminophen 325mg three tablets every 6 hours PRN for pain. -There was no documentation acetaminophen was administered in July 2022. Observation of Resident #4's medication on hand on 07/12/22 at 2:47pm revealed: -There was a bubble pack of acetaminophen 325mg, take 3 tablets every 6 hours PRN for pain, with a dispensed date of 06/03/22. -There were 60 acetaminophen tablets dispensed on 06/03/22; there were 6 tablets remaining. -There was a bubble pack of acetaminophen 325mg, take 3 tablets every 6 hours PRN for pain, with a dispensed date of 06/25/22. -There were 60 acetaminophen tablets dispensed on 06/25/22; there were 57 tablets remaining.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001159	A. BUILDING: _____ B. WING _____	R 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 367	Continued From page 2 Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 07/12/22 at 4:05pm revealed: -The pharmacy had an order for acetaminophen 325mg three tablets every 6 hours PRN for pain for Resident #4. -The pharmacy dispensed 60 acetaminophen tablets on 06/03/22 and 06/25/22 for Resident #4. Interview with a medication aide (MA) on 07/12/22 at 4:40pm revealed: -He would document on the eMAR after he had administered a PRN medication. -He would document why he gave the medication and if the medication was effective. -He knew Resident #4 received three acetaminophen 325mg every 6 hours PRN for back pain. -He had administered acetaminophen to Resident #4 for back pain. -He did not remember how many times he had administered Resident #4 acetaminophen PRN for back pain. -He did not know why acetaminophen was administered 19 times since 05/19/22 and only 6 were documented on the eMAR. -It appeared some MAs were not documenting when they administered a PRN medication. Interview with a second MA on 07/13/22 at 8:45am revealed: -When she administered a PRN medication, she would document on the eMAR the medication was administered, why it was needed, and if it was effective. -She did not recall administering Resident #4's acetaminophen PRN for pain. -She did not know why the documentation on the eMAR did not match with the number of pills missing from the bubble pack.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001159	A. BUILDING: _____ B. WING _____	R 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 367	Continued From page 3 Interview with the Supervisor-in-Charge (SIC) on 07/13/22 at 8:33am revealed she did not know why Resident #4 had 19 doses of acetaminophen missing and there were only documentation 6 times on the eMAR that acetaminophen was administered. Attempted interview with Resident #4 on 07/12/22 at 9:30am was unsuccessful. Refer to interview with the SIC on 07/13/22 at 8:33am. Refer to the interview with the Director of Clinical Services on 07/13/22 at 8:54am. Refer to the interview with the Administrator on 07/13/212 at 9:20am. 2. Review of Resident #5's current FL-2 dated 08/03/21 revealed diagnoses of dementia, atrial fibrillation, atrial flutter, heart failure, chronic obstructive pulmonary disease, and amnesia. Review of Resident #5's signed physician's order dated 05/19/22 revealed an order for trazodone (used for agitation) 50mg daily as needed for agitation. Review of Resident #5's May 2022 electronic medication administration record (eMAR) revealed: -There was an entry for trazodone 50mg daily as needed (PRN) for agitation. -There was documentation trazodone was administered on 05/25/22 and 05/30/22. Review of Resident #5's June 2022 eMAR revealed:	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001159	A. BUILDING: _____ B. WING _____	R 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 367	Continued From page 4	D 367		

-There was an entry for trazodone 50mg daily PRN for agitation.
-There was documentation trazodone was administered on 06/18/22.

Review of Resident #5's July 2022 eMAR revealed:
-There was an entry for trazodone 50mg daily as needed for agitation.
-There was documentation trazodone was administered on 07/10/22.

Observation of Resident #5's medication on hand on 07/12/22 at 11:38am revealed:
-There was a bubble pack of trazodone 50mg, take 1 tablet every daily PRN for agitation.
-The trazodone was dispensed on 05/19/22 for 30 tablets, with 5 tablets remaining.

Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 07/12/22 at 4:05pm revealed:
-The pharmacy had an order for trazodone 50mg 1 tablet every daily as needed for agitation for Resident #5.
-The pharmacy dispensed 30 trazodone tablets on 05/19/22 for Resident #5.

Interview with a medication aide (MA) on 07/12/22 at 4:35pm revealed:
-She would document on the eMAR when she administered PRN medication.
-She would document the medication was administered and why the medication was needed.
-She would document the effectiveness of the PRN medication within an hour of administration.
-She did not recall administering trazodone to Resident #5.
-She would have documented on the eMAR if she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001159	A. BUILDING: _____ B. WING _____	R 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 367	Continued From page 5	D 367		

had administered trazodone to Resident #5.
-She did not know why there were only 5 of 30 tablets of trazodone remaining when only 4 tablets were documented on the eMAR as administered.

Interview with a second medication aide (MA) on 07/12/22 at 4:40pm revealed:
-He would document on the eMAR after he had administered a PRN medication.
-He would document why he gave the medication and if the medication was effective.
-He did not recall administering trazodone as needed to Resident #5.
-He did not know why there were 5 of 30 trazodone tablets remaining when only 4 tablets were documented on the eMAR as administered.
-It appeared some MAs were not documenting when they administered PRN medication.

Interview with a third MA on 07/13/22 at 8:45am revealed:
-When she administered an as needed medication, she would document on the eMAR that the medication was administered, why it was needed, and if it was effective.
-She had not administered Resident #5 trazodone as needed for agitation.
-She did not know why the documentation of the eMAR did not match with the number of pills missing from the bubble pack.

Interview with the Supervisor-in-Charge on 07/13/22 at 8:33am revealed she did not know why Resident #5 had documentation on the eMAR that trazodone had been administered 4 times when there were 25 tablets missing.

Based on observations, interviews, and record reviews it was determined Resident #5 was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001159	A. BUILDING: _____ B. WING _____	R 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 367	Continued From page 6 interviewable. Refer to interview with the SIC on 07/13/22 at 8:33am. Refer to the interview with the Director of Clinical Services on 07/13/22 at 8:54am. Refer to the interview with the Administrator on 07/13/212 at 9:20am. _____ Interview with the Supervisor-in-Charge on 07/13/22 at 8:33am revealed: -The MAs should document on the eMAR when and why a PRN medication was administered. -The MA should document on the eMAR each time a PRN medication was administered. Interview with the Director of Clinical Services on medication 07/13/22 at 8:54am revealed: -The MAs were expected to document on the eMAR when a PRN medication was administered. -The MAs should document the PRN medication was administered, why the medication was administered, and the effectiveness of the medication on the eMAR. -The MA should also document in the Resident's chart when a PRN needed medication was administered. -Medication carts audits were being done but the audit did not include comparing the number of as needed pills to the eMAR to ensure they all were documented and accounted for. -She was concerned PRN medication could be administered more frequently than ordered if there was no documentation of the previous administration. Interview with the Administrator on 07/13/22 at	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001159	A. BUILDING: _____ B. WING _____	R 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 367	Continued From page 7 9:20am revealed: -The MAs should be documenting when and why a PRN medication was administered; the MA should return within the hour to document the effectiveness of the medication. -The PRN medication could be administered more frequently than ordered if the previous administration was not documented. -She expected the MAs to document on the eMAR all medications that were administered.	D 367		