Received 01/12/24

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL-044-04 | A. BUILDING: _____ B. WING _____ | C 12/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPICEWOOD COTTAGES - MEADOWS | 251SHELTON STREET WAYNESVILLE, NC 28786 |

| (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 |
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| D 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted a complaint investigation 12/19/23 with an exit by telephone on 12/20/23. | D 000 | | |
| D 167 | 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation<br><br>10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation<br>Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure at least one staff person was present in the facility, on 3rd shift, who successfully completed a course in cardio-pulmonary resuscitation (CPR) within the last 24 months for 5 of 18 shifts from 12/01/23 - 12/18/23.<br><br>The findings are:<br><br>Review of staff assignment sheets for 3rd shift dated 12/01/23 revealed there were no CPR certified staff that worked from 10:30pm - | D 167 | D167 CPR CERTIFICATION CLASS WAS HELD FOR ALL SPICEWOOD STAFF 1/9/24. ALL NURSING PERSONNEL AT THAT PROPERTY ARE NOW CURRENT. → | 1/9/24 |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 1/11/24

STATE FORM 6899 KJQN11 If continuation sheet 1 of 6

Reviewed & acknowledged JMJ 01/12/24

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| D 167 | Continued From page 1<br>6:00am.<br>Review of staff assignment sheets for 3rd shift dated 12/06/23 revealed there were no CPR certified staff that worked from 10:30pm - 6:00am.<br>Review of staff assignment sheets for 3rd shift dated 12/07/23 revealed there were no CPR certified staff that worked from 10:30pm - 6:00am.<br>Review of staff assignment sheets for 3rd shift dated 12/12/23 revealed there were no CPR certified staff that worked from 10:30pm - 6:00am.<br>Review of staff assignment sheets for 3rd shift dated 12/18/23 revealed there were no CPR certified staff that worked from 10:30pm - 6:00am.<br><br>Review of Staff B's personnel record revealed there was no documentation of CPR training.<br><br>Telephone interview with Staff B, dietary aide on 12/20/23 at 8:23am revealed:<br>-She worked 3rd shift from 10:30pm to 6:00am.<br>-She was the only staff member in the building on 12/01/23, 12/06/23, 12/07/23, 12/12/23, and 12/18/23 on 3rd shift.<br>-She was not CPR certified.<br>-If there was an emergency while she was in the facility, she would immediately call for staff assistance from a sister facility on the property.<br>-No one had discussed with her the need to have a CPR class.<br><br>Telephone interview with the Resident Care Coordinator (RCC) Supervisor on 12/20/23 at 8:30am revealed:<br>-She was unaware the staff working on 3rd shift was not CPR certified until recently. | D 167 | ANOTHER CPR CERTIFICATION CLASS IS BEING HELD ON 1/25/24 FOR EMPLOYEES IN ALL DEPARTMENTS. | 1/25/24 |

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| D 167 | Continued From page 2<br>-If there was an emergency, the staff member could call someone from one of the other buildings to provide assistance to the residents.<br><br>Telephone interview with the Administrator on 12/20/23 at 10:10am revealed:<br>-All the staff who work in the facility should be CPR certified.<br>-He had not been aware prior to 12/20/23 there was a staff in the facility that did not have current CPR certification. | D 167 | | |
| D 367 | 10A NCAC 13F .1004(j) Medication Administration<br><br>10A NCAC 13F .1004 Medication Administration<br>(j) The resident's medication administration record (MAR) shall be accurate and include the following:<br>(1) resident's name;<br>(2) name of the medication or treatment order;<br>(3) strength and dosage or quantity of medication administered;<br>(4) instructions for administering the medication or treatment;<br>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;<br>(6) date and time of administration;<br>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,<br>(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).<br><br>This Rule is not met as evidenced by: | D 367 | | |

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| D 367 | Continued From page 3<br><br>Based on observations, interviews, and record review, the facility failed to ensure the electronic medication administration record (eMAR) was accurate for 1 of 2 sampled residents (#2) related to a medication used to treat depression.<br><br>The findings are:<br><br>Review of Resident #2's current FL2 dated 09/25/23 revealed diagnosis of dementia.<br><br>Review of Resident #2's physician's orders dated 02/13/23 revealed a medication order for trazodone (used to treat depression) 50mg take 1/2 tablet three times daily.<br><br>Review of Resident #2's November 2023 eMAR revealed:<br>-There was an entry for trazodone 50mg take 1/2 tablet three times daily scheduled for 11:00am, 5:00pm and 11:00pm.<br>-There was no documentation of administration on 11/30/23 at 11:00am.<br>-There was no documentation of administration on 11/24/23, 11/26/23 and 11/30/23 at 5:00pm<br>-There was no documentation of administration on 11/9/23, 11/11/23, 11/17/23, 11/19/23, 11/20/23, 11/21/23, 11/25/23, 11/26/23 11/28/23 and 11/30/23 at 11:00pm.<br>-There was no reason documented as to why the trazodone was not administered.<br><br>Review of Resident #2's December 2023 eMAR revealed:<br>-There was an entry for trazodone 50mg take 1/2 tablet three times daily scheduled for 11:00am, 5:00pm and 11:00pm.<br>-There was no documentation of administration on 12/01/23 at 11:00pm.<br>-There was no documentation of administration | D 367 | After reviewing MAR's from Administrative Side, there were no blanks found in MAR.<br><br>RCC will periodically monitor all MAR's from Administrative Side to check for accuracy and completion of meds.<br><br>Meeting was held with all med Tech's reminding them to properly document all administered meds and also to make sure the computer is online and communicating properly with Pharmacy. | 12/31/24 |

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| D 367 | Continued From page 4<br>on 12/04/23 at 11:00am.<br>-There was no documentation of administration on 12/06/23 at 5:00pm.<br>-There was no reason documented as to why the trazodone was not administered.<br><br>Observation of Resident #2's medications on hand on 12/19/23 at pm revealed:<br>There was a bubble pack for labeled as trazodone 50mg with a quantity of 30 tablets dispensed on 12/04/23 with 9 tablets available for administration.<br><br>Interview with a medication aide (MA) for Resident #2 on 12/19/23 at 2:45pm revealed:<br>-Resident #2 was administered trazodone 50mg 1/2 tablet three times daily at 11:00am, 5:00pm and 11:00pm.<br>-If a Resident took their medication then staff document the administration with their initials.<br>-When a resident refused to take a medication, the medication was supposed to be documented on the eMAR as not administered and a note was documented with the reason why the medication was not administered.<br>-The blanks on Resident #2's eMARs for trazodone 50mg ½ tablet three times daily on 11/9/23, 11/11/23, 11/17/23, 11/19/23, 11/20/23, 11/21/2311/25/23, 11/26/23, 11/28/23, 11/30/23, 12/01/23, 12/04/23 and 12/06/23 was where the staff member administering the medication did not document the administration or refusal on the eMAR.<br>-She did not know why there was no documentation for these days as it should have been documented given or refused.<br>-There should not be blanks on the eMAR.<br>-At times she had forgotten to document on the eMAR as she was administering medications in two buildings. | D 367 | | |

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| D 367 | Continued From page 5<br><br>Interview with the Resident Care Coordinator Supervisor on 12/19/23 at 3:20pm revealed:<br>-She was unaware staff had not documented the administration of trazodone 50 mg for Resident #2 for 14 times in November 2023 and three times in December 2023.<br>-The medication was supposed to be documented on the eMAR as not administered and a note was documented with the reason why the medication was not administered, and staff were to place their initials when they administered the medications.<br>-Staff were expected to document the administration or refusal of medications when they administered the medications.<br>-She thought staff were just in a hurry and did not document.<br>-Staff needed to slow down and document on the eMAR if the resident took the medication or refused it.<br><br>Interview with the Administrator on 12/19/23 at 4:30pm revealed he expected the MAs to administer medications as ordered to residents and document on the eMAR accurately.<br><br>Attempted interview with Resident #2 on 12/19/23 at 10:25am and 11:01am was unsuccessful. | D 367 | | |