STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 and complaint investigation on December 17, 2024 through December 19, 2024. The complaint investigation was initiated by the Wake County Department of Social Services on November 19, 2024.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure the acute healthcare needs for 1 of 6 sampled residents (#7) was met related to failing to schedule a neurology appointment for the resident. The findings are: Review of Resident #7's current FL2 dated 04/23/24 revealed: -Diagnoses included mixed dementia, major depressive disorder, delusions, insomnia and hyperlipidemia. -The resident was constantly disoriented. Review of Resident #7's incident and accident (I/A) report dated 08/21/24 revealed: -The incident date was 08/21/24. -The incident time was 2:30pm. -The resident had a witnessed fall with injury. -Resident #7 had a witnessed fall with her sitter in the room where she was walking around and lost her balance and hit the back of her head on the	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 273	Continued From page 1	D 273		

closet door.
-She showed no signs of pain or discomfort but had a small skin tear to the right side of her forehead.
-The location of I/A was the resident's apartment.
-Staff assisted the resident and Emergency Medical Services (EMS) was called at 2:45pm.
-The resident was transported to the hospital.
-Resident #7's primary care provider (PCP) and Responsible Party (RP) were notified.

Review of Resident #7's Emergency Department (ED) After Visit Summary (AVS) revealed:
-The AVS summary was dated 08/21/24.
-The reason for the visit was documented as a fall.
-The ED instructions contained the following, in the ED, we did a CT scan of your head and neck to make sure that there were no signs of broken bones or bleeding, while this was re-assuring it did suggest that you may have an increased amount of fluid or hydrocephalus in your head, it was non-specific so we do recommend that you follow-up with a neurology doctor for further evaluation.
-Schedule an appointment with a named neurology group as soon as possible for a visit.

No neurology visit notes were available for review for Resident #7.

Telephone interview with a representative from the named neurology practice on 12/19/24 at 1:48pm revealed:
-A referral for Resident #7 was received from the hospital ED on 08/21/24.
-The neurology office had left a message at a phone number provided as Resident #7's RP on 08/27/24 at 3:43pm but had not received a return call.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 273	Continued From page 2 -There was no documentation that the facility had contacted the neurology office for an appointment for Resident #7. -There was no neurology appointment scheduled for Resident #7. Interview with a medication aide (MA) on 12/19/24 at 2:13pm revealed: -The MAs or the Cottage Care Coordinator (CCC) reviewed the AVSs for the residents of the Cottage Care after ED visits for new orders. -The MAs or the CCC faxed the AVS to the residents' PCP. -If a referral was needed that was usually handled by the CCC. Interview with the CCC on 12/19/24 at 2:33pm revealed: -She or the MAs reviewed all the ED AVSs for the Cottage Care Residents. -The AVS was either faxed to the PCP or placed in his folder to review when he came to the facility. -She or the MAs faxed referrals to outside specialists and usually followed up in 24 hours with a phone call to make sure the referral was received. -Referrals that were sent were documented in the electronic progress notes by her or the MA. -She did not recall making a neurology referral for Resident #7. -She was not aware that Resident #7 needed a neurology referral. -She did compliance reviews of the residents' records every 2 weeks, which included reviewing the residents' FL2 forms, diet orders and care plans. Interview with the Administrator on 12/19/24 at 3:23pm revealed:	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 273	Continued From page 3 -The CCC was responsible for referrals for the Cottage Care residents. -Resident #7's 08/21/24 ED AVS should have been provided to her PCP for review. -She thought she remembered that Resident #7's RP did not want the neurology referral but was not certain and there was no documentation regarding a neurology referral for Resident #7. -The neurology referral for Resident #7 should have been made and documented or if the RP did not want the neurology referral, this should have been documented and the PCP notified. Interview with Resident #7's PCP on 12/19/24 at 2:33pm revealed: -He was aware that Resident #7 had a fall on 08/21/24. -He had not been provided with the 08/21/24 ED AVS for Resident #7. -Usually, staff placed the ED AVSs in a file for him to review when he was at the facility. -If he had reviewed the AVS, he would have initialed it. -There were no initials on the AVS, and he had not seen Resident #7's 08/21/24 ED AVS until today. -He was not aware that the ED had recommended a neurology referral for possible hydrocephalus. -Chronic hydrocephalus could be normal in elderly residents but it could also cause balance issues, confusion, unresponsiveness, and coma. -He thought a neurology referral for Resident #7 would be helpful.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 276	Continued From page 4	D 276		

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 specified in Subparagraph (c)(3) of this Rule.

This Rule is not met as evidenced by:
Based on interviews, and record reviews, the facility failed to ensure implementation of orders for 2 of 6 sampled residents (#1, #3) related to failing to notify a resident's primary care physician when a resident's finger stick blood sugar (FSBS) was greater than 400 (#1) and when a resident's blood pressure was less than 90 or greater than 150 (#3).

The findings are:

1. Review of Resident #1's current FL-2 dated 04/09/24 revealed diagnoses included type 2 diabetes, aneurysm of artery of lower extremity, hyperlipidemia, heart disease, hypertension, vascular disease and atrial fibrillation.

Review of a signed physicians order for Resident #1's dated 06/26/24 revealed:
-There was an order for Humalog Kwikpen (Humalog is a rapid-acting insulin used to lower blood sugar) 100u/ml, check FSBS three times per day before meals.
-Inject Humalog per sliding scale insulin (SSI), 155-184=1 unit, 185-214=2 units, 215-244=3 units, 245-274=3 units, 275-304=5 units, 305-334=6 units, 335-364=7 units, 365 and over=8 units, over 400=8 units and notify primary care provider (PCP).

Review of Resident #1's October 2024 electronic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 276	Continued From page 5	D 276		

medication administration record (eMAR) revealed:
-There was an entry for Humalog Kwikpen 100u/ml, check FSBS three times per day before meals, inject Humalog per sliding scale insulin (SSI), 155-184=1 unit, 185-214=2 units, 215-244=3 units, 245-274=3 units, 275-304=5 units, 305-334=6 units, 335-364=7 units, 365 and over=8 units, over 400=8 units and notify PCP.
-On 10/14/24 at 5:00pm, FSBS was documented as 401 with 8 units of Humalog administered.
-On 10/30/24 at 8:00am, FSBS was documented as 421 with 8 units of Humalog administered.
-There was no documentation that Resident #1's PCP had been contacted on 10/14/24 and 10/30/24 regarding FSBS above 400.

Review of Resident #1's November 2024 electronic medication administration record revealed:
- There was an entry for Humalog Kwikpen 100u/ml, check FSBS three times per day before meals, inject Humalog per sliding scale insulin (SSI), 155-184=1 unit, 185-214=2 units, 215-244=3 units, 245-274=3 units, 275-304=5 units, 305-334=6 units, 335-364=7 units, 365 and over=8 units, over 400=8 units and notify PCP.
-On 11/20/24 at 8:00am, FSBS was documented as 415 with 8 units of Humalog administered.
-On 11/24/24 at 5:00pm, FSBS was documented as 427 with 8 units of Humalog administered.
-On 11/25/24 at 8:00pm, FSBS was documented as 452 with 8 units of Humalog administered.
-On 11/28/24 at 8:00am, FSBS was documented as 401 with 8 units of Humalog administered.
-There was no documentation that Resident #1's PCP had been contacted on 11/20/24, 11/24/24, 11/25/24 and 11/28/24 regarding FSBS above 400.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 276	Continued From page 6	D 276		

Review of Resident #1's December 2024 eMAR revealed:
- There was an entry for Humalog Kwikpen 100u/ml, check FSBS three times per day before meals, inject Humalog per SSI, 155-184=1 unit, 185-214=2 units, 215-244=3 units, 245-274=3 units, 275-304=5 units, 305-334=6 units, 335-364=7 units, 365 and over=8 units, over 400=8 units and notify PCP.
-On 12/02/24 at 8:00am, FSBS was documented as 408 with 8 units of Humalog administered.
-There was no documentation that Resident #1's PCP had been contacted in 12/02/24 regarding FSBS above 400.

Interview with a medication aide (MA) on 12/18/24 at 11:38am revealed:
-She always checked Resident #1's FSBS prior to administering SSI.
-The MAs were to always notify Resident #1's PCP of FSBS over 400.
-The MAs contacted the PCP either through the tele triage system, via fax or by phone.
-The MAs documented on the 24-hour shift report daily for each resident.
-The MAs documented PCP notification of elevated FSBS either in the electronic progress notes or on the 24-hour shift report.
-She always contacted the PCP when a resident's FSBS was over 400.
-It was possible that she or the other MAs forgot to document contact with the PCP about elevated blood sugars above 400.

Review of Resident #1's tele-triage notes provided for the dates of 09/29/24 to 12/12/24 revealed:
-There were no tele-triage notes for 10/14/24
-There were no tele-triage notes for 10/30/24.
-There were no tele-triage notes for 11/20/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 276	Continued From page 7 -There were no tele-triage notes for 11/24/24. -There were no tele-triage notes for 11/25/24. -There were no tele-triage notes for 11/28/24. -There were no tele-triage notes for 12/02/24. Review of the handwritten 24-hour shift reports for Resident #1 revealed: -There was no 24-hour shift report provided for 10/14/24. -On 10/30/24," as needed medication for headache effective, as needed medication for loose stools ineffective, second dose of Imodium administered at 2:20pm" was documented for the Day shift. -On 11/20/24, "had diarrhea, did not go to lunch" was documented for the Day shift. -On 11/24/24, "No Concerns" was documented for the Evening shift. -On 11/25/24, "No Concerns" was documented for the Day shift. -On 11/28/24, "No Concerns", out with family member was documented for the Day shift. -On 12/02/24, "No Concern" was documented for the Day shift. Review of Resident #1's electronic progress notes revealed: -There were no progress notes for 10/14/24 or 10/30/24. -There was a progress note for 11/20/24 at 3:13pm, resident had diarrhea, gave as needed (prn) medication for it and it worked, however she did not go to lunch and ate in her room. -There was a second progress note for 11/20/24 at 10:18pm, the resident had no complaints from antibiotic during shift, eating and drinking well, vital signs were temperature 97.8, pulse 76, respirations 18, blood pressure 132/76. -There were no progress notes for 11/24/24 and 11/25/24.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 276	Continued From page 8 -There was a progress note for 11/28/24 at 2:27pm, family member came and got the resident this morning without informing me, the resident did not receive her 9:00am insulin or her 12:00pm insulin. -There were no progress notes for 12/02/24. Interview with the Assistant Resident Care Coordinator (ARCC) on 12/18/24 at 2:48pm revealed: -The MAs documented in the electronic progress notes and on the handwritten 24-hour report. -All FSBSs above 400 were reported to the PCP by the MAs via tele triage, fax or verbally if the PCP was in the facility. -It was important for the PCP to be notified of elevated FSBS above 400 because the resident may need additional insulin. -The MAs should always document any contact with the PCP regarding FSBS above 400. Interview with the Administrator on 12/19/24 at 3:22pm revealed: -The MAs were responsible for notifying the PCP when FSBSs were outside of the ordered parameters. -The MAs notified the PCP via the tele triage system, fax or phone. -The MAs could also notify the PCP verbally if he was in the facility, but any communication should be documented. -The MAs documented contact with PCP either in the electronic progress notes or on the 24-hour daily report. -She was certain the MAs notified the PCP of Resident #1's elevated blood sugars but they failed to document the notification. Interview with Resident #1's PCP on 12/19/24 at 2:43pm revealed:	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 276	Continued From page 9	D 276		

-Resident #1 was a "brittle diabetic" which he described as the blood sugars were hard to control.
-Resident #1 was not compliant with her diet, saying her family provided her with fast food several times per week.
-He was more concerned about Resident #1's blood sugar being too low instead of too high.
-Resident #1 tolerated high blood sugar better than low blood sugar.
-He did not have documentation of notification of elevated blood sugars above 400 on 10/14/24, 10/30/24, 11/20/24, 11/24/24, 11/25/24, 11/28/24 or 12/02/24.
-He would not have ordered additional insulin on those days.
-Elevated blood sugars could cause kidney damage, neuropathy and coma.

Attempted telephone interview with Resident #1's Responsible Party (RP) on 12/18/24 at 11:38am was unsuccessful.

2. Review of Resident #3's current FL-2 dated 03/05/24 revealed:
-Diagnoses included hypertension, anemia, dementia, and hyponatremia (hyponatremia is a condition where the amount of sodium in a person's blood is abnormally low).
-There was an order to check the resident's blood pressure daily for monitoring and to notify the PCP if systolic blood pressure was less than 90 or greater than 150.

Review of Resident #3's October 2024 electronic medication administration record (eMAR) revealed:
-There was an entry to check the resident's blood pressure daily for monitoring and to notify the PCP if systolic blood pressure was less than 90

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 276	Continued From page 10	D 276		

or greater than 150.
-Resident #3's systolic blood pressure was 86 on 10/01/24, 81 on 10/03/24, 85 on 10/05/24,152 on 10/07/24, 88 on 10/22/24, and 153 on 10/24/24.
-There was no documentation on the eMAR, facility progress notes, or daily shift reports that the resident's PCP was notified on 10/01/24, 10/03/24, 10/05/24, 10/07/24, 10/22/24, or 10/24/24.

Review of Resident #3's November 2024 eMAR revealed:
-There was an entry to check the resident's blood pressure daily for monitoring and to notify the PCP if systolic blood pressure was less than 90 or greater than 150.
-Resident #3's systolic blood pressure was 173 on 11/02/24, 156 on 11/05/24, 162 on 11/11/24, 153 on 11/12/24, 158 on 11/21/24, and 167 on 11/30/24.
-There was no documentation on the eMAR, facility progress notes, or daily shift reports that the resident's PCP was notified on 11/02/24, 11/05/24, 11/11/24, 11/12/24, 11/12/24, 11/21/24, and 11/30/24.

Review of Resident #3's December 2024 eMAR revealed:
-There was an entry to check the resident's blood pressure daily for monitoring and to notify the PCP if systolic blood pressure was less than 90 or greater than 150.
-Resident #3's systolic blood pressure was 163 on 12/01/24, and 158 on 12/03/24.
-There was no documentation on the eMAR, facility progress notes, or daily shift reports that the resident's PCP was notified on 12/01/24, or 12/03/24.

Interview with a medication aide (MA) on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 276	Continued From page 11	D 276		

12/19/24 at 3:25pm revealed:
-When the PCP had parameters listed with an order, MAs were expected to document the PCP was notified in the facility progress notes and on the daily shift report.
-When Resident #3's systolic blood pressure was less than 90 or greater than 150, the MA should fax a PCP communication note to the PCP.
-The MA should also notify the Administrator and the Cottage Care Coordinator (CCC).
-She was not sure why other MAs had not documented notification to Resident #3's PCP that her systolic blood pressure what outside of the parameters.

Interview with the CCC on 12/19/24 at 11:32am revealed:
-MAs were expected to document notification to Resident #3's PCP when her systolic blood pressure was outside of the parameters.
-MAs were able to document notification to the resident's PCP in the facility progress notes and on the daily shift report.
-When the resident's systolic blood pressure was outside of the parameters, the MAs were expected to notify her, the Administrator, and the resident's PCP.
-She was able to review each shifts reports and had not noticed that MAs had not notified Resident #3's PCP that her systolic blood pressure was outside of parameters.
-She reviewed eMARS, facility progress notes, and shift reports every morning when she arrived at the facility.

Telephone interview with Resident #3's PCP on 12/19/24 at 2:30pm revealed:
-He was not aware that Resident #3's systolic blood pressure had been less than 90 or greater than 150 because the facility had never notified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 276	Continued From page 12 him the resident's blood pressure was outside of the parameters. -He expected the facility to notify him when the resident's blood pressure was outside of the parameters that he ordered so he could appropriately monitor her blood pressure and make changes as needed. -The facility placed the resident at a "high risk" of her blood pressure being too low which could cause the resident to have increased weakness, which could lead to fainting, a fall and an injury. -The facility placed the resident at risk when they failed to notify him that her blood pressure was greater than 150 because a high systolic blood pressure reading could lead to a stroke or a heart attack. Interview with the Administrator on 12/19/24 at 3:40pm revealed: -She was not aware that MAs had not notified Resident #3's PCP that her blood pressure was outside of parameters. -MAs were expected to follow PCP orders, staff should have notified the PCP and documented their communication with the PCP.	D 276		
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.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 13	D 358		

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 5 residents (#6) observed during the medication pass including errors with a medication used to treat chronic pain and a medication used to treatment muscle spasms.

The findings are:

Review of the facility's Medication Administration Policy dated September 2020 revealed:
-Always ensure there is an adequate supply of medications on hand.
-Re-order medications according to pharmacy policies and procedures.

The medication error rate was 7% as evidenced by 2 errors out of 27 opportunities during the 8:00am medication pass on 12/17/24.

Review of Resident #6's current FL-2 dated 11/06/24 revealed diagnoses included compression fracture of T1 vertebrae with routine healing, closed traumatic minimally displaced fracture of the sixth cervical vertebrae with routine healing, generalized weakness, multiple fracture of ribs right side with routine healing, acute pain, and chronic depression.

a. Review of Resident #6's current FL2 dated 11/06/24 revealed there was an order for Duloxetine HCL DR (Duloxetine is used to treat depression, anxiety, fibromyalgia, and chronic muscle or bone pain) 30mg, take one capsule every day.

Review of Resident #6's signed physician order sheet dated 12/10/24 revealed there was an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 14	D 358		

order for Duloxetine HCL DR 30mg, take one capsule every day.

Observation of the 8:00am medication pass on 12/17/24 revealed:
-The medication aide (MA) prepared Resident #6's morning oral medications and administered them at 9:06am.
-Duloxetine HCL DR 30mg was not administered with Resident #6's morning oral medications.

Interview with the MA on 12/17/24 at 9:06am revealed:
-There was no Duloxetine HCL DR 30mg on the medication cart for Resident #6.
-Resident #6's family provided her medications through a local retail pharmacy and had not brought Duloxetine for Resident #6.

Review of Resident #6's December 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for Duloxetine HCL DR 30mg, take one tablet every day scheduled at 8:00am.
-Duloxetine HCL DR 30mg was documented as administered at 8:00am on 12/01/24 through 12/05/24.
-Duloxetine HCL DR 30mg was documented as not administered at 8:00am on 12/06/24 with the exception documented as waiting on family to provide.
-Duloxetine HCL DR 30mg was documented as administered at 8:00am on 12/07/24 and on 12/08/24.
-Duloxetine HCL DR 30mg was documented as not administered at 8:00am on 12/09/24 and 12/10/24 with exception documented as waiting on family to provide.
-Duloxetine HCL DR 30mg was documented as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 15	D 358		

not administered at 8:00am on 12/11/24 through 12/16/24 with no exception documented.
-Duloxetine HCL DR 30mg was documented as not administered at 8:00am on 12/17/24 with the exception documented as family has not yet provided.

Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/17/24 at 12:41pm revealed:
-An order was received on 11/08/24 for Duloxetine HCL DR 30mg capsules, take one daily.
-The contracted pharmacy did not dispense medications for Resident #6.

Telephone interview with a pharmacist at Resident #6's local retail pharmacy on 12/18/24 at 11:12am revealed:
-An order for Duloxetine HCL DR 30mg was received on 12/10/24.
-Duloxetine HCL DR 30mg was dispensed on 12/10/24 for quantity of 90 capsules for a 90-day supply.
-Duloxetine HCL DR 30mg was picked up on 12/17/24.

Interview with Resident #6's Primary Care Provider (PCP) on 12/17/24 at 2:41pm revealed:
-She prescribed Duloxetine for Resident #6 for chronic pain in multiple joints.
-She last saw Resident #6 on 12/10/24 and sent a prescription for Duloxetine DR 30mg for a quantity of 90 capsules to take one per day for a 90-day supply with one refill.
-She was not aware that Resident #6 had been without Duloxetine since 12/9/24.
-Resident #6 should not have been without Duloxetine since a prescription had been sent on 12/10/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 16 -Being without Duloxetine could cause Resident #6 to experience an increase in pain or withdrawals symptoms such as headaches and/or dizziness. Attempted telephone interview with Resident #6's Responsible Party (RP) on 12/18/24 at 11:38am was unsuccessful. Refer to the second interview with the MA on 12/17/24 at 12:40pm. Refer to interview with Resident #6 on 12/18/24 at 2:26pm. Refer to interview with the Assistant Resident Care Coordinator (ARCC) on 12/18/24 at 2:48pm Refer to interview with the Administrator on 12/17/24 at 1:03pm. b. Review of Resident #6's current FL2 dated 11/06/24 revealed there was an order for Methocarbamol 500mg (Methocarbamol is used to treat muscle spasms and pain), take three times daily. Review of Resident #6's physician order sheet dated 12/10/24 revealed there was an order for Methocarbamol 500mg, take one tablet three times per day. Observation of the 8:00am medication pass on 12/17/24 revealed: -The medication aide (MA) prepared Resident #6's morning oral medications and administered them at 9:06am. -Methocarbamol 500mg was not administered with Resident #6's morning oral medications.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 17 Interview with the MA on 12/17/24 at 9:06am revealed: -There was no Methocarbamol 500mg on the medication cart for Resident #6. -Resident #6's family provided her medications through a local retail pharmacy and had not brought Methocarbamol for Resident #6. Review of Resident #6's December 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Methocarbamol 500mg, take one tablet three times a day scheduled at 8:00am, 2:00pm and 8:00pm. -Methocarbamol 500mg was documented as administered at 8:00am and 2:00pm on 12/01/24 through 12/08/24. -Methocarbamol 500mg was documented as administered at 8:00pm on 12/01/24 through 12/07/24. -Methocarbamol 500mg was documented as not administered at 8:00pm on 12/08/24 with the exception documented as " not in batch" and was documented as not administered at 8:00pm on 12/09/24 with the exception documented as medication on order. -Methocarbamol 500mg was documented as not administered at 8:00am on 12/09/24 with exception documented as waiting on family to deliver and was documented as not administered on 12/10/24 with the exception documented as waiting on family to provide. Methocarbamol 500mg was documented as not administered at 8:00am on 12/11/24 through 12/16/24 with no exception documented. -Methocarbamol 500mg was documented as not administered at 8:00am on 12/17/24 with the exception documented as family has not yet provided. -Methocarbamol 500mg was documented as not	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 18	D 358		

administered at 2:00pm on 12/09/24 with the exception documented as medication on order.
-Methocarbamol 500mg was documented as not administered at 2:00pm on 12/10/24 through 12/15/24 with no exception documented.
-Methocarbamol 500mg was documented as not administered at 2:00pm on 12/16/24 with the exception documented as hospital.
-Methocarbamol 500mg was documented as not administered at 8:00pm on 12/10/24 with no exception documented.
-Methocarbamol 500mg was documented as administered at 8:00pm on 12/10/24.
-Methocarbamol 500mg was documented as not administered at 8:00pm on 12/11/24 through 12/14/24 with no exception documented.
-Methocarbamol 500mg was documented as administered at 8:00pm on 12/14/24.
-Methocarbamol 500mg was documented as not administered at 8:00pm on 12/15/24 with no exception documented.
-Methocarbamol 500mg was documented as not administered at 8:00pm on 12/16/24 with the exception documented as hospital.

Telephone interview with a pharmacist with the facility's contracted pharmacy provider on 12/17/24 at 12:41pm revealed:
-An order was received on 11/08/24 for Methocarbamol 500mg tablets, take one three times per day.
-The contracted pharmacy did not dispense medications for Resident #6.

Telephone interview with a pharmacist at Resident #6's local retail pharmacy on 12/18/24 at 11:12am revealed:
-Methocarbamol 500mg was prescribed for Resident #6 on 11/08/24 for a quantity of 90 to take three times per day for a 30-day supply by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 19	D 358		

Resident #6's Rehabilitation Physician.
-An order for Methocarbamol 500mg was received on 12/17/24 for a quantity of 90 tablets to take one three times per day for a 30-day supply from Resident #6's Primary Care Provider (PCP), scheduled for pick up today (12/18/24).

Interview with Resident #6's PCP on 12/17/24 at 2:44pm revealed she did not prescribe Methocarbamol 500mg for Resident #6.

Telephone interview with the Clinic Manager from the Rehabilitation Provider's office on 12/19/24 at 3:04pm revealed:
-Methocarbamol 500mg was originally prescribed for Resident #6 when she was in a skilled nursing facility (SNF) for rehabilitation from 10/23/24 to 11/08/24.
-Methocarbamol 500mg, one tablet three times a day, was ordered for Resident #6 upon discharge from the SNF back to current facility for pain and muscle spasms.
-Methocarbamol 500mg was prescribed for a diagnosis of a C 6 spinous process fracture.
-Since leaving the SNF, Resident #6's PCP would be responsible for prescribing the Methocarbamol for Resident #6.

Telephone interview with the Triage Nurse for Resident #6's PCP on 12/19/24 at 9:35am revealed:
-Methocarbamol 500mg, take one three times per day was prescribed for Resident #6 by this provider on 12/17/24 at the request of the facility.
-There was no notification that Resident #6 had been out of Methocarbamol for several days.
-The PCP had no concerns that Resident #6 had been out of Methocarbamol for several days.

Attempted telephone interview with Resident #6's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 20 Responsible Party on 12/18/24 at 11:38am was unsuccessful. Refer to the second interview with the MA on 12/17/24 at 12:40pm. Refer to interview with Resident #6 on 12/18/24 at 2:26pm. Refer to interview with Resident #6 on 12/18/24 at 2:26pm. Refer to the second interview with the MA on 12/17/24 at 12:40pm. Refer to the interview with the Assistant Resident Care Coordinator (ARCC) on 12/18/24 at 12:40pm. _____ Interview with Resident #6 on 12/18/24 at 2:26pm revealed: -Staff administered her medications. -She was not sure what medications she took. -She denied taking medications for pain. -She denied increased pain. -Occasionally the facility did run out of her medications, but she was not sure which ones. Second interview with the MA on 12/17/24 at 12:40pm revealed: -Resident #6's family provided her medications. -She or the other MAs notified Resident #6's family of the need for refills when there were 5 to 6 days of medication remaining. -She had spoken to Resident #6's RP 2 days ago and was told that another family member had dropped off medications for Resident #6 but was not sure who they were given to. -She was off yesterday and had not had time today to look for Resident #6's medications.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 21	D 358		

-The third shift MA performed weekly medication cart audits to ensure medications were available for the residents.
-The MAs documented in either the electronic progress notes or on the 24-hour shift report when family members were contacted about needed refills and when refills were received.

Interview with the ARCC on 12/18/24 at 12:40pm revealed:
-The MAs were responsible for requesting refills for the residents' medications.
-Medications should be re-ordered when there was one week remaining in case a new or hard copy prescription was needed.
-The MAs were responsible for contacting family members for refills if they provided the medications.
-The MAs should follow up with the resident's family in 24 hours if the medications were not received.
-The MAs documented in the electronic progress notes when a family member was contacted for refills.
-The third shift MA was responsible for performing medication cart audits weekly to ensure medications were available for the residents.
-The third shift MA should report to the day shift MA if a resident needed medication from a local retail pharmacy.
-Family members were encouraged to seek out the MA when they brought in medications for the residents and a medication intake was completed by the MA and the medication was then placed on the medication cart.

Interview with the Administrator on 12/17/24 at 1:03pm revealed:
-The MAs or the ARCC were responsible for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 358	Continued From page 22 requesting and re-ordering medications for the residents. -The MAs or the ARCC reached out to either the facility's contracted pharmacy or to the residents' family members if they provided the medications. -Family members were to be contacted by phone for refills and the MA or ARCC should follow up with he family member in 24 hours if the medications were not received. -There was a medication intake form that was completed by the MA or ARCC when outside medications were received. -Medication cart audits were performed weekly by the night shift MA to ensure medications were available, not expired and to check the physicians order sheet for new orders. -The ARCC performed a monthly medication cart audit. -She would make sure that Resident #6's family was contacted about the needed refills and could also use the facility's contracted pharmacy for medications for Resident #6.	D 358		
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure infection control measures were implemented during the	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 371	Continued From page 23	D 371		

medication pass on 12/17/24 by 1 of 1 medication aides observed who failed to wash or sanitize her hands prior to preparing and after administering a topical medicated patch, eye drops, and multiple oral medications to residents, and placed medications in her bare hands.

The findings are:

Review of the facility's Medication Administration Policy date September 2020 revealed always wear gloves when administering eye drops, applying lotions or creams, vaginal or rectal suppositories and dispose of immediately and wash your hands.

Review of an undated Infection Prevention and Control Program for Hand Hygiene provided by the facility revealed:
-Hand Hygiene should be preformed when hands are visibly dirty.
-Before putting on gloves.
-Before handling or administering medication.
-Before insertion of invasive devices.
-Before touching your eyes, nose or mouth.
-Before preparing or eating food.
-Before and after contact with a resident.
-Before and after wound dressings or bandages.
-After removing gloves.
-After contact with blood, body fluids, or non-intact skin.
-After touching surfaces or objects in resident's room that may be contaminated.
-After handling garbage.
-After using the restroom.
-After blowing your nose, coughing or sneezing.

Observation of the medication aide (MA) administering medications during the 8:00am medication pass on 12/17/24 from 8:17am -

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 371	Continued From page 24 9:13am revealed: -There was a bottle of hand sanitizer on the side shelf on both medication carts. -At 8:17am, the MA checked a resident's blood pressure using a wrist cuff, she then unlocked the medication cart and prepared medications in a medication cup and administered them to the resident with a cup of water at 8:19am, she then documented the vital signs and the medications on the electronic medication administration record (eMAR), she then removed a lidocaine patch from the medication cart and used a pen to document the date and time on the patch and applied the lidocaine patch to the same resident's back without the use of gloves, documented on the eMAR and locked the medication cart. -The MA went to the second medication cart and unlocked the cart at 8:27am. -The MA did not sanitize or wash her hands. -The MA prepared seven tablets in a medication cup and prepared Metamucil mixed with 8 ounces of water for a second resident, locked the medication cart and administered the oral tablets with the Metamucil to the second resident at 8:32am. -The MA documented the medication administration on the eMAR for the second resident at 8:33am. -The MA did not sanitize or wash her hands. -The MA unlocked the medication cart and prepared 3 tablets, locked the medication cart and administered the medications to a third resident at 8:36am. -The MA did not sanitize or wash her hands. -The MA unlocked the medication cart, and prepared oral medications including Miralax mixed with 8 ounces of water for a fourth resident at 8:47am. -The MA documented on the eMAR and sanitized her hands at 8:49am.	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 371	Continued From page 25	D 371		

-The MA unlocked the medication cart at 8:53am to prepare medication for a fifth resident and removed a medication bottle of tamsulosin from the cart, removed the medication bottle cap and picked a tamsulosin tablet out of the bottle with bare hands and placed it in her palm and then into a medication cup, replaced the cap back on the tamsulosin bottle, she then removed a bottle of psyllium husk capsules, removed the cap to the bottle of psyllium husks and removed two capsules with her bare hands and placed them in a medication cup, she then picked up the psyllium husk capsules with bare hands and emptied them into another medication cup at 8:55am, she crushed the fifth resident's other medications except a chewable magnesium tablet and placed the crushed medications in the medication cup with the psyllium husks at 8:56am.
-The MA placed a wrist cuff on the fifth resident's arm to check her blood pressure and the cuff was not working, she replaced the batteries in the wrist cuff and checked the fifth resident's blood pressure.
-The MA sanitized her hands at 9:06am.
-The MA mixed the crushed medications with the psyllium husks with a small amount of apple sauce and water and administered to the fifth resident at 9:06am.
-The MA then prepared Miralax in 8 ounces of water for the fifth resident and administered at 9:11am.
-The MA donned gloves and administered eye drops to the fifth resident at 9:13am.
-The MA did not wash her hands prior to donning gloves and administering eye drops to the fifth resident.

Interview with the MA on 12/17/24 at 12:59pm revealed:
-The MAs were supposed to sanitize their hands

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 371	Continued From page 26	D 371		

between each resident when they administered medications.
-There was hand sanitizer on both medication carts.
-She usually used hand sanitizer between each resident when she administered medications.
-She was not sure why she failed to use hand sanitizer between each resident.
-She knew she was to use gloves to administer the topical patch to the first resident and forgot to do so.
-She did not think that she had poured medications directly into her hands.
-Medications should have been poured into a medication cup and not into her bare hands.
-She knew she was to wash her hands before and after using gloves but there was not a sink close by.
-The facility had frequent in-services on hand hygiene, and she had been trained on hand hygiene by the cooperate regional nurse.

Interview with the Assistant Resident Care Coordinator (ARCC) on 12/18/24 at 2:48pm revealed:
-The MAs were trained to sanitize or wash their hands between each resident when administering medications.
-Hand sanitizer was available and stored on each medication cart.
-The MAs should have sanitized or washed her hands between each resident when she administered medications the morning of 12/17/24
-Medications should never be handled with bare hands.
-Gloves were to always be used for finger stick blood sugars, eye drops, ear drops, applying topical lotions and cream and applying patches.
-The MAs should use sanitizer between every

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092225	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF CARY	1705 KILDAIRE FARM ROAD CARY, NC 27511

(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 371	Continued From page 27 resident and wash their hands after every third resident or when their hands were visibly soiled. -Hands should be washed after using gloves as well. Interview with the Administrator on 12/17/24 at 1:03pm revealed: -The MAs were supposed to wash or sanitize their hands between each resident when administering medications. -There was plenty of hand sanitizer in the facility and there were automatic hand sanitizer stations in the hallways. -The MAs should never pour or pop medications into bare hands. -The MA should always use gloves for administering eye drops, ear drops, any topical lotions or creams and topical patches. -Hand hygiene was part of the required annual training for all staff.	D 371		