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D 000	Initial Comments The Adult Care Licensure Section conducted an initial survey on November 5-6, 2024.	D 000		
D 254	10A NCAC 13F .0801(b) Resident Assessment 10A NCAC 13F .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource. This Rule is not met as evidenced by: Based on interviews and record reviews, the	D 254		

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facility failed to ensure 1 of 3 sampled residents (#3) had a care plan completed within 30 days of admission.

The findings are:

Review of Resident #3's admission FL2 dated 07/24/24 revealed:
-Diagnoses included Alzheimer's disease, type 2 diabetes mellitus, paroxysmal atrial fibrillation, pulmonary heart disease, hepatic fibrosis, and chronic obstructive pulmonary disease.
-Recommended level of care was memory care facility.
-On the patient information section titled disoriented, constantly was marked.
-On the patient information section titled personal care assistance, bathing and dressing were marked.
-On the patient information section titled ambulatory status, semi-ambulatory was marked.
-On the patient information section titled bladder, incontinent was marked.

Review of Resident #3's Resident Register revealed:
-Resident #3's admission date to the facility was 08/06/24.
-Resident #3 required assistance with dressing, bathing, ambulation, toileting, hair/grooming, feeding, and orientation to time and place.

Review of Resident #3's care plan dated 10/18/24 revealed:
-Resident #3 required total dependence from staff with eating.
-Resident #3 required supervision with toileting, ambulation, and transfers.
-Resident #3 required limited assistance with bathing, dressing, and grooming.

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D 254	Continued From page 2 -There was no primary care provider's (PCP) signature. Interview with the Special Care Unit Coordinator (SCC) on 11/06/24 at 1:25pm revealed: -She had been employed at the facility since August 2024. -She was responsible for completing the residents' care plans in the Special Care Unit (SCU). -She was aware residents' care plans should be completed within 30 days of admission, annually, or if a resident had a significant change. -She usually completed the residents' care plans and then placed the care plan in a designated area for the residents' PCP to review and sign. -The PCP came to the facility weekly on Monday. -She was unsure why Resident #3's care plan was not completed within 30 days of admission. -Resident #3's care plan was not placed in the designated area for the PCP review to sign when she completed the care plan. -She had forgotten to leave the care plan in the designated area for the PCP to review and sign. Interview with the Resident Care Director (RCD) on 11/06/24 at 2:25pm revealed: -The SCC was responsible for completing the residents' care plans in the SCU. -She did not complete care plans for residents in the SCU. -Care plans should be completed within 30 days of admission. -Once a resident's care plan was completed, the care plan was left in a designated area for the PCP to review and sign. -The PCP came to the facility to see residents weekly on Monday. -She was not aware Resident #3's care plan was not completed within 30 days of admission.	D 254		

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D 254	Continued From page 3 -She was not aware Resident #3's care plan was not signed by the PCP. -Resident #3's care plan should have been completed within 30 days and given to the PCP to review and sign, then filed in Resident #3's electronic health record (EHR). Interview with the Administrator on 11/06/24 at 3:29pm revealed: -The SCC and RCD were responsible for completing the residents' care plans. -The SCC completed the care plans for residents residing in the SCU and the RCD provided assistance and oversight with the care plans. -Once the care plans were completed, the care plans were left in a designated area for the PCP to review and sign. -The PCP came to the facility weekly on Monday. -Resident #3's care plan should have been completed within 30 days of admission. -Resident #3's care plan should have been given to the PCP to review and sign. -The facility did not have a current system in place to audit the care plans and ensure the care plans were signed by the PCP in a timely manner.	D 254		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at	D 280		

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least quarterly thereafter, and includes the following:
(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;
(2) evaluating the resident's progress to care being provided;
(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and
(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed within 30 days of admission for 3 of 3 sampled residents (#1, #2, #3) with LHPS tasks including suppositories (#1, #2, #3), prescribed physical or occupational therapy (#1, #2, #3), medications by injection (#1), compression stockings (#1), continuous positive airway pressure (CPAP) monitoring (#1), and care for pressure ulcers (#3).

The findings are:

1. Review of Resident #1's current FL2 dated 08/15/24 revealed:
-Diagnoses included type 2 diabetes mellitus, chronic obstructive pulmonary disease, rheumatoid arthritis, chronic anemia, chronic kidney disease, and lower extremity edema.
-There was an order for Novolog Flexpen 12 units 3 times daily at meals, hold if blood sugar is less than 100 (Novolog Flexpen is a rapid acting injectable medication used to lower blood sugar

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levels).
-There was an order for Novolog Flexpen inject per sliding scale if blood sugar 201-250 give 2 units, if 251-300, give 4 units, if 301-350, give 6 units, if 351-200, give 8 units, if above 400 call primary care provider (PCP).
-There was an order for Toujeo Solostar inject 20 units subcutaneously once daily, hold if blood sugar less than 100 (Toujeo Solostar is a long-acting injectable medication used to control high blood sugar levels).
-There was an order Toujeo Solostar inject 10 units subcutaneously at bedtime, hold if blood sugar less than 100.
-There was an order for continuous positive airway pressure (CPAP) machine, apply at bedtime, remove in the morning (A CPAP machine is a machine used to treat sleep apnea by keeping the airway open while a person sleeps).
-There was an order for elastic bandages, apply to bilateral lower extremities every morning and at bedtime for chronic edema.

Review of Resident #1's Resident Register revealed an admission date of 08/23/24.

Observation of Resident #1's room on 11/05/24 at 9:50am revealed there was a CPAP machine on Resident #1's nightstand.

Review of Resident #1's PCP order dated 08/24/24 revealed there was an order for Bisacodyl suppository 10mg insert 1 suppository rectally every 24 hours as needed for constipation (Bisacodyl suppository is a medication used to treat constipation).

Review of Resident #1's PCP order dated 09/09/24 revealed:

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-There was an order to discontinue elastic bandages to legs.
-There was an order for compression stockings to both legs every morning for 12 hours and remove at night.

Review of Resident #1's September 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for Novolog Flexpen 12 units 3 times daily before meals scheduled for 7:30am, 11:30am, and 4:30pm.
-Novolog Flexpen 12 units was documented as held or administered as ordered from 09/01/24 to 09/30/24.
-There was an entry for Novolog Flexpen inject per sliding scale if blood sugar 201-250 give 2 units, if 251-300, give 4 units, if 301-350, give 6 units, if 351-200, give 8 units, if above 400 call PCP scheduled for 7:30am, 11:30am, and 4:30pm.
-Novolog Flexpen sliding scale was documented as held or administered as ordered from 09/01/24 to 09/30/24.
-There was an entry for Toujeo Solostar inject 20 units subcutaneously once daily, hold if blood sugar is less than 100 after breakfast scheduled at 8:30am.
-Toujeo Solostar 20 units was documented as held or administered as ordered from 09/01/24 to 09/30/24.
-There was an entry for Toujeo Solostar inject 10 units subcutaneously at bedtime, hold if blood sugar is less than 100 at bedtime.
-Toujeo Solostar 10 units was documented as held or administered as ordered from 09/01/24 to 09/30/24
-There was an entry for Thrombo-Embolic Deterrent (TED) hose, apply stockings to both legs every morning, leave on 12 hours and

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remove scheduled to apply at 8:00am (TED hose are compression stockings used to prevent swelling and blood clots in the legs).
-TED hose were documented as applied on 14 of 18 days from 09/12/24 to 09/30/24.
-There was an entry for Bisacodyl suppository 10mg, insert 1 suppository rectally every 24 hours as needed for constipation.
-There was no documentation of Bisacodyl suppository 10mg being administered from 09/01/24 to 09/30/24.

Review of Resident #1's October 2024 eMAR revealed:
-There was an entry for Novolog Flexpen 12 units 3 times daily before meals scheduled for 7:30am, 11:30am, and 4:30pm.
-Novolog Flexpen 12 units was documented as held or administered as ordered from 10/01/24 to 10/31/24.
-There was an entry for Novolog Flexpen inject per sliding scale if blood sugar 201-250 give 2 units, if 251-300, give 4 units, if 301-350, give 6 units, if 351-200, give 8 units, if above 400 call PCP scheduled for 7:30am, 11:30am, and 4:30pm.
-Novolog Flexpen sliding scale was documented as held or administered as ordered from 10/01/24 to 10/31/24.
-There was an entry for Toujeo Solostar inject 20 units subcutaneously once daily, hold if blood sugar is less than 100 after breakfast scheduled at 8:30am.
-Toujeo Solostar 20 units was documented as held or administered as ordered from 10/01/24 to 10/31/24.
-There was an entry for Toujeo Solostar inject 10 units subcutaneously at bedtime, hold if blood sugar is less than 100 at bedtime.
-Toujeo Solostar 10 units was documented as

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held or administered as ordered from 10/01/24 to 10/31/24.
-There was an entry for TED hose, apply stockings to both legs every morning, leave on 12 hours and remove scheduled to apply at 8:00am.
-TED hose were documented as applied on 27 of 31 days from 10/01/24 to 10/31/24.
-There was an entry for Bisacodyl suppository 10mg, insert 1 suppository rectally every 24 hours as needed for constipation.
-There was no documentation of Bisacodyl suppository 10mg being administered from 10/01/24 to 10/31/24.

Review of Resident #1's November 2024 eMAR revealed:
-There was an entry for Novolog Flexpen 12 units 3 times daily before meals scheduled for 7:30am, 11:30am, and 4:30pm.
-Novolog Flexpen 12 units was documented as held or administered as ordered from 11/01/24 to 11/05/24.
-There was an entry for Novolog Flexpen inject per sliding scale if blood sugar 201-250 give 2 units, if 251-300, give 4 units, if 301-350, give 6 units, if 351-200, give 8 units, if above 400 call PCP scheduled for 7:30am, 11:30am, and 4:30pm.
-Novolog Flexpen sliding scale was documented as held or administered as ordered from 11/01/24 to 11/05/24.
-There was an entry for Toujeo Solostar inject 20 units subcutaneously once daily, hold if blood sugar is less than 100 after breakfast scheduled at 8:30am.
-Toujeo Solostar 20 units was documented as held or administered as ordered from 11/01/24 to 11/05/24.
-There was an entry for Toujeo Solostar inject 10 units subcutaneously at bedtime, hold if blood

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sugar is less than 100 at bedtime.
-Toujeo Solostar 10 units was documented as held or administered as ordered from 11/01/24 to 11/05/24.
-There was an entry for TED hose, apply stockings to both legs every morning, leave on 12 hours and remove scheduled to apply at 8:00am.
-TED hose were documented as applied on 2 of 5 days from 11/01/24 to 11/05/24.
-There was an entry for Bisacodyl suppository 10mg, insert 1 suppository rectally every 24 hours as needed for constipation.
-There was no documentation of Bisacodyl suppository 10mg being administered from 11/01/24 to 11/05/24.

Review of Resident #1's record revealed:
-There was a Licensed Health Professional Support (LHPS) evaluation dated 11/05/24 and tasks included applying and removing TED hose, collecting and testing fingerstick blood sugar (FSBS), medication though injections, monitoring of CPAP, and any other prescribed physical or occupational therapy.
-Suppositories were not marked as a task on the LHPS evaluation dated 11/05/24.
-There were no other LHPS evaluations in Resident #1's record.

Interview with Resident #1 on 11/05/24 at 9:50am revealed:
-He was admitted to the facility about 3 months ago.
-He used a CPAP machine at night for sleep apnea and was able to apply and remove the mask and turn the machine on and off without assistance.
-The facility staff administered his medications including insulin.
-The facility staff did not have to do FSBS

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because he had a continuous blood glucose monitoring system, and the staff monitored his blood glucose with a device.
-The facility staff assisted him with compression hose daily but sometimes he refused the hose because they were tight, and he usually sat with his feet elevated.

Interview with a clinical manager at a home health agency on 11/06/24 at 11:06am revealed Resident #1 was evaluated for physical therapy (PT) on 08/28/24 and was currently receiving PT visits every other week.

Refer to interview with the Resident Care Director (RCD) on 11/06/24 at 2:25pm.

Refer to interview with the Administrator on 11/06/24 at 3:29pm.

2. Review of Resident #2's current FL2 revealed:
-Diagnoses included multiple fractures of the pelvis, history of falls, essential hypertension, unspecified macular degeneration.
-There was an order for an occupational therapy (OT) evaluation.

Review of Resident #2's Resident Register revealed an admission date of 09/16/24.

Review of Resident #2's primary care provider's (PCP) order dated 09/23/24 revealed there was an order for Bisacodyl suppository 10mg, insert 1 suppository rectally every 3 days as needed for constipation (Bisacodyl suppository is a medication used to treat constipation).

Review of Resident #2's September 2024 electronic medication administration record (eMAR) revealed:

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-There was an entry for Bisacodyl suppository 10mg, insert 1 suppository every 72 hours as needed for constipation.
-There was no documentation of Bisacodyl suppository 10mg being administered from 09/24/24 to 09/30/24.

Review of Resident #2's October eMAR revealed:
-There was an entry for Bisacodyl suppository 10mg, insert 1 suppository every 72 hours as needed for constipation.
-There was no documentation of Bisacodyl suppository 10mg being administered from 10/01/24 to 10/31/24.

Review of Resident #2's October eMAR revealed:
-There was an entry for Bisacodyl suppository 10mg, insert 1 suppository every 72 hours as needed for constipation.
-There was no documentation of Bisacodyl suppository 10mg being administered from 11/01/24 to 11/05/24.

Review of Resident #2's record revealed:
-There was a Licensed Health Professional Support (LHPS) evaluation dated 11/05/24 and tasks included any other prescribed physical or occupation therapy.
-Suppositories were not marked as a task on the evaluation dated 11/05/24.
-There were no other LHPS evaluations in Resident #2's record.

Interview with Resident #2 on 11/05/24 at 9:23am revealed:
-She was admitted to the facility a few weeks ago.
-She ambulated independently with a walker.
-She was currently receiving therapy from a home health agency.

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D 280	Continued From page 12 Interview with the Executive Director of a home health agency on 11/05/24 at 2:39pm revealed: -Resident #2 was evaluated for home health services on 09/17/24. -An OT evaluation was completed on 09/19/24 but the OT determined Resident #2 did not need OT services at that time. -Resident #2 was evaluated by physical therapy on 09/19/24 and was still receiving weekly PT visits, with the last PT visit being 11/04/24. Refer to interview with the Resident Care Director (RCD) on 11/06/24 at 2:25pm. Refer to interview with the Administrator on 11/06/24 at 3:29pm. 3. Review of Resident #3's admission FL2 dated 07/24/24 revealed diagnoses included Alzheimer's disease, type 2 diabetes mellitus, paroxysmal atrial fibrillation, pulmonary heart disease, hepatic fibrosis, and chronic obstructive pulmonary disease. Review of Resident #3's Resident Register revealed an admission date of 08/06/24. Review of Resident #3's primary care provider's (PCP) order dated 10/08/24 revealed an order for Zinc oxide ointment 20% apply a small amount topically to red areas on buttocks and groin twice daily (Zinc oxide ointment is used to treat or prevent skin irritation). Review of Resident #3's PCP order dated 10/31/24 and order for Hydrocortisone acetate suppository 25mg, insert 1 suppository every 12 hours (Hydrocortisone acetate suppository is a medication used to treat itching, swelling, or	D 280		

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bleeding in the rectal area).

Review of Resident #3's October 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for Zinc oxide ointment 20% apply a small amount topically to red areas on buttocks and groin twice daily scheduled for 8:00am and 8:00pm.
-Zinc oxide ointment 20% was documented as administered at 8:00am and 8:00pm on 20 of 23 days from 10/09/24 to 10/31/24.

Review of Resident #3's November 2024 eMAR revealed:
-There was an entry for Zinc oxide ointment 20% apply a small amount topically to red areas on buttocks and groin twice daily scheduled for 8:00am and 8:00pm.
-Zinc oxide ointment 20% was documented as administered at 8:00am from 11/01/24 to 11/05/24 and at 8:00pm from 11/01/24 to 11/04/24.
-There was an entry for Hydrocortisone acetate suppository 25mg, insert 1 suppository every 12 hours scheduled for 8:00am and 8:00pm.
-Hydrocortisone acetate suppository 25mg was documented as administered on 3 of 5 days at 8:00am from 11/01/24 to 11/05/24 and on 3 of 4 evenings at 8:00pm from 11/01/24 to 11/04/24.

Review of Resident #3's record revealed:
-There was a Licensed Health Professional Support (LHPS) evaluation dated 11/05/24 and tasks included suppositories, care for pressure ulcers, and any other prescribed physical or occupation therapy.
-There were no other LHPS evaluations in Resident #2's record.

Interview with a clinical manager from a home

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health agency on 11/06/24 at 11:06am revealed:
-Resident #3 was evaluated for home health services on 09/14/24 and was to receive physical therapy (PT), occupational therapy (OT), and speech therapy (ST).
-Resident #3 was discharged from ST on 11/05/24.
-Resident #3 was receiving PT once weekly and OT every other week.
-The agency received an order from Resident #3's PCP on 11/04/24 for skilled nursing to evaluate Resident #3 for wound care.
-A nurse from the agency would come to the facility this week to evaluate Resident #3 for skilled nursing services.

Interview with Resident #3's PCP on 11/06/24 at 11:27am revealed:
-Resident #3 had some red areas on her buttocks for a few weeks and she ordered Zinc oxide ointment to treat those areas.
-She saw Resident #3 at the facility on 11/04/24 and noted a small area of broken skin on her right buttock.
-The area on her right buttock measured 0.1 centimeters by 0.2 centimeters and was no more than 0.1 centimeters deep on 11/04/24.
-She ordered a home health evaluation on 11/04/24 for the area on Resident #3's right buttock.

Based on observations, interviews, and record reviews, it was determined that Resident #3 was not interviewable.

Refer to interview with the Resident Care Director (RCD) on 11/06/24 at 2:25pm.

Refer to interview with the Administrator on 11/06/24 at 3:29pm.

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D 280	Continued From page 15 Interview with the Resident Care Director (RCD) on 11/06/24 at 2:25pm revealed: -She was a registered nurse (RN) and had been employed at the facility since July 2024. -She was responsible for completing the residents' Licensed Health Professional Support (LHPS) evaluations. -She was unaware that she was responsible for completing LHPS evaluations until yesterday, 11/05/24. -She had not completed LHPS evaluations at the facility because she was unsure who was responsible for completing the evaluations. -She was not aware LHPS evaluations should be completed within 30 days of admission and within 30 days of a resident requiring a new task. -She became aware LHPS evaluations were to be completed quarterly on 11/05/24. -She reviewed the residents' record and assessed the residents to determine what LHPS tasks were present. Interview with the Administrator on 11/06/24 at 3:29pm revealed: -The RCD was responsible for completing LHPS evaluations. -LHPS evaluations should be completed within 30 days of admission and quarterly. -The RCD was aware that she was responsible for LHPS evaluations. -He thought the reason why the LHPS evaluations for Resident #1, Resident #2, and Resident #3 were not completed within 30 days of admission was because the RCD was behind with paperwork.	D 280		
D 358	10A NCAC 13F .1004(a) Medication Administration	D 358		

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D 358	Continued From page 16 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 ensure medications were administered as ordered for 1 of 3 sampled residents (#3) including a medication used to treat high blood pressure. The findings are: Review of Resident #3's admission FL2 dated 07/24/24 revealed: -Diagnoses included Alzheimer's disease, type 2 diabetes mellitus, paroxysmal atrial fibrillation, pulmonary heart disease, hepatic fibrosis, and chronic obstructive pulmonary disease. -There was an order for Lisinopril 10mg, 1 tablet twice daily (Lisinopril is a medication used to treat high blood pressure). Review of Resident #3's primary care provider's (PCP) order dated 09/17/24 revealed: -There was an order to discontinue Lisinopril 10mg 1 tablet twice daily. -There was an order to start Lisinopril 10mg 1 tablet once daily, hold if systolic blood pressure was less than 120. Review of Resident #3's September 2024 electronic medication administration record	D 358		

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D 358	Continued From page 17 (eMAR) revealed: -There was an entry for Lisinopril 10mg 1 tablet twice daily scheduled for 8:00am and 8:00pm. -There was an entry for Lisinopril 10mg 1 tablet once daily, hold if systolic blood pressure less than 120. -Lisinopril 10mg 1 tablet twice daily was documented as administered from 09/01/24 to 09/17/24 at 8:00am and 8:00pm. -Lisinopril 10mg, 1 tablet once daily was documented as administered at 8:00am on 09/18/24, 09/20/24, 09/22/24, 09/24/24, 09/26/24, and 09/28/24. -Lisinopril 10mg, 1 tablet once daily was documented as held at 8:00am on 09/19/24, 09/21/24, 09/23/24, 09/27/24, 09/29/24, and 09/30/24 for systolic blood pressures ranging 100-112. -On 09/25/24 Lisinopril 10mg, 1 tablet once daily was documented as held at 8:00am for a systolic blood pressure of 120 and should have been administered. Review of Resident #3's October 2024 eMAR revealed: -There was an entry for Lisinopril 10mg, 1 tablet once daily, hold if systolic blood pressure less than 120. -Lisinopril 10mg, 1 tablet once daily was documented as administered on 15 of 30 days with systolic blood pressures ranging 120-160. -Lisinopril 10mg, 1 tablet once daily was documented as held on 4 of 30 days with systolic blood pressures ranging 86-118. On 10/09/24, Resident #3's blood pressure was documented as 112/68 and Lisinopril 10mg was administered at 8:00am. -On 10/11/24, Resident #3's blood pressure was documented as 99/55 and Lisinopril 10mg was administered at 8:00am.	D 358		

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-On 10/18/24, Resident #3's blood pressure was documented as 97/67 and Lisinopril 10mg was administered at 8:00am.
-On 10/19/24, Resident #3's blood pressure was documented as 112/49 and Lisinopril 10mg was administered at 8:00am.
-On 10/20/24, Resident #3's blood pressure was documented as 108/61 and Lisinopril 10mg was administered at 8:00am.
-On 10/30/24, Resident #3's blood pressure was documented as 110/70 and Lisinopril 10mg was administered at 8:00am.

Interview with a medication aide (MA) on 11/06/24 at 1:15pm revealed:
-If there were instructions on residents' eMAR to take a resident's blood pressure, she took the resident's blood pressure before she administered the medications.
-Resident #3 had an order to hold her Lisinopril if her blood pressure was less than 120.
-She worked as a MA on 10/09/24 and 10/18/24 and administered Resident #3's 8:00am medications.
-She was unsure why she documented that she administered Resident #3's Lisinopril 10mg if her blood pressure was less than 120 on those days.
-She could not remember what occurred on those days because it was a few weeks ago and she could not say for sure what happened.

Interview with the Special Care Unit Coordinator (SCC) on 11/06/24 at 1:25pm revealed:
-MAs should follow the instructions on the residents' eMARs when administering medications.
-If there were orders to take a resident's blood pressure, the MA should take the resident's blood pressure before administering the medication.
-If there were parameters on the eMAR, the MA

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should hold medications if indicated.
-She was not aware Resident #3 had some systolic blood pressure readings below 120 and received Lisinopril 10mg when the medication should have been held.
-MAs should follow the parameters on Resident #3's eMAR and hold Lisinopril 10mg if indicated.

Interview with Resident Care Director (RCD) on 11/06/24 at 2:25pm revealed:
-MAs should follow the instructions on the residents' eMARs when administering medications.
-If there were orders to take a resident's blood pressure, the MA should take the resident's blood pressure before administering the medication.
-If a resident's blood pressure was low, the MA should notify her or the SCC.
-She was not aware Resident #3 had systolic blood pressure readings below 120 and received Lisinopril 10mg when the medication should have been held.
-MAs should hold Resident #3's Lisinopril 10mg if indicated because administering the medication when the systolic blood pressure is less than 120 could cause Resident #3's blood pressure to become too low.

Interview with the Administrator on 11/06/24 at 3:29pm revealed:
-MAs should follow instructions on the residents' eMARs when administering medications.
-If there were parameters for blood pressures on a resident's eMAR, the MA should take the resident's blood pressure before administering the medication and hold the medication if there was an order to hold it.
-MAs should not have administered Resident #3's Lisinopril 10mg if her blood pressure was outside of the parameters established by the PCP.

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D 358	Continued From page 20 -If Resident #3 took Lisinopril 10mg when her blood pressure was already low, she could have lower blood pressure and have increased risk for falls. Interview with Resident #3's PCP on 11/06/24 at 11:27am revealed: -Resident #3 was taking Lisinopril 10mg for high blood pressure. -She gave the order for blood pressure parameters so Resident #3's blood pressure would not become too low. -She was not aware Resident #3 had some low blood pressure readings. -The facility staff should not administer Lisinopril 10mg if Resident #3's systolic blood pressure was less than 120 because her blood pressure could become too low and low blood pressure could put Resident #3 at risk for falls.	D 358		
D 378	10A NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were stored securely when a medication aide left a medication cart unlocked and unattended. The findings are:	D 378		

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D 378	Continued From page 21 Review of the facility's medication storage policy dated September 2021 revealed all medications, including over the counter medications are always kept in locked storage. Observation of the facility's assisted living (AL) 300 hall on 11/06/24 from 6:57am to 7:00am revealed: -The medication cart was in the hallway, located near resident room 303. -The medication cart was unlocked and unattended. -There were no staff members in the hallway. -There were no residents in the hallway. -At 7:00am, the medication aide (MA) exited a resident's room, approached the medication cart, and locked the medication cart. Interview with the MA on 11/06/24 at 1:15pm revealed: -She normally locked the medication cart when she walked away from the cart. -She did not lock the medication cart today, 11/06/24, because a resident was calling for assistance and she left the cart to see what the resident needed. -Residents could open the medication cart and take medications if the medication cart was left unlocked. Interview with the Resident Care Director (RCD) on 11/06/24 at 2:25pm revealed: -MAs should always lock the medication cart when unattended. -It was important to lock the medication cart so all medications were stored securely. -The residents could be harmed if they opened an unlocked medication cart and took something from the cart.	D 378		

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D 378	Continued From page 22 Interview with the Administrator on 11/06/2424 at 3:29pm revealed: -MAs should always lock the medication cart when not in use. -The MA should have ensured the medication cart was locked. -The medication cart should be locked so residents could not access medications in the medication cart. -The medication cart being left unlocked could be a safety issue if a resident took something out of the medication cart.	D 378		