

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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 and the Northampton County Department of Social Services conducted an annual survey on 04/26/22 through 04/27/22.	D 000		
D 344	<p>10A NCAC 13F .1002(a) Medication Orders</p> <p>10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to clarify medication orders for 1 of 3 sampled residents (#2) including orders for medications used to treat low blood sugars and parameters for when a medication should be administered for severe hypoglycemia.</p> <p>The findings are: Review of Resident #2's current FL-2 dated 02/21/22 revealed: -She had a diagnoses of Type 2 diabetes mellitus. -She was constantly disoriented.</p>	D 344		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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 344	<p>Continued From page 1</p> <ul style="list-style-type: none"> -There was an order for Glucose 15 gel 40% for treating low blood sugar, give for blood sugar less than 60. (Glucose 15 gel 40% is a medication used to treat low blood sugar levels.) -There was an order for Baqsimi spray 3mg, administer 3 sprays into one nostril as needed for low blood sugar symptoms or blood sugar less than 50. (Baqsimi spray is a medication used to treat severely low blood sugar levels.) <p>Review of Resident #2's record revealed:</p> <ul style="list-style-type: none"> -There was an order dated 03/28/22 to discontinue Baqsimi 3mg 3 sprays into one nostril as needed for low blood sugar symptoms or blood sugar less than 50. -There was an order dated 03/28/22 for Baqsimi 3mg 1 spray via nasal route as needed for severe hypoglycemia. (Hypoglycemia is a low blood sugar.) <p>Review of Resident #2's progress note dated 04/22/22 revealed:</p> <ul style="list-style-type: none"> -A medication aide (MA) documented that the resident had a blood sugar of 27. -A MA documented that glucose gel and Baqsimi spray were administered to Resident #2. <p>Review of Resident #2's April 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for Baqsimi spray 3mg administer 1 spray via nasal route as needed for severe hypoglycemia. -The Baqsimi spray 3mg was documented as administered at 9:02am on 04/22/22. -There was an entry for glucose gel 15gm for treating low blood sugar, give for blood sugar less than 60. -The glucose gel was documented as administered at 9:02am on 04/22/22. 	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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 344	<p>Continued From page 2</p> <p>Interview with a MA on 04/27/22 at 11:00am revealed:</p> <ul style="list-style-type: none"> -Glucose gel and Baqsimi spray should probably not be given at the same time. -Resident #2's primary care provider (PCP) should have been asked if the glucose gel and Baqsimi spray should be given at the same time. -She was not sure what severe hypoglycemia was other than it meant a really low blood sugar. -The Baqsimi spray should be administered for a really, really low blood sugar. -She did not know what range a really, really low blood sugar was but she knew Resident #2's blood sugar had been as low as 27 before. -She would give Baqsimi spray if Resident #2's blood sugar was less than 50. -She would use the parameter of a blood sugar less than 50 to administer the Baqsimi spray because that was how the order used to be written. <p>Interview with the Resident Care Coordinator (RCC) on 04/27/22 at 4:44pm revealed:</p> <ul style="list-style-type: none"> -The glucose gel and Baqsimi spray should not be administered at the same time because it could cause Resident #2's blood sugar to go too high. -She should have clarified the order with Resident #2's PCP to see if both the glucose gel and the Baqsimi spray should be administered at the same time. -She did not know what blood sugar range constituted severe hypoglycemia. -She should have asked Resident #2's primary care provider (PCP) for clarification of parameters for administering the Baqsimi spray. -The glucose gel and Baqsimi order did not get clarified with Resident #2's PCP because it was an oversight. 	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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 344	<p>Continued From page 3</p> <p>Interview with the Administrator on 04/27/22 at 3:46pm revealed:</p> <ul style="list-style-type: none"> -The RCC was who clarified medication orders with a PCP. -She did not know how MAs would know whether to give the glucose gel or the Baqsimi spray to Resident #2 if she experienced a low blood sugar because one medication seemed as good as the other to bring up the resident's blood sugar. -She would expect a MA to administer at least one of the medications to Resident #2 if she had a low blood sugar and then clarify with the PCP if both medications should be given. -The RCC should have clarified with the PCP if both medications should be given at the same time. -She thought severe hypoglycemia for Resident #2 was a blood sugar below 60 because the resident's blood sugar dropped quickly. -It should have been clarified with Resident #2's PCP what severe hypoglycemia was. <p>Interview with Resident #2's PCP on 04/27/22 a 9:50am revealed:</p> <ul style="list-style-type: none"> -Resident #2 should not receive glucose gel and Baqsimi spray at the same time. -Administering both medications at the same time could cause the resident's blood sugar to become too high. -She expected the facility to clarify when the glucose gel should be given and when the Baqsimi spray should be given to Resident #2. -She expected the facility to clarify with her what severe hypoglycemia was. -She did not recall the facility asking her for clarification. 	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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 D 358	<p>Continued From page 4</p> <p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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.</p> <p>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 2 of 3 residents (#1,#2) during the morning medication pass including errors involving medications to treat constipation and high blood pressure (#2) and medications to treat angina and constipation (#1).</p> <p>The findings are:</p> <p>The medication error rate was 11% as evidenced by the observation of 4 errors out of 34 opportunities during the 8:00am medication pass on 04/26/22.</p> <p>1.Review of Resident #1's current FL-2 dated 08/16/21 revealed diagnosed included coronary artery disease, atrial fibrillation, congestive heart failure and hyperlipidemia.</p> <p>a.Review of Resident #1's physician's order dated 08/16/21 revealed an order for Ranolazine extended release (ER) 500mg to be administered twice daily.(Ranolazine is a medication used to treat chronic chest pain)</p>	D 358 D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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	<p>Continued From page 5</p> <p>Observation of the 8:00am medication administration pass on 04/26/22 revealed Resident #1 was administered Ranolazine ER 500mg at 8:51am after being crushed and placed in applesauce.</p> <p>Review of Resident #1's electronic medication administration record (eMAR) for April 2022 revealed: -There was a computerized entry for Ranolazine ER 500mg to be administered twice daily. -There was documentation Ranolazine ER was administered on 04/26/22 at 8:00am.</p> <p>Interview with a medication aide (MA) on 04/26/22 at 1:39pm revealed: -Resident #1 had an order for crushed meds because she had difficulty swallowing. -She crushed the Ranolazine ER to administer to Resident #1. -She was not aware Ranolazine ER could not be crushed. -She did not know if there was a "do no crush" list available.</p> <p>Review of the facility's "Do Not Crush" medication list revealed a section for common oral dosage forms that should not be crushed with the common abbreviations used for each for including ER for extended release.</p> <p>Telephone interview with Resident #1's hospice nurse on 04/27/22 at 10:12am revealed: -Ranolazine should not be crushed because it is an extended release medication form. -Resident #1 would receive a concentrated dose of the medication all at once as opposed to the medication being released slower over time which could decrease her heart rate.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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	<p>Continued From page 6</p> <p>Telephone interview with Resident #1's facility contracted pharmacist on 04/27/22 at 12:06pm revealed:</p> <ul style="list-style-type: none"> -Extended release and delayed release could not be crushed. -Crushing the medication would negate the function of allowing the medication to be released over time. -Crushing Ranolozine ER could cause nausea, damage kidneys and heart problems by changing the electrical impulses. <p>Interview with the Administrator on 04/27/22 at 3:24pm revealed:</p> <ul style="list-style-type: none"> -Extended release medications should not be crushed because too much of the medication would be released at on time. -A "do not crush" list should be located on the medication cart for MAs to reference. -MAs were taught during MA training that extended-release medications should not be crushed and it is part of their annual training at the facility. <p>b. Review of Resident #1's physician's orders dated 08/16/21 revealed an order for docusate sodium 100mg to be administered each day.</p> <p>Observation of the 8:00am medication administration pass on 04/26/22 revealed docusate sodium was not administered to Resident #1.</p> <p>Review of Resident #1's electronic medication administration record (eMAR) for April 2022 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for docusate sodium 100mg to be administered each day. -There was documentation docusate sodium 100mg was administered on 04/26/22 at 8:00am. 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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	<p>Continued From page 7</p> <p>(Docusate sodium is a medication used to treat constipation.)</p> <p>Interview with a medication aide (MA) on 04/26/22 at 1:39pm revealed: -She punctured the gel capsule to squeeze out the contents to administer the contents to Resident #1 because the gel capsule could not be crushed but she was not sure if that was the appropriate way to administer it so she did not administer it. -She had not asked anyone how to appropriately administer the medication.</p> <p>Interview with Resident #1's primary care provider (PCP) on 04/27/22 revealed docusate sodium should be administered whole.</p> <p>Refer to interview with the Administrator on 04/27/22 at 3:24pm.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 04/27/22 at 4:13pm.</p> <p>2.Review of Resident #2's current FL-2 dated 02/21/22 revealed diagnoses included high blood pressure and stage III chronic kidney disease.</p> <p>a.Review of Resident #2's current FL-2 dated 02/21/22 revealed a physician's order for Amlodipine 10mg, take one tablet each day. (Amlodipine is a medication used to treat high blood pressure.)</p> <p>Observation of the 8:00am medication administration pass on 04/26/22 revealed amlodipine 10mg was not administered.</p> <p>Review of Resident #2's electronic medication administration record (eMAR) for April 2022</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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	<p>Continued From page 8</p> <p>revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for amlodipine 10mg to be administered each day. -There was documentation amlodipine 10mg was administered on 04/26/22 at 8:00am. <p>Interview with the medication aide (MA) on 04/26/22 at 1:39pm revealed:</p> <ul style="list-style-type: none"> -She did not remember administering amlodipine to Resident #2. -She was "nervous" being observed administering medications and overlooked the amlodipine. <p>b. Review of Resident #2's physician's order dated 03/28/22 revealed an order for Polyethylene Glycol 17grams to be administered as needed each day for 30 days. (polyethylene glycol is used to treat constipation.)</p> <p>Observation of the 8:00am medication administration pass on 04/26/22 revealed polyethylene Glycol 17 grams was administered to Resident #2.</p> <p>Review of Resident #2's eMAR for April 2022 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for polyethylene glycol to be administered each day with a stop date of 04/22/22. -There was documentation of administration each day at 8:00am from 04/01/22 through 04/22/22. -There was no documentation of administration on 04/26/22. <p>Interview with the (MA) on 04/26/22 at 1:39pm revealed she administered the polyethylene glycol to Resident #2 because she was "just used to giving it to her".</p> <p>Refer to interview with the Administrator on</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(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	<p>Continued From page 9</p> <p>04/27/22 at 3:24pm.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 04/27/22 at 4:13pm.</p> <p>Interview with the Administrator on 04/27/22 at 3:24pm revealed:</p> <ul style="list-style-type: none"> -Medication administration was part of annual training for MAs at the facility. -She expected MAs to read through each order in the computer prior to administering a medication to ensure the right medication, right dose to the right resident at the right time. -She expected medications to be checked 3 times prior to administration and document administration of medications on the eMAR. <p>Interview with the Resident Care Coordinator on 04/27/22 at 4:13pm revealed:</p> <ul style="list-style-type: none"> -She expected MAs to read through each order in the computer prior to administering a medication to ensure the right medication goes to the right resident. -It was important for MAs to read the order prior to administration to prevent errors. 	D 358		
D 367	<p>10A NCAC 13F .1004(j) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 10</p> <p>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;</p> <p>(6) date and time of administration;</p> <p>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,</p> <p>(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).</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the electronic medication administration records (eMAR) were accurate for 2 of 3 sampled residents (#1,#2) related to a medications that were documented as administered but not observed to be administered during the medication administration pass (#1,#2).</p> <p>1. Review of Resident #2's current FL-2 dated 02/21/22 revealed: -Diagnoses included high blood pressure and stage III chronic kidney disease. -There was a physician's order for Amlodipine 10mg, take one tablet each day.(Amlodipine is a medication used to treat high blood pressure.)</p> <p>Observation of the 8:00am medication administration pass on 04/26/22 revealed Amlodipine 10mg was not administered. (Amlodipine is a medication used to treat high blood pressure.)</p> <p>Review of Resident #2's electronic medication administration record (eMAR) for April 2022 revealed:</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 11</p> <p>-There was a computerized entry for amlodipine 10mg to be administered each day.</p> <p>-There was documentation amlodipine 10mg was administered on 04/26/22 at 8:00am.</p> <p>Interview with the medication aide (MA) on 04/26/22 at 1:39pm revealed:</p> <p>-She did not remember administering Amlodipine to Resident #2.</p> <p>-She was "nervous" being observed administering medications and overlooked the amlodipine but documented administration.</p> <p>Refer to interview with the Administrator on 04/27/22 at 3:24pm.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 04/27/22 at 4:13pm.</p> <p>2.Review of Resident #1's current FL-2 dated 08/16/21 revealed:</p> <p>-Diagnosed included coronary artery disease, atrial fibrillation, congestive heart failure and hyperlipidemia.</p> <p>-There was a physician's order for docusate sodium 100mg to be administered each day.</p> <p>Observation of the 8:00am medication administration pass on 04/26/22 revealed docusate sodium was not administered to Resident #1.</p> <p>Review of Resident #1's electronic medication administration record (eMAR) for April 2022 revealed:</p> <p>-There was a computerized entry for docusate sodium 100mg to be administered each day.</p> <p>-There was documentation docusate sodium 100mg was administered on 04/26/22 at 8:00am.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	<p>Continued From page 12</p> <p>Interview with a medication aide (MA) on 04/26/22 at 1:39pm revealed: -She was aware docusate sodium could not be crushed for administration because in is a gel capsule. -She would puncture the gel capsule and squeeze out the contents to administer the contents to Resident #1 but she was not sure if that was the appropriate way to administer it so she didn't administer it. -She had not asked anyone how to appropriately administer the medication.</p> <p>Refer to interview with the Administrator on 04/27/22 at 3:24pm.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 04/27/22 at 4:13pm.</p> <hr/> <p>Interview with the Administrator on 04/27/22 at 3:24pm revealed: -Medication administration was part of annual training for MAs at the facility. -She expected medications to be checked 3 times prior to administration and document administration of medications on the eMAR.</p> <p>Interview with the Resident Care Coordinator on 04/27/22 at 4:13pm revealed she expected MAs to read through each order in the computer prior to administering a medication to ensure the right medication goes to the right resident and document administration of medications that were administered to prevent medication errors.</p>	D 367		