

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 11/20/2015
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NAME OF PROVIDER OR SUPPLIER  ELMCROFT OF NORTH RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 NEWTON ROAD RALEIGH, NC 27609
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(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	{D 000}		
D 358	<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:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to administer triamcinolone 0.1% cream to 1 of 4 residents sampled in the Special Care Unit by the documentation of 110 applications to over half of the resident's body from 6 ounces of the cream (Resident #6).</p> <p>The findings are:</p> <p>Observations of Resident #6 with the personal care aide (PCA) on 11/18/15 at 2:58pm revealed:</p> <ul style="list-style-type: none"> <li>-The resident was lying on her bed and appeared to be scratching her abdomen.</li> <li>-The resident's entire torso, arms, back and upper buttocks and thighs were covered in small, flat and raised, reddened areas appearing to be 1 to 2 cm. in size.</li> </ul>	D 358		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE	(X6) DATE
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Received + Accepted  
Susan Vincent RW, BSN  
1-8-16

As part of CAR issued following 11/20/15 Revisit

**10A NCAC 13F. 1004(a) Medication Administration**

The Executive Director/Resident Services Director/Regional Director of Quality Services/ and Pharmacy will conduct re-training for all Med-Techs regarding follow up of orders requiring clarification/and Medication Administration Basics to include but no limited to: review of routes of medication and treatments/ dosages of medication and treatments/and best practice to discontinue an order. Documentation of training will be on file in the community and available upon request. Completed by 1/31/16.

Resident Services Director/Supervisor in Charge/Designee will conduct random Medication Pass and treatments observation weekly for a one month period, ending January 31<sup>st</sup>, after weekly audits, random audits will be ongoing. The Executive Director will review completion of audits on a weekly basis.

**10A NCAC 13F. 1308(a) Special Care Staff**

Executive Director has completed re-education with all staff regarding staffing patterns for Special Care Unit. Current staff will not leave their shift until their on-coming shift relief is present in the community. If relief is not in the community at designated shift time, current associate will notify the Supervisor in Charge. SIC will determine appropriate action to take so that shift coverage is appropriate for census in Memory Care. SIC will notify Staffing Development Coordinator for staffing concerns and Staffing Development Coordinator will notify Executive Director as needed.

*Received + Accepted  
Susan Vance RN, BSN  
1-8-16*