

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL077011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/26/2016
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NAME OF PROVIDER OR SUPPLIER HERMITAGE RET CNT OF ROCKINGHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 139 MALLARD LANE ROCKINGHAM, NC 28379
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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 The Adult Care Licensure Section conducted a follow-up survey on February 24, 25 and 26, 2016.	{D 000}		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, record review and interview, the facility failed to provide supervision for 1 of 6 sampled residents (Resident #6), who eloped from the facility. * The findings are: Review of Resident #6 current FL-2 dated 08/05/15 revealed: -Diagnoses of falls and schizoaffective disorder. -Medications included clozaril (antipsychotic medication) 400 mg at bedtime and divalproex sodium (used to treat manic episodes) 300 mg at bedtime. -Documented level of care was Assisted Living (AL). Review of Resident #6's Resident Register revealed: -An admission date of 05/31/13. -Resident had a Power of Attorney (POA). *	D 270		

See Attachment

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Angela Rogers, Adm.</i>	TITLE <i>Adm.</i>	(X6) DATE <i>4/01/16</i>
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*Approved 4/4/16
Darlene Kay Parsons, RPH*

10NCAC 13F .0901 PERSONAL CARE AND SUPERVISION

Supervision was provided. Resident eloped from facility once back at facility her PCP and Legal court appointed Guardian requested her to go into SCU until calmed for her safety and will being. So forth following direct order from PCP and request of legal guardian facility did so for her safety and will being. For the resident and her condition at the time this was the better alternative supervision for her.

-After return to ASL, Administrator put in place 15 minute checks to monitor her behaviors X 1 month.

-Staff was trained on how to do monitor

-Administrator will check documentation weekly to ensure its been done

-Staff will continue to educate resident of smoking policy to help provide this from happen again

10NCAC 13F .1004(a) Medication Administrator

- Administrator will check weekly a sample of new orders/MARS transcript to ensure orders are been follow through.
- Staff meeting with DRS/SCUC to discuss importance of follow through with Doctor's orders are clarification.

GS 131D-21(2) Declaration of Resident's Rights

-Administrator will monitor incident/accident report; Doctor's notes/orders weekly to ensure all resident rights are being upheld.

-DRS/SCUC will have weekly management meetings with administrator to help prevent violations

SIGNED:



DATE:

