

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL064030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/09/2016
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NAME OF PROVIDER OR SUPPLIER TILLERY'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 SOUTH TILLERY STREET ROCKY MOUNT, NC 27804
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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
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C 000 Initial Comments
The Adult Care Licensure Section conducted an annual survey on June 9, 2016.

C 139 10A NCAC 13G .0404 (2) Qualifications Of Activity Director
10A NCAC 13G .0404 Qualifications Of Activity Director
There shall be a designated family care home activity director who meets the following qualifications: qualifications set forth in this Rule.
(2) The activity director hired on or after July 1, 2005 shall have completed or complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professional meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005.
This Rule is not met as evidenced by:
Based on review of personnel records and interview, the facility failed to have a designated family care home activity director who had completed the basic activity course within nine months of being assignment to this position.

C 000 IN ORDER TO BE IN COMPLIANCE WITH RULE 10A NCAC 13G .0404, THE FACILITY WILL INTERVIEW AND CONTRACT WITH A QUALIFIED ACTIVITIES DIRECTOR. THE ADMINISTRATOR WILL ENSURE THAT THE APPROPRIATE DOCUMENTATIONS ARE RECEIVED BY THE ACTIVITY DIRECTOR. WILL INCLUDE THEM IN THE PERSONNEL RECORDS. THE ADMINISTRATOR WILL MAKE SURE THAT THE ACTIVITY DIRECTOR WILL MAINTAIN THE MONTHLY ACTIVITIES CALENDAR; THAT IT IS UPDATED MONTHLY. THE ADMINISTRATION WILL MEET W/ THE ACTIVITY DIRECTOR MONTHLY TO DISCUSS RESIDENTS PARTICIPATION

7/14/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

ADMINISTRATOR
ZYTW11

8/20/16

If continuation sheet 1 of 5

"reviewed and accepted"
8/20/16 ODE

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C 139	Continued From page 1 The findings are: Review of Staff A's personnel record revealed: -She was hired as an administrator on 5/26/15. -No documentation of a job description for an activity director. -No documentation a basic activity course had been completed. Interview with the administrator on 06/09/16 at 3:30 p.m. revealed: -She was responsible for activities at the facility. -She completed the monthly activity calendars. -She had not had the basic activity course. -She was not aware the activity director had to complete a basic activity course. -She would complete the basic activity course.	C 139	AND PROGRESS. THE ADMINISTRATOR MET W/ [REDACTED] AND SHE HAS COMPLETED THE ACTIVITY DIRECTOR COURSE. THE ADMINISTRATOR OBTAINED A COPY OF HER CERTIFICATION. [REDACTED] WILL BE THE ACTIVITY DIRECTOR FOR TILLERY'S PLACE.	7/14/16
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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, record reviews, and interviews, the facility failed to assure medications were administered as ordered by a prescribing practitioner for 1 (Resident #1) of 3 sampled residents who was administered remeron after it had been discontinued.	C 330	IN ORDER TO BE IN COMPLIANCE WITH RULE 10A NCAC 13G. 1004, THE FACILITY ADMINISTRATOR WILL ENSURE THAT ALL MEDICATIONS RECEIVED WILL BE COMPARED	6/10/16

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C 330 Continued From page 2

The findings are:

Review of Resident #1's most recent FL-2 dated 2/29/16 revealed:
- Diagnoses included schizophrenia, hypertension, osteoporosis and gastroesophageal reflux disease (GERD).
- A medication order for remeron 15 mg at hour of sleep. (Remeron is used for sleep).
- A medication order for trazodone 150 mg at hour of sleep. (Trazodone is used for sleep).

Review of a physician's note dated 4/22/16 for Resident #1 revealed:
- Stopped remeron 15 mg 1 tablet before bedtime.
- Continue trazodone 150 mg 1 tablet at bedtime.
- [Resident #1] was sleeping for long periods of time which may be due to medications.
- Remeron was discontinued to prevent over eating.

Review of Resident #1's physician note dated 6/09/16 revealed:
- Remeron was stopped on 04/22/16.
- A discontinued order for remeron was given to the administrator on 4/22/16.
- No discontinued order for remeron was sent from the physician's office to the pharmacy on 4/22/16.

Review of Resident #1's Medication Administration Record (MAR) for April 22-30, 2016 revealed remeron 15 mg had been discontinued on the MAR record.

Review of Resident #1's Medication Administration Record (MAR) for May 2016 revealed:
- An entry for remeron 15 mg take 1 tablet by

C 330

TO PREVIOUS : CURRENT MAR'S. ONLY THE FACILITY ADMINISTRATOR WILL CHECK EACH BATCH WHEN IT IS RECEIVED, APPROXIMATELY 1 WK BEFORE IT IS TO BE ADMINISTERED. AT THIS TIME THE ADMINISTRATOR WILL ALSO AUDIT ALL RESIDENTS CHARTS AND REVIEW ALL PRESCRIPTIONS, D/C ORDERS, ETC AND COMPARE TO MEDICATIONS AS WELL AS THE MAR. THE ADMINISTRATOR WILL ALSO ATTEND ALL RESIDENT APPTS INCLUDING PRIMARY CARE : MENTAL HEALTH.

6/10/16

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C 330 Continued From page 3

mouth every night at bedtime scheduled for administration at 8:00 p.m.
-Documentation of administration nightly at 8:00 p.m.

Review of Resident #1's Medication Administration Record (MAR) for June 1-8, 2016 revealed:
-An entry for remeron 15 mg take 1 tablet by mouth every night at bedtime scheduled for administration at 8:00 p.m.
-Documentation of administration nightly at 8:00 p.m.

Observation of Resident #1's medication on 6/09/16 at 10:30 a.m. revealed a package of remeron was on hand and stored with Resident #1's current medications.

Interview with the administrator on 6/09/16 at 10:30 a.m. revealed:
-Resident #1's remeron had been discontinued.
-She had removed remeron from Resident #1's current medication supply.
-The medication aide had put the remeron back in Resident #1's current medication supply.
-She took remeron out of Resident #1's current medication supply on 6/09/16.
-The remeron order on the MAR was discontinued on 6/09/16.

Interview with the administrator on 06/09/16 at 2:45 p.m. revealed:
-She notified Resident #1's physician on 6/09/16 after it was brought to her attention that remeron 15 mg continued to be given to the resident.
-A discontinued order for remeron 15 mg was sent to the pharmacy on 6/09/16.
-The physician's office usually fax medication changes to the resident's pharmacy.

C 330

THE ADMINISTRATOR WILL OBTAIN COPIES OF ALL VISIT NOTES DOCUMENTING ANY MEDICATION CHANGES. ALL DOCUMENTATION WILL BE FAXED TO THE PHARMACY 6/10/16 WITHIN 2 HRS OF RECEIVING. THE ADMINISTRATOR WILL ENSURE THAT ALL MED TECHS ARE AWARE OF ALL MEDICATION CHANGES. THE ADMINISTRATOR WILL AUDIT RESIDENTS CHARTS MONTHLY FOR COMPLIANCE.