

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALAMANCE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1987 HILTON ROAD</b> <b>BURLINGTON, NC 27217</b>		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS  A complaint investigation was conducted from 8/1/23 to 8/2/23. Event ID# G1D211. The following intakes were investigated NC00305024; NC 11205216 and NC00204627.	F 000			
F 759 SS=D	One of the ten complaint allegations resulted in deficiency.  Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)  §483.45(f) Medication Errors. The facility must ensure that its-  §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interview the facility failed to ensure their medication error rate was less than five percent. Two errors were detected out of twenty-six opportunities for error for 1 of 4 residents observed during medication pass (Resident #7). This resulted in a medication error rate of 7.69 percent. The findings included:  1. Record review revealed Resident #7 had an order, dated 9/30/22, to administer Refresh Liquigel gel 1% one drop to the right eye three times per day.  On 8/2/23 at 8:00 AM Medication Aide #1 (MA #1) was observed as she administered medications to Resident #7. MA #1 was observed to administer one drop of artificial tears to both of Resident #7's eyes. Record review revealed no order for artificial tears.	F 759	The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.  F759-Free of Medication Error Rates 5 percent or More 1. On 8/2/23 the physician was notified, and an order obtained for resident #7 to apply the diclofenac sodium to both knees only. 2. All residents are at risk for this deficient practice. 3. Beginning 8/8/23, all licensed nurses and certified medication aides were	8/14/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/08/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 759	<p>Continued From page 1</p> <p>On 8/2/23 at 9:52 AM during interview the electronic Medication Administration Record (MAR) was reviewed with MA #1 and the Unit Manager Nurse. MA #1 acknowledged that the MAR included the order for Resident #7 to have the Refresh Liquigel gel to her right eye and not the artificial tears to both eyes. MA #1 reported she had always given the artificial tears to both eyes and thought that was what the current order was. MA #1 looked in the medication cart and showed the surveyor that Resident #7 did not have any Liquigel gel drops on the cart. The Unit Manager Nurse stated the Liquigel gel drops could be obtained from stock.</p> <p>2. Record review revealed Resident #7 had an order, dated 2/21/23, to apply 1 % Diclofenac Sodium gel 2 grams transdermally four times per day for pain to the knees and the right shoulder.</p> <p>On 8/2/23 at 8:00 AM Medication Aide (MA) #1 was observed as she administered medications to Resident #7. MA #1 was observed to squeeze some of the Diclofenac gel from the tube to her fingers and apply it to Resident #7's knees. Prior to application, MA #1 did not measure to determine how much of the gel she was administering.</p> <p>On 8/2/23 at 9:52 AM MA #1 and the Unit Manager Nurse were interviewed regarding how they would know 2 grams had been administered as ordered when the amount of gel had not been measured by MA #1 prior to application. The Unit Manager Nurse stated the Diclofenac gel came with a measuring card, and staff were to squeeze the gel first on the measuring card to coincide to 2 grams prior to administering. The Unit Manager</p>	F 759	<p>re-educated by the Director of Nursing/designee on medication administration to include:</p> <ul style="list-style-type: none"> <li>" 6 rights of medication administration</li> <li>" When notification to the medical provider is necessary to assist with an order change or discontinuation.</li> <li>" Delivering and administering medication per recommended directions.</li> <li>" Educating medication aides when to notify the nurse of a resident's refusal or requested change in medication administration route, site, or time.</li> </ul> <p>Any nurse that has not received this education by 8/14/23 will not be allowed to work until the education has been received.</p> <p>4. The Director of Nursing or designee will observe medication administration to ensure medication are administered as ordered. The monitoring will be conducted 3x/week for 4 weeks, then weekly x4 weeks and monthly thereafter. Findings will be reported to the Quality Assurance Performance Improvement Committee for recommendations and modifications until a pattern of compliance is achieved.</p> <p>The Administrator is responsible for the plan of correction.</p> <p>5. Date of Compliance: 8/14/2023</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/21/2023  
FORM APPROVED  
OMB NO. 0938-0391

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F 759	Continued From page 2 Nurse was observed to find the measuring card in the medication cart and show it to MA #1. MA #1 was also interviewed at this time about not administering any of the gel to Resident #7's shoulder. MA #1 stated Resident #7 only wanted the gel to her knees and not to her shoulder.  On 8/2/23 at 10:00 AM during interview it was confirmed with Resident #7 that she only wanted the Diclofenac gel on her knees.	F 759		