

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

PRINTED: 01/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235
---	---

(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
--------------------	--	---------------	---	----------------------

E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 761 SS=D	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can</p>	F 761		12/16/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/10/2024
--	-------	-------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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 761	<p>Continued From page 1</p> <p>be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to secure resident medications left in an unattended medication cart for 1 of 3 medication carts (Hall 100 medication cart).</p> <p>The findings included:</p> <p>An continuous observation on 11/21/24 at 10:15 PM on the 100 hall revealed the medication cart was unlocked and unattended. The locking mechanism in the middle front of the medication cart was observed to be popped out in the unlocked position. Staff and residents were observed sitting near the unlocked medication cart during this time.</p> <p>During an interview on 11/21/24 at 10:19 AM, Nurse #1 returned to the medication cart and stated that sometimes the medication cart does not engage with the keypad lock and that was why the cart's mechanical front lock did not engage. When asked if the cart locked when pushed in manually, she indicated the cart did lock when she pushed in the center locking mechanism manually.</p> <p>During an interview on 11/21/24 at 10:54 AM, Nurse #2 indicated the keypad was not needed to secure the medication cart. The medication carts were secured by the mechanical lock.</p> <p>During an interview on 11/21/24 at 11:51 AM, the DON revealed that the 100 Hall and the 300 Hall medication cart keypads did not work. The Pharmacy was notified and the carts were locked with the center mechanical lock. The DON stated</p>	F 761	<p>Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws. River Landing at Sandy Ridge shall ensure that the rights of all residents guaranteed under 131E-117, Declaration of Patient Rights, are maintained and may be exercised without hindrance.</p> <p>Immediate Actions Taken: On 11/21/2024, a medication cart on the 100 Hall was observed to be unlocked and unattended. No residents were found to be affected by the deficient practice. Nurse #1 locked the unlocked medication cart at the time of discovery. Immediate education was provided to Nurse #1 on 11/21/2024 by the Nurse Mentor regarding appropriate Storage of Medications: compartments containing medications and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others.</p> <p>How River Landing identified other residents at risk: All medication carts were checked immediately to ensure locks were working properly and to ensure that there were no other unlocked and</p>		

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

PRINTED: 01/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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 761	Continued From page 2 it was expected the center mechanical lock was pushed by the nurse to engage the medication cart lock.	F 761	<p>unattended medication carts. Training began with all nursing staff on 11/21/2024 regarding appropriate Storage of Medications: compartments containing medications and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others.</p> <p>Measures to be put in place/ systemic changes: All nurses will receive education regarding appropriate Storage of Medications: compartments containing medications and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others. All Nurses upon hire will receive education regarding the appropriate storage of medications. On each Skilled Household (3 total Skilled Households) the Nurse Mentor or Designee will conduct random medication cart observation audits to ensure medication carts are secured/locked when unattended. These medication cart observation audits will occur 5 times per week for 4 weeks, then 3 times per week for 4 weeks and then once per week for 4 weeks.</p> <p>How corrective actions will be monitored: The results of these audits will be brought to and reviewed in the Quality Assurance meeting for 3 months. Any issues identified during the observational audits will be corrected by the nurse mentor and the staff person will be immediately</p>		

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

PRINTED: 01/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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 761	Continued From page 3	F 761	educated. The Quality Assurance Committee will identify any trends and make recommendations as necessary.		