

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	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>27111</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 it was expected the center mechanical lock was pushed by the nurse to engage the medication cart lock.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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