	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. Boilbind.		R-C	
		HAL011262	B. WING		11/14/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
HUNN'S	COVE ASSISTED LIVIN	G		ND		
			LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	Buncombe County D	sure Section and the epartment of Social Services p survey and complaint 3/19 to 11/14/19.				
D 366	10A NCAC 13F .100 Administration	4 (i) Medication	D 366			
	10A NCAC 13F .100	4 Medication Administration				
	medication administr staff person who adminimediately following medication to the res					
	failed to document th medication immediat	and record review the facility e administration of				
	The findings are:					
	revealed: -Staff who were adm were not medication -Staff were personal were giving medication	care aide's (PCAs) and they				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R-C	
		HAL011262	B. WING		11	/14/2019
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
HUNN'S	COVE ASSISTED LIVING	3		AD		
			LE, NC 28805		000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 1	D 366			
	been trained to give r	nedications.				
	Interview with a second resident on 11/13/19 at					
	10:41am revealed:					
	-Staff who were administering medications were not trained MA's.					
	-The residents had been told the facility was short					
		having to use the staff they				
	-	ations passed and other job				
	duties done.					
	Review of the person	el record for Staff B				
	revealed:					
	-She began her employment with the facility on 10/31/19.					
	-She had been hired as a PCA and Housekeeper.					
		nentation of the 15 hour r diabetic care training.				
		nentation of the medication				
	clinical skills or the m	edication exam.				
	Review of the electro	nic medication record				
	(eMAR) for Novembe					
	revealed:					
	 I here was documen for Advair 250-50 disl 	tation on 11/09/19 at 8:00am				
		brays each nostril each				
		ng tablet every day and				
	Zoloft 100mg tablet e					
	administered as orde					
		tation on 11/09/19 for let TID at 8am, 12pm and				
	4pm had been admin					
		tation on 11/10/19 for				
	Trazodone 100mg tal					
	at 8pm had been adn					
	-The medication was					
	administered by Staff 11/10/19.					

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING		R-C	
		HAL011262	B. WING		11	/14/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CHUNN'S	COVE ASSISTED LIVIN	G 67 MOUI	NTAIN BROOK RO	AD		
		ASHEVII	LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 366	Continued From page	e 2	D 366			
	(eMAR) for November revealed: -There was documen 12:30pm Gabapentin daily had been admir -There was documen Tylenol 325mg two ta been administered as -There was documen Motrin IB 200mg one been administered as -There was documen Trazadone 50mg 1/2 been administered as -There was documen pm Gabapentin 600m had been administered as -There was documen pm Gabapentin 600m had been administered as -There was documen pm Tylenol 325mg tw Buspar 30mg one table carbonate 600mg on 60mg one tablet twic tablet four times daily bedtime, Motrin IB 20 daily and Trazodone administered as orde -The medication was administered by Staff 11/10/19. Review of the electron (eMAR) for November	Atation on 11/09/19 at 1:30pm ablets three times daily had s ordered. Atation on 11/09/19 at 1:30pm tablets three times daily had s ordered. Atation on 11/09/19 at 2:00pm tablet two times daily had s ordered. Atation on 11/09/19 at 4:30 mg one tablet four times daily ed as ordered. Atation on 11/10/19 at 4:30 mg one tablet four times daily ed as ordered. Atation on 11/10/19 at 8:30 to tablets three time daily, olet twice daily, calcium e tablet twice daily, Cymbalta e daily, Gapentin 600mg one to tablets three times 50mg one tablet three times 50mg at bedtime were ared. documented as				
	for Coreg 12.5mg tab Silver for men 50+, 1 500mcg tablet every	atation on 11/09/19 at 5:00pm olet twice daily, Centrum tablet daily, Daliresp day, Lisinopril 20mg twice histered as ordered.				
Division of He	for Coreg 12.5mg tab Silver for men 50+, 1 500mcg tablet every daily had been admir	olet twice daily, Centrum tablet daily, Daliresp day, Lisinopril 20mg twice				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL011262	B. WING			R-C 11/14/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
		67 MOUN	TAIN BROOK ROA	AD			
HUNN'S	COVE ASSISTED LIVING	ASHEVIL	LE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 366	Continued From page	23	D 366				
	anxiety had been adr -There was documen for Coreg 12.5mg tab Silver for men 50+, 1 Daliresp 500mcg tabl 20mg twice daily had ordered. -There was documen Klonopin 0.5mg table anxiety. -There was documen Klonopin 1mg tablet a administered as orde -The medication was administered by Staff 11/10/19.	et every day and Lisinopril been administered as tation on 11/10/19 at 1:57pm t each day as needed for tation on 11/10/19 at 9:00pm at bedtime had been red. documented as B on 11/09/19 and					
	(eMAR) for November revealed: -There was documen Norvasc 10mg tablet tablet in the morning, twice daily, Flobee Pl Imdur ER 30mg tablet tablet twice daily, Mar twice daily and Lopre had been administered -There was documen for a Nicotine 21mg p been administered as -There was documen 10:00am Tylenol 325 been administered as -There was documen pm Lipitor 80mg tablet tablet twice daily, Mar	tation on 11/09/19 at 9:00am atch- to be applied daily had ordered. tation on 11/09/19 at mg as needed for pain had					

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STATEMEN	of Health Service Regure of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL011262	B. WING			R-C 11/14/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	COVE ASSISTED LIVING	67 MOUI	NTAIN BROOK RO	AD			
	COVE ASSISTED LIVING	ASHEVII	LLE, NC 28805				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
D 366	Continued From page	9 4	D 366				
	Ditropan 5mg tablet a	t bedtime had been					
	administered as orde						
		tation on 11/10/19 at 7:21pm					
		tablet every 8 hours as					
	-	ninistered as ordered.					
	-The medication was						
	administered by Staff	B on 11/09/19 and					
	11/10/19.						
	Interview with Staff B	, personal care aide					
	(PCA)/Housekeeper	on 11/13/19 at 4:40pm					
	revealed:						
	-	yed with the facility since					
	the end of October 20						
		as a PCA/Housekeeper.					
		e Business Office Manager					
		ninister medications on					
	11/09/19 and 11/10/1						
		/ MA trainer had told her to					
	sign the eMAR during						
	had only observed.	tered any medications she					
	-She only signed the doing what she was t	eMAR because she was old to do.					
	-	years ago through a private					
		was not supposed to sign					
		I not administered the					
	medication.						
	-She was doing what	the BOM had told her to do.					
	Interview with the BO	M/MA trainer on 11/14/19 at					
	10:50am revealed:						
	-She had taken her e	xam for a MA about a					
	couple of months ago						
	-She also worked as						
	-She was responsible	e for the training of all new					
	Medication Aides.						
		dow her administering					
	medications and she	would watch them					

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If continuation sheet 5 of 14

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	ST CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL011262	B. WING			R-C 11/14/2019	
IAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
HUNN'S	COVE ASSISTED LIVING	3		ND			
			LLE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 366	Continued From page	e 5	D 366				
	would do a couple of -She would then tell t Coordinator (RCC) if take the training after medication cart. -The RCC would let th Professional Support the 15-hour medication medication clinical sk -Once they had comp LHPS nurse then the exam for the MA. -She had just started she was only observir -Staff B should not have as she was only observir -Staff B should not have as she was only observir -She had shown Staff eMAR system and pri- password, but she have eMAR as if she had a medications. -She had only shown administered all the m on 11/09/19, 11/10 /11 observed. -She could not explaid on the eMAR. -Staff B should not be administered any medications -Staff B should not be -Staff B sho	the MA was then ready to a week of being on the he Licensed Health (LHPS) nurse know to do on training and the ills checkoff with the MA. bleted their training with the RCC would schedule the working with Staff B and ng her. ave been signing the eMAR erving and not administering f B how to sign in to the ovided her with the id never told her to sign the					
	-	sident Care Coordinator 2:25 pm revealed:					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED
			A. BUILDING:			
		HAL011262	B. WING			R-C 1/14/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CHUNN'S	COVE ASSISTED LIVING	G	NTAIN BROOK ROA	AD		
		ASHEVI	LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 366	Continued From page	e 6	D 366			
	new MA's. -The training for new experience. -A new MA would spe observing another M/ -He would then check they needed another before they start to ac under the supervision -After administering m under the supervision be assigned a medica -A MA who had alread been signed off on th under the supervision a medication cart by f -No medications were medication training w -He was not aware S	nedications for 4-5 days of a MA the new MA would ation cart by themselves. dy had experience and had e training would have 3 days of a MA and then assigned themselves. e to "be touched" before the vas completed. taff B had documented she ng medication when she				
	2:47pm revealed: -The regular process orientation, diabetic to medication training and the LHPS Nurse, train pharmacy website the finally the medication -He expected new stat training. -He wanted new MA's MA and get to know to processes. -New MA's had 2 wee were allowed to adminindependently.	nd return demonstration with ning on the contracted facility en shadowing a MA and administration exam. aff to follow the process for s to only observe the current the residents and the facility eks of training before they				

STATE FORM

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		COMF	ESURVEY PLETED R-C	
		HAL011262	B. WING			11/14/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
CHUNN'S	COVE ASSISTED LIVING	3	NTAIN BROOK ROA LLE, NC 28805	AD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 366	Continued From page	e 7	D 366				
	been documenting sh medications.	ne was administering					
D935	G.S.§ 131D-4.5B(b) A Training and Compete	ACH Medication Aides; ency	D935				
	G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.						
	home is prohibited from any unsupervised met that individual has pre- medication aide durin an adult care home or of the following: (1) A five-hour training Department that inclu- in all of the following: a. The key principles	g the previous 24 months in r successfully completed all g program developed by the ides training and instruction					
	Prevention guidelines applicable, safe inject procedures for monito	rs for Disease Control and s on infection control and, if tion practices and oring or testing in which e potential for bleeding					
	NCAC 13F .0503 and (3) Within 60 days fro individual must have a. An additional 10-ho developed by the Dep training and instructio 1. The key principles	partment that includes on in all of the following:					
		s of Disease Control and on infection control and, if					

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If continuation sheet 8 of 14

	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL011262	B. WING			R-C 11/14/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
פיוווווייפ	COVE ASSISTED LIVING	67 MOU	NTAIN BROOK ROA	AD			
		ASHEVI	LLE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D935	Continued From page	8	D935				
	applicable, safe inject procedures for monito bleeding occurs or the exists. b. An examination de by the Division of Hea accordance with subs	tion practices and bring or testing in which e potential for bleeding veloped and administered alth Service Regulation in section (c) of this section.					
	reviews the facility fai staff (Staff B and C) v medications had succ	led to ensure 2 of 3 sampled vho administered					
	1. Review of Staff B's -Staff B was hired on aide/housekeeper. -There was no docum completed 5, 10 or 15 administration training -There was no docum	5-hour medication g. nentation Staff B had ation clinical skills checklist					
	Medication Administra	s November 2019 electronic ation Records (eMARs) Imented the administration 9/19 and 11/10/19.					

	F OF DEFICIENCIES OF CORRECTION	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA N OF CORRECTION UMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
		HAL011262	B. WING		R-C 11/14/2019	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
		67 MOU	NTAIN BROOK ROA	D		
HUNN'S	COVE ASSISTED LIVING	ASHEVI	LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D935	Continued From page	9	D935			
	Interview with Staff B revealed: -She had been emplo -She had been hired a Aide/Housekeeper. -She had been a MA company. -She had not taken th or completed the clini -She was scheduled t training class on 11/1 -She had observed th Manager/Medication / medications on 11/09 -She had not adminis 11/09/19 or 11/10/19. -She signed the eMA 11/10/19. Telephone interview v 11:10am revealed wh 11/10/19 Staff B was by herself. Interview with the BO 10:50am revealed: -She started medicati 11/09/19 and 11/10/19 -She had Staff B obse administered medicati 11/10/19. -She was unaware the on 11/09/19 and 11/10/ -She did not know wh take the medication tr -The Resident Care O	on 11/13/19 at 4:40pm by ed since 10/31/19. as a Personal Care "years ago" at a private the medication training class cal skills checklist. to take the medication 4/19. the Business office Aide (BOM/MA) administer /19 and 11/10/19. tered any medications on Rs on 11/09/19 and with a MA on 11/15/19 at ten she came to work on administering medications M/MA on 11/14/19 at on training with Staff B on 9. erve her when she tions on 11/09/19 and at Staff B signed the eMAR 0/19. ten Staff B was scheduled to raining. Coordinator (RCC) was luling the 5, 10 and 15 hour				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL011262	B. WING			R-C 11/14/2019	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
HUNN'S	COVE ASSISTED LIVING		NTAIN BROOK ROA LLE, NC 28805	ND			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D935	Interview with the RC revealed: -Staff B was schedule administration examo -He was responsible in 15 hour training as we checklist and testing. -He was unaware eM documentation of measure Staff B. Interview with the Adr 2:47pm revealed he windicated medication Refer to interview with Manager/Medication at 10:50am. Refer to interview with 2:25pm. Refer to interview with 11/14/19 at 2:47pm. 2. Review of Staff C's -Staff C was hired on aide/Medication Aide. -Staff C had complete 15-hour medication a as the Clinical Skills C -There was no docum successfully passed t examination within 60 Review of the facility?	C on 11/15/19 at 2:25pm. ed to take the medication on 12/03/19. for scheduling the 5, 10 and ell as the clinical skills ARs contained dication administration by ministrator on 11/14/19 at vas unaware that eMARs administration by Staff B. In the Business Office Aide (BOM/MA) on 11/14/19 In the RCC on 11/15/19 at In the Administrator on P personnel record revealed: 08/16/19 as a personal care ed the state approved dministration training as well Checklist on 08/27/19. mentation Staff C had he written medication 0 days of hire. Is Novenber 2019 electronic ation Record (eMARs) mented the administration	D935				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL011262	B. WING			R-C 11/14/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
HUNN'S	COVE ASSISTED LIVIN	G	NTAIN BROOK ROA LLE, NC 28805	AD			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D935	Continued From page 11		D935				
	Attempted telephone Staff C was unsucce	e interview on 11/14/19 with essful.					
	(RCC) on 11/15/19 a -Staff C completed th medication administr -Staff C did not pass administration exam training. -Staff C was not sch administration exam -Staff C was remove 10/25/19. -He became aware of administered medica 11/12/19 and had inf to administer medica Refer to interview wi Manager/Medication at 10:50am. Refer to interview wi 2:25pm.	he state approved 15-hour ration training on 08/27/19. the medication within 60 days of taking the eduled to take the medication again. d from the medication cart on on 11/13/19 that Staff C had ations on 11/11/19 and formed her that she was not					
	10:50am revealed: -She had been a MA -She was responsibl -When she trained n observed her admini would observe the n medications.	DM/MA on 11/14/19 at for a couple of months. e for training all MAs. ew MAs the new MAs ister medications, then she ew MA administer he new MA was ready, she					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011262		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			R-C	
		HAL011262	B. WING		11/14/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
CHUNN'S	COVE ASSISTED LIVING	G	NTAIN BROOK ROA	ND			
		ASHEVI	LLE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
D935	Continued From page 12		D935				
	informed the Resider schedule medication -The RCC was respo Licensed Health Prof complete training with -Once medication tra exam was scheduled Interview with the RC revealed: -He was responsible new MAs. -The LHPS nurse cor checklist. -MA training varied ba experience. -A new MA would spe another MA administe -If new MAs needed to assign them to anoth to be on their own. -The new MA would be 4-5 days before they medications by thems -Staff should not "tou medications before they was complete. Interview with the Add 2:47pm revealed: -The RCC was respo training of new MAs. -He wanted new MAs	at Care Coordinator (RCC) to training. nsible for scheduling the essional Support (LHPS) to n new MAs. ining was completed, the C on 11/14/19 at 2:25pm for coordinating training for mpletes the clinical skills ased upon the MAs end at least 2 days observing er medications. further training, he would er MA until they were ready be supervised by a MA for started administering selves. ch" or administer he medication training class ministrator on 11/14/19 at nsible for coordinating the is to become familiar with the					
	orientation, diabetic to medication training, r	ation. a for new MAs included basic					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011262		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R-C	
		B. WING			11/14/2019	
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
HUNN'S	COVE ASSISTED LIVING	3		ND		
			LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLE ⁻ DATE
D935	Continued From page 13		D935			
	were allowed to admi independently. -He expected all new process. -MAs had to pass the	eks of training before they inister medications MAs to follow the training medication administration the class or they could not				