Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			CONSTRUCTION	(X3) DATE COMF	SURVEY
				A. BOILDING			
		HAL035031		B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA LOUISBUR	ARD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
D 000	Initial Comments			D 000			
	annual survey on Nov November 22, 2019 a through November 20 telephone on Novem	esure section conducted vember 19, 2019 through and November 25, 2019 6, 2019 with an exit via ber 26, 2019, and a con initiated by the count	gh 9				
D 113	10A NCAC 13F .0311	1(d) Other Requiremen	ts	D 113			
	10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.						
	reviews, the facility fatemperatures were moderated the second of the se	as evidenced by: ns, interviews and reco ailed to assure hot wate naintained between 100 enheit (F) as evidenced es lower than 100°F an r 4 of 15 water fixtures (esidents' common bathr dents rooms on the 300 enterviews at 10:32am reveale e of the second shower mon bathroom of the	er and I by d sink oom -hall.				

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

TITLE (X6) DATE

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL035031		B. WING		1.	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	,	0
COLITHE	ON LIVING EOD SENIODS	S OF LOUISPURG A	361 LEONA	RD ROAD			
SOUTHER	RN LIVING FOR SENIORS	5 OF LOUISBURG, N	LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 113	113 Continued From page 1			D 113			
	common bathroom of 10:36am revealed: -He never used the sign shower curtain becauteThe hot water would minutesEveryone on the hall so they did not use itThey used the rain signHe was not sure if an staff or not about that Observation on 11/21The hot water temper in the common bathroffAfter the hot water wapproximately 8 minutemperature at the second control of 10:36am revealed.	thower with the half tile nyone had told any of the shower being cold. 1/19 at 8:12am revealed arature at the second shoom of the 300-hall was allowed to run for	at 30 s cold, wall. he d: nower s 87°				
	at 8:20am revealed: -He had never been to temperatures in the sochecked themHe had been at the foundaries in the sochecked themHe had never had an hot water temperatureHe had never known shower (handheld) in the 300-hallIt provided more privocurtain.	nyone complain about thes. In anyone to use second the common bathroom eacy since it had a show sink in here and it's always.	the In of ver				
	showers should be go						

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11/26/2019	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	1 20.20 10	
		361 LEONA	, ,	,		
SOUTHER	IN LIVING FOR SENIORS	LOUISBURG, N	G, NC 27549			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 113	Continued From page	2	D 113			
	-He would adjust the	mixing valve on the second nk in the common bathroom				
	Interview with the Administrator in Charge on 11/25/19 at 4:15pm revealed: -The maintenance staff was supposed to check them every other dayThe maintenance staff had checked the water temperatures in the dietary department and					
	specifically room 105. -She had not been aware of any hot water issues. -She knew the hot water should be maintained between "110°F and 116°F". -She was not aware the shower in the common					
		was not used due to the cold. was kept in the				
	-She did not say if the the maintenance staff	e logs were reviewed once completed the checks. 1/19 at 8:22am revealed:				
	common bathroom or	rature of the sink in the n 300-hall was 118º F. eam when the water was				
	on 11/19/19 at 10:28a	ation of this fixture was done am and was 113° F. ing resident room and the				
	residents' room acros to the 118° F.	s the hall were checked due				
	common bathroom or	/19 at 8:25am in the across the hall from the the solution the solution the solution the solution the solution the solution that solution that solution the solution that solu				
	Observation on 11/21 resident room next do on the 300-hall reveal	oor to the common bathroom				

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D 113 Continued From page 3 temperature of the sink was 118° F. Based on observations, record reviews and interviews it was determined that the resident in the room next door to the common bathroom on the 300-hall revealed: -The readings for the residents' common bathrooms and the sinks in residents' rooms ranged from 101° F to 115° F with the documented dates of 08/23/19 to 11/19/19The temperatures were documented weekly, -There were no temperature reading for any of the residents' showers. Observation on 11/21/19 at 5:02pm of the water temperature in the common bathroom on 11/21/19 at 5:04pm of water temperature of the sink in the resident from directly across the hall from the common bathroom on the 300-hall revealed: -The hot water temperature of the sink in the resident room directly across the hall from the common bathroom on the 300-hall revealed the hot water temperature of the sink in the resident room directly across the hall from the common bathroom on the 300-hall revealed the hot water temperature of the sink in the resident room not the sink in the resident room not bathroom on the 300-hall revealed the hot water temperature of the sink in the resident room next door to the common bathroom on the 300 hall not 10/21/19 at 5:05pm revealed the hot water temperature of the sink in the resident room next door to the common bathroom on the 300 hall not 10/21/19 at 5:05pm revealed the hot water temperature of the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
SOUTHERN LIVING FOR SENIORS OF LOUISBURG, No. 27549			HAL035031		B. WING		1	1/26/2019
PREFIX TAG Continued From page 3 D 113			S OF LOUISBURG, N	361 LEONA	RD ROAD	TE, ZIP CODE		
temperature of the sink was 118° F. Based on observations, record reviews and interviews it was determined that the resident in the room next door to the common bathroom on the 300-hall was not interviewable. Review of the facility's water temperature log on 11/21/19 revealed: -The readings for the residents' common bathrooms and the sinks in residents' rooms ranged from 101° F to 115° F with the documented dates of 08/23/19 to 11/19/19. -The temperatures were documented weekly. -There were no temperature reading for any of the residents' showers. Observation on 11/21/19 at 5:02pm of the water temperature in the common bathroom on 300-hall revealed: -The hot water temperature of the sink was 105° F. -The hot water of the second shower (handheld) was 104° F. Observation on 11/21/19 at 5:04pm of water temperature of the sink in the resident room directly across the hall from the common bathroom on the 300-hall revealed the hot water temperature of the sink was 105° F. Observation of the re-check of water temperature of the sink in the resident room next door to the common bathroom on the 300-hall revealed the hot water temperature of the sink in the resident room next door to the common bathroom on the 300 hall on 11/21/19 at 5:05pm revealed the hot water temperature of the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FU		PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	COMPLETE
Interview on 11/21/19 at 4:45pm with another resident in a room at the other end of the 300-hall revealed:	D 113	temperature of the sir Based on observatior interviews it was dete the room next door to the 300-hall was not interview of the facility's 11/21/19 revealed: -The readings for the bathrooms and the sir ranged from 101° F to documented dates of the temperatures were not emperature were not emperature in the corevealed: -The hot water temperature of the was 104° F. Observation on 11/21 temperature of the sir directly across the habathroom on the 300-temperature of the sir Observation of the residents in the residents in the residents in the residents in the resident of the sink was 105° F. Interview on 11/21/19 resident in a room at a sink was 105° F.	nk was 118° F. ns, record reviews and emined that the resident the common bathroom nterviewable. s water temperature log residents' common nks in residents' rooms of 115° F with the 08/23/19 to 11/19/19. Here documented weekly erature reading for any s. /19 at 5:02pm of the warmon bathroom on 30 arature of the sink was 10 second shower (handhold in the resident room ll from the common chall revealed the hot which was 105° F. -check of water temperature of the 300 hall on 11/21/ hot water temperature of the 4:45pm with another	on you you of ater 0-hall 105° aeld) ater ature the (19 at of the	D 113			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		HAL035031	B. WING		11/2	6/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	ARD ROAD RG, NC 27549			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 113	cold or too hotHe used the hot wate coffee.	ne to use the second	D 113			
D 273	• •	P. Health Care assure referral and follow-up and acute health care needs	D 273			
	TYPE B VIOLATION Based on observatior reviews, the facility fa notification for 2 of 6 related to a change in hallucinations to over urine specimen for a Resident #1 who had urinary tract infections	ns, interviews, and record iled to assure physician residents (#1, #5) sampled a condition ranging from sedation and to obtain a urinalysis ordered for				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	111/20/2013
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	ARD ROAD		
	T		RG, NC 27549		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 273	Continued From page	e 5	D 273		
	10/17/19 revealed dia type 2 diabetes mellit disorder, Vitamin D d	t #1's current FL-2 dated agnoses included dementia, us, major depressive eficiency, glaucoma, allergic , and abnormalities of gait			
	care plan dated 08/2′ -The resident used a -The resident require ambulationThe resident require eating, toileting, dress transferringThe resident require bathing.	wheelchair for ambulation. d supervision with d limited assistance with sing, grooming, and d extensive assistance with casional incontinence with metimes disoriented,			
	-The Resident Care (completed the reportThe date and time of at 10:15pmThe personal care at medication aide (MA) strange, hallucinating-Staff monitored the rextreme lethargy in the The resident was take 10/08/19 per primary order to have lab worder to ha	Indicated 10/07/19 revealed: Coordinator (RCC) If the incident was 10/06/19 Ides (PCAs) reported to the athat Resident #1 was acting and yelling. Resident all shift and reported the morning. Idea to urgent care on care provider (PCP) verbal and drug screen. Resident and drug screen.			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBEI			CONSTRUCTION		SURVEY PLETED
		HAL035031		B. WING		11	/26/2019
NAME OF D			STREET ADD	DESS CITY STA	TE ZID CODE		720/2013
NAME OF P	ROVIDER OR SUPPLIER		361 LEONA	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N		G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 6		D 273			
	treat anxiety. Ativan	is a benzodiazepine.)					
	Review of a second a Resident #1 revealed -The RCC completed -The date of incident and the time was doc 6:00am countThe resident was dro -The resident was ver resident seemed to be -The MAs noted durin medications were not not specify which doc notified the RCCThe RCC notified an got an order to check #1 for drugs.	the report. the report. was "10/06/19 / 10/07/19 umented as third shift are owsy, lethargic, and pale by difficult to arouse and the hallucinating. The med count that the documented correctly (of the mentation) and they d spoke with the PCP are labs and screen Reside	nd the did nd nt				
	-There were no progr -On 10/07/19, the res lethargic. The respor would be in on 10/16/	1's progress notes reveal ess notes for 10/06/19. ident was acting very nsible party was notified a 19 to discuss hospice. ident was taken to urger	and				
	(HCPR) 5-day investi revealed: -The allegation details was not her normal so-Resident #1 appeare and very paleThe resident "couldn to her mouth".	are Personnel Registry gation report dated 10/09 as documented Resident self on Monday (10/07/19 at to be sleepy, sluggish to be sleepy, sluggish to be the sleepy, sluggish to be the sleepy, sluggish to be sleepy.	#1). ; fork				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		D	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING	-	11/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, S	TATE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG, N	361 LEONARD ROAD	•	
040.15	STIMMADV ST	FATEMENT OF DEFICIENCIES	LOUISBURG, NC 2754		E CORRECTION (VC)
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUI LSC IDENTIFYING INFORMATIO	1111111	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETE THE APPROPRIATE DATE
D 273	Continued From pag	e 7	D 273		
	were not documented medication administropy. Benzodiazepines we blood work but the receive any benzodia	dications were missing be d as given on the electro ation record (eMAR). ere detected in Resident esident had no orders to azepine medications. allucinating and very slug	#1's		
	revealed: -When she came to v (could not recall date -She tried to talk to the wanted to sleepThe second or third resident was sleeping head upThe resident was us -She did not call the	resident's PCP and she ne previous second or th	lay. lent d her did		
	12:54pm revealed: -She came into work 10/06/19Two PCAs called he -Resident #1 was in I -The resident would I turn crossways in the -The resident would I up and downOne of the PCAs tol on the previous shift medicationShe checked to see	keep screaming and sitti d the MA she thought the gave Resident #1 some if Resident #1 had any needed) medication to he	loud. then ng e MA		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL			CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER	ν.	A. BUILDING: _		COMP	LETED
		HAL035031 B. W		B. WING		11/	26/2019
NAME OF PI	ROVIDER OR SUPPLIER	:	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			361 LEON <i>A</i>	RD ROAD			
SOUTHER	IN LIVING FOR SENIORS	S OF LOUISBURG. N		G, NC 27549			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULI LSC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
D 273	Continued From page	∈ 8		D 273			
	was normal.						
		d screaming around 5:00	am				
	and started sleeping.						
		nocked out" and she thoເ	ight				
	it was because the re	sident was tired.					
		resident to the emergen	су				
		entually calmed down.					
		s triage line around 5:45a					
	and got the voice mai	il and they did not call he	r				
		n back before she left the					
	facility around 6:00am.						
	-	 ident had been screamir	a to				
	the next shift that can		Ü				
	-She reported the res	ident's behavior to the A	IC				
	the next morning (10/						
	-She documented it o	on an incident report.					
	revealed:	on 11/26/19 at 12:12pm					
	•	on the weekend (Octob					
	2019 - could not reca shift.	Il date), she worked on th	nird				
		A went into Resident #1					
		t was "discombobulated"	'.				
	 The resident's hands shaking. 	s and entire body were					
	_	ting on the bed rocking b	ack				
	and forth saying "woo						
		llucinating and thought th	nere				
	was a man in the room	m, but there was no man	in				
	the room.						
		t to the MA who was the					
	supervisor on duty.	anally and soft at					
		usually sent out to the					
		vas a change in condition					
	that night because the	sident #1 was not sent ou	ı				
		e supervisor was ng residents to the hospi	tal				
		sleep eventually but wo					

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STATEMENT	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPI	LETED
		HAL035031	B. WING		11/2	26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		361 LEON	NARD ROAD			
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	RG, NC 27549			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S	SHOULD BE	COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
D 070	0 " 15		D 070			
D 273	Continued From page		D 273			
	wake up every 2 hou	rs screaming.				
	Review of a signed st	tatement by a second PCA				
	dated 10/06/19 revea					
	-On Sunday, 10/06/19	9, Resident #1 was sitting in				
	-	reaching for something on				
	the floor that wasn't the					
		ent what she was doing but				
	-"It's like she was cor	esponse out of the resident.				
		nt into the room to change				
		the resident up, the resident				
		nd it was almost as if the				
	resident was going to	fall on the floor.				
		out to change the resident's				
		ile the resident was in her				
	bed.	and #4 for an and are distant				
	-All that night, Reside resident was not actir					
		lucinating and shaking.				
		were "real slurred" and the				
	resident was talking of					
	_					
	Telephone interview v 3:10pm revealed:	with the AIC on 11/25/19 at				
		the facility on Monday,				
	· ·	1 was sitting in the front				
	living room.					
		ting in a chair, leaning to the				
	side, very drowsy, an					
	but the resident was us	ually alert and responsive,				
		siuggisii and sieepy. resident's "normal self" as				
	the resident was usua					
		C that the resident had				
	stayed up late on thir					
		he resident had been "kind				
	of sleepy".					
		had to feed the resident				
	because the resident	was so tired.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL035031	B. WING		11/26/2019	
		TIAL03001			11/20/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	ARD ROAD			
		LOUISBU	RG, NC 27549			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	e 10	D 273			
D 273	-The resident's vital swere normalLater that day, the resident could tall was slowA fourth staff who can 10/07/19 reported the hallucinating on third and the resident could tall was slowA fourth staff who can 10/07/19 reported the hallucinating on third and the resident wrong and the resident wrong and the resident wrong medicationThe RCC checked the logs and it appeared to other residents we log but not document eMARsShe spoke with the find the PCP on TuesdayThe PCP said to sen a drug screenThe resident was se urgent care center or linterview with the RC revealed: -When she came to we resident #1 was in the closed, head back, and -Third shift staff reported resident had been methallucinating, was pareshe thought third shift staff the resident was pareshe thought third shift staff reported the resident had been methallucinating, was pareshe thought third shift staff reported the resident was pareshe thought third shift staff reported the resident was pareshe thought third shift staff reported the resident was pareshe thought third shift staff reported the resident was pareshe thought third shift staff reported the resident was pareshe thought third shift staff reported the resident was pareshe thought third shift staff reported the resident was pareshed to the resident was paresh	esident still appeared sleepy. For to send the resident to the vital signs were normal and it and respond at times but sime in on second shift on eresident had been shift on 10/06/19. 10/08/19), the resident was self". 10/08/19, the resident was not may have gotten the shift and coumented on the CS self and the RCC contacted and the RCC contacted and the resident out and to get and to the resident out and to get and to the resident out and to get and the resident out and the resident	D 273			
	10:00pm, when third	oms had started around shift began on 10/06/19. Id have called the resident's				
		ad a 24-hour triage line.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:	A. BUILDING:		
		HAL035031	B. WING		11/	26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	ONARD ROAD			
		LOUISI	BURG, NC 27549	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 11	D 273			
D 273	-Third shift staff did not resident's change in It-One of the MAs told documentation on the resident's oral Ativant gelShe and the AIC were CS logs and Resident that Resident #1 may Ativan that belonged -She notified Resider order to get a drug so -The resident tested on 10/07/19 or 10/08. Telephone interview or Resident #1's mental office on 11/26/19 at -The facility usually or was a change in the Ited did not notify them with recent change in conthe at an urgent care central tested pot at an urgent care care care care care care care care	ot call to report the behavior to her knowledge. the RCC to look at the e CS logs for another and a third resident's Ativan re suspicious because of the at #1's change in condition whave been administered to the other residents. In the end of	D 273			
	(within the last few da Ativan or any other b	rrently prescribed Ativan ays) but was not prescribed enzodiazepine medications dent or when she tested				
	•					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBI		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11	/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	361 LEONA	RESS, CITY, STA ARD ROAD G, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	11/26/19 at 1:29pm re-Resident #1 was a "f with moments of emo-Resident #1 was not she was not told of F condition on 10/06/19 occurrence. -She was not pleased be notified at the time occurring. -They had a triage lin week with one of the lift the facility had conthe weekend, she wo message on Monday did not receive a mestange in condition of the resident should emergency room when the RCC notification of the resident needs as sking for or RCC the resident needs as sking for or RCC the resident needs as a sking for or RCC	with Resident #1's PCP evealed: firecracker", usually alerational distress. usually sedated or leth Resident #1's change in a until a few days after the with that and expected the symptoms were ended to the symptoms were ended to the triage line oward tacted the triage line oward have received a morning at 7:00am but isage. The have been sent to the ended a medical evaluation of the ended a medical evaluation of the ended a medical evaluation of the ended and the ended an	argic. he d to //s a III. //er she I the on. r an rd not ted ed coed	D 273			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11	/26/2019	
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	361 LEONA	RESS, CITY, STA ARD ROAD G, NC 27549	TE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 273 Continued From page 13 Review of Resident #1's progress notes revealed: -On 04/18/19, the resident needed to be seen by a urologist for recurrent urinary tract infectionsOn 05/09/19, the resident was seen by a urologist for recurrent urinary tract infections.		n by ns.	D 273					
	-On 10/02/19, the res antibiotic to treat a ur -On 10/29/19, the res	ident had a new order finary tract infection.	or an					
	10/29/19 revealed: -There was an order to and sensitivity due to -There was a handwr		ure e					
	work results revealed	1's progress notes and no documentation the urinalysis and culture an						
	was obtained from Re	s lab collection form ntation that a urine samp esident #1 to perform a and sensitivity as orde						
	and 11/22/19 at 12:10 -The facility's contraction facility every other we she could not recall was done as ordered	ted lab provider came to eek to implement lab ord if Resident #1's urinalys	o the ders. sis					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION		E SURVEY PLETED		
		HAL035031		B. WING		1	1/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	361 LEONA	RESS, CITY, STA RD ROAD G, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	resident's recordShe would check wi resident's primary car Telephone interview facility's lab provider revealed: -They never received urinalysis and culture #1They had not received have picked up the reteived the urine sollecting the order noted it on the bottor not find a confirmation through to the lab preshe usually made solution sollection aides (M. (PCAs) would have sold the test on the day the doneThere was no docur refused so the urine for the urinalysisShe notified the resi	th the lab provider and the provider (PCP). with a processor for the on 11/26/19 at 11:54am If the 10/29/19 order for e and sensitivity for Rese ed any lab orders for extended the order, the lab would esident's urine sample of the total the facility. If the order, the lab would esident's urine sample for ample. If the order of the lab would esident's urine sample for ample. If the facility is to the facility at 10:41 ab provider and they newly order for Resident #1' and sensitivity. If the lab provider and they newly order for Resident #1' and sensitivity. If the lab provider and they newly order for the form, but she cannot be shown the fax went to ovider. If the lab provider and they newly order for the form, but she cannot be shown the fax went to ovider. If the lab provider and they newly order and they newly order for the form, but she cannot be shown the fax went ovider.	the a a ident d during lam ver 's ould ation, les ble for en	D 273			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY IPLETED
		HAL035031		B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	<u> </u>	00
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG N	361 LEONA	RD ROAD			
	The second of th		LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FUR THE LIST IDENTIFYING INFORMATION TO THE PROPERTY OF THE PR		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	D 273 Continued From page 15			D 273			
	reorder a urinalysisThe resident was not currently exhibiting any symptoms of a urinary tract infection. Based on observations, interviews, and record reviews, it was determined Resident #1 was not interviewable.						
	06/03/19 revealed dia respiratory failure wit obstructive pulmonar congestive heart failu osteoarthritis of hip, h	h hypercapnia, chronic ry disease, diastolic	gia,				
	09/19/19 revealed to	#5's physician's orders of schedule a dermatolog as possible for an irreg ne left breast.	у				
		#5's progress notes reve dermatology appointme					
	revealed: -She did not have a c -She remembered the	ent #5 on 11/20/19 at 3: dermatology appointmer e Primary Care Provide of the dermatology refer	nt. r				
	(RCC) on 11/20/19 at -The transportation so scheduling appointmershe was responsible referrals to the transpappointments to be solf the transportation services.	taff was responsible for ents. e for giving any physicia portation staff for the	ın				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, , ,	E SURVEY PLETED
				_			
		HAL035031		B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	361 LEONA	ARD ROAD			
	1		LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FUR AND INFORMATION OF THE PROPERTY OF THE PRO		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	D 273 Continued From page 16			D 273			
	appointment. -The transportation s -There was a timefrathave a transportation -She did not know howithout transportation -She was responsible appointments when the transportation staff. -She did not know about the appointment was was without transportation staff.	taff was recently hired. me where the facility did staff. by long the facility was n staff. e for scheduling he facility did not have bout the dermatology re as not scheduled. was missed when the facility did not the facility	ferral. acility				
	on 11/21/19 at 4:20pi -The transportation s scheduling appointmeter of the transportation RCC would schedule -There was a period of the transportation s	taff was responsible for ents for the residents. staff was not available, the appointment. of time the facility did notaff. esident #5 had an order	the ot				
	11/21/19 at 2:30pm re-The family member ordered a dermatolog-The family member transportation to appear of the family member of transportation to appear of the family member of transportation to appear of the family members of the family of	did not know the PCP has referral. occasionally provided ointments. ortation staff on 11/21/1 taff did not remember Resident #5 to a	nad I9 at				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		HAL035031	B. WING		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG. N	ARD ROAD RG, NC 27549		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 17	D 273		
	an order or referral to	the dermatologist.			
		with Resident #5's PCP on and 11//22/19 at 10:30am			
	notify Resident #1's I change of condition of including hallucination being so lethargic and to be fed by staff; fail specimen for a urinal Resident #1 who was altered mental status recurrent urinary tractions schedule Resident #1 to have a lesion on h	ysis ordered on 10/29/19 for s exhibiting symptoms of and had a history of tinfections; and failed to 5 a dermatology appointment er left breast evaluated. The letrimental to the health, f the residents and			
		a plan of protection in . 131D-34 on 11/26/19 for			
	CORRECTION DATE VIOLATION SHALL N 2020.	E FOR THE TYPE B NOT EXCEED JANUARY 10,			
D 283	10A NCAC 13F .0904 Service	4(a)(2) Nutrition and Food	D 283		
	(a) Food Procureme Homes:				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY MPLETED
				/ BOILBO			
		HAL035031		B. WING		1	1/26/2019
NAME OF F	ROVIDER OR SUPPLIER	;	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COLITUE	DN I IVING EOD SENIODS	COELOUISBURG N	361 LEONA	RD ROAD			
300 I HEI	RN LIVING FOR SENIORS	or Louisburg, N	LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULI LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 283	Continued From page	e 18		D 283			
	review, the facility fail free from contaminati inside of bulk food co food packages that w foods not labeled or r date, and leftover food. The findings are: Observation of the rekitchen on 11/20/19 and -There were two squidated or labeled; eact tablespoons of a white the was a one-gal mixture of lettuce, cannot labeled or dated white toward food must be before storing in the return three days. Interview with a cook revealed: -She knew all items in supposed to be labeled. Whoever opened an labeling and dating the she thought the lettur from salads "night be the two-squirt bottle and not stored in the	ns, interviews, and recorded to assure foods were on related to cups stored intainers with food, open were not labeled or dated, marked with an expiration d not labeled or dated. ach-in refrigerator in the at 9:08am revealed: rt bottles, that were not h containing approximate thick substance. Illon plastic bag with a mote, and cabbage that with an open date. by and procedure posted 19 at 11:47am revealed were regreated and date refrigerator, discard after on 11/20/19 at 9:16am in the refrigerator were ed and dated. Item was responsible for the item. In the editory was left-over fore last."	ely 2 vas in "all ed				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG. N	61 LEONARD ROAD OUISBURG, NC 27549			
(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 283	labeled and datedShe did not know wh making sure all items Observation of the drawtichen on 11/20/19 at There was a large of flour on a shelf; the flour container; the the bulk flour containerThere was a disposation of the plastic containerThere was a large of sugar on a shelf; the manufacture's originar plastic containerThere was a large of sugar inside the plastic containerThere was a large of dried rice on a shelf; the manufactures originary inside the plastic container; on the bulk dried rice. Interview with the controverse with the controverse with the controverse with the controverse of flour and such she with the controverse of flour and	old to go through the esure all the items were esure all the items were no was responsible for were labeled and dated. Ty storage room in the at 9:19am revealed: Idear plastic container of but our was removed from the all package and stored in the re was no date or label on er. Idear plastic container of but sugar was removed from all package and stored in the able plastic cup setting in the container. Idear plastic cup setting in the label plastic cup setting in the label plastic cup setting in the label plastic container of but the rice was removed from ginal package and stored in the rice was no date or label the container. Tok on 11/20/19 at 9:20am biece of equipment with a poon or a scoop when she agar from the bulk container should not have been used should not have been used sugar from the bulk. The could not to leave anyther or sugar inside the bulk and left the cups inside the same and the could not to leave anyther or sugar inside the bulk.	e e lk the he lk n in l			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	LEONARD ROAD JISBURG, NC 27549			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 283	be dated and labeled manufactures origina -She thought the flour into the plastic contai week ago.	nd the dried rice needed to when removed from the package. If and the rice were placed ners for storage about a sy there were no dates and	D 283			
	11/22/19 at 8:52am re-She knew not to leave containers of flour and The kitchen staff was spoon to get food like bulk food containers; to scoop food from the All opened food and and labeled; left oversthree days. She tried to look for oit was hard to keep upens of the keep upens o	re scoops inside of the bulk d sugar containers. It is supposed to use a large sugar and flour from the cups should never be used to bulk food containers. It is should be dated to should be thrown out after dates on food everyday, but to with. It is the with the with the staff to date and the pening and storing leftovers in inistrator on 11/22/19 at the staff to date and label to opened and to date and they were placed into the se kitchen storerooms and times a week by walking				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			D WING		
		HAL035031	B. WING		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG, N LOUISBUR	G, NC 27549		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 283	up with dates and lab -She checked for date	"pretty good" about keeping els. es on food and expired food ked on the kitchen; the throw food items like	D 283		
D 288	Service 10A NCAC 13F .0904 (b) Food Preparation Homes:	(b)(3) Nutrition And Food Nutrition And Food Service and Service in Adult Care served hot and cold foods	D 288		
	failed to assure hot for until served to the result of the result. The findings are: Review of a policy and kitchen on 11/21/19 at food must be served degrees or higher.	ns and interviews the facility ods were maintained hot			
	12:30pm revealed: -The menu for lunch of sauce, bread dressing apple slicesThe hot food was set the pork chops, bread sliced apples were eatable.	consisted of a pork chop in g, cauliflower, dinner roll and rved from a hot food table; d dressing, cauliflower and ach in pans in the hot food es setting on the edge of the			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G:		E SURVEY IPLETED
		HAL035031	B. WING		1	1/26/2019
NAME OF D	ROVIDER OR SUPPLIER		REET ADDRESS, CITY, S	STATE ZID CODE		00.0
NAME OF T	NOVIDEN ON 3011 EIEN		1 LEONARD ROAD	STATE, ZII GODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	DUISBURG, NC 2754	19		
(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 T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 288	Continued From page	e 22	D 288			
	and the second plate -The temperatures of were taken by the cod were 140°F, the groun chopped pork chop w dressing was 110°F, a 110°FThe plates used to so heated and there was warm once there was -Twelve plates of food time and placed on an had twelve plates on the adjoining dining ro served to the resident -The cook began to p and place them on the minutes for the twelve served to the resident Observation of the the kitchen on 11/21/19 a	and the cauliflower was erve food on were not a not a system to keep plate food on them. d were prepared one at a n open cart; once the cart it the cart was pushed into boom and the plates were ts seated in the dining roon lace food onto new plates e open cart; it took about 1 es plates to be prepared ar	he es n.			
	revealed: -Hot food was served served at room temper-Plates were plated to	ent on 11/19/19 at 9:58am cold and cold food was				
	Interview with a second 10:14am revealed: -Hot food and cold foot temperature they wer	ot food to be served hot; th	ie			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	o. ` ´	PLE CONSTRUCTION		E SURVEY PLETED		
		HAL035031	B. WING _		11	/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG. N	STREET ADDRESS, CITY, 361 LEONARD ROAD LOUISBURG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULI LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 288	D 288 Continued From page 23		D 288			
	11/20/19 at 8:25am r complained her food if her breakfast tray of temperature at the tin Interview with the res 10:39am revealed: -The food was alway even melt butter."	sident on 11/21/19 at s cold, "the grits would no	ed			
	11/22/19 at 8:44am r -Some residents con hot.	nplained their food was no ere served, even when the				
	9:14am revealed: -She had only heard meals not being hotThe resident who co first residents served have been hot unles when it was cookedShe did not put a pla	ond PCA on 11/22/19 at one resident complain of omplained was one of the l, so her plated food shous it was not hot enough ate at the table unless the able and ready to eat.	ld			
	(RCC) on 11/22/19 a -The only residents v was not hot were the meals on time; there	who complained their food ones who did not go to were residents who woul ing, or would get up durin	d			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						DATE SURVEY COMPLETED	
		HAL035031		B. WING		11	/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	361 LEONA	RESS, CITY, STA RD ROAD G, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION	JLL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 288	the resident went to the she had seen staff put when the resident was staff not to put the play was ready to eat. Confidential telephon member revealed: -The family member is complaining of cold for the family member of returned to the reside the room; the family mot eat the food becan always take a temperature on the poopen and looked to so she usually looked a done and not pink in always take a temperature on the poopen and looked to so she usually looked a done and not pink in always take a temperature on the poopen and looked to so she usually looked a done and not pink in always take a temperature on the poopen and looked to so she usually looked a done and not pink in always take a temperature on the temperature took a temperature on the dining rooplates had always becart into the dining rooplates had alway	vere held in the kitchenne meal. ut plates down on the to so not there and had tole ate down until the residence interview with a family mad observed residents and observed a resident to be heated. Observed the food being ont with steam visible aconember told the resider use it was too hot. Ok on 11/22/19 at 8:52a ork chops to 170°F wheel had not taken a ork chops but had cut the eif they were done. It the food to see if it was the middle; she did not ature of the food. The residents had to the residents of the food one of accility staff would pushom; that was the way then served to the residents are residents had to be see if a resident was not at out that plate at the employer.	able d the ent y t g cross nt to m n she nem as Id be ut ce art at n the ne nets. erved a a	D 288			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			(3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11/2	26/2019
NAME OF P	ROVIDER OR SUPPLIER			ESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	1 LEONAF UISBURG	RD ROAD 6, NC 27549			
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 288	12:00pm revealed: -There was only one about food temperature reheat the food in the resident complainedShe did not think the temperatures of the foaware of any other refoodThe cook should take before serving; she did temperatures of all the The cook used to do the food at every mean the practice stoppedShe thought the food would make more that time. A second interview with 11/22/19 at 9:53am resumes and trained the detemperatures for cook serving foodShe had not trained the dietary state at a time and then set two plates at a time in the set of the serve the plate the residents all had the same timeShe checked the medeast once a week; she	resident who complained res being cold; staff would microwave when the re was a problem with the re was not sidents complaining of cold re temperatures of the food on the know if the cook took re food. The temperatures of the food at a recommend was cold because the cook in one plate of food at a recommendation of the cook on the proper recommendation of the dining room; she recommendation of the cook to use a cart to recommendation of the dining room. The cart started being red food; the staff thought on the dining rooms at the would talk to the residents are would talk to the residents.	te g	D 288	DEFICIENCY)		
	least once a week; sh when she went into th		ts				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11/	26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	OF LOUISBURG, N	361 LEONA LOUISBUR	RD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 297	Continued From page	26		D 297			
D 297	10A NCAC 13F .0904 Service	(d)(1) Nutrition And Fo	od	D 297			
	(d) Food Requiremen (1) Each resident shathree nutritionally ade day at regular hours we between the breakfast. This Rule is not met as Based on observation interviews it was dete serve adequately nutrithe proper portion size. The finding are: Observation during the 11/20/19 at 8:19am reserved. Two residents reques sausage and eggs. Dietary staff informed more sausage. Dietary staff gave the serving of scrambled. Review of the menu in revealed: Pork chops, cauliflow were on the lunch mesure action. The serving sizes we one pork chop, half of half of a cup of bread.	t and evening meals. as evidenced by: as, record reviews and rmined the facility failed itional meals by not ser es of food. e breakfast meal on evealed: as esausage link on his pasted a second serving of d residents there was not ested two residents a second eggs each. In the kitchen for 11/22/iver, and bread dressing nu. ere listed on the menu as fa cup of cauliflower, and dressing. anch meal on 11/22/19 fr	of a d to rving blate of d d d d d d d d d d d d d d d d d d				
	·	nch meal on 11/22/19 fr	rom				

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BOILDING.			
		HAL035031	B. WING		11/26	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SOUTHEF	RN LIVING FOR SENIORS	S OF LOUISBURG. N	ARD ROAD			
		LOUISBUI	RG, NC 27549			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 297	Continued From page	e 27	D 297			
	dressing, dinner roll a -The Kitchen Manage mealThe KM was using a serve the cauliflower there was an engravi indicated it was a qua -The portions of food not fill the bowl of the -There was not enoug serving the last four p	er (KM) was serving the two-ounce serving scoop to and the bread dressing; ng on the scoop that arter of a cup. the KM was scooping did scoop. gh cauliflower to finish				
	Interview with six residents on 11/19/19 between 10:00am and 10:18am revealed: -The food was good but they did not get enough food to eat. -The residents could sometimes get seconds if the residents asked for it. -Sometimes second servings were not available. -The residents did not get enough food to eat at breakfast. -The residents did not think there was enough food to go around for everyone. -One resident thought they were served "childlike portions" of food. -Most of the residents appeared to need more food. -One resident would eat larger portions if it was offered. -One resident was never served enough food to eat; she asked for more food, "sometimes you got more food and sometimes you did not."					
	8:20am and 8:44am i -He would like to get -"I only got one sausa					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
AND FLAN	DF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL035031	B. WING		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIOR:	S OF LOUISBURG N 361 LEON	ARD ROAD		
	AN EIVING I OK GENIOK	LOUISBU	RG, NC 27549		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 297	Continued From page	e 28	D 297		
	servingMost of the time ther at lunch or dinnerThe residents in the got more food than the dining room because -He did not get enough. No one had offered thought to ask for more thought to ask for more linterview with a residence revealed: -The food was good"Today was really good"Today was really good.	other dining room always ne residents in the small they got served first. gh food to eat. him seconds; he had not ore food. lent on 11/21/19 at 8:45am			
	10:39am revealed: -The residents were reatIf she was served so she gave it to other reads.	not served enough food to omething she did not like, esidents because not k for second helpings.			
	4:45pm revealed: -"They give us more -They do not give us -We only get seconds not enough food for e Interview with a perse 11/22/19 at 8:44am re -It was very common they did not get enough	enough to eat. s "once in a while"; there is everyone to get seconds. onal care aide (PCA) on evealed: to hear residents complain agh food to eat.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED		
		HAL035031		B. WING 11/20			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	·	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA				
	T	·	LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 297	Continued From page	e 29		D 297			
	9:14am revealed: -The cook usually cooportions, and if not th was not enough food	ion sizes were large en	d ere				
	Interview with a medication aide (MA) on 11/22/19 at 9:32am revealed: -If residents wanted extra portions they could ask. -The male residents always got more on their plates. -The cook was "now cooking just enough"; she did not know why the cook was not cooking extra servings. Interview with the Resident Care Coordinator (RCC) on 11/22/19 at 10:16am revealed: -She was only aware of one resident who complained they did not get enough to eatIf there was enough for seconds it was always provided.		d ask. ir _: he				
	11/22/19 at 8:52am re-She knew the portion for the lunch items; sl because she already vegetables and starct-She indicated she us utensil to serve meals-She did not know ho of the utensil she was "looked like a half of a-She thought a half or ounces.	ns were listed on the me did not look at the me knew the portion size fines was half a cup. Seed the two-ounce serves to residents. We to identify the portions using to serve the foo a cup". If a cup was equal to the escoop she used to see as not the correct portion.	enu nenu ing n size d; it				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		11/26/2019	
NAME OF D			CTDEET ADD	DECC CITY CTA	TE 7/D CODE	11120/2010	┪
NAME OF PI	ROVIDER OR SUPPLIER		361 LEONA	RESS, CITY, STA ARD ROAD	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	OF LOUISBURG. N		G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 297	Continued From page	: 30		D 297			٦
	food; she gave the resider was fedSometimes she woul residents because too and if she did not hav get seconds the residents with the Adr 9:53am revealed: -She had trained the I menu for portion sizes -She thought the portion the "plates were full"She had purchased sto use; including plent portionsShe knew the portion the scoops; she had sthe portion size on the -Residents should be as there were second be fed first before second anyone.	eat it anyway". Ints seconds after everyout of not give seconds to the many would want seconds end end of the	e ands o at daily uch; aff and long ad to				
D 299	10A NCAC 13F .0904 Service	(d)(3)(A) Nutrition And F	ood	D 299			
	(d) Food Requiremen (3) Daily menus for re following:		the				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING:	, ,	(X3) DATE SURVEY COMPLETED	
		HAI 025024		B. WING		44/00	(2040
		HAL035031				11/26	/2019
NAME OF PF	ROVIDER OR SUPPLIER			RESS, CITY, STA	ITE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	OF LOUISBURG, N	361 LEONA LOUISBUR	ARD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETE DATE
D 299	may be used in cooking purposes due to risk of during mixing and the the product if too much the purpose of the product if too much the purpose of the product in the product if too much the purpose of the purpose of the product in the purpose of the purpose	c or diluted evaporated and only and not for drink of bacterial contamination lower nutritional value th water is used. The service of the s	king on of of of of ad s of erved ted. nces Bam in fee.	D 299	DEFICIENCY)		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N 361 LEONA LOUISBUR	ARD ROAD RG, NC 27549		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 299	D 299 Continued From page 32		D 299		
	of the breakfast meal room revealed he wa to drink; he was serve with his tray.	/19 from 8:10am to 8:41am for a resident fed in his s not offered or served milk ed coffee and orange juice			
	provided by the Admi -Ten gallons of whole Thursday, 10/03/19; t 8-ounce cups of milkEight gallons of 2% r Thursday, 10/17/19; t 8-ounce cups of milkFour gallons of 2% n Thursday, 11/07/19; f 8-ounce cups of milk -Four gallons of whole Wednesday, 11/13/19 8-ounce cups of milkEight gallons of 2% r Wednesday, 11/20/19	milk were purchased on eight gallons equaled 128 milk were purchased on our gallons equaled 64 e milk were purchased on 9; four gallons equaled 64 milk were purchased on 9; eight gallons equaled 128			
	revealed: -She had not been of -She liked to drink mile -She would drink milk Interview with a secon 10:14am revealed: -No one offered her nould be asked for milk to always gave it to her.	ent on 11/19/19 at 9:58am fered milk to drink. lk. if it was offered. and resident on 11/19/19 at milk to drink. o drink every day and they			
	Interview with a third 10:21am revealed: -She loved milk to dr	resident on 11/19/19 at			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3			(3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11	/26/2019	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA LOUISBUR	RD ROAD G, NC 27549				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
D 299	drinkShe had not asked for linterview with a fourth 8:44am revealed: -If milk was served, h. He loved milk to drinterview with a glass ask for it. Interview with a fifth register 9:30am revealed: -He liked milk to drink of the liked milk to drink of the sometimes asked ask for milk often bedwould then ask for mile enough to go around. Interview with a person straightful of the serve medining roomResidents were served for breakfastResidents were served cold cereal was not served to serve as providedResidents were served unch and dinner bevolunch and dinner bevolunch and dinner served for their breakfast bever served for their breakfast bev	cold cereal but never to be milk to drink. In resident on 11/20/19 at e would "definitely drink k. Is of milk to drink you have sident on 11/20/19 at a drink to drink but did ause the other resident lik and there would not be eals to the residents in eal water, and to ear and tea for the erages. Ind PCA on 11/22/19 at ead water, juice, and converages. Ind residents if they wanted	at k it." ad to d not ts be the ffee l; ways eir ffee ed	D 299				

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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N SUMMARY STATEMENT OF DEFICIENCIES (CAC) ID EPRICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (FACH DEFICIENCY) D 299 Continued From page 34 -No one told her to give milk except on cereal days. Interview with a medication aide (MA) on 11/22/19 at 9:32/am revealed: -If residents wanted milk to drink they asked for itMilk was not served to the residents unless they asked because it would be wasted. Interview with the Resident Care Coordinator (RCC) on 11/22/19 at 10:16am revealed: -She helped in the dining room with a lot of mealsMilk was not served every single day, but if a resident asked for milk it was providedShe did not know milk was to be offered twice a day, every day. Interview with the Kitchen Manger (KM) on 12/22/19 at 8:52am revealed: -She purchased milk once a week from the local grocery store; she purchased 10 to 12 gallons of milk a weekAt every meal the PCAs asked each resident if they wanted milk to drink.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 299 Continued From page 34 -No one told her to give milk except on cereal days. Interview with a medication aide (MA) on 11/22/19 at 9:32am revealed: -If residents wanted milk to drink they asked for itMilk was not served to the residents unless they asked because it would be wasted. Interview with the Resident Care Coordinator (RCC) on 11/22/19 at 10:16am revealed: -She helped in the dining room with a lot of mealsMilk was not served every single day, but if a resident asked for milk it was providedShe did not know milk was to be offered twice a day, every day. Interview with the Kitchen Manger (KM) on 12/22/19 at 8:52am revealed: -She purchased milk once a week from the local grocery store; she purchased 10 to 12 gallons of milk a weekAt every meal the PCAs asked each resident if			HAL035031		B. WING		11	/26/2019
LOUISBURG, NC 27549 Continued From page 34 Days Day	NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	SOUTHER	RN LIVING FOR SENIORS	OF LOUISBURG, N					
-No one told her to give milk except on cereal days. Interview with a medication aide (MA) on 11/22/19 at 9:32am revealed: -If residents wanted milk to drink they asked for itMilk was not served to the residents unless they asked because it would be wasted. Interview with the Resident Care Coordinator (RCC) on 11/22/19 at 10:16am revealed: -She helped in the dining room with a lot of mealsMilk was not served every single day, but if a resident asked for milk it was providedShe did not know milk was to be offered twice a day, every day. Interview with the Kitchen Manger (KM) on 12/22/19 at 8:52am revealed: -She purchased milk once a week from the local grocery store; she purchased 10 to 12 gallons of milk a weekAt every meal the PCAs asked each resident if	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETE
-She knew residents drank about two and a half gallons of milk a day. Interview with the Administrator on 11/22/19 on 9:53am revealed: -The KM purchased groceries once a week on Thursdays, she did not know how much milk the KM purchased a weekMilk was served to the residents every morning at breakfast for the cold cereal and offered to residents to drink at the lunch and dinner mealsShe observed one meal a week and saw milk offered when she observed the meals.	D 299	-No one told her to give days. Interview with a medicat 9:32am revealed: -If residents wanted maked because it would like was not served it asked because it would like was not served it asked because it would like was not served it is served in the direct was asked for milesMilk was not served it is resident asked for miles with the Kitch 12/22/19 at 8:52am resident asked for miles with the Kitch 12/22/19 at 8:52am resident was served was asked like grocery store; she purmilk a weekAt every meal the Potter was asked milk to display wanted milk to display wanted milk to display wanted milk a day. Interview with the Adressam revealed: -The KM purchased grant was served to the coresidents to drink at the She observed one miles.	cation aide (MA) on 11/ milk to drink they asked to the residents unless aid be wasted. Sident Care Coordinator 10:16am revealed: ning room with a lot of every single day, but if a k it was provided. Ik was to be offered twice then Manger (KM) on evealed: once a week from the lorchased 10 to 12 gallon archased 10 to 12 gallon can asked each resider rink. In the control of the core is the control of the core is once a week control of the core is once and offered to the core is once	for it. they r a ce a cocal as of half half on on the ning cals.	D 299			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					E SURVEY PLETED		
		HAL035031		B. WING		11	1/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	361 LEONA	RESS, CITY, STA ARD ROAD G, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From page	e 35		D 310			
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service			D 310			
	(e) Therapeutic Diets (4) All therapeutic die supplements and thic served as ordered by This Rule is not met	•	n.				
	Based on observations, record reviews, and interviews, the facility failed to assure that nutritional supplements were served as ordered to 2 of 2 residents (#1, #2) sampled.						
	The findings are:						
	11/20/19 at 10:49am -There were ten 8-our flavored nutritional su originally contained 2 -There were two oper diabetic nutritional su originally held 24 eigh -The first case of diab was dated received o 8-ounce cartons of dia supplements remainin -The second case of supplements was dat 8-ounce cartons of dia supplements remainin	nce cartons of chocolate applements in a box; the 4 cartons. The cases of vanilla flavor pplements; each case and the case	e box vored nents ne				
	the kitchen on 11/20/	ach in refrigerator locat 19 at 10:52am revealed nal supplements stored	i				

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		
		HAL035031	B. WING		11/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N			
			CG, NC 27549		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 310	Continued From page	36	D 310		
D 310	Review of receipts profrom local vendors recon 10/10/19 two cassupplements were vosupplements were purcontained 24 eight-ou-On 10/17/19 two cassupplements were purcontained 24 eight-ou-On 10/24/19 three casupplements were purcontained 24 eight-ou-On 10/30/19 three casupplements were purcontained 24 eight-ou-On 10/30/19 three casupplements were purcontained 24 eight-ou-On 11/07/19 two cassupplements were purcontained 24 eight-ou-On 11/08/19 two cassupplements were purcontained 24 eight-ou-On 11/14/19 one cassupplements were purcontained 24 eight-ou-On 11/14/19 one cassupplements were purcontained 24 eight-ou-On 11/20/19 four cassupplements were purcontained 24 eight-ou-On 11	ovided by the Administrator vealed: es of diabetic nutritional ided off the receipt; no other ne receipt. es of a diabetic nutritional rchased; each case unce cartons. es of a diabetic nutritional rchased; each case unce cartons. ases of nutritional rchased; each case unce cartons. ases of nutritional rchased; each case unce cartons. ases of nutritional rchased; each case unce cartons. es of a diabetic nutritional rchased; each case unce cartons. es of a nutritional rchased; each case unce cartons. es of a nutritional rchased; each case unce cartons. es of nutritional supplements ase contained 24 es of nutritional rchased; each case unce cartons. et #2's FL-2 dated 09/18/19 cluded hypertension, dent with out residual, se after coronary artery at placement, congestive			
	dated 10/07/19 revea	n's order for Resident #2 led a diabetic nutritional e administered three times a			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STA	TE ZIP CODE	,	
		361 L	EONARD ROAD			
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N LOUI	SBURG, NC 27549			
(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 ACTIV CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From page	e 37	D 310			
	day with meals.					
	day with modio.					
	Review of Resident # revealed he was adm 09/30/19.	2's Resident Register litted to the facility on				
		cility's therapeutic diet list and dated 11/15/19 revealed				
	1 -	nents were included on the				
	Review of Resident #2's October 2019 electronic medication administration records (eMARs) revealed:					
	1	or diabetic nutritional MAR; administer one to at 7:30am, 12:00pm and				
	-There was documen	inistered three times a day				
	Review of Resident #	2's November 2019 eMARs				
		for diabetic nutritional BMAR; administer one to at 7:30am, 12:00pm and				
	-There was documen supplement was adm from 11/01/19 to 11/2	inistered three times a day				
	opportunities.					
	8:22am revealed:	eakfast meal on 11/20/19 at in his room by a personal				
	-There was no nutrition	onal supplement on his tray, ed or served a supplement to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	IARD ROAD			
040.15	STIMMADY ST	ATEMENT OF DEFICIENCIES	RG, NC 27549	PROVIDER'S PLAN OF (CORRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From page	e 38	D 310			
	drink.					
	12:40pm revealed: -Resident #2 was fed aide (MA)There was no nutrition	in his room by a medication onal supplement on his tray, and or offered a supplement to				
	revealed: -He received his diab once a day with his e -He never refused to supplement because vanilla flavor and wou oftenHe did not know how get a diabetic nutrition	drink the diabetic nutritional he liked the taste of the ald drink it if he got it more often he was supposed to				
	(KM) on 11/21/19 at 1	with a medication aide (MA)				
	Interview with the Adi 10:49am revealed: -She did not know ho ordered nutritional su only Resident #2 was nutritional supplementational -The cook went to the purchased nutritional -The cook purchased	ministrator on 11/20/19 at w many residents were pplements, but she knew cordered the diabetic				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		11	/26/2019
NAME OF F	PROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
SOUTHE	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA LOUISBUR	ARD ROAD .G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 310	long three cases of nulast. -One case of diabetic purchased each weel-She did not know how diabetic supplements did not know how offer supposed to get his discorder and type 2 diabetes mellith disorder are recurrent, and type 2 diabetes mellith disorder are recurrent, and supplement. Review of Resident #10/17/19 and 10/31/1 Nutritional Drink Liquing with meals. Observation of the fact posted in the kitchen no nutritional supplement diet list, including for Review of Resident #10/17/19 and 10/31/1 Nutritional Drink Liquing for Review of Resident #10/17/19 and 10/31/19	inutritional supplements of nutritional supplements of nutritional supplements of the would last Resident #2 en Resident #2 was liabetic nutritional It #1's current FL-2 date agnoses included demetus, major depressive //itamin D deficiency, nitis, neurosyphilis, and and mobility. It's physician's orders of 9 revealed orders for id 1 shake 3 times a date of 11/15/19 revealed orders were included on Resident #1. It's October 2019 electration record (eMAR) For Nutritional Drink Liqual a day with meals with tion times of 7:30am, in. It was documented as 00pm on 10/17/19 throught one exception. It was documented as 4/19 at 12:00pm due to	s was 2; she ed entia, d dated y ist vealed the ronic uid,	D 310			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	CONSTRUCTION	(X3) DATE	SURVEY	
		HAL035031	B. WING		11	/26/2019
	PROVIDER OR SUPPLIER	36	REET ADDRESS, CITY, STA 1 LEONARD ROAD DUISBURG, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 310	-The resident's weig pounds on 10/23/19 10/30/19. Review of Resident revealed: -There was an entry drink 1 shake 3 time scheduled administr 12:00pm, and 5:00p -Nutritional Drink Lique administered from 7 12:00pm on 11/21/19 -Nutritional Drink Lique refused at 7:30am outline -The residents weigh pounds on 11/06/19. Observation of the best 11/20/19 revealed Roffered a nutritional smeal. Observation of the best 11/21/19 revealed Roffered a nutritional smeal. Observation of the best 11/21/19 revealed Roffered a nutritional smeal. Observation of the best 11/21/19 revealed Roffered a nutritional smeal. Observation of the best 11/21/19 revealed Roffered and there was no nutableAt 8:22am, the resident supplement.	ht was documented as 84.6 and 85.1 pounds on #1's November 2019 eMAR for Nutritional Drink Liquid, s a day with meals with ation times of 7:30am, m. juid was documented as :30am on 11/01/19 through 9 except for 2 refusals. Juid was documented as in 11/16/19 and 11/17/19. In the was documented as so in 11/16/19 and 11/17/19. In the was documented as 86 in reakfast and lunch meals or esident #1 was not served of supplement during either in the was eating breakfast and lunch meals or esident #1 was not served of supplement during either in the was eating breakfast and lunch meals or esident #1 was not served of supplement during either in the was eating breakfast and lunch meals or esident #1 was not served of supplement during either in the was eating breakfast and lunch meals or esident #1 was eating breakfast and lunch meals or esident #1 was not served of supplement during either in the was eating breakfast and lunch meals or esident #1 was not served of supplement during either in the was eating breakfast attritional supplement on the was eating breakfast and lunch meals or esident #1 was not served of supplement during either in the was eating breakfast attritional supplement on the was eating breakfast attritional supplement on the was eating breakfast attritional supplement on the was eating breakfast attritional supplement end flavored was eating breakfast end flavored was eating breakfast end flavored was eating breakfast end flavored end				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL035031	B. WING		11/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	ARD ROAD		
		LOUISBU	RG, NC 27549		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 310	Continued From page	e 41	D 310		
	-At 8:44am, the residentificational supplement her wheelchairAt 8:46am, the resideroom went to the medicular nutritional supplementAt 8:50am, the MA to supplement and sat it cart while she administresidentAt 8:52am, the MA of supplement bottle and with no instructionsAt 8:55am, the reside wheelchair to her bed supplement bottle on drinking any of itAt 9:00am, the residentificational supplement.	ent had the unopened It bottle lying in the seat of ent came out of the dining dication cart with the It bottle in her hand. It ook the nutritional It on top of the medication It on top of the medication It on the medication stered medications to the In own the nutritional It did gave it back to the resident It is ent self-propelled the In own and sat the nutritional It is the bedside table without It is the total the sent self-propelled the It is the self-propelled the self			
	9:48am revealed: -She had just cleaned	d Resident #1's bedroom. nutritional supplement sitting			
	-The bottle was full, a -She had not reported	nd none had been drunk. d it to anyone.			
	revealed: -Resident #1 had lost supposed to get nutritiday at mealsThe PCAs would passupplements during n	some weight and was tional supplements 3 times a ses out the nutritional neals so she would ask the received the supplements.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	OF LOUISBURG, N	361 LEONA LOUISBUR	RD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	-She would document were given on the eM see or document how -She was not aware F nutritional supplement but she documented it eMAR. Interview with a second 9:54am revealed: -All staff had been pasupplementsResident #1 had lost June 2019Resident #1 would not supplement with her resident could dring -She usually encourant the resident could dring -She documented the supplement on the eN and 11/21/19 and at 10-she was not aware F nutritional supplement -She could not explain nutritional supplement occasions. Interview with the Resident #1 was supplements 3 times -Resident #1 did not I supplements.	the nutritional supplem AR but she did not usus much the resident drait Resident #1 did not drint that morning on 11/22 that as administered on the modern MA on 11/22/19 at assing out the nutritional some weight since arout drink the nutritional meals. ged the resident to take the with her after the means it later. The resident drank a nutritional meals are sident drank a nutritional meals. The resident drank a nutritional meals are sident drank a nutritional meals. The resident drank a nutritional meals are sident drank a nutritional meals. The resident drank a nutritional meals are sident drank a nutritional meals. The resident drank a nutritional meals are sident #1 did not received to not those 3 occasions. In why she documented the sident Care Coordinato 11:42am revealed: The PCAs were responsible on the sident Care Coordinato and supplements. The resident drank are resident drank and the resident drank are the resident drank and the resi	ally nk. k the 2/19 e und the all so ional 0/19 eive a the ose 3 r e for ional red	D 310			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G:	(X3) DATE COMF	SURVEY LETED
		HAL035031	B. WING		11/	26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG. N	STREET ADDRESS, CITY, S 361 LEONARD ROAD LOUISBURG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULI LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 310	Interview with the Adon 11/25/19 at 3:10p -The MAs were respontritional supplement according to the order should document if the supplementResident #1 had not having some weight specific time) so they to receive nutritional acceived the nutritionThe MAs should not received the nutrition and not observed to and drank the suppleace was concerned receive the nutritional would continue to describe acceive the nutritional would continue to describe acceived the nutrition and to help prevent we have care provider (PCP) revealed: -She ordered nutrition #1 to help prevent we have concerned to lose weight if the resident acceived the nutritional supplemental supplemen	Iministrator-in-Charge (Alim revealed: onsible for passing out the nts either at meals or snater. Prosed to document the nts on the eMARs and the nts on the eating every meal loss recently (could not go you an order for the resides supplements. Resident #1 was not nal supplements as ordered to document the resident has supplements if the MA be sure the resident receivement. If Resident #1 did not all supplements, the resident coline and lose weight. With Resident #1's primar on 11/26/19 at 1:29pm nal supplements for Resident loss. Utritional supplements to leas ordered. the resident would conting resident did not receive the resi	ecks ey and ive dent ed. ad sived ent y dent pe aue e			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
NAME OF D	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	= ZIR CODE		
NAME OF F	NOVIDER OR SUFFLIER		NARD ROAD	E, ZIF CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	URG, NC 27549			
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 310	D 310 Continued From page 44		D 310			
	Refer to interview with on 11/21/19 at 11:34a	h the Kitchen Manager (KM) am.				
	Refer to interview with 11/22/19 at 5:23pm.	h a medication aide (MA) on				
	revealed:	ok on 11/20/19 at 10:52am				
	_	ts once a week; she was not				
	into the reach-in refrig	e of supplements at a time gerator to keep them cold;				
		would come and take the ne refrigerator when they				
	11/21/19 at 11:34am ı					
	week; she purchased	ood for the facility once a three cases of nutritional and one case of diabetic				
		t was purchased once a				
	-The medication aides supplements.	s gave the residents the				
	Interview with a medicat 5:23pm revealed:	cation aide (MA) on 11/22/19				
	_	oout five or six residents that				
		ments with their meals. To got supplements with				
	-She documented on	the electronic medication (eMAR) when she gave the				
	supplements.	ents out of the refrigerator				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	, ,	E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
						72072019
NAME OF PI	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	LEONARD ROAD ISBURG, NC 27549			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 310	Continued From page	: 45	D 310			
	10:49am revealed: -She did not know how ordered nutritional sup-The cook went to the purchased nutritional -The cook purchased supplements each we-She did not know how	e local grocery store and supplements once a week. three cases of nutritional sek. w long three cases of ts would last, but if they ran				
D 317	10A NCAC 13F .0905	(d) Activities Program	D 317			
	10A NCAC 13F .0905	Activities Program				
	variety of planned gro include activities that physical interaction, g creative expression, in learning of new skills. exclusively for resider exempt from this requ facility can demonstrate resident's involvement Examples of group act dancing, games, exer	nts with HIV disease are nirement as long as the stee planning for each t in a variety of activities. Stivities are group singing, cise classes, seasonal pups, drama, resident lock reviews, music				
	reviews, the facility fa	as evidenced by: is, interviews, and record iled to assure a minimum of proup activities was provided				

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DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COM	IPLETED
		HAL035031	B. WING		1.	1/26/2019
		•	I		<u> </u>	00 10
NAME OF P	ROVIDER OR SUPPLIER	STR	REET ADDRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG N	LEONARD ROAD			
00011121	ar Eivino i on ozimona	LO	UISBURG, NC 27549			
(X4) ID	_	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		COMPLETE DATE
TAG	REGOLATORY ORT	EGO IDENTIL PING IN CRIMATION)	TAG	DEFICIENCE		
D 317	Continued From page	e 46	D 317			
	each week for the res	sidents				
	The findings are:					
	3					
	Review of the Novem	nber 2019 activity calendar				
	revealed:					
	-There were 14 hours	s of activities offered each				
	week.					
	-Residents were sche	eduled for "open floor				
		/19 from 10:00am-11:00am.				
		eduled for "tabletop games"				
	on 11/19/19 from 2:00	•				
	-Residents were sche	<u> </u>				
	11/21/19 from 10:00a	nm-12:00pm and				
	2:00pm-4:00pm.					
	Intervious with a regid	lant on 11/10/10 at 0:50am				
	revealed:	lent on 11/19/19 at 9:58am				
		y calendar posted but they				
	never did what was o	-				
		nator was always working a	۹ ا			
	a personal care aide					
		activities in a good week.				
		ere more activities to pass				
	the day.	•				
	-					
		nd resident on 11/19/19 at				
	10:14am revealed:					
	-There were no activi					
	_	about "once a week."				
		tivity every day if it was				
	offered.					
	-Activities helped to k	ceep your mind off problems				
	Indomination with a 41 to 1					
		resident on 11/19/19 at				
	10:30am revealed:	more activities				
	-She would like to do	์ more activities. d make her feel better about				
	herself.	a make ner reer better about	·			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ED.		CONSTRUCTION		E SURVEY IPLETED	
		HAL035031		B. WING		1	1/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	STREET ADDRE 361 LEONAR LOUISBURG	D ROAD	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 317	10:42am revealed: -The residents playe "about" two times a v -She would like to ha Observation on 11/19 between 10:00am-12 -Multiple residents w room; there was no s floor discussion." -Multiple residents w room; there was no s floor discussion." -One resident was si there was no staff pr discussion." Observation on 11/19 between 2:00pm-4:0 -There were no table -Multiple residents w roomMultiple residents w roomThere were no residused for activities. Observation on 11/2 between 10:00am-12 revealed: -There were no residused for activities. Ohne residents w roomMultiple residents w room.	th resident on 11/19/19 and bingo or bean auction week. ave more activities to do 19/19 at various times 1:00am revealed: are sitting in the front livit staff present to initiate "compared to initi	ring open ing open com; oor ring ing oom. room Opm ring ing oom.	D 317			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDIEAN	or dortheories	IDENTIFICATION NOWIDER.	A. BUILDING: _		John	LLILD
		HAL035031	B. WING		11/	26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	EONARD ROAD			
	OLIMANA DV. OT		BURG, NC 27549	DDOWDEDIO DI ANI OF	OODDECTION	
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 317	Continued From page	e 48	D 317			
	11/22/19 at 8:25am re-She talked to resider meeting to get ideas do. -She also had resider on activities they liked would double up on the formake bingo an hour land other staff could would double up on the formake bingo an hour land of the staff does activitied was often out of the formake bingo an hour land of the staff does activities, "everyone jack of the was not at the formake was working on scheduled; she did not in her absence. -She was working on scheduled; she had a and youth groups to do activities. -She worked as a PC (MA) on other shifts a she only did PCA worked activity was short-hand.	Ints at the resident council on what residents liked to on what residents liked to onts complete a questionnaire of to do. Inned and she could not do it, not do the activity, she he next activity; "I might onger to make up for it." If, the Administrator knew she facility on Tuesday and ties when she was not at the lasked anyone to do the fust knows." In activity when open floor duled; she did not know who absence. In activity when tabletop games did not know who did the facility when bingo was not know who did the facility when activities already coordinated church come into the facility to do the facility. In a day a medication aide at the facility. In a day if the				
	revealed:	dinator was not in the facility				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/O		LE CONSTRUCTION	(X3) DATE	SURVEY
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, S	TATE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG, N	361 LEONARD ROAD	_		
	T	·	LOUISBURG, NC 2754		05.00DE071011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION	1111111	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 317	Continued From pag	e 49	D 317			
	 -No one had told her to do activities for the Activities Coordinator, but she sometimes did things with the residents. -Some of the residents played tabletop games in the small dining room. 					
	revealed: -If the Activities Coor she would help with a -No one told her to d helping with activities -She sat with some of 11/19/19 and had "fro	o activities; she enjoyed	n			
	(RCC) on 11/22/19 a -No one was technic when the Activities C facilityDifferent staff would such as reminiscingThe Activities Coord activities around her -She did put the Activ schedule as a PCA c herShe has had to pull to assist when some -She tried not to pull away from activities times."	ally in charge of activities coordinator was not in the do things with the resident time out of the facility, vities Coordinator on the or a MA when she needed the Activities Coordinator one called out, the Activities Coordinator but had "maybe about eithing to the content of the coordinator one called out.	s e ents d or in or			
	Interview with the Ad 12:45pm revealed: -She expected the A	ministrator on 11/22/19 ctivities Coordinator to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '			SURVEY LETED		
		HAL035031		B. WING		11/	26/2019
NAME OF PI	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	361 LEONA LOUISBUR	RD ROAD G, NC 27549			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 317	she would expect the assign someone to do -She was not aware rabout not having active-She was aware the A as a MA/PCA. Telephone interview we Charge on 11/25/19 are -She expected the Act provide at least fourte week to the residents -If there was a program would like for it to be -Sometimes the caler changed, and she expected and given outThere were days the out of the facility; other up the residents could	dinator was not in the fact Activities Coordinator to the scheduled activities esidents had complained vities. Activities Coordinator work with the Administrator in at 3:02pm revealed: tivities Coordinator to be hours of activities a . In on the calendar, she carried out. Indar may need to be beceted a new calendar to activities Coordinator was a facility staff set activitied do on their own.	ked be	D 317			
D 338		Resident Rights hall assure that the rights	s of	D 338			
	•	as evidenced by:	ed				
		ns, interviews and record iled to assure residents					

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	SURVEY
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	ONARD ROAD			
	T	LOUISI	BURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	÷ 51	D 338			
	were free of abuse as Staff D verbally and p #1 and Staff E exploit	e evidenced by allegations of hysically abusing Resident ing Resident #11 by selling for anxiety to the resident.				
	The findings are: 1. Review of Resident #1's current FL-2 dated 10/17/19 revealed diagnoses included dementia, type 2 diabetes mellitus, major depressive disorder - recurrent, Vitamin D deficiency, glaucoma, allergic rhinitis, neurosyphilis, and abnormalities of gait and mobility.					
	care plan dated 08/21	1's current assessment and /19 revealed the resident ented, forgetful and needed				
	11/22/19 at 4:30pm re-Resident #1 had den be "kinda rowdy". One weekend last m not recall date or time shift when Resident #-Resident #1 was starthe bed. She witnessed Staff Resident #1 with one-Resident #1 fell onto-Staff D told Resident you". Staff D pushed Resident living roomAbout 15 minutes lat administer medication cup.	nentia and would sometimes onth (October 2019 - could e), she was working on third e1 was screaming loud. ending up in her room beside D (a medication aide) push hand on the shoulder. the bed in a sitting position. #1, "I've got something for dent #1 in her wheelchair to				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY IPLETED
		HAL035031		B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	·	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA LOUISBUR	RD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	e 52		D 338			
	room.						
	4:43pm revealed: -She was working lass not recall date or timeResident #1 was agi altercation with anoth the hallStaff D went down the bedroomResident #1 was sittShe witnessed Staff arm and pinch itResident #1 told State asked Staff D, "why are sident that she was some medication bedroom to deal with ResidentShe and another PC dressed, transferred the resident followedAfter the resident go witnessed Staff D at the hallway near the livingStaff D gave Residencup but the PCA coulcupAbout 5 to 10 minute asleep in the living rother PCA who the third shift medicarShe did not know if it else.	tated and having a verticer resident, yelling across the hallway into Resident ing on the bed. D grab Resident #1's rist of the polymer of the resident #1 and told the going to give the residence Staff D was not get ause Staff D was not get to the wheelchair, at the PCAs to the living room, the medication cart in the groom. In #1 medication from a d not see what was in the est later, Resident #1 was om. Witnessed it, reported it to a side (MA). It was reported to anyore.	- did pal pal pass t #1's ight ent oing get and room. PCA ne a pill the as t to				
	revealed: -A third shift PCA rep	tatement (not dated) by orted to the MA that the nding in front of Reside	e PCA				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		11	1/26/2019
NAME OF PROVIDER OR SUF	PPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHERN LIVING FOR	SENIORS	S OF LOUISBURG, N	361 LEONA LOUISBUR	ARD ROAD G, NC 27549			
PREFIX (EACH	DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
to sit downThe resider resident lool help me"Staff D ther where the re -The resider floor. Review of a D revealed: -When Staff Resident #1 telling some -Staff D igno #1's "norm"Resident #' roomStaff D tried as much as complained -Staff D tried sitting room the yelling a sitting roomShe never or gave ther Attempted te 11/22/19 at Interview with 3:30pm reve -On Tuesday Administrate Administrate Sleeping a lo	nd screar at was still ked at the a lightly president fe at did not D came if would be one to ge one dit bec I did it ev I did it ev I to keep possible about Re	ming and telling the result standing up when the PCA "like she was satushed the resident bactured and the resident bactured and the resident (not dated) by in on the weekends, as screaming and yelling to out of here. It cause that was Resident actured the resident #1 "going crazy" Resident #1 "going crazy" Resident #1 "going crazy" Resident #1 in the main the resident did not do ming when she was in the resident was unsuccessful. Interview with Staff D of was unsuccessful. Interview with Staff D of the rege (AIC) called the ported Resident #1 was unsuccessful.	e ying ek d. on the y Staff g and nt er room ts ". in o all of the dents on	D 338			

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL035031	B. WING			/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREI	ET ADDRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	EONARD ROAD			
	OLINANA DV. OT		SBURG, NC 27549	DDOV/DEDIO DI ANI OI	F ADDRESTION	
(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) COMPLETE DATE
D 338	Continued From page	e 54	D 338			
D 338	10/06/19 but she coulting and the police were confreport. -The AIC did an invest the Health Care Persishe did not know whether she did not participal and the partic	Id not recall who reported it. facted and they took a stigation and reported it to connel Registry (HCPR) but the it was reported. It is in the investigation. With the AIC on 11/25/19 at the dementia and the enings and could become acream out, go into other take things, and sometimes arior was better in the evenings. The interest is interest to redirect the resident ditated. The staff D on 10/06/19 the interest is interest and the interest interest in the even ings. The interest interest interest in the even ings. The interest interest interest interest in the even ings. The interest in	D 338			
	Health Care Personnershe thought she con	pleted the 24-hour report				
	and faxed it to HCPR but she was not sure.	on the same day, 10/08/19,				
	-Staff D was terminate	ed on 10/11/19.				
		ns, interviews, and record nined Resident #1 was not				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	.n. I`´	CONSTRUCTION		E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATI	E, ZIP CODE		
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG, N	361 LEONARD ROAD LOUISBURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 338	interviewable. 2. Review of Reside 12/21/18 revealed di major depressive dishyperlipidemia. Review of a police rerevealed: -The local county sh to investigate a Staff a residentStaff E and resident-Staff E was arrested sell and deliver a scill and deliver a scill and deliver a scill and Staff E said anxHe was on the smotaking medicationHe asked Staff E will and Staff E said anxHe told Staff E that medication and Staff someThe next day Staff E gave her \$10He took 2 pills immediaterHe knew this was wagainThe medication caull interview with the Reference of the properties of t	ant #11's current FL2 date agnoses of seizure disorder, obesity, and seport dated 11/13/19 eriff was called to the fact (Staff E) selling narcotical admitted to the incident. If for possession with interpretable IV drug. ent #11 on 11/20/19 at king porch and saw Staff that the medication was for iety. he wanted some of the f E said she would bring E gave him 5 pills and he ediately and then 2 more arong and would not do it used him to be drowsy. esident Care Coordinator at 11:45am revealed: bout the incident on 11/12 Resident #11; she was to another staff on 11/12/1	ility s to Int to E 2/19 told			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB			CONSTRUCTION	(X3) DATE	SURVEY
ANDIEAN	or connection	IDENTIFICATION NOME	EIV.	A. BUILDING: _		J CONNI	LETED
		HAL035031		B. WING		11/	26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	G OF LOUISBURG, N	361 LEONA	ARD ROAD G, NC 27549			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETE DATE
D 338	Continued From page 56			D 338			
	revealed: -She was told about to on 11/12/19 who over between Staff E and I-When she learned or was asleep and Staff -She waited until the incident with Staff E a-On 11/13/19, she dis Staff E, who admitted home to Resident #11-Staff E reported she narcotic used to treat #11Staff E could not tell physician for the medication or she interviewed Resobserved to be in a dinterviewResident #11 reporte take the Klonopin, the tabletsShe had Resident #1 blood workResident #11 did not Attempted telephone 11/21/19 was unsucco. The facility failed to a free from verbal and pexploitation resulting verbally and physicall yelling, pushing, pinclunknown medication Resident #11 was sol	If the incident, Resident E was not in the facility next day to discuss the and Resident #11. Iccussed the incident wit I to bringing medication I because he had anxiet brought 5 Klonopin (a anxiety) tablets to Resident #11, who was eep sleep prior to the ed initially that he did not en admitted to taking 4 and interview with Staff E of essful. Suppose the incident with the incident #11, who was eep sleep prior to the ed initially that he did not en admitted to taking 4 and interview with Staff E of essful. Suppose two residents we physical abuse and in Resident #1 being ly abused by Staff D by thing, and administering	staff #11 /. th from ety. ident / filled ion. of the for viors. n re an used				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL035031	B. WING		11/26/2019
NAME OF D			I CONTRACTOR	T. 710 0005	11/20/2013
NAME OF PI	ROVIDER OR SUPPLIER		NDDRESS, CITY, STAT	E, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	URG, NC 27549		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 338	Continued From page	: 57	D 338		
	facility to protect the r substantial risk of seri constitutes a Type A2	ous physical harm and			
	The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/25/19 and 11/26/19 for this violation.				
	CORRECTION DATE VIOLATION SHALL N 26, 2019.	FOR THE TYPE A2 OT EXCEED DECEMBER			
D 358	10A NCAC 13F .1004 Administration	(a) Medication	D 358		
	(a) An adult care hom preparation and admin prescription and non-ply staff are in accorda (1) orders by a licens which are maintained	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments ance with: ned prescribing practitioner in the resident's record; and on and the facility's policies			
	This Rule is not met a TYPE A2 VIOLATION				
	reviews, the facility fa medications as orders the facility's policies for #13, #14,) observed of passes including error inhaler (#5), and a sto of 6 residents sample	ed and in accordance with or 4 of 8 residents (#3, #5, during the medication rs with insulin (#3, #14), an ool softener (#13); and for 3 d (#1, #3, #5) for record s with an antipsychotic (#1),			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB	ED.	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL035031	E	B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRE		TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG, N	361 LEONAR LOUISBURG,				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From pag	e 58		D 358			
	The findings are:						
	opportunities during	rror rate was 15% as servation of 4 errors out the 7:00am, 8:00am, om medication passes o					
	06/03/19 revealed di chronic respiratory fa pulmonary disease, failure, hypertension	•	e on re art agia,				
	07/11/19 revealed ar 160/4.5mcg inhaler, rinse mouth after eac treat chronic obstruc According to the mai	#5's physician's order dan order for Symbicort inhale 2 puffs twice daily ch use. (Symbicort is us tive pulmonary disease. nufacturer, rinsing the mevent fungal infections or	y, sed to nouth				
	11/20/19 revealed: -Resident #5 was in breakfastThe medication aide mouthpiece in the re the inhaler 2 quick tir. The MA did not institute MA did not wait to Guidelines for the MC Clinical Skills Check	ruct the resident to inhal between puffs (According edication Administration list, waiting at least 1 mi bermit additional puffs to	ssed le and g to nute				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY IPLETED
		HAL035031	B. WING		1	1/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG. N	REET ADDRESS, CITY, STA 1 LEONARD ROAD DUISBURG, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	vapors came back of and not into the resident did not after the use of the S-The MA did not offer inse his mouth after inhaler as ordered. Review of Resident delectronic medication (e-MAR) revealed: -There was an entry inhaler, inhale 2 puff after each use with stimes of 8:00am and -Symbicort was docu 11/20/19 at 8:00am. Interview with the Marevealed: -She was aware she between puffs when Resident #5 did not verified not usually or to rinse mouth become the resident usually administresident while the resident while the resident while the resident would breath in the morning getting up.	inhale so the medication at of the resident's mouth thent's lungs. It rinse her mouth with water symbicort inhaler. It or instruct the resident to administering the Symbicord administering the Symbicord for Symbicort 160/4.5mcg is twice daily, rinse mouth cheduled administration 8:00pm. Immented as administered on the symbicord administering inhalers but want to wait sometimes. Instruct the resident to inhall cause she did not have to ually did that. Itered the inhaler to the sident was in her bedroom of the resident did not rinse	rt			
	12:34pm revealed: -She usually received Symbicort inhaler.	d 2 puffs at a time of the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	1 ' '	(X3) DATE SURVEY COMPLETED	
		HAI 025024	B. WING		44	10010040
NAME OF D	ROVIDER OR SUPPLIER	HAL035031	DRESS, CITY, STA	TE ZID CODE	11	/26/2019
		361 LEON	ARD ROAD	TE, ZIF GODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	RG, NC 27549			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	D 358 Continued From page 60					
	she did not know she -Her tongue would so had a liquid medicate her tongue got soreShe was not currentl tongue being sore an short of breath.	rer been instructed to and was supposed to rinse it. Interest get sore and she d mouthwash that helped if It is a proving issues with her d she was not currently				
	Interview with the Resident Care Coordinator (RCC) on 11/20/19 at 1:25pm revealed: -The MAs had been trained on how to properly administer inhalersThey should wait a couple of minutes between					
	with water after use o could cause thrush if -The MA should have inhale and to rinse he	instructed Resident #5 to er mouth. redicated mouthwash she				
	3:30pm revealed: -The MAs had been to technique when admiresidentsThe MAs should inst					
	care provider (PCP) of revealed: -She expected Reside administered as order-lt was necessary to reside the reverse of the reve	inse the resident' mouth f Symbicort to prevent				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL035031	B. WING		11/2	6/2019
	IDER OR SUPPLIER	OF LOUISBURG. N	RESS, CITY, STA LRD ROAD G, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
-S the an wire -T two foot -T two	e resident had some of she was having so the exertion. Hese symptoms may lated to the impropercould not be excluded. Review of Resident 6/16/19 revealed diasepressive disorder, rultiple sclerosis, and eview of Resident #/17/19 revealed: The resident had returner gency room the resident was diasinary tract infection. The resident was to be resident was to see the discharge instructions. The discharge instructions was the resident was to see the discharge instructions with the resident was to see the resident was	sident today (11/26/19) and e "crackles" in her lungs, ome shortness of breath y not have been directly er use of the Symbicort, but ed as a potential cause. If #13's current FL-2 dated gnoses included major mild cognitive impairment, if memory loss. 13's progress note dated urned to the facility from the gnosed with sepsis and the started on Colace 200mg obid 100mg twice a day. Hener. Macrobid is an any was faxed to the 13's hospital discharge cation report dated 11/17/19 and for a urinary tract tion. Istart taking Colace 200mg obid 100mg twice a day with extions were signed by a li). Inedication report which wacrobid were electronically	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		RED:	` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		11	/26/2019	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRE	ESS, CITY, STA	ΓE, ZIP CODE			
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG, N	361 LEONAR LOUISBURG					
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	LOUISBURG	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETE DATE	
D 358	Continued From pag	e 62		D 358				
Review of Resident #13's November 2019 electronic medication administration record (eMAR) revealed: -There was no entry for Colace. -There was an entry for Macrobid 100mg twic day for 3 days with meal/food. -Macrobid was scheduled to be administered 8:00am and 9:00pm. -Macrobid was documented as administered 9:00pm on 11/18/19 through 8:00am on 11/20 Observation of the 8:00am medication pass of 11/20/19 revealed: -The medication aide (MA) prepared and administered morning medications to Resider #13 at 8:35am. -No Colace was administered to the resident.		d at d from 20/19. on						
	revealed: -She was not aware to be receiving Colac -She had not admini- was not on the eMAI hand for this residen -She was not aware with Resident #13.	stered any Colace beca R and there was none o t. of any constipation issu	oosed nuse it on nes					
	facility's contracted p 11:00am revealed: -The pharmacy recei discharge instruction not signed by a pres -The pharmacy staff verbal order for the p (Macrobid) and disper- -The facility's Reside was supposed to get	called the hospital and prescription antibiotic	spital were got a CC)					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA	ARD ROAD G, NC 27549			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	LOUISBON	ID ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 358	D 358 Continued From page 63			D 358			
	(PCP)The pharmacy never received a signed order for the Colace so it was never dispensed.		er for				
	revealed: -She thought she had hospital paperwork in medication report to the spoke with the pland she was going to pharmacy todayThe pharmacy was going they would start to resident.	the pharmacy. pharmacist today, 11/22	2/19, colace				
	revealed: -She was concerned that the facility did not start Colace for Resident #13 when it was ordered from the hospital visitShe was not aware of any current constipation issues with the resident.		d				
	05/17/19 revealed: -Diagnoses included coronary artery disea cardiomyopathy, Alzh hyperlipidemia, gastrand major depressive -There was an order fingerstick blood sugabefore meals and at It -There was an order inject 10 units at midd the evening meal (5:0 rapid-acting insulin us	neimer's disease, oesophageal reflux dise e disorder. to check the resident's ar (FSBS) 4 times a day bedtime. for Humalog Kwikpen in day (11:30am) and 8 ur	ease, y nsulin nits at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		11	/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	361 LEONA	RESS, CITY, STA ARD ROAD G, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 358	The Humalog Kwikpe 2-unit air dose before insulin is flowing throw remove any air bubble inserted into the skin, pushed all the way in ensure the full amour. Interview with the me 11/20/19 at 11:20am usually served at 12:00 Observation of the 11 11/20/19 revealed: -Resident #3's blood: -The MA administered Kwikpen insulin into Fat 11:27amThe MA did not prime performing a 2-unit ai bubbles and to make through the needleThe MA did not hold after injecting the need to allow time for the full injected. Observation on 11/20 was served lunch at 1 minutes after being and Review of Resident # electronic medication (eMAR) revealed: -There was an entry for 10 units at midday and meal with scheduled in 1:30am and 5:00pm	immediately after a me in should be primed with each use to assure the ugh the needle and to less. Once the needle is the dose knob should and held for 5 seconds at is injected.) dication aide (MA) on revealed the lunch mean once and the lunch mean once and the lunch mean of the l	h a be sto al was son sam. arm bwing kin utton be #3	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		1.	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET AND	RESS, CITY, STA	TE ZIP CODE		1/20/2010
			361 LEONA		TE, ZII OOBE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N		G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 65		D 358			
	from 11/01/19 - 11/20	/19.					
	revealed: -The lunch meal was 12:00pmIf insulin was ordered MAs were supposed to because that was whe -The facility's contract trained her on how to -She thought they we shot only when the insuland used the first time -She was not aware to primed with an air sho -She did not recall be injection in once the built Interview with Reside revealed: -He usually had his built received insulin befort time as today (11/20/He usually received in 12:00pm and 12:15pr -He did not usually fer blood sugar while wai receiving insulin. Interview with the Res (RCC) on 11/20/19 at -The facility's contract	ted Registered Nurse (I use insulin pens. re supposed to do an a sulin pen was first oper e. he insulin pen should be to before each use. ing trained to hold the outton was pressed. Int #5 on 11/20/19 at 1: lood sugar checked and e meals about the sam 19). his lunch meal betweer m. el any symptoms of low iting for his meals after sident Care Coordinato 1:25pm revealed: ted RN had trained the	at he lpm RN) hir hed he 13pm d e				
	-She was not sure if t prime the insulin pens injection in for a few s was trained by a diffe	he MAs needed to prim	d the CC				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
	HAL035031	B. WING		11	/26/2019
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS	361 LEC	NDDRESS, CITY, STATE	, ZIP CODE		
SOUTHERN LIVING FOR SENIORS	LOUISB	URG, NC 27549			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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) COMPLETE DATE
staff to make sure ther times. -The MAs were supposinsulin about 15 minute-Lunch was usually se there was going to be give the diabetic reside already received their. Interview with the facility 11/20/19 at 1:45pm revenue and she be demonstrated how to use. The MAs were taught 2-unit air shot and to heleast 5 seconds to ensireleased from the pen. Interview with the Admair shots when using in hold the injection in the Attempted telephone in primary care provider (2:54pm was unsucces). Attempted telephone in primary care provider (2:54pm was unsucces). Review of Resident 01/24/19 revealed diagdiabetes, chronic obstity hypertension, asthma, and transient ischemics. Review of Resident #1 11/22/19 revealed and inject 5 units 3 times and inject 5 units 3 times and inject 5 units 3 times and insulations.	sed to check with kitchen re were no delays in meal sed to administer the es prior to meals. rved at 12:00pm and if a delay, the MAs should ents a snack if they had insulin. ity's contracted RN on vealed: at the facility on the use of prought insulin pens and use them. It to prime the pen with a hold the injection in for at sure all of the insulin was and injected. ministrator on 11/22/19 at MAs had been trained to do insulin pens and they should be skin for 10 to 15 seconds. miterview with Resident #3's (PCP) on 11/22/19 at esful. #14's current FL-2 dated gnoses included type 2 ructive pulmonary disease, hyperlipidemia, dysphasia, a attack.	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREE"	Γ ADDRESS, CITY, STA	TE ZIP CODE	,	
		361 LE	ONARD ROAD	(IL, 211 OODL		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N LOUIS	BURG, NC 27549			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 67	D 358			
	within 5 to 10 minutes Novolog Flexpen sho air dose before each flowing through the ne bubbles. Once the ne skin, the dose knob s in and held for at leas full amount is injected Interview with the me 11/20/19 at 11:20am usually served at 12:0 Observation of the 11 11/20/19 revealed: -Resident #14's blood -The MA administered insulin into Resident # 11:38amThe MA did not prime performing a 2-unit ai bubbles and to make through the needleThe MA did not hold after injecting the need to allow time for the ful injected. Observation on 11/20	s after the injection. The uld be primed with a 2-unit use to assure the insulin is eedle and to remove any air eedle is inserted into the hould be pushed all the way it 6 seconds to ensure the l.) dication aide (MA) on revealed the lunch meal was 20pm :30am medication pass on the sugar was 202 at 11:37am. It is units of Novolog Flexpen if 14's right upper arm at the ethe insulin pen by right shot to remove any air sure the insulin was flowing the insulin pen in the skin and and pressing the button all amount of insulin to be				
	being administered N	l2:28pm, 50 minutes after ovolog.				
	(eMAR) revealed: -There was an entry f units 3 times a day, h	administration record for Novolog Flexpen inject 5 old if blood sugar is less lose, give within 15 minutes				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDIEAN	or doring of the state of the s	IDENTIFICATION NOWIDER.		A. BUILDING: _		CONT	LLILD
		HAL035031		B. WING		11/	26/2019
NAME OF P	ROVIDER OR SUPPLIER	STF	REET ADDI	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG N	1 LEONA	RD ROAD			
JOUTHER	AN EIVING FOR SENIORS	LO	UISBUR	G, NC 27549			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 68		D 358			
2 000	administered at 7:15am, 11:45am, and 4:45pm. -The resident's blood sugar ranged from 121 - 395 from 11/01/19 - 11/20/19. Interview with the MA on 11/20/19 at 12:50pm revealed: -The lunch meal was usually served on time at 12:00pmIf insulin was ordered with the lunch meal, the MAs were supposed to administer it at 12:00pm because that was when lunch was servedThe facility's contracted Registered Nurse (RN)						
		s were supposed to do an a	air				
	and used the first time						
	 -She was not aware t primed with an air sho 	he insulin pen should be of before each use.					
	-She did not recall be injection in once the b	ing trained to hold the putton was pressed.					
	Interview with Reside 1:05pm revealed:	nt #14 on 11/20/19 at					
	received insulin befor						
	after she received ins		es				
	blood sugar while wa	eel any symptoms of low iting for meals after					
	receiving insulinShe had some low b	lood sugars in the past but					
	she thought those we						
	Interview with the Res (RCC) on 11/20/19 at	sident Care Coordinator 1:25pm revealed:					
	-The facility's contrac	ted RN had trained the MA	s				
		insulin using insulin pens. he MAs were trained to					
	prime the insulin pens	s with an air shot or hold the seconds because the RCC	е				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11	/26/2019
	ROVIDER OR SUPPLIER	OF LOUISBURG, N	361 LEONA	RESS, CITY, STA ARD ROAD G, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
D 358	pens or hold in the inj -The MAs were supported timesThe MAs were supported insulin about 15 minutured was usually so there was going to be give the diabetic residual ready received their linterview with the fact 11/20/19 at 1:45pm re-She trained the MAs insulin pens and she demonstrated how to -The MAs were taugh 2-unit air shot and to least 5 seconds to en released from the per linterview with the Adr 3:30pm revealed the air shots when using hold the injection in the Telephone interview we care provider (PCP) or revealed: -She expected Residual administered within 1 mealResident #14 had a lesshe was concerned	rent trainer. he MAs needed to primection. beed to check with kitchere were no delays in measure the tes prior to meals. erved at 12:00pm and if a delay, the MAs shouldents a snack if they have insulin. Ility's contracted RN on evealed: at the facility on the use brought insulin pens and use them. It to prime the pen with a hold the injection in for some all of the insulin was an and injected. MAs had been trained to insulin pens and they she skin for 10 to 15 second with Resident #14's prime and 11/26/19 at 1:29pm and 11/26/19 at 1:29pm and they she stimulin to be to 30 minutes of eating the resident received to 30 minutes prior to a second in the prior to a second in the resident received to 30 minutes prior to a	en eal Id d e of d at as at o do hould onds. hary	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		11/	26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	361 LEONA	RD ROAD			
			LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL .SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	2 70		D 358			
D 356	2. Review of Residen 10/17/19 revealed: -Diagnoses included of mellitus, major depreside deficiency, glaucoma, neurosyphilis, and ab mobilityThe resident was into a. Review of Residen revealed: -On 10/07/19, the resident revealed: -On 10/07/19, the resident period of the responsible in on 10/16/19On 10/08/19, the resident care for test (did not see the revealed of the resident period of the resident peri	dementia, type 2 diabersive disorder, Vitamin, allergic rhinitis, normalities of gait and ermittently disoriented. It #1's progress notes ident was acting very asible party was notified to discuss hospice, ident was taken to urge specify what kind of tes t/injury report for Resid 10/07/19 revealed: It the incident was 10/06 des (PCAs) reported to that Resident #1 was a and yelling, esident all shift and rep	tes D d and ent t). dent s/19 o the acting	D 350			
		ten to urgent care per (PCP) verbal order to	have				
	but the resident was r	oositive for benzodiaze not prescribed any					
	treat anxiety and they	enzodiazepines are use vare narcotics. Ativan ified as a benzodiazepi	is an				
	Resident #1 revealed -The date of incident	iccident/injury report for : was "10/06/19 / 10/07/ [/] umented as third shift a	19"				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL035031	B. WING		11	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, STA	TE, ZIP CODE		
COUTUE		361 L	EONARD ROAD			
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG, N	SBURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY 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 358	-The resident was dresident seemed to be The MAs noted med documented correctly they notified the RCC The RCC notified the order to check labs a drugs. -The resident was talfor drug screening or Review of Resident #10/08/19 revealed: -A drug panel screen 10/08/19 at 11:41am. -Benzodiazepine was blood specimen. -The drug screen rep specific benzodiazepine was blood specimen. -The drug screen rep specific benzodiazepine was no documente was	owsy, lethargic, and pale. ry difficult to arouse and the he hallucinating. lications were not y during "med count" and ce resident's PCP and got an and screen the resident for ken to an urgent care center of 10/08/19. It is lab report dated was collected for testing on ce detected in the resident's bort did not specify which ine was detected. It is September 2019 - tronic medication is (eMARs) revealed: es or orders for any as a benzodiazepine. Inentation the resident had attation of the resident medications as ordered on mentation of the resident medications on	D 358			
	revealed: -No prn (as needed)					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME			CONSTRUCTION		E SURVEY IPLETED
		HAL035031		B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG, N	361 LEONA LOUISBURG	RD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	documented as admiduring that time period. There was no Ativar administered to any reperiod. Review of another re (CS) log for Ativan 0. The MA documented were administered or time documented.	nistered to Resident #1 ad. a documented as resident during that time sident's controlled subs	estance s s s no	D 358			
	administered to the re 8:44am.	ivan was not document esident since 08/13/19 on 11/22/19 at 12:54pm	at				
	-She came into work 10/06/19Two personal care a Resident #1's roomResident #1 was in I loudlyThe resident would I turn crossways in the	at the facility on third slides (PCAs) called her ped screaming out very ay back and sit back up bed.	to o then				
	-One of the PCAs tollon the previous shift medicationThe MA from the prethe facility when she 10:00pmThe MA from the preshe left that Resident Resident #1 was argueshe checked to see	d the MA she thought the gave Resident #1 some evious shift had already came into work around evious shift reported bett #1 was agitated becauting with another resident #1 had any needed) medication to he	e left fore use ent.				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB				E SURVEY PLETED	
				_			
		HAL035031		B. WING			/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA				
	0.000000	ATELIENT OF RESIDIENCIES	LOUISBUR	G, NC 27549	DD0//DD0/ DI AV 05 0		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 73		D 358			
	and went to sleep.	d screaming around 5:0 nocked out" and she the					
	revealed: -Resident #1 had den be "kinda rowdy"Once weekend last r not recall date or time shift when Resident # -The MA told Resider you"The MA pushed Res the living roomAbout 15 minutes lat administer medication cupShe could not see ho cupAbout 10 minutes aff medication, the reside roomShe did not report it	n to the resident from a ow many pills were in the ter the resident took the ent went to sleep in the to anyone because the	could third ng for pair to pill ne living MA				
	medication to calm the Interview with a second 4:43pm revealed: -She was working las not recall date or time-Resident #1 was aginal altercation with anoth the hallThe MA yelled at Reresident that she was	t month (October 2019 e) on third shift. tated and having a vert er resident, yelling acro sident #1 and told the going to give the resid ause the MA was not g	- did pal pss ent				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11/26/2019	9
NAME OF F	PROVIDER OR SUPPLIER	S	FREET ADDRESS, CITY, STAT	TE, ZIP CODE		
SOUTHE	RN LIVING FOR SENIOR	S OF LOUISBURG. N	61 LEONARD ROAD OUISBURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COM THE APPROPRIATE DA	X5) IPLETE ATE
D 358	-She and another PC dressed, transferred the resident followed -After the resident go witnessed the MA at hallway near the livir -The MA gave Resid cup but the PCA coucupAbout 5 to 10 minut asleep in the living round in the living round in the living round in the living round in the resident with a sharp in the resident in the resident in the resident was a man in the round in the resident was a man in the round in the resident was a man in the round in the resident was a man in the round in the resident was a man in the round in the resident was a man in the round in the resident was a man in the round in the resident went to wake up every 2 hound in the living	CA helped Resident #1 get her to the wheelchair, and the PCAs to the living roo of to the living room, the PC the medication cart in the ng room. ent #1 medication from a pld not see what was in the les later, Resident #1 was from. PCA on 11/26/19 at the non-the weekend (Octobe fall date), she worked on this can was "discombobulated". It was "discombob	m. CA iill r rd ck ere n			

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HAL035031 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	11/26/2019
	1
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
361 LEONARD ROAD	
SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N LOUISBURG, NC 27549	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTIVE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOUL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATION (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROPRIATION)	LD BE COMPLETE
D 358 Continued From page 75 D 358	
#1's "norm". -Resident #1 did it every time she was in her room. -The MA tried to keep Resident #1 out of her room as much as possible because other resident's complained about Resident #1 "going crazy". -The MA tried to keep Resident #1 in the main sitting room because the resident did not do all of the yelling and screaming when she was in the sitting room. -She never put her hands on any of the residents or gave them someone else's medication.	
Interview with the RCC on 11/22/19 at 11:42am revealed: -When she came to work on Monday, 10/07/19, Resident #1 was in the living room with her eyes closed, head back, and mouth open. -Third shift staff reported the resident had been more disoriented than normal, hallucinating, was pale and clammy. -The MA told her to look at the documentation on the CS logs for another resident's oral Ativan and a third resident's Ativan gel. -Neither of those residents had needed or had been taking their Ativan but the MA had documented administering Ativan to both residents on the CS log over the weekend but not on the eMARs. -One of the resident's was competent and denied requesting or receiving any Ativan on 10/06/19. -The MA had worked as the MA on first and second shifts on 10/06/19. -She and the AIC were suspicious because of the CS logs and Resident #1's change in condition that Resident #1 may have been administered Ativan that belonged to the other residents. -She notified Resident #1's PCP and got a verbal	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL035031	B. WING		11/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		361 LEONA	ARD ROAD			
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N LOUISBUR	G, NC 27549			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	2.76	D 358			
2 000	-The resident tested p on 10/07/19 or 10/08/	positive for benzodiazepines 19 (could not recall date). MA but the MA denied	2 000			
	3:30pm revealed: -On Tuesday, 10/08/1 Administrator and rep	orted Resident #1 was				
	residents with orders	6/19. c CS logs for two other for Ativan triggered the AIC whether the Ativan was				
	administered to Resid					
	or receive any Ativan -The other resident w usually need Ativan g	as confused but did not				
		ned about the Ativan but dication to Resident #1 on				
	3:10pm revealed:	with the AIC on 11/25/19 at				
		the facility on Monday, 1 was sitting in the front				
	side, very drowsy, and					
	but the resident was s	ually alert and responsive sluggish and sleepy. resident's "normal self" as				
	the resident was usua -One staff told the AIC	ally alert. C that the resident had				
	stayed up late on third -A second staff said the of sleepy".	d shift. ne resident had been "kind				
	-A third staff said she because the resident	had to feed the resident was so tired. sident still appeared sleepy.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL035031	B. WING		11/2	6/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	361 LEONA S OF LOUISBURG. N				
		LOUISBUR	G, NC 27549			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 77	D 358			
	-A fourth staff who ca 10/07/19 reported the hallucinating on third -The next morning (10 back to her "normal s -This made the AIC the wrong and the reside wrong medicationThe RCC checked the some Ativan that belowere documented on documented as adminishe spoke with the Fithe PCP on Tuesday, -The PCP said to sen a drug screenThe resident was sendented on work -They got the results started an investigation-She interviewed the	me in on second shift on e resident had been shift on 10/06/19. 0/08/19), the resident was self". Inink that something else was nt may have gotten the me CS logs and it appeared onged to other residents the CS log but not nistered on the eMARs. RCC and the RCC contacted 10/08/19. Indicate the contact of t				
	(HCPR) 5-day investidated 10/09/19 reveared and the state of the state	are Personnel Registry gation report for the MA iled: ided diversion of resident as documented as 10/06/19 - s documented Resident #1 elf on Monday (10/07/19). ed to be sleepy, sluggish, illucinating and very sluggish it even hold a spoon or fork the resident was confused				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVI	
		HAL035031	B. WING		11/26/20)19
NAME OF	PROVIDER OR SUPPLIER	S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
SOUTHE	RN LIVING FOR SENIOR	S OF LOUISBURG. N	61 LEONARD ROAD OUISBURG, NC 27549			
(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 T DEFICIENCE	ION SHOULD BE C THE APPROPRIATE	(X5) OMPLETE DATE
D 358	-On Tuesday (10/08/out of the facility to hother residents' med were not documented medication administromatic -Benzodiazepines we blood work but the reserve any benzodiaterine and 10/11/19. Telephone interview Resident #1's mental office on 11/26/19 at -The facility notified to Resident #1 tested pat an urgent care ceresting in her wheelch difficult to wake upThe resident was last end of last week and any lasting effects note -The resident was resulted to the time of the incipositive. Telephone interview of the time of the incipositive. Telephone interview of 11/26/19 at 1:29pm resident #1 was a "with moments of emore -Resident #1 was note -When the RCC notification resident did not resident did note.	19), the resident was sent ave blood work done. dications were missing but d as given on the electronication record (eMARs). Here detected in the resident resident had no orders to azepine medications. Health provider's (MHP) 11:19am revealed: hem after the incident who ositive for benzodiazepine of the resident was found the resident was found the resident was found the resident was found the resident was not prescribed at that time. Cently prescribed Ativan ays) but was not prescribed enzodiazepine medication dent or when she tested with Resident #1's PCP or evealed: firecracker", usually alert of total distress. It usually sedated or lethardied her on 10/08/19, the drug testing but she told the eded a medical evaluation have orders to take Ativar azepines at that time and	at de constant de			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11	/26/2019	
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	361 LEONA	RESS, CITY, STA ARD ROAD G, NC 27549	TE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 358	-This was "unaccepta have received any At -She was unsure how was administeredShe had seen the re since the incident on been no after effects her knowledge. Based on observation reviews, it was deterrinterviewable. b. Review of Resident dated 10/31/19 revealed to seroquel 50mg 1 tab an antipsychotic used mood disorders.) Review of Resident # electronic medication (eMAR) revealed: -There was an entry fibedtime with a sched 8:00pmSeroquel was docum 11/01/19 - 11/19/19Seroquel was not do on 11/20/19 due to mawaiting deliverySeroquel was docum 11/21/19. Observation of Residhand on 11/22/19 at an o Seroquel available resident.	able"; the resident should ivan. If much Ativan the resident sident for multiple visits 10/06/19 and there had from receiving the Ativans, interviews, and recomined Resident #1 was to #1's physician's order led an order to start let at bedtime. (Seroqual to treat psychosis and for Seroquel 50mg 1 tabuled administration times the mented as administered as administered as administered for the facility for the dication aide (MA) on dication aide (MA) on	ent I I I I I I I I I I I I I I I I I I I	D 358				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL035031	B. WING		11/2	6/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG, N 361 LEONA LOUISBUR	ARD ROAD RG, NC 27549			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	SeroquelShe could not find ar the back-up supply. Interview with a secon 3:05pm revealed: -Resident #1 should hand at the facilityShe looked on the eldispensed on 11/14/1 11/20/19She did not know wh 11/20/19 but documen 11/21/19 and none or Interviews with the Re(RCC) on 11/22/19 at revealed: -The MAs were responson-cycle fill medicatiThe MAs were suppomedication cart at the -When Resident #1's the pharmacy only se was a hospice resider send more Seroquel a have received the Seroquel so she woult today (11/22/19).	ny in the medication cart or and MA on 11/22/19 at anave some Seroquel on MAR and Seroquel was last 9 and it was last ordered on any it was not available on an hand on 11/22/19. Desident Care Coordinator and 11:42am and 3:12pm Desident Care Coordinator ansible for ordering ansible for ordering ansible for ordering ansible for ordering ansible for deach shift. Seroquel was dispensed, ant 15 tablets because she ant. anacy last night (11/21/19) to and she thought they would aroquel last night (11/21/19). By they did not receive the and contact the pharmacy	D 358	DEFICIENCY)		
	facility's contracted ph 4:17pm revealed: -The pharmacy dispe 50mg on 11/14/19.	with a pharmacist at the narmacy on 11/22/19 at nsed 15 tablets of Seroquel ense 15 tablets each time eresident.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
7.1.12 . 27.11 .		.52	A. BUILDING: _		00 22.125
		HAL035031	B. WING		11/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	EONARD ROAD SBURG, NC 27549		
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
D 358	would need a new premedication. Telephone interview wadministrator-in-Charas:10pm revealed: -The RCC was responsaking sure the mediavailable for administ-The MAs used sticket to fax refill requests to a monthly cycle fill melf a medication was refulled to the MAs should let the follow-up with the phase-She was not aware front been administered being unavailable at the Interview with a media for the MHP and the medication was refulled to the medication was not administered to the administered as on was not administered as on was not administered as on was not administered and about the resident's beased on observation.	on the Seroquel and they escription to refill the with the rge (AIC) on 11/25/19 at a sible for medications and ications were ordered and ration. ers on the medication packs to the pharmacy if it was not edication. The received by the facility, the RCC know so she could armacy. Resident #1's Seroquel had ad due to the medication the facility. Cal assistant at Resident povider's (MHP) office on revealed: The resident's medication to redered and to be notified if it the resident's medication to redered and to be notified if it there were no concerns the received. The resident's medication to redered and to be notified if it the seen by the MHP at the there were no concerns the received.	D 358	DEFICIENCY)	
	interviewable.	nined Resident #1 was not			
	05/217/19 revealed d	t #3's current FL-2 dated iagnoses included diabetes ery disease, atrial fibrillation, leimer's Disease,			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11/2	26/2019	
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE			
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N		G, NC 27549				
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
D 358	Continued From page	e 82		D 358				
	hyperlipidemia, gastro and major depressive	pesophageal reflux diseas disorder.	se,					
	06/24/19 revealed an units once a week for	3's physician's order date order for Vitamin D 50,00 twelve weeks. (Vitamin I ent used to treat a Vitamin	00 D is					
	medication administrative revealed: -There was an entry for weekly.	or Vitamin D 50,000 units	3					
	weeklyVitamin D 50,000 uni	3's July 2019 eMAR or Vitamin D 50,000 units its was documented as 6/19, 07/13/19, 07/20/19	3					
	revealed: -There was an entry for weeklyVitamin D 50,000 uni	3's August 2019 eMAR or Vitamin D 50,000 units its was documented as 3/19, 08/10/19, 08/17/19,						
	revealed: -There was no entry for weekly.	3's September 2019 eMA or Vitamin D 50,000 units its was not documented a	5					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		HAL035031	B. WING		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SUITHEE	N LIVING FOR SENIORS	361 LEON	ARD ROAD		
JOUTHER	IN LIVING FOR SENIORS	LOUISBU	RG, NC 27549		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 83	D 358		
	Observation of Resid	ent #3's medications on 1:09pm revealed there was			
	revealed:	ent #3 on 11/20/19 at 1:20pm every day; he did not know			
	what medications he				
	the facility's contracte 10:48am revealed:	with a representative from ed pharmacy on 11/20/19 at			
	dispensed on 06/24/1	ets of Vitamin D 50,000 units l9. equent refills for Vitamin D			
	50,000 units. -Vitamin D was not a	cycle filled medication and			
	-Vitamin D 50,000 un	to be requested for a refill. it was not on the September they had the stop date as			
	08/24/19.	ny the pharmacy had put the			
	stop date as 08/24/19	on the eMAR. the start date would have			
	Telephone interview v	with Resident #2's			
	-He saw Resident #3	0/19 at 11:30am revealed: on 06/24/19 and Resident vas 12. (Normal range is			
	-He started Resident weekly for twelve weekly for twelve weekly for twelve weeklevel.	#3 on Vitamin D once eks to improve his Vitamin D			
	Resident #3 for twelve	n D to be administered to e weeks as ordered. itamin D to Resident #3 for			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		11	/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG. N	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE. DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	level of Vitamin DResident #3's Vitami 11/11/19 and was 23, therapeutic levelHe would have expending been administered the linterview with a medicat 9:42am revealed: -She recalled Resider week; she did not rectook Vitamin DShe recalled the phatablets of Vitamin DShe did not think about a been administered the linterview with the Resider week. Interview with the Resider week. Interview with the Resider Witamin D once a week. Interview with the Resider Vitamin D once a week. When there was one the package to be addithe MA to re-order the she was concerned the medication as ord-She tried to do cart a she had not complete #3.	against his orders. ent #3 to have a therape n D was rechecked on which was still below a cted Resident #3's Vita ved more if Resident #3' e medication as ordere cation aide (MA) on 11/ nt #3 took Vitamin D on all how long Resident # rmacy only sent a few out how many tablets w dent #3 only took Vitam sident Care Coordinato 9:54am revealed: nt #3 having an order for ek for twelve weeks. I tablet of Vitamin D left ministered, she expecte e medication. Resident #3 did not reclered.	min 3 had d. /22/19 ace a f3 ere nin D r in ed dedt	D 358			
	not been administered	Resident #3's Vitamin I d as ordered. ations to be administer					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C			CONSTRUCTION	(X3) DATE	SURVEY LETED
7.1.2 . 27.1.1	5. GG.W.EG.WG.	.52		A. BUILDING: _			
		HAL035031		B. WING		11/	26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA LOUISBUR	ARD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	expected the MA to coreorder. Telephone interview of Administrator-in-Charrevealed: -She was not aware of diagnosed with a Vitalian D as ordered and the MA to re-order the RCC was responsed with the MA to re-order the RCC know the medical the RCC could make dispensedShe was concerned Nephrologist ordered and it was not adminited followed-up onWhen Resident #3's and RCC should have was not reordered. 4. Review of Resident 06/03/19 revealed diagrespiratory failure with obstructive pulmonary congestive heart failure osteoarthritis of the historian conservation.	min D was not available ontact the pharmacy to with the rge on 11/25/19 at 3:02p. Resident #3 had been amin D deficiency. Resident #3 had not receive the pharmacy and dispensible for making sure the pharmacy and dispensible for making sure the medication and let the ation had been ordered sure the medication was if Resident #3's. Vitamin D for twelve we stered; it should have be vitamin D ran out the Market followed up to see why at #5's current FL2 dated agnoses of chronic in hypercapnia, chronic y disease, diastolic ire, hypertension, ip, hypothyroidism,	eived sed cted so s eeks een	D 358			
	cervical region. Review of Resident # 07/24/19 revealed an (a medication used to	emia and radiculopathy- 5's physician's order dat order to increase Sertra o treat depression) from lays, then increase to	ted				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL035031	B. WING		11/26/2019
NAME OF D			ODDECC CITY CTA	TE 710 000E	11/20/2019
NAME OF PI	ROVIDER OR SUPPLIER		ODRESS, CITY, STA NARD ROAD	I.E., ZIF CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	JRG, NC 27549		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 86	D 358		
	100mg for depression	n and anxiety.			
	Review of Resident # Medication Administra revealed: -There was an entry f scheduled at 8:00amSertraline 75mg was administered from 07 Review of Resident # revealed: -There was an entry f scheduled at 8:00amSertraline 75mg was administered on 08/0	5's July 2019 electronic ation record (eMAR) for Sertraline 75mg daily documented as /26/19 through 07/31/19. 5's August 2019 eMAR for Sertraline 75mg daily documented as 1/19. entry for Sertraline 50 mg			
	-Sertraline 50mg was				
	revealed: -There was an entry f scheduled at 8:00am. -Sertraline 50mg was				
	revealed: -There was an entry f scheduled at 8:00am -Sertraline 50mg was administered from 10 Review of Resident # 11/08/19 revealed an				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C		` ′	CONSTRUCTION	(X3) DATE	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBE	EK.	A. BUILDING: _		COMP	LETED
		HAL035031		B. WING		11/3	26/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA	RD ROAD G, NC 27549			
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU	LL	ID PREFIX	PROVIDER'S PLAN OF CO	N SHOULD BE	(X5) COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATIO	JIN)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)		DAIL
D 358	Continued From page 87			D 358			
	Review of Resident #5's November 2019 eMAR revealed:						
	-There was an entry for Sertraline 50mg daily scheduled at 8:00am						
	-Sertraline 50 mg was	s documented as /01/19 through 11/08/19	1				
		discontinued on 11/08/					
	-There was a second	entry for Sertraline 50r					
	take 1 and ½ tablet once daily for 7 days scheduled at 8:00amSertraline 75mg was documented as						
	administered from 11	/09/19 through 11/15/19					
		try for Sertraline 100mg					
	-Sertraline 100mg wa	mg) scheduled at 8:00a	m.				
	administered 11/16/19						
	-	ent #5's medications on					
	hand on 11/21/19 at 3						
	 -Sertraline 100 mg wa administered. 	as available to be					
		ts of Sertraline 100 mg					
	dispensed on 11/20/1	•					
	-There were 28 tablet	ts remaining.					
		esentative with the facilit					
	revealed:	on 11/20/19 at 3:10 pm	l				
	-The pharmacy received dated 07/24/19.	ved the Sertraline order					
	-The pharmacy entered to 75 mg on 07/25/19	ed the increase from 50	mg				
	-The pharmacy did no	ot enter the increase to					
	100mg after the 75mg						
		upply of Sertraline 75m(g				
	dispensed on 07/25/1 -The Sertraline 100m						
		is of 75mg the Sertraline)				
	order reverted back to						
		not certain what caused	the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG N	LEONARD ROAD			
	THE PROPERTY OF THE PROPERTY O	LOL	JISBURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 88	D 358			
	orders to the pharmacy -The pharmacy enters system and the facility -The pharmacy condu Interview with the RC revealed: -The RCC did not know dated 07/24/19Per the policy, new of pharmacy by the RCC -The pharmacy enters eMAR systemThe contracted pharm audits quarterlyHer goal was to com pharmacy visitsShe usually did not of due to other duties ar	faxed new or changed by. ed all orders into the eMAR y had to approve the orders. In the eman of the				
	Interview with a MA or revealed: -She did not remember 07/24/19 or 11/08/19.	er the Sertraline order dated				
	-She administered me eMAR.	edications according to the				
	orders to the pharmac -The pharmacy enterousystem according to t -She had not observe in Resident #5.	responsible for faxing cy. ed orders into the eMAR he physicians' orders. ed an increase of depression ministrator-in-Charge (AIC)				
	on 11/21/19 at 11:40a	- , ,				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE	•	
		361 LEO	NARD ROAD	,		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N LOUISBU	JRG, NC 27549			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	89	D 358			
	November 2019. -The RCC conducted -The pharmacy conduThe RCC or MA was orders to the pharmacyShe did not notice ar anxiety in Resident #5 -Resident #5 was mo up and down. Interview with a represent specialist Provider or revealed: -The resident was last resident was not actiry -The resident had incompleted to the provider expected be administered as outling the provider expected facility with concerns	monthly eMAR audits. ucted quarterly eMAR audits. responsible for faxing cy. in increase in depression or cody and her emotions were sentative from Resident #5's in 11/21/19 at 11:27am It seen on 11/18/19 and the ing herself. reased agitation and vider determined the rder was not implemented rtraline increase. ed the Sertraline orders to rdered. ed to be contacted by the				
	ordered to residents of medication passes re error rate with 4 error Two diabetic resident administered rapid-ac	sulting in a 15% medication s out of 26 opportunities.				
	being served and con at risk for hypoglycem positive for benzodiaz	isumed placing the residents nia. Resident #1 tested repines but the resident had any medications in that class				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			D MINO		
		HAL035031	B. WING		11/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	ONARD ROAD BURG, NC 27549		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	90	D 358		
	hallucinations, scream and over sedation. The administer medication	ulting in Resident #1 having ning loudly, then lethargy he failure of the facility to as as ordered resulted in lous physical harm and Violation.			
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 11/22/19 for			
	CORRECTION DATE VIOLATION SHALL N 26, 2019.	FOR THE TYPE A2 OT EXCEED DECEMBER			
D 392	10A NCAC 13F .1008	(a) Controlled Substances	D 392		
	(a) An adult care hon retrievable record of coumenting the recedisposition of controller records shall be main	Controlled Substances ne shall assure a readily controlled substances by cipt, administration and ed substances. These tained with the resident's order that there can be n.			
		as, interviews, and record iled to assure records of the ation of controlled intained, accurate and esidents sampled who were prescribed			
	1. Review of Resident 07/18/19 revealed:	t #8's current FL2 dated			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
		HAL035031	B. WING		1	1/26/2019
	PROVIDER OR SUPPLIER	S OF LOUISBURG. N	EET ADDRESS, CITY, STATI LEONARD ROAD IISBURG, NC 27549	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 392	-Diagnoses included disorder, major depre recurrent moderate pinsomnia, chronic pachronic obstructive postructive postructive postructive good and the packet of the packe	hypothyroidism, anxiety essive disorder (MDD), ohysiological condition, in syndrome, anorexia, and ulmonary disease (COPD). Intion order for Lorazepam 0.5 stance used to treat anxiety) y as needed for 48's medication orders quent order dated 10/03/19 to m 0.5 mg ½ tablet once a nxiety/agitation. dated 10/31/19 to am 0.5 mg ½ tablet once a nxiety/agitation. 48's September 2019 of Administration Record for Lorazepam 0.5 mg ½ needed for anxiety/agitation. for Lorazepam 0.5 mg ½ needed sa administered on				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE HAL035031			CONSTRUCTION		E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
	OVIDER OR SUPPLIER	361 LE	ADDRESS, CITY, STATI CONARD ROAD BURG, NC 27549	E, ZIP CODE		
(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 T DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
FF 1 2 C C C C FF 1 C C C C C C C C C C C C C	Refer to interview wit (RCC) on 11/20/19 at Refer to interview wit (11/22/19 at 12:00pm.) Refer to a second into (11/26/19 at 10:41am.) Refer to a second into (11/26/19 at 10:41am.) Refer to a second into (11/26/19 at 10:41am.) Review of Resident (11/26/19 at 10:41am.) Review of Resident (11/26/19 at 10:41am.) Review of Resident (11/26/19 revealed the control of t	on 11/22/19 at 10:46am with occessful. h Resident Care Coordinator is 12:00pm. h a medication aide (MA) on erview with the RCC on at #9's current FL2 dated agnoses included senile on, chronic obstructive COPD), gastro-esophageal steomyelitis/cellulitis of left and the steomyelitis/cellulitis of left ere was a medication order g (a controlled substance one tablet every 12 hours and in the steomyelitis order dated minister Lorazepam 0.5 mg ours as needed for eg's physician's order dated minister Lorazepam 0.5 mg	D 392			

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		HAL035031		B. WING		11	/26/2019
	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 392	tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of Review of Resident # revealed: -There was an entry fitablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered for 10/2/2. Review of Resident # revealed: -There was an entry fitablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered on any of tablet every 12 hours anxiety/agitationLorazepam 0.5 mg wadministered for 10/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	for Lorazepam 0.5 mg of as needed for was not documented as date in September 2019 eMAI for Lorazepam 0.5 mg of as needed for was documented as 9/19 at 2:59pm. 9's November 2019 eM for Lorazepam 0.5 mg of as needed for was not documented as needed for was not documented as date in November 2019 ent #9's Lorazepam 0.5 at 3:00pm for administrate the second on the second of the second on the second of the s	9. R one IAR one CSS) ord not inator	D 392			
	11/22/19 at 12:00pm.	n a medication aide (M/	A) OH				

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		HAL035031	B. WING		11/2	26/2019
NAME OF P	ROVIDER OR SUPPLIER	ST	REET ADDRESS, CITY, STAT	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	1 LEONARD ROAD DUISBURG, NC 27549			
(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 ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 392	Continued From page 94		D 392			
	Refer to a second into 11/26/19 at 10:41am.	erview with the RCC on				
	b. Review of Resident #9's current FL2 dated 01/10/19 revealed there was no medication order for Lorazepam gel (a controlled substance used to treat anxiety). Review of Resident #9's medication orders revealed there was a subsequent order dated 06/09/19 for Lorazepam gel apply 1 mg topically every 4 hours as needed for agitation or 30 minutes before patient care (bath or nurse visit). Review of Resident #9's September 2019 electronic Medication Administration Record (eMAR) revealed: -Lorazepam 1mg/ml gel was administered on 09/02/19 at 9:34am.					
	-Lorazepam 1mg/ml (09/03/19 at 8:05am.	gel was administered on				
	09/12/19 at 9:59am.	gel was administered on gel was administered on				
		gel was administered on				
	revealed Lorazepam	9's October 2019 eMAR 1mg/ml gel was not nistered on any date in				
	(CSCS) for the Loraz -The handwritten doc of lined notebook pap -There was an entry of	lled Substance Count She epam 1mg/ml gel revealed umentation was on a sheeper. On 10/06/19 with no time of the Lorazepam 1mg/n	l: t			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBI		1 .	CONSTRUCTION	(X3) DATE SU COMPLE	
				_			
		HAL035031		B. WING		11/26	6/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	OF LOUISBURG, N	361 LEONA				
0(1) 15	STIMMADV ST	ATEMENT OF DEFICIENCIES	LOUISBUR	G, NC 27549	PROVIDER'S PLAN OF CORRECTION	ON	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 392	Continued From page 95		D 392				
	gel being administere (MA).	d by Staff D/medicatior	ı aide				
	Review of Resident #9's November 2019 eMAR revealed Lorazepam 1mg/ml gel was not documented as administered on any date in November 2019.						
	November 2019. Observation of Resident #9's Lorazepam 1mg/ml gel on hand on 11/22/19 at 3:00pm for administration revealed: -There were 30 syringes dispensed on 07/15/19Resident #9 had 15 - 1 ml syringes on handThe 15 syringes were stored in a zipper type bag and were bundled in a rubber bandEach syringe contained a clear substance measured to the 1 ml markThe CSCS concurred with amount noted on handThere was not any tamper resistant packaging noted for the medication.		/19. e bag				
		s, interviews, and reco nined Resident #9 was					
	Refer to interview with (RCC) on 11/20/19 at	n Resident Care Coordi 12:00pm.	nator				
	Refer to interview with 11/22/19 at 12:00pm.	n a medication aide (MA	A) on				
	Refer to a second into 11/26/19 at 10:41am.	erview with the RCC on					
	(RCC) on 11/20/19 at -All medications were the medication cart.	sident Care Coordinator 12:00pm revealed: kept in a locked drawe ance count sheets (CSC	r on				

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	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11/26/2019
NAME OF D	ROVIDER OR SUPPLIER		STREET AND	RESS, CITY, STA	TE ZIR CODE	1=0.=0.10
NAIVIE OF FI	TOVIDER OR SUFFLIER		361 LEONA		TE, ZIF GODE	
SOUTHER	N LIVING FOR SENIORS	OF LOUISBURG, N		G, NC 27549		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 392	Continued From page	96		D 392		
	-The completed CSCs "particular order" in a roomThe MAs did not use the facility's contract pure interview with a medic at 12:00pm revealed: -The MAs had to cour (CS) at each shift cha	n each medication cart S were not filed in any notebook in the medica all the CSCS provided pharmacy. cation aide (MA) on 11/ nt the controlled substa	ation by 22/19 nces			
	CS logIf they found any discrepancies, they had to report it to the RCC immediately.					
	revealed: -The MA were respon and checking the CS shift changeThe MAs were support discrepancies to herThe MAs were support administration of narce CS logsShe usually checked week and when the mover receivedShe compared the model of the compared the compared the model of the compared the model of the compared the com	osed to document otics on the eMARs an the CS logs every other onthly cycle fill medical edications on hand with	nts ach d the er tions h the			
D 399		(h) Controlled Substance	nce	D 399		
	(h) The facility shall ediversions are reported enforcement agency a	ensure that all known died to the pharmacy, local and Health Care Person by state law, and that al	al law nnel			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL035031	B. WING		11.	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	ONARD ROAD			
(VA) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	BURG, NC 27549	PROVIDER'S PLAN OF	COPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 399	Continued From page	97	D 399			
		sions are reported to the all be documentation of the sen.				
	reviews, the facility fa drug diversion by Sta Ativan, an anti-anxiet drugs called benzodia	ns, interviews, and record iled to report suspected iff D (medication aide) of y medication in a class of azepines, which Resident #1 had no orders to receive				
	The findings are:					
	10/17/19 revealed: -Diagnoses included mellitus, major deprese Vitamin D deficiency, neurosyphilis, and ab mobility.	1's current FL-2 dated dementia, type 2 diabetes ssive disorder - recurrent, glaucoma, allergic rhinitis, normalities of gait and ermittently disoriented.				
	will be in on 10/16/19 -On 10/08/19, the res care for test. Review of an acciden #1 signed and dated -The date and time of at 10:15pm.	led: ident was acting very nsible party was notified and to discuss hospice. ident was taken to urgent t/injury report for Resident				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		1	/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	361 LEONA	RESS, CITY, STA ARD ROAD G, NC 27549	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI	JLL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 399	medication aide (MA) strange, hallucinating -Staff monitored the rextreme lethargy in the The resident was take order to have lab wore. The resident tested place but the resident tested place but the resident was a benzodiazepines. Review of a second a Resident #1 revealed. The date of incident the time was docume 6:00am count. The report was signed Coordinator (RCC) and Administrator-in-Chare. The resident was veresident seemed to be The MAs noted med documented correctly. The RCC notified and care provider (PCP) a labs and screen resident was taken the time was taken the resident was ta	that Resident #1 was all, and yelling. esident all shift and replace morning. Even to urgent care per vick and drug screen. pressure was 138/76, cons were 20. cositive for benzodiaze not prescribed any accident/injury report for the was 10/06/19 / 10/07/1 anted as third shift and end by the Resident Care and the rege (AIC) but not dated toway, lethargic, and palary difficult to arouse and the region and they notified the Following and got an order to che lent for drugs. pressure was 138/94, cons were 12. Even to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care constituted and got an order to che lent for drugs. The same to an urgent care of the	ported verbal pulse pines, r 9 and e de. de. de. de. de. de. de. de. de.	D 399			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	OF LOUISBURG, N	361 LEONA LOUISBUR	RD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 399	Review of Resident # November 2019 elect	1's September 2019 - ronic medication		D 399			
	administration records (eMARs) revealed: -There were no entries/orders for any medication classified as a benzodiazepineThere was no documentation the resident had received any medication classified as a benzodiazepine.						
	-There was documentation of the resident receiving her routine medications as ordered on 10/06/19There was no documentation of the resident receiving any prn (as needed) medications on 10/06/19.						
	revealed: -No prn (as needed) r documented as admir during that time perior -There was no Ativan	dated 10/06/19 - 10/08/ medications were nistered to Resident #1 d.					
	log for Ativan 0.5mg r -Staff D (medication a 0.5mg tablets were ac there was no time doc -Staff D noted the am tabletsPrior to 10/06/19, Ati	nide) documented 2 Atividaministered on 10/06/19	/an 9 but ed as				
	revealed:	n 11/22/19 at 12:54pm	nift on				

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7.1.2 . 2.1.		152.11.11.107.11.101.11.101.11.21.11	l A	BUILDING:		"""	
		HAL035031	В	B. WING		11/2	6/2019
NAME OF PI	ROVIDER OR SUPPLIER	STF	REET ADDRES	SS, CITY, STAT	FE, ZIP CODE		
COLITHEE	ON LIVING FOR SENIORS	S OF LOUISPURG N	1 LEONARD	ROAD			
SOUTHER	RN LIVING FOR SENIORS	LO	UISBURG,	NC 27549			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDERICENCY)) BE	(X5) COMPLETE DATE
D 399	-Resident #1 was in but on the resident would later crossways in the resident would keep and down. -One of the PCAs toke on the previous shift (some medication. -Staff D had already locame into work around resident. -Staff D reported before was agitated because with another resident. -She checked to see orders for a prn (as now with the agitation but on the resident #1 had denoted act out. -One weekend last monot recall date or times shift when Resident #1 shift when Resident #1 staff D told Resident you". -Staff D pushed Resident #1 should be recalled administer medication cup.	r to Resident #1's room. Deed screaming out very loud ay back and sit back up the bed. Geep screaming and sitting at the MA she thought the M (Staff D) gave Resident #1 eft the facility when she and 10:00pm. Dee she left that Resident #1 ere Resident #1 was arguing are she left that Resident #1 if Resident #1 had any seeded) medication to help the resident did not. on 11/22/19 at 4:30pm mentia and would sometime and would sometime and would sometime and the sound in the series of the was screaming loud. if #1, "I've got something for the dent #1 in her wheelchair to dent #1 in her wh	d. en	D 399			
	cupShe did not observe topical medications to -About 10 minutes aft	Staff D administer any	ng				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED			
				_			
		HAL035031		B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA				
	T		LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
D 399	Continued From page 101			D 399			
	4:43pm revealed: -She was working last does not recall date of the control of the last section with another the hallStaff D yelled at Rest and the section with another PC dressed, transferred Resident #1 followed -After the resident go witnessed Staff D at the hallway near the livin -Staff D gave Resident cup but the PCA couling.	itated and having a verther resident, yelling acrossident #1 and told Resident #1 so Staff D was not going to ay. CA helped Resident #1 so her to the wheelchair, at the PCAs to the living to to the living room, the the medication cart in the groom. Int #1 medication from a lid not see what was in the less later, Resident #1 was see later, Resident #1 was see the r	- pal pass dent ome padeal get and room. PCA ne a pill the				
	Attempted telephone 11/22/19 at 10:46am	interview with Staff D own	on				
	dated) revealed: -When Staff D came Resident #1 would be telling someone to ge -Staff D ignored it bee #1's "norm"Resident #1 did it ev roomStaff D tried to keep as much as possible complained about Re	e screaming and yelling	and nt r room 's				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11	/26/2019	
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	361 LEONA		TE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATION	LL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 399	the yelling and screar sitting room. -She never put her had or gave them someon. Based on observation reviews, it was determinterviewable. Review of a Health C (HCPR) 5-day investidated 10/09/19 reveated the allegations includings. -The allegations includings. -The incident date was 10/08/19. -The date the facility lincident was 10/08/19. -The allegation details was not her normal service and very pale. -The resident #1 appeared and very pale. -The resident "couldness to her mouth". -On Tuesday (10/08/10) out of the facility to her not documented administration recorded administration reco	the resident did not do ming when she was in the ands on any of the residence else's medication. Ins., interviews, and reconined Resident #1 was are Personnel Registry gation report for Staff Diled: Ided diversion of residence as documented as 10/06 became aware of the both the time was not as documented Resident elf on Monday (10/07/19 ed to be sleepy, sluggist lilucinating and very sluggist to the electron was seen the electron was s	he lents rd not nt 6/19 - t #1 9). h, ggish fork ent out ation ent's	D 399				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11/26/20 ⁻	10
		HAL033031			11/26/20	19
NAME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	EONARD ROAD SBURG, NC 27549			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE CO	(X5) MPLETE DATE
D 399	Continued From page	103	D 399			
		cident reports revealed no armacy was notified of the sion.				
	3:10pm revealed: -The RCC was respondiversion to the pharm -She did not know if the was diverted from other.	he RCC had reported Ativan				
	revealed: -She notified the AIC #1 on either 10/07/19 -She was responsible diversion to the pharm -She did not recall no	for reporting any drug nacy. tifying the pharmacy of the from other residents and lent #1. umented it if she had				
	facility's contracted ph 10:22am revealed: -The facility had not re to the pharmacy. -She was not aware of	with a pharmacist at the narmacy on 11/26/19 at eported any drug diversion of any diversion with Ativan d substances at the facility.				
D 438	10A NCAC 13F .1205 Registry	Health Care Personnel	D 438			
	Registry	Health Care Personnel bly with G.S. 131E-256 and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		\ 	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		11/2	26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG. N	1 LEONA	RESS, CITY, STA RD ROAD G, NC 27549	TE, ZIP CODE		
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 438	Continued From page supporting Rules 10A .0102.	e 104 NCAC 13O .0101 and		D 438			
	reviews, the facility fa abuse, neglect and d Carolina Health Care	as evidenced by: ns, interviews, and record iled to report allegations o rug diversion to the North Personnel Registry (HCPI neframes for 2 of 2 staff (D	R)				
	10/17/19 revealed: -Diagnoses included mellitus, major deprese Vitamin D deficiency, neurosyphilis, and ab mobility.	t #1's current FL-2 dated dementia, type 2 diabetes ssive disorder - recurrent, glaucoma, allergic rhinitis, normalities of gait and ermittently disoriented and	,				
	#1 signed and dated -The date and time of at 10:15pmThe personal care ai medication aide (MA) strange, hallucinating -Staff monitored the r extreme lethargy in tr -The resident was tak order to have lab wor	the incident was 10/06/19 des (PCAs) reported to the that Resident #1 was action, and yelling. esident all shift and reported the morning. ten to urgent care per verber and drug screen. pressure was 138/76, puls	e ng ed				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	ARD ROAD RG, NC 27549		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 438	Continued From page	e 105	D 438		
		positive for benzodiazepines,			
	Review of a second accident/injury report for Resident #1 revealed: -The date of incident was 10/06/19 / 10/07/19 and the time was documented as third shift and 6:00am count. -The report was signed by the Resident Care Coordinator (RCC) and the Administrator-in-Charge (AIC) but not dated. -The resident was drowsy, lethargic, and pale. -The resident was very difficult to arouse and the resident seemed to be hallucinating.				
	-The MAs noted medi documented correctly	<u> </u>			
	labs and screen resid	and got an order to check ent for drugs. pressure was 138/94, pulse			
	was 68, and respirationThe resident was take	ons were 12. en to an urgent care center.			
	Review of Resident # 10/08/19 revealed: -A drug panel screen	1's lab report dated was collected for testing on			
	10/08/19 at 11:41am.	•			
		ort did not specify which ne was detected.			
	revealed:	on 11/22/19 at 4:30pm			
	 -Resident #1 had den act out. 	nentia and would sometimes			
	not recall date or time	onth (October 2019 - could e), she was working on third t1 was screaming loud.			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE S COMPLI	
			A. BUILDING			
		HAL035031	B. WING		11/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COLITHE	ON LIVING EOD SENIODS	361 LEON	ARD ROAD			
SOUTHER	RN LIVING FOR SENIORS	LOUISBURG, N	RG, NC 27549			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 438	Continued From page	e 106	D 438			
	-Resident #1 was stathe bedShe witnessed Staff Resident #1 with one -Resident #1 fell onto -Staff D told Resident you"Staff D pushed Resident Holiving roomAbout 15 minutes lat administer medication cupShe could not see ho cupShe did not observe topical medications to -About 10 minutes aff	D (medication aide) push hand on the shoulder. the bed in a sitting position. #1, "I've got something for dent #1 in her wheelchair to the saw Staff D in to Resident #1 from a pill ow many pills were in the				
	4:43pm revealed: -She was working las does not recall date of resident #1 was aging altercation with anoth the hallStaff D went down the bedroomResident #1 was sitting -She witnessed Staff arm and pinch itResident #1 told Stating asked Staff D, "why are staff D yelled at Resident #1 that she was going medication because Swith Resident #1 todation-She and another PC	tated and having a verbal er resident, yelling across he hallway into Resident #1's hing on the bed. D grab Resident #1's right ff D to "get off me', and he you grabbing me?". hident #1 and told Resident g to give Resident #1 some Staff D was not going to deal				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL035031		B. WING		11	/26/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COLITHEE	N I IVING EOD SENIODS	COET OFFICE A	361 LEONA	RD ROAD			
SOUTHER	N LIVING FOR SENIORS	or Louisburg, N	LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 438	Continued From page 107			D 438			
	-After Resident #1 go witnessed Staff D at the hallway near the living -Staff D gave Resider cup but the PCA could cupAbout 5 to 10 minute asleep in the living round round the PCA told Staff D Resident #1 back in the leave Resident #1 -The other PCA who withe third shift MA.	ont #1 medication from a d not see what was in t es later, Resident #1 wa om. o she was going to put oed but Staff D told the	e PCA ne a pill the as PCA				
	revealed: -She came into work at 10/06/19Two PCAs called here. Resident #1 was in be. The resident would laturn crossways in the end of the PCAs toldon the previous shift (some medicationStaff D had already lector came into work around end agitated because with another residentShe checked to see orders for a prn (as new with the agitation but end of the previous shift (some medicationStaff D reported before was agitated because with another resident.	teep screaming and sitted the MA she thought the (Staff D) gave Resident eft the facility when she and 10:00pm. The she left that Resident e Resident #1 was arguing if Resident #1 had any eeded) medication to he	hift on n. loud. ting ne MA t #1 e nt #1 eling				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
	HAL035031		B. WING		11	/26/2019
NAME OF PROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
SOUTHERN LIVING FOR SENIO	RS OF LOUISBURG, N	361 LEONA LOUISBUR	RD ROAD G, NC 27549			
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FU R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
and went to sleepThe resident was "it was because the -She reported Resident to the next shift that -She reported the rethe next morning (1 -She documented it Attempted telephore 11/22/19 at 10:46ard Review of a signed dated) revealed: -When Staff D came Resident #1 would telling someone to estaff D ignored it be #1's "norm"Resident #1 did it estate to roomStaff D tried to kee as much as possible complained about Festiting room because the yelling and screen sitting roomShe never put her or gave them some Interview with the Ferevealed: -When she came to Resident #1 was in closed, head back, -Third shift staff rep	ed screaming around 5:00 knocked out" and she thousesident was tired. Hent #1 had been scream came in at 6:00 am. Pesident's behavior to the #0/07/19) also. In on an incident report. The interview with Staff D on was unsuccessful. The statement by Staff D (not be in on the weekends, the screaming and yelling get out of here. The ecause that was Resident every time she was in here to president #1 going crazy". The president #1 going crazy" or Resident #1 in the main the the resident #1 in the main the second problem in the second problem. The control of the resident #1 in the main the second problem in the second problem. The second problem is made on any of the resident else's medication. CC on 11/22/19 at 11:42a work on Monday, 10/07/the living room with her else's medication with her else's medication work on Monday, 10/07/the living room with her else's medication.	ought ing AIC and t room s all of he lents am 19, eyes en	D 438			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL035031		B. WING		11	1/26/2019
NAME OF D			CTDEET ADD	DECC CITY CTA	TE 7/D CODE		
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	I E, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA LOUISBUR	G, NC 27549			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	COMPLETE DATE
D 438	Continued From page	e 109		D 438			
	-She thought those syverbally to have started third shift started on 1 -Third shift staff shoul PCP because they harbird shift staff did not resident's change in the She was told by a Moon the controlled substresident's oral Ativan Ativan gelNeither of those two had been taking their documented administ residents on the CS loon the eMARsOne of the residents requesting or receiving -Staff D had worked a second shifts on 10/0 -She and the AIC were CS logs and Resident that Resident #1 may Ativan that belonged -She notified Resident order to get a drug so -Resident #1 tested pon 10/07/19 or 10/08/1t was also reported who) that Staff D shouther the Heath Country with the RC revealed:	ymptoms were reported ad around 10:00pm, what 10/06/19. It have called the resided a 24-hour triage line of call to report the opehavior to her knowled A look at the document stance (CS) logs for an and another resident's residents had needed Ativan but Staff D had been administer and the stance of the weekend but was competent and degray Ativan on 10/06/as the MA on first and 6/19. The suspicious because of the other residents at #1's change in condition the other residents at #1's PCP and got a verticen on the resident. The staff (could not recall day st	dent's de				
	-The AIC did the HCF	PR report and would ha so the RCC did not kno					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL035031		B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	S	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	361 LEONA				
	OLUMBA DV OT		LOUISBURG	G, NC 27549	DDOVIDEDIO DI AVV	05.00005051011	
(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 T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 438	Continued From page	e 110		D 438			
	when the report was	sent.					
	D dated 10/11/19 reverse of the allegations were neglect, and diversion and the accused individual. The resident involved was no serious bodily. The incident dated we with no time document was checked.	e resident abuse, resident in of resident drugs. le suspicion of a crime ar al was Staff D. d was Resident #1 and the r injury. ras documented as 10/06 inted except the "p.m." box ed and dated on 10/11/19	i nd nere s/19 x				
	Staff D dated 10/09/1 -The allegations were diversion of resident of 10/08/19The incident date was 10/08/19The date the facility be incident was 10/08/19 documentedThe allegation details was not her normal serviceThe resident #1 appeare and very paleThe resident "couldn to her mouth"On Tuesday (10/08/10 out of the facility to he couldness were not documented medication administration.	e resident abuse and drugs. It is documented as 10/06/1 Decame aware of the Dobut the time was not is documented Resident # Lelf on Monday (10/07/19). The documented Resident # Lelf on Monday (10/07/19). The teven hold a spoon or follow, the resident was sent the drugs.	19 - #1 ork t t				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/C		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBE	R:	A. BUILDING: _		COMPL	ETED
		HAL035031		B. WING		11/2	6/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			361 LEONA	RD ROAD			
SOUTHER	IN LIVING FOR SENIORS	S OF LOUISBURG, N	LOUISBUR	G, NC 27549			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FUL		PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATIC	N)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
D 438	Continued From page	e 111		D 438			
	-In addition, staff state	ed to their supervisor tha	at				
		Resident #1 being pushe					
	down by Staff D.						
	-It was documented no physical injury/harm						
	resulted from the inci-	dent but there was ment	al				
	anguish for the resident.						
	-The resident was hallucinating and very sluggish and sleepy.						
	 -It was documented the resident was confused and had dementia. -The investigative actions section noted there was reasonable suspicion of a crime and it was 		d				
			as				
	reported to the state,	county, and law					
	enforcement.						
		ed related to the allegati	ons				
	on 10/11/19.	data d tha uanant an					
	-The AIC signed and 10/09/19.	dated the report on					
	-The fax confirmation	page for the investigation	on				
	report was dated 10/						
	Telephone interview v	with the AIC on 11/25/19	at				
	3:10pm revealed:	010 / 110 011 11/20/10	u.				
	•	the facility on Monday,					
		1 was sitting in the front					
	living room.	J					
	•	ting in a chair, leaning to	the				
	side, very drowsy, an						
	-The resident was us	ually alert and responsiv	е				
	but the resident was	sluggish and sleepy.					
		resident's "normal self"	as				
	the resident was usua	•					
		C that the resident had					
	stayed up late on thir						
		he resident had been "k	ind				
	of sleepy".						
		had to feed the resident	İ				
	because the resident						
		esident still appeared sle					
	-A Tourth Statt who ca	me in on second shift or	1	I			

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НА	IFICATION NUMBER:	A. BUILDING: _		COMPLETED
	L035031			
		B. WING		11/26/2019
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
	361 LEONA	RD ROAD		
SOUTHERN LIVING FOR SENIORS OF LOUIS	SBURG, N LOUISBUR	G, NC 27549		
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE FACE TAG REGULATORY OR LSC IDENTIFICATION.	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 438 Continued From page 112		D 438		
10/07/19 reported the resident hallucinating on third shift on 10 -The next morning (10/08/19), shack to her "normal self". -This made the AIC think that sharped wrong and the resident may haw rong medication. -The RCC checked the CS logs some Ativan that belonged to one were documented on the CS logs some Ativan that belonged to one were documented as administered on the PCP on Tuesday, 10/08/19. -The PCP said to send Resider a drug screen. -The resident was sent out for log urgent care center on 10/08/19. -They got the results back a dastarted an investigation. -Staff who worked with Staff D reported Staff D was verbally a resident and at least 1 staff perwitnessing Staff D push Resider fingers. -A second staff person also repwitnessed Staff D verbally and Resident #1. -The physical and verbal abuse reported to the AIC on either 10/08/19. -She interviewed Staff D who do Resident #1 or administering a Resident #1. -She thought she completed the the HCPR and faxed it on the standard sent to the HCPR until days after she was aware of the was not sent to the HCPR until days after she was aware of the sent and the HCPR until days after she was aware of the sent and the HCPR until days after she was aware of the sent and the HCPR until days after she was aware of the sent and the HCPR until days after she was aware of the sent and the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of the HCPR until days after she was aware of	o/06/19. The resident was comething else was eve gotten the s and it appeared other residents egs but not en the eMARs. The RCC contacted of the residents end work to an end work to an end on 10/06/19 busive to the erson reported ent #1 with two corted she end physically abuse es by Staff D was end of the physically abuse es by Staff D was end of the physically abuse es by Staff D was end of the physically abuse es by Staff D was end of the physically abuse es by Staff D was end of the physically abuse es by Staff D was end of the physically abuse es by Staff D was end of the physically abuse es by Staff D was end of the physically abuse es by Staff D was end of the physically abuse es by Staff D was end of the physical the	D 438		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STRE	EET ADDRESS, CITY, STATE	E, ZIP CODE		
SOUTHER	ON LIVING FOR SENIORS	S OF LOUISPUPG N	LEONARD ROAD			
SOUTHER	RN LIVING FOR SENIORS	LOU	IISBURG, NC 27549			
(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 438	Continued From page	e 113	D 438			
	the HCPR on 10/13/1 -The HCPR called an the 5-day working reprotection not recall date)She was responsible HCPR reports.	d said they did not receive port so she refaxed it (could e for completing and sending ministrator on 11/22/19 at				
	Administrator and repsleeping a lot on 10/0 -The AIC had the resiand they were normalesome issues with the with orders for Ativan to question whether to Resident #1 instealeone of the residents or receive any Ativan	ported Resident #1 was 16/19. Ident's vital signs checked I. e CS logs for two residents triggered the AIC and RCC the Ativan was administered d. reported she did not ask for on 10/06/19. It was confused but did not				
	-Staff D was question denied giving any me 10/06/19She recalled staff repunch Resident #1 di 10/06/19 but she cou-The AIC did an investhe HCPR but she did reportedShe did not participal-The AIC had the paped did not know where the She had not followed reported to the HCPR	ted about the Ativan but dication to Resident #1 on ported witnessing Staff During the incident on Id not recall who reported it. Stigation and reported it to do not know when it was the in the investigation. Serwork in a folder and she he folder was located. It up to see when it was a with a representative for the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB			CONSTRUCTION		E SURVEY PLETED
		HAL035031		B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	361 LEONA				
	T	·	LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 438	Continued From page	e 114		D 438			
	on 10/06/19 (Staff D) HCPR until 10/11/19.	or the incident that occu was not received by the s not received by the H	е				
	Refer to interview witl 11/22/19 at 11:48am.	h the Administrator on					
		t #11's current FL2 date agnosis of seizure disor order, obesity, and					
	Review of Resident #11's incident report dated 11/12/19 revealed the incident report was received on 11/15/19.		ed				
	Review of the police r revealed:	report dated 11/13/19					
	-The Franklin County facility to investigate a narcotics to a residen		the				
	incident.	d resident admitted to t					
		as arrested for possess deliver a schedule IV d					
	Interview with Reside 2:10pm revealed:	ent #11 on 11/20/19 at					
	•	ing porch and saw Staf	f E				
	-He asked staff E what and staff E said anxied -He told Staff E that h	e wanted some of the	or				
	some.	E said she would bring					
	gave her \$10.	gave him 5 pills and he cook 2 pills immediately					

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	
		HAL035031	B. WING		11/2	26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE		
COUTUE	NA LIVING FOR OFNIORS	361 LE	ONARD ROAD			
SOUTHER	RN LIVING FOR SENIORS	LOUIS LOUIS LOUIS	BURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 438	Continued From page	÷ 115	D 438			
	then 2 more laterHe reported he knew not do it again.	this was wrong and would ication caused him to be				
	the Health Care Person 11/21/19 at 9:30 am r received the 24 hour	vith a representative from onnel Registry (HCPR) on evealed the agency report for the 11/12/19 and also received a 5 day				
	(RCC) on 11/20/19 at -She did not know ab involving Staff E and incident.	out the incident on 11/12/19 Resident #11, until after the charge was responsible for				
	at 4:10pm revealed: -She was told about to member on 11/12/19 conversation betweer -When she learned of the Resident #11 was in the buildingShe waited until the incident with Staff E a -On 11/13/19 she disc Staff E, who admitted home to a resident be -Staff E reported that tablets to Resident #1 -Staff E could not tell	n Staff E and Resident #11. If the incident on 11/12/19, Is asleep and Staff E was not Inext day to discuss the Ind Resident #11. It cussed the incident with It to bringing medication from It is a brought 5 klonopin It. Iner the prescribing Inacy filled the medication or Indication.				

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 438 Continued From page 116 observed to be in a deep sleep prior to interviewResident #11 reported initially that he did not take the klonopin, then admitted to taking 4 of the tabletsShe had Resident #11 taken to urgent care for blood workResident #11 did not display any new behaviorsShe reported the incident to HCPR on 11/12/19She was not able to complete it within the 24 hour time frame. Attempted interview with Staff E on 11/21/19 was			HAL035031	ŀ	B. WING		11/	26/2019
CAU ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 438 Continued From page 116 Observed to be in a deep sleep prior to interviewResident #11 reported initially that he did not take the klonopin, then admitted to taking 4 of the tabletsShe had Resident #11 taken to urgent care for blood workResident #11 did not display any new behaviorsShe reported the incident to HCPR on 11/12/19She was not able to complete it within the 24 hour time frame. Attempted interview with Staff E on 11/21/19 was	NAME OF PI	PROVIDER OR SUPPLIER		R OR SUPPLIER	,	TE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 438 Continued From page 116 observed to be in a deep sleep prior to interviewResident #11 reported initially that he did not take the klonopin, then admitted to taking 4 of the tabletsShe had Resident #11 taken to urgent care for blood workResident #11 did not display any new behaviorsShe reported the incident to HCPR on 11/12/19She was not able to complete it within the 24 hour time frame. Attempted interview with Staff E on 11/21/19 was	SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	NG FOR SENIORS OF LO				
observed to be in a deep sleep prior to interviewResident #11 reported initially that he did not take the klonopin, then admitted to taking 4 of the tabletsShe had Resident #11 taken to urgent care for blood workResident #11 did not display any new behaviorsShe reported the incident to HCPR on 11/12/19She was not able to complete it within the 24 hour time frame. Attempted interview with Staff E on 11/21/19 was	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	(EACH DEFICIENCY MUST B	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
-Resident #11 reported initially that he did not take the klonopin, then admitted to taking 4 of the tabletsShe had Resident #11 taken to urgent care for blood workResident #11 did not display any new behaviorsShe reported the incident to HCPR on 11/12/19She was not able to complete it within the 24 hour time frame. Attempted interview with Staff E on 11/21/19 was	D 438	Continued From page	e 116	inued From page 116	D 438			
Interview with a representative for the HCPR on 11/25/19 at 2:57pm revealed: -The 24-hour report for the incident that occurred on 11/12/19 was received by the HCPR on 11/14/19. -The 5-day report was due on 11/21/19 but at the time of the interview, it was not received. Refer to interview with the Administrator on 11/22/19 at 11:48am. Interview with the Administrator on 11/22/19 at 11:48am revealed: -The Administrator-in-Charge (AIC) was responsible for completing the 24 hour and 5-day reports to the Health Care Personnel Registry (HCPR) for any reportable offenses. -The AIC completed the reports and sent them to the HCPR. -The Administrator was unable to locate the facility's copies of the HCPR report. -She contacted the AIC, who was not in the building at that time, and was still not able to locate the reports.		observed to be in a di-Resident #11 reported take the klonopin, the tabletsShe had Resident #2 blood workResident #11 did not -She reported the inci-She was not able to hour time frame. Attempted interview vunsuccessful. Interview with a represent 11/25/19 at 2:57pm resulting -The 24-hour report from 11/12/19 was recensisted interview, Refer to interview with 11/22/19 at 11:48am. Interview with the Adrit:48am revealed: -The Administrator-in-responsible for compliate reports to the Health (HCPR) for any reportsThe AlC completed to the HCPRThe Administrator was facility's copies of the -She contacted the Albuilding at that time, as the state of the Albuilding at that time, as the state of the state of the Albuilding at that time, as the state of the state of the state of the state of the Albuilding at that time, as the state of the state of the Albuilding at that time, as the state of the state of the Albuilding at that time, as the state of the Albuilding at that time, as the state of the state of the Albuilding at that time, as the state of	eep sleep prior to interview. Ed initially that he did not an admitted to taking 4 of the self-state o	rved to be in a deep sleet ident #11 reported initiall the klonopin, then admit its. had Resident #11 taken id work. ident #11 did not display reported the incident to was not able to complet time frame. Inpted interview with Staff ccessful. view with a representative ident #19 at 2:57pm revealed: 24-hour report for the in 1/12/19 was received by 1/19. 5-day report was due or of the interview, it was not at the interview, it was not at the interview with the Administrate identification. View with the Administrate identification interview with the Administrate identification. Administrator-in-Charge onsible for completing the interview identification in the interview interview in the interview interview in the interview interview interview in the interview inter				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION		E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STE	REET ADDRESS, CITY, STAT	E, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	1 LEONARD ROAD UISBURG, NC 27549			
(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) COMPLETE DATE
D912	Continued From page	e 117	D912			
D912	G.S. 131D-21(2) Dec	laration of Residents' Right	s D912			
	Every resident shall h 2. To receive care an adequate, appropriate	ration of Residents' Rights have the following rights: nd services which are e, and in compliance with state laws and rules and				
	reviews, the facility fareceived care and set appropriate, and in confederal and state laws as related to health cadministration, and in	ns, interviews, and record illed to assure residents rvices which were adequate ompliance with relevant and rules and regulations are, medication				
	reviews, the facility fa notification for 2 of 6 of related to a change in hallucinations to over urine specimen for a Resident #1 who had urinary tract infections a dermatology appoir	a history of recurrent s; and a physician's order for nament for a lesion on the Tag D273, 10A NCAC 13F	or			
	reviews, the facility fa	ions, interviews, and record illed to administer ed and in accordance with	d			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION		E SURVEY PLETED
		HAL035031	B. WING		11	/26/2019
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	REET ADDRESS, CITY, ST I LEONARD ROAD UISBURG, NC 27549			
(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) COMPLETE DATE
D912	#13, #14,) observed of passes including error inhaler (#5), and a storm of 6 residents sample review including error a Vitamin D supplement antidepressant (#5). NCAC 13F .1004(a) M (Type A2 Violation)]. 3. Based on observating reviews, the Administing management, operating facility were implement maintained for other residents' rights, med controlled substances health care personner of which are the respective of the storm of the	or 4 of 8 residents (#3, #5, during the medication rs with insulin (#3, #14), and old softener (#13); and for 3 d (#1, #3, #5) for record is with an antipsychotic (#1) ent (#3), and an [Refer to Tag D358, 10A] Medication Administration dions, interviews, and record rator failed to assure the ons, and policies of the inted and rules were equirements, health care, ication administration, in, nutrition and food service is registry, and activities, all onsibility of the to Tag D980, G.S. 131D-28), I			
D914	G.S. 131D-21 Declar Every resident shall h 4. To be free of menta neglect, and exploitat This Rule is not met Based on observatior interviews, the facility residents's rights to b	as evidenced by: s, record reviews, and				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL035031	B. WING		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	LEONARD ROAD		
240.15	CLIMMADV CT	ATEMENT OF DEFICIENCIES	ISBURG, NC 27549	PROVIDER'S PLAN OF CORREC	STION OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE
D914	Continued From page	e 119	D914		
	The findings are:				
	reviews, the facility far were free of abuse as Staff D verbally and p #1 and Staff E exploit a narcotic medication [Refer to Tag D338, 1 Resident Rights (Type 2. Based on record refacility failed to assure chemical restraints as testing positive for a r not been ordered to r an episode of agitation				
D915	G.S. 131D-21 Declar Every resident shall h 5. Except in emerger	laration of Resident's Rights ration of Resident's Rights have the following rights: noies, to be free from all restraint unless authorized	D915		
		of time by a physician d indicated medical need.			
	This Rule is not met TYPE A2 VIOLATION				
	facility failed to assur- chemical restraints as testing positive for a r	ews and interviews, the e Resident #1 was free of s related to the resident narcotic medication she had eceive after the resident had in.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3)			SURVEY PLETED		
		HAL035031		B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	Sī	TREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N		RD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION))	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	10/17/19 revealed: -Diagnoses included mellitus, major depreventure. Vitamin D deficiency, neurosyphilis, and ab mobilityThe resident was intronambulatory. Review of Resident # care plan dated 08/2 was sometimes disor reminders. Review of Resident # -On 10/07/19, the resident gicOn 10/08/19, the resident -Diagram was reminders.	dementia, type 2 diabetes ssive disorder - recurrent, glaucoma, allergic rhinitis inormalities of gait and ermittently disoriented and 1/1's current assessment ar 1/19 revealed the resident iented, forgetful and needed to the resident was acting very dident was taken to urgent of test was not specified).	s, d nd ed ed:				
	#1 signed and dated -The date and time of at 10:15pmThe personal care at medication aide (MA) strange, hallucinating -Staff monitored the r extreme lethargy in tr -The resident was tak order to have lab wor -The resident tested p but the resident was to benzodiazepines.	f the incident was 10/06/19 ides (PCAs) reported to the that Resident #1 was action, and yelling. esident all shift and report the morning. Even to urgent care per vertex and drug screen. Possitive for benzodiazeping the prescribed any	g ie ing ted				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
7.1.2.7.2.1.1.0				A. BUILDING: _			
		HAL035031		B. WING		11/2	26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	361 LEONA LOUISBUR	RD ROAD G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D915	and the time was doc 6:00am count. -The resident was droutThe resident was veresident seemed to be the RCCThe RCC notified an care provider (PCP) alabs and screen resident was taken the resident was taken the RCC. -The RCC notified an care provider (PCP) alabs and screen resident was taken the resident was taken	was "10/06/19 / 10/07/19 cumented as third shift are powsy, lethargic, and pale ry difficult to arouse and e hallucinating. Is (MAs) noted medication of correctly and they notified spoke with the primary and got an order to check lent for drugs. It is lab report dated was collected for testing as detected in the resident for drugs and got an order to check lent for drugs. It is lab report dated was collected for testing as detected in the resident for the was detected. It is September 2019 - tronic medication is (eMARs) revealed: It is or orders for any as a benzodiazepine. In the resident had in classified as a sentation of the resident medications as ordered on the resident medication of the resident medication of the resident medication on medications on medications on the resident medication of the resident medication of the resident medications on medications on the resident medication of the resident medications on the resident medication	the ns ed	D915			
	revealed:	n 11/22/19 at 12:54pm					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL035031	B. WING		11/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	N LIVING FOR SENIORS	S OF LOUISBURG. N	IARD ROAD			
		LOUISBU	RG, NC 27549			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLÉTE	
D915	O915 Continued From page 122		D915			
D915	-She came into work 10/06/19Two PCAs called here. Resident #1 was in brown the resident would let turn crossways in the resident would let turn crossways in the resident would known the previous shift of medicationThe MA on the previous shift was arguedShe checked to see orders for a prn (as now with the agitation but she checked the resident was "krift that cand went to sleepThe resident stopped and went to sleepThe resident was "krift was because the resident was "krift was be	at the facility on third shift on r to Resident #1's room. Deed screaming out very loud. The appear of the MA she thought the MA gave Resident #1 some ous shift had already left the me into work around ous shift reported before she was agitated because using with another resident. The resident #1 had any seeded) medication to help the resident did not. The sident was tired. The sident was tired. The sident was tired. The sident had been screaming to the in at 6:00am. The sident was tired. The sident	D915			
	not recall date or time shift when Resident # -The MA told Resider you".	e), she was working on third t1 was screaming loud.				

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HAL035031 B. WING	/2019
· · · · · · · · · · · · · · · · · · ·	
SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N LOUISBURG, NC 27549	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
About 15 minutes later, she saw the MA administer medication to the resident from a pill cup. -She could not see how many pills were in the cupShe did not observe the MA administer any topical medications to the residentAbout 10 minutes after the resident took the medication, the resident went to sleep in the living room. Interview with a second PCA on 11/22/19 at 4.43pm revealed: -She was working last month (October 2019 - did not recall date or time) on third shiftResident #1 was agitated and having a verbal altercation with another resident, yelling across the hallThe MA yelled at Resident #1 and told the resident that she was going to give the resident some medication because the MA was not going to deal with Resident #1 todayShe and another PCA helped Resident #1 get dressed, transferred her to the wheelchair, and the resident got to the living roomAfter the resident got to the living roomAfter the resident got to the living roomThe MA gave Resident #1 medication cart in the hallway near the living roomThe MA gave Resident #1 medication from a pill cup but the PCA could not see what was in the cupAbout 5 to 10 minutes later, Resident #1 was asleep in the living roomAfter the resident was an an an asleep in the living roomAttempted telephone interview with the MA on 11/22/19 at 10.46am was unsuccessfulReview of a signed statement by the MA (not dated) revealed:	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL035031	B. WING		11	1/26/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
SOUTHE	RN LIVING FOR SENIORS	S OF LOUISBURG. N	NARD ROAD JRG, NC 27549			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D915	Resident #1 would be telling someone to ge -The MA ignored it be #1's "norm"Resident #1 did it ev roomThe MA tried to keep room as much as pos residents complained crazy"The MA tried to keep sitting room because the yelling and screan sitting roomShe never put her had or gave them someon Based on observation reviews, it was determinerviewable. Interview with the RC revealed: -When she came to we Resident #1 was in the closed, head back, and -Third shift staff report more disoriented that pale and clammyA MA on duty told he documentation on the resident's oral Ativan gelNeither of those residents on the CS I on the eMARsOne of the residents	e screaming and yelling and et out of here. ecause that was Resident erry time she was in her o Resident #1 out of her esible because other about Resident #1 "going o Resident #1 in the main the resident did not do all of ming when she was in the eards on any of the residents he else's medication. Ins., interviews, and record mined Resident #1 was not occording to the resident was not eliving room with her eyes and mouth open. Interviews the resident had been an normal, hallucinating, was er to look at the eccord conditions of the resident's Ativan dents had needed or had an but a MA had	D915			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					E SURVEY PLETED		
				A. BOILDING.			
		HAL035031		B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG A	361 LEONA	RD ROAD			
OOOTTIL			LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	logs had worked as the shifts on 10/06/19She and the AIC wer CS logs and Resident that Resident #1 may	ented the Ativan on the ne MA on first and second re suspicious because of t #1's change in condition have been administer to the other residents.	ond of the				
	-She notified Residen order to get a drug so -The resident tested p on 10/07/19 or 10/08/	at #1's PCP and got a vereen on the resident. Doositive for benzodiaze (19 (could not recall date MA but the MA denied	pines te).				
	3:10pm revealed: -When she came into 10/07/19, Resident #' living roomThe resident was sitt side, very drowsy, an -The resident was use but the resident was	ually alert and responsi sluggish and sleepy.	t to the				
	-This was not like the the resident was usual -One staff told the Alc stayed up late on third -A second staff said the first staff said she because the resident -The resident's vital swere normalLater that day, the resident -A fourth staff who can 10/07/19 reported the hallucinating on third -The next morning (10 back to her "normals")	resident's "normal selfally alert. C that the resident had d shift. he resident had been "I had to feed the resident was so tired. igns were taken and the esident still appeared slime in on second shift of a resident had been shift on 10/06/19. 0/08/19), the resident was selfatent was selfatent was selfatent was selfatent still appeared slime in on second shift of a resident had been shift on 10/06/19.	kind nt ey eepy. on				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SOUTHER	N LIVING FOR SENIORS	OF LOUISBURG, N 361 LEONA LOUISBUR	ARD ROAD G, NC 27549		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D915	wrong medication. -The RCC checked the logs and it appeared to other residents were log but not document eMARs. -She spoke with the Fithe PCP on Tuesday, -The PCP said to sen a drug screen. -The resident was selurgent care center on a drug screen. -The resident was selurgent care center on the year of the results started an investigation of the started and investigation of the started and investigation of the Administering any mean of the with the Administrator and reposite since year of the Alchad the resident and they were normanally of the Alchad the resident with orders for Ativanal to question whether the to Resident #1 insteasion of the residents or receive any Ativanally need Ativan	nt may have gotten the ne controlled substance (CS) some Ativan that belonged re documented on the CS red as administered on the RCC and the RCC contacted 10/08/19. d the resident out and to get nt out for blood work to an 10/08/19. back a day or two later and on. MA who denied dication to Resident #1. ted on 10/11/19. ministrator on 11/22/19 at 19, the AIC called the rorted Resident #1 was 6/19. dent's vital signs checked l. e CS logs for two residents triggered the AIC and RCC ne Ativan was administered d. reported she did not ask for on 10/06/19. as confused but did not	D915		
		gation report for the MA			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY IPLETED		
				A. BOILDING			
		HAL035031		B. WING		1	1/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			361 LEON	RD ROAD			
SOUTHER	RN LIVING FOR SENIOR	S OF LOUISBURG, N		G, NC 27549			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
D915	Continued From page	e 127		D915			
	dated 10/09/19 revea	aled:					
	-The allegations were						
	diversion of resident						
		as documented as 10/0	6/19 -				
	10/08/19.						
	-The date the facility	became aware of the					
	incident was 10/08/19	9 but the time was not					
	documented.						
		ls documented Residen					
	was not her normal self on Monday (10/07/19)Resident #1 appeared to be sleepy, sluggish,						
	and very pale.	Illusinating and your alu	aaiab				
	and sleepy.	allucinating and very slu	ggisii				
		n't even hold a spoon or	r fork				
	to her mouth".	rt ovor noid a opoon or	IOIK				
		19), the resident was se	ent				
	- ,	ave blood work done.					
		dications were missing	but				
		d as given on the eMAF					
		ere detected in the resid					
		esident had no orders to)				
	receive any benzodia	•					
	on 10/11/19.	ated related to the alleg	ations				
	011 10/11/19.						
	Telephone interview	with a medical assistan	t at				
		l health provider's (MHF					
	office on 11/26/19 at		,				
		hem after the incident v	vhen				
		ositive for benzodiazepi					
	_	nter (could not recall da	,				
		the resident was found					
		nair "pretty sedated" and	b				
	difficult to wake up.						
		should have sent the					
	_	gency room when she	/40				
		e in condition on 10/06					
		st seen by the MHP at t there were no concern					
	Leur or iast week alla	mere were no concem	3 UI	1			1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING:		SURVEY PLETED	
			========			
		HAL035031	B. WING		11	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STR	EET ADDRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG N	LEONARD ROAD			
JOUTHER	CIVING FOR SENIOR	LOI	UISBURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D915	Continued From page	e 128	D915			
	(within the last few da Ativan or any other be at the time of the incidence positive.	rrently prescribed Ativan nys) but was not prescribed enzodiazepine medications dent or when she tested				
	11/26/19 at 1:29pm re-Resident #1 was a "f with moments of emo-Resident #1 was not -She was not told of F condition on 10/06/19 occurrence. -When the RCC notification RCC was asking for a RCC the resident need -The resident did not or any other benzodia should not have testered any attention of the received any Atti-She was unsure how was administered.	irecracker", usually alert tional distress. usually sedated or lethargic Resident #1's change in until a few days after the ed her on 10/08/19, the drug testing but she told the eded a medical evaluation. have orders to take Ativan azepines at that time and d positive. ble"; the resident should no van.				
	since the incident on	sident for multiple visits 10/06/19 and there had to receiving the Ativan to he	er			
	of being chemically rephysician's order. Rebenzodiazepines (i.e. no orders to receive a of narcotic drugs. Refor symptoms around including hallucination lethargy and over second	estrained without a estrained without a estrained without a esident #1 tested positive for Ativan) but the resident had any medications in that class sident #1 exhibited a range the time she tested positive as, screaming loudly, then lation. Two staff witnessed ministered medication by a	r d s			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL035031	B. WING		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N 361 LEONA LOUISBUR	ARD ROAD G, NC 27549		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D915	resident after the residentian. The failure resident's right to be resulted in substantial harm and constitutes. The facility provided a accordance with G.S. this violation. CORRECTION DATE	verbally threatened the dent exhibited symptoms of of the facility to protect the free of chemical restraints il risk of serious physical a Type A2 Violation. a plan of protection in 131D-34 on 11/26/19 for	D915		
D980	this Article shall rest vi	nentation blementing the provisions of with the administrator of the shall provide appropriate blement the declaration of	D980		
	reviews, the Administ management, operati facility were impleme maintained for other r residents' rights, med controlled substances	ns, interviews, and record rator failed to assure the ions, and policies of the nted and rules were requirements, health care, lication administration, s, nutrition and food service, I registry, and activities, all			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND LEAN	SI CONNECTION	DENTI IOATION NOWDER.	A. BUILDING: _		OOWII LETED
		1141 00 500 1	B WING		44/06/2010
		HAL035031	D. VVIIVO		11/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG. N	NARD ROAD		
		LOUISBU	JRG, NC 27549		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D980	80 Continued From page 130		D980		
	Administrator.				
	The findings are:				
	_	hones when the			
	revealed: -The family member of once a week at variousThe family member of 1-2 hours during each Administrator or Administrator or Administrator or Administrator was noted. The family member of the things they had in the facility including	usually was at the facility for in visit and did not see an inistrator-in-Charge (AIC). In ad asked to speak to ration and was told the t at the facility. Was concerned about some of the construction of the concerned about some of the concerned about so			
	had not ever seen the -The family member of days and at different -The family member of asked to speak to the received a return call -The family member of Administrator or the F (RCC) on a visit at the	bers revealed: visited the facility weekly and e Administrator. visited the facility on different times. nad called the facility and e Administrator and had not			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					E SURVEY PLETED		
				A. BUILDING: _			
		HAL035031		B. WING		11	/26/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COUTUEE	ON LIVING FOR SENIORS	OF LOUISBURG A	361 LEONA	RD ROAD			
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	LOUISBUR	G, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D980	-The family member of administration not provided they had observed reassistance with no reassisted residents with there was no staff any. The family member of for staff and would alwall, never on the fror. The family member of Administrator. -The family member of minutes to talk to the because no one ever. Interview with the Administrator-in-Charfacility; she knew the recent but could not get all out of the facility and the facility when the Administration aide (Not supervising the facility). -A medication aide (Not supervising the facility) the RCC or the AIC of the facility; she could and all staff had her to the facility was never designated as the supervising the supervising the supervising the facility and all staff had her to the facility was never designated as the supervising the supervising the supervising the facility was never designated as the supervising the supervising the supervising the facility was never designated as the supervising the supervising the facility was never designated as the supervising the supervising the facility was never designated as the supervision that the supervision of the facility was never designated as the supervision that the supervision of the facility was never designated as the supervision to the facility was never designated as the supervision that the supervi	RCC were in the facility was concerned about the oviding supervision becaused sidents asking for sponse, and they had the personal care because ywhere within sight. The personal care because ywhere within sight and never "laid eyes" or recently was on hold for Administrator and hung picked the call back-up ministrator on 11/20/19 and picked when the rege (AIC) was not in the expectation of the same time. The personal care the same time. The personal care to the personal care the personal care to the personal care the personal care the personal care to the personal care the	ne ause se soked back in the r 27 grup b. at were e uld dror for y. from the ror me	D980			
		acility for a few days, bu	ıt				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL035031	B. WING		11/26/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
COLITHE	ON I IVING EOD SENIODS	361 LEON	ARD ROAD				
SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N LOUISBURG, NC 27549							
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE		
D980	Continued From page	e 132	D980				
D980	- "There was no rule of to be in the facility every the RCC or a MA was supervisor when she the MA assigned to staff schedule was the supervisor. -She lived between a away from the facility reach her by telephore. Interview with a resider evealed the Administrator-in-Chard 3:10pm revealed: -She recently conduct documented a 24-hour eport for the Health (HCPR). -The investigation was physically abused and administered a medic the resident with behave ffects for the resider. She had never had the was not sure how to including the Administrator gave her take for the procedure.	estating the Administrator had ery day." ere assigned as the was absent. the medication cart on the e MA designated as the half an hour to an hour and the facility staff could be when she was needed. ent on 11/19/19 at 10:18am trator came to the facility with the arge (AIC) on 11/25/19 at the dan investigation and cur report and 5 day working the care Personnel Registry so related to a resident being do being intentionally eation that did not belong to eavior issues causing side and the steps to eaving and the ere advice and the steps to the of reporting to the HCPR. It is a study participate in	D980				
	A second interview wi	ith the Administrator on					

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,		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL035031		B. WING		1.	1/26/2019	
		1.0.1.2000001				<u> </u>	1720/2010	
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE			
SOUTHER	RN LIVING FOR SENIORS	S OF LOUISBURG, N	361 LEONA	RD ROAD 3, NC 27549				
(V4) ID					PROVIDER'S PLAN OF CO	IRRECTION	(VE)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
D980	Continued From page	e 133		D980				
	facility was being man to the facility more of -She started coming a -It seemed "dysfuncti residents who were seemed seem	3 days a week on 10/2: onal", for example, she supposed to be wearing at were not. rned about cleanliness sident's who were supposed to be wearing at were not. C and the RCC to work once a week as a monitor not done that and she of a check and balance sy ecause they did not have ded medications because	oming 3/19. 2 saw 3 and osed on oring did vstem ve a se she					
	Home Specialist (AH: 11/15/19 revealed: -On 10/15/19 at 2:30) medication aide (MA) aides (PCAs) in the fadministrator-in-Char Care Coordinator (RC-On 10/22/19 at 3:15 two PCAs in the faciliand the RCC were noted to 10/24/19 at 9:30 three PCAs in the fact the AIC and the RCC-On 10/30/19 at 4:15 two PCAs and the RCC-On 10/30/19 at 4:15 two PCAs and the RCC-	om there was one and three personal ca acility; the Administrato rge (AIC) and the Resic CC) were not in the faci pm there was one MA a ity; the Administrator, the ot in the facility. am there was one MA a cility; the Administrator, were not in the facility pm there was one MA a	gh re dent dent dent and he AIC and the and					

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		(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE	D	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL035031	B. WING		11/	26/2019	
	ROVIDER OR SUPPLIER	S OF LOUISBURG, N	STREET ADDRESS, CITY, STAT 361 LEONARD ROAD LOUISBURG, NC 27549	E, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE		
D980	Continued From page 134 -On 11/06/19 at 1:30pm there was one MA and two PCAs in the facility; the Administrator, the the AIC and the RCC were not in the facilityOn 11/15/19 at 2:30pm there was one MA and two PCAs in the facility; the Administrator, the the AIC and the RCC were not in the facility. Interview with AIC on 11/21/19 at 5:10pm revealed:		e the				
	the Administrator or -The AIC lived 1 hou facility.	•	y. e				
	-The Administrator w Thursdays, but not a hours away. -The AIC was not in -The AIC did not hav the facility. -Occasionally the Ad call and say "hold do in". -Sometimes staff cal	lways because she lived	d t be v up				
	for the overall manage supervision and oper resulted in serious had and constitutes a Type The facility provided	gement, administration, ration of the facility which arm and neglect of reside to A2 Violation. a plan of protection in 3. 131D-34 on 11/25/19 for	ents				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
HAL035031		B. WING			11/26/2019			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
SOUTHER	SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N 361 LEONARD ROAD LOUISBURG, NC 27549							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
D980	Continued From page 135			D980				
	this violation.							
	CORRECTION DATE VIOLATION SHALL N 26, 2019.	FOR THE TYPE A2 IOT EXCEED DECEMBER						

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