Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R-C
		HAL096047	B. WING		09/23/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
SOMERSE	T COURT OF GOLDSBO	IRO	KHAVEN COURT		
		GOLDSB	ORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 000}	Initial Comments		{D 000}		
	_	sure Section conducted a 9/22/21 and 09/23/21.			
{D 276}	10A NCAC 13F .0902	(c)(3-4) Health Care	{D 276}		
	following in the reside (3) written procedures a physician or other lia and (4) implementation of	ssure documentation of the			
	interviews, the facility implementation of phy sampled residents (#* for notification of the p of blood sugars outsic (#1), notification of the outside of the ordered a resident's pulse (heat	s, record reviews, and failed to ensure the vsician's orders for 3 of 5 I, #2, #5) regarding orders orimary care provider (PCP) de of ordered parameters e PCP for blood pressures I parameters (#2), checking art rate) as ordered (#5), levels for 2 residents who			
	The findings are:				
		nt #1's current FL-2 dated gnoses included diabetes sion.			
	07/14/21 revealed: -There was an order t	1's physician orders dated o obtain a fingerstick blood mes daily; use per sliding			

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			1		R-C
		HAL096047	B. WING	B. WING	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE	09/23/2021
			HAVEN COURT		
SOMERSI	ET COURT OF GOLDSBO	ORO .	ORO, NC 27530		
			TO, NC 27530		
(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 276}	Continued From page	<del>2</del> 1	{D 276}		
	-FSBS were ordered 11:30am and 5:00pm -Sliding scale insuling Insuling was ordered a linguling was ordered a linguling was ordered a linguling was 15 insuling was 25 insuling was 25 insuling was 36 insuling	to be checked at 7:30am, for Novolog Flexpen U-100			
	medication record (eN-There was an order three times a day, at 5:00pm with parametr sugars were greater there was an entry of 500 documented at 5 insulin administered.  There was an entry of 543 documented at 5 insulin administered.  There was no documented at 5 insulin administered.  There was no documented at 5 insulin administered.	to obtain the residents FSBS 7:00am, 11:30am and ers to call the PCP if blood han 500. on 08/30/31 with a FSBS of :00pm, with 12 units of on 08/31/21 with a FSBS of :00pm, with 12 units of mentation that Resident #1's ne FSBS over 500 on on the eMAR.			
	revealed:	1's September 2021 eMAR to obtain the residents FSBS			

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three times a day, at 7:00am, 11:30am and

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL096047	B. WING	B. WING	
			· L		09/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
SOMERSI	ET COURT OF GOLDSBO	ORO 603 LOCK	HAVEN COURT	Г	
		GOLDSBO	ORO, NC 27530	1	
(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 276}	Continued From page	2	{D 276}		
{U 2/6}	5:00pm with parametr sugars were greater to the sugars were was an entry of the sugar to t	ers to call the PCP if blood han 500. on 09/02/21 with a FSBS of c0pm, with 12 units of on 09/05/21 with a FSBS of 1:30am, with 12 units of on 09/06/21 with a FSBS of 1:30am, with 12 units of on 09/06/21 with a FSBS of 1:30am, with 12 units of on 1:30am, with 12 units of onentation that Resident #1's one FSBS over 500 on 1:09/06/2 on the eMAR.  Cation aide (MA) on ealed: of contact Resident #1's PCP 500. to fax an update to the PCP 500. by she did contact the PCP over 500.  Orders and electronic	{D 2/6}		
	08/30/21, 08/31/21, 0 09/06/21.	9/02/21, 09/05/21 and			
	2:04pm revealed: -When Resident #1's faxed a report to the I -She would scan the electronic records for Coordinator (RCC) to	faxed report into the facility's the Resident Care			

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new orders.

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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		
				R-C		
		HAL096047	B. WING		09/23/2021	1
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMERSE	ET COURT OF GOLDSBO	603 LOCKH	IAVEN COURT	r		
- COMERCE		GOLDSBOI	RO, NC 27530			
(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 COMF	K5) PLETE ATE
{D 276}	Continued From page	3	{D 276}			
	-She did not call the F FSBS was over 500 b	PCP when the residents because MAs had been to fax a report instead of				
	revealed: -MAs were expected: #1's PCP if his FSBS -She and the Adminis fax reports to the PCF -She was not aware t the resident's PCP wi -She expected MAs to FSBS was over 500 a  Interview with the Adm 6:21pm revealed: -She expected MAs to and the PCP if a resid -MAs faxed reports to the PCPShe and the RCC ne	C on 09/23/21 at 3:20pm  to fax a report to Resident was over 500. trator had directed MAs to P instead of calling them. hat MAs had not contacted nen his FSBS was over 500. C contact her if the residents and she would call the PCP. ministrator on 09/23/21 at P report to her, the RCC, dents FSBS was over 500. The PCP instead of calling meded to establish a new PCP is contacted as soon as				
	Attempted telephone PCP on 09/23/21 at 4  2. Review of Residen 08/10/21 revealed dia mellitus type 2, hypox blood), acute respirat (high blood pressure) history of sarcoidosis most commonly affect	interview with Resident #1's ::40pm was unsuccessful.  t #2's current FL-2 dated agnoses included diabetes tia (low oxygen in your ory disease, hypertension , history of stroke, and (inflammatory disease that				
		t #2's nospital discharge 0/21 and signed by a hospital				

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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		
		HAL096047	B. WING		R-C 09/23/2021
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	
		603 LOCK	HAVEN COURT		
SOMERS	ET COURT OF GOLDSBO	GOLDSBO	RO, NC 27530		
(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 276}	-The resident was add 08/06/21 for evaluation breath and fatigue for the resident was add congestive heart failure hypertensive urgency usually with no acute renal (kidney) failure.  -The resident was diston 08/10/21 with a disturgency.  Review of Resident # 08/10/21 and signed to (PCP) revealed there pressure (BP) daily, or (PCP) if BP was out on the systolic blood pressure (BP) daily, or (PCP) if BP was out on the systolic blood pressure to the pressure to	mitted to the hospital on on of worsening shortness of about a week. mitted for suspected re exacerbation, (very high blood pressure organ damage), and acute charged from the hospital agnosis of hypertensive  2's current FL-2 dated by the primary care provider was an order to take blood contact primary care provider of the following parameters: re (SBP) > (greater than) pressure (DBP) > 100.  2's September 2021 administration record or BP to be checked and table > 180 or DBP > 100. as documented daily from	{D 276}		
	-If the resident's BP w	evealed: s checked daily at 8:00am.			

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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	
		A. BUILDING	A. BUILDING.			
	HAL096047	B. WING			R-C / <b>23/2021</b>	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
SOMERSET COURT OF GOLDSBOI	RO	KHAVEN COURT ORO, NC 27530				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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	
fax sheet into the elect -The Resident Care Co see the fax in the elect the resident's electroni -For Resident #2's BP there would be a fax to notifiedShe did not document the eMAR or in the ele -If there was no faxed not notifiedShe did not know why on 09/01/21 for the DB  Interviews with Reside 10:05am and 09/23/21 -The MAs checked her -Her BP "went high" so -She could not describ was high except it mad  Interview with the RCC revealed if a resident's ordered parameters, th for faxing the PCP.  Attempted telephone in PCP on 09/23/21 at 4:  b. Review of Resident order sheets dated 06/ an order to check pulse oxygen is the amount of blood. A pulse oximete measure the amount of blood.)	s obtained and scan the tronic system.  cordinator (RCC) would tronic system and file it in ic file.  of 170/102 on 09/01/21, or the PCP if the PCP was at contact with the PCP on actronic progress notes. document, the PCP was at 4:51pm revealed:  The PCP if the PCP was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 4:51pm revealed:  The PCP was at 5:55pm was at 5:	{D 276}				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN C	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		HAL096047	B. WING	8. WING	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
COMEDCE	T COURT OF COURSE	603 LOCK	HAVEN COURT	г	
SOMERSET COURT OF GOLDSBORO GOLDSBO		ORO, NC 27530	1		
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 276}	Continued From page	e 6	{D 276}		
` ,			` '		
	oxygen every day.	n order to check pulse			
	Review of Resident #	2's August 2021 electronic			
	medication administra				
	revealed:				
	<del>_</del>	or pulse (heart rate) once a structions for the entry was			
		n (oxygen levels) every day			
	with scheduled time of	, , , , , , , , , , , , , , , , , , , ,			
	-There were rows for	pulse and results to be			
	documented.				
		was documented daily and			
	•	from 08/01/21 - 08/31/21. document the resident's			
	pulse oxygen levels.	document the resident's			
	-There were no entrie	es on the eMAR			
	documenting any puls	se oxygen levels as ordered.			
	Review of Resident # revealed:	2's September 2021 eMAR			
	•	or pulse once a day but the			
		or the entry was to check			
	pulse oxygen every d 9:00am.	ay with scheduled time of			
		pulse and results to be			
	documented.	pailed and recalle to 20			
	-The resident's pulse	was documented daily and			
	_	from 09/01/21 - 09/22/21.			
		document the resident's			
	pulse oxygen levelsThere were no entrie	es on the eMAP			
		se oxygen levels as ordered.			
	Interview with a medi	cation aide (MA) on			
	09/23/21 at 2:04pm re				
		the special instructions on			
		for the pulse entry noted to			
	check the pule oxyge -She had not checked	n levels. If the resident's pulse oxygen			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL096047	B. WING			R-C 0/ <b>23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
SOMERS	ET COURT OF GOLDSBO	ORO 603 LOC	KHAVEN COURT			
SOMERS	LI COOKI OF GOLDOB	GOLDSE	ORO, NC 27530			
(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 DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 276}	Continued From page	e 7	{D 276}			
		ximeter in the medication ed to check a resident's				
	4:10pm revealed then	edication cart on 09/23/21 at re was a pulse oximetry awer of the medication cart.				
	revealed: -She had breathing p oxygen, inhalers, and -The physical therapi oxygen levels when s few times per weekHer oxygen levels w checked it.	ent #2 on 09/23/21 at 4:51pm roblems and she also used I a nebulizer machine. st (PT) usually checked her she had physical therapy a ere "running good" when PT not check her oxygen levels.				
	Interview with the Re (RCC) on 09/23/21 at -She was not aware I were not being check -The MAs should rep eMARs to her.	sident Care Coordinator t 6:29pm revealed: Resident #2's oxygen levels ted as ordered. ort any discrepancy on the				
	PCP on 09/23/21 at 4 3. Review of Residen 09/15/21 revealed dia obstructive pulmonar	interview with Resident #2's 4:40pm was unsuccessful. It #5's current FL-2 dated agnoses included chronic by disease (COPD), ass, and end stage renal				
	disease (ESRD).  a. Review of Residen	it #5's current FL-2 dated ere was an order to check				

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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		
			A. BUILDING.		R-C	
		HAL096047	B. WING		1	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMERSE	ET COURT OF GOLDSBO	ORO .	HAVEN COURT RO, NC 27530			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 276}	Continued From page	2 8	{D 276}			
	the resident's pulse o saturation) daily.	ximeter (blood oxygen				
	orders dated 06/30/2	5's previous physician's 1 revealed there was an sident's pulse oximeter daily.				
		5's current assessment and 8/21 revealed the resident nd required oxygen.				
	Professional Support and review dated 08/3	d oxygen administration and liters per minute of				
	_	edication cart on 09/23/21 at ulse oximeter machine was ation cart for use.				
	oximeter daily.	administration record o obtain the resident's pulse nentation that the resident's				
	07/01/21-09/22/21 rev	5's vital sign results from vealed the resident's pulse never documented as				
	revealed:	nt #5 on 09/22/21 at 2:12pm his vital signs once per				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
HAL096047		B. WING		R-C <b>09/23/2021</b>	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE	
2011500	FT 0011DT 0F 001 D0D	603 LOC	KHAVEN COURT	ī	
SOMERS	ET COURT OF GOLDSBO	GOLDSE	ORO, NC 27530	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D 276}	Continued From page	9	{D 276}		
	-The facility did not cl	neck his vital signs daily.			
	Interviews with the Re (RCC) on 09/23/21 at revealed: -Orders for residents by medication aides (received from the resident pending orderThe pharmacy then pending orderThe order was then a RCC or the Administractive taskThere was no procestaccuracy of the order matched the original pending orderTasks such as vital seman and the end of the original pending orderIf a task did not show the MAs would not kruff a vital sign task did eMAR, there was now information would be she was not aware to obtain his pulse oxim eMARShe must have miss performed chart audit the pharmacy should when she faxed the Fulf the pharmacy did resuch as vital signs, it Administrator's responsible accurately on the eMaperform the task as o	esident Care Coordinator t 9:33am and 5:53pm  were faxed to the pharmacy (MA) or the RCC when idents' provider. processed the order and to the resident's eMAR as a approved for use by the ator and would become an as in place to ensure to that were approved forder. aigns should appear on the current order for a resident. A up on a resident's eMAR, how to perform the task. If not show up on a resident's where else the task or documented. That Resident #5's order to eter daily was not on his  ed the order when she tis. If have entered the order tis. If ha			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL096047	B. WING		R-C <b>09/23/2021</b>
					1 09/23/2021
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA		
SOMERSE	ET COURT OF GOLDSBO	NRO.	HAVEN COURT RO, NC 27530		
	OLIMANA DV. OT				
(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 COMPLETE
{D 276}	Continued From page	e 10	{D 276}		
	provider (PCP) ordere	ed the task for a reason.			
	Interview with the Adr 6:21pm revealed: -She was not aware to take to a summer of the pharmacy did resuch as vital signs or eMAR, it was the RC order manuallyShe expected the RC orders on the eMAR to the pharmacy as commerced.	hat Resident #5's order to eter daily was not on his not enter an order for tasks weights on a resident's C's responsibility to enter the CC to ensure accuracy of when approving them from spared to the original order			
	to ensure residents received the care that was				

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STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
			_		
			P WING		R-C
		HAL096047	B. WING		09/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
			HAVEN COURT		
SOMERSI	ET COURT OF GOLDSBO	NRO.	RO, NC 27530		
			10, 10 27330		
(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
{D 276}	Continued From page	e 11	{D 276}		
	request from the facili	ity			
	request from the facili	ny.			
	Attempted telephone	interview with Resident #5's			
		4:40pm was unsuccessful.			
	1 01 011 00/20/21 at 1	ropin was ansassissian			
	b. Review of Residen	t #5's current FL-2 dated			
		ere was an order to check			
	the resident's pulse (h				
		, <b>,</b> .			
	Review of Resident #	5's September 2021			
		administration record			
	(eMAR) revealed:				
	, ,	o obtain the resident's pulse			
	daily.	•			
	-There was no docum	nentation that the resident's			
	pulse had been check	ked daily.			
	'	,			
	Review of Resident #	5's vital sign results from			
		vealed the resident's pulse			
	was documented onc	e on 09/18/21 at 92 beats			
	per minute.				
	Interview with Reside	nt #5 on 09/22/21 at 2:12pm			
	revealed:				
	-The facility checked	his vital signs once per			
	month.				
	-The facility did not ch	neck his vital signs daily.			
		esident Care Coordinator			
	(RCC) on 09/23/21 at	t 9:33am and 5:53pm			
	revealed:				
		were faxed to the pharmacy			
	``	MA) or the RCC when			
	received from a reside				
		processed the order and			
		o the resident's eMAR as a			
	pending order.				
		approved for use by the			
	RCC or the Administr	ator and would become an	1		

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active task.

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '			X3) DATE SURVEY COMPLETED	
,	o. oo2011011		A. BUILDING:	A. BUILDING:			
		HAL096047	B. WING			R-C 0/ <b>23/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DDRESS, CITY, STATE	: ZIP CODE			
TO UNIC OT T	NOVIDEN ON COLL FEEL		KHAVEN COURT	., 211 0002			
SOMERSI	ET COURT OF GOLDSBO	ORO	ORO, NC 27530				
0// 15	CUMPANDY OTHER PERIODS AND THE			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 ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
{D 276}	Continued From page	e 12	{D 276}				
\U 210}	-There was no proces accuracy of the order matched the original -Tasks such as vital sappear on the eMAR for a residentIf a task did not show the MAs would not krelf a vital sign task did eMAR, there was now information would be she was not aware to obtain his pulse daily. She must have miss performed chart audit. Pharmacy should has she faxed the FL-2 to left the pharmacy did is such as vital signs, it Administrator's responsible accurately on the eM perform the task as conserved carried out because it task for a reason.  Interview with the Add 6:21pm revealed: -She was not aware to obtain his pulse daily left the pharmacy did is such as vital signs or the RCC's responsible manuallyShe expected the Reference of the RCC's responsible manually.	ess in place to ensure resthat were approved order. Signs and weights should if there was a current order wup on a resident's eMAR, now to perform the task. It not show up on a resident's where else the task or documented. It that Resident #5's order to was not on his eMAR. It was the RCC or ensibility to enter the order when ordered. It that the order when ordered. It is that the order when or them. In the enter an order for tasks was the RCC or ensibility to enter the order when the to ensure orders appeared AR so the staff knew to ordered. It is that the order was not being Resident #5's ordered the ministrator on 09/23/21 at that Resident #5's order to was not on his eMAR. In that Resident #5's order to was not on his eMAR, it was illity to enter the order.	[0 210]				
	the pharmacy as com	when approving them from npared to the original order eceived the care that was					

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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		D 0
		HAL096047	B. WING		R-C <b>09/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SOMERSET COURT OF GOLDSBORO		ORO .	HAVEN COURT RO, NC 27530		
(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 276}	Continued From page	e 13	{D 276}		
	ordered.				
	facility's contracted ph 10:50am revealed: -The pharmacy had no facility for Resident #8 -Once an order was refax, it was entered on resident's eMAR and approval to make it actives a curate prior to a lift the facility found the or missing, they could clarify and fix the order and fix the order them and fix the order them and fix the order them and approved an order and fix the order them are the fixed	sent back to the facility for ctive. sponsibility to ensure orders of approving an order. at an order was inaccurated request that the pharmacy er, or the facility could clarify inselves manually. not see when the facility er. ot usually enter order vital			
		interview with Resident #5's (PCP) on 09/23/21 at ssful.			
D 344	10A NCAC 13F .1002	2(a) Medication Orders	D 344		
	the resident's physicia for verification or clari medications and treat	ne shall ensure contact with an or prescribing practitioner fication of orders for			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
		HAL096047	B. WING			R-C 0/23/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STATE	E. ZIP CODE	1 00	7/20/2021
		603 LOC	CHAVEN COURT	-, 332		
SOMERSI	ET COURT OF GOLDSBO	ORO GOLDSB	ORO, NC 27530			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 344	of admission or readri (2) if orders are not c (3) if multiple admission admission or readmission or readmission or readmission or readmission or readmission are not the san The facility shall ensuclarification is docum record.  This Rule is not met Based on observation reviews, the facility fatreatment orders for 2 #2) including oxygen, breathing problems, a (#2); and for a medicand a Vitamin D supposed The findings are:  1. Review of Residem 08/10/21 revealed diamellitus type 2, hypothistory of sarcoidosis most commonly affect a. Review of Residem dated 05/01/21 reveal iters per minute (LPM shift. (Oxygen is use levels and symptoms shortness of breath.)  Review of Resident #	d and signed within 24 hours mission to the facility; lear or complete; or on forms are received upon sion and orders on the ne. ure that this verification or ented in the resident's  as evidenced by: ns, interviews, and record alled to clarify medication and 2 of 5 sampled residents (#1, inhaled medications for and a diuretic for swelling ation for enlarged prostate olement (#1).  at #2's current FL-2 dated agnoses included diabetes via (low oxygen in your ory disease, hypertension of thistory of stroke, and (inflammatory disease that	D 344			
		iula (NC) at 2 LPM as				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
						R-C
HAL096047			B. WING		09	/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
SOMERSI	ET COURT OF GOLDSBO	ORO	KHAVEN COURT			
	0.11.11.15.4.07		ORO, NC 27530	DDO//DEDIG DI ANI OF O	ODDECTION	
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 15	D 344			
	needed (prn) for shor	tness of breath.				
	summary dated 08/10 provider revealed:  -The resident was ad 08/06/21 for evaluation breath and fatigue for the resident was ad congestive heart failured hypertensive urgency usually with no acute renal (kidney) failure.  -The resident was districted on 08/10/21 with a districted was an order on the resident was an order of the resid	mitted for suspected re exacerbation, r (very high blood pressure organ damage), and acute scharged from the hospital agnosis of hypertensive for oxygen inhale 2 LPM (did ous or prn).				
	Review of Resident #2's second FL-2 dated 08/10/21 and signed by the primary care provider (PCP) revealed an order for oxygen per NC at 2 LPM prn for shortness of breath.					
	Review of Resident # PCP for the hospital v revealed: -There was a clarifica Prednisone (a steroid R insulin per sliding s sugar), and Diltiazem	2's clarification orders by the visit dated 08/10/21 ation order to continue I for inflammation), Humulin cale (insulin lowers blood (for heart/blood pressure). medications or treatments ion orders.				
	Review of Resident #	2's August 2021 electronic				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		HAL096047	B. WING		R-C 09/23/2	2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMEDSE	ET COURT OF GOLDSBO	603 LOCKI	IAVEN COURT	r		
GOLDSBO			RO, NC 27530			
(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	(X5) COMPLETE DATE
D 344	Continued From page	e 16	D 344			
D 344	medication administratevealed: -There was an entry find print for shortness of biggs and biggs a	or oxygen per NC at 2 LPM reath. rn oxygen was blank with administered. entry for oxygen on the 2's September 2021 eMAR for oxygen per NC at 2 LPM reath. rn oxygen was blank with administered. entry for oxygen on the	D 344			
	room sitting on the se -The resident had a p her.	at of her rolling walker. ortable oxygen tank with				
	-The resident was we receiving oxygen at 3	aring her oxygen tubing and LPM.				
	supposed to wear her sometimes she did no her room. -She received oxyger	ont #2 on 09/22/21 at problems and she was roxygen all the time but of wear it when she was in at 3 LPM and that was the concentrator and portable				
	Interview with a medion 09/23/21 at 11:40am -Resident #2 received	revealed:				

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	(X3) DATE SURVEY COMPLETED	
HAL096047 B. WING 09/23/2		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
SOMERSET COURT OF GOLDSBORO 603 LOCKHAVEN COURT GOLDSBORO, NC 27530		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 344  Continued From page 17  -She was not aware of any discrepancies with the resident's oxygen orders.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/23/21 at 5:37pm revealed: -The most current order for oxygen was from 03/08/21 for 2 LPM as needed for shortness of breath and to check every shiftThe pharmacy did not receive either of Resident #2's FL-2s dated 08/10/21 or the hospital discharge orders dated 08/10/21New FL-2s or any new orders should be sent to the pharmacy by the facility.  Interview with the Resident Care Coordinator (RCC) on 09/23/21 at 5:55pm revealed: -The MAs should clarify any incomplete or unclear ordersShe or the MAs were responsible for clarifying ordersShe did not clarify Resident #2's orders dated 08/10/21 because she used the FL-2 signed by the PCP after the resident returned to the facility on 08/10/21She did not think about both FL-2s and the hospital discharge orders being dated the same date and having conflicting orders.  Attempted telephone interview with Resident #2's PCP on 09/23/21 at 4:40pm was unsuccessful.  Refer to interview with the Administrator on 09/23/21 at 6:20pm.  b. Review of Resident #2's signed physician's order sheets dated 06/30/21 revealed an order for Furosemide 40mg 1 tablet twice daily.		

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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		
			A. BOILDING		D.C.	
		HAL096047	B. WING		R-C 09/23/202	21
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMERSET COURT OF GOLDSBORO			HAVEN COURT RO, NC 27530			
	OLIMANA DV. OT		·			
(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 CO	(X5) MPLETE DATE
D 344	Continued From page	e 18	D 344			
D 344	Review of Resident # summary dated 08/10 provider revealed: -The resident was add 08/06/21 for evaluation breath and fatigue for the resident was add congestive heart failured hypertensive urgency usually with no acute renal (kidney) failureThe resident was discon 08/10/21 with a discurgencyThere was an order of tablet once daily.  Review of Resident # signed by a hospital profession of the provided for Furosemide 40mg.  Review of Resident # 08/10/21 and signed (PCP) revealed an ortablet twice daily.	2's hospital discharge 0/21 and signed by a hospital mitted to the hospital on on of worsening shortness of r about a week. mitted for suspected re exacerbation, r (very high blood pressure organ damage), and acute scharged from the hospital agnosis of hypertensive for Furosemide 40mg 1  2's FL-2 dated 08/10/21 and provider revealed an order 1 tablet once daily.  2's second FL-2 dated by the primary care provider der for Furosemide 40mg 1  2's clarification orders by the visit dated 08/10/21	D 344			
	R insulin per sliding s sugar), and Diltiazem -There were no other listed on the clarificati	for inflammation), Humulin cale (insulin lowers blood (for heart/blood pressure). medications or treatments ion orders.				
	Review of Resident # medication administrate revealed:	2's August 2021 electronic ation record (eMAR)				

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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	
		HAL096047	B. WING		l	R-C 0/ <b>23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
COMEDO	ET COURT OF COLDER	603 LOC	KHAVEN COURT			
SOMERSI	ET COURT OF GOLDSBO	GOLDSE	BORO, NC 27530			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 19	D 344			
	tablet twice a day sch 2:00pm. -Furosemide 40mg w administered twice da	aily from 08/01/21 - 08/07/21 - 08/10/21 when the				
	Review of Resident #2's September 2021 eMAR revealed:  -There was an entry for Furosemide 40mg 1 tablet twice a day scheduled for 8:00am and 2:00pm.  -Furosemide 40mg was documented as administered twice daily from 09/01/21 - 09/22/21, except on 09/18/21 - 09/19/21 when the resident was on leave with family.  Interview with a medication aide (MA) on 09/23/21 at 11:40am revealed:  -She administered Resident #2's Furosemide according to the instructions on the eMAR.  -She was not aware of any discrepancies with the resident's orders for Furosemide.					
	facility's contracted pi 5:37pm revealed: -The most current ord Resident #2 was an Forder to take 40mg tv -The pharmacy did not #2's FL-2s dated 08/2 discharge orders date -New FL-2s or any not the pharmacy by the -The pharmacy usual into the eMAR system responsible for review	ot receive either of Resident 10/21 or the hospital ed 08/10/21. ew orders should be sent to facility. ly entered medication orders in and the facility staff was				

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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		
					R-C	
		HAL096047	B. WING		1	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
SOMERSE	ET COURT OF GOLDSBO	)RO	HAVEN COURT			
GOLDSB			PRO, NC 27530	)		
(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 SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 344	Continued From page	e 20	D 344			
	active on the eMAR.					
	(RCC) on 09/23/21 at -The MAs should clar unclear ordersShe or the MAs were ordersShe did not clarify Ro 08/10/21 because she the PCP after the reson 08/10/21She did not think about hospital discharge orders and having confluction of the PCP on 09/23/21 at 4 Refer to interview with 09/23/21 at 6:20pm.  c. Review of Resident dated 07/21/21 reveal Inhub 250/50mcg inhous with the Massey of the Masse	e responsible for clarifying esident #2's orders dated e used the FL-2 signed by ident returned to the facility but both FL-2s and the ders being dated the same icting orders. interview with Resident #2's :40pm was unsuccessful. In the Administrator on  It #2's physician's orders led an order for Wixela ale 1 puff two times a day. It to treat breathing disorders				
	and lung disease. Wixela Inhub is the generic brand of Advair.)  Review of Resident #2's hospital discharge summary dated 08/10/21 and signed by a hospital					
	provider revealed: -The resident was ad 08/06/21 for evaluation breath and fatigue for -The resident was ad congestive heart failu hypertensive urgency	mitted to the hospital on on of worsening shortness of about a week. mitted for suspected re exacerbation, (very high blood pressure organ damage), and acute				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			756.256		R-C
HAL096047			B. WING		09/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE	
SOMERSI	ET COURT OF GOLDSBO	ORO CONTRACTOR OF THE CONTRACT	KHAVEN COURT		
	T	GOLDSB	ORO, NC 27530		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 344	Continued From page	21	D 344		
	on 08/10/21 with a dia urgency. -There was an order to Wixela Inhub) 500/50 daily.	charged from the hospital agnosis of hypertensive for Advair (brand name for mcg inhale 1 puff twice			
	Review of Resident #2's FL-2 dated 08/10/21 and signed by a hospital provider revealed an order for Advair inhale 1 puff twice daily but there was no strength included in the order.				
	PCP for the hospital varevealed: -There was a clarificate Prednisone (a steroid R insulin per sliding s sugar), and Diltiazem -There were no other listed on the clarificat	tion order to continue for inflammation), Humulin cale (insulin lowers blood (for heart/blood pressure). medications or treatments			
	medication administrative revealed: -There was an entry for 250/50mcg per dose scheduled for administrative 8:00pmWixela Inhub was do from 08/01/21 - 08/31	2's August 2021 electronic ation record (eMAR) for Wixela Inhub with device inhale 1 puff twice daily stration at 8:00am and focumented as administered /21, except on 08/06/21 - sident was in the hospital.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL096047	B. WING		R-C <b>09/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
eomede:	ET COURT OF GOLDSBO	603 LOCKI	HAVEN COURT	г	
SUMERSI	ET COURT OF GOLDSBO	GOLDSBO	RO, NC 27530		
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 344	Continued From page	e 22	D 344		
	Review of Resident # revealed: -There was an entry f 250/50mcg per dose scheduled for adminis 8:00pmWixela Inhub was do from 09/01/21 - 09/22 09/19/21 when the refamily.  Interview with Reside 10:05am revealed: -She had breathing p inhalerShe was not sure ho Interview with a medi 09/23/21 at 11:40am -She administered Reaccording to the instru	2's September 2021 eMAR for Wixela Inhub with devise inhale 1 puff twice daily stration at 8:00am and ocumented as administered 2/21 except on 09/17/21 - sident was on leave with  Int #2 on 09/22/21 at roblems and she used an w often she took the inhaler.  In the cation aide (MA) on revealed:  It is sident #2's Advair uctions on the eMAR.  In the cation aide of the inhaler in the inhaler in the inhaler in the inhaler.			
	facility's contracted pl 5:37pm revealed: -The most current ord electronic prescription 250/50mcg inhale 1 p -The pharmacy did no #2's FL-2s dated 08/1 discharge orders date -New FL-2s or any no the pharmacy by the -The pharmacy usual into the eMAR system responsible for review	ot receive either of Resident 10/21 or the hospital ed 08/10/21. ew orders should be sent to facility. ly entered medication orders and the facility staff was			

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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	
			A. BOILBING:			B C
		HAL096047	B. WING			R-C 9/ <b>23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
		603 LOC	KHAVEN COURT			
SOMERS	ET COURT OF GOLDSB	ORO GOLDSB	ORO, NC 27530			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From pag	e 23	D 344			
	(RCC) on 09/23/21 at -The MAs should claunclear ordersShe or the MAs wer ordersShe did not clarify R 08/10/21 because shifth the PCP after the reson 08/10/21She did not think ab hospital discharge or date and having confideral the reson 09/23/21 at 4 Refer to interview with 09/23/21 at 6:20pm.	rify any incomplete or e responsible for clarifying desident #2's orders dated de used the FL-2 signed by dident returned to the facility out both FL-2s and the ders being dated the same flicting orders. Interview with Resident #2's 4:40pm was unsuccessful.				
	d. Review of Resident #2's physician's orders dated 07/21/21 revealed an order for Duoneb inhale contents of 1 amp (3ml) via nebulizer every 4 hours as needed for wheezing / shortness of breath. (Duoneb is used to treat breathing disorders and lung disease.)					
	summary dated 08/1 provider revealed: -The resident was ac 08/06/21 for evaluation breath and fatigue for the resident was accongestive heart failthypertensive urgency usually with no acute renal (kidney) failure	Imitted for suspected ure exacerbation, y (very high blood pressure e organ damage), and acute				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL096047	B. WING		R-C <b>09/23/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SOMERS	ET COURT OF GOLDSBO	ORO CONTRACTOR OF THE CONTRACT	HAVEN COURT			
(X4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	<del>,</del>	PROVIDER'S PLAN OF CORRECT	ION (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
D 344	Continued From page	24	D 344			
	urgencyThere was an order for 1 amp via nebulize	agnosis of hypertensive for Duoneb inhale contents r every 6 hours as needed rtness of breath for up to 12				
	signed by a hospital p	2's FL-2 dated 08/10/21 and provider revealed an order name of 1 amp via nebulizer ded up to 12 days.				
	08/10/21 and signed l (PCP) revealed an or	nebulizer every 4 hours as				
	PCP for the hospital varevealed: -There was a clarificate Prednisone (a steroid R insulin per sliding s sugar), and Diltiazem	tion order to continue for inflammation), Humulin cale (insulin lowers blood (for heart/blood pressure). medications or treatments on orders.				
	medication administrative revealed: -There was an entry fof 1 amp via nebulize for wheezing / shortnetone one occasion on 08/2	or Duoneb inhale contents r every 4 hours as needed ess of breath. ented as administered on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
		HAL096047	B. WING		R-C 09/23/202	1
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		603 LOCK	HAVEN COURT	г		
SOMERSE	ET COURT OF GOLDSBO	ORO GOLDSBO	RO, NC 27530	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 OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COM	X5) PLETE ATE
			D 044	DEFICIENCY)		
D 344	Continued From page	e 25	D 344			
	of 1 amp via nebulize for wheezing / shortne	or Duoneb inhale contents r every 4 hours as needed ess of breath. umented as administered in				
	Interview with Reside 10:05am revealed: -She had breathing p nebulizer machineShe was not sure ho nebulizer medication.	roblems and used a				
	Interview with a medi 09/23/21 at 11:40am -She administered Re according to the instru- -She was not aware or resident's orders for D	revealed: esident #2's Duoneb uctions on the eMAR. of any discrepancies with the				
	facility's contracted pl 5:37pm revealed: -The most current ord 07/21/21 to inhale 1 a hours as needed for we breath. -The pharmacy did not #2's FL-2s dated 08/1 discharge orders date -New FL-2s or any need the pharmacy by the -The pharmacy usual into the eMAR system responsible for review approving the order be active on the eMAR.	ed 08/10/21.  ew orders should be sent to facility.  ly entered medication orders and the facility staff was				
	(RCC) on 09/23/21 at					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDIEAN	or dortheorion	IDENTIFICATION NOMBER.	A. BUILDING: _		
		HAL096047	B. WING		R-C <b>09/23/2021</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SOMERSE	ET COURT OF GOLDSBO	ORO 603 LOCK	HAVEN COURT	г	
OOMEROL	- COOKT OF GOLDOBO	GOLDSBO	ORO, NC 27530	)	
(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 APPROFIDERICENCY)	D BE COMPLETE
D 344	Continued From page	e 26	D 344		
D 344	-The MAs should clar unclear ordersShe or the MAs were ordersShe did not clarify Roman of the PCP after the resident of the PCP after	e responsible for clarifying esident #2's orders dated e used the FL-2 signed by ident returned to the facility but both FL-2s and the ders being dated the same licting orders.  interview with Resident #2's 40pm was unsuccessful.  th the Administrator on  t #1's current FL-2 dated agnoses included diabetes ision.	D 344		
	-There was an order	for Tamsulosin HCL 0.4mg nptoms of an enlarged			
	prostate) take one ca	· -			
	hand on 09/23/21 at a There was a bottle of instructions to adminisevery day.  The medication labe of 03/29/21.  There was a bottle of our control of the co	ent #1's medications on 11:14am revealed: f Cholecalciferol 25mg with ster two tablets by mouth  I on the bottle had a fill date f Tamsulosin HCL 0.4mg			

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DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLI	ETED
			1	<del></del>	_	
			B WING		R-	-
		HAL096047	B. WING		09/2	3/2021
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			HAVEN COUR			
SOMERSE	T COURT OF GOLDSBO	)RO	ORO, NC 27530			
			JKO, NC 27530			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
1710		,		DEFICIENCY)		
D 344	Continued From page	27	D 344			
	mouth at bedtime.					
		on the bottle had a fill date				
	of 05/12/21.					
	01 00/ 12/2 1.					
	Review of Resident #	1's September 2021 eMAR				
	revealed:					
		g and Tamsulosin HCL				
	0.4mg were not listed					
	•	nentation on the eMAR that				
		ived Cholecalciferol 25mg				
	or Tamsulosin HCL 0.	_				
	or ramsulosimmet o.	4mg.				
	Interview with a medic	cation aide (MA) on				
	09/23/21 at 11:14 rev	, ,				
	-She did not know wh					
		e not on Resident #1's				
	eMAR.					
		nber if she had administered				
	the Cholecalciferol or	Tamsulosin HCL to				
	Resident #1.					
		tions on the eMAR when she				
	administered medicat	ions.				
		sident Care Coordinator				
	(RCC) on 09/23/21 at					
		were faxed to the pharmacy				
	by MAs or the RCC w					
		ssed the orders and entered				
		IAR as a pending order.				
		approved for use by the				
	RCC or the Administra	ator and would become				
	active.					
	-There was no proces	ss in place to ensure the				
	accuracy of orders that	at are approved matched				
	the original order.					
		to ensure orders appeared				
	accurately on the eM/					
	-					
	Interview with the Adr	ministrator on 00/23/21 at				

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6:21pm revealed:

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL096047	B. WING			R-C 9 <b>/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SOMERSI	ET COURT OF GOLDSB	IORO	KHAVEN COURT			
		GOLDSE	BORO, NC 27530			
(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	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From pag	je 28	D 344			
	-She was not aware Cholecalciferol and cartShe was not aware Tamsulosin were not eMARThe MAs were experimedications on hand resident to ensure acceptable acceptable and the PCP if a resident medications as order the PCP if a resident medications as order the PCP if a resident medications as order the property of the property o	that Resident #1 had Tamsulosin on the medication  that Cholecalciferol and t listed on Resident #1's  ected to only document d and administered to a ccuracy of eMARs. to report to her, the RCC, or t was not able to get their red.  with a pharmacist with the charmacy on 09/23/21 at  received from the pharmacy ed onto the corresponding d sent back to the facility for active. esponsibility to ensure the corior to approving the order. hat an order was inaccurate, hat the pharmacy clarify and facility could clarify and fix the anually.  interview with a pharmacist attracted pharmacy on revealed: Tamsulosin were not listed offile. orders for Cholecalciferol or				
		#1. e interview with Resident #1's 4:40pm was unsuccessful.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL096047	B. WING		R-C <b>09/23/2021</b>	
	ROVIDER OR SUPPLIER	603 LOCKI	RESS, CITY, STA HAVEN COURT RO, NC 27530	•		
(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 344	Continued From page 29		D 344			
	Refer to interview with 09/23/21 at 6:20pm.	n the Administrator on				
	6:20pm revealed: -The MAs and the RC clarifying orders if neeThe RCC was respond in the eMAR system.	nsible for approving orders				
{D 358}	10A NCAC 13F .1004 Administration	(a) Medication	{D 358}			
	<ul><li>(a) An adult care hon preparation and admi prescription and non-by staff are in accorda</li><li>(1) orders by a licens which are maintained</li></ul>	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with: led prescribing practitioner in the resident's record; and on and the facility's policies				
	This Rule is not met FOLLOW UP TO TYPE	-				
	Based on these findin Violation was not aba	gs, the previous Type B ted.				
	reviews, the facility fa medications as ordere #7, #8) observed duri including errors with a	ed for 3 of 5 residents (#6, ng the medication passes				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL096047	B. WING		R-C 09/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
COMEDS	ET COURT OF COURSE	603 LOC	KHAVEN COURT	г	
SUMERSI	ET COURT OF GOLDSBO	GOLDSB	ORO, NC 27530		
(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 358}	Continued From page		{D 358}		
	residents (#2, #5) for errors with holding me administering medica times, not having orde and not administering	#7); and for 2 of 5 sampled record review including edications without an order, tions outside of ordered ered medications on hand, skin barrier cream as ninistration of expired insulin			
	_				
		ervation of 5 errors out of 30 ne 8:00am and 9:00am			
	08/20/21 revealed: -Diagnoses included i -There was an order f mood disorders) ever	t #8's current FL-2 dated mild mental retardation. for Seroquel 50mg (used for y morning. for Seroquel 50mg every			
	09/23/21 revealed the	00am medication pass on medication aide (MA) stered 1 tablet of Seroquel at 7:39am.			
	instructions to adminischeduled at 9:00amThere was a disconti	administration record or Seroquel 50mg with ster each morning nued entry that ended on 150mg with instructions to			
		or Seroquel 50mg with			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING			
		HAL096047	B. WING			⋜-C // <b>23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
0011500	FT 0011DT 05 001 D0D	603 LOCK	CHAVEN COURT			
SOMERS	ET COURT OF GOLDSBO	GOLDSB(	ORO, NC 27530			
(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 COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 31	{D 358}			
	again at noon schedu-Seroquel 50mg was administered by the N-Seroquel 50mg was administered again by 9:00am.  -There was no docum received Seroquel 50-Resident #8 received of one morning dose Seroquel that day, 09  Observation of Resid hand on 09/23/21 at 2 Seroquel 50mg with i	documented as MA on 09/23/21 at 8:00am. documented as y the MA on 09/23/21 at nentation that the resident mg on 09/23/21 at 12:00pm. d two morning doses instead and one noon dose of				
	revealed: -Resident #8 was sup 50mg each day at 9:0It was the facility poli on the eMAR and me administration of medShe did not read the administering the Ser which stated to give a -The 12:00pm dose p the computer to be ac -She did not know wh popping up in the eM. 8:00am but realized if 12:00pm because she both a morning dose Resident #8She did not rememble administered a dose of the supplementary of the supplement	icy to read the instructions dication label prior to lications. instructions prior to oquel 50mg at 7:39am at noon. opped up on the eMAR in dministered at 8:00am. The prior to get the series of the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
		HAL096047	B. WING			R-C <b>9/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			KHAVEN COURT	,		
SOMERS	ET COURT OF GOLDSB	ORO	BORO, NC 27530			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	dose to Resident #8 -She administered R at 7:39am and the 9: -The resident was ne but was frequently dr during the day.  Interview with the Re (RCC) on 09/23/21 a -She was not sure w dose of Seroquel wa administered at 8:00 -She expected the M instructions when ad to clarify any issues w the resident's provide medicationsShe or the Administr approving orders tha pharmacy into the eN the orders active in th administrationThere was no proce original orders to the from the pharmacy for  Interviews with the A 1:48pm and 6:21pm -She was unsure how dose of Seroquel 50r administered at 8:00 -She was concerned two doses of Seroqu and it was a medicat -She expected the M as ordered and clarif needed prior to admi -She expected the M as ordered the M as ordered and clarif	that day (09/23/21). esident #8's 12:00pm dose 00am dose at 8:51am. ever disoriented or confused dowsy and napped a lot esident Care Coordinator t 5:53pm revealed: hy Resident #8's 12:00pm s popping on the eMAR to be am. As to read medication ministering medications and with her, the Administrator, or er prior to administering any eator were responsible for t had been entered by the MAR system prior to making he residents' eMARs for ess in place to compare orders pending approval or accuracy. dministrator on 09/23/21 at revealed: w Resident #8's 12:00pm mg was changed to be am. that Resident #8 received el that morning (09/23/21) ion error. As to administer medications y medication orders as	{D 358}			

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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
					R-C
		HAL096047	B. WING		09/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SOMERSI	ET COURT OF GOLDSBO	)RO	CHAVEN COURT		
	I	GOLDSB	ORO, NC 27530		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE
{D 358}	Continued From page	33	{D 358}		
		CC to ensure accuracy of ng them from the pharmacy riginal order.			
	health provider (MHP revealed: -He was not aware the two doses of Seroque-He expected the faci medication errors per-If he had been made given orders for close for sedation, unstead increase the resident blood pressure and p-Depending on how many resident received, he	e standard procedure. e aware, he would have e observation of the resident iness, and falls, as well as to s fluid intake, and monitor ulse twice daily for five days. many excess doses the would have possibly held o seven days because the			
	-He expected the faci medications as order medication changes t -He had not ordered a #8's medication admi	lity to administer ed and clarify any hat did not make sense. any changes to Resident nistration times and she was e of Seroquel at 9:00am and			
		ns, interviews, and record nined that Resident #8 was			
	09/15/21 revealed: -Diagnoses included pressure), hypothyroi thyroid), gastro-esopl (GERD), anxiety, trer	nageal reflux disease nor, and subdural blood between the brain and			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or Connection	IDENTIFICATION NOMBER.	A. BUILDING: _		OOM! LETE	
		HAL096047	B. WING		R-C 09/23/20	021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMERS	ET COURT OF GOLDSBO	ORO 603 LOCKI	HAVEN COURT	г		
JONILING	TOOK! OF GOLDSBO	GOLDSBO	RO, NC 27530			
(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 C	(X5) COMPLETE DATE
{D 358}	Continued From page	e 34	{D 358}			
{D 358}	-There was an order of blood thinner) once do -There was an order of mild pain reliever), tall per dayThere was an order of supplement) one tableThere was an order of lower blood pressure.  Observation of the 8:0 medication pass on 0 medication pass on 0 medication aide (MA) #6's Aspirin 81mg one tablets, Daily-Vite one one tablet.  Review of Resident # electronic medication (eMAR) revealed: -There was an entry of administered daily at -The Aspirin 81mg was 09/23/21There was an entry of	for Aspirin 81mg (used as a aily. for Tylenol 325mg (used as ke two tablets three times for Daily-Vite (multivitamin et daily. for Lisinopril 10mg (used to ) once daily.  00am and 9:00am 9/23/21 revealed the did not administer Resident et tablet, Tylenol 325mg two et tablet, and Lisinopril 10mg  66's September 2021 administration record	{D 358}			
	8:00am, 2:00pm, and -The Tylenol 325mg v					
	09/23/21 at 8:00amThere was an entry f administered daily at -The Daily-Vite was d 09/23/21There was an entry f administered daily at -The Lisinopril was do 09/23/21.	for Daily-Vite one tablet to be 9:00am. locumented as held on for Lisinopril 10mg to be 9:00am.				
	Review of Resident # 09/16/21 revealed:	6's physician's order dated				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL096047	B. WING		R-C <b>09/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
COMEDO	-T COURT OF COURSE	603 LOCK	HAVEN COURT	ī	
SOMERSI	ET COURT OF GOLDSBO	GOLDSB	ORO, NC 27530	1	
(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 SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 358}	Continued From page	35	{D 358}		
	-There was an order to 09/19/21 for five days 09/23/21There was no order to Daily-Vite, or Lisinopress.	to hold the Tylenol,			
	Resident #6 dated 09 -The resident was scholecystectomy (gall 09/23/21.	neduled to have a			
	with intermittent medi -The resident's Aspiri Lisinopril were not hig	n, Tylenol, Daily-Vite, and			
	-There were no speci	fic instructions regarding s and the document was not			
	revealed: -Resident #6's hospitation paperwork was from l	<u> </u>			
		ications on the paperwork the resident was supposed			
	held.	e not highlighted were to be instructions by another staff			
	Interview with the Res (RCC) on 09/23/21 at -She expected staff to ordered. -Staff were not to hold	administer medications as			
	ordersShe expected staff to	clarify and ensure orders			

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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		
			7 % BOILDING		R-C	
		HAL096047	B. WING		09/23/2	2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMERSE	ET COURT OF GOLDSBO	NRO.	IAVEN COURT			
040.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	RO, NC 27530	PROVIDER'S PLAN OF CORRECTION	N.	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page 36		{D 358}			
	were accurate prior to medication administration or holding medication.					
	Interview with the Adr 3:35pm revealed:	ministrator on 09/23/21 at				
		d medications for residents ned order to do so from the				
	resident's provider.  -She was unable to locate a signed order to hold Resident #6's Tylenol, Daily-Vite, and Lisinopril.  -Holding medications without an order was considered a medication error.  -She expected staff to clarify and ensure they had a signed order to hold medications prior to doing so.					
	Attempted telephone	interview with Resident #6's on 09/23/21 at 4:40pm was				
	c. Review of Resident #7's current FL-2 dated 07/28/21 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD)There was an order for Advair Diskus 500-50mcg/dose, inhale one puff by mouth twice daily. (Advair is an inhaler medication used to treat COPD.)					
	09/23/21 at 7:30am re -The medication aide Advair to Resident #7	(MA) did not administer nat he had already taken the				
	hand on 09/23/21 at 7 box with a label for Re	ent #7's medications on 7:30am revealed an empty esident #7's Advair with a minister one puff by mouth				

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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	
		HAL096047	B. WING			R-C <b>23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		603 LOC	KHAVEN COURT			
SOMERSE	ET COURT OF GOLDSBO	ORO GOLDSE	ORO, NC 27530	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 OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 358}	S58 Continued From page 37		{D 358}			
	twice daily.					
	twice daily.					
	(eMAR) revealed: -There was an entry formcg/dose, inhale one -The Advair was documented the MA on 09/23/21.  Interview with the MA revealed: -She did not administ morning because the prior to her medication-She knew this because morning medication of Cobservation of Residented 1:43pm revealed and Market and Market Prior to Market Prior to her medication prior to her medic	administration record for Advair Diskus 500-50 a puff by mouth twice daily. umented as administered by a on 09/23/21 at 1:32pm  er Resident #7's Advair that resident self-administered it n administration pass. use he told her during the				
	Interview with Reside revealed:	nt #7 on 09/23/21 at 1:44pm				
	12 years.	Advair twice daily for the last				
		istration order from his his inhalers by himself in his				
		im take the Advair, he just ok it.				
		Advair that morning prior to for his morning medication				
	(RCC) on 09/23/21 at	dminister order on file for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	≣TED
					R-	С
		HAL096047	B. WING		09/2	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMEDS	ET COURT OF GOLDSBO	OPO 603 LOCKI	HAVEN COURT	г		
JONILING	TOOK! OF GOLDSBO	GOLDSBO	RO, NC 27530	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC 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}	Continued From page 38		{D 358}			
	-Staff were expected to administer medications to residents as ordered.					
	Interview with the Adr 1:48pm revealed:	ministrator on 09/23/21 at				
	-The facility's policy for					
	-	ion that the resident could				
		ninister the medication via a neck off assessment as well				
		m the resident's primary care				
	provider (PCP).					
		n was present, the PCP				
	not have to observe t	th her that facility staff did he resident take the				
	medications each day					
	-	r the MAs to document a dication as administered if				
		n they took the medication.				
	Attempted telephone	interview with Resident #7's				
	PCP on 09/23/21 at 4	1:40pm was unsuccessful.				
	2. Review of Resident #5's current FL-2 dated 09/15/21 revealed diagnoses included chronic obstructive pulmonary disease (COPD), end stage renal disease (ESRD), anemia, hypertension, and weakness.					
	a. Review of Residen	at #5's current FL-2 dated				
	-There was an order	for Calcium Acetate				
	(phosphate binder) 66 three times daily.	67mg, take two capsules				
	-There was an order	for Colace 100mg (stool				
	softener), take one ca					
		Ferrous Sulfate 325mg (iron				
	supplement), take on-	e lablet twice daily. for Aspirin 81mg (blood				
	thinner), take one tab					
-There was an order Celexa 20mg (treats						

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3		
			A. BUILDING:			
		HAL096047	B. WING			R-C 9/ <b>23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
		603 LOC	KHAVEN COURT			
SOMERSI	ET COURT OF GOLDSBO	ORO	ORO, NC 27530			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		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}	reflux), take one table -There was an order constipation), dissolve choice dailyThere was an order (calcium binder), take largest meal of dayThere was an order high blood pressure), -There was an order enlarged prostate), take electronic medication (eMAR) revealed: -There was an entry for take two capsules thr 12:00pm, and 5:00pm -Calcium Acetate was Administered: Reside 09/03/21, 09/06/21, 00 09/22/21 for the 8:00a missed 7 of 22 8:00a 2021There was an entry for capsule daily at 8:00a -Colace was docume Resident Unavailable 09/06/21, 09/10/21, 00 the resident missed 7 2021There was an entry for the resident missed 7 2021There was an entry for the resident missed 7 2021There was an entry for the resident missed 7 2021There was an entry for the resident missed 7 2021There was an entry for the resident missed 7 2021There was an entry for the resident missed 7 2021.	e tablet daily. for Protonix 40mg (treats et twice daily. for Miralax 17g (treats e in 8 ounces of beverage of for Cinacalcet 60mg e one tablet once daily with for Clonidine 0.1mg (treats take one tablet twice daily. for Proscar 5mg (treats take one tablet daily. for Proscar 5mg (treats take one tablet daily. for Calcium Acetate 667mg, ee times daily at 8:00am, n. for Calcium Acetate 667mg, ee times daily at 8:00am, n. for Calcium Acetate 667mg, for	{D 358}			
		am doses; the resident m doses in September				

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DIVISION	n nealth Service Negu	ialion			
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					D 0
			B. WING		R-C
		HAL096047	B. WING		09/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
			HAVEN COUR		
SOMERSE	ET COURT OF GOLDSBO	)RO	ORO, NC 27530		
			710,110 27000		<del> </del>
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	( - /
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
(D 350)	0	. 10	(D 350)		
{D 358}	Continued From page	e 40	{D 358}		
	2021.				
	-There was an entry f	or Aspirin 81mg, take one			
	tablet daily at 8:00am				
	_	nted as "Not Administered:			
	-	" on 09/01/21, 09/03/21,			
		9/15/21, 09/20/21, 09/22/21;			
		of 22 doses in September			
	2021.	•			
		Celexa 20mg, take one			
	tablet daily at 8:00am	•			
	•	nted as "Not Administered:			
	Resident Unavailable	" on 09/01/21, 09/03/21,			
		9/15/21, 09/20/21, 09/22/21;			
		of 22 doses in September			
	2021.	<u></u>			
	-There was an entry f	or Protonix 40mg, take one			
	tablet twice daily at 8:	00am and 8:00pm.			
	-Protonix was docume	ented as "Not Administered:			
	Resident Unavailable	" on 09/01/21, 09/03/21,			
	09/06/21, 09/10/21, 0	9/15/21, 09/20/21, 09/22/21			
	for the 8:00am doses	; the resident missed 7 of 22			
	8:00am doses in Sep	tember 2021.			
	-There was an entry f	or Miralax 17g, dissolve in			
	8oz of beverage of ch	oice daily at 8:00am.			
	-Miralax was docume	nted as "Not Administered:			
	Resident Unavailable	" on 09/01/21, 09/03/21,			
	09/06/21, 09/10/21, 0	9/15/21, 09/20/21, 09/22/21;			
	the resident missed 7	of 22 doses in September			
	2021.	-			
	-There was an entry f	or Cinacalcet 60mg, take			
	_	with largest meal of day at			
	8:00am.				
	-Cinacalcet was docu	mented as "Not			
	Administered: Reside	nt Unavailable" on 09/01/21,			
		9/10/21, 09/15/21, 09/20/21,			
		t missed 7 of 22 doses in			
	September 2021.				
	I	or Clonidine 0.1mg, take			
	one tablet twice daily at 8:am and 8:00pm.				

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-Clonidine was documented as "Not

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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	
		HAL096047	B. WING		R-C <b>09/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
SOMERSI	ET COURT OF GOLDSBO	)RO	KHAVEN COURT		
			ORO, NC 27530		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		ULD BE COMPLETE		
{D 358}	358) Continued From page 41		{D 358}		
	09/03/21, 09/06/21, 0 09/22/21 for the 8:00a missed 7 of 22 8:00at 2021. -There was an entry f tablet daily at 8:00am -Proscar was docume Resident Unavailable 09/10/21, 09/15/21, 0	ent Unavailable" on 09/01/21, 9/10/21, 09/15/21, 09/20/21, am dose; the resident m doses in September for Proscar 5mg, take one ented as "Not Administered: " on 09/03/21, 09/06/21, 9/20/21, 09/22/21; the 22 doses in September			
	the kidneys stop work -He never refused his -The facility staff did r of his morning medica for dialysis, but if they everything but the blo -He would not take th because the staff at th not to take his blood p	dialysis on Mondays, days around 5:30am. Ire to remove waste fluid from the blood when king properly.) medications. not offer to administer most ations prior to him leaving			
	MA but she was a per previously. -She worked first shift her shift at 6:30am.	, ,			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL096047	B. WING		l l	R-C <b>9/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
COMEDO	ET COURT OF COURSE	603 LOC	KHAVEN COURT			
SUMERS	ET COURT OF GOLDSB	GOLDSI	BORO, NC 27530			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Wednesdays, and Fr-Resident #5 was unamedication pass on of for dialysis prior to he-She was unsure what about administering rows outside of the factor was outside of the factor was taught to desident out of facility of the facility and unascheduled medication.  Interview with a secon 4:34pm revealed: -She usually worked pass started at 7:00a-Resident #5 usually 5:00am on Mondays, -On Resident #5's diachold his medications nausea and vomiting anxiety)She knew to hold all those two medications was told to do by and-She was not aware of #5's primary care promedications on his diachold in the resident #5 left for of Wednesdays, and Fr between 5:30am and	dialysis on Mondays, idays. available for his 8:00am lialysis days because he left er arrival for her shift. at the facility's policy was medications when a resident cility. occument "Not Administered: y" when a resident was out available during their in pass time.  Ind MA on 09/22/21 at first shift and medication m on first shift. left for dialysis around Wednesdays, and Fridays. alysis days, the MAs would except Zofran (used for ) and Clonazepam (used for ) and Clonazepam (used for his medications except as because that's what she other staff member. Of any orders from Resident ovider (PCP) to hold any alysis days.  sident Care Coordinator to 9:33am revealed: dialysis on Mondays, idays before breakfast	{D 358}	DEFICIENCE		
	medication prior to le were the case, the M	nt #5 had been refusing his aving for dialysis, but if that As should have documented itions as "refused" instead of				

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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		
			_		R-	^
		HAL096047	B. WING		1	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMERSET COURT OF GOLDSBORD			IAVEN COURT			
	Т		RO, NC 27530			
(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	(X5) COMPLETE DATE
{D 358}	Continued From page 43		{D 358}			
{D 358}	"not administered".  -There was no order in medications to be helton to notify her that he work to request the time changed to accommons as to not miss anywhy.  -The MAs were not to order and should commissed more than thrus and the control of th	for Resident #5's morning d on dialysis days. Contacted Resident #5's PCP ras missing his medications of administration be addate him going to dialysis doses; she did not know to hold medication without an tact the PCP if the resident ee doses.  Ininistrator on 09/23/21 at that Resident #5 was not ions as ordered on his to report to her, the RCC, or a resident was not receiving ordered for clarification on the did or faxed Resident #5's are to hold or how to ations on dialysis days. To administer medications as to hold medications without a resident's PCP to hold the with a pharmacist from the marmacy on 09/23/21 at the son file to hold Resident	{D 358}			
	medications, it could because of his kidney	outinely missing doses of his lead to absorption issues inpairments which could for too little of a medication				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
			D WING		R-C
		HAL096047	B. WING		09/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
SOMERSET COURT OF GOLDSBORO 603 LOCK			HAVEN COURT	Г	
SOWIERS	ET COURT OF GOLDSBC	GOLDSBO	RO, NC 27530		
(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 358}	Continued From page	<del>2</del> 44	{D 358}		
	in his systemDepending on the moor too little of a medic system could exacert	edication, having too much ation in the resident's pate the condition the to treat or could lead to			
	Attempted telephone interview with Resident #5's PCP on 09/23/21 at 4:40pm was unsuccessful.  b. Review of Resident #5's current FL-2 dated 09/15/21 revealed: -There was an order for Clonazepam 0.5mg (used for anxiety), take on tablet three times dailyThere was an order for Zofran 4mg (used for nausea and vomiting), take one tablet before dialysis every Monday, Wednesday, and Friday.				
	dialysis every Monday, Wednesday, and Friday.  Review of Resident #5's September 2021 electronic medication administration record revealed: -There were eleven medications frequently documented as "Not Administered: Resident Unavailable" on Mondays, Wednesdays, and Fridays on 09/01/21, 09/03/21, 09/06/21, 09/10/21, 09/15/21, 09/20/21, and 09/22/21 at the 8:00am dosesThere was an entry for Clonazepam 0.5mg, take one tablet three times daily at 8:00am, 2:00pm, and 8:00pmThe Clonazepam 0.5mg was documented as administered as ordered every day at 8:00am, 2:00pm, and 8:00pm with zero missed dosesThere was an entry for Zofran 4mg, take one tab before dialysis on Monday, Wednesday, and Friday at 8:00amThe Zofran 4mg was documented as				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.2.1.2.1.1.1			A. BUILDING: _		00 22.25
		HAL096047	B. WING		R-C <b>09/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
COMEDS	SOMERSET COURT OF GOLDSBORO 603 LOCI			Г	
JOWIERS	ET COURT OF GOLDSBO	GOLDSBO	ORO, NC 27530		
(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 APPROPE DEFICIENCY)	BE COMPLETE
{D 358}	[8] Continued From page 45		{D 358}		
	Friday as ordered except one missed dose on 09/13/21 which was documented that Resident #5 refused the medication.				
	Interview with Reside 12:25pm revealed: -He left the facility for				
	Wednesdays, and Fridays around 5:30am.  -The facility staff did not offer to administer most of his morning medications prior to him leaving for dialysis except for his "nausea medication and his nerve pill".				
		d administer those two			
	medications to him pr	ior to him leaving for			
	dialysis.				
	Interview with a medication aide (MA) on 09/22/21 at 4:25pm revealed: -This was her first day working as an MA but had been a personal care aide (PCA) previouslyShe worked first shift and normally arrived for				
	pass started at 7:00a -Resident #5 went to				
	Wednesdays, and Fri -Resident #5 was alre	days. eady gone to dialysis when			
	she arrived for her shifts on those days.  -Any medications documented as administered on Resident #5's dialysis days would have been administered by the third shift MAs prior to him				
		ny any scheduled morning			
		ave been administered to			
	-	nim leaving for dialysis ot scheduled until 8:00am.			
	4:34pm revealed:	nd MA on 09/22/21 at first shift and the medication			
	pass started at 7:00a				

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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	
			7. BOILBING			R-C
		HAL096047	B. WING			9/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
		603 LOC	KHAVEN COURT			
SOMERSE	ET COURT OF GOLDSBO	ORO GOLDSE	3ORO, NC 27530			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		SHOULD BE	(X5) COMPLETE DATE		
{D 358}	O 358} Continued From page 46		{D 358}			
	done so a couple of ti -Resident #5 usually 5:00am on Mondays, -On Resident #5's dia hold his medications Clonazepam in which 5:00amShe did not know wh two medications to Re administered the med 8:00am scheduled tin -The facility policy wa as ordered no more ti hour after the schedu -She was not aware of medications to Reside days but she thought	Id work third shift and had imes in the last month. Ideft for dialysis around Wednesdays, and Fridays. Alysis days, the MAs would except for Zofran and they administered around by the MAs only gave those esident #5 or why they dications earlier than the ne that they were due. It is to administer medications than one hour before or one led time for administration. Of any orders to administer the ent #5 early on his dialysis the resident asked for those is dialysis days before he				
	revealed: -She always worked to responsible for admir residentsResident #5 normally Mondays, Wednesda 5:00amShe normally adminit Clonazepam and Zoff dialysis daysShe thought Resider Zofran were schedule morningThe facility's policy were solved.	y left for dialysis on ys, and Fridays just after stered Resident #5's ran around 5:00am on his at #5's Clonazepam and ad around 7:00am each was to administer ed no more than one hour				
	administration timeShe only administere	ed Resident #5 those two				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		
		HAL096047	B. WING		R-C <b>09/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	E, ZIP CODE	
COMEDO	-T COURT OF COL DOD	603 LOC	KHAVEN COURT		
SOMERSI	ET COURT OF GOLDSBO	GOLDSB	ORO, NC 27530		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
{D 358}	358) Continued From page 47		{D 358}		
	medications two hour administration time be even though they were administered at that the she did not offer to a medications to Residemedication pass on the not request them and administered at that the she construction of the she construction o	rs before the scheduled ecause he requested them, re not due to be ime.  administer any other ent #5 from his morning nose days because he did they were not due to be ime.  sident Care Coordinator to 9:33am revealed: dialysis on Mondays, idays before breakfast 6:00am. Ition pass started at 7:00am. Ition pass started at 7:00am. Ition pass started at more than one hour ter the scheduled time of the scheduled time of the scheduled time of the scheduled time and insister Resident #5's instantant for the scheduled time for the scheduled time of the			
	daysShe expected staff to the resident's PCP if	o report to her, the RCC, or a resident was not getting ordered for clarification on			

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	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION F CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL096047	B. WING		R-C <b>09/23/2021</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE	
SOMERS	ET COURT OF GOLDSBO	)RO	KHAVEN COURT ORO, NC 27530		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
{D 358}	what to do.  -The MAs or the RCC Resident #5's PCP to how to administer his days.  -She expected the Mas ordered.  -The MAs were not to outside of one hour b scheduled administra.  Telephone interview of facility's contracted pl 10:50am revealed:  -There were no order Resident #5's medications should resident #5's medications should resident #5's medications should resident with the mone hour before scheduled administration with the more too little of a medication was used blood pressure issued blood pressure issued dialysis.  Attempted telephone PCP on 09/23/21 at 4 c. Review of Residen 09/15/21 revealed an (calcium binder) take meal of the day.  Review of a physician 06/30/21 from Residen 06/3	c should have called or faxed clarify whether to hold or medications on dialysis  As to administer medications administer medication efore or one hour after the tion time.  With a pharmacist from the harmacy on 09/23/21 at a son file to administer ations early on his dialysis not be administered more or one hour after the tion time due to Resident #5 nich caused absorption or dialysis.  Redication, having too much cation in the resident's pate the condition the to treat or could lead to so due to his need for  Interview with Resident #5's e:40pm was unsuccessful.  It #5's current FL-2 dated order for Cinacalcet 60mg one tablet daily with largest	{D 358}		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL096047	B. WING		09/23/2021
		HAL090047			09/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
		603 LOC	KHAVEN COURT	7	
SOMERSE	T COURT OF GOLDSBO	GOLDSB	ORO, NC 27530		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	(* /
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE
				DEFICIENCY)	
{D 358}	Continued From page	<del>-</del> 49	{D 358}		
, ,	. •		` ′		
	table every day with la	argest meal with 11 refills.			
	D : (D :1 / //	IFL 0 1 1 0004			
	Review of Resident #	•			
		administration record			
	(eMAR) revealed:	Oin I t CO t - I			
		for Cinacalcet 60mg take			
	at 8:00am.	vith largest meal scheduled			
		mented as administered as			
	ordered on 09/02/21,				
		9/09/21, 09/11/21, 09/12/21,			
		9/18/21, 09/11/21, 09/12/21, 9/18/21, and 09/19/21.			
	-Cinacalcet was docu				
	-	ent Unavailable" on 09/01/21,			
		9/10/21, 09/15/21, 09/20/21,			
	and 09/22/21.	3/10/21, 03/13/21, 03/20/21,			
	-Cinacalcet was docu	mented as "Not			
	Administered: REFUS				
	-Cinacalcet was docu				
	Administered: Drug/It				
	09/16/21.	om onavanasio on			
	-Cinacalcet was docu	mented as "Not			
	Administered: Refill w				
	pharmacy" on 09/21/2				
	Observation of Reside	ent #5's medications on			
		4:18pm revealed there was			
	no Cinacalcet on han	d for the resident.			
	Telephone interview v	with a pharmacist from the			
		harmacy on 09/23/21 at			
	5:11pm revealed:				
		armacy filled Resident #5's			
		7/16/21 for a 30-day supply.			
	-	een unable to refill Resident			
		e was denying coverage for			
	the medication.				
		ot have had any Cinacalcet			
	on hand after the 30-	day supply ran out from			

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07/16/21.

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Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		HAL096047	B. WING			R-C ∂ <b>/23/2021</b>	
NAME OF D	ROVIDER OR SUPPLIER	CTDEET A	DDRESS, CITY, STAT	E ZIR CODE	, , , , , ,		
NAME OF I	NOVIDEN ON 301 1 EIEN		KHAVEN COURT	L, ZII CODL			
SOMERSI	ET COURT OF GOLDSBO	ORO CONTRACTOR OF THE CONTRACT	ORO, NC 27530				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE	
{D 358}	Continued From page	<del>2</del> 50	{D 358}				
	should have provided him.  -It was important for F Cinacalcet as ordered function was compror dialysis, the Cinacalci in the resident's blood calcium levels did not Review of Resident # 04/13/21-09/22/21 reg-On 06/25/21 a refill r faxed to Resident #5'-On 06/30/21 a call w #5's dialysis provider CinacalcetOn 07/06/21, a nurse	mised and he required et was used to bind calcium d stream to ensure his get too high.  5's progress notes dated vealed: equest for Cinacalcet was					
	dialysis provider to re Cinacalcet; the provider	placed to Resident #5's					
	hand for Resident #5 -If she remembered of insurance would not present a could not rement #5's Cinacalcet had but the Resident (RCC) on 09/23/21 at	evealed: y had the Cinacalcet on for a long time. correctly, Resident #5's cay for it. nber the last time Resident leen available. sident Care Coordinator					
	any Cinacalcet on ha						

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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	
					R-C	
		HAL096047	B. WING		09/23/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMERSET COURT OF GOLDSBORO 603 LOCK			HAVEN COURT			
		GOLDSBO	RO, NC 27530			
(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 APPROPR DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	÷ 51	{D 358}			
	unavailable.  -The MAs were responded in their ordered medication cart audits their ordered medicat.  -She knew the staff has Resident #5's Cinaca but did not know it hat a Last night (09/22/21) the pharmacy that Renot pay for his Cinaca Interview with the Adr 6:21pm revealed:  -She was not aware to Cinacalcet on hand.  -She expected staff to accurately to ensure a ordered medications of the condensation of the condensatio	ad requested a refill for leet based on his last audit, d not come in. she received a letter from sident #5's insurance would alcet from the pharmacy. ministrator on 09/23/21 on hat Resident #5 did not have a perform weekly cart audits all residents had their on hand. o report to her, the RCC, or was not able to get their				
		interview with Resident #5's :40pm was unsuccessful.				
	09/15/21 revealed an cream (used as a skir	t #5's current FL-2 dated order for Baza Protect n protectant to prevent pically to buttocks every day				
	as needed: apply topi and as needed.	•				

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Baza Protect cream, it was to be administered

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			SURVEY PLETED	
						R-C
		HAL096047	B. WING		09	/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COMEDO	ET COURT OF COURSE	603 LOCK	HAVEN COURT	•		
SUMERSI	ET COURT OF GOLDSBO	GOLDSBO	ORO, NC 27530			
(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	÷ 52	{D 358}			
	PRN (as needed)Baza Protect cream administered on 09/03 09/16/21, 09/18/21, 0 -The resident missed Baza Protect cream fi Review of Resident # report dated 07/20/21 -There was a pharma	was documented as 3/21, 09/06/21, 09/10/21, 9/20/21. 23 doses of scheduled rom 09/01/21-09/23/21. 5's pharmacy consultation revealed: cist recommendation to Protect cream was to be				
		order dated 08/03/21 that care provider (PCP)				
	revealed another clar #5's PCP to administe	order sheet dated 09/23/21 ification order from Resident er the Baza Protect cream after soiling to prevent skin				
	protectant cream read and as neededShe was not sure wh was not popping to ad -If the instructions to a was the MA's or RCC order so that it showe -It was the Resident C responsibility to review were accurate on the -If a medication did no	evealed: Resident #5's Baza skin It to administer once daily  By Resident #5's Baza cream Idminister daily on his eMAR. Idea order were not clear, it Is responsibility to clarify the Idea correctly on the eMAR. Idea Coordinator's (RCC's) Idea orders and ensure they Idea of the eMAR. In the pop up on the eMAR to Involve to administer Idea of the email of				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	
			A. BUILDING: _	<del></del>		
		1141 0000 47	B. WING		R-(	
		HAL096047	D. WING		09/2	3/2021
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
SOMERSE	T COURT OF GOLDSBO	)RO	IAVEN COURT			
		GOLDSBOI	RO, NC 27530			
(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 53	{D 358}			
	revealed: -When a new or clarif the MAs would fax the would then enter the c eMAR as a pending of -It was her or the Adm approve orders from t onto the eMARThere was no proces accuracy of medication when approving the of -She was unsure why getting his Baza creat order had been clarific daily and as needed.	ninistrator's responsibility to the pharmacy once entered as in place to ensure on orders on the eMAR orders.  Resident #5 had only been as needed because the ed on 08/03/21 to receive ministrator on 09/23/21 at ent #5 to receive his				
	-She expected the RO	CC to ensure accuracy of MAR prior to approving the				
	Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/23/21 at 10:50am revealed:					
	clarifications to the ph -Once an order or cla	rification was received from pharmacy's responsibility to				
	orders for Resident #8 around 08/03/21.	al order for Baza cream had				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·		(X3) DATE SURVEY COMPLETED	
		HAL096047	B. WING		R-C <b>09/23/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
SOMERS	ET COURT OF GOLDSBO	)RO	CKHAVEN COURT BORO, NC 27530			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
{D 358}	orders; one order was administration; the oth neededIt was the facility's re approve the orders or by the pharmacyThe pharmacy was usefacility had accepted of Attempted telephone PCP on 09/23/21 at 4  3. Review of Residen 08/10/21 revealed diamellitus type 2, hypox blood), acute respirate history of stroke, and (inflammatory disease affects the lungs).  a. Review of Residen and signed by a hosp order for Humulin R in breakfast and dinner = 2 units; 301 - 350 = and > (greater than) 4 insulin lowers blood s  Review of Resident # summary dated 08/10 provider revealed and twice a day before bresliding scale: 250 - 30 units; 351 - 400 = 4 u  Review of Resident # signed by the primary revealed there was not severally and the order of the primary revealed there was not severally and the primary revealed there was not several	s scheduled for daily her order was entered as sponsibility to accept and hee they had been entered smable to see when the or declined an order.  interview with Resident #5's:40pm was unsuccessful.  It #2's current FL-2 dated gnoses included diabetes ia (low oxygen in your ory disease, hypertension, history of sarcoidosis that most commonly  It #2's FL-2 dated 08/10/21 ital provider revealed an insulin twice a day before per sliding scale: 250 - 300 is units; 351 - 400 = 4 units; 400 = 5 units. (Humulin Rugar.)  2's hospital discharge hypertension in the saffast and dinner per hyper such a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast and dinner per hyper such as a signed by a hospital order for Humulin Rinsulin eakfast a	{D 358}			

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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 (X3 A. BUILDING:		, ,	(X3) DATE SURVEY COMPLETED	
		HAL096047	B. WING			R-C 0/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
0011500	-T 0011DT 05 001 D0D	603 LOCI	KHAVEN COURT			
SOMERSI	ET COURT OF GOLDSBO	GOLDSB	ORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 55	{D 358}			
	there was a clarificati	visit dated 08/10/21 revealed on order to continue the nulin R insulin per sliding				
	hand on 09/23/21 at -There was one vial of dispensed on 08/11/2 -There was an auxiliar bottle with date open	of Humulin R insulin 11. ary sticker on the insulin ed documented as 08/10/21. ons on the label to discard				
	insulin had expiredThe MAs were supported in the insulin vial who discard when the mereThe MAs were not strength of the first dose was addropened on 08/12/21, 09/12/21 and should after 09/12/21.) -She had administered after it expired but did until now.	revealed: Resident #2's Humulin R  psed to put the date opened en it was first used and dication expired.  upposed to administer				
	Review of Resident # medication administration revealed: -There was an entry f	2's August 2021 electronic ation record (eMAR) for Humulin R insulin twice a and before supper per				

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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	
			A. BUILDING: _		
		HAL096047	B. WING		R-C 09/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
SOMERSI	ET COURT OF GOLDSBO	ORO .	HAVEN COURT		
			ORO, NC 27530		
(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 SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE
{D 358}	Continued From page	<del>2</del> 56	{D 358}		
	units; 351 - 400 = 4 u -Humulin R sliding sc 8:00am and 5:00pm a	00 = 2 units; 301 - 350 = 3 nits; and > 400 = 5 units. ale insulin was scheduled at and the first dose was nistered at 8:00am on			
	revealed: -There was an entry f day before breakfast s sliding scale: 250 - 30 units; 351 - 400 = 4 u -Humulin R sliding scale: 8:00am and 5:00pmThe resident's blood 5:00pm ranged from 109/22/21The resident's blood 250 or above on 25 or administration of Humon those 25 occasion -There were 12 of the 109/13/21 - 09/22/21 (109/12/21) when the redocumented as 250 or administration of Humon those 25 occasion the 109/13/21 of 109/12/21 of 109/12/21 of 109/12/21 of 109/12/21 of 109/12/21 of Humon those 250 occasion the 109/13/21 of 109/12/21 of	25 occasions from after the insulin expired on esident's blood sugar was or above and required nulin R sliding scale insulin. nave received expired insulin			
	2:04pm revealed: -She administered Hu to Resident #2 on 09/ 09/17/21She had not noticed	the insulin was expired ed it on those occasions.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
						R-C
		HAL096047	B. WING		09	0/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
COMEDO	ET COURT OF GOLDSB	603 LOC	KHAVEN COURT			
SUMERSI	ET COURT OF GOLDSBI	GOLDSE	3ORO, NC 27530			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 57	{D 358}			
	to Resident #2 on 09 09/21/21 at 5:00pm.	umulin R sliding scale insulin /13/21, 09/14/21, and the insulin was expired when				
	revealed: -She administered He to Resident #2 on 09 -The MAs did medical including checking for She had not noticed insulin had expiredThe MAs were not sexpired insulinResident #2's insuling reordered before it exp	ation cart audits weekly or expired medications. Resident #2's Humulin R upposed to administered on should have been				
	facility's contracted p 5:37pm revealed: -The pharmacy disperinsulin on 08/11/21 for this was the only tindispensed any Humu-The facility faxed and R insulin today, 09/23-The cut off for refills Humulin R insulin wo tomorrow, 09/24/21The pharmacy put a so the facility staff coinsulin was first open it expired.	ne the pharmacy had fulin R insulin for the resident. Fefill request for the Humulin 3/21 at 3:00pm. Final was 12:00pm so the full be sent to the facility  Sticker on the insulin vials full document when the final sticker on the would know when				
	because it might not	ld not be administered be as potent and not work as lent's blood sugar regulated.				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			, 551E51110		R-(	С
		HAL096047	B. WING		1	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SOMERSE	ET COURT OF GOLDSBO	)RO	HAVEN COURT			
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ORO, NC 27530	PROVIDER'S PLAN OF CORRECTION	N .	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	<b>≥</b> 58	{D 358}			
	(RCC) on 09/23/21 at -The MAs were responsed open date on insulin visedThe MAs were responsible in the resident of the expectage of the residentShe was not aware for insulin was expired at the resident after it expected on the resident of the resident	ensible for documenting the when the first dose was ensible for replacing the prize of the prize				
	-The resident's medic puree as needed. -The form was not sid					

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practitioner.

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL096047	B. WING		09/23/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
	10115211 011 001 1 21211		IAVEN COURT			
SOMERSE	ET COURT OF GOLDSBO	)RO	RO, NC 27530			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	(V5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	÷ 59	{D 358}			
	dated 08/30/21 revea diagnosed with dyspher linterview with a media 09/23/21 at 11:40am -Resident #2 had sward crushed all of the resishe opened any caps to the crushed tablets -She had not noticed labels for the Pantopr was not to crush or challed the Pantoprazole and -She opened the caps with the crushed tablet -She did not know if the crush medications.	ragia (difficulty swallowing).  cation aide (MA) on revealed: allowing problems so she dent's medications except ules and added the contents of the instructions on the azole and Ferrous Sulfate new those medications.  and MA on 09/23/21 at allowing problems so she nt's medications including Ferrous Sulfate tablets.  sules and put those contents				
	-She usually crushed medications (including Sulfate) except she o	g Pantoprazole and Ferrous pened capsules and put the				
		shed medications. Resident #2's Pantoprazole hould not be crushed.				
	Review of Resident # revealed no order to omedications.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL096047	B. WING		R-C <b>09/23/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMEDS	ET COURT OF GOLDSBO	603 LOCKI	HAVEN COURT	г		
JOWIERSE	ET COOKT OF GOLDSBC	GOLDSBO	RO, NC 27530			
(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	Ε
{D 358}	Continued From page	e 60	{D 358}			$\Box$
{D 358}	Observation of Reside hand on 09/23/21 at an and on 09/23/21 at an arthere was a multi-do 09/21/21.  -The multi-dose pack 325mg tablets with a chew/crush, swallow and not chew.  Review of Resident # electronic medication (eMAR) revealed:  -There was an entry for tablet twice a day schemally.  -There was no docum indicating if Pantoprational and a composition of the composition of	ent #2's medications on 11:40am revealed: ose pack with a start date of included Ferrous Sulfate label warning, don't whole. card of Pantoprazole 40mg 09/06/21 with a label or crush; swallow whole. 2's September 2021 administration record for Pantoprazole 40mg 1 reduled for administration at reduled for administration at reduled for administration at sident as on leave with rentation on the eMAR zole could be crushed. For Ferrous Sulfate 325mg 1 reduled for administration at redule	{D 358}			
	from 09/01/21 - 09/22 09/19/21 when the refamily.  -There was no documindicating if Pantopra: -There was an entry fablet twice a day schene 9:00am and 8:00pmFerrous Sulfate was administered from 09 from 09/17/21 - 09/19 leave with her familyThere was no documindicating if Ferrous Sulfate was no documindicating if Ferrous Sulfate was no documindicating if Ferrous Sulfate with Reside revealed:	2/21 except from 09/17/21 - sident as on leave with mentation on the eMAR zole could be crushed. For Ferrous Sulfate 325mg 1 reduled for administration at documented as 2/01/21 - 09/22/21 except 3/21 when the resident as on mentation on the eMAR Sulfate could be crushed.				
	sometimes it bothered notThe MAs crushed all					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
						R-C
		HAL096047	B. WING		09	/23/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
SOMERSI	ET COURT OF GOLDSBO	ORO 603 LOC	KHAVEN COURT			
SOWIERS	ET COURT OF GOLDSBO	GOLDSE	3ORO, NC 27530			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 61	{D 358}			
	medications did not o	tions were bitter but the ause her stomach to hurt. y having any issues with				
	(RCC) on 09/23/21 at -Resident #2 did not medicationsResident #2 did not with an order to crush -The primary care probeen contacted after study to obtain an order medicationsThe MAs should use to determine if a med -She was looking for not been able to local	have an order to crush have any standing orders n medications. byider (PCP) should have the resident's swallowing der to crush the resident's a "do no crush" (DNC) list ication could be crushed. the facility's DNC list but had te it yet.				
	revealed medications	s DNC list on 09/23/21 that should not be crushed e and Ferrous Sulfate.				
	administration of Servicaused increased level possible health conceived held without an order self-administration of (#7) for 3 of 5 resider medications passes; medications outside or routinely holding medication in his medications on hand	ed resulted in duplicate oquel which could have el of sedation, injury, or erns (#8), medications being prior to surgery (#6), and an inhaler without an order ots observed during the				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING	A. BUILDING:	
		HAL096047	B. WING		R-C <b>09/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
0011500	-T 0011DT 05 001 D0D0	603 LOCI	KHAVEN COURT	г	
SOMERSI	ET COURT OF GOLDSBO	GOLDSB	ORO, NC 27530	1	
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 62	{D 358}		
	protectant cream as obreakdown (#5); and which could have led the medication (#2). detrimental to the hea	ordered to prevent skin administering expired insulin to decrease effectiveness of The facility's failure was alth, safety, and welfare of stitutes an Unabated Type B			
	The facility provided a accordance with G.S. 09/24/21 for this viola	131D-34 on 09/23/21 and			
D 367	10A NCAC 13F .1004 Administration	(j) Medication	D 367		
	Administration  10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication				
	This Rule is not met	as evidenced by:			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL096047	B. WING			R-C <b>)/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-	
SOMERS	ET COURT OF GOLDSB	ORO	CRO, NC 27530			
(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 DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	reviews, the facility famedication administr for 3 of 6 sampled reinaccurate document (#2); a calcium bindedialysis (#5); and a nood disorders (#8).  The findings are:  1. Review of Resider 08/10/21 revealed dimellitus type 2, hypoblood), acute respiral history of stroke, and (inflammatory disease affects the lungs).  Review of Resident for discharge summary order for Humulin R in dinner per sliding scales 350 = 3 units; 351 - 4 than) 400 = 5 units. blood sugar.)  Review of Resident for electronic medication (eMAR) revealed:  -There was an entry day before breakfast sliding scale: 250 - 3 units; 351 - 400 = 4 the company of the	ns, interviews, and record ailed to ensure the ation records were accurate sidents (#2, #5, #8) including tation of sliding scale insulin er for a resident receiving nedication used to treat  at #2's current FL-2 dated agnoses included diabetes xia (low oxygen in your tory disease, hypertension, I history of sarcoidosis the that most commonly  #2's FL-2 and hospital dated 08/10/21 revealed an insulin before breakfast and ale: 250 - 300 = 2 units; 301 - 400 = 4 units; and > (greater (Humulin R insulin lowers  #2's September 2021 In administration record  for Humulin R insulin twice a and before supper per 00 = 2 units; 301 - 350 = 3 units; and > 400 = 5 units. cale insulin was scheduled at	D 367			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BOILDING	A. BUILDING:		,	
		HAL096047	B. WING	B. WING		; 5/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
SOMERSET COURT OF GOLDSBORO 603 LOC			KHAVEN COURT	r			
GOLDSE		ORO, NC 27530					
(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	(X5) COMPLETE DATE	
D 367	Continued From page	e 64	D 367				
	5:00pm ranged from 09/22/21.  -The resident's blood 250 or above on 25 or administration of Hun on those 25 occasion -Humulin R sliding scradministered on 13 or required to be adminiorder.  -Documentation for H 13 occasions did not insulin was administered. No amount of sliding documented at 8:00a 09/16/21, or 09/17/21 sugar ranged from 25 required either 2 or 3 occasions based on the -No amount of sliding documented at 5:00p 09/07/21, 09/08/21, or 09/21/21 sugar ranged from 25 required either 2, 3, occasions based on the Interview with a medi 09/23/21 at 2:04pm reshe initialed and documented at 5:00p 09/17/21.  -She administered the according to the sliding there was nowhere of amount administered.	sugar was documented as occasions and required nulin R sliding scale insulin s. ale was not documented as f the 25 occasions it was stered according to the lumulin R insulin on those indicate any amount of ored. Is scale insulin was of mon 09/07/21, 09/14/21, when the resident's blood of 7 - 333 and would have units of insulin on those he sliding scale. It scale insulin was on 09/03/21, 09/04/21, 19/10/21, 09/13/21, 09/14/21, when the resident's blood of 2 - 400 and would have or 4 units of insulin on those he sliding scale. It cation aide (MA) on every a side of the sliding scale insulin on those he sliding scale. It cation aide (MA) on every a side of the sliding scale insulin of the sliding scale insulin of the sliding scale insulin of the sliding scale on those dates but on the eMAR to document the spop up on the eMAR so she					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:	COMPLETED R-C
	R-C
HAL096047 B. WING	09/23/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
603 LOCKHAVEN COURT	
SOMERSET COURT OF GOLDSBORO GOLDSBORO, NC 27530	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORREC TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFEREN	PLAN OF CORRECTION (X5) TIVE ACTION SHOULD BE COMPLETE CED TO THE APPROPRIATE DATE EFICIENCY)
D 367 Continued From page 65 D 367	
Interview with a second MA on 09/23/21 at 4:10pm revealed:  -The Humulin R insulin sliding scale was on the instructions on the eMAR so she did not have to document the amount she administered to the resident.  -She thought the eMAR system automatically filled in the amount administered since the scale was on the eMAR.  -For the results box, she usually typed "no change in condition" because she did not know that was where she needed to type the amount administered.  -She administered Humulin R sliding scale insulin to Resident #2 on 09/04/21, 09/08/21, 09/10/21, 09/13/21, 09/14/21, and 09/21/21 at 5:00pm.  -She did not document the amount administered on the eMAR because she thought the eMAR automatically noted the amount.  Interview with a third MA on 09/23/21 at 4:19pm revealed:  -She administered Humulin R sliding scale insulin to Resident #2 on 09/03/21, 09/07/21, and 09/16/21 at 5:00pm.  -She did not know why the amount she administered for Resident #2's Humulin R sliding scale insulin to Resident #2 on 09/03/21, 09/07/21, and 09/16/21 at 5:00pm.  -She did not document the amount administered on the eMAR because she thought the eMAR automatically noted the amount.  Interview with Resident #2 on 09/23/21 at 4:51pm revealed:  -Her blood sugar was checked 3 times a day and she received sliding scale insulin if she needed it.  -She did not have any symptoms with high or low blood sugar so she could not tell when her blood sugar was high or low.	

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	BED: COM		(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:	
		HAL096047	B. WING		R-C <b>09/23/2021</b>
					09/23/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	*	
SOMERSI	ET COURT OF GOLDSBO	ORO	HAVEN COURT		
	T		ORO, NC 27530		T
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 367	Continued From page	<b>≥</b> 66	D 367		
<i>D</i> 307	Interview with the Res (RCC) on 09/23/21 at -She was not aware t sliding scale insulin b Resident #2 was not eMARs by the MAsShe expected the Modiscrepancies or probinformation on the eMA tempted telephone primary care provider 4:40pm was unsucce 2. Review of Residen 08/20/21 revealed: -Diagnoses included -There was an order mood disorders) ever	sident Care Coordinator t 5:55pm revealed: he amount of Humulin R eing administered to always documented on the  As to notify her of any elems with entering MARs. interview with Resident #2's r (PCP) on 09/23/21 at ssful.  t #8's current FL-2 dated mild mental retardation. for Seroquel 50mg (used for			
	(eMAR) revealed: -There was an entry finstructions to adminischeduled at 9:00amSeroquel 50mg was administered every de 9:00amThere was a discontion 09/19/21 for Seroque	administration record for Seroquel 50mg with ster each morning documented as ay in September 2021 at sinued entry that ended on 150mg with instructions to at noon scheduled for documented as 1/21-09/05/21 and 12:00pm. documented as "Not			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL096047	B. WING	B. WING		
NAME OF R	ROVIDER OR SUPPLIER	1	DDRESS, CITY, STATE	ZID CODE	1 00	0/23/2021
NAME OF T	NOVIDEN ON GOLT EIEN		KHAVEN COURT	, ZII GODE		
SOMERS	ET COURT OF GOLDSB	ORO	ORO, NC 27530			
(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 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	instructions to admin again at noon schedires administered on 09/11-Seroquel 50mg was administered at noon 09/20/21-09/23/21. Resident #8 had two dose of Seroquel doon 09/18/21-09/19/21 dose and one noon 0-Resident #8 had two documented as administered as administered as administered as administered as administered provided by mouth one noon dose.  Observation of Resident and on 09/23/21 at of Seroquel 50mg with one tablet by mouth overy day at noon.  Interview with the met 09/23/21 at 12:43pm -Resident #8 was supposed at 12:00pm dose provided that day (09/23/21).  She did not know with the computer to be a day (09/23/21).  She did not know with the computer to be a day (09/23/21).  She did not know with the day (09/23/21) with a morning dose at 12:00pm to Resider-She administered Resi	for Seroquel 50mg with ister each morning and uled for 8:00am. documented as 8/21-09/23/21 at 8:00am. not documented as a (12:00pm) on commented as administered instead of one morning dose. commorning doses of Seroquel inistered on stead of one morning dose. It is morning doses of Seroquel inistered on stead of one morning dose. It is morning dose in the was used to administer every morning and 1 tablet reversed to get Seroquel 00am and 12:00pm. The popped up on the eMAR in deministered at 8:00am that the popped up on the eMAR for 00am, but realized the error when it did not pop up at the was used to administering at 9:00am and a noon dose	D 367			

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Division of fleatin Service Regulation			1			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		ETED
						_
			D WING	D WING		C
		HAL096047 B. WING			09/2	3/2021
NAME OF D	ROVIDER OR SUPPLIER	STDEET AP	DRESS, CITY, STA	TE ZID CODE		
NAME OF PI	ROVIDER OR SUPPLIER					
SOMERSE	T COURT OF GOLDSBO	ORO 603 LOCK	CHAVEN COURT	Γ		
COMERCE	or collection	GOLDSB	ORO, NC 27530			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
			5.00-			
D 367	Continued From page	e 68	D 367			
	8:51am that day (09/2	02/21\				
		nat Resident #8's 8:00am				
		oquel had instructions to				
		Opm (noon), she did not				
	know why the eMAR	administration time was				
	inaccurate.					
	-She did not realize s	he had administered two				
	doses of Seroquel tha	at morning (09/23/21) until				
		t pop up on Resident #8's				
	eMAR.	r pop up on resident #00				
		ver disoriented or confused				
	•	owsy and napped a lot				
	during the day.					
	Interview with the Res	sident Care Coordinator				
	(RCC) on 09/23/21 at	5:53pm revealed:				
	-When a new order, o	larification, or refill order				
	was received, she or	the MA would fax the order				
	to the pharmacy.					
		then enter the order into				
	•	and send it back to the				
	facility for approval be					
	, ,,					
	medication administra					
		ator were responsible for				
		had been entered by the				
		AR system prior to making				
		e residents' eMARs for				
	administration.					
	-There was no proces	ss in place to compare				
	original orders to the	orders pending approval				
	from the pharmacy fo					
		y Resident #8's 12:00pm				
		s popping on the eMAR to be				
	administered at 8:00a	· · · · ·				
	-She expected the MA					
		ninistering medications and				
		r errors on the eMAR with				
		, or the resident's provider				
	prior to administering	any medications.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	L COME		(X3) DATE SURVEY COMPLETED
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:	
					R-C
		HAL096047	B. WING		09/23/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
0011500		603 LOCK	HAVEN COURT	г	
SOMERSE	ET COURT OF GOLDSBO	GOLDSBO	ORO, NC 27530	)	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE
				,	
D 367	Continued From page	e 69	D 367		
	Interviews with the Ac	dministrator on 09/23/21 at			
	1:48pm and 6:21pm r				
		Resident #8's 12:00pm			
		ng was appeared on the			
	eMAR to be administe	ered at 8:00am.			
		that Resident #8 received			
	•	nd a noon dose of Seroquel			
		instead of one morning			
		ose, and two morning doses			
	•	/21-09/23/21 instead of one			
	morning dose and on	As to read the medication			
	•	part of the six rights of			
	-	ation prior to administration.			
		As to administer medications			
	-	medication orders or eMAR			
	errors as needed prio				
	-She expected MAs to	o report eMAR errors to her			
	or the RCC as identifi				
	=	CC to ensure accuracy of			
		when approving them from			
		npared to the original order			
	for safe medication a	aministration.			
	Telephone interview v	with a pharmacist from the			
	facility's contracted pl				
	09/23/21 at 10:50am				
		onsible for faxing new			
	orders, clarifications,	and refills to the pharmacy.			
		harmacy was responsible to			
	· ·	rifications, and refills onto			
		which would subsequently			
		acility for approval before			
	medication administra	he resident's eMAR for			
		ation. esponsibility to ensure			
	•	prior to approving the order			
	to become active on t				
		rect during the approval			
		lity's responsibility to notify			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		URVEY ETED	
		HAL096047	B. WING		R-	C <b>3/2021</b>
					09/2	3/2021
			DRESS, CITY, STA			
SOMERSET COURT OF GOLDSBORO			CHAVEN COURT DRO, NC 27530			
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	e 70	D 367			
	the pharmacy to correct the order them correct the order them. The pharmacy was used as the pharmacy was used to be a period of the pharmacy was used to be a period o	ect the order or manually inselves. Inable to see when an order and become active on a with Resident #8's mental ) on 09/23/21 at 4:27pm  at Resident #8 received two moon dose of Seroquel on stead of one morning dose and two morning doses of -09/23/21 instead of one e noon dose.  lity to notify him of a standard procedure. It is aware, he would have e observation of the resident iness, and falls, as well as to its fluid intake, and monitor ulse twice daily for five days. In any excess doses the would have possibly held of seven days because the ind elderly.  lity to administer				
	day.  Based on observation					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL096047	B. WING			R-C <b>)/23/2021</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
SOMERS	ET COURT OF GOLDSB	ORO	ORO, NC 27530			
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	3. Review of Resider 09/15/21 revealed ar (calcium binder) take meal of the day.  Review of a physicia 06/30/21 from Resider revealed an order for table every day with Review of Resident felectronic medication (eMAR) revealed: -There was an entry one tablet each day at 8:00amCinacalcet was doctordered on 09/02/21, 09/07/21, 09/08/21, 09/14/21, 09/17/21, 00/14/21, 00/14/21, 00/14/21, 00/14/21, 00/14/21, 00/14/21, 00/14/21, 00/14/21, 00/14/21, 00/14/21, 00/14/21, 00/14/21, 00/14/2	nt #5's current FL-2 dated or order for Cinacalcet 60mg one tablet daily with largest one tablet daily with largest one tablet daily with largest one tablet daily sis provider or Cinacalcet 60mg take one largest meal with 11 refills.  #5's September 2021 or administration record or Cinacalcet 60mg take with largest meal scheduled or with largest meal scheduled or cinacalcet as 09/04/21, 09/05/21, 09/09/21, 09/11/21, 09/12/21, 09/18/21, and 09/19/21.  Ident #5's medications on 4:18pm revealed there was not for the resident.  Idication aide (MA) on everaled: ey had the Cinacalcet on for a long time. correctly, Resident #5's pay for it. mber the last time Resident	D 367			

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL096047	B. WING		09/23/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		603 LOCK	HAVEN COURT	т		
SOMERSI	ET COURT OF GOLDSB	ORO GOLDSBO	RO, NC 27530	)		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLETE	
			1	DEFICIENCY)		
D 367	Continued From page	e 72	D 367			
	5:11pm revealed:	armony filled Decident #5's				
		armacy filled Resident #5's				
		7/16/21 for a 30-day supply.				
		peen unable to refill Resident				
		use insurance was denying				
	coverage for the med	not have had any Cinacalcet				
		day supply ran out, which				
	would have been approximately 08/15/21Insurance had stated that the dialysis provider should have provided Resident #5's Cinacalcet to					
	him.	Tresident #0 3 Omadaloet to				
		Resident #5 to have his				
	-					
	Cinacalcet as ordered because his kidney function was compromised and he required					
	dialysis, the Cinacalcet was used to bind calcium in the resident's blood stream to ensure his					
	calcium levels did not get too high.					
		ny Resident #5's eMAR				
	showed documentation that the resident had					
	received Cinacalcet because it should not have					
	been available to the resident after 08/15/21.					
	Intonvious with the De	sident Care Coordinator				
	(RCC) on 09/23/21 a					
	l ' '	that Resident #5 did not have				
	any Cinacalcet on ha					
		ny Resident #5's eMAR				
		on that the resident received				
		medication was unavailable.				
	_	onsible to perform weekly				
		s to ensure all residents had				
	their ordered medica					
		cted to only document				
		and administered to a				
	resident to ensure ac					
		ad requested a refill for				
		lcet, but did not know the				
	medication had not c					
		) she received a letter from				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:			COMPLETED	
		HAL096047	B. WING		R-C <b>09/23/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMEDO	ET COURT OF GOLDSBO	603 LOCKI	HAVEN COURT	ī		
JOWIERS	ET COURT OF GOLDSBO	GOLDSBO	RO, NC 27530			
(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	Ē
D 367	Continued From page 73		D 367			
	the pharmacy that Resident #5's insurance would not pay for his Cinacalcet.  Interview with the Administrator on 09/23/21 on					
	6:21pm revealed: -She was not aware that Resident #5 did not have Cinacalcet on handShe was not sure why Resident #5's eMAR showed documentation that the resident received the Cinacalcet if it was unavailableShe expected staff to perform weekly cart audits accurately to ensure all residents had their ordered medications on handThe MAs were expected to only document medications on hand and administered to a resident to ensure accuracy of eMARsShe expected staff to report to her, the RCC, or the PCP if a resident was not able to get their medications as ordered.  Attempted telephone interview with Resident #5's PCP on 09/23/21 at 4:40pm was unsuccessful.					
{D912}	G.S. 131D-21 Declar Every resident shall h 2. To receive care ar adequate, appropriate	laration of Residents' Rights ration of Residents' Rights have the following rights: and services which are e, and in compliance with estate laws and rules and	{D912}			
	reviews, the facility fa received care and ser appropriate, and in co	as evidenced by: ns, interviews, and record illed to ensure residents rvices which were adequate, ompliance with relevant s and rules and regulations				

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. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			A. BOILDING		R-C				
		HAL096047	B. WING		09/23/2021				
NAME OF PROVIDE	ER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
SOMERSET COURT OF GOLDSBORO 603 LOCKHAVEN COURT									
GOLDSBORO, NC 27530									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES  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				
{D912} Con	Continued From page 74		{D912}						
as re	elated to medication	on administration.							
The	findings are:								
revie med #7, i includiso (#6) residerro adm time and orde (#2) Med	ews, the facility fai dications as ordere #8) observed during uding errors with a rders (#8), medical , and an inhaler (# dents (#2, #5) for r rs with holding medical ies, not having orde not administering ered (#5), and adm . [Refer to Tag 358	s, interviews, and record fled to administer ed for 3 of 5 residents (#6, ing the medication passes in medication for mood eations held without an order et?); and for 2 of 5 sampled record review including edications without an order, closs outside of ordered ered medications on hand, skin barrier cream as inistration of expired insulin 3, 10A NCAC 13F .1004(a) extition (Unabated Type B							

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