PRINTED: 04/17/2017 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03/03/2017	
	NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, Z 440 INGRAM ROAD EXT BOX 179 KING, NC 27021			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE		
F 157 SS=D	(INJURY/DECLINE/R (g)(14) Notification of (i) A facility must imm consult with the reside consistent with his or representative(s) when the consistent with his or representative (s) when the consistent injury and his physician intervention. (B) A significant changemental, or psychosocy deterioration in health status in either life-throllinical complications. (C) A need to alter tree a need to discontinue treatment due to advect commence a new form the facility with the commence and the commence	Changes. ediately inform the resident; ent's physician; and notify, her authority, the resident en there is- ving the resident which as the potential for requiring t; ge in the resident's physical, ial status (that is, a in, mental, or psychosocial reatening conditions or it); eatment significantly (that is, an existing form of erse consequences, or to more freatment); or	F 1		ENCT)	3/31/17	
	when there is-	or roommate assignment					
APORATORY	DIDECTOR'S OR DROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR)E	TITI F		(X6) DATE	

03/24/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345381		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345381	B. WING _	B. WING			03/03/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021				
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 157	State law or regulation (e)(10) of this section (iv) The facility must update the address (phone number of the This REQUIREMENT by: Based on record revinterviews, the facility Physician, the Direct dialysis center when receiving dialysis treatrictions (Residen 960ml (milliliters) of thour period. Findings included: Resident #39 was ac 9/19/16 with diagnos	ent rights under Federal or ons as specified in paragraph in. record and periodically mailing and email) and resident representative(s). Γ is not met as evidenced riews, resident and staff γ failed to notify the or of Nursing, and the 1 of 1 sampled resident atment and on fluid t #39) consumed more than luids within a twenty-four	F 1	F-1	*Corrective action(s) taken for the state of	and ance order d acted		
	On 11/7/16 the Phys	cian ordered the fluid of fluids every day for			5 rights of medication administra			
	dated 12/23/16 indications of the continuous cognitively intact; received eating; had no swall pounds; had no weighterapeutic diet; and	rly MDS (minimum data set) ated Resident #39 was puired limited assistance with owing problems; weighed 168 ht loss or gain; received a received dialysis treatments. 1/3//17 included fluid		affe	*Corrective action(s) taken for residents having potential to be octed by the same practice. 1. 100% of all residents currently have MD orders to have daily fluit.			

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F 157	Continued From page		F [']	157			
		Card revealed Resident #39			restrictions were audited to ensur	е	
		o added salt, low diet and was on a 960ml fluid			that no other rsdt was non compli	ant	
	restriction. Review of the Dialysi	is Center's Note dated			with MD ordered daily fluid restrictions.		
	1/13/17 revealed Res	sident #39 arrived to dialysis s above dry weight. In the			*Corrective measures or systemic	:	
	was non-compliant w	ne reported that the resident with fluid restriction and was atment. The resident's nurse			changes made to ensure that the		
	reported that the nurs	sing home did not provide it must have asked other			deficient practice will not occur 1. Mandatory in-servicing was		
	also documented in t	from drink machines. It was he dialysis center's note that			provided to all licensed nurses on notifying th	e	
	was only restricted to	reported that the resident o 960ml per shift which was day. The nurse reported that			MD of rsdt(s) that are non compliant v	vith	
	she would discuss wi	ith the Director of Nursing on t fluids for the resident. The			fluid restrictions.		
	•	would encourage the between treatments.			* Indicate how the facility will mor	itor	
		ysician's Order dated sident #39 was on a 960ml			performance. The DON will be responsible for		
	fluid restriction every				compliance which is achieved by		
	MARs (Medication Ad	ary 2017 and the March 2017 dministration Records)			the DON or alternate designee	_	
		39 frequently received more within a twenty-four hour			monitoring for proper notification MD with non compliance of fluid)†	
	•	entation in Resident #39's			restrictions two times a week for		
	clinical record and the form indicating the P	e Dialysis Communication hysician, the DON (Director alysis Center were notified			four weeks and 1 time a week for		

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F 157	fluids in a twenty-for During an observati 9:02am, Resident # restrictions. There v in the resident's roo During an interview (nursing assistant) i consumed by Resid reported to the nursiday. NA#2 revealed fluids with her meals shift with the nurse's the resident was corestrictions. During an interview (nurse) revealed Rewith her fluid restrictions. During an interview (nurse) revealed Rewith her fluid restrictions and interview documented on the On 3/3/17 at 10:00a February and March (Director of Nursing documentation on the frequently received twenty-four hour pewas the responsibiliand report when a restrictions, received restriction allowance unurse was to report Physician, and to the dialysis communical promptly. The DON	onsumed more than 960ml of ur hour period. on and interview on 3/2/17 at 39 revealed she was on fluid was no water pitcher observed m. on 3/2/17 at 11:00am, NA#2 ndicated the amount of fluids lent #39 were recorded and e at end of every shift, every the resident only received and one cup of ice each is permission. She stated that impliant with her fluid on 3/2/17 at 3:10pm, N#2 esident #39 was compliant tions; and the amounts of the resident were	F	eight weeks. Queen monthly for three Completed bu (

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F 279 4 (() a a m re a a p	decoming fluid restriction poal more than a rest esident's quality of life ecall, but could have of the resident consultation in a twenty-four lave been something. The Physician concluses dent was monitored enter, he did not consignificant cause for consignificant cause for considering the properties. A facility must essessments complete nonths in the resident esults of the assessment revise the resident. 183.20 283.20 293.20 394.30 395.31 395.321 395	terview on 3/3/17 at Physician indicated the for Resident #39 was a riction to ensure the e. He stated that he did not been notified by facility staff ming more than 960ml of hour period; it would not he would have charted. ded that because the ed closely by the dialysis sider there to be any concern if or when the ore than 960ml of fluids. DEVELOP CARE PLANS st maintain all resident ted within the previous 15 t's active record and use the nents to develop, review nt's comprehensive care	F 19	57		3/31/17	

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(i) The services that or maintain the resiphysical, mental, ar required under §483. (ii) Any services that under §483.24, §48 provided due to the under §483.10, inclutreatment under §46. (iii) Any specialized rehabilitative service provide as a result or recommendations. findings of the PAS rationale in the resident's represent (A) The resident's represent (A) The resident's godesired outcomes. (B) The resident's provided for the resident's represent (B) The resident's provided for the resident for the reside	tribe the following - trace to be furnished to attain dent's highest practicable and psychosocial well-being as 3.24, §483.25 or §483.40; and at would otherwise be required 3.25 or §483.40 but are not resident's exercise of rights uding the right to refuse 83.10(c)(6). services or specialized es the nursing facility will be properly desired and the tactive (s)- with the resident and the tative (s)- trick of a damission and the tative (s)- trick of a damis of a d	F 279				
	CARE OF KING SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From pa care plan must desc (i) The services that or maintain the resic physical, mental, ar required under §483. (ii) Any services that under §483.24, §48 provided due to the under §483.10, inclutreatment under §46 (iii) Any specialized rehabilitative service provide as a result of recommendations. Indings of the PASA rationale in the resid (iv)In consultation were sident's represent (A) The resident's godesired outcomes. (B) The resident's godesired outcomes. (B) The resident's produced the resident's represent (C) Discharge plans plan, as appropriate requirements set for section.	A 345381 ROVIDER OR SUPPLIER CARE OF KING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative (s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced	ROVIDER OR SUPPLIER CARE OF KING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative (s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced	ROVIDER OR SUPPLIER CARE OF KING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's injense by racticable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10 (c)(6). (iii) Any services that would otherwise be required under §483.10 (c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative (s)- (A) The resident's preference and potential for future discharge. Facilities must document whether the residents desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced		

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F 279	facility failed to developlan for 1 of 3 sample reviewed for significa Findings included: Resident #117 was a 12/17/16 with diagnosjoint replacement, diaprotein-calorie malnu Review of the Admiss set) dated 12/24/16 in cognitively intact; requeating; had no swallo a therapeutic diet. The CAA (care area at the review of the Admiss set) and the swallo at the swa	ews, and staff interview, the op a comprehensive care and residents (Resident #117) and weight loss. Idmitted to the facility on sees which included: right hip betes mellitus, and trition. Ision MDS (minimum data andicated Resident #117 was uired supervision with wing problems; and received assessment) of the MDS	F 27	F-279 *Corrective action(s) for R #117 1. Affected rsdt was discharged to identification of issue during No action was needed for rsdt 2. CDM was reeducated as to requirement of care plan devel for residents with weight loss a RAI manual. *Corrective action(s) taken for residents having potential to be	d prior survey. #117. opment as per		
	revealed Resident #1 at the time of the ass low concentrated swedue to diabetes. The diagnosis of protein cadmission. The docurrindicated the facility of for nutrition due to he protein-calorie malnut. The Weights for Resiadmission were: Weight on 12/17/16 of Weight at 15 days aft 101 lbs. (which is 10 or a 9.0% loss); Weight at 30 days aft	17's weight was 109 pounds essment; and, required a sets diet of regular texture resident also had a alorie malnutrition on mentation in the CAA would care plan the resident r diagnoses of diabetes and trition.		affected by the same practice. 1. Audit of care plans for rsdts weight loss noted in the past for months was completed to ensure comprehensive care plan is in place. *Corrective measures put in places systemic changes made to ensure that the deficient practice will not on 1, CDM will review care plans to each	with our ace or sure ccur.		

Facility ID: 923523

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDII		(X3) DATE SURVEY COMPLETED			
		345381	B. WING _			03	/03/2017
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F 279	and the Physician ordereceive a diabetic hordereceive a diabetic hordereceive a diabetic hordereceive a diabetic hordereceive and plan of measurable goals and the care and treatment weight loss, or her diaprotein-calorie malnut. Review of the medical #117 was discharged 1/17/17 after complete status post hip replace to MDS Coordinator reversional plan was initiated on 12/24/17, and complete acknowledged the results.	records revealed on red Dietician recommended dered Resident #117 was to use supplement at bedtime. care available with d interventions to address int related to Resident #117's agnoses of diabetes and trition. al records revealed Resident home with home health on ing rehabilitative therapy sement surgery. an 3/1/17 at 11:19am, the realed Resident #117's Care 12/19/16, reviewed on eted on 1/5/17. She sident's Care Plan did not	F2	279	MDS assessment and weeklu for rsdts with weight loss. MDS coordinato will complete an audit of all rsdts discussed in weekly weight loss rimeeting to ensure comprehensive care plan is in place. * Indicate how the facility will monperformance. Weekly log will be maintained by coordinator of rsdts with weight loand date care plan was initiated.	isk e itor MDS	
F 281 SS=D	PROFESSIONAL ST. (b)(3) Comprehensive The services provide as outlined by the comust- (i) Meet professional	CICES PROVIDED MEET ANDARDS THE Care Plans THE Care of the facility, and the many contents of the facility, and the facility, and the facility of the facility of the facility, and the facility of th	F2	281	QAPI team will review monthly for three months. Completed by 03/31/2017		3/31/17

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F 281	facility failed to provide medication as ordered 21 residents (Resider received a medication resident by the nursing The findings included Resident #158 was at the hospital on 2/23/1 cumulative diagnoses dementia. Resident #158 's addred (MDS) assessment with the review. A review of Resident revealed her admission following, in part: 5 moxycodone/acetaming medication used for provided given as one tablet by needed for pain. Oxycontrolled substance A review of the Control Record (also known a resident (Resident #35/325 mg hydrocodor combination opioid more management) labeled was withdrawn from the borrowed for Resident PM by Nurse #5. The Utilization Record is a service of the control of the control opioid more serviced for Resident PM by Nurse #5. The Utilization Record is a serviced and the provided for Resident PM by Nurse #5. The Utilization Record is a serviced and the provided for Resident PM by Rurse #5. The Utilization Record is a serviced and the provided for Resident PM by Rurse #5. The Utilization Record is a serviced and the provided for Resident PM by Rurse #5. The Utilization Record is a serviced and the provided for Resident PM by Rurse #5. The Utilization Record is a serviced and the provided for Resident PM by Rurse #5. The Utilization Record is a serviced and the provided for Resident PM by Rurse #5. The Utilization Record is a serviced and the provided for Resident PM by Rurse #5. The Utilization Record is a serviced and the provided for Resident PM by Rurse #5.	ews and staff interviews, the e the correct narcotic pain d by the physician for 1 of int #158) reviewed who in borrowed from another g staff. : dmitted to the facility from 7. The resident 's included chronic pain and inission Minimum Data Set as not yet due at the time of #158 's Physician Orders on medications included the inilligram (mg)/325 mg ophen (a combination opioid ain management) to be y mouth every 4 hours as recodone/acetaminophen is a medication. olled Medication Utilization as a narcotic log) for another g) revealed one tablet of ine/acetaminophen (a edication used for pain if for use by Resident #39 the medication cart and it #158 on 2/23/17 at 8:00 the Controlled Medication in declining inventory record	F:	281	F-281 Corrective action(s) taken for rsdt#158 1. Rsdt #158's MD was notified of made aware of the improper medication on 3/3/17. No new orders were not by the MD 2. The nurse involved in Rsdt #158 improper medication administration was reeducated by the ADON on medication administration that included the 5 rights of medication administration and in borrowing medications from one rs for another rsdt by the ADON on 3/3/17. *Corrective action(s) taken for residents having potential to be affected by the same practice. 1. A 100% audit was completed by DON and the ADON on 3/3/17 on	3's n oot sdt	
	A review of the Contro Record (also known a resident (Resident #3 5/325 mg hydrocodor combination opioid m management) labeled was withdrawn from t borrowed for Residen PM by Nurse #5. The Utilization Record is a	olled Medication Utilization as a narcotic log) for another 9) revealed one tablet of ne/acetaminophen (a edication used for pain If for use by Resident #39 the medication cart and t #158 on 2/23/17 at 8:00 e Controlled Medication			residents having potential to be affected by the same practice. 1. A 100% audit was completed by	the the	

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				440 INGRAM ROAD EXT BOX 1750	
VILLAGE CARE OF KING			KING, NC 27021		
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F 281	Continued From page	9	F 28	1	
	stored on the medical	tion cart for a resident.		have	
		inophen is a controlled		scheduled and PRN narcotics	s to
	•	. Nurse #5 's signature on			
		dentified by the facility 's		determine medication availab	lity for
	A review of Resident	,		those medications were availa	able for
	Administration Record			for each individual rsdt identif	ied.
	her medical record to			2. Med pass observations we	re
	resident. No order was received to give hydrocodone/APAP to Resident #158.			completed	
				on all nurses by the DON, AD	ON, or
		mpted on 3/3/17 at 10:27		unit manager. All med pass	
		 The resident was verbal r questions appropriately. 		observations were completed by 3/30/17.	
	AM with Nurse #1. N			***************************************	
	of Resident #158 's n	Jnit Manager. Upon review nedical record, Nurse #1		*Corrective measures or syste	
	would have been writ	admission medications ten based on the hospital		changes made to ensure that	
	Resident #158 the nig	ophen was ordered for ght of 2/23/17. Nurse #1		deficient practice will not occu	ır.
		n 's order was received to		Mandatory in-servicing was	s
	administer hydrocodo	ne/acetaminophen to		provided to	
	Resident #158.			to all nurses on the facility's	
				General Dose Preparation an	d
		ducted on 3/3/17 at 11:35			
	_	DON and Nurse #1 in		Medication Administration pol	icy that
		pancy in the narcotic pain			
		ersus the medication given		included: the appropriate app	lication
		review of Resident #39 's		of	
		utilization Record was uiry, the DON stated the		the policy's medication admin	istation
	medication administe	red to Resident #158 should		guidelines, the 6 rights of med	dication

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	ROVIDER OR SUPPLIER CARE OF KING		4	STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE			
F 281	have matched the me confirmed the medica Resident #158 was n ordered for her. A telephone interview 1:25 PM with Nurse # admitting Resident #' but did not recall whe experiencing pain that was asked about born hydrocodone/acetam Resident #158 (instead oxycodone/acetaming she did not specifical)	edication ordered. The DON ation reported as given to ot the same medication was conducted on 3/3/17 5. Nurse #5 recalled 158 to the facility on 2/23/17, ther or not the resident was at evening. When the nurse rowing another resident 's inophen and giving it to	F 281	administration, and a DVD and potest on medication administration techniques. In-servicing was provided by the Dand ADON. In-services were completed by 3/30/17. 2. Facility emergeny narcotic kit we expanded to include increased quantities and more medications to Omnicare Pharmacy on 3/3/17. 3. Mandatory in-servicing was provided to all nurses on the facility's Emerge Medication Supply policy that provided in Supply policy that provided in sevent that a radt's ordered narcotic were unavailable that outlines the steps to take in the event a ordered medication was unavailable. The DON and ADON provided in-servicing the steps in the servicing to	oon ras by rided in			

Facility ID: 923523

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/03/2017
	ROVIDER OR SUPPLIER CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION
F 281	Continued From page	e 11	F 28	were completed by 3/30/17. 4. An audit tool was created by DON to monitor the availability of nar for rsdts identified to have order for controlled medications, and monitor for compliance with facility policinot borrow medication from one rsd admin to another rsdt. 5. Mandatory in-servicing was provided to all nurses on the facility policy of Interim/Stat/Emergency Deliver that specifies that medication cannot borrowed from one rsdt for administration of the medication for another rs all nurses by the DON and ADO In-servicing was completed by 3/30/17. * Indicate how the facility will megerformance.	cotics rs to ry to It to Receipt ies t be dt for DN.

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED
		345381	B. WING		03/03/2017
NAME OF P	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.00.2011
VILLAGE	CARE OF KING			440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 281	Continued From page	e 12	F 28	The DON will be responsible for compliance which is achieved by the DON, ADON, or alternate designee by the monitoring of medication administration accuracy as outlined by facility policy that includes the rights of medication administration by auditing/completing med pass observations two times a week for four weeks and then one time a week for eight weeks. Audits will include two nurses on 1rst shift, two nurses on 2nd shift, and one nurse on 3rd shift the DON, ADON, or alternate designee will monitor for narcotic availability for all rsdts with current orders for narcotics and to ensure that the facility policy of the Receipt of Interim/State Emergency Deliveries guideline the outlined that medication cannot be	solution of the second of the

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING			03/	03/2017
	ROVIDER OR SUPPLIER			44	TREET ADDRESS, CITY, STATE, ZIP CODE 40 INGRAM ROAD EXT BOX 1750 ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 329 SS=E	FROM UNNECESSA 483.45(d) Unnecessa Each resident's drug unnecessary drugs. A drug when used (1) In excessive dose therapy); or (2) For excessive dura (3) Without adequate (4) Without adequate (5) In the presence of which indicate the dos discontinued; or (6) Any combinations	RUG REGIMEN IS FREE RY DRUGS ry Drugs-General. regimen must be free from An unnecessary drug is any (including duplicate drug		329	borrowed from rsdt to administer to another rsdt to ensure that practice is/has not occurred by auditing two times a week for four weeks a one time a week for eight weeks. QAPI will review monthly for three months.	e nd	3/31/17

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03/0	03/2017
	ROVIDER OR SUPPLIER			44	TREET ADDRESS, CITY, STATE, ZIP CODE 80 INGRAM ROAD EXT BOX 1750 ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 329	resident, the facility medication is necessary condition as diagnose clinical record; (2) Residents who us gradual dose reduction interventions, unless an effort to discontinual this REQUIREMENT by: Based on record revision revision order for #45) reviewed receiving medication on an assist to provide an antianxic correct frequency as order for 1 of 5 reside for unnecessary med The findings included 1) Resident #45 re-efrom the hospital. The diagnoses included an A review of Resident Data Set (MDS) date resident had intact condecision making. She	consideration and a controlled substance and staff and pharmacy: 1) Failed to provide an in the dose specified by a controlled substance and cont	F	329	F-329 *Corrective action(s) taken for rsdt #45 and rsdt #33 1. Rsdt # 45's MD was contacted a made aware of the medication rsd had been receiving on 3/3/17. New orders noted by the MD to d/c the current medication order and order was gato change the dosage of the medication of the medication from scheduled to PRM 2. Rsdt # 33's MD was contacted and	and t v ave ion e	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03/	03/2017
NAME OF PR	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
				4	40 INGRAM ROAD EXT BOX 1750		
VILLAGE	CARE OF KING			K	KING, NC 27021		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI: TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 329	Continued From page	s 15		329			
. 020			, ,	323			
	(ADLs). Section N of the MDS indicated the resident received an antianxiety medication on 2				made aware of the extra medication	n .	
	out of 7 days during the	<u> </u>			made aware of the extra medication	711	
	out of T days during the	le look back period.			administration dose on 3/3/17. MI)	
	A review of Resident	#45 ' s current Physician			administration dosc on 5/5/17. WE	,	
		nedications included the			gave order to d/c the duplicate		
		milligram (mg) lorazepam			medication		
		5 mg) by mouth twice daily			order.		
	as needed for increas	sed anxiety (initiated					
	2/18/16). Lorazepam	is a controlled substance			3. The nurses involved in Rsdt #45	5	
	medication used to tre	eat anxiety.					
					and rsdt #33's improper medicatio	n	
	A review of Resident						
		Record (also known as a			administration were in-serviced on	the	
		a record for 0.5 mg of			facilitate Comment Dana Dana anation		
	pharmacy on 12/11/10	olets dispensed from the			facility's General Dose Preparation	1	
	Medication Utilization				and Medication Administration policy the	nat	
	inventory record of inc	-			Wedication Administration policy ti	iat	
	•	ns stored on the medication			included: the appropriate application	on	
	cart for a resident. Th	ne declining inventory record			of		
	showed one dose of t	•			the policy's medication administati	on	
	tablets remained on the	ne medication cart.					
					guidelines, the 6 rights of medicati	on	
		ducted on 3/1/17 at 4:00 PM					
		e #4 was the hall nurse			administration, and a DVD and pos	st	
	assigned to the medic	_			test		
		lent #45. When asked, the			on medication administration		
	nurse pulled the contr	lent #45 from the medication			techniques. In-servicing was provided by the D	ON	
		abeling on the bubble pack			III-servicing was provided by the L	ON	
		medication cards were			and ADON. In-services were		
	reviewed and compar				completed		
	-	Medication Administration			by 3/30/17.		
	Record (MAR). Upon						
		f lorazepam ordered and					
	listed on Resident #4				*Corrective action(s) taken for		
	lorazepam to be giver	n as ½ tablet for a 0.25 mg					
	dose) was different from	om the dose dispensed by			residents having potential to be		

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	ITATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X8) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X8) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONS		(X3) DATE SURVEY COMPLETED			
		345381	B. WING		03/03/2017	
	ROVIDER OR SUPPLIER	'	'	STREET ADDRESS, CITY, STATE, ZIP CODE 140 INGRAM ROAD EXT BOX 1750 KING, NC 27021	1 00/00/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY 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 COMPLETION	
F 329	The pharmacy labeli medication card for the included instructions by mouth twice daily 1 of the 30 tablets of dispensed for Residuremained in the buble had been used. The bubble pack was a vertablet). During the irronly ½ of a lorazepathe resident at one to would have been not Controlled Medication procedure required to review, there were noted that the Controlled Medication procedure required to the Controlled Medication procedure required to the Controlled Medication procedure required to the Controlled Medication for the Controlled Medication for the Unit Manager. Undiscrepancies between the DON and Unit Manager was a converted to the DON and Unit Manager. Undiscrepancies had been noted orders and pharmace which is lorazepam. The contacted the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorders for the lorazepar included the physicinform him of the discorder f	Interview, Nurse #4 reported if m tablet had been given to the one-half tablet as "wasted" on the on Utilization Record. This wo nurses' signatures. Upon o notations of ½ doses either or Resident #45 or "wasted" on tablet #45 or "wasted" on the on Utilization Record. Inducted on 3/1/17 at 4:30 PM rector of Nursing (DON) and assumed responsibility as Upon review of the en the physician orders for izepam and dose/instructions received from the pharmacy, anager expressed the between the physician of 3/2/17 at ON in regards to the between the physician of 3/1/17 to crepancies and received new pam. When asked, the DON when asked, the DON when asked, the DON with tablet the policy of the pharmacy of the pharmacy, anager expressed the physician of 3/1/17 at the physician of 3/1/17 at or pharmacy of the pharmacy, anager expressed the physician of 3/1/17 at the pharmacy of the pharmacy, anager expressed the physician of 3/1/17 at ON in regards to the pharmacy of 3/1/17 at ON in regards to the physician of 3/1/17 to crepancies and received new pam. When asked, the DON	F 329	affected by the same practice. 1. A 100% percent audit of rsdts orders was completed by the DON on 3/20/17 for accuracy. 2. Med pass observations were completed on all nurses by the DON, ADON unit manager. All med pass observations were completed by 3/30/17. *Corrective measures or systemic changes made to ensure that the deficient practice will not occur. 1. Mandatory in-servicing was provided to to all nurses on the facility's General Dose Preparation and Medication Administration policy included: the appropriate application the policy's medication administate guidelines, the 6 rights of medical	that tion tion tion	
		pam. When asked, the DON		administration, and a DVD and po		

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G		TE SURVEY MPLETED	
		345381	B. WING			3/03/2017	
	ROVIDER OR SUPPLIER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		•	1 33.00.2011	
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 329	correct dose and lab instructions. She ac apparently received instead of the 0.25 m physician. A telephone interview 10:14 AM with the codispensing pharmac. The dispensing phar lorazepam tablets (3 12/11/16 for Resider one tablet by mouth anxiety. When asked of the original order indicated she was ur at that time. The phacontracted pharmacy facility on 12/1/16, m difficult to retrieve. Upharmacist reported written for 1/2 tablet, pre-package 1/2 tablet, pre-package 1/2 tablet asked if she would e (including the instruction physician 's order all pharmacist stated, "C 2) Resident #33 referom the hospital. The diagnoses included a A review of Resident	the by the pharmacy to be the eled with the correct knowledged the resident had 0.5 mg doses of lorazepaming doses ordered by the was conducted on 3/2/17 at contracted pharmacy 's ist. Imacist verified 0.5 mg 0 count) were dispensed on at #45 with instructions to give twice daily as needed for ed if she could pull up a copy for review, the pharmacist hable to find the original copy armacist noted the y just began servicing the taking some records more Upon inquiry, the dispensing that if a physician order was the pharmacy would lets for lorazepam. When expect the pharmacy labeling ctions) to correlate with the md MAR at the facility, the Oh yeah, definitely." The entered the facility on 12/9/16 he resident 's cumulative anxiety.	F 32	,	ted by the ication ible for eved by nate ication as outlined ides the 5 inistration ed pass week for		
	resident had modera for daily decision ma supervision for eating	ed 1/9/17 revealed the stely impaired cognitive skills king. She required g and locomotion on/off the ce from staff for bed mobility;		for eight weeks. Audits weeks two nurses on 1rst shift, ton			

Facility ID: 923523

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED				
		345381	B. WING		03/03/2017	
	ROVIDER OR SUPPLIER CARE OF KING		STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		1 03.00,2011	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION	
F 329	and extensive assis Activities of Daily Li MDS indicated the antianxiety medicat the look back period A review of Resider Orders conducted of medication list inclumilligrams (mg) bus by mouth twice dail administration at 8: on 12/14/16); and, 1 tablet by mouth twice scheduled for admi PM (initiated 3/2/17 medication. An interview was cowith Nurse #1. Nur as the Unit Manage two orders for Resident Hand and already prescribed confirmed the active different scheduled two doses of the mach day. An interview was cowith Nurse #3. Nur assigned to care for Upon inquiry regard Resident #33 's but the duplicate order.	otance for all of her other ving (ADLs). Section N of the resident received an ion on 7 out of 7 days during	F 329	2nd shift, and one nurse on 3rd QAPI will review monthly for th months. for three months.		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING			03/	03/2017
	ROVIDER OR SUPPLIER		•	44	TREET ADDRESS, CITY, STATE, ZIP CODE 10 INGRAM ROAD EXT BOX 1750 ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 332 SS=D	morning of 3/3/17; the recorded as "No" to in However, further review revealed buspirone we (at 8:00 AM, 4:00 PM asked if the nurse had noticing the duplicate not. A follow-up interview 2:15 PM with Nurse # doses of buspirone had 3/2/17. When asked would have continued without being question know. Nurse #1 report physician to let him ke already on buspirone decide what medicating appropriate for the result of the result of the result of the properties of the result of the properties of the pr	of buspirone were given the e 2nd 8:00 AM dose was indicate it was not given. Ew of the resident 's MAR as given 3 times on 3/2/17, and 8:00 PM). When it told anybody about order, she stated she had was conducted on 3/3/17 at et 1. Nurse #1 confirmed 3 and been to Resident #33 on how long the duplicate order it to be an active order ned, he stated he didn't writed he would contact the now the resident was twice daily so he could on regimen would be most sident at this time. ducted on 3/3/17 at 2:50 PM ector of Nursing (DON). In a review of Resident #33 's MAR was completed. In stated she would expect of the charge nurse of a order so it could be taken so reported the nurse order could have clarified.		3329			3/31/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345381	B. WING		03/	03/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 332	greater; This REQUIREMEN by: Based on observat interviews, the facili error rate less than medication errors or resulting in a medic of 3 residents (Resimedication pass. The findings include 1) On 3/1/17 at 11: observed as she promedications to Resimedications to Resimedications include prednisone given as Prednisone is a confor inflammation, su system, and/or treat (related to hormone According to Lexi-Con-line drug informations of prednisone a meal or with food gastrointestinal ups A review of Resider physician 's medicator order for 20 mg predicts tablet by mouth one was scheduled for a 8:00 AM.	Trates are not 5 percent or IT is not met as evidenced ions, record review, and staff ty failed to have a medication 5% as evidenced by 3 ut of 34 opportunities, ation error rate of 8.8%, for 1 dent #68) observed during ed: 10 AM, Nurse #6 was epared and administered dent #68. The administered ded 20 milligrams (mg) s one tablet by mouth. ticosteroid medication used ppression of the immune tment of endocrine disorders exerctions). comp, a comprehensive ation resource, oral dosage existency and staffer or milk to minimize the risk of et. at #68's March 2017 ation orders included a current dnisone to be given as 1 extime a day. The prednisone administration once daily at	F 3:	F-332 *Corrective action(s) to restit #68 1. Rsdt #68's MD was contour made aware of the time the medications were administered. MD was aware of the administration in place of the ordered Sennew orders were noted by MD. 2. The nurse involved in the medication administration of rsdt #68 were provided counseling and re-inservicing the facility medication administration administr	acted and e as made a of Senna ana D. No e vas ng on inistration ON.	
		onducted on 3/1/17 at 11:15 68. Upon inquiry, the resident		1. A 100% percent audit of orders	rsdts	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345381	B. WING	·····	0:	3/03/2017	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	•		
\/!!! AOF	CARE OF KING			440 INGRAM ROAD EXT BOX 1750			
VILLAGE	CARE OF KING			KING, NC 27021			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 332	Continued From pag	e 21	F 33	32			
	reported he ate his b	reakfast around 8:00 AM.		was completed by the I	DON on		
	He stated he did not	eat a morning snack. A		3/20/17			
	Data Set (MDS) asse	68 's most recent Minimum essment (dated 12/22/16)		for the appropriate sche	eduling of		
	revealed the resident daily decision making	t had intact cognitive skills for g.		medications.			
				2. A new medication pa	ass schedule		
		nducted on 3/1/17 at 11:50		was			
AM with Nurse #6. When asked about the timing of the prednisone given at 11:10 AM (but scheduled for 8:00 AM administration), the nurse				implemented by the DC	ON and ADON		
			on				
		IM administration), the nurse inning a little bit later than		3/20/17.			
	usual" for the hall 's	•		3 Mod pass observation	ne woro		
	usuai ioi tile iiaii s	medication pass.		3. Med pass observation completed	nis weie		
		nducted on 3/1/17 at 1:10 PM		on all nurses by the DC	ON, ADON, or		
		rector of Nursing (DON). the DON was asked what		unit manager. All med	nace		
	_	re in regards to Resident #68		observations	pass		
		given 3 hours after his meal		were completed by 3/30	0/17		
	and scheduled admir	nistration time. The DON no reason that should have		Were completed by ele	o,		
	happened."	no reason that should have		*Corrective measures of	or systemic		
		nducted on 3/1/17 at 1:23 PM edical Doctor (MD). During		changes made to ensu	re that the		
	the interview, the ME concerns regarding F	O stated he was aware of the Resident #68 's medications stered at 11:00 AM instead of		deficient practice will no	ot occur.		
		g. He acknowledged the		1. Mandatory in-servici	na was		
		ed that of the medications		provided			
	-	uld be most concerned		to all nurses on the faci	ility's		
	regarding the delay i			General Dose Prepartion			
	administration.			Medication Administrati	ion nolicy that		
	An interview was cor	nducted on 3/2/17 at 10:41		Wicaldulon Administrati	ion policy triat		
	AM with the facility '	s consultant pharmacist.		included: the appropria	te application		
		nsultant pharmacist reported		of			
		ne of Resident #68 ' s rtainly outside of the window		the policy's medication	administation		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345381	B. WING		0;	3/03/2017	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	•		
				440 INGRAM ROAD EXT BOX 1750			
VILLAGE	CARE OF KING			KING, NC 27021			
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 332	Continued From pag	e 22	F 33	2			
		." The pharmacist confirmed e given with a meal or with		guidelines, the 6 rights	of medication		
	food due to the poter	ntial for adverse effects. He		administration, and a D	VD and post		
	should be given at 1	1:00 AM without food.		on medication administ techniques.	ration		
	2) On 3/1/17 at 11:1 observed as she pre	0 AM, Nurse #6 was pared and administered		In-servicing was provid	ed by the DON		
		ent #68. The administered		and ADON. In-services	s were		
		two - 10 milliequivalent		completed			
	(mEq) potassium chloride extended release (ER) capsules given by mouth (total dose of 20 mEq). Potassium chloride is a medication used to			by 3/30/17.			
		evels of potassium in the		* Indicate how the facili	ty will monitor		
	According to Lexi-Co	mp, a comprehensive		performance.			
	on-line drug informat	ion resource, oral dosage hloride should be taken with		The DON will be respon	nsible for		
	meals to minimize the irritation.	e risk of gastrointestinal		compliance which is ac	hieved by		
				the DON, ADON, or alt	ernate		
	A review of Resident			designee			
	order for 20 mEq pot	ion orders included a current assium chloride ER to be		by the monitoring of me			
	potassium chloride wadministration once of			administration accuracy by facility policy that inc			
	administration once t	daily at 0.00 Aivi.		by facility policy that life	Judes tile 5		
		iducted on 3/1/17 at 11:15 8. Upon inquiry, the resident		rights of medication ad	ministration		
	reported he ate his b	reakfast around 8:00 AM. eat a morning snack. A		by auditing/completing	med pass		
	Data Set (MDS) asse	68 's most recent Minimum essment (dated 12/22/16)		observations two times	a week for		
	revealed the resident daily decision making	had intact cognitive skills for g.		four weeks and then or	ie time a week		
	An interview was cor	ducted on 3/1/17 at 11:50		for eight weeks. Audits	will include		

Facility ID: 923523

PRINTED: 04/17/2017 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03/03/2017	
	ROVIDER OR SUPPLIER CARE OF KING		STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIAT	DATE	
F 332	AM with Nurse #6. Voof the potassium chloscheduled for 8:00 A reported she was "ru usual" for the hall 's An interview was corwith the facility 's Din During the interview, her expectations were 's potassium chloridatis meal and schedud DON reported there have happened." An interview was corwall Amount of the administration tine potassium chloride with window we would enconfirmed potassium with a meal or with factorism of the something that simultaneous without food. 3) On 3/1/17 at 11:10 observed as she premedications to Residential the medication cart. The administered the medication orders in the solution of the sidential that the medication orders in the solution of the	When asked about the timing pride given at 11:10 AM (but M administration), the nurse inning a little bit later than medication pass. Inducted on 3/1/17 at 1:10 PM rector of Nursing (DON). The DON was asked what re in regards to Resident #68 to being given 3 hours after led administration time. The was "no reason that should and the ducted on 3/2/17 at 10:41 to consultant pharmacist reported the of Resident #68 is vas, "certainly outside of the courage." The pharmacist is chloride should be given and due to the potential for stated this medication was should be given at 11:00 AM O AM, Nurse #6 was pared and administered lent #68. The medications tion included 2 - 8.6 milligram posides (a stimulant laxative) of the stored on the enurse was observed as she dication to Resident #68.	F3	two nurses on 1rst shon 2nd shift, and one nu QAPI will review mon months. for three months.	rse on 3rd shif		

Facility ID: 923523

	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		345381	B. WING			03/	03/2017	
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			440 I		RESS, CITY, STATE, ZIP CODE ROAD EXT BOX 1750 7021			
(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 BI OSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 425 SS=E	softener) to be given every 12 hours for co An interview was con AM with Nurse #6. Ureviewed Resident #6 Administration Record manufacturer's label tablets given to the reconfirmed the medicate docusate as ordered. An interview was conwith the facility's Directory During the interview, expect the nurse to go as ordered. 483.45(a)(b)(1) PHAFACCURATE PROCEI (a) Procedures. A fact pharmaceutical service that assure the accurate dispensing, and administration biologicals) to meet the pharmacist who (1) Provides consultate provision of pharmacy This REQUIREMENT by: Based on observation	as two tablets by mouth instipation. ducted on 3/1/17 at 11:50 pon request, the nurse is 8 's March 2017 Medication in defended (MAR) and the ling on the stock bottle of the esident. The nurse into given was not the information on including sennosides and and indicated by the MAR. ducted on 3/1/17 at 1:10 PM elector of Nursing (DON), the DON reported she would give the correct medication RMACEUTICAL SVC -DURES, RPH cility must provide the ces (including procedures ate acquiring, receiving, instering of all drugs and the needs of each resident.		125	F-425	*Corrective actions taken for t	he	3/31/17

	N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/03/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.00.2011
VILLAGE	CARE OF KING			440 INGRAM ROAD EXT BOX 1750	
VILLAGE	OAKE OF KING			KING, NC 27021	
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 425	Continued From page	e 25	F 425	5	
		fective procedures for the nedications to meet the		identified rsdts	
	needs of each resider	nt and ensure that controlled ns belonging to one resident		1. Audits were completed for the	
		for administration to another Is (100 Hall, 300 Hall, and		rsdts who were identified to have	
	400 Hall).	•		their individual supply of narcotics	5
	The findings included	:		borrowed from to administer to	
	A review of the facility's Policy entitled, "New Orders for Schedule II (2) Controlled			other rsdts. Rsdts #: 88, 90, 119, 108, 18, 39, 25, 53,	14.
	Substances," dated 12/1/07 (with revisions made			48,122,	·
		d 1/1/13) read, in part:		109, 45, 50, 156, 106, 160, 46, 16	6,
	Procedure: 1. "New orders for So	phodulo II controlled		and	of
	substances require a			51 to establish current availablity	OI
		ispensing, unless there is an a (as defined below). Where		the above identified rsdts individu	ıal
	1	cable Law, Facility staff may		supply of narcotics for need by th	e
		riptions for long term care		DON,	
	medication is used fo morphine drop)	Il residents, or where the r direct infusion (e.g.,		ADON, and Unit Manager on 3/2/	17.
	2. Physicians/Prescri	ibers should provide authorization for Schedule		2. Audits were completed for the	rsdts
	II controlled substanc "Emergency Situation	". An "Emergency		who received narcotics from anot	her
	Situation" is one in whe practitioner determined			rsdt. Rsdts #: 53, 88, 18, 72, 37, 158,	, 81,
		dministration of the I substance is necessary for		157, 90, 149, 8, 109, 14, 29, 122, 156,	42,
	proper treatment of thand,	ne intended ultimate user;		41, 30, 159, 79, and 9 to establish	h
		appropriate alternative		current availablity of the above	
		ncluding administration of a		identified	_
		a Schedule II controlled		rsdts individual supply of narcotic	s for
	substance; and, 2.3 It is not reas	onable for		any need by the DON, ADON, an	d

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/	03/03/2017	
NAME OF P	ROVIDER OR SUPPLIER	1	I	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	00.20
				44	40 INGRAM ROAD EXT BOX 1750		
VILLAGE	CARE OF KING				ING, NC 27021		
(X4) ID	SLIMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 425	Continued From pag	ue 26	, F	425			
	Physician/Prescriber			120	Unit		
		esented to the person			Manager on 3/2/17.		
	1	dule II controlled substance			Wanager on 5/2/17.		
	prior to the dispensir				3. All nurses were immediately		
		y Schedule II controlled			in-serviced		
	substance order, the				facility policy of not borrowing		
	Physician/Prescriber				medication		
	provide the follo	wing information to a			from one rsdt to administer to ano	ther	
	licensed pharmacist	,					
		ubstance is needed before			rsdt by the DON and ADON on 3/2	2/17.	
		ake arrangements for a					
		ity must fax a request to			4 5 11 11 00 00 440 400 40	00	
	remove a controlled				4. Rsdts #: 88, 90, 119, 108, 18,	39,	
		oply to the pharmacy days of requesting an			25, 53, 14, 48, 122, 109, 45, 50, 156, 106	16	
		scription, or sooner if required			14, 46, 122, 109, 43, 30, 130, 100	, 40,	
	by Applicable Law, the				51 were reimbursed by the facility	for	
		should deliver to Pharmacy					
	•	scription for the prescribed			each indiviual dose of medication	that	
		Prescriber should fax (where					
	permitted under App	licable Law), mail, or hand			had been borrowed from each of t	he	
	deliver the prescription	on to Pharmacy"			above		
					identified rsdts by using the list of	rsdt	
		ty's Policy entitled, "New					
		III-V (3-5) Controlled			names provided by the surveyor		
		12/1/07 (with revisions made			during		
		d 1/1/13) read, in part:			the recent survey to resupply the		
	Procedure:	III-V controlled substance			correct individual rsdts and amour	nte	
		ne facility must provide to the			Correct individual 13dts and amoun	11.5	
	pharmacy:	io identify made provide to the			by Omnicare pharmacy. The facil	itv	
	1 -	escription signed by a				,	
	practitioner, or,	. 5			was billed for each of the medicati	ons	
	1.2 A fax of a w	ritten, signed prescription					
		ractitioner or the practitioner '			replaced for each individual rsdt th	nat	
	s agent to the pharm						
		scription communicated by			had been identified to have narcot	ics	
	-	e practitioner 's agent to the					
	pharmacist.				borrowed from them. The		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			0;	3/03/2017
NAME OF P	ROVIDER OR SUPPLIER	1		S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>, , , , , , , , , , , , , , , , , , , </u>	0.00.201.
				44	40 INGRAM ROAD EXT BOX 1750		
VILLAGE	CARE OF KING				ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 425	Continued From pag	ge 27	F4	425			
	1	ontrolled substance orders			replacements		
		cated to Pharmacy as follows:			were provided on 3/7/17.		
		ould ensure that written			were provided on orritr.		
		re legible when faxed to the			* Corrective actions taken for		
	,	cation is needed before the			residents having potential to be		
		very, Facility staff should			affected		
		me by which the medication is			by the same practice.		
	needed.	2,			by the came practice.		
	2.3 If the contro	olled substance is needed			1. 100 % audit of all current rsdts	with	
	before the Pharmac	y can make arrangements for					
		cility must fax a request to			MD orders for scheduled or PRN		
	-	substance from Facility 's					
	Emergency Medicat	ion Supply to the pharmacy	individual supplies of narcotics were		ere		
	"						
					established to determine any nee	d by	
	1) A review of the 1	00 Hall Controlled Medication					
		(also known as narcotic logs)			the DON, ADON, and Unit		
	was conducted on 2				Manager on 3/2/17.		
		n Records are declining					
	-	individual controlled			Med pass observations were		
		ons stored on the medication			completed		
	instances during a to	This review identified 22 wo week period (from 2/15/17			on all nurses by the DON, ADON,	or	
		controlled substance			unit manager. All med pass		
	-	g to one resident on the 100			observations		
		or administration to another			were completed by 3/30/17.		
		wed medications included:					
		AM, one tablet of 0.25					
		azolam (an antianxiety			*Corrective measures or systemic	;	
	,	rowed from Resident #88 for					
		sident #53 by Nurse #7;			changes made to ensure that the		
		PM, one tablet of 0.25 mg			deficient access 1911		
		rowed from Resident #88 for			deficient practice will not occur.		
		sident #53 by Nurse #18;					
		AM, one tablet of 0.25 mg			4. Mandatan dia anglisha		
	·	rowed from Resident #90 for			Mandatory in-servicing was		
		sident #53 by Nurse #8;			provided to to all nurses on the facility's		
	On Z/19/1/ at 8:00	PM, one tablet of 7.5/325 mg			to all nurses on the facility \$		1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/03/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				440 INGRAM ROAD EXT BOX 1750	
VILLAGE	CARE OF KING			KING, NC 27021	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PRÉFIX TAG	,	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	
F 425	Continued From pag	ge 28	F 42	5	
	hydrocodone/acetar	ninophen (a combination		General Dose Preparation and	
	opioid pain medicati	on) was borrowed from			
	Resident #119 for a	dministration to Resident #88		Medication Administration policy	y that
	by an unidentified no				
		PM, one tablet of 0.5 mg		included: the appropriate applic	ation
	. `	nxiety medication) was		of	
		dent #108 for administration		the policy's medication administ	ation
	to Resident #18 by I	PM, one tablet of 7.5/325 mg		guidelines, the 6 rights of medic	eation
		ninophen was borrowed from		guidelines, the origins of medic	auon
	Resident #119 for administration to Resident #88			administration, and a DVD and	post
	by Nurse #13;			test	
		AM, one tablet of 0.25 mg		on medication administration	
	lorazepam was borrowed from Resident #18 for			techniques.	
	administration to Re	sident #72 by Nurse #7;		In-servicing was provided by the	e DON
		PM, one tablet of 0.5 mg			
	•	owed from Resident #108 for		and ADON. In-services were	
		sident #37 by Nurse #7;		completed	
		PM, one tablet of 0.5 mg		by 3/30/17.	
	,	owed from Resident #108 for		0.5.39	
		sident #81 by Nurse #7;		Facility emergeny narcotic kit	was
		00 PM, one tablet of 0.5 mg owed from Resident #108 for		expanded to include increased	
	•	sident #81 by Nurse #2;		expanded to include increased	
		PM, one tablet of 0.5 mg		quantities and more medication	s by
		owed from Resident #108 for			J
	•	sident #81 by Nurse #4;		Omnicare Pharmacy on 3/3/17.	
		PM, one tablet of 0.5 mg			
		owed from Resident #108 for			
	administration to Re	sident #37 by Nurse #4;		3. Mandatory in-servicing was	
		PM, one tablet of 0.5 mg		provided to	
		owed from Resident #108 for		all nurses on the facility's Emer	gency
		sident #81 by Nurse #4;			
		PM, one tablet of 0.5 mg		Medication Supply policy that p	rovided
	,	owed from Resident #108 for			
		sident #81 by Nurse #5;		guidelines on obtaining narcotic	s in
		PM, one tablet of 5/325 mg		the event that a radia and are d	
	•	ninophen was borrowed from ministration to Resident #158		the event that a rsdt's ordered narcotic	
	1.63105111 #33 101 du		1	Harbour	

Facility ID: 923523

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			0	3/03/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				4	40 INGRAM ROAD EXT BOX 1750		
VILLAGE	CARE OF KING			K	ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 405							
F 425	Continued From page	age 29	F4	425			
	by Nurse #5;				were unavailable that outlines the	Э	
		00 PM, one tablet of 0.5 mg					
		rrowed from Resident #108 for			steps to take in the event a order	red	
		Resident #37 by Nurse #5;				_	
		00 PM, one tablet of 1 mg			medication was unavailable. The	3	
		rrowed from Resident #108 for Resident #72 by Nurse #8;			DON and ADON provided in-servicing	that	
		00 PM, one tablet of 0.5 mg			and ADON provided in-servicing	uiai	
		rrowed from Resident #108 for			were completed by 3/30/17.		
		Resident #37 by an unidentified			mere completed by creen in		
	nurse;				4. An audit tool was created by the	he	
	On 2/25/17 at 11	:45 PM, one tablet of 5/325 mg			DON		
	hydrocodone/acetaminophen was borrowed from Resident #25 for administration to Resident #157				to monitor the availability of narc	otics	
	by Nurse #13;	diffillistration to Nesident #157			for rsdts identified to have orders		
	•	00 AM, one tablet of 5 mg			lor route identified to ridve ordere	•	
		oid pain medication) was			for controlled medications, and to)	
		sident #53 for administration to			monitor		
	Resident #90 by N	lurse #13.			for compliance with facility policy	to	
	On 2/26/17 at 8:0	00 AM, one tablet of 0.25 mg			not		
	lorazepam was bo	rrowed from Resident #18 for			borrow medication from one rsdt	to	
		Resident #37 by Nurse #7;			admin		
		00 AM, one tablet of 0.25 mg			to another rsdt.		
		prrowed from Resident #88 for					
	administration to F	Resident #81 by Nurse #8.			5. Mandatory in-servicing was		
	A = i=t== ::=	2024 retail on 2/20/47 at 2:00			provided to	:-4	
		conducted on 2/28/17 at 3:00			all nurses on the facility policy Ro	sceipt	
		y's Director of Nursing (DON). w, the DON reported the facility			Interim/Stat/Emergency Deliverie	20	
		one pharmacy to another on			that	,3	
		orted there were multiple			specifies that medication cannot	be	
		the pharmacy transition,			apromos marmonoguen samor		
		ware issues and the ordering			borrowed from one rsdt for		
	·	dications. The DON stated she			administration		
	•	itical system and receipt of			of the medication for another rsd	t for	
	medications had in	nproved over the past two					
		low-up interview was			all nurses by the DON and ADO	١.	
		3/17 at 4:30 PM with the DON.					
	At that time the D	ON reported she had not been			In-servicing was completed by		1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DAT COM			
		345381	B. WING			03/03/2017
VILLAGE CARE OF KING				STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFICE DEFICIENCY)		HOULD BE	(X5) COMPLETION DATE
F 425 Continued From page 30 made aware there was a concern with the availability of controlled substance medications for residents and did not realize controlled substance medications were being borrowed		F 42	3/30/17.			
	with the DON. During consented to provide nurses' signatures of Utilization Records. An interview was consisted with Nurse #8. Nurse borrowed a controlled one resident to anoth 2/28/17 on the 100 Finquiry was made in controlled substance residents ' needs an medications from on #8 stated that if the residents.	nducted on 3/1/17 at 8:30 AM g the interview, the DON e assistance in identifying in the Controlled Medication and acted on 3/1/17 at 1:55 PM e #8 was identified as having d substance medication from the action from the strength of the interview, regards to the availability of medications to meet the did the practice of borrowing e resident to another. Nurse		* Indicate how the facility was performance. The DON will be responsible compliance which is achieved the DON, ADON, or alternated designee by the monitoring of medical administration accuracy as by facility policy that include rights of medication administration administrat	le for red by ate ation outlined es the 5	
	substance from anot reported she had just facility 's procedures medications. An interview was conwith Nurse #7. Nurs borrowed a controlle one resident to anott 2/15/17 - 2/28/17 on interview, the nurse scontrolled substance another if someone with nurse stated she prohibited the borrow	her resident. The nurse t been in-serviced on the		by auditing/completing medonservations two times a weare four weeks and then one times for eight weeks. Audits will two nurses on 1rst shift, two on 2nd shift, and one nurse on the DON, ADON, or alternatesignee will monitor for narcotic available.	reek for me a week include o nurses n 3rd shift.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03	/03/2017
	ROVIDER OR SUPPLIER CARE OF KING			44	TREET ADDRESS, CITY, STATE, ZIP CODE 40 INGRAM ROAD EXT BOX 1750 ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		3E	(X5) COMPLETION DATE	
F 425	medications had bee year and noted it had worse in the last 3 m of the facility 's procesubstance medication facility 's backup phathad not utilized it. An interview was conwith Nurse #4. Nurse borrowed a controlled one resident to anoth 2/15/17 - 2/28/17 on interview, inquiry was availability of controllemet the residents 'borrowing medication another. Upon revien nurse identified her in nurse stated she work controlled substance resident to another if had a new admission coming from the phanurse stated she was and was no longer stand was no longer stated she was and get the medication reported she was instand get the medication reported the new "run" between 3:00-4 "sweep run" (when the would be delivered) it would be delivered.	an an issue for as long as a dinot become noticeably onths. Nurse #7 was aware edure to order a controlled in. When asked about the armacy, the nurse stated she inducted on 3/1/17 at 4:00 PM at #4 was identified as having inducted as disconsisted as the interior of a occasions from the 100 Hall. During the is made in regards to the fed substance medications to needs and the practice of ins from one resident to work of the narcotic logs, the initials on the forms. The full doccasionally borrow a medication from one is he received a new order or in without the medication remacy for that resident. The inserviced on this practice supposed to borrow controlled ins. Instead, the nurse structed to call the pharmacy on sent out from them or	F	125	for all rsdts with current orders for narcotics and to ensure that the facility policy of the Receipt of Interim/St Emergency Deliveries guideline the outlined that medication cannot be borrowed from rsdt to administer another rsdt to ensure that practic is/has not occurred by auditing two times a week for four weeks a one time a week for eight weeks. QAPI will review monthly for three months.	at/ hat is e to ce	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345381	B. WING _		,	3/03/2017	
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP C 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	· · · · · · · · · · · · · · · · · · ·			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 425	basis. However, he medications from the took "at least 2 hour responsible for putting orders into the compactor of the substance this process was type or so, he noted the leaverify these orders as see the medication of approved them. Nu verification of orders completed until 10:00 the hall nurse 's result having borrowed a completed until 10:00 the hall nurse 's result having borrowed a completed until 10:00 the hall nurse 's result having borrowed a complete of the availability of medication from one occasions from 2/15 During the interview to the availability of medications to meet the practice of borrower wiew of the narcott Nurse #13 identified acknowledged she to (including controlled resident to another in medication and neer reported the facility few months and the with medication availability of the nurse of the practice of the practice of the facility of the nurse of the facility of the nurse of the practice of the facility of the nurse of the facility of the fa	reported the receipt of e back up pharmacy typically s." Nurse #1 stated he was ng most of the pharmacy buter and faxing the scripts for es to the pharmacy. Although ically completed by 5:00 PM nall nurse was required to and the pharmacy wouldn't bridger until the nurse had rese #1 reported this may be delayed and not be 0 PM or later, depending on ident care duties. Inducted on 3/2/17 at 6:55 AM rese #13 was identified as controlled substance e resident to another on 4 //17 - 2/28/17 on the 100 Hall. I, inquiry was made in regards controlled substance the residents ' needs and wing medications. Upon c logs from the past 2 weeks,	F4	125			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345381	B. WING			3/03/2017	
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING				STREET ADDRESS, CITY, STATE, ZIP CO 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		1 00/00/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTII CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 425	pharmacy was respondered pharmacy, if needed an interview was completed with Nurse #2. Nurse borrowed a controlled resident to another of 2/28/17 on the 100 controlled substance of them were discuss reported, "The only is because she (the medication)." The nurse of the medication). The nurse of the medication of the medication of the medication of the medication of the medication. The nurse of the pharmacy so the deliver the medication of the pharmacy so the deliver the medication. A telephone interviee 9:47 AM with the conservice and Account reported she was were to identify several that the timely availability having the nurses of the medication refills was orders it was 5:00 P. The Manager reported the manager	nedication. She reported the consible to contact the back-up of the deliver the medication. Inducted on 3/2/17 at 1:30 PM are #2 was identified as having and substance from one on one occasion from 2/15/17 at Hall. When the availability of a medications and borrowing sed with the nurse, Nurse #2 reason why I would borrow it resident) didn't have it (the urse stated the situation just and the facility and a nurse of a medication from one hurse #2 reported she has notify the physician if a nedication and to try to call a backup pharmacy could be backup pharmacy could be backup pharmacy 's Customer at Manager. The Manager orking with the facility 's DON ings that could help improve by of medications, including the ecome proactive when doing antifying medications that are unning out). Upon inquiry, and the cut-off time for ordering its 3:00 PM and for new M Monday through Friday, eed medications were	F 4	25			
	medication refills wa orders it was 5:00 P The Manager report delivered nightly (lea 7:00 PM), with small	is 3:00 PM and for new M Monday through Friday.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	345381 B. WING		,	03/03/2017			
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CO 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 425	pharmacy did deliver delivery time; and, of after-hours protocol pharmacy as needed asked about the avisubstance medicati script was needed for the However, she state called in by the pressible script was needed for a resident needed substance medicati in, the pharmacy has emergency Drug Errule. The Account I authorize any borroor any medications. A telephone intervied 10:41 AM with the formacist. The pharmacist. The pharmacist. The pharmacist has medication is pharmacy was work out what the proble medications not be needed for a reside previously identified borrowing of medications in the medication is pharmacy was work out what the proble medications not be needed for a reside previously identified borrowing of medications in the procedures, he reprinquiry, he reported pharmacist during the pharmacy included orienting staff to the procedures. The ple point of contact to conta	Upon inquiry, she stated the er on Saturday at the regular on Sundays they utilized their with the use of a backup ed. When the Manager was ailability of controlled ons, she reported a hard for all controlled substances. If the prescription could be escriber if the facility needed a attrolled substance medication. If a Schedule II controlled on and the physician called it at the ability to enact the inforcement Agency (DEA) Manager stated, "We don't wing of controlled substances	F	125			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	(X3) DATE SURVEY COMPLETED
345381 B. WING	- 03/03/2017
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING STREET ADDRESS, CITY, ST. 440 INGRAM ROAD EXT BO KING, NC 27021	ATE, ZIP CODE
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFEREN	B PLAN OF CORRECTION (X5) CTIVE ACTION SHOULD BE COMPLETION NCED TO THE APPROPRIATE DEFICIENCY)
F 425 Continued From page 35 coordinate whatever needed to be done. An attempt was made to interview Nurse #18 by telephone on 3/3/17 at 8:57 AM. There was no answer so a message was left requesting a return call. Nurse #18 was identified as having borrowed a controlled substance medication from one resident to another on 1 occasion from 2/15/17 - 2/28/17 on the 100 Hall. Nurse #18 did not return the phone call. An interview was conducted on 3/3/17 at 11:45 AM with the facility 's DON. During the interview, the DON discussed how the facility prepared for the pharmacy transition made on 12/1/16 to ensure resident medications continued to be received on a timely basis as needed. The DON reported the facility received emails informing them of the pharmacy transition, they had a pharmacy representative meet with 8-9 nurses prior to the transition date on general pharmacy issues, and the facility was provided written materials (including the pharmacy policies and procedures) on the day of the change to the new pharmacy. When asked what role the consultant pharmacist had during this transition, the DON reported he did not have a visible role in the facility during the transition period to the new pharmacy. Upon inquiry, the DON stated that her expectation was for every resident to have their medication in the facility, as ordered by the physician. A telephone interview was conducted on 3/3/17 at 1:25 PM with Nurse #5. Nurse #5 was no longer employed by the facility. The nurse was identified as having borrowed a controlled substance medication from one resident to another on 3	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345381	B. WING			3/03/2017	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021				
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 425	to the availability of a medications to meet the practice of borrow resident to another. of controlled substar stated, "We have to #5 reported that whe available for a reside to another hall to find medication so she can who was out. 2) A review of the 30 Utilization Records (was conducted on 20 Medication Utilization inventory records of substance medication cart for a resident. To instances during a to 2/28/17) when a comedication belonging Hall was borrowed for resident. The borrowOn 2/15/17 at 1:30 milligrams (mg) hydrocombination opioid porrowed from Resident #149 by Nu-On 2/16/17 at 9:20 hydrocodone/acetam Resident #14 for adriby Nurse #10;On 2/16/17 at 6:00 hydrocodone/acetam Resident #14 for adriby Nurse #10;	inquiry was made in regards controlled substance the residents ' needs and wing medications from one. In regards to the borrowing ace medications, the nurse do that quite often." Nurse an a medication was not ent, she would sometimes go do the correct dose of a buld borrow it for the resident. O Hall Controlled Medication also known as narcotic logs) (28/17. Controlled in Records are declining individual controlled ins stored on the medication was stored on the medication of this review identified 29 wo week period (from 2/15/17 controlled substance go to one resident on the 300 or administration to another wed medications included: AM, one tablet of 5/325 occodone/acetaminophen (a main medication) was dent #14 for administration to	F 42	25			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345381	B. WING			03/	03/2017
	ROVIDER OR SUPPLIER		•	4	TREET ADDRESS, CITY, STATE, ZIP CODE 40 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 425	Resident #14 for admition by Nurse #15;On 2/17/17 at 10:00 alprazolam (an antiant borrowed from Resident #8 by NurseOn 2/18/17 at 8:00 / hydrocodone/acetamic Resident #14 for admition by Nurse #3;On 2/18/17 at 9:00 / lorazepam (an antiant borrowed from Resident #109 by NewOn 2/18/17 at 10:30 alprazolam was borrowed administration to Resident #14 for admition by Nurse #3;On 2/19/17 at 9:00 / hydrocodone/acetamic Resident #14 for admition by Nurse #3;On 2/19/17 at 9:00 / hydrocodone/acetamic Resident #14 for admition by Nurse #5;On 2/19/17 at 10:30 alprazolam was borrowed for administration to Resident #14 for admition by Nurse #5;On 2/19/17 at 10:30 alprazolam was borrowed for administration to Resident #14 for admition by Nurse #15;On 2/20/17 at 5:20 for hydrocodone/acetamic Resident #14 for admition by Nurse #15;On 2/20/17 at 5:20 for hydrocodone/acetamic Resident #14 for admition by Nurse #15;On 2/20/17 at 5:20 for hydrocodone/acetamic Resident #14 for admition by Nurse #15;On 2/20/17 at 5:20 for hydrocodone/acetamic Resident #14 for admition by Nurse #15;On 2/20/17 at 5:20 for hydrocodone/acetamic Resident #14 for admition by Nurse #15;On 2/20/17 at 5:20 for hydrocodone/acetamic Resident #14 for admition by Nurse #15;On 2/20/17 at 5:20 for hydrocodone/acetamic Resident #14 for admition by Nurse #15;On 2/20/17 at 5:20 for hydrocodone/acetamic Resident #14 for admition by Nurse #15;On 2/20/17 at 5:20 for hydrocodone/acetamic Resident #14 for admition by Nurse #15;	inophen was borrowed from inistration to Resident #149 PM, one tablet of 0.125 mg exiety medication) was ent #48 for administration to e #5; AM, one tablet of 5/325 mg inophen was borrowed from inistration to Resident #149 AM, one tablet of 0.5 mg exiety medication) was ent #122 for administration Nurse #3; PM, one tablet of 0.125 mg exwed from Resident #48 for ident #8 by Nurse #5; AM, one tablet of 0.5 mg exwed from Resident #122 for ident #109 by Nurse #3; AM, one tablet of 5/325 mg inophen was borrowed from inistration to Resident #149 PM, one tablet of 5/325 mg inophen was borrowed from inistration to Resident #149 PM, one tablet of 5/325 mg inophen was borrowed from inistration to Resident #149 PM, one tablet of 0.125 mg inophen was borrowed from inistration to Resident #149	F	425			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		' '	(X3) DATE SURVEY COMPLETED	
		345381	B. WING			03/	03/2017	
	ROVIDER OR SUPPLIER		•	4	TREET ADDRESS, CITY, STATE, ZIP CODE 40 INGRAM ROAD EXT BOX 1750 KING, NC 27021			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 425	lorazepam was borro administration to ResOn 2/20/17 at 8:00 lorazepam was borro administration to ResOn 2/20/17 at 10:00 hydrocodone/acetam Resident #14 for adm by Nurse #11;On 2/21/17 at 8:00 hydrocodone/acetam Resident #14 for adm by Nurse #3;On 2/21/17 at 9:00 horazepam was borro administration to ResOn 2/21/17 at 9:00 horazepam was borro administration to ResOn 2/22/17 at 9:00 horazepam was borro administration to ResOn 2/22/17 at 2:30 horazepam was borro administration to ResOn 2/22/17 at 9:00 horazepam was borro administration to ResOn 2/22/17 at 9:00 horazepam was borro administration to ResOn 2/23/17 at 6:00 horazepam was borro administration to Res unidentified nurse;On 2/23/17 at 6:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by NursOn 2/24/17 at 3:00 horazepam was borro administration to Resident #42 by Nurs	PM, one tablet of 0.5 mg wed from Resident #122 for ident #109 by Nurse #18; PM, one tablet of 0.5 mg wed from Resident #122 for ident #29 by Nurse #18; PM, one tablet of 5/325 mg inophen was borrowed from inistration to Resident #149 AM, two tablets of 5/325 mg inophen were borrowed from inistration to Resident #149 AM, one tablet of 0.5 mg wed from Resident #122 for ident #109 by Nurse #3; PM, one tablet of 0.5 mg wed from Resident #45 for ident #109 by Nurse #18; AM, one tablet of 0.5 mg wed from Resident #122 for ident #109 by Nurse #18; PM, one tablet of 0.5 mg wed from Resident #45 for ident #122 by Nurse #18; PM, one tablet of 0.5 mg wed from Resident #45 for ident #122 by Nurse #18; PM, one tablet of 0.5 mg wed from Resident #45 for ident #122 by Nurse #18; PM, one tablet of 0.5 mg wed from Resident #122 for ident #109 by an PM, two tablets of 5 mg pain medication) was ent #50 for administration to	F	425				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CO AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		PLE CONSTRUCTION (X3) DATE SURVEY COMPLETED				
		345381	B. WING		0	3/03/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(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 THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 425	administration to ResOn 2/25/17 at 8:00 lorazepam was borro administration to Res nurse;On 2/26/17 at 2:00 oxycodone were borro administration to Res unidentified nurse;On 2/27/17 at 9:00 oxycodone was borro administration to Res unidentified nurse;On 2/27/17 at 9:00 oxycodone was borro administration to Res An interview was cor PM with the facility 's During the interview, transitioned from one 12/1/16. She reporte challenges during the primarily from softwa procedures for medic felt the pharmaceution medications had imp weeks or so. A follow conducted on 2/28/1' At that time, the DON made aware there we availability of controll for residents and did substance medication from one resident to An interview was cor with the DON. Durin consented to provide	wed from Resident #122 for sident #109 by Nurse #5; AM, one tablet of 0.5 mg owed from Resident #122 for sident #29 by an unidentified AM, two tablets of 5 mg rowed from Resident #98 for sident #156 by an PM, one tablet of 5 mg owed from Resident #98 for sident #156 by Nurse #4. Inducted on 2/28/17 at 3:00 is Director of Nursing (DON). Ithe DON reported the facility is pharmacy to another on the difference were multiple in pharmacy transition, are issues and the ordering cations. The DON stated she was system and receipt of roved over the past two inversions. In past two inversions was a concern with the ed substance medications not realize controlled ins were being borrowed	F 42	25		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345381	B. WING			3/03/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		9.00.2011
(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 ACTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 425	with Nurse #11. Nur having borrowed a comedication from one occasions from 2/15/During the interview, borrowed a controlle one resident to anoth the medication he/sh the facility has had p when needed by the An interview was corwith Nurse #4. Nurse borrowed a controlle one resident to anoth 2/15/17 - 2/28/17 on interview, inquiry was availability of controlle meet the residents borrowing medication another. Upon revienurse identified her in nurse stated she work controlled substance resident to another if had a new admission coming from the phanurse stated she was and was no longer signal	aducted on 3/1/17 at 3:47 PM se #11 was identified as controlled substance resident to another on 2 1/17 - 2/28/17 on the 300 Hall. The nurse reported she disubstance medication from the rifical are sident did not have the needed. The nurse stated roblems getting medications residents. Inducted on 3/1/17 at 4:00 PM the #4 was identified as having disubstance medication from the 300 Hall. During the signal in regards to the field substance medications to needs and the practice of the from one resident to the work of the narcotic logs, the initials on the forms. The suld occasionally borrow a medication from one she received a new order or in without the medication remacy for that resident. The sin-serviced on this practice supposed to borrow controlled the instance of the pharmacy on sent out from them or cy.	F 4	25		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G		ATE SURVEY OMPLETED
		345381	B. WING			03/03/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 425	During the interview to the availability of medications to mee the practice of borror resident to another. confirmed her signal Nurse #10 stated shaware the practice on longer allowed. reported that if a resubstance medicati in the facility 's new medication, if availa stated she could calknow when she need with Nurse #1. Nur as the Unit Manage #1 reported the new "run" between 3:00-"sweep run" (when would be delivered) daily. He also noted a back-up pharmac basis. However, he medications from the took "at least 2 hour responsible for puttion orders into the com controlled substance this process was typor so, he noted the verify these orders as see the medication approved them. Not verification of orders.	ge 41 5/17 - 2/28/17 on the 300 Hall. In inquiry was made in regards controlled substance the residents' needs and owing medications from one Upon review, the nurse sture on the narcotic log. The has since been made of borrowing medications was the has since been made of borrowing medications was the has since been made of borrowing medications was At this point, the nurse sident was out of a controlled on, she was supposed to look or narcotic kit and sign out the able. Alternatively, Nurse #10 III the pharmacy to let them edded a medication delivered. Inducted on 3/1/17 at 4:35 PM as #1 assumed responsibility for. During the interview, Nurse or pharmacy typically made a pharmacy typically made a pharmacy had arranged at the bulk of the medications are between 3:00 and 6:00 AM and the pharmacy had arranged are reported the receipt of the back up pharmacy typically res." Nurse #1 stated he was fing most of the pharmacy puter and faxing the scripts for the stothe pharmacy. Although poically completed by 5:00 PM hall nurse was required to and the pharmacy wouldn't orders until the nurse had the phar	F 4:	25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345381	B. WING			03/	03/2017
	ROVIDER OR SUPPLIER CARE OF KING		1	4	TREET ADDRESS, CITY, STATE, ZIP CODE 40 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 425	9:47 AM with the con Service and Account reported she was wo to identify several thi the timely availability having the nurses be shift change and ider getting low (before ruthe Manager reported medication refills was orders it was 5:00 PM. The Manager reported delivered nightly (lea 7:00 PM), with smalled that leave the pharmary PM, and 1:00 AM. Upharmacy did deliver delivery time; and, or after-hours protocol with the pharmacy as needed asked about the avais substance medication script was needed for However, she stated called in by the preson Schedule III - V control of a resident needed substance medication, the pharmacy had emergency Drug Enfrule. The Account M authorize any borrow or any medications."	was conducted on 3/2/17 at attract pharmacy 's Customer Manager. The Manager rking with the facility 's DON ngs that could help improve of medications, including acome proactive when doing ntifying medications that are unning out). Upon inquiry, do the cut-off time for ordering as 3:00 PM and for new of Monday through Friday. The pharmacy around the pharmacy (DEA) anager stated, "We don't wing of controlled substances of the process of the process of the process of the pharmacy (DEA) anager stated, "We don't wing of controlled substances of the pharmacy (DEA) anager stated, "We don't wing of controlled substances of the pharmacy (DEA) anager stated, "We don't wing of controlled substances of the pharmacy is a substance of the pharmacy	F	425			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
		345381	B. WING			03/	03/2017	
	ROVIDER OR SUPPLIER		1	44	REET ADDRESS, CITY, STATE, ZIP CODE 10 INGRAM ROAD EXT BOX 1750 ING, NC 27021	1 00/	00/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 425	talked with the DON borrowing of medication is repharmacy was working out what the problem medications not bein needed for a residen previously identified a borrowing of medicat substances), he repoinquiry, he reported the pharmacist during the pharmacy included porienting staff to the procedures. The pharmacy included porienting staff to the procedure whatever. An interview was convicted to another than the pharmacy and the facility of medications from one #3 reported she was pharmacy and reques the sent via their back. An interview was convicted was convicted to the pharmacy and reques the sent via their back.	armacist reported she had this week in regards to the tions, and stated, "The issue not there." He reported the ng with the facility to figure as were in regards to the g available when they were t. When asked if he had a concern regarding the tions (including controlled orted he had not. Upon he role of the consultant the transition to the new providing education and pharmacy 's policies and the armacist stated he was a stall with issues such as any and ordering, and to help needed to be done. Inducted on 3/2/17 at 1:45 PM the #3 was identified as having the asy was identified as having the substance medication from the 300 Hall. The nurse ture on the Narc log. Upon coumstances prompted the rolled substance medications another, the nurse stated, a were out." Upon inquiry, the is since been in-serviced and does not allow borrowing of the resident to another. Nurse instructed to call the st the medication, which may	F	425				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/03/2017	
			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021			
PRÉFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE COMPLETION	
F 425	having borrowed a medication from or occasions from 2/1 During the interview signature on the nait has been challen just controlled subsa a timely basis. The made aware that be allowed. She under selection of control available in the mesigned out and use medication was recommedication was recommedication was recommedication. Nursest borrowed a control one resident to ano 2/15/17 - 2/28/17 contreturnthe phonomore in the pharmacy transfers of the pharmacy transfers of the pharmacy transfers of the pharmacy representation on the pharmacy in the pharmacy. When a medication from the pharmacy.	controlled substance he resident to another on 2 5/17 - 2/28/17 on the 300 Hall. w, the nurse confirmed her arcotic logs. Nurse #15 stated ging to get all medications (not stances) from the pharmacy on he nurse indicated she was corrowing was no longer ferstood there would be a led substance medications dication room that could be hed until the resident's hereived from the pharmacy. Ande to interview Nurse #18 by That at 8:57 AM. There was no har age was left requesting a har at 8:57 AM. There was no h	F 42	5		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G		ATE SURVEY OMPLETED
		345381	B. WING			03/03/2017
	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021			
PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 425	reported he did not facility during the trapharmacy. Upon in expectation was for medication in the faphysician. A telephone intervied 1:25 PM with Nurse employed by the fact as having borrowed medication from one occasions from 2/15 During the interview to the availability of medications to meet the practice of borroresident to another of controlled substastated, "We have to #5 reported that whavailable for a resid to another hall to fin medication so she of who was out. 3) A review of the 4 Utilization Records was conducted on 2 Medication Utilizatio inventory records of	have a visible role in the ansition period to the new quiry, the DON stated that her every resident to have their cility, as ordered by the www. was conducted on 3/3/17 at #5. Nurse #5 was no longer cility. The nurse was identified a controlled substance e resident to another on 5/3/17 - 2/28/17 on the 300 Hall. In inquiry was made in regards controlled substance to the residents in needs and owing medications from one in regards to the borrowing nee medications, the nurse do that quite often." Nurse en a medication was not ent, she would sometimes go at the correct dose of a could borrow it for the resident with the resident of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could borrow it for the resident calls of the correct dose of a could be	F 4:	,		
	instances during a t to 2/28/17) when a medication belongir Hall was borrowed t resident. The borro	This review identified 22 wo week period (from 2/15/17 controlled substance ag to one resident on the 400 for administration to another wed medications included: 0 PM, one tablet of 1 milligram				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345381	B. WING		03/03/2017
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	_
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 425	borrowed from Reside to Resident #41 by New York 19:00 lorazepam (an antial borrowed from Resident #72 by New York 19:00 Vimpat (an anticonvector of the sesident #72 by New York 19:00 Vimpat (an anticonvector of the sesident #149 by New York 19:00 lorazepam was borrowed from Resident #149 by New York 19:00 lorazepam was borrowed ministration to Resident #149 by New York 19:00 lorazepam was borrowed ministration to Resident #149 by New York 19:00 lorazepam was borrowed	n antianxiety medication) was dent #106 for administration Nurse #5; PM, one tablet of 0.5 mg exiety medication) was dent #160 for administration Nurse #18; PM, two tablets of 100 mg culsant medication) were dent #46 for administration to	F 429		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345381	B. WING _		o l	3/03/2017	
	ROVIDER OR SUPPLIER CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP (440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 425	opioid pain medicate Resident #51 for act Nurse #3;On 2/26/17 at 1:00 lorazepam was born administration to Re-On 2/26/17 at 8:00 lorazepam was born administration to Re-On 2/26/17 at 9:00 lorazepam was born administration to Re-On 2/27/17 at 9:00 lorazepam was born administration to Re-On 2/27/17 at 1:00 lorazepam was born administration to Re-On 2/27/17 at 5:00 lorazepam was born administration to Re-On 2/27/17 at 9:30 lorazepam was born administration to Re-On 2/27/17 at 9:00 lorazepam was born administration to Re-On 2/28/17 at 9:00 lorazepam was born administration to Re-On 2/28/17 at 1:00 lorazepam was born adminis	minophen (a combination ion) was borrowed from Iministration to Resident #9 by DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #79 by Nurse #3; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #79 by Nurse #3; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #3; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #79 by Nurse #10; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #79 by Nurse #10; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #10; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #10; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #16 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #160 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #160 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #160 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #160 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #160 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #160 for resident #9 by Nurse #9; DPM, one tablet of 0.5 mg rowed from Resident #160 for resid	F	125			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
		345381	B. WING			03/03/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 425	felt the pharmaceuti medications had im weeks or so. A follo conducted on 2/28/At that time, the DO made aware there wavailability of controfor residents and dissubstance medicatifrom one resident to An interview was cowith the DON. Duri consented to provide nurses' signatures of Utilization Records. An interview was cowith Nurse #7. Nurse with Nurse #7. Nurse with Nurse #7. Nurse with Nurse was cowith Nurse was controlled substance a controlled substance another if someone. The nurse stated ship prohibited the borromedications. The nurse in the last 3 most of the facility is prosubstance medicatifacility is backup phad not utilized it.	ications. The DON stated she ical system and receipt of proved over the past two ow-up interview was 17 at 4:30 PM with the DON. Who reported she had not been was a concern with the olled substance medications do not realize controlled ons were being borrowed or another. Inducted on 3/1/17 at 8:30 AM and the interview, the DON the assistance in identifying on the Controlled Medication	F 4:	25		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345381	B. WING		03/03/2017		
	ROVIDER OR SUPPLIER CARE OF KING		44	REET ADDRESS, CITY, STATE, ZIP CODE 0 INGRAM ROAD EXT BOX 1750 NG, NC 27021			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODER (DEFICIENCY)	JLD BE COMPLETION		
F 425	one resident to ano 2/15/17 - 2/28/17 or interview, inquiry we availability of control meet the residents borrowing medication another. Nurse #9 of medications has had gotten worse we nurse reported she the pharmacy where a resident. Nurse # pharmacy may commedication delivery An interview was considered with Nurse #12. Nother indicated the remedication from on occasion from 2/15. During the interview borrowing the control She indicated the remedication and it we #12 stated, "Yes, I on." Nurse #12 incompast to follow-up wimedications when repharmacy. Nurse # medications was not controlled substance. An interview was considered with Nurse #10. Nother indication from on medication from on	ther on 4 occasions from ther on 4 occasions from the 400 Hall. During the as made in regards to the olled substance medications to ' needs and the practice of ons from one resident to reported the timely availability always been a problem, but it with the new pharmacy. The has been in-serviced to call in a medication was needed for 9 stated she understood the tact their backup pharmacy for	F 425				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		TE SURVEY MPLETED	
		345381	B. WING			3/03/2017	
	ROVIDER OR SUPPLIER CARE OF KING	•		STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY 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) COMPLETION DATE	
F 425	to the availability of medications to meet the practice of borror resident to another. confirmed her signar Nurse #10 stated sh aware the practice on longer allowed. A reported that if a ressubstance medication in the facility 's new medication, if availal stated she could cal know when she nee. An interview was cowith Nurse #1. Nurses the Unit Manager #1 reported the new "run" between 3:00-"sweep run" (when twould be delivered) daily. He also noted a back-up pharmacy basis. However, he medication from the typically take "at leasthe was responsible pharmacy orders into the scripts for contropharmacy. Although completed by 5:00 Finurse was required to pharmacy wouldn't suntil the nurse had a reported this verificated elayed and not be delivered and not be	ge 50 ginquiry was made in regards controlled substance the residents ' needs and wing medications from one Upon review, the nurse ture on the narcotic log. The has since been made of borrowing medications was that this point, the nurse ident was out of a controlled on, she was supposed to look narcotic kit and sign out the ole. Alternatively, Nurse #10 If the pharmacy to let them ded a medication delivered. Inducted on 3/1/17 at 4:35 PM of the interview, Nurse pharmacy typically made a 44:00 PM every day, and a the bulk of the medications between 3:00 and 6:00 AM of the pharmacy had arranged of for use on an as needed reported receipt of a back up pharmacy would set 2 hours." Nurse #1 stated for putting most of the of the computer and faxing of the	F 42	5			

AND PLAN OF CO	EFICIENCIES RRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION		E SURVEY IPLETED	
		345381	B. WING		0;	3/03/2017	
NAME OF PROV	IDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		=	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION		SHOULD BE	(X5) COMPLETION DATE			
resident for the second second for the second for t	ath Nurse #13. Not aving borrowed a edication from on casions from 2/1 uring the interview the availability of edications to meet a practice of borroview of the narcourse #13 identified chrowledged she including controller sident to another edication and need ported the facility with medication availability of the medication and the edication available to the edication and the edication and the edication available the edication and the edication available the edication available that the edication are edication and the edication available that the edication available t	onducted on 3/2/17 at 6:55 AM arse #13 was identified as controlled substance e resident to another on 2 5/17 - 2/28/17 on the 400 Hall. It is, inquiry was made in regards controlled substance et the residents ' needs and owing medications. Upon tic logs from the past 2 weeks, did her signature and borrowed medications disubstances) from one if a resident was out of his/her eded to receive it. She had a new pharmacy the last ere have been "more issues" allability than with the previous rise reported she has now garding the facility policy with for the borrowing of the same times the pharmacy of any medication. She reported the ponsible to contact the back-up did, to deliver the medication. Sew was conducted on 3/2/17 at contract pharmacy 's Customer and Manager. The Manager yorking with the facility 's DON things that could help improve	F 425				
wh co be ne ph ph A 9: Se re to the	hich does not allo ontrolled substance een instructed to red eed for resident's narmacy was resp narmacy, if needed telephone intervie 47 AM with the control ervice and Account ported she was we identify several the e timely availability	we for the borrowing of the ses. The nurse stated she has notify the pharmacy of any medication. She reported the bonsible to contact the back-up id, to deliver the medication. The was conducted on 3/2/17 at contract pharmacy 's Customer in the Manager working with the facility 's DON					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		TE SURVEY MPLETED
		345381	B. WING			03/03/2017
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CO 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(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 ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 425	orders it was 5:00 PM. The Manager reported delivered nightly (lear 7:00 PM), with smalled that leave the pharm. PM, and 1:00 AM. Upharmacy did delivered delivery time; and, or after-hours protocol with the avaisubstance medication script was needed for However, she stated called in by the presence of the pharmacy and the pharmacy has been asked about the avaisubstance medication script was needed for However, she stated called in by the presence of the pharmacy been asked about the avaisubstance medication, the pharmacy bruge Enfrule. The Account M authorize any borrow or any medications." A telephone interview 10:41 AM with the fare pharmacist. The pharmacist. The pharmacist. The pharmacy was working out what the problem medications not bein needed for a residen previously identified a borrowing of medications with the problem medications, he reports the problem of the proble	s 3:00 PM and for new M Monday through Friday. In Monday the pharmacy around In Sur and "mini-stat" runs In Sur around 10:30 AM, 2:30 Inpon inquiry, she stated the In On Saturday at the regular In Sundays they utilized their In Mondays they utilized the In Mondays they utilized their In Mondays the regular In Mondays they utilized their In Mondays they utiliz	F 4:	25		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345381	B. WING		03/03/2017
	ROVIDER OR SUPPLIER CARE OF KING		4	STREET ADDRESS, CITY, STATE, ZIP CODE 140 INGRAM ROAD EXT BOX 1750 KING, NC 27021	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
F 425	pharmacy included orienting staff to the procedures. The ple point of contact to comedication dispense coordinate whatevers. An interview was considered a controllone resident to ano 2/15/17 - 2/28/17 or confirmed her signal inquiry as to what conurse to borrow confrom one resident to "They (the residents nurse stated she has informed the facility medications from on #3 reported she was pharmacy and required be sent via their back. An attempt was matelephone on 3/3/17 answer so a messare turn call. Nurse # borrowed a controllone resident to ano 2/15/17 - 2/28/17 or not return the phone. An interview was contact the pharmacy trans	he transition to the new providing education and a pharmacy 's policies and narmacist stated he was a leal with issues such as ing and ordering, and to help or needed to be done. Inducted on 3/2/17 at 1:45 PM as #3 was identified as having ed substance medication from ther on 7 occasions from an the 400 Hall. The nurse acture on the Narc log. Upon ircumstances prompted the introlled substance medications of another, the nurse stated, as were out." Upon inquiry, the as since been in-serviced and adoes not allow borrowing of the resident to another. Nurse is instructed to call the est the medication, which may calcump the many calcump that is so another which may be up pharmacy. The was no ge was left requesting a the was identified as having ed substance medication from the 400 Hall. Nurse #18 did	F 425		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	ELE CONSTRUCTION		ATE SURVEY DMPLETED
		345381	B. WING	 		03/03/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 425	reported the facility re them of the pharmacy pharmacy represent a prior to the transition issues, and the facilit materials (including the procedures) on the dapharmacy. When as pharmacist had durin reported he did not has facility during the transpharmacy. Upon inquexpectation was for emedication in the facility during the transpharmacy. A telephone interview 1:25 PM with Nurse femployed by the facility as having borrowed a medication from one occasions from 2/15/During the interview, to the availability of comedications to meet the practice of borrow resident to another. In of controlled substantstated, "We have to compare the procedure of the twenty available for a resident to another hall to find	casis as needed. The DON exceived emails informing a transition, they had a tive meet with 8-9 nurses date on general pharmacy a was provided written ne pharmacy policies and any of the change to the new ked what role the consultant ag this transition, the DON ave a visible role in the sition period to the new cury, the DON stated that her very resident to have their lity, as ordered by the I was conducted on 3/3/17 at the state of the substance are sident to another on 2 to 2/17 - 2/28/17 on the 400 Hall, inquiry was made in regards controlled substance the residents in needs and thing medications from one on regards to the borrowing the medications, the nurse to that quite often." Nurse in a medication was not int, she would sometimes go	F 42			
F 431 SS=D	483.45(b)(2)(3)(g)(h) LABEL/STORE DRU		F 43	11		3/31/17

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SU COMPLET	
		345381	B. WING	 	03/03/	/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDER CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 431	drugs and biologica them under an agre §483.70(g) of this punificensed personn law permits, but only supervision of a lice (a) Procedures. A final pharmaceutical servithat assure the accuration dispensing, and adribiologicals) to meet (b) Service Consultatemploy or obtain the pharmacist who (2) Establishes a syndisposition of all condetail to enable and (3) Determines that that an account of a maintained and periodical periodical dispensional principal appropriate accessor instructions, and the applicable. (h) Storage of Drugs (1) In accordance withe facility must stored	wide routine and emergency is to its residents, or obtain ement described in eart. The facility may permit ell to administer drugs if State y under the general insed nurse. acility must provide vices (including procedures irate acquiring, receiving, innistering of all drugs and the needs of each resident. Action. The facility must eservices of a licensed introlled drugs in sufficient accurate reconciliation; and ill controlled drugs is odically reconciled. Is and Biologicals. Is used in the facility must be ce with currently accepted es, and include the ory and cautionary expiration date when	F 43			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345381	B. WING			03/	03/2017	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	00/2011	
				4	40 INGRAM ROAD EXT BOX 1750			
VILLAGE	CARE OF KING				KING, NC 27021			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 431	Continued From page	e 56	F	431				
		only authorized personnel to	'	101				
	have access to the ke	•						
	(2) The facility must r	provide separately locked,						
		compartments for storage of						
		d in Schedule II of the						
		Abuse Prevention and						
	Control Act of 1976 a	and other drugs subject to						
	abuse, except when							
	package drug distribu							
		nimal and a missing dose can						
	be readily detected.	F :						
		Γ is not met as evidenced						
	by: Based on observation	one record review			F-431 *Corrective action(s) taken fo	r		
		interviews, the facility failed			1 -431 Corrective action(s) taken to	1		
	T	ed medications from 1 of 4			rsdt# 109, rsdt#8, and med cart/rd	om.		
) hall med cart); 2) Store			Toda 100, roda o, dra mod sarare	01111		
		fied by the manufacturer in 1						
	-	s (300/400 medication			1. Rsdt #109's insulin was remove	: d		
	room); and 3) Label r							
	minimum labeling red				from the 300 hall medication cart			
	medication carts (400) hall med cart).						
	The findings includes	1.			and discarded by the 300 hall nur	se		
	The findings included	1.			on 2/28/17.			
	1) An observation of	the 300 Hall medication on			2/20/17.			
		evealed an unopened vial of			2. Rsdt #8's eye gtts were remove	ed.		
		g-acting insulin) labeled for			and	_		
	use by Resident #109				discarded from the south unit med	i		
	-	insulin was labeled as			room			
	having been dispense	ed from the pharmacy on			refrigerator by the ADON on 2/28/	17.		
		s written on the outside						
		ial to indicate when it had						
		refrigerator. Lantus insulin			The medicine cup that containe	d		
		opening or removal from						
	refrigeration.				unlabeled medications and the			
	Δ review of Pesidont	#109 's February 2017			unlabeled Combivent inhaler were removed	and		
	LY ICAICM OF LESINGIII	TIOU DI CUIUALY ZUII	1		COMPLETE IMPACE MELE LENIOVED	ariu	1	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03/	/03/2017
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	,	
VIII 1 4 0 E	CARE OF KINO			44	0 INGRAM ROAD EXT BOX 1750		
VILLAGE	CARE OF KING			KI	NG, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 431	current medication of injected subcutaneous night at bedtime (revious fight at bedtime). An interview was consumit the Nurse #15. Upon reported the unopension of the unopensi	ealed the resident had a rider for Lantus insulin to be usly (under the skin) every ised on 1/21/17). Inducted on 2/28/17 at 2:10 on inquiry, Nurse #15 ed insulin should have been ator, not on the medication there was no indication as to been put on the medication with the Director of Nursing :30 AM, the DON indicated for all unopened vials of a the medication storeroom ded on the medication cart. It was opened, it should be exified that the facility 's opened vials of insulin 30 pened (or removed from the lates #1, an observation Medication Room on evealed an unopened bottle ate 1% ophthalmic dieye drop) labeled for use stored in the refrigerator with	F	431	discarded from the 400 hall med of by 400 hall nurse on 2/28/17. * Corrective actions taken for residents having potential to be affected by the same practice. 1. A 100% audit was completed or the storage of medications on the 100, 200, 300, and 400 hall medication carts by the ADON on 2/28/17. 2. A 100% audit was completed or the storage of medications in the north and south unit med rooms by the ADO on 2/28/17. *Corrective measures or systemic changes made to ensure that the deficient practice will not occur. 1. Mandatory in-servicing was	n n N	
	the prednisolone ace	tate 1% ophthalmic the eye drops needed to be			provided to all licensed nurses on medication		
	A review of Resident	#8 ' s February 2017			storage by the DON and ADON. In-servicing included: Insulin stora	age,	

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	'
		345381	B. WING _		03/03/201	7
	ROVIDER OR SUPPLIER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPL	(5) LETION ATE
F 431	Continued From page 58 physician orders revealed the resident had a			131		
	1% ophthalmic suspe	rder for prednisolone acetate ension to be instilled as 1		eye gtt storage, and stora		
	date 2/24/17).	vice daily for one week (start		in the facility that was co	npieted on	
		iducted with Nurse #1 on ring the interview, Nurse #1		2. An audit tool was crea	ated by the	
	indicated he typically	had not seen these eye tor. He thought perhaps a		DON to monitor for appro		
		e may have inadvertently put		storage of medication on the 100		
		ducted on 3/1/17 at 9:30 AM		and 400 hall medcarts, and the	ne north and	
	The DON reported a			south med rooms that the DON	, ADON, or	
	(2/27/17) due to a reput into place on the	efrigerator on Monday blacement refrigerator being 100/200 Hall. The DON ust have inadvertently placed		alternate designee will co	omplete.	
	the eye drops in the	refrigerator. Upon inquiry, expectation would be for		* Indicate how the facility	will monitor	
	medications to be sto	ored appropriately.		performance.		
	·	the 400 Hall medication on evealed two -1 milligram (an anticoagulant		The DON will be respons compliance which will be		
	medication) and one promethazine 25 mg	- 1 milliliter (ml) vial of /ml (an anti-nausea		the DON, ADON, or alter designee		
	drawer of the medica	ced in a cup in the top tion cart. The medications		auditing and monitoring t		
	requirements, includi	n the minimum labeling ng the resident 's name or nuther observation of the		storage of medication in		
	medication cart, a Co	orther observation of the ombivent Respimat 20 00 mcg per actuation		100 % audits will be com DON, ADON, or alternate		
	inhalation spray cani	ster (an inhalation		for the	- uesignee	
	medication used to tr	eat chronic obstructive		100, 200, 300, 400 hall n	ned carts and	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345381	B. WING _			03/	03/2017
	ROVIDER OR SUPPLIER			44	TREET ADDRESS, CITY, STATE, ZIP CODE 10 INGRAM ROAD EXT BOX 1750 ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 441 SS=D	the bottom drawer of was not labeled with the requirements, including instructions. An interview was conswith Nurse #9. When found on the cart shour responded, "Of cours. An interview was conswith the facility 's Directly Upon inquiry, the DOI would be for medicating appropriately. 483.80(a)(1)(2)(4)(e)(PREVENT SPREAD, (a) Infection prevention. The facility must estal and control program (a minimum, the follow. (1) A system for prevention of the providing services under a providing services under	racute asthma) was lying in the cart. The medication the minimum labeling and the resident 's name or ducted on 2/28 at 1:50 PM asked if the medications uld be labeled, the nurse e it should." ducted on 3/1/17 at 9:30 AM ector of Nursing (DON). N stated her expectation ons to be labeled and stored f) INFECTION CONTROL, LINENS on and control program. blish an infection prevention IPCP) that must include, at ving elements: enting, identifying, reporting, introlling infections and ses for all residents, staff, and other individuals der a contractual pon the facility assessment to §483.70(e) and following indards (facility assessment		441	the north and south unit med rooms tw times a week for four weeks and for four weeks and one time a wee for eight weeks. QAPI will review monthly for three months.		3/31/17

AND DUAN OF CORRECTION IDENTIFICATION NUMBER		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		345381	B. WING		03/03/2017		
	ROVIDER OR SUPPLIER CARE OF KING		STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE COMPLETION		
F 441	Continued From pag	ge 60	F 44	1			
	possible communica	eillance designed to identify able diseases or infections ead to other persons in the					
	1 1	om possible incidents of ase or infections should be					
		ansmission-based precautions event spread of infections;					
	(iv) When and how i resident; including b	solation should be used for a ut not limited to:					
	depending upon the involved, and (B) A requirement the	ration of the isolation, infectious agent or organism at the isolation should be the sible for the resident under the					
	must prohibit employ	es under which the facility yees with a communicable skin lesions from direct ts or their food, if direct the disease; and					
		ne procedures to be followed lirect resident contact.					
		ording incidents identified PCP and the corrective facility.					
		nel must handle, store, ort linens so as to prevent the					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/03/2017	
	ROVIDER OR SUPPLIER		4	STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 441	annual review of its program, as necess This REQUIREMEN by: Based on observat interviews and reco post a contact isolat door for one of one contact isolation present in the facility policy ereffective June 2013 stated "it is the interprecautions in addit for residents known illnesses easily tran contact or by contact environment." Progrecautions include when entering the refor the resident" and prior to entering the that contact precautions include that contact precautions the that contact precautions includes the that	The facility will conduct an IPCP and update their sary. IT is not met as evidenced sions, resident and staff or review, the facility failed to tion sign outside a resident's resident (Resident #119) on ecautions. Intitled "Contact Precautions," was reviewed. The policy of this facility to use contact ion to standard precautions or suspected to have serious smitted by direct resident ct with items in the resident's redures for contact d'gloves should be worn oom and while providing care d'a gown should be donned room." The policy revealed tions may be considered for	F 441	F-441 *Corrective action(s) taken for rsdt #119 1. Sign identifying that rsdt was of contact isolation was placed outs of her room. 2. The nurse involved in not obtain a sign to notify that rsdt # 119 was contact isolation was counseled a provided in-servicing on Village Conference of King's contact isolation policy. * Corrective actions taken for	ining on	
	VRE, ESBLs, Closter 1. Resident # 119 v 3/2/17 with diagnoss infection (UTI) due to lactamase (ESBL) p Clostridium difficile An isolation cart wa	was re-admitted to the facility es that included urinary tract to extended-spectrum beta producing Escherichia coli and		residents having potential to be affected by the same practice. 1. Audit was completed on all rsd with current ordered isolation precautions. *Corrective measures or systemic		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/03/2017	
	ROVIDER OR SUPPLIER CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 441	Continued From page	ge 62	F 44	1		
	There was no isolat door to the room.	ion sign posted on or near the		changes made to ensure that the	•	
	An isolation cart wa	s observed outside of		deficient practice will not occur.		
		om on 3/2/17 at 2:00 PM. ion sign posted on or near the		In-servicing was provided to a	II staff	
	door to the room.			on Village Care of King's infection	n	
	observed being adn	M Resident #119 was nitted to the room. There was sted on or near the door to the		policy. 2. All nurses, admissions coordi	nator,	
	room.			social services, and all departme	ent	
	A review of nurse's stated "Resident ret	note dated 3/2/17 at 2:31 PM turned to facility via		heads were provided in-servicing	g on	
	Resident returned of	cher at 2:15 on this day. on contact precautions for		the notification process any rsdt		
	c-diff and continuing (ABT)/UTI."	g antibiotic therapy		to have ordered isolation precau	tions	
		in order dated 3/2/17 at 3:00		prior to admission of rsdt.		
	PM revealed "conta ESBL/C-diff.	ct isolation every shift for		Topics included: the notification		
		M Nurse Aide's #1 and #2 and		nursing administration, charge nand	urse,	
	Resident #119's roo	ector were observed entering om without implementing		hall staff by the admissions coordinator/		
	isolation sign posted	ecautions. There was no d on or near the door to the		social services, the notification process		
	room.	M abanyad contact inclation		by the unit manager of all depart		
	sign posted on Resi	M observed contact isolation ident #119's door.		heads to communicate to their st		
		ompleted with the Infection		obtaining the appropriate isolation		
	she stated she had	2/17 at 3:05 PM during which not yet received information		precautions sign, PPE, and equipment, and		
		status of the resident. She s process was the Admissions		appropriate isolation techniques.		

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and Plan of	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/03/2017	
	ROVIDER OR SUPPLIER CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
F 441	Continued From page	ge 63	F 44	1		
	contact precautions	y staff of any admissions with issues. The Infection Control ould be informed by her		* Indicate how the facility will me	onitor	
	charge nurse. She	stated whoever receives the		performance.		
	the isolation sign. [plation is responsible to post During the interview the		The DON will be responsible for	ſ	
	(Nurse #2) who indi	urse called the admitting nurse cated she had received report		compliance which is achieved b	У	
	but did not post the	nd got the isolation cart set up isolation sign. The Infection		the DON or alternate designee		
	in a file cabinet at the	d the isolation signs were kept ne nurse's station and also in		monitoring for appropriate notifi		
	the infection control			of nursing staff by admissions o		
	PM. She stated wh	interviewed on 3/2/17 at 4:16 en a resident was admitted		services of any rsdt identified to		
	would get a report a	ution orders, the floor nurse and notify the nurse aides of		orders to have isolation precaut	ions	
	_	wear, gloves, gown, mask,		prior to admission, appropriate		
	1	I." Nurse Aide #1 stated either		isolation		
	would place the isol	Nurse or the floor nurse lation cart and post the sign.		techniques provided by staff,		
		rted that Nurse #2 told her cand most definitely go in with		obtaining appropriate isolation precaution		
	gloves." Nurse Aide	e #1 indicated she was given the nurse prior to Resident		sign, PPE, and equipment, and	the	
	#119's arrival. Nurs	se Aide #1 then reported she ar gloves "when coming into		notification of all department he	ads	
	physical contact wit	h the resident." She stated nt's room to obtain weight and		three times a week for four wee	ks and	
	vitals and did not ha	ave to physically touch omplete the tasks.		one time a week for four weeks	. QAPI	
				will review monthly for three mo	nths.	
	I .	viewed on 3/3/17 at 9:52 AM.				
		not assigned to care for				
		dmission, but during the				
		s he typically put in all the issions. He stated "most of				
		Issions. He stated most of all doesn't send paperwork with				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345381	B. WING		03/03/2017	
	ROVIDER OR SUPPLIER CARE OF KING		4	STREET ADDRESS, CITY, STATE, ZIP CODE 140 INGRAM ROAD EXT BOX 1750 KING, NC 27021	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 441	the hospital dischar may trigger possible either the Infection on urse. He stated w contact isolation war isolation cart outsid posting the isolation stated he did not see hospital paperwork arrived. He indicate annually on contact. An interview was concompossibility during the second of the Infection Control of the Infecti	He revealed he would look at ge summary for anything that e isolation and then would tell Control Nurse or the hall hoever took the order for its responsible for placing the e of the resident's room and in sign on the door. Nurse #1 the the diagnosis on the until after Resident #119 ed that staff were educated	F 441			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING			03/	03/2017
	ROVIDER OR SUPPLIER CARE OF KING		•	440	REET ADDRESS, CITY, STATE, ZIP CODE 0 INGRAM ROAD EXT BOX 1750 NG, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 441 F 514 SS=E	resident is on contact what type of precautic responsibility of nursi out the isolation cart I nurse aide will roll out when I come in the si it's whoever put the ceducated at least ever precautions. Nurse nurse had told her Reand did not receive at time. She indicated to before going into the put these on because observation." An interview was com Nursing on 3/3/17 at expectation is that costaff when someone and that the proper eare put into place. 483.70(i)(1)(5) RES RECORDS-COMPLE LE (i) Medical records. (1) In accordance with standards and practice.	e nurse notifies her when a sisolation precautions and ons. She stated it is the ng or housekeeping to put but that sometimes the the cart. "Most of the time gn is already up, I assume art out." She reported she is ery six months on contact Aide #2 stated the floor esident #119 "was septic" my other instructions at that he process for contact put gloves and a gown on room but stated she did not e "we were just going in to do neleted with the Director of 1:05 PM. She stated her mmunication is made to needs to be put on isolation quipment and notifications ETE/ACCURATE/ACCESSIB The accepted professional ces, the facility must ords on each resident that		514			3/31/17

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03/	03/2017
	ROVIDER OR SUPPLIER		•	44	TREET ADDRESS, CITY, STATE, ZIP CODE 40 INGRAM ROAD EXT BOX 1750 ING, NC 27021	, , , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 514	(iii) A record of the rest (iii) The comprehensis provided; (iv) The results of any and resident review of determinations conductively Physician's, nurse professional's progressional's prog	ganized rd must contain- on to identify the resident; sident's assessments; we plan of care and services r preadmission screening valuations and lotted by the State; r's, and other licensed ss notes; and logy and other diagnostic required under §483.50. I is not met as evidenced liews and staff interviews, the established procedures for curate documentation of the crolled substance ledication Administration lontrolled Medication 2 of 4 sampled residents Resident #45) who received medications on an as	F	514	F-514 *Corrective action(s) taken for rsdt#122 and for rsdt #45 1. Rsdt #122's electronic MAR and the rsdt's Ativan 0.5mg tab controlled medication administration inventor log that was provided by the pharmacy were audited by the DON on 3/17/	d Ty	
		cility ' s policy on "General d Medication Administration"					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			0:	3/03/2017
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREE	T ADDRESS, CITY, STATE, ZIP CODE	1 0	0/00/2011
				440 IN	GRAM ROAD EXT BOX 1750		
VILLAGE	CARE OF KING			KING,	NC 27021		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	Continued From page	e 67	F 5	14			
	dated 12/1/07 (revise	ed 5/1/10 and 1/1/13)			2. Rsdt #45's electonic MAR and	I the	
	,	edures, which read, in part:					
		ition administration, Facility neasures required by Facility			rsdt's lorazepam 1 mg controlled		
	limited to the followin	•			medication administration invent	ory	
		ent necessary medication			log that was provided by the		
		ent information (e.g., when		ph	narmacy		
	given, injection site o				were audited by the DON on 3/1	7/17.	
		f medications are refused,			2. The number involved in the		
	on appropriate forms	edications, application sight)		im	3. The nurses involved in the		
	on appropriate forms			""	proper documentation of rsdt#122's		
	A review of Resident	#122 's February 2017			documentation of 13dt#1223		
		cluded a current order for 0.5			and for rsdt #45's PRN narcotic		
		en as one tablet by mouth			administrations in which the note	ed	
		needed for anxiety/agitation		nu	irses		
	(initiated 9/5/16).	, 3			signed narcotics out on the rsdt's	3	
	A review of Resident Medication Administr	#122 's February 2017			controlled inventory log and had	not	
	revealed 15 doses of	f 0.5 mg lorazepam were nistered to the resident from			documented the administration t	he	
	2/1/17 to 2/27/17. Ad	ccording to the MAR, a dose ven to the resident on the			PRN medication of the electronic		
	following dates and ti	imes: 2/1 at 5:56 AM; 2/3 at			MAR were provided in-servicing	on	
		PM; 2/7 at 4:20 PM; 2/8 at		th			
	·	PM; 2/13 at 12:08 PM; 2/14			facility's General Dose Preparati	on	
		4:48 PM; 2/15 at 4:33 PM;		ar			
		6 at 7:47 PM; 2/19 at 12:47 ; and, 2/24 at 2:40 AM.			Medication Administration policy	that	
	, avi, 2/22 at 1.02 1 Wi	, and, 2/27 at 2.70 AW.			included the appropriate		
	A review of Resident	#122 's Controlled		do	ocumentation		
	Medication Utilization				of meds. The in-services were		
	inventory record of in			pr	ovided		
	•	ns stored on the medication		'	by the DON and the ADON. The	,	
		so known as a narcotic log)		in-	-services		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03/	/03/2017
	ROVIDER OR SUPPLIER			44	REET ADDRESS, CITY, STATE, ZIP CODE 0 INGRAM ROAD EXT BOX 1750 NG, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 514	Continued From page	e 68	F 5	514			
	removed from the me	0.5 mg lorazepam were dication cart for the resident A dose of lorazepam was			were completed by 3/30/17.		
	documented as remo	ved from the medication 2 on each of the following			* Corrective actions taken for		
	dates and times: 2/1	at 6:00 AM; 2/1 at 5:00 PM; t 4:00 PM; 2/4 at 9:00 AM;			residents having potential to be affected		
	2/7 at 10:00 AM; 2/7	t 9:00 AM; 2/5 at 8:00 PM; at 4:14 PM; 2/8 at 1:00 AM;			by the same practice.		
	2/11 at 9:00 AM; 2/11	t 7:00 PM 2/10 at 1:00 AM; at 9:00 PM; 2/12 at 2:00			1. A 100% audit for all rsdts who		
	8:00 AM; 2/13 at 2:00	/l; 2/12 at 9:00 PM; 2/13 at DPM; 2/13 at 4:00 PM; 2/14 4:45 PM; 2/15 at 4:30 PM;			had MD orders for PRN narcotics	ONI	
	2/16 at 12:45 AM; 2/1	4.43 PM, 2/13 at 4.30 PM, 6 at 9:00 PM; 2/17 at 1:00 2/18 at 10:00 PM; 2/19 at			were audited by the DON and AD on 3/23/17.	JIN	
	4:00 AM; 2/19 at 1:00) PM; 2/19 at 11:30 PM; 2/20 :00 AM; 2/21 at 9:00 PM;			Med pass observations were		
	2/22 at 7:00 PM; 2/23	3 at 12:00 AM; 2/24 at 4:00 2/26 at 3:50 PM; 2/27 at			completed on all nurses by the DON, ADON,	or	
	11:00 PM; and, 2/27 a				unit manger. All med pass		
	An interview was con	ducted on 3/1/17 at 3:47 PM			observations		
	having withdrawn 1 d	se #11 was identified as ose of 0.5 mg lorazepam #122 ' s use (on 2/26)			were completed by 3/30/17.		
	_	its administration to the During the interview, the			*Corrective measures or systemic		
	MAR. The nurse was	dent #122 ' s narcotic log and s asked what procedures			changes made to ensure that the		
	of controlled substand basis. Upon inquiry,	cumenting the administration ces used on an as needed Nurse #11 reported she first			deficient practice will not occur.		
	out on the narcotic lo	from the med cart, signed it g, clicked on the computer			Mandatory in-servicing was provided		
	given, then administe	record the medication was red the medication to the stated she must not have			to all nurses on the facility's General Dose Prepartion and		
		nic record to record giving			Medication Administration policy t	nat	

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03/	03/2017
NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	CARE OF KING				INGRAM ROAD EXT BOX 1750		
				KIN	IG, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 514	Continued From page		F 5	14			
	the medication to Res	sident #122.					
					included the appropriate application	n of	
	with Nurse #4. Nurse	ducted on 3/1/17 at 4:00 PM #4 was identified as having 0.5 mg lorazepam labeled			the policy's medication documenta	tion	
	for Resident #122 's	use (on 2/2, 2/23, and 2/27) its administration to the			guidlelines. The in-services were provided		
		During the interview, Nurse			by the DON and the ADON. The		
		ent 's narcotic log and MAR			in-services		
		s/signature on the forms.			were completed by 3/30/17.		
		f Resident #122 's MAR			indicated.		
		nurse acknowledged the					
		ate the resident received the			2. An audit tool was created by the	!	
		on when it was signed out lurse #4 stated, "I have to	DON to monitor the appropriate				
	be more careful."	Nuise #4 stated, Thave to			documentation		
	be more carerai.				of the administration of PRN		
	An interview was con-	ducted on 3/2/17 at 1:45 PM			narcotics.		
	with Nurse #3. Nurse	e #3 was identified as having					
		of 0.5 mg lorazepam labeled					
		use (on 2/4, 2/5, 2/5, 2/11,			* Indicate how the facility will moni	tor	
		, 2/19, and 2/21) without nistration to the resident on			porformanco		
		interview, a review of			performance.		
	_	R and narcotic log was			The DON will be responsible for		
	conducted and the nu	<u> </u>					
		ne forms. When the nurse			compliance which is achieved by		
	was asked about the	documentation					
	•	en the narcotic log and the			the DON, ADON, or alternate		
		ration of Resident #122 's			designee		
	T	stated she did not always			to monitor the facility policy guideli	nes	
		en "PRN" (as needed) en. However, the nurse			on the documentation of PRNs tha	t is	
	reported she always				on the documentation of Fixing that	. 13	
		ns were administered to a			outlined in the General Medication		
	resident.						
					Preparation and Medication		
		ducted on 3/3/17 at 7:50 AM			Administration policy		
	with Nurse #19. Nurs	se #19 was identified as			by auditing the documentation of a	II	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION	l' /	(X3) DATE SURVEY COMPLETED	
		345381	B. WING	 	03/0	03/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021	·		
(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	(X5) COMPLETION DATE	
F 514	having withdrawn 7 de labeled for Resident # 2/12, 2/17, 2/18, 2/25 documenting its admit the MAR. During the identified his signature #122 's narcotic log as several medications with signed out on the dechowever, they were nas administered to the the nurse stated his pings the medication of a controlled substance from the cart. However, sometimes he did not given on the MAR afteresident. An attempt was made telephone on 3/3/17 answer so a message return call. Nurse #18 withdrawn 3 doses of for Resident #122 's without documenting resident on the MAR. The phone call. An attempt was made telephone on 3/3/17 answer so a message return call. Nurse #18 withdrawn 1 doses of for Resident #122 's withdrawn 1 doses of for Resident #122 's documenting its admitistration.	boses of 0.5 mg lorazepam (122 's use (on 2/9, 2/10, and 2/27) without inistration to the resident on interview, Nurse #19 e/initials on the Resident and MAR. Upon review, were noted as having been lining inventory sheet; ot all recorded on the MAR e resident. When asked, rocess was to immediately ut on the narcotic log when e medication was taken er, he acknowledged that record the medication as er administration to the example to the interview Nurse #18 by the 8:57 AM. There was no example was identified as having 0.5 mg lorazepam labeled use (on 2/7, 2/20, and 2/21) its administration to the Nurse #18 did not return example to interview Nurse #17 by the 9:03 AM. There was no example was left requesting a row was left requesting a row was left requesting a row was identified as having 0.5 mg lorazepam labeled	F 51	PRN narcotics one time a week for weeks. QAPI will review monthly for the months.			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/03/2017	
	ROVIDER OR SUPPLIER CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 514		ge 71 nducted on 3/3/17 at 11:45 s Director of Nursing (DON).	F 514			
	expectation was tha medication, it needs	ed to be documented on the				
	log and MAR neede another as to when	cated a resident 's narcotic d to correspond with one a medication was withdrawn Iministered to the resident.				
	1:25 PM with Nurse employed by the fact identified as having lorazepam labeled f 2/1, 2/13 and 2/19) administration to the When asked about Resident #122 's nationary controlled substance the discrepancies murse #5 reported the medications pulled funless something care	•				
	Dose Preparation and dated 12/1/07 (revisincluded facility Prodes. "After medic staff should take all policy and Applicabl limited to the following. 6.1 Docume administration/treatmedications are opegiven, injection site mediation,	nent necessary medication ment information (e.g., when ened, when medications are				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345381	B. WING			03/03/2017	
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING				4	TREET ADDRESS, CITY, STATE, ZIP CODE 40 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 514	medication orders incomilligram (mg) lorazely medication) to be given needed for sleep at but a review of Resident Medication Administrative revealed 4 doses of 1 documented as adminicated 2/5/17 to 2/27/17. Act of lorazepam was given following dates and the at 8:37 PM; 2/20 at 10 PM. A review of Resident Medication Utilization inventory record of incomparts and the substance medication cart for a resident; also revealed 11 doses of removed from the medication from 2/5/17 - 2/27/17 documented as removed from the medicates and times: 2/5 2/10 at 8:45 PM; 2/11 PM; 2/20 at 1:00 PM; 10:00 PM; 2/22 at 10:00 PM; 10:00 PM; 2/27 at 10:00 PM; 10:00 PM; 2/27 at	#45's February 2017 cluded a current order for 1 pam (an antianxiety en as one tablet by mouth as edtime (initiated 10/31/16). #45's February 2017 ation Record (MAR) mg lorazepam were nistered to the resident from ecording to the MAR, a dose en to the resident on the mes: 2/7 at 10:39 AM; 2/10 0:42 PM; and, 2/21 at 10:02 #45's Controlled Record (a declining dividual controlled ns stored on the medication so known as a narcotic log) f 1 mg lorazepam were edication cart for the resident A dose of lorazepam was eved from the medication on each of the following at 8:00 PM; 2/7 at 1:00 PM; at 9:00 PM, 2/12 at 9:00 2/20 at 10:00 PM; 2/21 at e00 PM; 2/26 at 1:00 AM;	F	514			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345381	B. WING		03/03/2017	
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING				STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFICIENCY)	D BE COMPLETION	
F 514	reviewed the reside and verified her initi Upon review of Res Narcotic Log, the nuneeded to indicate the needed" medication the narcotic log. Numore careful." An interview was cowith Nurse #3. Nurwithdrawn 3 doses Resident #45's uswithout documentin resident on the MAR review of Resident was conducted and initials/signature on was asked about the discrepancies between MAR for the adminitorazepam, the nurse chart on the MAR we medications were greported she always scheduled medications with Nurse #19. Nuthaving withdrawn 1 labeled for Resident documenting its addrate the MAR. During the identified his signate #45's narcotic log was noted that a documenting was noted that a d	e interview, Nurse #4 nt's narcotic log and MAR als/signature on the forms. ident #45's MAR and urse acknowledged the MAR the resident received the "as when it was signed out on urse #4 stated, "I have to be anducted on 3/2/17 at 1:45 PM se #3 was identified as having of 1 mg lorazepam labeled for e (on 2/5, 2/11, and 2/12) g its administration to the R. During the interview, a #45's MAR and narcotic log the nurse confirmed her the forms. When the nurse	F 51	4		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345381	B. WING _			03/03/2017	
NAME OF PROVIDER OR SUPPLIER VILLAGE CARE OF KING				STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021			
(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 ACTIVE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 514	however, the medical MAR as having been resident. When aske process was to imme out on the narcotic los substance medication. However, he acknowled not record the medication and the market and attempt was made telephone on 3/3/17 answer so a message return call. Nurse #18 withdrawn 1 dose of Resident #45's use documenting its admit the MAR. Nurse #18 call. An interview was con AM with the facility's During the interview, expectation was that medication, it needed MAR. She also indicating and MAR needed another as to when a	ion was not recorded on the administered to the d, the nurse stated his diately sign the medication g when a controlled n was taken from the cart. ledged that sometimes he dication as given on the tion to the resident. Let to interview Nurse #18 by at 8:57 AM. There was no e was left requesting a B was identified as having I mg lorazepam labeled for (on 2/20) without nistration to the resident on did not return the phone ducted on 3/3/17 at 11:45 a Director of Nursing (DON). the DON stated her	F5	14			