PRINTED: 02/12/2018 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			X3) DATE SURVEY COMPLETED
	345420	B. WING _			C 01/11/2018
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conduct a complaint 1/10/18. Additional in 1/11/18. Therefore, th 1/11/18. Reporting of Reason CFR(s): 483.12(b)(5) §483.12(b) The facilities	survey and exited on formation was obtained on the exit date was changed to able Suspicion of a Crime (i)-(iii)	F 6	608		2/8/18
occurring in federally facilities in accordance Act. The policies and but are not limited to (i) Annually notifying defined at section 11 individual's obligation reporting requiremen (A) Each covered ind State Agency and on entities for the political facility is located any crime against any incorring receiving care from (B) Each covered indimmediately, but not forming the suspicion suspicion result in sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 24 hours if suspicion do not result in Sellater than 25 hours in Sellater than 26 hours in Sellater than 26 hours in Sellater than 27 hours in Sellater than 28 hours in Sellater than 28 hours in Sellater than 28 hours in Sellater than 29 hours in Sellater	refunded long-term care be with section 1150B of the diprocedures must include the following elements. Covered individuals, as 50B(a)(3) of the Act, of that in to comply with the following its. In its invidual shall report to the element of the element of the element of the reasonable suspicion of a lividual who is a resident of, om, the facility, invidual shall report later than 2 hours after and, if the events that cause the rious bodily injury, or not the events that cause the rious notice of employee section 1150B(d)(3) of the eventing retaliation, as 50B(d)(1) and (2) of the Act.				
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR INITIAL COMMENTS The survey team ent conduct a complaint of 1/10/18. Additional in 1/11/18. Therefore, th 1/11/18. Reporting of Reasons CFR(s): 483.12(b)(5) §483.12(b) The faciliti implement written po §483.12(b)(5) Ensure occurring in federally facilities in accordance Act. The policies and but are not limited to (i) Annually notifying defined at section 11 individual's obligation reporting requiremen (A) Each covered ind State Agency and on entities for the politica facility is located any crime against any inc or is receiving care fr (B) Each covered ind immediately, but not forming the suspicion suspicion result in se later than 24 hours if suspicion do not resu (ii) Posting a conspic rights, as defined at se Act. (iii) Prohibiting and p defined at section 11	ROVIDER OR SUPPLIER SE HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The survey team entered the facility on 1/5/18 to conduct a complaint survey and exited on 1/10/18. Additional information was obtained on 1/11/18. Therefore, the exit date was changed to 1/11/18. Reporting of Reasonable Suspicion of a Crime CFR(s): 483.12(b)(5)(i)-(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. (i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements. (A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility. (B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury, or not later than 2 hours after forming the suspicion of a resident of, or is receiving care from, the facility. (B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion do not result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. (ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(1) and (2) of the Act.	A BUILDIN 345420 B. WING ROVIDER OR SUPPLIER SE HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The survey team entered the facility on 1/5/18 to conduct a complaint survey and exited on 1/10/18. Additional information was obtained on 1/11/18. Therefore, the exit date was changed to 1/11/18. Reporting of Reasonable Suspicion of a Crime CFR(s): 483.12(b)(5)(i)-(iii) §483.12(b) The facility must develop and implement written policies and procedures that: \$483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. 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Electronically Signed 01/24/2018

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE COMP	SURVEY
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					DEFICIENCY)		
F 608	Continued From page This REQUIREMENT by: Based on record rev interview the facility fabuse policies and pr	F	808	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is	3		
	authorities, the state agency, and adult protective services for suspected diversion of narcotics for two (Resident #1, Resident #2) of five residents reviewed for abuse investigations. The findings included: The facility				completed in the compliance of state a federal regulations as outlined. To rem in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction.	ain g	
	Abuse/Neglect/Misap procedure stated, "Ar witnessed incidents of neglect, theft, and/or reasonable suspicion	of a crime against a			correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. F608	,	
	the Center's Administ investigation, approp the State Survey Age designated agencies, action." In the policy, medication was listed misappropriation of p	l as an example of ersonal property. The			Processes that lead to deficiency: Nurse # 1 was found to have diverted resident #1 and resident # 2 narcotic medication. Drug Diversion was reporte to the North Carolina Board of Nursing and Drug Enforcement Agency. Facilit failed to implement policy number 703	у	
	Protective Services A ombudsman, and the enforcement authoriti and/or medical exam	e Administrator will or 24 hours of the gation) notify the Adult gency, the local appropriate local law es (police, sheriff's office iner) for any incident of			Abuse/Neglect/Misappropriation/Crime ial reporting guidelines for theft of a patient s medication which includes notification to State Agency, Adult Protective Services and authorities, for suspected diversion of resident #1 and resident #2.		
	reasonable suspicion 1. Resident #1 had a	ersonal property or other			Procedure for implementing the acceptable plan of correction for the deficiency cited: Theft of resident #1 and Resident #2 medications reported to State Agency, Authorities, and Adult Protective Service.	es	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 608	Admission Minimum 10/30/17 as cognitive scheduled pain med assessment period. Resident #1 had an one tablet of Hydror (milligram) tablet by needed for pain. Hy controlled substances severe pain. The documentation Utilization Record (dadministered doses Hydromorphone HC at five different administered on the a discrepancy between the number of dose 10/23/17. The documentation #1 administered doses 10/23/17. The documentation #1 administered dose 10/23/17. The documentation #1 administration times on the MAR the administration on 10/24 between the CMUR doses the resident #1 10/24/17, at one of	ion. Inded on his Comprehensive In Data Set assessment dated overly intact and receiving dications during the In order initiated on 10/23/17 for morphone HCL 2 mg In mouth every 4 hours as a redromorphone HCL is a le used to treat moderate to In the Controlled Medication CMUR) indicated Nurse #1	F	608	on 1/7/2018. Education on Policy number 703 Abuse/Neglect/Misappropriation/Crime ial reporting guidelines given to Administrator and Director of Nursing be Regional Nurse consultant on 1/7/2018 The monitoring procedure to ensure that the plan of correction is effective and the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements: The administrator will begin morning meeting each day Monday through Frice by asking for any customer service issues, including theft of patients medications. The administrator will refeatl allegations of theft of patient medication sto local law enforcement Adult Protective Services, and Health Care Personnel Registry within 24 hour of the allegation being made. This will be audited weekly by the Directof Nursing for 3 months. All Audits will be reviewed at the Quarterly Quality Assurance meeting X for any further problem resolution if needed. The Title of person implementing the acceptable plan of correction: Director of Nursing Completion date: February 8, 2018	etor	

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F 608	for administration of to the documentation in Utilization Record ind administered doses of Resident #1 on 10/25 and two doses at 9:00 CMUR indicated Nurse physician's order for a medication. Nurse #1 MAR the administratic controlled medication discrepancy between number of doses the 10/25/17. Resident #1 had an or receive 1 tablet of Hy tablets by mouth every documented on the Cadministered the last HCL 2 mg that had copharmacy. Resident #1 was intee PM. He stated on 10/his nurse he was run medication Hydromor stated he called a fant to bring to the facility Hydromorphone HCL Resident #1 stated a pills of Hydromorphone HCL Resident #1 stated a Hydromorphone HCL Resident #1 stated the Container. Resident #1 Hydromorphone HCL Hydromorphone HCL Resident #1 Stated the Container. Resident #1 Hydromorphone HCL	the medication at that time. In the Controlled Medication licated Nurse #1 If Hydromorphone HCL to id 17, two doses at 5:00 PM In PM. Documentation on the se #1 did not follow the administration of the did not document on the on of the four doses of an 10/25/17. This was a the CMUR and MAR in the resident received on the order initiated on 10/27/17 to dromorphone HCL 2 mg by 4 hours for pain. If Mesident #1 was common the facility in the facility in the facility in the resident received on the facility in the facility in a family member and asked him his pain medication that he had at his home. If a family member brought 12 in the HCL to the facility in a family member to be missing on the facility on the facility to him from home facility in a fac	F	608			

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FREEIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 608 Continued From page 4 accounting for the loss of the medication by the facility. Nurse # 5 wrote a statement dated 12/14/17 that revealed that on 10/28/17, the resident ran out of Hydromorphone HCL and the resident was told he can bring his own medication from home. The resident's family member brought the medication from home. The pill bottle was the resident's original bottle from his pharmacy. Upon receiving the medication for receiving the marcotic per facility policy and counted the medication twice to be 12 pills in the bottle. Nurse #5 then placed the bottle in the narcotic count book located on the middle cart. Nurse #5 stated, "That night, on my shift, I gave the medication as prescribed from the pill bottle. At the end of my shift Saturday night I counted off with the night shift nurse and the count was correct. The next day (10/29/17) I came in at approximately 3:00 PM and counted the middle cart, narcotic counts were correct, the pill bottle had 8 loose pills in it and the required medication had been filled and delivered from our pharmacy for [Resident #1]. When I clocked out Sunday night (10/29/17) the narcotic count, to the			ΓER		1987 HILTON STREET		7171172010	
accounting for the loss of the medication by the facility. Nurse # 5 wrote a statement dated 12/14/17 that revealed that on 10/28/17, the resident ran out of Hydromorphone HCL and the resident was told he can bring his own medication from home. The resident's family member brought the medication from home. The pill bottle was the resident's original bottle from his pharmacy. Upon receiving the medication, Nurse #5 completed the required documentation for receiving the narcotic per facility policy and counted the medication twice to be 12 pills in the bottle. Nurse #5 then placed the bottle in the narcotic count book located on the middle cart. Nurse #5 stated, "That night, on my shift, I gave the medication as prescribed from the pill bottle. At the end of my shift Saturday night I counted off with the night shift nurse and the count was correct. The next day (10/29/17) I came in at approximately 3:00 PM and counted the middle cart, narcotic counts were correct, the pill bottle had 8 loose pills in it and the required medication had been filled and delivered from our pharmacy for [Resident #1]. When I clocked out Sunday night (10/29/17) the narcotic count, to the	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETION	
Nurse #5 was interviewed on 1/10/18 at 8:00 PM. Nurse #5 stated that a family member of Resident #1 brought twelve Hydromorphone HCL to the facility at around 6:00 PM on 10/28/17. She stated she counted off the twelve Hydromorphone HCL two times in front of the Resident #1 and then created a narcotic sheet to keep track of the medication use. Nurse #5 stated she worked again at the facility on the 3:00 PM to 11:00 PM	F 608	accounting for the lost facility. Nurse # 5 wrote a starevealed that on 10/2 Hydromorphone HCL he can bring his own resident's family men from home. The pill be original bottle from hithe medication, Nurse documentation for refacility policy and coube 12 pills in the bottle bottle in the narcotic middle cart. Nurse #8 shift, I gave the medication that the pill bottle. At the night I counted off with the count was correct came in at approximate middle cart, narcounted pill bottle had 8 loose medication had been pharmacy for [Reside Sunday night (10/29/best of my knowledg). Nurse #5 was intervied Nurse #5 stated that #1 brought twelve Hyfacility at around 6:00 stated she counted of HCL two times in from then created a narcountedication use. Nurse	atement dated 12/14/17 that 28/17, the resident ran out of and the resident was told medication from home. The observation bettle was the resident's is pharmacy. Upon receiving the second the required ceiving the narcotic per unted the medication twice to the count book located on the count book located from the end of my shift Saturday the night shift nurse and cet. The next day (10/29/17) I ately 3:00 PM and counted otic counts were correct, the end of my shift saturday the night shift nurse and cet. The next day (10/29/17) I ately 3:00 PM and counted otic counts were correct, the end of my shift saturday the narcotic count, to the end and delivered from our tent #1]. When I clocked out (17) the narcotic count, to the end on 1/10/18 at 8:00 PM. In a family member of Resident work on 10/28/17. She off the twelve Hydromorphone int of the Resident #1 and tic sheet to keep track of the see #5 stated she worked	F 60	08			

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F 608	her shift on 10/29/17 HCL pills were remai Resident #1 at the er 10/29/17. Nurse #4 was intervir Nurse #4 confirmed s 7:00 AM shift on 10/2 give Resident #1 his HCL from the pill both brought to the facility Nurse #4 stated she ordered amount of H 11:00 PM to 7:00 AM #4 stated she was ur over the medication of She stated Nurse #9 participated in counti Hydromorphone HCL 10/29/17. Nurse #8 was intervir Nurse #8 confirmed s AM to 3:00 PM shift of there was no medica Hydromorphone HCL Resident #1. Nurse # physician to write a p Hydromorphone HCL	and eight Hydromorphone ning in the pill bottle for nd of the shift at 11:00 PM on ewed on 1/11/18 at 7:30 AM. she worked the 11:00 PM to 28-29/17. She stated she did scheduled Hydromorphone the in the medication cart with a family member. only gave Resident #1 the ydromorphone HCL on her shift on 10/28-29/17. Nurse sure who was going to take cart at 7:00 AM on 10/29/17. and Nurse #8 both ng the amount of left for Resident #1 on ewed on 1/10/18 at 3:50 PM. she was working on the 7:00 on 10/29/17. She stated tion card with on the medication cart for 8 stated she asked the	F	608	DEFICIENCY)				
	stated she gave Res Hydromorphone HCL personal medication cart. Nurse #8 stated at the end of her shif associated documen she turned it over to recall how many of the	ident #1 the medication							

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F 608	medication on her no Nurse #9 was intended facility on the 7:00 A 10/29/17. Nurse #9 pill bottle Resident Rayloromorphone HC bottle at 7:00 AM or recall the exact courbottle. A proof of delivery a 10/29/17 at 5:57 PM Hydromorphone HC for the use of Resident #1 on 10/29/17 at 5:57 PM Hydromorphone HC for the use of Resident #1 on 10/29/17 at 5:57 PM Hydromorphone HC for the use of Resident #1 on 10/29/17 at 5:57 PM Hydromorphone HC for the use of Resident #1 on 10/29/17 the administration times the MAR the adminimedication on 10/29/17 had administration discrepancy between umber of doses the 10/29/17. Nurse #1 10/30/17 the adminimedication at 12:00 documentation in the controlled medication.	e scheduled amount of pain fursing shift. Viewed on 1/11/18 at 9:20 AM. I she was working at the AM to 3:00 PM shift on stated she remembered the H had on the medication cart. I she counted the number of CL pills remaining in the pill in 10/29/17. Nurse #9 did not int of the medication in the pill in 10/29/17. Nurse #9 did not int of the medication in the pill in the Controlled Medication in the CL were delivered to the facility ent #1. In the Controlled Medication indicated Nurse #1 documented on istration of the controlled istration of the controlled in the CMUR indicated Nurse in the CMUR indicated Nurse in the CMUR and MAR in the interest in the CMUR and MAR in the interest in the CMUR and MAR on istration of the controlled in AM and 4:00 AM. The interest in the CMUR indicated the interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled in AM and 4:00 AM. The interest in the controlled interest in	F 60	08		
	medication on her no Nurse #9 was intered Nurse #9 confirmed facility on the 7:00 A 10/29/17. Nurse #9 pill bottle Resident Rourse #9 confirmed Hydromorphone HC bottle at 7:00 AM or recall the exact courbottle. A proof of delivery a 10/29/17 at 5:57 PM Hydromorphone HC for the use of Resident #1 on 10/29 administered 9 dose Resident #1 on 10/29 administration times the MAR the adminimedication on 10/29 The documentation #1 had administration discrepancy between umber of doses the 10/29/17. Nurse #1 10/30/17 the adminimedication at 12:00 documentation in the controlled medication 2:00 AM and 6:00 A the controlled medication medication medication medication medication at 12:00 documentation in the controlled medication and 10/29/19 AM and 6:00 A the controlled medication medication medication medication medication medication medication and 6:00 A the controlled medication medicat	riewed on 1/11/18 at 9:20 AM. Is she was working at the AM to 3:00 PM shift on stated she remembered the #1 had on the medication cart. Is she counted the number of CL pills remaining in the pill in 10/29/17. Nurse #9 did not int of the medication in the pill in 10/29/17. Nurse #9 did not int of the medication in the pill in 10/29/17. Nurse #9 did not int of the medication in the pill in the Controlled Medication in the Controlled Medication in the Controlled Medication in the Controlled Medication in the Controlled is Nurse #1 documented on istration of the controlled is Nurse #1 documented on it in the CMUR indicated Nurse in the CMUR indicated Nurse in the CMUR and MAR in the in the CMUR and MAR in the in the CMUR and MAR on is stration of the controlled in AM and 4:00 AM. The in CMUR indicated the				

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F 608	of the controlled med administration when one dose at each add administration times was given. Nurse #1 order for administration undetermined administration undetermined administration and 10/30/17. Nurse #7 was intervied AM. She confirmed so count of the narcotics Nurse #1 on 10/30/17 stated the resident with morning of 10/30/17 pain medication. She any more pain medication. She any more pain medication and with the pain ordered." Nurse #7 stottle with Resident with stated it was not in the 10/30/17 and she asl assist her in locating stated that the pill bokeep an accurate according gone. Nurse #7 state attention to the medical him. An "Orders - Administration at 7:45 AM stated, "Opatient requesting/was pain medications ever received. MD states in the states of the states	was administered two doses lication at each he was ordered to receive ministration. Four of the five indicated an incorrect dose did not follow the physician's on of the medication at those istration times on 10/29/17 ewed on 1/10/18 at 11:43 the completed a medication and took over the cart from 7 at 7:00 AM. Nurse #7 as in significant pain on the and was requesting more estated, "I could not give him radiotional pain medication. his pain medication as tated she never saw the pill #1 brought from home. She he medication cart on ked the unit manager to the pill bottle. Nurse #7 ttle and the form used to counting of the pills were ad Resident #1 did pay cation being administered to cart in the pill administered to eat and the form used to counting of the pills were ad Resident #1 did pay cation being administered to cart in the pill and been that patient is maxed out on one would cause reverse	F 6	08		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION G		(X3) DATE COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP COD 1987 HILTON STREET BURLINGTON, NC 27217	E	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
F 608	evening and night of pain level of 8 on a state documentation in the 10/30/17 Resident #1 scale of 1 to 10. A medication report vind/31/17 had an incide "On 10/24 at 1745 (5 PM), 10/25 at 2100 (9 (3:00 PM), 10/29 at 2 2300 (11:00 PM), 10/10 nurse gave a double (Hydromorphone HC scheduled to have 1 by mouth as needed, mg) at the times liste agitated because "so pills and some only good Resident #1 was inteen 11:04 AM. He stated monitor the medication that if he had receive Hydromorphone HCL time period he "would stated he remembered the Monday it was disbrought from home with the weekend his person Hydromorphone HCL 2 doses (4 mg) of Hy of the nurses administered 5 doses to 10/30/10/10/10/10/10/10/10/10/10/10/10/10/10	the MAR indicated on the 10/29/17 Resident #1 had a cale of 1 to 10. The MAR indicated on the day of had a pain level of 4 on a written by Nurse #6 dated dent description that stated, 45 PM), 10/25 at 1700 (5:00 100 PM), 10/29 at 1500 100 (9:00 PM), 10/29 at 30 at 0600 (6:00 AM) the dose of Dilaudid L)." The resident was tablet (2 mg) every 4 hours The nurse gave 2 tablets (4 d above. The resident was me nurses were giving him 2 iving him one." Tryiewed again on 1/8/18 at he was very careful to ons he received. He stated d 2 doses (4 mg) of every 4 hours in a 12 hour of have been a zombie." He ad being in extreme pain on as missing. He stated on sonal bottle of event missing, he did not get dromorphone HCL from any stering his medication.	F 6	08			

1, 7		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION S	(X3) DATE SURVEY COMPLETED		
		345420	B. WING		C		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217	01/11/2018		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION		
F 608	doses of Hydromor Nurse #1. The docu indicated Nurse # 1 Hydromorphone HC 11/22-23/17 at nine Nurse #1 did not do administration times on the MAR. This was commented on the MAR in resident received on the documentation evening of 11/22/17 was coded as a 7 documentation in the Resident #1 on the been documented in the MAR indicate pain level of Resides scale of 1 to 10. The Director of Nur on 1/5/18 at 12:00 in 10/28/17 twelve Hybrought from the had facility for his use. The DON stated the Hydromorphone HC missing on the more documentation created and she defined been administered Hydromorphone HC missing on the MC medication. She stated and she defined hydromorphone HC missing on HC missing HC missing HC missing HC missing HC missing on the more documentation created hydromorphone HC missing on HC missing on HC missing HC m	ed the resident received 2 phone HCL on 11/21/17 from umentation in the CMUR administered twelve doses of CL to Resident #1 on different administration times. becoment any of the nine s for the controlled medication was a discrepancy between the the number of doses the	F 60				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	' '	DATE SURVEY COMPLETED
		345420	B. WING			C 01/11/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		01/11/2016
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 608	Resident #1." The Dithere was enough epill bottle and the nawas anything more on the weekend of 1 Resident #1. The Didiversion of medicat 10/29-30/17 and did of the authorities. The DON and Admin 1/7/18 at 8:56 AM. The staff member who to from Nurse #1 on 12 the narcotic count for #1 was not correct. Notified immediately The DON stated she terminated Nurse #2 Hydromorphone HCDON reiterated Nurse #3 Hydromorphone HCDON reiterated with the maccurred on 11/22-23/17 for Facility policy. 2. Resident #2 had anything and radiculated arthritis and radiculated arthritis and radiculated causing pain.	L had been administered to PON stated she did not think vidence without the missing protectic sheet to prove there than a medication error made 10/29-30/17 with regard to PON did not suspect a protection on the weekend of 10 not report a diversion to any 10 not report a diversion to any 10 not report a diversion to any 10 not report a diversion to Resident 1/23/17 at 7:00 AM, suspected for administration to Resident The DON stated she was 10 of the suspected diversion. 10 not report a diversion and 10 not report administration to Resident The DON stated she was 10 of the suspected diversion. 10 not report a diversion and 10 not report administration to Resident The DON stated she was 10 of the suspected diversion and 10 not report administration administration administration and 10 not report administration and 10 not report administration administr	F 6			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 608	as cognitively intact of medication on an ast days of the assessman Resident #2 had an and 1.5 tablets (6 mg) of tablet by mouth even The documentation in Utilization Record in administered doses of HCL to Resident #2 7:00 PM, 11:00 PM, AM. Only one dose of 6:49 PM on 11/22/17 Medication Administered to Resident #2 received discrepancy between doses the resident resident #2 received Oxycodone-Acetami mouth at 8:00 AM or 7 on a scale of 1 to 1 The facility DON pro Nurse #1 on 11/27/1 there were discrepans	with the receipt of Opioid pain needed basis during all 7 ent period. order initiated on 10/3/17 for Hydromorphone HCL 4 mg y 4 hours as needed for pain. In the Controlled Medication dicated Nurse #1 of 6 mg of Hydromorphone on 11/22-23/17 at 3:45 PM, 1:00 AM, 4:00 AM, and 7:00 of Hydromorphone HCL at y was documented on the ration Record (MAR) as dent #2. This was a in the CMUR and MAR in the eceived on 11/22-23/17. On the MAR indicated dia one-time ordered dose of nophen Tablet 5-325 mg by in 11/23/17 for a pain level of	F 60				
	PM. Nurse #2 stated orienting another nur Nurse #2 noted that Hydromorphone HCI	ewed on 1/10/18 at 12:30 on 11/23/17 he was rse on the medication cart. Resident #2 had too much L administered on the PM to 7:00 AM shift on					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345420	B. WING _			C 01/11/2018
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		01/11/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 608	the MAR. Nurse #2 s have been administe Hydromorphone HCL shift on 11/22-23/17 I Hydromorphone HCL the 7:00 AM to 3:00 f that all of the doses obeen administered or Resident #2 without a HCL for the morning Nurse #1 explained to she borrowed from or another resident. Nur unit manager, who in Director of Nursing. The facility's Director Administrator were in AM. She stated Nurs Nurse #1 on 11/23/17 the narcotic count for #2 was not correct. Tootified immediately of The DON stated she terminated Nurse #1 Hydromorphone HCL DON revealed the on was to the Board of Never notified the pol diversion. The DON roon 11/27/17 of the su Administrator stated enforcement, adult postate agency regarding	crepancies were noted on tated Resident #2 should red 2 doses of on the 11:00 PM to 7:00 AM eaving two more doses of left to be administered on PM shift. Nurse #2 stated of Hydromorphone HCL had in the night shift leaving any more Hydromorphone shift. Nurse #2 stated that the discrepancy by saying he resident to give to see #2 stated he called his structed him to call the of Nursing (DON) and therviewed on 1/7/18 at 8:56 to #2 took over the cart from 7 at 7:00 AM and suspected administration to Resident the DON stated she was of the suspected diversion. began an investigation and because doses of were unaccounted for. The ally notification that was done dursing and that she had ice of the suspected inotified the Board of Nursing spected diversion. The they had not yet notified law rotective services or the ring the suspected diversion of dent #2 per the facility policy.	F6			2/8/18
SS=D	CFR(s): 483.12(c)(1)		F 0	109		2/0/18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		345420	B. WING _			C 01/11/2018	
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP COD 1987 HILTON STREET BURLINGTON, NC 27217	E	01/11/2010	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 609	Continued From page	e 13	F 6	609			
		se to allegations of abuse, or mistreatment, the facility					
	involving abuse, neglimistreatment, including source and misapproare reported immediathours after the allegathat cause the allegathat cause the allegathat cause that cause abuse and do not rest the administrator of the administrator of the adult protective serving for jurisdiction in long	e that all alleged violations lect, exploitation or ng injuries of unknown priation of resident property, ately, but not later than 2 ation is made, if the events tion involve abuse or result in or not later than 24 hours if the allegation do not involve sult in serious bodily injury, to the facility and to other the State Survey Agency and ces where state law provides pterm care facilities) in the law through established					
	designated represent accordance with Stat Survey Agency, withi incident, and if the all appropriate corrective	the results of all administrator or his or her tative and to other officials in le law, including to the State in 5 working days of the leged violation is verified e action must be taken.					
	facility failed to report controlled medication within the prescribed (Resident's #1 and #2 abuse investigations.	2) of 5 residents reviewed for		F609 Processes that lead to deficie Nurse # 1 was found to have resident #1 and resident # 2 r medication. Drug Diversion w to the North Carolina Board of and Drug Enforcement Agency failed to implement policy nur	diverted narcotic ras reported of Nursing cy. Facility		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF D	DOVIDED OD CUIDDUED	343420	B: Willo		TREET ARRESC CITY STATE ZIR CORE	01	/11/2018	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
ALAMANO	CE HEALTH CARE CEN	NTER			987 HILTON STREET			
				В	SURLINGTON, NC 27217			
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F 609	Continued From pa	ge 14	F	509				
	-	morphone HCL 2 mg tablet by			Abuse/Neglect/Misappropriation/Crime	init		
	mouth every 4 hour				Abuse/Neglect/Misappropriation/Crime ial reporting guidelines for theft of a	-11111		
	Inloutinevery 4 flour	s for pairi.			patient s medication which includes			
	The documentation	in the Controlled Medication			notification to State Agency, Adult			
	Utilization Record in				Protective Services and authorities, for	,		
		es of Hydromorphone HCL 2			suspected diversion of resident #1 and			
		on 11/21/17. The MAR for			resident # 2.			
		ed the resident received 2						
	doses of Hydromor			Procedure for implementing the				
	Nurse #1. The docu	imentation in the Controlled			acceptable plan of correction for the			
		on Record indicated Nurse #1			deficiency cited:			
		e doses of Hydromorphone			Theft of resident #1 and Resident #2			
		on 11/22-23/17 at nine			medications reported to State Agency,			
		tion times. Nurse #1 did not			Authorities, and Adult Protective Service	es		
	_	e nine administration times for			on 1/7/2018.			
		cation on the MAR, making it nd the amount of medication			Education on Policy number 703 Abuse/Neglect/Misappropriation/Crime	_init		
	given.	ind the amount of medication			ial reporting guidelines given to	-11111		
	given.				Administrator and Director of Nursing b)V		
	The DON and Admi	inistrator were interviewed on			Regional Nurse consultant on 1/7/2018	-		
	1/7/18 at 8:56 AM.	The DON stated Nurse #2,						
	who took over the c	art from Nurse #1 on 11/23/17			The monitoring procedure to ensure the	at		
	at 7:00 AM, suspec	ted the narcotic count for			the plan of correction is effective and the	nat		
	administration to Re	esident #1 was not correct.			the specific deficiency cited remains			
		e was notified on 10/23/17 by			corrected and/or in compliance with the	3		
		pected diversion. The DON			regulatory requirements:			
		n investigation on 10/23/17			The administrator will begin morning	_		
		se #1 after evaluating the			meeting each day Monday through Frid	lay		
		inistrator stated they had not			by asking for any customer service			
	·	procement, adult protective			issues, including theft of patients medications. The administrator will refe	.r		
		e agency regarding the not			all allegations of theft of patient	71		
	1	cy was not notified with a			medication s to local law enforcement	r		
	_	or with in the 5 day time			Adult Protective Services, and Health	,		
	frame.	or that in the o day time			Care Personnel Registry within 24 hou	rs		
					of the allegation being made.	-		
	The DON was inter	viewed again on 1/10/18 at			This will be audited weekly by the Direct	ctor		
		d that on 11/23/17 at			of Nursing for 3 months.			
		or 10:00 AM she was notified			All Audits will be reviewed at the			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345420	B. WING _				C 11/2018
	ROVIDER OR SUPPLIER	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		987 HILTON STREET	01/11/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	Κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 609	Hydromorphone HCL medication count. Th access at her home to records and she imminvestigation. She stathe morning of 11/23/ suspended pending to investigation. The DC the Board of Nursing information regarding Board of Nursing on Nurse #2 was intervied PM. Nurse #2 stated orienting another nursurse #2 noted that Fell Hydromorphone HCL evening shift (11:00 Fell 11/22-23/17) and discipated the MAR. Nurse #2 smanager, who instruct of Nursing. 2. Resident #2 had a for 1.5 tablets (6 mg) mg tablet by mouth expain. The documentation in Utilization Record including administered ten dos Resident #2 on 11/22 administration times. 6:49 PM on 11/22/17 MAR as administered making it unclear whe the resident was administered making it unclear who the resident was administration times.	epancies with the medication during the morning e DON revealed she had to the electronic medical ediately began an ated she called Nurse #1 on 17 and told her she was the outcome of the DN stated she telephoned on 11/27/17 and sent the investigation to the 12/2/17. Ewed on 1/10/18 at 12:30 on 11/23/17 he was se on the medication cart. Resident #1 had too much administered on the DM to 7:00 AM shift on crepancies were noted on tated he called his unit call the Director of Hydromorphone HCL 4 very 4 hours as needed for the Controlled Medication licated Nurse #1 es of 6 mg of Dilaudid to	F	609	Quarterly Quality Assurance meeting X for any further problem resolution if needed. The Title of person implementing the acceptable plan of correction: Director of Nursing Completion date: February 8, 2018	1	

AND PLAN OF CORRECTION IDENTIFI	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTII IDENTIFICATION NUMBER: A. BUILDIN		<u></u>	(X3) DATE SURVEY COMPLETED	
	345420	B. WING		C 01/11/2018	
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217	,	
(X4) ID SUMMARY STATEMENT OF DEPREFIX TAG (EACH DEFICIENCY MUST BE PR REGULATORY OR LSC IDENTIFY)	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
F 609 Continued From page 16 #1 administered doses of 6 mg of Resident #2 on 11/22-23/17 at 3: 11:00 PM, 1:00 AM, 4:00 AM, and The facility DON provided a state Nurse #1 on 11/27/17. Nurse #1 there were discrepancies in their and MAR for Resident #2 and continued the discrepancies. The DON and Administrator were 1/7/18 at 8:56 AM. The DON state who took over the cart from Nurse at 7:00 AM, suspected the narco administration to Resident #2 was The DON stated she was notified the suspected diversion. The DOD began an investigation and terminafter evaluating the evidence. The the only notification that was done Board of Nursing and that she has the police of the suspected diversed Administrator stated they had no enforcement, adult protective set state agency regarding the suspected medications for Resident #2 per The state agency was not notified 24 hours nor with in the 5 day time. The DON was interviewed again 9:30 AM. She stated that on 11/2 approximately 9:00 or 10:00 AM by Nurse #2 of discrepancies wit Dilaudid during the morning med The DON revealed she had accest to the electronic medical records immediately began an investigation.	45 PM, 7:00 PM, d 7:00 AM. ement made by acknowledged harcotic records uld not explain e interviewed on the language of the	F 60	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345420	B. WING			01/	/11/2018
	ROVIDER OR SUPPLIER	ER		1987 HILTON	RESS, CITY, STATE, ZIP CODE N STREET ON, NC 27217		
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	she telephoned the B and sent information to the Board of Nursir Nurse #2 was intervied PM. Nurse #2 stated orienting another nurse Nurse #2 noted that F Dilaudid administered PM to 7:00 AM shift of discrepancies were notated he called his under the Director Pharmacy Srvcs/Processing 10 to the Board Processing 10 to	igation. The DON stated oard of Nursing on 11/27/17 regarding the investigation on 12/2/17. It wed on 1/10/18 at 12:30 on 11/23/17 he was see on the medication cart. Resident #2 had too much 1 on the evening shift (11:00 on 11/22-23/17) and oted on the MAR. Nurse #2 of Nursing.		755			2/8/18
SS=E	§483.45 Pharmacy Son The facility must providing and biologicals them under an agree §483.70(g). The facility personnel to administ permits, but only under a licensed nurse. §483.45(a) Procedure pharmaceutical service that assure the accurrical service that assure the accurrence that as a service that as a service that as a service that a serv	ervices ide routine and emergency to its residents, or obtain ment described in ity may permit unlicensed er drugs if State law er the general supervision of es. A facility must provide tes (including procedures ate acquiring, receiving, nistering of all drugs and he needs of each resident.					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING CO	(X3) DATE SURVEY COMPLETED C 01/11/2018 CODE	
345420 B. WING		
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is amaintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to keep an accurate accounting of controlled medications on the Controlled Medication Utilization Record and the Medication Administration Record for 2 (Resident #1 and Resident #2) of 3 residents reviewed for pharmacy services. Findings included: 1. Resident #1 had an order to receive 1 tablet of Hydromorphone HCL 2 mg (milligram) tablets by mouth every 4 hours as needed for pain. Hydromorphone HCL is a controlled medication used to treat moderate to severe pain. The documentation in the Medication Administration Record (MAR) indicated Hydromorphone HCL had been administered to Resident #1 at 3:09 PM on 10/23/17. The documentation in the Controlled Medication Utilization Record (GMUR) revealed Nurse #1 signed out the ordered dose of Hydromorphone HCL for Resident #1 at 4:00 PM on 10/23/17. There was a one-hour difference between the time the medication was said to have been given and the time it was signed out in the Control of the grecific deficiency cite; corrected and/or in compliance with the regulatory requirements. Director of nursing and/or received for process and provential for the processes that lead to the deficiency. The plan should address the processes that lead to the deficiency cite. 12/13/17 Regional Nurse consultant initiated audit for resident #1 of # of doses of Dilaudid received from pharmacy versus count on narcotic sheet vs documentation on Electronic Medication Administration Record. On 1/2/18 results of resident #1 administration Record initiated for Documentation in suces with ne received for procedure for implementing the acceptable plan of correction for the s		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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AL AMANG	SE LIEALTH CARE CENT	T.D.		19	987 HILTON STREET		
ALAMANG	CE HEALTH CARE CENT	EK		В	SURLINGTON, NC 27217		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 755	Continued From page	e 19	F	755			
		n the Controlled Medication			documenting administration of narcotic		
	Utilization Record ind	licated Nurse #1			medication to include When signing ou		
	administered either 1	or 2 doses of			scheduled or prn narcotic for a residen		
	Hydromorphone HCL	. 2 mg tablets by mouth to			you MUST document it on the Narcotic	;	
	Resident #1 on 10/23				Count Sheet and it MUST be signed or	ut	
		ministration was unclear as			on the Electronic Medication		
	-	of the controlled medication			Administration Record. Completed		
	_	ident at that time. The			01/15/2018.		
	documentation in the	remaining by a decreasing			All New Licensed nurses will receive education on correct practice of		
		on. On 10/23/17 at 8:00 PM			documenting administration of narcotic		
		six and twenty eight were			medication in orientation When signing		
		olumn to represent the			out a scheduled or prn narcotic for a		
	amount of medication				resident you MUST document it on the		
		column made it unclear as			Narcotic Count Sheet and it MUST be		
	to the amount of the	controlled medication that			signed out on the Electronic Medication	า	
	was remaining at tha	t time.			Administration Record.		
		the Controlled Medication			How the facility plans to monitor and		
	Utilization Record ind				ensure correction is achieved and		
	administered doses of				sustained Director of Nursing or Assistant Director	r of	
		to Resident #1 on 10/23/17 nistration times. Only one			Director of Nursing or Assistant Director nursing and/or RN Unit Managers will	or Or	
		one HCL was indicated as			audit 10% of patients on each unit who		
		MAR for 10/23/17 making it			receive narcotic medications to verify t		
		esident #1 received the			Narcotic Count Sheet matches Electro		
	doses of the controlle	ed medication.			Medication Administration Record wee	kly	
					X 4, Bi-Weekly X 2 and Monthly X 1.	-	
		n the Controlled Medication			Results of audits will be reviewed at		
	Utilization Record ind				weekly Quality Assurance Risk Meeting	J ,	
		of Hydromorphone HCL to			and at Quarterly Quality Assurance		
	Resident #1 on 10/24				meeting X 1 for further problem resolut	ion	
		Nurse #1 did not document inistration of the controlled			if needed		
		17, making it unclear the			The title of the person responsible for		
		on. On 10/24/17, at one of			implementing the acceptable plan of		
		ies of administration, the			correction.		
		ident #1 was administered			Director of Nursing.		
		trolled medication at one			Completion date: February 8, 2018		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345420	B. WING _			01/	11/2018
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP 1987 HILTON STREET BURLINGTON, NC 27217	CODE		2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
F 755	follow the physician's the medication at that The documentation in Utilization Record ind administered one dos mg tablets by mouth on 10/25/17. Nurse # the medication was a 10/25/17. There was minute difference bet medication was said time it was signed out The documentation in Utilization Record ind administered one dos mg tablets by mouth on 10/25/17. Nurse # the medication was a 10/25/17. There was minute time difference medication was said time it was signed out The documentation in Utilization Record ind administered doses on Resident #1 on 10/25 and two doses at 9:00 the CMUR the physic for administration of the tour document on the the four doses of contol/25/17, making it unadministration.	y Nurse #1. Nurse #1 did not order for administration of a time. In the Controlled Medication icated Nurse # 3 Ise of Hydromorphone HCL 2 Ito Resident # 1 at 8:00 AM Is documented on the MAR dministered at 10:25 AM on two-hour and twenty-five ween the time the to have been given and the tin the Controlled Medication icated Nurse # 3 Ise of Hydromorphone HCL 2 Ito Resident # 1 at 1:00 PM Is documented on the MAR dministered at 2:29 PM on a one-hour and twenty-nine to have been given and the tin the Control Record. In the Controlled Medication icated Nurse #1 Is to have been given and the tin the Control Record. In the Controlled Medication icated Nurse #1 Is the Controlled Medication i	F7	755			

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345420	B. WING		C 01/11/2018	
	ROVIDER OR SUPPLIER	TER	1	TREET ADDRESS, CITY, STATE, ZIP CODE 987 HILTON STREET BURLINGTON, NC 27217	,	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
F 755	doses of Hydromorp Resident #1 on 10/2 documentation in the amount of medication count of the medication the CMUR indicated remaining decrease doses on 10/26/17 are representation of who count of the amount unclear as to	dicated Nurse # 4 gave two shone HCL 2 mg tablets to 16/17 at 5:00 AM. The 16/17 at 60cumentation in 16/16 amount of medication 16/16 by one dose and not two 16/16 at 5:00 AM. The difference in 16/16 at was administered and the 16/16 of medication left, made it 16/16 at was administered and the 16/17 at 60cument on the Mark the 16/17 at 1:00 16/17 at 1:00 17/17 to 18/16 at a medication 18/17 at 60cument on the Mark the 18/17 at 60cument on the 18/1	F 755			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345420	B. WING		C 01/11/2018	
	ROVIDER OR SUPPLIER	TER	1	TREET ADDRESS, CITY, STATE, ZIP CODE 987 HILTON STREET BURLINGTON, NC 27217		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 755	controlled medication The documentation indicated the control the resident at 2:00 unclear when the co administered. On 10 #1 indicated on the administered two do medication when he dose at each admini administration times was given. Nurse #1 order for administrat undetermined admir and 10/30/17. Resident #1 had an tablet of Hydromorp mouth every 4 hours The documentation Utilization Record in administered 5 dose mg to Resident #1 or Resident #1 indicate doses of Hydromorp Nurse #1. The docu Medication Utilizatio administered twelve	e administration of the n at 12:00 AM and 4:00 AM. in the CMUR for 10/30/17 led medication was given to AM and 6:00 AM, making it entrolled medication was 1/29/17 and 10/30/17 Nurse CMUR Resident #1 was uses of the controlled was ordered to receive one estration. Four of the five indicated an incorrect dose of the medication at those nistration times on 10/29/17 order dated 11/10/17 for one thone HCL 2 mg tablet by a for pain.	F 755			
	different administrati document any of the the controlled medic unclear the times an given. The facility Director	ion times. Nurse #1 did not enine administration times for eation on the MAR, making it did the amount of medication of Nursing (DON) provided eatements taken from Nurse				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		345420	B. WING		01/11/2018		
	ROVIDER OR SUPPLIER	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217	,		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION		
F 755	#1 on 11/14/17. Nurs made medication en 10/29-30/17 on the a Hydromorphone HC DON provided anoth #1 on 11/27/17. Nurs were discrepancies MAR for Resident #1 not explain the discrespond to requests longer was working at the investigation. Nurse #2 was interving PM. Nurse #2 stated narcotics on the "nat then documented the medication on the Medication o	se #1 acknowledged she had rors on the weekend of	F 75				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
		345420			C 01/11/2018		
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	SHOULD BE COMPLETION	
F 755	Continued From page 24 Resident #1 two pills of Hydromorphone HCL at one time. She stated the physician's order was for one pill of Hydromorphone HCL every 4 hours and she followed the physician's order. The Director of Nursing was interviewed on 1/6/18 at 4:00 PM. She stated that the policy of the facility was to take the medication out of the narcotic box, sign out the medication on the narc sheet (CMUR), give the medication to the resident, and then document on the MAR. She explained that the narcotic would be wasted if the resident did not take the medication and an explanation would be given on the narc sheet. She stated it is a professional standard to document the administration of medications on the MAR. 2. Resident #2 had an order for 1.5 tablets (6 mg) Hydromorphone HCL 4 mg tablets by mouth every 4 hours as needed for pain.		F 75	55			
	Utilization Record indicated tendos Hydromorphone HCl 11/22-23/17 at 9 difference of Hy PM on 11/22/17 was administered to Resi it unclear when and HCL the resident was 11/22-23/17. The docindicated Nurse #1 at Hydromorphone HCl 11/22-23/17 at 3:45 FAM, 4:00 AM, and 7:	ses of 6 mg of L to Resident # 2 on erent administration times. dromorphone HCL at 6:49 documented on the MAR as dent #2 by Nurse #1 making now much Hydromorphone s administered on cumentation in the CMUR dministered doses of 6 mg of L to Resident #2 on PM, 7:00 PM, 11:00 PM, 1:00					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345420	B. WING			C	
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	((EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 755	Nurse #1 on 11/27/17 there were discrepanand MAR for Residenthe discrepancies. Nurse #1 did not respinterview and no long at the time of the investment of	7. Nurse #1 acknowledged cies in the narcotic records at #2 and could not explain are was working at the facility estigation. In a was interviewed on the stated that the policy of the medication out of the the medication to the cument on the MAR. She recotic would be wasted if the the medication and an given on the narc sheet.	F 7	755			