INSIDITO	Health Service Regu	I /YII DHINI PROUPPLICIY YE''		CONSTRUCTION	COMPLET	RVEY TED
TATEMENT (ND PLAN OF	OF DEFICIENCIES	IDENTIFICATION NUMBER:	A. BUILDING:			
					11/20	12014
		HAL098027	B. WING			
			DDRESS, CITY, STA			
AME OF PR	OVIDER OR SUPPLIER		NIOR VILLAGE L	ANE		
VILSON A	SSISTED LIVING	WILSON	I, NC 27896	PROVIDER'S PLAN OF CI	OPPECTION	(X5)
	SUMMARY S	TATEMENT OF DEFICIENCIES	ID PREFIX	I CONTRACTION ACTION	N SHUULU DE	COMPLETE DATE
(X4) ID PREFIX TAG	1	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY		
000 D	Initial Comments		D 000			
· · · · · · · · · · · · · · · · · · ·		outen conducted an				· · · ·
and the second secon	The Adult Care Lice annual survey on 1	nsure Section conducted an 1/18/2014 through 11/20/2014.				
	100 HOAD 19E 06	05 Training On Care Of	D 164			adapartitud y
D 164	Diabetic Resident	An sina ma ina se se se				
		or the Or Core Of				
	n-L-L-Donidonte	05 Training On Care Of				
	a suit anno home	a shall assure that training on				
	the care of residen	ts with diabetes is provided to				
	i an in an Enllower	or to the administration of				
	In Training shall	be provided by a registered				
	nurse, registered p	harmacist or prescribing				
	a addition of	include at least the following:				
	(2) Training shall	out diabetes and care involved				È.
	in the managemer	nt of diabetes;				· ·
	(b) insulin action;					
	(c) insulin storage	uring and injection techniques				
	Can the order order 1971	237 237 8373				
	(e) treatment and	I prevention of hypoglycemia a, including signs and				
	symptoms;					
	(f) blood glucose	monitoring; universal				
	precautions:	19 A.				
	(g) universal pre	idministration times; and				
	(i) sliding scale i	nsulin administration.	4	en e		
2.49130.000						
	This Rule is not	met as evidenced by:				
	Design on intentil	and record review, the louiny	l .			
	Entired to open the l	t of 5 medication aides sampled and H) received training by a				
	hooth r	wataccinnal on life vale vi		and the second se		
	diabetic resident	s prior to administering insumine		1 All		
	residents. The f	indings are:	/	LAD THE A		(X6) DATE
Division of	Health Service Regulationry DIRECTOR'S OR PROV	n /IDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE 1-	THE UI	-11-	12/17/1
م و د او دهم وجه ا			Aller.	Ht M	<u>Nr. All Train Too</u> If con	itinuation syleet 1
STATE FO)RM		6899	CORO11	Jane G	1 1
4 H Y Y Y				Annarad	Jane 6	oodelf
				1 Mill waren	11	27/14

wiejon of	Health Service Re	gulation	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR COMPLETE	D
TATERSENT	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			
1 Star Contraction	10.2 . 11 1 1 .		B. WING		11/20/	2014
		HAL098027				
		STREETA	ODRESS, CITY, ST			
IAME OF PRO	OVIDER OR SUPPLIER		NIOR VILLAGE	LANE		
	SISTED LIVING	WILSON	,NC 27896	PROVIDER'S PLAN OF CORRECT	ION .	(X5)
91 <u></u> 00		Y STATEMENT OF DEFICIENCIES	ID.	A CTRIM SHUE		COMPLETE
(X4) ID PREFIX		ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AND THE APPRO CROSS-REFERENCED TO THE APPRO DEFICIENCY))PRIAIE	
TAG						
in the second			D 164			
D 164	Continued From	Sade r				
	1 Doview of Sta	ff A's personnel record revealed:				
	Chawas hired a	s a Nursing Assistant (NA) on			and the second	
1	101100000					
	cho completed l	ner medication clinical skills				
	Children on OAA	n7/2014	1			
	cho naccod the	Medication Aide exam on		- and		
	UDI 12/2014	ion of the 5 hour/10 hour or 15	add to do man	Diabetic training was taught by C	ur RN with	
	hour state medic	-etion training.		Diabetic training was taught and	Corths All	
	hour state meur	ion of diabetes training.		Southern Pharmacy for all Med	-Idente	
	4			the stor related to care of diabeut	1Esidence	
		taff A on 11/20/2014 at 09:30 a.m.		a with certificates 1	Sucu-	
				Training for diabetic care will be	included as	
51	revealed.	emember if she had any specific		Training for diabetic cure and l	nfortion	
				part of the 5 hour training and I	1	
	1. Provide the second secon	Sanding ging iss litt Use was with the		Control Course prior to med tec	JN5	
	3 Same	what man if gu dans were t		- Iministoring medications of If	ISUINI as bei	
	Unit on the ill'st	red insulin to diabetic residents.		regulation. Administrator, RCC,	SCUC	
	1			regulation. Administrator, res-	- ensure	
	and and states to	acility's medication administration		and/or designee will monitor to	EANCINOIS	
	1	A REALING STATE A REPUBLIC Y		compliance. Completion date	UI 1/ 10/ 2010	
	records (WAR)	mber, October, and November				
	2014.					
1	Defer to intent	ew with the Special Care Unit				
l	Coordinator on	11/19/14 at 02:00 p.m.				-
I			- internet and a second s			
ŀ	Defer to intenti	ew with the Administrator on		a a de la constante de la const		
	11/19/14 at 02	:30 p.m.				
	A second seco		a construction of the second se			
	Refer to interv	iew with the Owner on 11/20/14 at				
	04:00 p.m.	•		L. Andrewski and L. Andrew		
1. 1.500000	1					
	De Daview of	Staff D's personnel record revealed				-
*****	Chause hire	d as a medication aide on				-
			the second			
	Che completi	ed her medication clinical skills				
		nc/nc/20114	and the second se			
	_She nasser!	the Medication Aide exam on				
1	Health Service Regula				If confi	inuation shee

STATE FORM

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STATEMENT	f Health Service Regu of deficiencies F CORRECTION	ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL098027	B. WING		11/20/2014
	ROVIDER OR SUPPLIER	3501 SEN	DRESS, CITY, STATE, ZIP CODE NOR VILLAGE LANE NC 27896		
(X4) ID PREFIX TAG	JEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(FACH C	AIDER'S PLAN OF CORRECTIC CORRECTIVE ACTION SHOUL EFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 164	Continued From pag 07/24/2000. -No documentation c		D 164		
	revealed: -She did not recall hi training on diabetes. -She checked her tra car and did not have diabetes. -She was a medicati Living Unit on first sh p.m. -She administered in	on 11/20/2014 at 10:00 a.m. aving a specific or detailed ining records she kept in her a training certificate for on aide on the Assisted hift from 07:00 a.m 03:00 isulin to diabetic residents.			
na menangan menangan penangan	records (MAR) reve Insulin in November Refer to interview w Coordinator for the / 11/20/2014 at 11:30 Refer to interview w 11/19/14 at 02:30 p.	ith the Resident Care Assisted Living Unit on a.m. ith the Administrator on			
a serie de la constant de la constan	 Review of Staff (-She was hired as a 02/06/2013. She completed her validation on 02/26/ She passed the Me 08/10/2011. 	edication Aide exam on of diabetes training.			

Division of Health Service Regulation STATE FORM

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If continuation sheet 3 of 31

Division of	Health Service Requ		(X2) MULTIPLE (ONSTRUCTION		(X3) DATE SU COMPLE		
ND PLAN O	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING					
		HAL098027	B. WING	B. WING			11/20/2014	
		1	DRESS, CITY, STAT	E, ZIP CODE				
JAME OF PR	OVIDER OR SUPPLIER		IOR VILLAGE L					
ANI SON A	SSISTED LIVING		NC 27896					
seit ooisis			ID	PROVIDER'S	PLAN OF CORRECT	ON D BE	(X5) COMPLET	
(X4) ID PREFIX TAG	and a service of the	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFEREN	CTIVE ACTION SHOUL NCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
			D 164					
D 164	Continued From pag							
	Review of the facility	's medication administration						
	records (MAR) reve	aled Staff A administered						
		, October, and November						
	2014.							
	Poter to interview w	ith the Special Care Unit		····.				
	Coordinator on 11/1	9/14 at 02:00 p.m.						
	Refer to interview w	ith the Resident Care	· · · ·					
	Coordinator for the	Assisted Living Unit on						
	11/20/2014 at 11:30	ia.m.						
	e va sererativen	M. M A dominictrotor rea	Section 2.					
	Refer to interview w 11/19/14 at 02:30 p	rith the Administrator on .m.						
	Defer to interview V	with the Owner on 11/20/14 at						
	04:00 p.m.							
	4. Review of Staff	H's personnel record revealed:						
	-She was hired as	a medication aide on						
	09/24/2013.	the nompleted her	-					
	-There was no doc medication clinical	umentation she completed her						
	medication citrical	edication Aide exam on						
	12/04/2011.							
	-No documentation	t of diabetes training.						
		f H on 11/20/2014 at 05:00 p.m.						
	revealed:	the grant the stand want he strands					an ar ar ar	
	-She had training	on diabetes in the past but was						
	unsure of when an	ecked off on a clinical skills						
	-She had been on	stered nurse including finger						
	etick blood sugars	and on insulin administration						
	which should be it	her personnel file.					Î.	
	Cho had heen a l	nedication aide on the Special						
	Core Unit and the	Assist Living unit on Tirst and						
	second shift (07:0	0 a.m 03:00 p.m. and 03:00						
ļ	nm = 11.00 nm							
N-000	-She administered Health Service Regulation	d insulin to diabetic residents.		paparante and a second s			nuation she	

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES OF CORRECTION	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL098027	B. WING		11/20/2014
AME OF PF	ROVIDER OR SUPPLIER		DRESS. CITY, ST		
VILSON A	SSISTED LIVING		NC 27896	LANE	
		ATEMENT OF DEFICIENCIES	10 21055	PROVIDER'S PLAN OF CORRECT	10N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLET
D 164	Continued From pag	e 4	D 164		
	records (MAR) revea	s medication administration led Staff H administered October, and November			
savin - The Second	Refer to interview wit Coordinator on 11/19	h the Special Care Unit /14 at 02:00 p.m.			
	Refer to interview wit Coordinator for the A 11/20/2014 at 11:30 a	ssisted Living Unit on			
na transfilma a sharaƙa e	Refer to interview wit 11/19/14 at 02:30 p.n	h the Administrator on n.			
· · ·	Refer to interview wit 04:00 p.m.	h the Owner on 11/20/14 at			Angelege Ang
n men oppring () on second direction of the second se	on 11/19/2014 at 02: -The last training on a aides took place in Ju -The pharmacist was 12/01/2014 to do and the medication aides	diabetes for the medication une 2014. scheduled to come ther training on diabetes for			
nnnv0r	training on diabetes.	ntation Staff A, G, and H had is was required before a d administer insulin.	er en		
i Davis e e Cilitar e de Animensopogna missoire.	the Assisted Living U	sident Care Coordinator for nit on 11/20/2014 at 11:30 ning documentation for staff I files.	se s		
	02:30 p.m. revealed:	ministrator on 11/19/2014 at	n		

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Division of	Health Service Regu	Ilation		CONSTRUCTION	(X3) DATE SURVEY
STATEMENT C	FDEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		COMPLETED
AND PLAN OF	CORRECTION	HEINS H. C. P. L. P. C. P. L. P. C.	A. DUILLING.		
			B. WING		11/20/2014
		HAL098027	<u>. </u>		
	VIDER OR SUPPLIER		RESS, CITY, STA		
NAME OF FIX	JAIDEL COLOGICA SOL	3501 SENI	OR VILLAGE L	ANE	
WILSON AS	SISTED LIVING	WILSON, N	IC 27896		
	CH IN READ DY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)	D BE 1 COMPLEXE
(X4) ID PREFIX	(FROM DEEK)SM	TAUST BE PRECEDED BY FULL	PREFIX	CROSS-REFERENCED TO THE APPROF	PRIATE DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		DEFICIENCY)	
		and the second	0.404		
D 164	Continued From pag	je 5	D 164		
	Annotard I he	ing were responsible for			
	allu ille Assisteu di	raining requirements were			
	mot for the staff on 6	each unit.			
	He was hired as the	e Administrator in April 2014			
, and the second se	and was still learnin	g about state regulations for			and the second
	assisted living facilit	ies.	person of the second		-
	-He was not aware I	the facility was not meeting			
	the diabetes training	g requirement for all their new			
	medication aides.	n making changes to their			
	-He was planning of	system to assure new and			
	evisting staff met cli	nical training requirements.	i o participado		
	Interview with the C	wner on 11/20/2014 at 04:00	10 ° ° •		
	n m revealed:				
	-The Unit Coordinat	tors for the Special Care Unit			a na
	and the Assisted Li	ving were responsible for			
	overseeing clinical met for the staff on	training requirements were			
	The Unit Coordina	tors provided the Business			
	office manager with	the personnel files when they			
	were complete and	she double checked them to			
	make sirre there wa	as nothing missing.			
	-Changes were goi	ng to be made to improve this			
	process to assure a	all personnel requirements			
	were met.				
		ner i T. Bandania Tant	D 234		
D 234	10A NCAC 13F .07	r03(a) Tuberculosis Test,		Administrator, RCC or SCUC will	ensure all
	Medical Exam & In	anna arang		new residents have at least a 1 st	step TB
	104 NCAC 13F .07	703 Tuberculosis Test, Medical		skin test prior to admission. RN v	
	Examination & Imn	nunizations		administer the 2 nd step after adn	hission.
1	(a) Upon admissio	on to an adult care home, each		Copies of each step will be kept	n resident
	rocidant shall he te	sted for tuberculosis disease		Lopies of each step will be kept	ffico
	in compliance with	the control measures adopted	a na shaata	chart as well as Administrators o	
	by the Commission	n for Health Services as		Resident found to have missing s	
	specified in 10A N	CAC 41A .0205 including		been updated with skin tests or	k-ray on
	subsequent amend	dments and editions. Copies of ble at no charge by contacting		11/19/2014.	
	the rule are available	LAG GL LIU SE RELEYE ST STATE			
1	1				e Service a service as the service a start

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If continuation sheet 6 of 31

ATEMENT	Health Service Reg	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLI A. BUILDING			<u> </u>			Ċ	ATE SU	red	
		HAL098027	B. WING					،		11/20	/2014	
		STREET A	DDRESS, CITY, ST	ATE, ZIP (CODE							
AME OF PR	OVIDER OR SUPPLIER		NIOR VILLAGE									
/ILSON A	SSISTED LIVING		, NC 27896	an a							0	
arat in	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		in inis M	DER'S PLA	FACTION	I SHOUL	DBE		COME	(5) PLETE VIE
(X4) ID PREFIX TAG	ICACU DESIGIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX		CROSS-RE	FERENCED	TO THE	APPRO	PRIATE		<u></u>	
D 234	Continued From pa	ge 6	D 234									
	the Denstiment of I	lealth and Human Services,										
-	Tuberculosis Contr	ol Program, 1902 Mail Service		and the second						- Aline A		
	Center, Raleigh, No	orth Carolina 27699-1902.										
	This Rule is not m	et as evidenced by:										
	Reserved on record re	view and interview, the facility										
	failed to assure 3 0	f 7 residents (#2, #4, #0)										
	residing in the facil	ity were tested upon admission										
	for tuberculosis (1t	3) disease in compliance with adopted by the Commission for										
	Health Services. T	The findings are:		-								
	a Dimitour of Docir	dent #6's current FL-2 dated										
	1. Review of Resil	diagnoses included dementia										
	(presumed Alzhein hypertrophy, and a	ner's), benign prostatic		1								
	Review of Resider revealed an admis	nt #6's Resident Register sion date of 09/02/14.		A A A A A A A A A A A A A A A A A A A								
	Review of Resider documentation of	nt #6's record revealed no any tuberculosis (TB) skin test.							· ·			. * •
	Interview with the	Resident Care Coordinator										
	(RCC) on 11/19/1-	4 at 3:00 p.m. revealed									1	
	- Residents were	supposed to have at least one they were admitted to the									an da ba	
	facility											
	- She would then	have the facility's licensed al support (LHPS) nurse to										
	place a second st	ep once the residents were	a di sa d									
	admitted											
	- Resident #6 di	d not have any TB skin tests hitted on 09/02/14.		i.								
	When he was aut	e LHPS nurse had placed a first										
	sten TR skin test	on Resident #6 shortly after ne									- Section of the sect	
	was admitted but	she could not find the										
	documentation.										·	
	Once the TB s	kin tests are placed, LHPS aperwork to the Special Care							· · · · ·			
	Huise gives the p lealth Service Regulation		******		1					if contin		

TATEMENT	of Health Service Reg of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL098027	B. WING		11/20/2014
مراجع بدر شور و و	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE	
AME OF PI	ROAIDER OK SOLLFULK	3501 SEI	VIOR VILLAGE	LANE	
VILSON A	SSISTED LIVING		NC 27896		
			1D	PROVIDER'S PLAN OF CO	RRECTION (X5)
(X4) ID PREFIX TAG		STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	EAPPROPRIATE DATE
D 234	Continued From pa	ge 7	D 234		
		CUC) who has a home health			
	Unit Coordinator (S nurse to read the T	D akin toota			
	nurse to read the i	D SHIT ICSID.			
	a contraction where C	Special Care Unit Coordinator			
	Interview with the c	4 at 3:40 p.m. revealed:			
		ly have one step TB skin test			4.
	upon admission.	y nave and block i a second			
	The facility's I Hi	PS nurse usually places a			
	earond sten TR ski	in test when a resident is			
	admitted and dives	the SCUC the paperwork.			
	- SCLIC rets any	nurse from a local home health			
	accord that service	es the facility to read the TB			
	averies when the	ey are there for facility visits.			
	Home health nu	rse will document on the	-		
	nonenwork and SC	UC will forward the completed			
	TR test nanerwork	to the RCC for residents living			
	on the assisted livi	ng side of the facility.			
	- SCUC did not re	ecall if she had received any TB			
	test nanerwork for	Resident #6 because she			
	focused more on t	he paperwork for the residents			i i i i i i i i i i i i i i i i i i i
	who resided in the	special care unit.			
		a transfer and the second s			
	Telephone Intervie	w with the facility's LHPS nurse			
	on 11/19/14 at 3:4	2 p.m. revealed:			
	- She remember	ed placing one TB skin test for			
	Resident #6 short	y after he was admitted.			
		e given the paperwork to the			
	SCUC.	a second a s			
	- She does not u	sually read the TB skin tests so	1		
	she did not know i	f the TB skin test she placed on			
	Resident #6 had t	een read.		- Art	
		aced any other TB skin tests on		in the second	
	Resident #6.	iced a second step TB skin test			
	- She usually pla	s were already supposed to			
	have one step up	were areary supposed to			
	nave one step up	ui Gui)iidailain			
	8 8	facility's LHPS nurse at the			
	interview with the	revealed.			
	facility on 11/20/1	B skin test on Resident #6			
	- She piaceu a i tealth Service Regulation				

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: AND PLAN OF CORRECTION 11/20/2014 B. WING HAL098027 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3501 SENIOR VILLAGE LANE WILSON ASSISTED LIVING WILSON, NC 27896 PROVIDER'S PLAN OF CORRECTION (X5)-COMPLETE SUMMARY STATEMENT OF DEFICIENCIES Ð (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG D 234 D 234 Continued From page 8 today. - Facility was aware and the facility will be responsible to have the TB skin test read by a nurse over the weekend. 2. Review of Resident #2's current FL-2 dated 08/27/2014 revealed: -Diagnoses included. Alzheimer's Dementia, Seizures, Hypoglycemia, Hypertension, Diabetes Mellitus, History of Mood Disorder, and Leukocytosis. Review of Resident #2's Resident Registry revealed he was admitted 07/31/2013. Review of Resident #2's record revealed: -Step 1 tuberculosis test done on 07/18/2013 and read as negative on 07/20/2013. -No documentation of a Step 2 tuberculosis test. Interview with the Special Care Unit Coordinator on 11/20/2014 at 11:00 a.m. revealed; -She had contacted Resident #2's primary care physician's office on 11/19/2014 to see if there was a record of a second tuberculosis test at their office and she had not heard back yet. -She had made arrangements for a tuberculosis test to be placed by the licensed health professional nurse at the facility on 11/24/2014. -She would have a second tuberculosis test placed in 2 weeks if there was not a second step tuberculosis test on file at Resident #2's primary care physician's office. 3. Review of Resident #4's current FL-2 dated 01/16/14 revealed: -Diagnoses of Sigmoid Volvulus, Benign Prostatic Hyperplasia, Chronic Obstructive Pulmonary Disease, Hypertension, Atrial Division of Health Service Regulation If continuation sheet 9 of 31 0800 CORO11

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STATEMENT	f Health Service Regu of deficiencies F correction	IBTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL098027	B. WING		11/20/2014
	OVIDER OR SUPPLIER		DDRESS, CITY, STAT		
WILSON A	SSISTED LIVING	WILSON,	NC 27896		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE
D 234	Continued From page	€9	D 234		
a ,	Hearing impairment,	Mellitus Type II, Vision and Hypothyroidism, Do Not Positive Purified Protein			
kin taun taun taun taun taun taun taun tau	Review of Resident f revealed he was adn	4's Resident Registry hitted on 05/12/1987.			
	-A positive PPD date -There was no docur follow-up of a positiv -A negative Yearly R Screening dated 02- -An x-ray which was after the concern wa	nentation concerning e TB skin test in 1998. ecord Tuberculosis 10-2014. performed on 11-19-2014 s brought to the facility's eyor with negative results for			
and the second	Assisted Living on 1 revealed: -She was not aware history of positive PF -She did not know w PPD test upon admi -She was not aware follow-up chest x-ray	hy he had not received a ssion in 1987. that there needed to be a r after a positive PPD test. Resident #4 received a			
	on 11-19-2014 at 11 interviewable.	interview with Resident #4 45 A.M. Resident #4 was not to speak with Resident #4's ccess.			
	aith Service Regulation				

STATE FORM

Division o	of Health Service Regul	ation			
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL098027	B. WING		11/20/2014
NAME OF PR	ROVIDER OR SUPPLIER		RESS, CITY, STA		
WILSONA	SSISTED LIVING	3501 SENI WILSON, M	OR VILLAGE L IC 27896	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NEMENT OF DEFICIENCIES 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)	LO BE COMPLETE
D 273	Continued From page	10. Een 1. Een 1	D 273		
D 273	10A NCAC 13F .0902	(b) Health Care	D 273		
	10A NCAC 13F .0902 (b) The facility shall a to meet the routine ar of residents.	Health Care assure referral and follow-up ad acute health care needs			
	failed to assure referr routine and acute hea residents (#8) sample medicatin who did no	as evidenced by: ew and interview, the facility al and follow-up to meet the alth care needs for 1 of 3 ed receiving blood thinning t have labwork as ordered to tess of the blood thinner.			
	included aortic steno hypertension, anemia obstructive pulmonar - Hospital discharge noting the resident ha	current FL-2 dated 05/13/14 sis, diabetes mellitus, a, asthma, chronic y disease, and osteoarthritis. record dated 06/13/09 ad a history of pulmonary in lungs) and was receiving			
	Saturday and 7mg of 2.1 (within therapeut used to monitor Cour generally recommen- clinical situations or a ohysician.1	/14 to keep current 5mg Monday through n Sunday based on an INR of c range). [INR is a lab value madin therapy. The INR is ded to be 2.0 - 3.0 for most			

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CORO11

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If continuation sheet 11 of 31

TATEMENT	F Health Service Record	I MAY DRUDERGOUPPLICATION	ter in the second s	CONSTRUCTION	(X3) DATE SU COMPLE	TED
ND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
					44101	0/2014
		HAL098027	B. WING		1 11/2	<u>JIZU14</u>
		STREETA	DDRESS, CITY, STA	ATE, ZIP CODE		
AME OF PR	ROVIDER OR SUPPLIER	3501 SE	NIOR VILLAGE I	ANE		
VILSON A	SSISTED LIVING		, NC 27896			
	CLAMADY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	STION SHOULD BE	(X5) COMPLETI
(X4) ID PREFIX	IT A MILL DECENTION	NOV MUST BE PRECEDED BY FULL	PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	170	DEFICIEI	VCY)	
						т
D 273	Continued From pa	age 11	D 273			
0213						
	Review of Residen	t #8's record revealed:			and the second	
		on of an INR one week later on		RCC, SCUC or designee		
	09/16/14.		1	charts weekly that have	INR's to ensure	
	- Next documente	ed INR was a progress note by	20 - 10 - 10	they are current. The he		
	the home health DI	irse (HHN) indicating the live	1000	will update the RCC, SC		
	was 2.1 (within the	rapeutic range) on 09/23/14.				
	- HHN nurse doo	umented he reported it to the		ensure the INR informa		1.
	Nurse Practitioner	and there were no changes in		up to date. INR form ha		
		was to be rechecked in 2		for completion in reside	ent charts. RCC,	
	weeks.			SCUC has set electronic		
		n a surrena e a trades		them of dates and resid		
	Review of Resider	nt #8's record revealed:				
	- Order dated 10	/07/14 to keep current dose of	i i i i i i i i i i i i i i i i i i i	Completion date of 1/1	6/2015	
	Coumadin at 7.5m	ng Monday through Saturday				
	and 7mg on Sund	ay based on an INR of 2.4				
	(within therapeutic	range) and recheck in 2				
14	weeks.					
	- No documentat	ion of an INR being done since			•	
	10/07/14.					
	Interview with the	Resident Care Coordinator				
	(RCC) on 11/18/1	4 at 5:34 p.m. revealed: are the INRs due on 09/16/14				
	- She was unaw	e not in the resident's record.				
	and 10/21/14 Wer	e not in the feelible to draw the				
	- HHN usually ca	ame to the facility to draw the				
	INRs for Resident	r#8. find documentation of the INRs				
	- She could not 1	ntact the home health agency.				
	but she would col	HOM HER INTING INCLUSION WONDER	and the second se			
	i go go go ga an	e RCC on 11/19/14 at 12:30				
	Interviews with th					Sector of the se
	p.m. revealed:	the home health agency and				
	- One cumacieu	6/14 and 10/21/14 were not				-
		And an a part and a processing of the terminal of the second second second second second second second second s				
<i>a.</i>	done.	re why the INRs were not done.				
	- Olle was uitsu					
		lew with the home health nurse				
4	Leiephone Interv	14 at 1:47 p.m. revealed:				
	Order dated 1	N/07/14 for Resident #8'S INK IU				
	- Under dated in	2 weeks somehow got lost in the				<u></u>
	be rechecked in lealth Service Regulation	C WARDER CONTRACTOR				ualion sheet

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Division (of Health Service Requ	<i>i</i> lation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3)	DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		And the state of the second
		· · · · · · · · · · · · · · · · · · ·				
		HAL098027	B WING			11/20/2014
		1				······································
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
	ASSISTED LIVING		OR VILLAGE I	LANE		the second second
WILSON /	ASSISTED LIVING	WILSON, I	VC 27896			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH		(X5) COMPLETE
PREFIX	(EACH DEFICIENC	IN MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE API	ROPRIATE	DATE
TAG.				DEFICIENCY)		
			D 273			
D 273	Continued From pag	6 12				
	computer system.					
	- He did not know w	hy the orders did not show				
	up on the system be	cause he would have entered	ardenda an co			
	them at the time of h	is visit on 10/07/14.	-			
	- He was currently	working on setting up a time	-			
	to recheck Resident	#8's INR. he INR was checked on				I deven
	- He was unsule in 09/16/14.	ale intra web checked on				
		is records and call back with				
	information for the It					
	Interview with the RC	CC on 11/19/14 at 3:20 p.m.				
	revealed:					
	- The facility has a	Coumadin tracking				
	worksheet they keep	in each resident record for				
	any residents who re	ceive Coumadin.				and the second second
	- RCC has not been	n using the Coumadin has not been tracking the				
	labs.	ida horbeen adoning ino				
		anation for not using the				
	worksheet to track th	ne Coumadin labs				
-		home health nurse (HHN) to				
	draw the labs when	needed.				
	- She does not utili	ze a system to make sure the				
	labs are drawn as or					
	- HHN usually cont	acts the prescribing	a de la come			
		os are drawn to get verbal	and the second se			
	orders.	orders to the pharmacy and	*			
		itioner to get countersigned.				
			-			
		adin worksheet in Resident	a contraction of the second			
	#8's record revealed					
	documentation of an	y INRs.				
		د. من در معرف مرد بر ومیتونونو	Silineese			
	그는 사람이 가지 않는 것이 같이 많이	HN on 11/20/14 at 11:10 a.m.				
	revealed:	the second production of 40th				
		ility to recheck Resident #8's				
	INR. - He just started wo	orking as HHN at this facility				
Division of Us	salth Service Regulation					

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If continuation sheet 13 of 31

TATEMENT	f Health Service Requ of DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NU PLAN L	FORRECTION		A BUILDING:	in a standard and a s A standard and a stand A standard a standard and a standard	
		HAL098027	B. WING		11/20/2014
	OVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE	
		3501 SEI	NIOR VILLAGE L	ANE	
ILSON A	SSISTED LIVING	WILSON	, NC 27896		in a second s
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	OULD BE COMPLET
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE API	PROPRIATE DATE
IAG.				DEFICIENCY)	
D 273	Continued From pag	e 13	D 273		
	on 09/23/14.				
	- INR due on 09/16	/14 must have been			
	overlooked when the	home health agency			
	transitioned and cha	nged nurses in 09/2014.			
	- He had recertified	Resident #8 in his computer			
	system on 10/07/14	and entered the order dated			··· · · · · · · · · · · · · · · · · ·
		e reason the order did not			
		d did not generate to show			
	an INR was due.	the Nurse Practitioner and			
	- ne has spokel to he will recheck the 1	IR today and notify the			
	Nurse Practitioner	and the second secon			
					- A CARACTER AND A C
		ent #8 on 11/20/14 at 11:57			
	a.m. revealed:	- 18 28 18 24 - way a 18 of allow along at the second			
	- Home health nurs	e (HHN) usually checked her			
	INR every 1 to 2 wet	eks. Lit today on 11/20/14.	a ta seconda da seconda		
	- Prior to today, the	y had not checked it in a			
	while and she did no	t know why.			
	- She denied any c	urrent symptoms of unusual			
	bleeding/bruising or	symptoms of blood clots.			
	Telephone interview	with Resident #8's Nurse			
	물건이 가지 않는 것이 같아요. 아파 가지 않는 것이 없는 것이 없다. 이렇게 있는 것이 없는 것이 없이 없는 것이 없이 없는 것이 없이 없는 것이 않이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것	11/20/14 at 3:04 p.m.	And a second		
	revealed:	II on the previous day,	- contraction of the second seco		
	11/19/14, from the hi	ome health nurse (HHN) who			
	notified her that Res	ident #8 had somehow been	in the second		
	dropped from their s	ystem and the INR had not			
	been drawn as ordei				
	- HHN usually calls	the NP when labs are drawn			
	and NP gives the H	IN verbal orders for any dose			
		tions on when to redraw the			
	INR. She was unaward	of the missed INR on	test see .		
	- She was unaware 09/16/14.	e new ender and a second and a se			
		N would be checking		needa a seconda a se	
	Resident #8's INR to	day on 11/20/14.			

STATE FORM

CORO11

	f Health Service Regu	lation	I (X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		muy	COMPLI	-162	
		HAL098027	B. WING		11/2	0/2014	
NAME OF DE	OVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE			
		3501 SEN	IOR VILLAGE L	ANE			
WILSON A	SSISTED LIVING	WILSON,	NC 27896		7100	(X5)	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	JLD BE	COMPLETE DATE	
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPKINIE		
D 273	Continued From pag	e 14	D 273				
		health INR results form					
	dated 11/20/14 revea	aled:					
	 Resident #8's INB range) on 11/20/14. 	was 1.9 (below therapeutic					
	- Verbal order from	Nurse Practilioner to keep					
	the Coumadin dose	the same and recheck in 2					
	weeks.						
	100 MONTO 100	Mat Madication	D 358				
0.358	10A NCAC 13F .100 Administration	4(d) Metileanan					
	10A NCAC 13F .100	4 Medication Administration one shall assure that the					
	(a) An adult care no	ninistration of medications.					
	prescription and nor	-prescription, and treatments	10 E				
	hy staff are in accon	dance with:					
	(1) orders by a licer	nsed prescribing practitioner d in the resident's record; and				Ч Ч	
	(2) rules in this Sec	tion and the facility's policies					
	and procedures.				•		
		s					
	This Rule is not me Based on observation	on, interview, and record					
	review, the facility fa	ailed to assure medications					
	were administered a	as ordered by the licensed					
	fol observed during	ner for 2 of 12 residents (#2, the medication pass which					
	included errors with	the administration of insulin					
	for both residents.	The findings are:					
	The mediation erro	or rate was 7% as evidenced					
	by the observation	of 2 errors out of 27					
	onnortunities during	the 5:00 p.m. medication				n - Cu Anna Ch	
	pass on 11/18/14 a	nd the 9:00 a.m. / 11:00 a.m tion passes on 11/19/14.					
	1. Review of Resid	lent #9's record revealed:					
		ed 03/10/14 included					
00000000	diagnosiss of diabe	ites menițus:					

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					PRINTED: FORM	11/26/2014 APPROVED
TEMENT	F Health Service Requert OF DEFICIENCIES F CORRECTION	Ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SI COMPLE	
		HAL098027	B. WING		11/2	0/2014
ME OF PR	OVIDER OR SUPPLIER		DRESS, CITY, STA			
LSON A	SSISTED LIVING		IOR VILLAGE L NC 27896			
X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
TAG		an a	D 358			
D 358	Continued From pag	dated 01/22/14 for fingerstick				
	blood sugars (FSBS) and administer Apidr) to be checked with meals a according to the following 5 200 - 250 = 5 units; and		Diabetic training was taught fo	r all med	
>250 = 10 units. (Apid used to lower blood su	>250 = 10 units. (At used to lower blood	bidra is rapid-acting insulin sugar. The manufacturer		techs by Southern Pharmacy R 11/19/2014. Training included times and techniques for check	proper	and the second
	thin 20 minutes after starting		residents prior to their meals.	Training also		
	test should be perfor the Apidra insulin pe be dialed up and the the dose window sh bubbles and ensure working property. (A	idra manufacturer, a safety rmed before every injection of n. A dose of 2 units should injection button pressed until ows a "0". This removes air is the pen and needle are Air bubbles displace the the syringe and prevents the		different manufacturers to ena accurate dosage of insulin is gi resident. As indicated earlier, o training will be held prior to m administering insulin or medic regulations.	ure the ven to each diabetic ed techs	
	full dose from being	administered.) The safety e performed before each				
	Observation during	the 5:00 p.m. medication	norde and a second s			
	sugar at 4:07 p.m. a	checked Resident #9's blood and it was 236, stated she would give the				
	resident insulin at 4 suppertime which w	30 p.m. when it got closer to as 5:00 p.m. tialed the Apidra pen to 5				
units and injected the insulin into 4:33 p.m.	did not perform a safety test					
	prior to dialing the 5	units and administering the not served supper meal until	nord Article Control of Control o			
	- Resident #9 was 5:23 p.m., 50 minut rapid-acting insulin.	es after receiving Apidra, a				
	Latin down with Dock	dent #9 on 11/18/14 at 5:12				1

TATEMENT	f Health Service Regu of DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION			(A3) 0A CO	TE SUI	ED	
ND PLAN O	FCORRECTION	DENTROCTOR	A. BUILDING.		.					
		HAL098027	B. WING		- <u></u>			11/20	/2014	
		J STREET A	DDRESS, CITY, STA	TE, ZIP CODE						
IAME OF PH	ROVIDER OR SUPPLIER		NIOR VILLAGE L							
VILSON A	SSISTED LIVING		NC 27896							-
	1	TATEMENT OF DEFICIENCIES	ID	PROVIDER	S PLAN OF C	ORRECTI	NC NO		(X5) COMPLE	TE
(X4) ID PREFIX TAG	(TADU DEEICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFIX. TAG	(EACH CORR CROSS-REFER	ENCED TO TH DEFICIENCY	HE APPRO	PRIATE		DATE	
			D 358							
D 358	Continued From page		1							
	p.m. revealed:	n an								
	- Resident #9 was	sitting in dining room waiting								
	to be served supper	and the second								
	 Sometimes she g 	ot her insulin 30 minutes or						and the second second		
	longer before she re	ceived her meals.								
	- She can tell wher	her blood sugar gets below								
	70 because she get	s a hot teeling.					- -			
	- She was not curr	ently experiencing any								
	symptoms of low blo	ood sugal.								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	edication aide on 11/18/14 at								
							, in			
	5:25 p.m. revealed:	100 A blanch anona anona A 00								
	 She usually check 	ked blood sugars around 4:00						1		
	p.m. when she stan	ed her 5:00 p.m. medication								
	pass to save time.	jo back and give any insulin								
	around 4:30 p.m. si	nce supper was served								
	around 5:00 p.m.	ring supper at 5:00 p.m. in the								
	- Stall Stalled Self	d then the small dining room								
	special care unit an	g side of the facility.								
	In the assisted tiving	room in the assisted living								
	- The large uning	where Resident #9 eats, was							ģi e.	
	the last in he serve	d supper so it would usually be					:		ļ	
	after 5 00 n m whe	in they received their meal.							н	
	- She was unawal	e of the need to perform a								
	safety test with the	Apidra insulin pen.								
	- She did not know	w what a safety test was or								
	how to perform it.									
	Intonview with the I	Resident Care Coordinator								
	(RCC) on 11/18/14	at 5:34 p.m. revealed:								
	- Staff should be	rained to prime the insulin		4			- 1			
	nens hefore each l	use with the safety test.								
	. They have been	trained to her knowledge and								
	should know to dia	I to 2 units before each use to	e evenerate							
	do a safety test.									
	- Staff are suppos	sed to check the blood sugars								
	and administered I	he insulin at the same time.								
	- Orders for blood	I sugars and insulin pop up on								*****

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TATEMENT	f Health Service Requ of deficiencies F CORRECTION	LIATION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098027	(X2) MULTIPLE CON A. BUILDING: B. WING	ISTRUCTION	(X3) DATE SI COMPLE	JRVEY TED)/2014
			DRESS, CITY, STATE, Z			
AME OF PF	OVIDER OR SUPPLIER					
			IOR VILLAGE LANI			
MLSON A	SSISTED LIVING	WILSON,	NC 27896	PROVIDER'S PLAN OF CO		(X5)
(X4) ID PREFIX TAG	ATA OU DEDICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
D 252	Continued From page	ne 17	D 358			
D 358						
	the electronic MARs	s at 4:00 p.m. but staff usually				
	wait until around 4:3	30 p.m. or just before the				
	residents eat to dive	e the insulin.				
	- Eacility's policy is	to give rapid-acting insulin				
	about 15 minutes b	efore the resident eats.				: :
	- RCC stated they	would retrain the medication				
	aides and adjust the	e times on the MARS to				
	correspond better v	vith meal times.				
	Review of the Nove	ember 2014 medication				
	administration reco	rds (MARs) revealed Resident				
	#9's blood sugar ra	nged from 75 - 272 from				
	11/01/14 - 11/18/14					
	Attempt to contact	Resident #9's primary care				-
	physician was unsu	accessful.				
	2 Review of Resid	tent #2's current FL-2 dated				
	08/27/14 revealed:					
	- Diagnoses inclu	ded diabetes mellitus,				
	hunnolycemia and	Alzheimer's dementia				
	- Order for fingers	stick blood sugars (FSBS) to be				
	checked before me	eals and at bedtime and			ani. Walio an	
	administer Novolo	a sliding scale insulin according				
	to the following: 0	200 = 0 units; $201 - 300 = 0$				
	units: $301 - 400 = 100$	10 units; 401 - 500 = 15 units;				
	and >500 = 20 uni	ts and call physician. (Novolog				
	is rapid-acting insu	lin used to lower blood sugar.)				
•	to the to the I	Novolog manufacturer, Novolog				
	per chauld be prin	ned using an air shot before				
	pen anould be plat	erform the air shot before each				
	iniention by turning	g the dose selector to 2 units.				
	Injection by with	the needle pointing up and tap				:
	mulu alle peri vitit	the needle pointing up of the times to				
	carmuye yermy w	ples collect at the top of the				
	illane ally all Jun	he injection button all the way in				
	until doca colocio	returns to "0". A drop of insulin				
	unui uuse seleciui	the needle tip. If not, change			<u>.</u>	
	Silvulu appear at i	peat the procedure. (This				
	tealth Service Regulation	have a hard the second s				ation sheet

STATEMENT	of Health Service Reg r of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL098027	B. WING		11/20/2014
	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	
NAME OF FI		3501 SEN	IOR VILLAGE	LANE	
WILSON A	ASSISTED LIVING		NC 27896		
(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 COR (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
D 358	Continued From pag	je 18	D 358		
	needle are working	and ensures the pen and properly. Air bubbles displace in the syringe and prevents ang administered.)]			
	pass on 11/19/14 in revealed: - Medication aide of sugar at 11:59 a.m. - Medication aide p Novolog insulin pen	blaced a new needle on the and dialed to 2 units and			
	aimed the pen down pressed the injection - Medication aide the needle and put a needle and put a needle - She then dialed the insulin into Residen - Medication aide to	toward the trash can and to button until it dialed to zero. hen removed the primed w needle on the pen. to 5 units and injected the			
	 12:10 p.m. revealed She was aware a to each injection will She thought she after the air shot wa hear the pen click. She thought the pen click. 	redication aide on 11/19/14 at t: in air shot was required prior h the Novolog insulin pen. had to change the needle is done because she could clicking sound meant she other dose without changing			
	(SCUC) on 11/19/14 - Staff are suppose before each use wit - They are suppose button until it gets b up amount to give to	pecial Care Unit Coordinator 4 at 3:05 p.m. revealed: ed to prime the insulin pens h the 2 unit air shot. ed to dial to 2 units then press ack to zero and then they dial o resident using the same			
Division of He	ealth Service Regulation		6899	CORO11	If continuation sheet. 19 of 3

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Division o	f Health Service Regu	lation	LIVENDETERS	CONSTRUCTION	(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	A. BUILDING:		COMPLETED
2010 - 2010					
		HAL098027	B. WING		11/20/2014
		STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
NAME OF PF	ROVIDER OR SUPPLIER		IOR VILLAGE L		
WILSON A	SSISTED LIVING		NC 27896		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL	ILD BE COMPLETE
PREFIX TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRI DEFICIENCY)	OPRIATE DATE
D 358	Continued From page	e 19	D 358		
	needle.				
	- They are not supp	osed to change the needle			
	after priming.	- The shift of many house board			
	- She thought in the	past they may have had d not dial up once they			
	clicked so staff may h	have been thinking about	-		
	some old pens they t	had a long time ago.			
	- She will retrain sta	off to make sure they know			
	how to do the air sho	t to prime the pens.			
40-184-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Based on observatio	n, interview and record			
	review, Resident #2	was not interviewable due to			
	diagnoses of demen	18			
	Review of the Noven	nber 2014 medication			
	administration record	is (MARs) revealed Resident			
	#2's blood sugar ran	ged from 72 - HI (>600 cometer manufacturer) from			
	according to the glut 11/01/14 - 11/19/14.	Milleter manuacturery nom			
	1 110 1. 1 1 1 1 1 1 1				
D 468	10A NCAC 13F .130	9 Special Care Unit Staff	D 468		
	Orientation And Train				
	104 NICAC 13E 130	9 Special Care Unit Staff			
	Orientation And Train				
	The facility shall ass	ure that special care unit staff ollowing orientation and			
	training:	Ouoisening of the first of the			
	(1) Prior to establis	hing a special care unit, the			1
	administrator shall d	ocument receipt of at least			
	20 hours of training	specific to the population to special care unit to be			
l	operated The admi	nistrator shall have in place a			
	plan to train other st	aff assigned to the unit that			
	identifies content, te	xts, sources, evaluations and			
	schedules regarding	training achievement. veek of employment, each	a marine a		
	employee assigned	to perform duties in the			
1	물 수 가방지 중 나는 것이 불렀다. "참		200		

Division of Health Service Regulation STATE FORM

CORO11

If continuation sheet 20 of 31

TATEMENT	of Health Service Region of DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	(-
		HAL098027	B. WING		11/20/2014	
AME OF P	ROVIDER OR SUPPLIER	street a	DDRESS, CITY, STA	TE, ZIP CODE		
		3501 SE	IOR VILLAGE L	ANE		
ALSON A	SSISTED LIVING	WILSON	NC 27896		*********	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU		(X5) MPLE
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	140	DEFICIENCY)		
5.400	Oilound Emm nor		D 468			
D 498	Continued From pag					
	special care unit sha	Il complete six hours of				
	orientation on the na	ture and needs of the				
	residents.					
in the second	(3) Within six month	s of employment, staff				
	responsible for perso	anal care and supervision				
	within the unit shall c	omplete 20 hours of training		Twenty hour SCU training for all S	pecial	
-	specific to the popula	ation being served in addition		Care Unit staff has been held per		
	to the training and co	mpetency requirements in		Chie Onicountrias see 120 hours	aining has	
	Rule .0501 of this Su	bchapter and the six hours		regulations. Additional 20 hour tr	annig neo	
	of orientation require			been scheduled to include all staf		
	(4) Staff responsible	e for personal care and		to work in SCU. New hires will rec	eive the	
	supervision within th	e unit shall complete at least		20 hour training as specified in st		
-	12 hours of continuin	g education annually, of				
	which six hours shall	be dementia specific.	4	regulations. Administrator, RCC a		
		and de la calendar de la contra d		SCUC will monitor for compliance	£ 1	
				Completion date for SCU staff wa	s 12/16/14	
	This Rule is not met	as evidenced by:				
	Resed on record rev	iew and interview the facility				
	failed to assure 2 of I	8 staff sampled working on				
	the Special Care Uni	t (Staff C and G) completed				
	6 hours of orientation	n on the nature and needs of				
	those residents with	n the first week of				
	omployment and 6 (of 6 staff sampled (Staff A, C,				
	E E C and H) recei	ved 20 hours of additional				
	the initial apportion to the	e population being served.				
	The findings are:	c population and a set				
-	mennungs a.c.					
	1 Douise of Staff A	s personnel record revealed:			·	
	She wae hired as a	Nursing Assistant (NA) on				
	-316 was filled as a 12/14/2012.	ى 1991. يۈكۈكۈكۈك يې تېتىك مەتلەر يېغى يېلىكى تېكىكى تېچىكىكىكى تېكىكىكىكى تېكىكىكىكى تېكىكىكى تېكىكى تېكىكىكى تېكىكى تېكىكى				
	Norumantation cha	had completed the 6 hour	() and ()			
	-coordination she	e and needs of the residents				
	with Dementia on 12	MAD012			· · · · ·	
	Mo documentation of	of 20 hours of training specific				
	to caring for resident	s with Dementia				
	to carring ion resolution	A GROUND AND A AND A A AND A				
	Integrical with Ctoff A	on 11/20/2014 at 09:30 a.m.				
		A COTA - E 3 STOCATORIS - AL ONE ALMANA ANALA				
	revealed:	on aide on the Special Care				<u></u>
	-one was a meuicau	us and us and opholds out?		L		

STATEMENT	f Health Service Regu of DEFICIENCIES OF CORRECTION	ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A, BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL098027	B. WING		11/20/2014
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, ST		· · · · · · · · · · · · · · · · · · ·
WILSON A	SSISTED LIVING		IOR VILLAGE NC 27896		CTION (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
D 468	Unit on the first shift	from 07:00 a.m 03:00 p.m.) hours of additional training of employment related to	D 468		
	Coordinator on 11/19 Refer to interview wi 11/19/14 at 02:30 p.	th the Administrator on			
	-She was hired as a 02/09/2012. -No documentation orientation on the na residents with Demo training within the fil -1 hour CEU training nature and needs o were received on 10	S personnel record revealed: Personal Care Aide on of completing 6 hours of ature and needs of the entia or 20 hours of additional rst 6 months of employment. g certificates related to the f residents with Dementia 0/02/2014, 10/31/2012, 2013, 07/16/2013, and			
	revealed: -She worked as a n Care Unit first shift -She tries to attend facility and has atter resident with Deme -She was familiar w staff to the Special -She did not recall	C on 11/19/2014 at 02:45 p.m. hedication aide on the Special from 07:00 - 03:00 p.m. all the classes offered at the nded classes on caring for the intia. with the videos used to orient Care Unit population. If she had 20 hours of within the first 6 months of			If continuation sheet 122 of

STATE FORM

STATEMENT	f Health Service Regu of DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL098027	B. WING		11/20/2014
	OVIDER OR SUPPLIER	3501 SE	DDRESS, CITY, STA		
WILSON A	SSISTED LIVING		, NC 27896	PROVIDER'S PLAN OF CORRECTI)N (X5)
(X4) ID PREFIX TAG	JEACH DEFICIENC	TATEMENT OF DEFICIENCIES IN MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE COMPLETE
D 468	Continued From pag	e 22	D 468		
	Refer to interview wi Coordinator on 11/1	th the Special Care Unit 0/14 at 02:00 p.m.			
	Refer to interview wi 11/19/14 at 02:30 p.	th the Administrator on m.			
	Refer to interview w 04:00 p.m.	th the Owner on 11/20/14 at			
	-She was hired as a 03/05/2014. -There was a 6 hour the nature and need Dementia in her rec signed by the Unit C -No documentation	of 20 hours of training specific	¹ Second and the second se second second sec second second s		
	on 11/19/2014 at 02	pecial Care Unit Coordinator 1:00 p.m. revealed Staff E had on her date of hire and she			
	Staff E was not ava	ilable for interview.			
	Refer to interview w Coordinator on 11/	rith the Special Care Unit 19/14 at 02:00 p.m.	a		
	Refer to interview v 11/19/14 at 02:30 p	vith the Administrator on .m.			
	Refer to interview v 04:00 p.m.	with the Owner on 11/20/14 at			
	4. Review of Staff -She was hired as	F's personnel record revealed: a NA on 10/29/2012.			

STATEMENT	f Health Service Reg	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SU COMPLE	
AND PLAN O	FCORRECTION	DERT OTTOT COME S	A BUILDING.			······································
		HAL098027	B. WING		11/20	0/2014
	ROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, STA	TE, ZIP CODE		
			OR VILLAGE L			
WILSON A	SSISTED LIVING	WILSON,	NC 27896	PROVIDER'S PLAN OF CORRE	(CT)(ON)	(X5)
(X4) ID PREFIX TAG	<i>YEACH DEFICIEN</i>	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETE
D 468	Continued From page	je 23	D 468			
i de la constante de la constan La constante de la constante de	training on the natur with Dementia on 10	of 20 hours of training specific	The second seco second second sec			
	Staff F was not avai		American States - Constraints			
	Refer to interview w Coordinator on 11/1	ith the Special Care Unit 9/14 at 02:00 p.m.				
	Refer to Interview w 11/19/14 at 02:30 p	ith the Administrator on m.				
	Refer to interview w 04:00 p.m.	vith the Owner on 11/20/14 at				
	-She was hired as a 02/06/2013, -No documentation orientation on the n residents with Dem	G's personnel record revealed: a medication aide on of completing 6 hours of ature and needs of the entia or 20 hours of additional				
	Staff G was not ava	rst 6 months of employment.				
	Refer to interview v Coordinator on 11/	with the Special Care Unit 19/14 at 02:00 p.m.				
	Refer to interview v 11/19/14 at 02:30 p	vith the Administrator onm.	and the second			
	Refer to interview v 04:00 p.m.	vith the Owner on 11/20/14 at				
	6. Review of Staff -She was hired as ealth Service Regulation	H's personnel record revealed: a medication aide on				

STATE FORM

Dateon o	of Health Service Regu	lation			
Construction of the Constr	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	· · · · · · · · · · · · · · · · · · ·	
		1181 000007	B WING		11/20/2014
		HAL098027	1		
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, ST		
		3501 SEN	IOR VILLAGE	LANE	
WILSON A	SSISTED LIVING	WILSON,	NC 27896		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF COR	
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	10462	DEFICIENCY)	
D 468	Continued From pag	e 24	D 468		
	09/24/2013.				
		had completed the 6 hour			
	training on the nature	e and needs of the residents			
	with Dementia on 09	/24/2013.			
	-No documentation c	f 20 hours of training specific	1. 		
	to caring for resident	s with Dementia.	2		
		I on 11/20/2014 at 05:00 p.m.			
	revealed:	n distriction to contract of the state			
	-She had been a me	dication aide on the Special			
	Care Unit and the As	sist Living unit on first and u.m 03:00 p.m. and 03:00			
	p.m 11:00 p.m.).	LIII 03:00 p.iit. and 00:00			
	_She did not recall b:	aving an additional 20 hours			
	of additional training	within the first 6 months of			
	employment on carir	ng for residents with			
	Dementia.		-		
	2 · · · · · · · · · · · · · · · · · · ·	s had should be in her			
	personnel file.				
	Refer to interview wi	th the Special Care Unit			
	Coordinator on 11/19	#14 at 02.00 p.m.			
	Pofor to intention wi	th the Administrator on			
	11/19/14 at 02:30 p.				
	1999 Carlos a reaction and a fair				
	Refer to interview wi	th the Owner on 11/20/14 at			
	04:00 p.m.		ala da		
				ana printi	
	Hereiter aus - Barris - Barris - Barris	ecial Care Unit Coordinator			
	on 11/19/2014 at 02	00 nm revealed			
	When new staff are	hired she provides them with			
	the 6 hours of orient	ation on the nature and			
	needs of the residen	ts with Dementia so they will			
	he prenared to work	on both the Special Care			
	Unit and the Assiste	d Living Unit.			
	-The 6 hour training	is usually done on the day of			
	hire or shortly aftern		[:		

CORO11

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	ECONSTRUCTION	(X3) DATE SI COMPLE		
		HAL098027	B. WING		11/2	0/2014
	NOVIDER OR SUPPLIER	STREET	ODRESS, CITY, ST	ATE, ZIP CODE		
		3501 SE	NIOR VILLAGE	LANE		
VILSON A	SSISTED LIVING	WILSON	I, NC 27896			
(X4) ID PREFIX TAG	/FACH DEFIGIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
D 468	Continued From pag	e 25	D 468			
		ff who only work on the				
	Assisted Living Unit	(Staff B and D).				
	-Staff A, C, E, F, G, a	and H work on both the				
	Special Care Unit an	d the Assisted Living Unit.		-		
		ificates should be in their	New York			
	personnel files.					
	Intorview with the Ar	iministrator on 11/19/2014 at				
	02:30 p.m. revealed				. : · · · · · · ·	
	-He was a new Adm	inistrator and was hired in				
	April 2014.					
	-The previous Admir	istrator had been providing				
		ing on caring for residents				
	with Dementia.	1				· · · ·
	-It had not been con	e for approximately 16 oing to be started up again.				
	The Unit Coordinate	or for the Special Care Unit				
	was responsible for	overseeing clinical training				-
	requirements were r	net for the staff working on				
	the Special Care Un					
	-He was not aware t	he facility was not meeting				
	the Special Care Un	it training requirements for				
	staff responsible for	personal care and				
	Supervision of the re Unit	sidents on the Special Care				da filosofie No constantes
	He was planning of	n making changes to their				
	current monitoring s	ystem to assure new and				
	existing staff met cli	nical training requirements.				
	-He had scheduled !	he 20 hour training to start				
	again in December	scheduled for 4 five hour days				
		1/2014, 12/15/2014 and				
	12/16/2014.					
	Interview with the O	wner on 11/20/2014 at 04:00				
	p.m. revealed:					
	-She was aware of I	he 6 hour and 20 hour				
	training requirement	for staff who work on the				
	Special Care Unit o	n care of the residents served.				
	-The Unit Coordinat	ors for the Special Care Unit				
	and the Assisted Liv	ring were responsible for				

	f Health Service Regu OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SL COMPLE	
	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		00101-00	
						s e tra se
		HAL098027	B. WING		11/20	0/2014
AME OF PF	OVIDER OR SUPPLIER		DDRESS, CITY, ST			
			NIOR VILLAGE	LANE		
ILSON A	SSISTED LIVING	WILSON	NC 27896			
N/A (P)	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5) COMPLETE
(X4) ID PREFIX	/FACH DEFICIENC	LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	ROPRIATE	DATE
TAG	REGULATOR	CSC IDENTIFYING IN CRIMINICIA		DEFICIENCY)		
		- 00	D 468			
D-468	Continued From pag					
:	overseeing clinical tra	aining requirements were				
	met for the staff on e					
1	-Changes were going	g to be made to assure all				
	personnel training re	quirements were met.	an a			
D935		ACH Medication Aides;	D935			
	Training and Compe					
		⁴				
	G.S. § 131D-4.5B (b) Adult Care Home				
		aining and Competency				
	Evaluation Requirem	ients.				
		1.4. 0040 and a drift man				
	(b) Beginning Octobe	er 1, 2013, an adult care				
	home is prohibited if	om allowing staff to perform edication aide duties unless				
	any unsupervised in	eviously worked as a				
	matingivioual has p	ng the previous 24 months in				· .
	an adult care home (or successfully completed all				
	of the following:					
	(1) A five-hour trainir	ng program developed by the				1
	Department that incl	udes training and instruction				
	in all of the following					-
	a. The key principles	of medication				
	administration.					
		rs for Disease Control and				
	Prevention guideline	s on infection control and, if				
	applicable, safe injec	tion practices and				
	procedures for monit	toring or testing in which				
		ne potential for bleeding	-			
	exists.	valuation consistent with 10A				
		d 10A NCAC 13G .0503.				
	10000 TOF JUDUO BI	om the date of hire, the				
	individual must have	completed the following:				
	a An additional 10-h	our training program				
	developed by the De	partment that includes				1
	training and instructi	on in all of the following:				
	1. The key principles	s of medication				
	administration.					
			1. An			<u>i</u>

Division of Health Service Regulation STATE FORM

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CORO11

IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SU COMPLE	RVE1 TED
		Hal098027	B. WNG		11/20/2014	
<u> </u>			DRESS, CITY, STAT	re, ZIP CODE		
AME OF PF	OVIDER OR SUPPLIER		IOR VILLAGE L			
ILSON A	SSISTED LIVING		NC 27896			
			ID ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
(X4) ID PREFIX TAG	ICACU DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE PRIATE	COMPLETE DATE
D935	Continued From pag	e 27	D935			
		rs of Disease Control and				
	2. The rederal Certie	s on infection control and, if				
	applicable, safe inject	Hon practices and		Béndimitian	torhe	
	applicable, sale injet	oring or testing in which		Prior to employment, Medication		
	procedures for more	e potential for bleeding		must provide evidence of work a		
	exists.	o poiormai en este o		tech within the last 24 months, if		
	b An examination de	eveloped and administered		applicable, in addition to other ve	erifications,	
	by the Division of He	alth Service Regulation in		competency requirements and tr	aining. RN	
	accordance with sub	section (c) of this section.		will schedule per regulation to fu		
	CISCOLORATION TITLE					
				requirements by the state to adn		
	· · · · ·		with the second s	medications. Administrator, RCC,		
	This Rule is not mel	as evidenced by:	index and in the second s	and/or designee will monitor to	ensure	
	Rased on interviews	and record reviews, the		compliance. Completion date of		
	facility failed to assu	re 3 of 6 medication aides				
	sampled (Staff A, C,	and F) met the state				:
	requirements to adm findings are:	inister medications. The	19 Januar 19 Jan			
	1 Review of Staff A	's personnel record revealed:	and the second			
	-She was hired as a	Nursing Assistant (NA) on				
	12/14/2012					
	-She completed her	medication clinical skills	Sector Se			
	validation on 04/07/	2014.				
	-She passed the Me	dication Aide exam on				
	06/12/2014.	n an				
	-No documentation	of the 5 hour/10 hour or 15				
	hour state medication	n aide Irali liig.				l.
	Interview with Staff	A on 11/20/2014 at 09:30 a.m.				
	revealed:		8. ·			-
	-She did not recall b	aving a 5 hour/10 hour or 15	a de la companya de l		÷,	
	hour state medicatio	on training when she became	404			
	a medication aide in	June 2014.				
	-She was a medical	ion aide on the Special Care				
	Unit on the first shift	from 07:00 a.m 03:00 p.m.				
	Review of the Septe	mber October and	Sector planet			
	Keview of the Septe	dication administration				
	November 2014 me	aled Staff A administered	idea -			
	alth Service Regulation	WINNE WINES				ation sheet 28

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098027		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL098027	B. WING		11/20/2014
		STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
IAME OF PF	OVIDER OR SUPPLIER		NIOR VILLAGE L		
NILSON A	SSISTED LIVING		I, NC 27896		
		TATEMENT OF DEFICIENCIES	ID:	PROVIDER'S PLAN OF COF	RECTION (X5) SHOLLO BE COMPLETE
(X4) ID PREFIX TAG	JEACH DEFICIEN	ATEMACY OF PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	
D935	Continued From pag	je 28	D935		
	medications during t				
-	Refer to interview wi Coordinator on 11/1	ith the Special Care Unit 9/14 at 02:00 p.m.			
	Refer to interview wi 11/19/14 at 02:30 p.	ith the Administrator on m.			
	Refer to interview w 04:00 p.m.	ith the Owner on 11/20/14 at			
	-She was hired as a 02/09/2012	C's personnel record revealed: Personal Care Aide on			
	-She completed her validation on 07/23/	medication clinical skills 2013. edication Alde exam on			
	11/21/2013.	of the 5 hour/10 hour or 15			
	revealed	C on 11/19/2014 at 02:45 p.m.			
	-She did not recall h hour state medication a medication aide in	having a 5 hour/10 hour or 15 on training when she became n November 2013. all the classes offered at the			
	Review of the Sept November 2014 M/	ember, October, and AR revealed Staff C cations during these 3 months.			
	Refer to interview v Coordinator on 11/	vith the Special Care Unit 19/14 at 02:00 p.m.			
	Refer to interview v 11/19/14 at 02:30 p	with the Administrator on .m.			
	Refer to interview v	with the Owner on 11/20/14 at			

Division o	of Health Service Requ	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL098027	B. WING		11/20/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
		3501 SE	NIOR VILLAGE	LANE	
WILSON A	ASSISTED LIVING	WILSON	, NC 27896		
(X4) ID PREFIX TAG	IEACH DEFICIEN	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE COMPLETE
D935	Continued From pag	e 29	D935		
	04:00 p.m.				
	-She was hired as a 10/29/2012.				
· · · · · · · · · · · · · · · · · · ·	validation on 02/09/2 08/04/2014.	medication clinical skills 1014 and again on dication Aide exam on			
	08/28/2014.	of the 5 hour/10 hour or 15			
		R revealed Staff F ations during these 3 months.	And the second sec		
	Staff F was not avail Refer to interview wi Coordinator on 11/19	th the Special Care Unit			
	11/19/14 at 02:30 p.				
	Refer to interview wi 04:00 p.m.	th the Owner on 11/20/14 at	a for a first state of the second state of the		
		pecial Care Unit Coordinator			
	on 11/19/2014 at 02 -She was aware of t state medication aid had a copy of the sta -The facility did not l procedure in place y	00 p.m. revealed: he 5 hour/10 hour or 15 hour e training requirement and ate regulation. nave a training plan or ret for the medication aides to 0 hour or 15 hour state			
Division of He	alth Service Regulation	a fan 'n	8259	C0RO11	If continuation sheet 30 of 31

STATE FORM

TATEMENT	f Health Service Reg OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION		DENTRICATION NUMBERS	A. BUILDING: _		
		HAL098027	B, WING		11/20/2014
AME OF PR	OVIDER OR SUPPLIER		DDRESS, CITY, STA		
			NOR VILLAGE L	ANE	
ALSON A	SSISTED LIVING	WILSON	NC 27896		
(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 AP DEFICIENCY)	HOULD BE COMPLETE
,		······································			
D935	Continued From page	ge 30	D935		
	Interview with the A	dministrator on 11/19/2014 at			
	02:30 p.m. revealed	£			
	-The Unit Coordinat	ors for the Special Care Unit			
	and the Assisted Liv	ring were responsible for			
	overseeing clinical t	raining requirements were			
	met for the staff on	each unit.	2		
	-He was hired as th	e Administrator in April 2014			
	and was still learnin	g about state regulations for			
	assisted living facili	ties.			
	-He was not aware	the facility was not meeting			
		or 15 hour state medication			
	aide training require	ements.			
:	-He was planning o	n making changes to their			
	current monitoring s	system to assure new and			가 있었다. 가 가 가 있는 것이 있는 것이 있다. 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가
	8 - E - G - G - G - G - G - G - G - G - G	quirements for clinical			
	training.				
	Intendeur with the C	wner on 11/20/2014 at 04:00			
	p.m. revealed:		and the second se		
1	-The Unit Coordina	tors for the Special Care Unit			
	and the Assisted Liv	ving were responsible for			
	overseeing clinical	training requirements were			
	met for the staff on	each unit.			
	-The Unit Coordina	tors provided the Business			
	office manager with	the personnel files when they			
	were complete and	she double checked them to			
1.1	make sure there wa	as nothing missing.			
	-Changes were goi	ng to be made to improve this			
		all personnel requirements			
	were met.				
	Management of the second s				
	1		Address of the second se		
			-		

Herring, Belverly G

From:	Goodell, Jane
Sent:	Tuesday, December 23, 2014 10:13 AM
То:	eforbes@wilson-co.com
Cc:	Herring, Belverly G; Oakley, Eva; Rodgers, Marie
Subject:	Wilson Assisted Living 2014-12-17 POC C0RO11
Attachments:	Wilson Assisted Living 2014-12-17 POC CORO11.pdf

Please see attached Plan of Correction. Thanks. Jane

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