STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRU		(X3) DATE SURVEY COMPLETED				
					F	
		HAL071015	B. WING		09/0	4/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STRI 7, NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		ensure Section conducted an up survey on September 1-4,				
D 113	10A NCAC 13F .03	11(d) Other Requirements	D 113			
	(d) The hot water s provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and	11 Other Requirements system shall be of such size to e supply of hot water to the , laundry, housekeeping ty room. The hot water xtures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees. This rule applies to new and				
	review, the facility fatemperatures were 100 degrees Fahrer degrees F for 1 of 3 the resident shared	on, interview and record ailed to assure hot water maintained at a minimum of nheit (F) to a maximum of 116 32 fixtures (1 sink) located in bathrooms, and 2 of 2 1 shower) located in one				
	Observations during 10:00am to 12:00pr following hot water -At 11:15am, the sir room to the left of the 200 side of the -At 11:20am, the sh	g the tour of the facility from m on 9/1/15 revealed the temperatures: hk in the community shower he Housekeeping Closet on facility was 124 degrees F. lower in the community left of the Housekeeping				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILDING.		F	2
		HAL071015	B. WING			4/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		ASHE STR , NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 113	Continued From pa	ge 1	D 113			
	degrees F.	ide of the facility was 118				
		esidents of Room 210 were o diagnoses of dementia.				
	who lived in Room: -The water was hot rooms, staff went w community shower -Staff checked water hands and knew to him in using the corule knew to add cottemperature felt too bathroom's sink.	in the community shower ith him when he used the				
	thermometer to use temperaturesThe facility did not on a daily basisThe facility's corpo came to the facility temperaturesThe facility's corpo a more precise ther temperatures, as it a degreeThe facility's corpo a log of facility water	led: -read dial food probe - when spot-checking water have a Maintenance Worker rate Maintenance Worker once a week to check water rate Maintenance Worker had mometer to check water gave readings to one-tenth of rate Maintenance Worker kept				
		and surveyor's Fisher				

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER ASHE GARDENS SIDMARRY STATEMENT OF DEFICIENCIES BURGAW, NC 28425 CANADA D. PROVIDER'S PLAN OF CORRECTION PREFIX TAG. PREFIX TAG. PROVIDER'S PLAN OF CORRECTION PREFIX TAG. PREFIX TAG. PREFIX TAG. PROVIDER'S PLAN OF CORRECTION PREFIX TAG. PROVIDER'S PLAN OF CORRECTION PREFIX TAG. PREFIX TAG. PROVIDER'S PLAN OF CORRECTION PREFIX TAG. PREFIX TAG. PROVIDER'S PLAN OF CORRECTION PREFIX TAG. PROVIDER'S PLAN OF CORRECTIO		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES BURGAW, NC 28425 D133 Continued From page 2 Scientific liquid-in-glass thermometer in 8 ounces of slushy ice water at 12:15pm on 9/1/15. The surveyor's thermometer read 32 degrees F, the instant read thermometer read 28 degrees F, with surveyor thermometer, facility instant-read dial thermometer measured temperature at 110 degrees F. -Community bath shower was 118 degrees F with surveyor thermometer, facility instant-read dial thermometer measured temperature at 108 degrees F. -Room 210 bathroom sink was 120 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees F. -Room 210 bathroom sink was 120 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees F. -Room 210 bathroom sink was 120 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees F. -Room 210 bathroom sink was 120 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees F. -Room 210 bathroom sink was 120 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees. The facility Administrator posted "Caution: Hot water. Do not use" signs on the walls next to fixtures found to have temperatures greater than 116 degrees Fahrenheit by 12:45pm on 9/1/15. Interview with the corporate Maintenance Worker at 3:15pm on 9/1/15 revealed: -He dad been told the air gun digital non-contact thermometer to measure the air temperature around a running faucet. -He had been told the air gun digital non-contact thermometer was extremely reliable. -He did not calibrate the air gun digital				A. BUILDING:			
SUMMARY STATEMENT OF DEFICIENCIES DIRECTION No. 28425			HAL071015	B. WING			
CASHED SUMMARY STATEMENT OF DEFICIENCIES DIAMOND CORRECTION (EACH CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAGE PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF CROSS-REFERENCED TO THE APPROPRIATE COMPILITY TAGE OF THE APPROPRIATE DATE OF CROSS-REFERENCED TO THE APPROPRIATE DATE OF CROSS-REFERENCED TO THE APPROPRIATE COMPILITY TAGE OF CROSS-REFERENCED TO THE APPROPRIATE	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 113 Continued From page 2 Scientific liquid-in-glass thermometer in 8 ounces of slushy ice water at 12:15pm on 9/1/15. The surveyor's thermometer read 32 degrees F, the instant read thermometer read dial food probe thermometer and the surveyor's Fisher Scientific liquid-in-glass thermometer. Community bath sink was 124 degrees F with surveyor thermometer, facility instant-read dial thermometer measured temperature at 110 degrees F. -Community bath shower was 118 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees F. -Room 210 bathroom sink was 120 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees. The facility Administrator posted "Caution: Hot water. Do not use" signs on the walls next to fixtures found to have temperatures greater than 116 degrees Fahrenheit by 12:45pm on 9/1/15. Interview with the corporate Maintenance Worker at 3:15pm on 9/1/15 revealed: -He used an air gun digital non-contact thermometer on measure the air temperature around a running faucet. -He did not calibrate the air gun digital	ASHE G	ARDENS			EET		
Scientific liquid-in-glass thermometer in 8 ounces of slushy ice water at 12:15pm on 9/1/15. The surveyor's thermometer read 32 degrees F, the instant read thermometer read 28 degrees F. Hot water temperatures were taken at 12:20pm on 9/1/15 using the facility instant-read dial food probe thermometer and the surveyor's Fisher Scientific liquid-in-glass thermometer: -Community bath sink was 124 degrees F with surveyor thermometer, facility instant-read dial thermometer measured temperature at 110 degrees F. -Community bath shower was 118 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees F. -Room 210 bathroom sink was 120 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees F. -Room 210 bathroom sink was 120 degrees F with surveyor thermometer, facility instant-read thermometer measured temperature at 108 degrees. The facility Administrator posted "Caution: Hot water. Do not use" signs on the walls next to fixtures found to have temperatures greater than 116 degrees Fahrenheit by 12:45pm on 9/1/15. Interview with the corporate Maintenance Worker at 3:15pm on 9/1/15 revealed: -He used an air gun digital non-contact thermometer to measure the air temperature around a running faucet. -He had been told the air gun digital non-contact thermometer was extremely reliable. -He did not calibrate the air gun digital	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
-He had a digital probe thermometer that measured the temperature to a tenth of degree,	D 113	Scientific liquid-in-gof slushy ice water surveyor's thermominstant read thermoment on 9/1/15 using the probe thermometer Scientific liquid-in-go-Community bath s surveyor thermometer meas degrees F. -Community bath s surveyor thermometer meas degrees F. -Room 210 bathroom with surveyor thermometer meas degrees F. -Room 210 bathroom with surveyor thermometer meas degrees F. -Room 210 bathroom with surveyor thermometer meas degrees F. -Room 210 bathroom with surveyor thermometer meas degrees. The facility Administ water. Do not use fixtures found to ha 116 degrees Fahre. Interview with the cat 3:15pm on 9/1/15. -He used an air gurthermometer to mearound a running faller had been told to the thermometer was ended to the momenter was ended to the momenter was ended to the had a digital pro-	plass thermometer in 8 ounces at 12:15pm on 9/1/15. The neter read 32 degrees F, the ometer read 28 degrees F. Tures were taken at 12:20pm facility instant-read dial food and the surveyor's Fisher plass thermometer: ink was 124 degrees F with eter, facility instant-read dial ured temperature at 110. Thower was 118 degrees F with eter, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108. The main k was 120 degrees F enometer, facility instant-read ured temperature at 108.	D 113	DELIGIONO I)		

Division of Health Service Regulation

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STATEMENT OF DE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		HAL071015	B. WING		09/0	4/2015
NAME OF PROVIDE	ER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ASHE GARDEN	IS		ASHE STR NC 28425	EET		
	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
-He do hot we he seem individual a bathrather command in the result of the period of the side of the leside of the A work.	rater flow over stated the air grometer was not read dial for temperatures dual resident rand at least 3 in ooms on the 2 nometer. In occasionally choom, the active nunity bathroom and 16 degres at temperatures acility had plen planned to brin nometer to the nermometer work order dated tenance Work eratures down noon and planned to the tenance work eratures down noon and planned to the work of the Houseker facility was 1 shower in the eff of the Houseker to the Houseker to the facility was 1 shower in the eff of the Houseker to the work of the facility was 1 shower in the eff of the Houseker to the facility was 1 shower in the eff of the Houseker to the facility was 1 shower in the eff of the Houseker to the facility was 1 shower in the eff of the Houseker to the facility was 1 shower in the eff of the Houseker to the facility was 1 shower in the eff of the Houseker to the facility was 1 shower in the eff of the Houseker to the facility was 1 shower in the eff of the Houseker to the facility was 1 shower in the eff of the Houseker to the facility was 1 shower in the eff of the Houseker to the facility was 1 shower to t	robe thermometer and have the probe. un digital non-contact nore accurate than the facility's od probe thermometer. cility once a week and took of the kitchen, at least 3 room bathrooms on the 100 ndividual resident room 100 hall with the air gun secked the employee ity room sink, and a m. I sees F was the upper limit for tures, and set the hot water of at 116 degrees F to assure the ty of hot water. If you hall with the individual probe facility for their use, as their as inaccurate. 9/1/15 by the corporate for revealed he got the water to 112 degrees F that the to return the next day to emperatures. Be temperatures at 4:30pm on munity shower room to the eping Closet on the 200 side	D 113			

Division of Health Service Regulation

STATE FORM 6899 IF8511 If continuation sheet 4 of 18

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		F	.
		HAL071015	B. WING			4/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		TASHE STR , NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 113	Continued From pa	ge 4	D 113			
	were rechecked at	107 - 108 degrees F.				
	Recheck of hot wat 9/2/15 revealed: -The sink in the corleft of the Houseker of the facility was 10-The shower in the the left of the House side of the facility was 10-The sink in room 2 Interview with the con 9/2/15 at 10:45a check water temper digital probe thermoof hot water from fall Interview with the A 11:00am revealed is Maintenance Workethermometer insertifrom faucets to spo She will no longer up instant-read thermood.	er temperatures at 2:30pm on mmunity shower room to the eping Closet on the 200 side 08 degrees F. community shower room to ekeeping Closet on the 200 vas 106 degrees F. 2:10 was 108 degrees F. 2:10				
	Review of water ter weekly from 6//29/1 temperatures recor than 116 degrees F -7/13/15 - Room 11 degrees F. -8/10/15 - Room 20 There was no docu thermometer used, taken by the facility temperatures.	mperature logs taken once 5 to 9/2/15 revealed the water ded by the facility were greater on the following dates: 0 sink measured 116.3 to measured 119.6 degrees F. mentation of the type of the time of day, or action in response to the high				

Division of Health Service Regulation

STATE FORM 6899 IF8511 If continuation sheet 5 of 18

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 113 Continued From page 5 personal care assistants who worked on 200 hall revealed: -They checked water temperatures in the community bathroom sink and shower with their hands before helping residents use the sink and showerThey adjusted water temperatures by adding cold water if it felt hot to the touch or if the hot water was steamingNo residents had complained about the water temperaturesThey asked residents if they wanted their hot	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
ASHE GARDENS 300 WEST ASHE STREET BURGAW, NC 28425 (X4) ID PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 113 Continued From page 5 personal care assistants who worked on 200 hall revealed: -They checked water temperatures in the community bathroom sink and shower with their hands before helping residents use the sink and shower. -They adjusted water temperatures by adding cold water if it felt hot to the touch or if the hot water was steaming. -No residents had complained about the water temperatures. -They asked residents if they wanted their hot			HAL071015	B. WING			
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 113 Continued From page 5 personal care assistants who worked on 200 hall revealed: -They checked water temperatures in the community bathroom sink and shower with their hands before helping residents use the sink and showerThey adjusted water temperatures by adding cold water if it felt hot to the touch or if the hot water was steamingNo residents had complained about the water temperaturesThey asked residents if they wanted their hot	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 113 Continued From page 5 personal care assistants who worked on 200 hall revealed: - They checked water temperatures in the community bathroom sink and shower with their hands before helping residents use the sink and shower They adjusted water temperatures by adding cold water if it felt hot to the touch or if the hot water was steaming No residents had complained about the water temperatures They asked residents if they wanted their hot	ASHE G	ARDENS			ET		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 113 Continued From page 5 personal care assistants who worked on 200 hall revealed: -They checked water temperatures in the community bathroom sink and shower with their hands before helping residents use the sink and showerThey adjusted water temperatures by adding cold water if it felt hot to the touch or if the hot water was steamingNo residents had complained about the water temperaturesThey asked residents if they wanted their hot	0(1) ID	CLIMMA DV CTA		-	DDOV/DEDIS DI AN OF CODDEC	TION	()(5)
personal care assistants who worked on 200 hall revealed: -They checked water temperatures in the community bathroom sink and shower with their hands before helping residents use the sink and shower. -They adjusted water temperatures by adding cold water if it felt hot to the touch or if the hot water was steaming. -No residents had complained about the water temperatures. -They asked residents if they wanted their hot	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
revealed: -They checked water temperatures in the community bathroom sink and shower with their hands before helping residents use the sink and showerThey adjusted water temperatures by adding cold water if it felt hot to the touch or if the hot water was steamingNo residents had complained about the water temperaturesThey asked residents if they wanted their hot	D 113	Continued From pa	ge 5	D 113			
Interview on 9/2/15 at 12:15pm with a family member of the resident of room 208 stated she had not noticed the water being too hot, and the resident stated the water temperature was fine. Interview with a resident of Room 217 at 1:15pm on 9/2/15 revealed: "No problems with water being too hot." -The resident sometimes needed help when using the bathrooms. -A facility aide added cold water when assisting her in using her bathroom's sink and the community shower rooms. -She had never been burned by the hot water. A work order dated 9/3/15 by the corporate Maintenance worker revealed water temperatures were rechecked at 107 degrees F. Recheck of hot water temperatures at 2:30pm on 9/3/15 revealed: -The sink in the community shower room to the left of the Housekeeping Closet on the 200 side of the facility was 106 degrees F. -The shower in the community shower room to	ט 113	personal care assis revealed: -They checked wate community bathroo hands before helpir showerThey adjusted wate cold water if it felt hwater was steamingNo residents had of temperaturesThey asked reside water hot, lukewarm linterview on 9/2/15 member of the resident stated the linterview with a resident stated the linterview with a resident stated the linterview with a resident some using the bathroom -A facility aide adde her in using her bathroom -A facility aide adde her in using her bathroom -A man water beef and never beef and	er temperatures in the m sink and shower with their rig residents use the sink and er temperatures by adding of to the touch or if the hot grown plained about the water of the sink and the water at 12:15pm with a family dent of room 208 stated she water being too hot, and the water temperature was fine. The sident of Room 217 at 1:15pm water being too hot." The simes needed help when so and cold water when assisting throom's sink and the rooms. The sink and the rooms. The sink and the rooms are burned by the hot water. 9/3/15 by the corporate for revealed water temperatures at 2:30pm on munity shower room to the eping Closet on the 200 side of degrees F.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			B. WING		F	
		HAL071015	B. WING		09/0	4/2015
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ASHE G	ARDENS		FASHE STR , NC 28425	EEI		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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)	JLD BE	(X5) COMPLETE DATE
D 113	Continued From pa	ge 6	D 113			
	side of the facility w -The sink in room 2	as 106 degrees F. 10 was 106 degrees F.				
D 358	10A NCAC 13F .10 Administration	04(a) Medication	D 358			
	(a) An adult care h preparation and adu prescription and no by staff are in accor (1) orders by a lice which are maintained	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments dance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies				
	reviews, the facility were administered a prescribing practition eye drops, Calcium with the facility's po 14 residents (#3, #6 observed during the included errors with administration for m	et as evidenced by: ons, interviews, and record failed to assure medications as ordered by the licensed oner (Prednisolone ophthalmic tablet) and in accordance licies and procedures for 7 of 6, #7, #8, #9, #10, and #11) e medication pass which the time of medication nedications such as Calcium, nechol, Dilantin, and Artificial				
	The findings are:					
	by the observation opportunites during	or rate was 28% as evidenced of 8 errors out of 28 the 4:00pm medication pass the 12:00pm medication pass				
	1.Review of Reside	nt #3's current FL-2 dated				

6899

Division of Health Service Regulation STATE FORM

IF8511 If continuation sheet 7 of 18

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL071015	B. WING		09/0	? 04/2015
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STR I, NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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)	LD BE	(X5) COMPLETE DATE
D 358	07/17/2015 revealed-Diagnoses included hypertension, chron tract infection, and Independent of the Aphysician's order Vitamin D tablet (diadily). Review of subsequed dated 07/31/2015 recalcium/D 600-400 day with food. Observation of the Aphysician and tablet at 4:50president #3 was a one tablet at 4:50president with the resident's recalcium and 5:30pm. Review of the Septement of the Aphysician Administration Administrat	d: d dementia, diabetes, nic kidney disease, urinary hyperlipidemia. for Calcium 600mg plus etary supplement) two times ent Physician's Orders sheet evealed a physician's order for tablet take one tablet twice a 4:00pm medication pass on d: dministered Calcium 600/400 m with water only. de (MA) did not offer any food medication. IA on 09/01/2015 at 4:50pm #3 would be eating supper ember 2015 Electronic tration Records (emar) for ed printed instructions for tablet take one tablet twice a cheduled for administration at ident #3 on 09/01/2015 at e resident was in the dining oper meal. regional Director on	D 358			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	2
		HAL071015	B. WING			4/2015
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		ASHE STR	EET		
(VA) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES	, NC 28425	PROVIDER'S PLAN OF CORRECTION	NI.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 8	D 358			
	-The pharmacy me would have to be remedications with sprood and with meals food item was giver was administeredThe facility would rabout medication timedications package. Interview with the can pharmacist on 09/00-Resident #3's Calcordered to be admituded to the Calcium could without foodInstructions were remedications with the calcium was a could without food.	thod of packaging medications eviewed, especially those pecific instructions like with s, unless a cracker or some in at the time the medication meed to talk to the physician mes or have certain ged in separate bubble packs. ontract pharmacy provider 14/2015 at 4:00pm revealed: sium/D 600-400mg tablet was				
	Resident #3 on the	view and observation of Special Care Unit, the nined not to be interviewable.				
	03/18/2015 reveale -Diagnoses include chronic renal failure schizophrenic, and a. A physician's ord treat anxiety disord Review of a subsect dated 07/29/2015 re	d alzheimer's, fluid overload, e 1, obesity, osteoarthrosis,				
	treat disorders of the times daily.	der for Bethanechol (used to e urinary tract) 50mg three quent Physician's Orders sheet				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		HAL071015	B. WING			R 04/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ASHE G	ARDENS		ASHE STR NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
	Bethanechol 50mg day. Observation of the 09/02/2015 at 1:25g administered four p dispensed bubble p Bethanechol 50mg 1mg tablet. Review of the Septe Medication Administ Resident #6 reveals -Printed instructions take one tablet threfor administration a 8:00pmPrinted instructions take one tablet threfor administructions a succession of the service of the servic	s for Bethanechol 50mg tablet e times a day and scheduled t 8:00am, 12:00pm and s for Lorazepam 1mg tablet e times a day and scheduled				
	8:00pm. Interview with the M revealed: -The 12:00pm med administeredThe 12:00pm med "everybody needs sheen like that way a -The physician had and the MA had got Interview with the R 09/02/2015 at 4:15p -The contract pharm medications together system.	visited earlier in the morning ten a little behind. Regional Director on om revealed: macy packaged multiple er using a bubble pack thod of packaging medications				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		HAL071015	B. WING		09/0	4/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ASHE G	ARDENS		「ASHE STRI 「, NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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)	LD BE	(X5) COMPLETE DATE
D 358	-The facility would r about medication tir	need to talk to the physician	D 358			
	Interview with the concentration of there was no clinical Lorazepam and Better at 1:25pm because at 8:00pm for both in the concentration of the concentratio	ontract pharmacy provider 4/2015 at 4:05pm revealed il issue with the 12:00pm thanechol being administered the next scheduled dose was medications, however, there is with the medications being				
	Resident #6 on the resident was determ	view and observation of Special Care Unit, the nined not to be interviewable. ent #7's current FL-2 dated				
		d diagnoses included yroidism, and seizure.				
	Request dated 05/2 order for Calcium C	uent Physician's Order 0/2015 revealed a physician's arbonate/Vit D 600/400 unit (a tablet take one tablet two				
	dated 07/29/2015 re	uent Physician's Orders sheet evealed a physician's order for tablet take one tablet two				
		om revealed Resident #7 was alcium 600-400 tablet				
	Medication Adminis	ember 2015 Electronic tration Records (emar) for ed printed instructions for				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F 09/0	R 14/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
ASHE C	ADDENG		TASHE STR			
ASHE G	ARDENS	BURGAW	, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 11	D 358			
	Calcium/D 600-400	tablet take one tablet two neduled for administration				
	1:31pm revealed: -The 12:00pm mediadministeredThe 12:00pm mediaeverybody needs seen like that way a	visited earlier in the morning				
	medications together system. -The pharmacy med would have to be reThe facility would report about medication tire.	om revealed: nacy packaged multiple er using a bubble pack thod of packaging medications viewed. need to talk to the physician				
	Pharmacist on 09/0 there was no clinica Calcium being crus 1:30pm because the	ontract pharmacy provider 4/2015 at 4:15pm revealed all issue with the 12:00pm hed and administered at e next scheduled dose was at vas a process issue with the dministered late.				
	09/03/2015 at 11:42 -The MA administer tablet to Resident # -The MA gave Resident	ed Calcium 600-400 one				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R	
HAL071015		B. WING		09/04/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		ASHE STR NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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)	LD BE	(X5) COMPLETE DATE
D 358	-Resident #7 shook did not speakAt 12:05pm, Resid two halves of a whir-The MA retrieved to tablet from Resider the trashThe MA stated Resident #7 chew is had swallowed the medication was addishe usually did not Resident #7 taking Following record re Resident #7 on the resident was deterred. 4. Review of Resident #7 on the resident was deterred. 4. Review of Resident #8 revealed alzheimer's disease disease, arthritis, on the resident was deterred. Review of a Physice O7/29/2015 revealed alzheimer's disease disease, arthritis, on the O9/02/2015 revealed Calcium/D 600-400 times a day. Observation of the O9/02/2015 at 1:33 administered three yogurt, from a pharwhich included one Review of the Septimedication Administer Resident #8 revealed-Printed instructions.	ent #7 came to room 108 with the capsule in her hand. The two halves of the white the the the the the the the the the t	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
				R		
HAL071015		B. WING		09/04/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ACUE C	ADDENC	300 WEST	ASHE STR	EET		
ASHE G	ARDENS	BURGAW	, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 13	D 358			
	administration at12:00pm and 4:00pm. -The other two pills, according to the emar, were scheduled to be administered at 2:00pm. A previous interview with the MA on 09/02/2015 at 1:31pm revealed: -The 12:00pm medications were just being administered. -The 12:00pm medications were late because "everybody needs stuff" from the MA and "it's been like that way all day". -The physician had visited earlier in the morning and the MA had gotten a little behind. Interview with the Regional Director on 09/02/2015 at 4:15pm revealed: -The contract pharmacy packaged multiple medications together using a bubble pack system. -The pharmacy method of packaging medications would have to be reviewed. -The facility would need to talk to the physician about medication times or have certain medications packaged in separate bubble packs. Interview with the contract pharmacy provider Pharmacist on 09/04/2015 at 4:15pm revealed there was no clinical issue with the 12:00pm Calcium being crushed, but there was a process issue with the medication being administered late.					
	Following record review and observation of Resident #8 on the Special Care Unit, the resident was determined not to be interviewable.					
	 5. Review of Resident #9's current FL-2 dated 07/01/2015 revealed: -Diagnoses included alzheimers-dementia, metabolic encephalopathy, hypotension, diabetes mellitus type II, and muscle weakness. 					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
HAL071015		B. WING		R 09/04/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STRE ', NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	-A physician's order drop into right eye for the Neview of a Physici 07/29/2015 reveale Artificial Tears Opth into right eye four time Observation of the 09/02/2015 at 1:45g administered Artificial Tears Artificial Tears of Medication Administered Artificial Tears of Medication Administers and Instructions Solution instill one of day for burning/itch 1-The Artificial Tears administration at 8:8:00pm. A previous interview 1:31pm revealed: 1:00pm med administered. 1:00pm med administered. 1:00pm med 1:	r for Artificial Tears instill one our times daily. Itan's Orders sheet dated d a physician's order for palmic Solution instill one drop mes a day. Immedication pass on our revealed Resident #9 was ial Tears one drop in the right dember 2015 Electronic stration Records (emar) for ed: Is for Artificial Tears Opthalmic drop into right eye four times a y eyes. Idrops were scheduled for 100am, 12:00pm, 4:00pm, and with the MA on 09/02/2015 at ications were just being ications were late because stuff" from the MA and "it's all day". I visited earlier in the morning iten a little behind. I view and observation of Special Care Unit, the nined not to be interviewable. I ent #10's current FL-2 dated				
	08/19/2015 revealed diagnoses included vascular dementia, cachexia, and history of prostate					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				R		
HAL071015		B. WING		09/04/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STRI ', NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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)	LD BE	(X5) COMPLETE DATE
D 358	cancer. Review of a hospital dated 08/21/2015 re Phenytoin (used in disorders) 100mg Ethree times daily. Observation of the 109/02/2015 at 1:50g administered Phenymixed in yogurt. Review of the Septe Medication Administ Resident #10 revea Phenytoin EX 100m three times a day at administration at 8:00 A previous interview 1:31pm revealed: -The 12:00pm medial "everybody needs as been like that way a 1-the physician had and the MA had got Interview with the comparation of the 4:00pm was close, procedurally there we medication being at Following record revision of the 100 procedurally there we medication being at 100 procedurally there we medication procedurally there we medication being at 100 procedurally there we medication procedurally there we were the procedurally there we were the procedural pr	al discharge medication list evealed a physician's order for treatment of seizure ER capsule take one tablet medication pass on om revealed Resident #10 was ytoin EX 100mg one capsule ember 2015 Electronic tration Records (emar) for alled printed instructions for ag capsule take one capsule nd scheduled for 00am, 12:00pm and 4:00pm. In with the MA on 09/02/2015 at ications were just being ications were late because stuff" from the MA and "it's all day". Visited earlier in the morning ten a little behind. In ontract pharmacy provider 14/2015 at 4:15pm revealed e next scheduled dose at clinically no issue, but was an issue with the dministered late. View and observation of				
	Resident #10 on the Special Care Unit, the resident was determined not to be interviewable.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:		R		
HAL071015		B. WING		09/04/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STR 7, NC 28425	EET		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From page 16		D 358			
	08/19/2015 reveale -Diagnoses include neoplasm, intracero depressive disorde -A physician's orde	ed alzheimers-dementia, brain ebral hemorrhage, and				
	Review of a Physician's Orders sheet dated 07/29/2015 revealed: -A physician's order for Prednisolone 1% ophthalmic suspension instill one drop in the left eye four times a day. -There were no subsequent orders for the Prednisolone 1% ophthalmic suspension from 07/29/2015. Observation of the medication pass on 09/03/2015 at 11:55am revealed Resident #11 was administered Prednisolone 1% ophthalmic suspension one drop in both eyes. Review of the September 2015 Electronic Medication Administration Records (emar) for Resident #11 revealed: -Printed instructions for Prednisolone 1% Opthalmic Suspension instill one drop in the left eye four times a day for burning/itchy eyesThe Prednisolone 1% ophthalmic suspension drops were scheduled for administration at 8:00am, 12:00pm, 4:00pm, and 8:00pm. Interview with the MA on 09/03/2015 at 12:00pm revealed: -The MA should have administered the eye drops in the left eye onlyThe MA had forgotten the Prednisolone 1% ophthalmic suspension was only to be					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
HAL071015		B. WING			R 09/04/2015	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STR /, NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 17	D 358			
	administered in Res	sident #11's left eye only.				
	Resident #11 on the	view and observation of e Special Care Unit, the mined not to be interviewable.				

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