	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL013007	B. WING		03/1	0/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENTE	≣R	EMOOR PLACE LIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	The Adult Care Licentelliow-up survey on M	sure Section conducted a March 9-10, 2016.				
{D 309}	10A NCAC 13F .0904 Service	4(e)(3) Nutrition and Food	{D 309}			
	(e) Therapeutic Diets (3) The facility shall r current listing of resid	Nutrition and Food Service is in Adult Care Homes: maintain an accurate and lents with physician-ordered guidance of food service				
	physician ordered the ground meats and ca	n, record review, and				
	The findings are:					
	kitchen revealed: -A posted therapeutic residents to be serve	d chopped meats, regular oft diets, pureed, cardiac				
	kitchen revealed: -There were 25 color a bulletin board that in names, therapeutic d of birth and admission	6/15 at 11:50 am in the coded note cards posted on ncluded the residents' iets, likes and dislikes, date n date.				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
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L	HAL013007	D. WING		03/10/2016
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CAREMOOR RETIREMENT CENTER		EMOOR PLACE		
		DLIS, NC 28081		
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 309} Continued From page 1		{D 309}		
9/03/15 revealed: -Diagnoses included a shemiparesis and aphas syndrome, gastric esop dysphagiaAn order for a cardiace. Review of Resident #1's-A physician's diet orde cardiac diet with choppe whites, prefers whole electron and dated 2/08/16 for "I for a mechanical soft cowas not specified. Review of the diet list prevealed: -Resident #1 was listed with regular eggs and celes -Resident #1 was not list ist to receive a soft-me Review of the therapeu mechanical soft diet revibe served 3 oz meatloa mashed potatoes, 1/2 of 1 slice chocolate cake. served 1/2 slice. Observation of the lunce 12:00 pm revealed: -Resident #1 was served. mashed potatoes, 1/2 of mashed pota	stroke with right ia, irritable bowel hageal reflux disease, and diet with chopped meats. s record revealed: r dated 1/09/16 for a ed meats and "no egg gg". cian's order form signed please chop up all foods posistency". Cardiac diet to have a cardiac diet hopped meats. sted on the resident diet chanical diet. tic diet menu for regular, vealed residents were to if with gravy, 1/2 c. garlic c. green beans, 1 roll, and Cardiac diets were to be th meal on 3/09/16 at and meatloaf and gravy, 1/2 2 c. green beans, vith icing, water and milk. , but refused. d 10% of the meal.	{D 309}		

Division of Health Service Regulation

STATE FORM 6899 OIXK12 If continuation sheet 2 of 32

HAL013007 B. WING R 03/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4876 CAREMOOR PLACE KANNAPOLIS, NC 28081 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [D PREFIX TAG [CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) [CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) [D 309]	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4876 CAREMOOR PLACE KANNAPOLIS, NC 28081 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 309) Continued From page 2 Interview with Resident #1 on 3/09/16 at 12:30 pm revealed: -She did not have lower teeth, but had upper denturesThe kitchen staff usually chopped all her meats, but "I'm allowed to have eggs however I want them"The kitchen staff did not cut up other food							1
CAREMOOR RETIREMENT CENTER ### ANNAPOLIS, NC 28081 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			HAL013007	B. WING		1	
CAREMOOR RETIREMENT CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 309) (D 309) (D 309) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRE	NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (D 309) (D 309) (D 309) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (D 309) (D 309) (D 309) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (D 309)	OAKLINO	TOTAL TIME IN THE TENTE	KANNAPO	LIS, NC 28081			
Interview with Resident #1 on 3/09/16 at 12:30 pm revealed: -She did not have lower teeth, but had upper denturesThe kitchen staff usually chopped all her meats, but "I'm allowed to have eggs however I want them"The kitchen staff did not cut up other food	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	COMPLETE
pm revealed: -She did not have lower teeth, but had upper denturesThe kitchen staff usually chopped all her meats, but "I'm allowed to have eggs however I want them"The kitchen staff did not cut up other food	{D 309}	Continued From page	2	{D 309}			
served, but the serving staff would cut the food at the table if she asked them too. -She had no problems eating what was served, and usually had a good appetite. Interview with the Supervisor/Manager of employees on 3/09/16 pm at 3:25 pm revealed -Resident #1 was on a mechanical soft diet at one time since her stroke, but had an order from 1/09/16 for a cardiac with chopped meatsShe was not aware the facility printed physician's order form dated 2/08/16 referenced a mechanical soft consistency order. "These forms were printed by the pharmacy for the physician to sign." She did not look at this form as a diet order, and had not noticed this entry before, so the kitchen had not been updated. Refer to interview on 3/09/16 at 10:15 am with the Director of Operations (DO). Refer to interview on 3/09/16 at 3:25 pm with the Supervisor/Medication Aide. Refer to interview on 3/10/16 at 8:00 am with the DM.	{D 309}	Interview with Reside pm revealed: -She did not have low denturesThe kitchen staff usu but "I'm allowed to ha them"The kitchen staff did served, but the servin the table if she asked -She had no problems and usually had a good Interview with the Supemployees on 3/09/16-Resident #1 was on one time since her str 1/09/16 for a cardiace -She was not aware to order form dated 2/08 mechanical soft consi were printed by the pl sign." She did not loo order, and had not not he kitchen had not be Refer to interview on Dietary Manager (DM Refer to interview on Supervisor/Medication Refer to interview on Supervisor/Medication	ver teeth, but had upper sally chopped all her meats, we eggs however I want not cut up other food ag staff would cut the food at them too. Is eating what was served, and appetite. Dervisor/Manager of the food and mechanical soft diet at roke, but had an order from with chopped meats. The facility printed physician's sharmacy for the physician to k at this form as a diet sticed this entry before, so the en updated. 3/09/16 at 12:30 pm with the sticed of the physician with the sticed the sticed the en Aide.	{D 309}			

Division of Health Service Regulation

STATE FORM 6899 OIXK12 If continuation sheet 3 of 32

Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL013007	B. WING		1
		HALU13007			03/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		4876 CAF	REMOOR PLACE	<u> </u>	
CAREMO	OR RETIREMENT CENTE	=K KANNAP	OLIS, NC 28081		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
{D 309}	Continued From page	e 3	{D 309}		
	. •				
		dementia, hypertension, and			
	history or stroke.	wible on this FLO			
	-A diet order was illeg	gible on this FL2.			
	Review of Resident #	10's record on 3/0/16			
	review of Resident #	-9 3 160010 011 3/9/ 10			
	-An admission date o	f 2/23/16			
		5 (from a previous facility			
		d at) which had a diet order			
	of "regular with groun	,			
		ate facility printed physician's			
	diet order form in Res				
	diot order form in rec	sident no e record.			
	Review of the diet list	posted in the kitchen on			
	3/09/16 at 10:05 am r	•			
		ed to have a regular, ground			
	mechanical diet.				
	-Resident #9 was not	listed on the resident diet			
	list to receive a regula	ar, ground meat diet.			
	•				
		der book posted in the			
		py of Resident #9's previous			
	•	rom the previous facility)			
		er of "regular with ground			
	meats".				
	Deview -f4-: 0	audia diak maassa fasassa 1			
	·	eutic diet menu for regular			
		vealed residents were to be			
		with gravy, 1/2 c. garlic			
	1 slice chocolate cake	2 c. green beans, 1 roll, and			
	i slice chocolate cake	੮ .			
	Interview on 3/10/16	at 8:00 am with the			
		of employees revealed:			
		ed a regular chopped diet or			
	a regular ground, med	- · · · · · · · · · · · · · · · · · · ·			
		Resident #9's physician to			
	clarify the diet order.	Coldent #9 5 physician to			
	samy the diet order.				

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Based on observations, record review and

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL013007	B. WING		03/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
CAREMO	OR RETIREMENT CENTE	R	REMOOR PLACE		
	OLIMANA DV. OT		OLIS, NC 28081		,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 309}	Continued From page 4		{D 309}		
	interview, it was determined Resident #9 was not interviewable. Attempted telephone interview on 3/10/16 at 11:00 am with Resident #9's responsible party was unsuccessful. Attempted telephone interview on 3/10/16 at 11:00 am with Resident #9's primary care physician's office was unsuccessful. Review of a facility diet order sheet for Resident #9 provided by the facility on 3/11/16, revealed a diet order dated 3/10/16 for regular with chopped meats. Supplement drink twice a day.				
	Refer to interview on Dietary Manager (DM	3/09/16 at 10:15 am with the l).			
	Refer to interview on Director of Operations	3/09/16 at 12:30 pm with the s (DO).			
	Refer to interview on Supervisor/Manager	3/09/16 at 3:25 pm with the of employees.			
	Refer to interview on DM.	3/10/16 at 8:00 am with the			
	Interview with the DM on 3/09/16 at 10:15 am revealed				
	-He had worked at the DM.	e facility for 4 years as the			
	orders to the kitchen. orders" book.	s (MA) would bring the diet A copy was put in the "diet			
		changes on the posted diet cards hung on the f reference.			
	Interview with the DO	on 3/09/16 at 12:30 pm			

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013007	B. WING		03/1	0/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENTE	R	MOOR PLACE LIS, NC 28081			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 309}	was the Assistant Adr -The MAs were to ser the DM, who updated Interview with the Sup employees on 3/09/16 -She had worked at th had been the "Manag yearShe was also a certif MA, and "did whateve -Diet orders were upd Interview with the Die 3/10/16 at 8:00 am re	ne facility for 6 years and ministrator or DO. nd copies of diet orders to the kitchen diet records. Dervisor/Manager of 5 pm at 3:25 pm revealed: ne facility for 17 years, and er over the employees" for 1 fied nursing assistant and a er else needed to be done". lated every 6 months. Itary Manager (DM) on vealed: mechanical soft, all meats foods were ground.	{D 309}			
D 344	10A NCAC 13F .1002 (a) An adult care hon the resident's physicia for verification or clari medications and treat (1) if orders for admis resident are not dated of admission or readm (2) if orders are not cl (3) if multiple admission or readmis forms are not the same	ne shall ensure contact with an or prescribing practitioner fication of orders for ments: sion or readmission of the d and signed within 24 hours nission to the facility; ear or complete; or on forms are received upon sion and orders on the ne. re that this verification or	D 344			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL013007	B. WING		R 03/10/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		4876 CAR	EMOOR PLACE	≣		
CAREMO	OR RETIREMENT CENTE	ER KANNAPO	LIS, NC 28081	l		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 344	Continued From page 6		D 344			
	interviews, the facility conflicting medication residents (#2, #4, and The findings are: A. Review of Resider 3/7/16 revealed: -Diagnoses included failure, anxiety, and a - A medication order to 20 mEq, 1 daily. (KCI	ns, record reviews, and railed to clarify unclear or or orders for 3 of 5 sampled d #5.) In #5's current FL2 dated Id #6's current FL2 dated				
	20 mEq, 1 daily. (KCL is a medication used to treat low potassium levels.) Review of Resident #5's record revealed: -A prior medication order dated 3/13/15 for KCL 20 mEq, 1/2 tablet dailyA signed physician's order sheet dated 7/10/15 for KCL 20 mEq, 1/2 tablet dailyA medication order dated 7/31/15 to increase the KCL to 80 mEq daily for two days, then 40 mEq daily thereafterA basic metabolic panel (BMP) dated 7/30/15 indicated a potassium level of 2.7 mmol/L with a normal range of 3.5 to 5.1.) -A repeat BMP dated 8/7/15 with a potassium level of 3.9 mmol/L. Review of Resident #5's Medication Administration Records (MARs) for February and March 2016 revealed: -An entry for KCL, 20 mEq, 2 tablets daily with a scheduled administration time of 8am40 mEq of KCL had been documented as administered daily the entire month of February 2016 and from 3/1/16 through 3/10/16.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
		HAL013007	B. WING		03/1	0/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENTE	R	EMOOR PLACE DLIS, NC 28081			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
D 344	Continued From page	e 7	D 344			
	hand on the afternoor -A bubble pack of KC tablets daily, with a di Reviews of Resident:	L 20 mEq, labeled two spense date of 2/5/16. #5's record revealed:				
	-No order to change Resident #5's KCL order back to 40 mEq per day from the FL2 order dated 3/7/16 of KCL 20 mEq per day.					
	order with Resident #	ty staff to clarify the KCL 5's physician.				
	Interview with Resident #5 on 3/9/16 at 10:20 am revealed she believed she received her medications as ordered by her physician.					
	Coordinator [RCC]) or revealed:	anager (Resident Care n 3/10/16 at 11:20 am				
	sign from the current	FL2s for the physician to MARs. ation Aides check the new				
	pharmacy.	hen the come in from the explain the discrepancy				
		CCL on the FL2 dated 3/7/16 ented as administered from				
	pharmacy on 3/10/16 -The most recent orde KCL was dated 10/13 dailyThe most recent KCL was for 60 tablets on	armacist at the provider at 12:03 pm revealed: er they had for Resident #5's /15 for 20 mEq, two tablets dispensed for Resident #5 3/4/16. Ilways fax new FL2s to the				
	B. Review of Residen	t #4's current FL2 dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENT	ER	EMOOR PLACE DLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 344	Continued From page	e 8	D 344			
D 344	9/3/15 revealed: -Diagnoses of demer depressionA medication order f and every 8 hours as medication used to tracute seizures.) -An admission date of Review of Resident # -A subsequent handwa physician's order soon 1 daily, and one 8 houseded for agitation of the physician dated 1/18 every morning, and of first dose as neededNo documentation of Resident #4's order for Review of Resident #4's order for Review of Resident #4 Administration Record March 2016 revealed -An entry for Lorazep a scheduled administration of Resident in 8 hours as in Observation or Resident on the afternoon -Several bubble packlabeled, 1 tablet every large signal in the several bubble packlabeled, 1 tablet every large signal in tablet every large signal in tablet every large signal in the several bubble packlabeled, 1 tablet every large signal in the several bubble packlabeled, 1 tablet every large signal in the several bubble packlabeled, 1 tablet every large signal in the several bubble packlabeled, 1 tablet every large signal in the several bubble packlabeled, 1 tablet every large signal in the several bubble packlabeled.	or Lorazepam 1mg daily, aneeded. (Lorazepam is a reat anxiety disorders and of 10/20/14. He's record revealed: written order dated 2/8/16 on sheet for Lorazepam 0.5 mg, urs after first dose as or anxiety. Resident #4's primary care /16 for Lorazepam 1 mg one tablet 8 hours after the fan attempt to clarify or Lorazepam. He's Medication ds (MARs) for February and lice am 1 mg every morning with tration time of 8:00 am. Lorazepam 1 mg, may	D 344			
	date of 2/4/16. Interview with a Phar pharmacy on 3/10/16	macist and the provider s at 12:03 pm revealed: provides her medications,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013007	B. WING		R 03/10/2016
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	JE ZIP CODE	1 00/10/2010
		4876 CAR	EMOOR PLACE	,	
CAREMO	OR RETIREMENT CENTE	R	LIS, NC 28081		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 344	for Lorazepam 1 mg e hours after first dose a hours after first dose a linterview with Reside am revealed she was she took. Interview with Reside 3/10/16 at 12:05 pm respectively. She was unaware of #4's Lorazepam dose and the last refill she obtoon 2/1/16 for 100 tables. As far as she knows, medications as ordered interview with the Respectively. Resident #4 was on time, but it was changed date.) -Neither could explain the order for Lorazepa	rder they have on file was every morning, and 1 mg 8 as needed dated 9/4/15. nt #4 on 3/10/16 at 11:40 not sure what medications nt #4's responsible party on evealed: any changes in Resident from 1mg. tained for Resident #4 was	D 344		
	tabletsThe physician's orde	r sheet (POS) dated 2/8/16 azepam 0.5 mg may have ause the computer			
	3/10/16 at 1:10 pm re -The RCC and MA ch accuracyShe was not sure wh was changed to 0.5 m order.	ector of Operations on vealed: eck the MARs monthly for ny Resident #4's Lorazepam ng on the POS without an			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMP	LETED
			B WING		I	R
		HAL013007	B. WING		03/	10/2016
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
CAREMO	OR RETIREMENT CENTE	ER	REMOOR PLACE			
	OUR MARK OF		OLIS, NC 28081		- CORRECTION	1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 10	D 344			
	constant disorientation depression psychosis -A medication order for bedtime (used to treat Review of Resident # -A physician's order of 15 mg 1/2 tablet (7.5 -A computer printed pand dated 2/08/16 with 15 mg 1/2 tablet (7.5 -Record review reveausent to the physician change.	s, and hypertension. or Mirtazapine 15 mg at the depression). 2's record revealed: dated 7/10/15 for Mirtazapine mg) at bedtime. Ohysician's order form signed the an order for Mirtazapine mg) at bedtime. and hypertension.				
	-	n or why the Mirtazapine				
	Review of Resident #2's Medication Administration Record (MAR) for January 2016 revealed: -An entry for Mirtazapine 15 mg, 1/2 tablet (7.5 mg) at bedtimeMirtazapine 7.5 mg was documented as administered at 8 pm from 1/01/16 to 1/31/16.					
	revealed: -An entry for Mirtazapmg) at bedtimeMirtazapine 7.5 mg vadministered at 8 pm Review of Resident # Administration Recorrevealed:	oine 15 mg, 1/2 tablet (7.5) was documented as from 2/01/16 to 2/29/16.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,	5. GG.W.EG.11G.W	is a minimum service in the service	A. BUILDING: _			
		HAL013007	B. WING		R 03/10/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENT	ER	EMOOR PLACE DLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D 344	Continued From page	e 11	D 344			
	-No dose change not dosage change order	from 3/01/16 to 3/08/16. ations were documented for				
	contract pharmacist revealed: -According to the pharmacy records, an order for Resident #2 originated 7/10/15 for Mirtazapine 7.5 mg at bedtime. -There was no copy of Resident #2's FL 2 dated 3/07/16 in their system.					
	Aide (MA), Care Aide 2009Resident #2's currer mg at bedtime. That should be 1/2 tablet (-The Supervisor/Med Supervisor/Manager new FL2 to be signed physician expected of correctly." -The MA, or Supervison compared the new Fl was faxed to the phachanges noted by the	an Aide revealed: the facility as a Medication the (CA) and Supervisor since the FL2 listed Mirtazapine 15 twas "a transcription error. It ty.5 mg)". lication Aide or of employees transcribed a d by the physician. "The our staff to transcribe meds the sor/Manager of employees the type of the MARs. The FL2 to the MARs. The FL2 transcy only if there were				
		n's order faxed to the facility an order for Mirtazapine 7.5				
	Interview on 3/10/16 of Operations (DO) re	at 2:00 pm with the Director evealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013007	B. WING		R 03/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
CAREMO	OR RETIREMENT CENTE	R	REMOOR PLACE POLIS, NC 28081		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 344	at the facility for 6 yearshe expected docume accurate and the MA physician as necessar Based on observation interviews with staff, if was not interviewal Interview on 3/10/16 af was responsible party. They were satisfied was facility. The facility "took care medications", and the	esistant Administrator or DO ears. Inentation on the MAR to be to clarify orders with the ry. Ins, record reviews and the was determined Resident able. The second reviews and the was determined Resident able. The second reviews and the was determined Resident able. The second reviews and the was determined Resident able. The second reviews and the second review	D 344		
{D 358}	(a) An adult care hor preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained (2) rules in this Sectional procedures. This Rule is not met Based on observation interviews, the facility medications were adrilicensed prescribing p	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: ns, record reviews, and	{D 358}		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R
		HAL013007	B. WING	 	03	/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
CAPEMO	OR RETIREMENT CENTE	4876 CAR	EMOOR PLACE			
CAREIVIO	OK KETIKEMENT CENTE	KANNAPO	OLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	: 13	{D 358}			
	The findings are:					
	revealed: -Diagnoses included sweakness, irritable bogastroesophageal refl disorder, and dysphage-A medication order for 3 tablets with first bite enzyme used to treaten admission date of Review of Resident # subsequent order on dated 2/8/16 for Lacta with first bite of dairy of Review of Resident # Administration Record February, and Marchen entry for Lactaid to tablets with first bite of eaten) with an notation the hour of administration of Resident # Administration Record February and Marchen Parket # Administration Recor	owel syndrome, flux disease, possible bipolar gia. or Lactaid chewable tablets, of dairy. (Lactaid is an lactose intolerance.) f 5/2/13. 1's record revealed a a physician's order sheet aid chew/swallow 3 tablets (each time dairy is eaten.) 1's Medication ds (MARs) for January, 2016 revealed: sablets, Chew/swallow 3 of dairy(each time dairy is on of prn (as needed) under ation. ted as administered. ent #1's medications on of 3/9/16 revealed a partial with the resident's name ox. rvisor/Medication Aide on ealed: Resident #1 her Lactaid t. he Lactaid often.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013007	B. WING		R 03/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	ΓΕ, ZIP CODE	
CAREMO	OR RETIREMENT CENTE	4876 CA	REMOOR PLACE	·	
CAREIVIO	JR RETIREMENT CENTE	KANNA	POLIS, NC 28081		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	: 14	{D 358}		
	medication.				
	revealed: -She doesn't ask for hare so busy," and she -She had a glass of m -Sometimes the milk of Interview with the Dire 3/10/16 at 1:10 pm re -They did not have a sadministering medica -Resident #1 should have	gave her an upset stomach. ector of Operations on vealed: specific policy on			
	#1's physician's office revealed: -She should have got consumed dairyThey would rewrite the clear to the staff about Resident #1's Lactaid. The facility received at Resident #1's physiciatablets that stated, "Table to the reveal of the state of the state of the reveal of the state of the state of the reveal of the state of th	stered Nurse at Resident on 3/10/16 at 1:15 pm ten the Lactaid when she he order to make it more to when to administered of clarification order from an dated 3/10/16 for Lactaid ake three tablets three times am, 12 noon, and 5 pm,			
	and may have prn too				
{D 367}	10A NCAC 13F .1004 Administration	(j) Medication	{D 367}		
	(j) The resident's med	Medication Administration dication administration accurate and include the			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						2
		HAL013007	B. WING		1	0/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENTE	R	EMOOR PLACE			
			LIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 15	{D 367}			
{D 367}	(2) name of the medici (3) strength and dosa administered; (4) instructions for ad or treatment; (5) reason or justificat medications or treatmedocumenting the result (6) date and time of a (7) documentation of medications or treatmomission, including readily (8) name or initials of the medication or treatmedocumented and main administration record. This Rule is not met Based on interviews a facility failed to assure Records (MARs) were 4 of 5 sampled reside physician's orders for and Resident #2), hydrogodium Hypochlorite (Resident #3), and Fig.	cation or treatment order; ge or quantity of medication ministering the medication tion for the administration of tents as needed (PRN) and alting effect on the resident; dministration; any omission of tents and the reason for the efusals; and, the person administering tentent. If initials are used, a to those initials is to be entained with the medication (MAR). The medication Administration to the entained with the medication (MAR). The medication Administration to the entained with the medication tents (#1, #2, #3, and #4) with the Lorazepam (Resident #1 dromorphone (Resident #3), Solution for wound care sh Oil (Resident #4.)	{D 367}			
	3/07/16 revealed: -Diagnoses included constant disorientatio depressive psychosis	am (Ativan) 1 mg every 6				
	Review of Resident # revealed:	2's January 2016 MAR				

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		_	_
		HAL013007	B. WING	B. WING		₹ 0/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENTE	R	REMOOR PLACE			
		KANNAP	OLIS, NC 28081	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 16	{D 367}			
	-An entry for Lorazepaneeded for anxietyLorazepam was docutimes on the front of the 1/31/16Lorazepam was documes matched to date 1/03/16, and 1/19/16Lorazepam was docute MAR, but not sign substance record 3 times substance record 3 times expecified), 1/10/16 at amLorazepam was docute back of the MAR, MAR and not on the continuous of times: on 1/18/16 at 8:00 pmThere was no docume MAR for the Lorazepat 1/19/16 at 8:00 am. Review of Resident # record for Ativan 1 mg revealed: -Ativan 1 mg was sign substance record, but administered on the Jon 1/12/16 at 5:00 pm 1/17/16 at 8:00 am, 1 at 5:00 pm, and 1/27/-An entry on 1/10/16 awith "error" marked on record, but was document of the MAR, MAR.	am 1 mg every 6 hours as umented as administered 36 he MAR from 1/01/16 to umented as administered for if the MAR with dates and es on the front except on umented as administered on led out on the controlled mes: 1/04/16 am (time not 10:00 pm, and 1/26/16 8:00 umented as administered on but not on the front of the controlled substance record is:00 am and 1/18/16 at uentation on the back of the am dose administered on 2's controlled substance g from 1/01/16 to 1/31/16 ned out on the controlled it not documented as anuary 2016 MAR 6 times: in, 1/16/16 at 8:00 am, in, 1/16/16 at 5:00 pm, 1/24/16 16 at 8:00 am. at 5:00 pm, was crossed out in the controlled substance mented as administered on but not the back of the				
	with "error" marked or record, but was docur the front of the MAR, MAR.	n the controlled substance mented as administered on				

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revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING		R	
		HAL013007	B. WING		03/10/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAREMOOR RETIREMENT CENTER			REMOOR PLACE			
			OLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 367}	Continued From page	e 17	{D 367}			
	needed for anxietyLorazepam was doc times on the front of t 2/29/16Lorazepam was doc anxiety on the back of times matched to date except on 2/25/16 and Review of Resident # record for Ativan 1 mg revealed: -Ativan 1 mg was sign substance record, but administered on the Fitimes: 2/03/16 at 8:00 am, 2 at 8 am, 2/21/16 at 5:	e2's controlled substance g from 2/01/16 to 2/29/16 ned out on the controlled				
	revealed: -An entry for Lorazep needed for anxietyLorazepam was doc times on the front of t 3/09/16Lorazepam was doc anxiety on the back of times matched to date. Review of Resident # record for Ativan 1 mg revealed: -Ativan 1 mg was sign substance record, bu	e2's controlled substance g from 2/01/16 to 2/29/16 ned out on the controlled t not documented as March 2016 MAR 2 times: on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING	A. BUILDING.		
		HAL013007	B. WING		R 03/10/2	016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENTE	ER	EMOOR PLACI DLIS, NC 28081			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 18	{D 367}			
	on 3/09/16 at 2:00 pn	ent #2's medication on hand n revealed Ativan 1 mg was ration and the narcotic count				
	Based on observations, record review and interviews with staff, it was determined Resident #2 was not interviewable.					
	Interview on 3/10/16 at 9:45 am with Resident #2's responsible party revealed: -They were satisfied with the care provided by the facilityThe facility "took care of anything related to medications", and the family had no concerns.					
	medicated when they	3/09/16 at 3:30 pm with the				
	Refer to interview on Supervisor/Medicatio	3/10/16 at 10:00 am with the n Aide.				
	Refer to interview on Manager.	3/10/16 at 12:10 pm with the				
	Refer to interview on Director of Operations	3/10/16 at 2:00 pm with the s (DO).				
	5/27/16 revealed: -Diagnoses included	nt #3's current FL 2 dated chronic pain, osteomyelitis, se, and history of diskitis.				
	Review of Resident # revealed an admission	3's Resident Register and date of 5/12/15.				
	1. Review of Residen	t #3's record revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		HAL013007	B. WING		R 03/10/2016	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAREMOOR RETIREMENT CENTER 4876 CAI			EMOOR PLACE	!		
- CARLINO	OR RETIREMENT GENTE	KANNAP	OLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 367}	Continued From page	e 19	{D 367}			
	needed) pain (a medi moderate to severe p -A "physician's move- of orders" sheet signe hydromorphone 2 mg -A subsequent physic hydromorphone 2 mg -No physician's order hydromorphone. -There was no docum had contacted Reside hydromorphone was Medication Administra	every 6 hours prn (as cation used to treat ain). in prescriptions/verification ed and dated 10/22/15 for every 6 hours prn pain. ician's order dated 1/19/16 for every 6 hours prn pain. to discontinue nentation that the facility staff ent #3's physician when not on the January 2016 ation Record (MAR).				
	Review of Resident #3's December 2015 MAR revealed: -An entry for hydromorphone 2 mg every 6 hours as needed for pain. -Hydromorphone was documented as administered on the front of the MAR 3 times from 12/01/15 to 12/31/15: 12/07/15, 12/08/15, and 12/17/15. -Hydromorphone was documented on the back of the MAR 4 times: on 12/07/15 at 10:50 pm, 12/08/15 at 9:45 pm, 12/17/15 at 8 am, and 12/17/15 at 9:00 pm. Review of Resident #3's Controlled Substance Record for hydromorphone 2 mg from 12/01/15 to 12/31/15 revealed: -Hydromorphone 2 mg was signed out on the controlled substance record, but not documented					
	times: on 12/02/16 at am, 12/03/16 at 8:00					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R	
	HAL013007	B. WING		03	3/10/2016	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CAREMOOR RETIREMENT CENT	4876 CA	REMOOR PLACE				
CAREMOOR RETIREMENT CENT	ER KANNAF	OLIS, NC 28081				
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
12/17/16 at 9:00 pm, 12/21/16 at 8:00 pm, 12/23/16 at 1:20 am, 12/27/16 at 9 pmThe last documentar signed out on the corwas on 12/27/15 at 9 Observation of Resident on 3/10/16 at 2:00 pm, as available for narcotic count was at Review of Resident of February and March on entry for hydrom Interview on 3/10/16 contracted pharmacisty on the pharmacisty of the pharmacy of the pharmacy of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's physician's representation of the pharmacy review on Interview on 3/10/16 at 3's phys	12/16/16 at 8:00 am, 12/21/16 at 8:00 am, 12/22/16 at 8:00 pm, 12/26/16 at 8 pm, and tion of hydromorphone 2 mg introlled substance record 1:00 pm. Itent #3's medication on hand in revealed hydromorphone 2 administration and the ccurate. #3's MARs for January, 2016 revealed: orphone on the MAR. at 10:20 am with the facility's set revealed: eded a "hard script" in order or Resident #3. an order dated 1/19/16 to none, so would not have or the physician for a hard not requested a refill for morphone since it was last 5. I the hydromorphone had em" when she performed a 12/23/15. at 10:30 am with Resident esentative revealed: d the office for any concerns	{D 367}	DEFICIEN			

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DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						,
		1141 042007	B. WING		F	
		HAL013007	D. WING		03/1	0/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		4876 CAR	EMOOR PLAC	 F		
CAREMOOR RETIREMENT CENTER		OLIS, NC 28081				
		KANNAF	JLIS, NC 2006	I		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
iAO		,	IAG	DEFICIENCY)		
{D 367}	Continued From page	e 21	{D 367}			
	-There was no record	of a "hard script" requested				
		macy for Resident #3's				
	• •	nacy for Resident #35				
	hydromorphone.					
	Davious of a favor lett	ter dated 3/10/16 from the				
		harmacist provided by the				
	facility on 3/10/16 rev					
		a letter of explanation with				
	an "attachment of a c	• •				
		prescription in (Resident				
		mented 'We destroyed				
		none) due to script being on				
		nger. This was done on				
	12/21/2016'."					
		e "the hard copy on file in				
		ed 5/14/15. Hard copies for				
	controlled substances	s are only valid for 6 months				
	after the original writte	en date."				
	-The pharmacist wrote	e "when a prescription is				
	deleted in our system	, we are still able to view it				
	in the patient profile, I	but it does not show up on				
	reports, including MA	Rs."				
	Interview on 3/10/16	at 1:15 pm with Resident #3				
	revealed:					
	-She came to the faci	lity in May 2015 after				
	recovering from a stro					
	•	er and had not needed her				
	•	cation since December				
	2015.					
		ered her medications as				
	necessary, and she h					
	medications.					
	50.00.00.101					
	Refer to interview on	3/09/16 at 3:30 pm with the				
	Supervisor/Medication	•				
	Super visor/ivieurcation	II AIUG.				
	Pefer to intoniou en	3/10/16 at 10:00 am with the				
	Supervisor/Medication					
	ouper visor/ivieurcation	n Aluc.	I			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL013007	B. WING		R 03/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
CAREMO	OD DETIDEMENT CENT	-B 4876 CAI	REMOOR PLACE	<u>.</u>	
CAREIVIO	OR RETIREMENT CENTE	KANNAP	OLIS, NC 28081	I	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 367}	Continued From page	e 22	{D 367}		
	Refer to interview on Manager.	3/10/16 at 12:10 pm with the			
	Refer to interview on Director of Operation	3/10/16 at 2:00 pm with the s (DO).			
	dated 3/11/16 and se	sician's order signed and nt by the facility on 3/11/16 discontinue hydromorphone.			
	revealed an order to discontinue hydromorphone. 2. Review of Resident #3's record revealed: -A physician's order dated 9/14/15 for Sodium Hypochlorite 0.057% topical liquid to leg wound 3 times per week, and to be administered on Monday, Wednesday and Friday (a medication used as a disinfectant to promote healing in wound care)A physician's order dated 10/20/15 for Sodium Hypochlorite 0.057% topical liquid to leg wound 3 times per week, and to be applied on Monday, Wednesday and Friday.				
	revealed: -An handwritten entry 0.057% applied topic scheduled for applica Monday, Wednesday -Documented as app 12/02/15 to 12/28/15No documentation w back of the MAR for t Wednesday, 12/30/18 -No documentation o	and Friday. lied at 8:00 am daily from ras recorded on the front or he scheduled treatment on			
		3's January 2016 MAR , and March 2016 MAR			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R	
		HAL013007	B. WING		1	0/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENTE	R	MOOR PLACE			
	OLIMAN DV OT		LIS, NC 28081		[
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	23	{D 367}			
	-No entry for Sodium MAR.	Hypochlorite 0.057% on the				
	-A physician's visit replacemented "right low completely healed ow discontinue order for -A pharmacy review vand contained no door HypochloriteThere was no documentacted the physicial Sodium Hypochlorite January 2016 MAR. Interview on 3/10/16 a Supervisor revealed: -Resident #3 no longer Hypochlorite since hee-She did not find a dis #3's record.	er with good skin", but no Sodium Hypochlorite. was completed on 12/23/15 cumentation about Sodium entation that staff had an to clarify the order when was not on Resident #3's eat 10:00 am with the er was on Sodium er wound was healed. Scontinued order in Resident				
	contracted pharmacis -She had seen a note the wound was heale stopped the Sodium I -There was no order i that Sodium Hypochl should have remained was receivedThe facility faxed MA	in Resident #3's record that d, so "she would have				
	#3's physician's repre	the office for any concerns				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAI 042007		B. WING	B. WING		
		HAL013007	D. WIITO		03/10/2016
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•	
CAREMO	OR RETIREMENT CENTE	R	REMOOR PLACE OLIS, NC 28081		
	CUMMADVCT				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 367}	Continued From page	24	{D 367}		
	record was dated 1/19 "right lower extremity over with good skin"She would not expect Sodium Hypochlorite healedResident #3's primar the physician who orig Hypochlorite treatment discontinued it".	treatment if the wound was y care physician was "not ginally ordered the Sodium			
	-She came to the faci recovering from a stro -She had a "right leg va while". -She had been treate a dressing until it was received or needed the recall the name of the	d with a liquid solution under the healed. She no longer the treatment, and did not the medication.			
		ician's order signed and nt by the facility on 3/11/16 discontinue Sodium			
	Refer to interview on Supervisor/Medication	3/09/16 at 3:30 pm with the n Aide.			
	Refer to interview on Supervisor/Medication	3/10/16 at 10:00 am with the n Aide.			
	Refer to interview on Manager.	3/10/16 at 12:10 pm with the			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED		
					R
		HAL013007	B. WING		03/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE	
CAPEMO	OR RETIREMENT CENTE	4876 CAR	EMOOR PLACE		
CAREIVIO	OK KETIKEMIENT CENTE	KANNAP	OLIS, NC 28081		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
{D 367}	Continued From page	25	{D 367}		
	Director of Operations C. Review of Residen 3/7/16 revealed: -Diagnoses included of congestive heart failuting -A medication order for tablet three times and (Lorazepam is a medition date of -An admission date of Review of Resident # order for Lorazepam of needed for anxiety and Review of Resident # Administration Record revealed 42 doses of Lorazepam 0.5 mg ta Review of Resident # February 2016 reveal 0.5 mg documented as	dementia, anxiety, and re. or Lorazepam 0.5 mg, 1 ay as needed for anxiety. ication used to treat anxiety eizures.) f 3/2/15. 5's record revealed a prior 0.5 mg, 1 every 8 hours as ad agitation. 5's Medication d (MAR) for February 2016 prn (as needed) doses of blets. 5's narcotic count sheet for ed 56 doses of Lorazepam as administered including of documented on the MAR m.			
	-2/27/16, 3pm, and 8p Review of Resident #	om. 5's Medication			
		d (MAR) and narcotic count revealed 18 doses of prn			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013007	B. WING		R 03/10/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENTE	ER .	EMOOR PLACE LIS, NC 28081			
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 367}	Continued From page	26	{D 367}			
	(as needed) doses of documented as admir	Lorazepam 0.5 mg tablets nistered.				
	hand on the afternoor	ent #5's medications on n of 3/10/16 revealed the ccurate for the Lorazepam				
	Refer to interview on Supervisor/Medication	3/09/16 at 3:30 pm with the n Aide.				
	Refer to interview on Supervisor/Medication	3/10/16 at 10:00 am with the n Aide.				
	Refer to interview on 3/10/16 at 12:10 pm with the Manager.					
	Refer to interview on 3/10/16 at 2:00 pm with the Director of Operations (DO).					
	D. Review of Resident #1's current FL2 revealed: -Diagnoses included stroke with right sided weakness, anxiety, irritatable bowel syndrome, and possible bipolarAn admission date of 5/3/13.					
	as needed on a on a sheet dated 2/8/16. (I used to treat anxiety of seizures.)	or Lorazepam 0.5 mg daily signed physician's order Lorazepam is a medication disorders and acute				
	needed dated 11/16/15. Review of Resident #1's Medication Administation Record (MAR) for December 2015 revealed no prn (as needed) Lorazepam 0.5 mg documented as administered.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING				
		HAL013007	B. WING		03	3/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
CAREMO	OR RETIREMENT CENT	≣R	REMOOR PLACE			
	T	KANNAP	OLIS, NC 28081			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 27	{D 367}			
{D 367}	Review of the Decemsheet for Resident #1 revealed: -Two doses of Loraz documented as admi 12 noon, and one on Review of Resident # Record (MAR) for Jan of prn Lorazepam 0.5 administered. Review of the Januar for Resident #1's Lorazepam 0.5 doses of Lorazepa as administered, on 18 am, 1/9/16 at 10 am, 1/18/16 at 1 pm. Review of the Februa and narcotic count sh Lorazepam 0.5 mg redocumented as admi Observation of Residhand on the afternoon narcotic count was ac 0.5 mg. Interview with Reside revealed: -She believed she recordered by her doctorshe never ran out of	epam 0.5 mg were nistered, one on 12/4/15 at 12/6/15 at 6:30 pm. Et's Medication Administation nuary 2016 revealed 4 doses or mg documented as Ey 2016 narcotic count sheet azepam 0.5 mg revealed: m 0.5 mg were documented 1/3/16 at 1:52 am, 1/4/16 at 1.16/16 at 6:30 pm, and Ety and March 2016 MARs neets for Resident #1's vealed no doses nistered. Eent #1's medications on no of 3/10/16 revealed the courate for the Lorazepam Eent #1 on 3/9/16 at 9:53 am Ceived her medications as Ether medications. 3/09/16 at 3:30 pm with the	{D 367}			
		3/10/16 at 10:00 am with the				
	Supervisor/Medicatio					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _	A. BUILDING:		
		HAL013007	B. WING		R 03/10/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAREMO	OR RETIREMENT CENTE	ĒR	EMOOR PLACI DLIS, NC 28081			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 367}	Continued From page 28		{D 367}			
	Refer to interview on Manager.	3/10/16 at 12:10 pm with the				
	Refer to interview on Director of Operations	3/10/16 at 2:00 pm with the s (DO).				
	9/3/15 revealed: -Diagnoses included diabetes, and elevate -An admission date o -A medication order formg, 1 daily. (Fish Oil supplement for a varielevated triglycerides Review of Resident #	f 10/20/14. or Fish Oil capsules 1200 is used as a nutritional ety of conditions included .)				
	Administration Record for March 2016 revealed: -A computer generated entry for Fish Oil capsules 1200 mg, 1 capsule daily, with a scheduled administration time of 8 amA handwritten entry for Fish Oil capsules 1200 mg, 1 capsule daily, with a scheduled administration time of 8 amBoth entries for Fish Oil 1200 mg had been initialed as administered daily from 3/1/16 through 3/10/16.					
		ent #4 on 3/10/16 at 11:40 not sure what medications				
	3/10/16 at 12:05 pm r -She buys the Fish O -She last purchased I 9/25/15 for 200 capsu	il for Resident #4. Fish Oil for Resident #4 on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013007	B. WING		R 03/10/2016
NAME OF PROVID	DER OR SUPPLIER	STREET ADI	DRESS, CITY, STA EMOOR PLACE DLIS, NC 28081	Ē	,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
-Shi med Obsi han -A p mg labe -App rem Inte 3/10 -Shi writt -Shi -The blar Inte 3/10 hap MAI Refi Sup Refi Mar Refi Dire	dications as ordered servation of Reside and on the afternoor partially filled bottled with Resident #4's el. opproximately 10% contained in the bottled erview with the Suppo/16 at 2:10 pm review as not sure whatten on he March 2 are only gave one case Medication Aides and the contained with the Directory of at 1:10 pm review with the Fisser to interview on a pervisor/Medication fer to interview on a fer to intervi	ant #4 was getting her ed by her physician. ent #4's medications on a of 3/10/16 revealed: e of Fish oil capsules 1200 aname hand written on the of the Fish Oil capsules dervisor/Medication Aide on wealed: y the Fish Oil was hand 016 MAR. apsule a day. s were just filling in the ector of Operations on wealed she as not sure what sh Oil documentation on the sh Aide. 3/10/16 at 10:00 am with the n Aide. 3/10/16 at 12:10 pm with the sh (DO).	{D 367}		

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _				
		HAL013007	B. WING		l l	R 10/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	•		
CAREMO	OR RETIREMENT CENTE	4876 CAF	REMOOR PLACE				
CAREIVIO	OR RETIREMENT CENTE	KANNAP	OLIS, NC 28081				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
{D 367}	Continued From page	e 30	{D 367}				
	(CA), Medication Aide 2009. -If a resident needed medication, the MA s the controlled substar administered on the f documented on the b why the medication welf a MA forgot to sign administering a medication MAR by the end of the counts as an error. Interview on 3/10/16 Supervisor/Medication-The Medication Aide Manager reviewed Mones to the new ones correct. If a medicaticat the "change-over",	a controlled prn (as needed) igned the medication out on nee record, documented as ront of the MAR, and ack of the MAR when and vas administered. In the MAR at the time of cation, "they were to sign the eir shift to be accurate or it at 10:00 am with the n Aide revealed: (MA), Supervisor, or ARs. They compared the old to make sure they were on was not on the new MAR they faxed the old MAR to ould be corrected in the					
	hears, and had been -She did "whatever not -The facility did not use CoordinatorIf a medication was a medication, the MA s the controlled substanthe medication as add MARIf a medication was a document on the bac reason and time the resonance of the medication was a document on the bac reason and time the resonance of the medication was a document on the bac reason and time the resonance of the medication was a document on the bac reason and time the resonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the medication was a document on the bac reasonance of the medication was a document on the medication was a document on the bac reasonance of the medication was a document on the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac reasonance of the medication was a document on the bac rea	ne facility as CNA, MA for 17 the Manager for 1 year.					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
HAL013007		B. WING		R 03/10/2016					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CAREMO	OR RETIREMENT CENTE	-R	MOOR PLACI						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
{D 367}	of Operations (DO) re -She had been the As at the facility for 6 yea	evealed: ssistant Administrator or DO	{D 367}						

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