STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL026054	B. WING		02/2	5/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FAYETTE	EVILLE MANOR		TOP DRIVE VILLE, NC 2	8311		
(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 000	Initial Comments		D 000			
		ensure Section conducted an ebruary 23 - 25, 2016.				
D912	G.S. 131D-21(2) De	eclaration of Residents' Rights	D912			
	Every resident shal 2. To receive care adequate, appropris	laration of Residents' Rights I have the following rights: and services which are ate, and in compliance with d state laws and rules and				
	failed to ensure the services that were a compliance with rel	et as evidenced by: ons and interviews, the facility residents received care and adequate, appropriate, and in evant federal and state laws ations related to infection				
	The findings are:					
	interviews, the facil procedures for sing used to obtain finge readings for 6 of 6 #1, #4, #6, #7, #8,					
D932	G.S. 131D-4.4A (b) Requirements	ACH Infection Prevention	D932			
	G.S. 131D-4.4A Ad	ult Care Home Infection				

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

TITLE (X6) DATE

ווטופועום	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
				_		
		HAL026054	B. WING	B. WING		5/2016
		IIALU20034			1 02/2	312010
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
	WILL MANOR	231 TREE	TOP DRIVE			
FATELLE	EVILLE MANOR	FAYETTE\	VILLE, NC 2	28311		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEFICIENCY)		
D932	Continued From pa	ae 1	D932			
	·					
	Prevention Require	ments				
	/l-					
		ent transmission of HIV,				
		s C, and other bloodborne				
	. •	dult care home shall do all of				
		ning January 1, 2012:				
	· / '	tten infection control policy				
		federal Centers for Disease				
		tion guidelines on infection				
		ses at least all of the following:				
		of single-use equipment used				
		ucous membranes, and other disinfection of reusable				
	residents.	hat are used for multiple				
		ms and equipment, including				
		s, agents, and schedules.				
		ifection control devices and				
	supplies.	nection control devices and				
	d. Blood and bodily	fluid precautions				
		e followed when adult care				
		sed to blood or other body				
		rson in a manner that poses a				
		ansmission of HIV, hepatitis B,				
	•	r bloodborne pathogens.				
		phibit adult care home staff				
		ons or weeping dermatitis from				
		esident care that involves the				
	0 0 0	t between the resident,				
		ces and the lesion or				
	dermatitis until the					
		nitor compliance with the				
	facility's infection co					
		ction control policy as				
		nt the transmission of HIV,				
		s C, and other bloodborne				
	pathogens.	o o, and other bloodborne				
	patriogeris.					

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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		
		HAL026054	B. WING		02/2	5/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	-	
FAYETTE	EVILLE MANOR		ETOP DRIVE			
.,			VILLE, NC 2			
(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
D932	Continued From pa	ge 2	D932			
	This Rule is not me TYPE B VIOLATION					
	interviews, the facili procedures for sing used to obtain finge readings for 6 of 6 s	ons, record reviews, and ity failed to implement proper le-patient use glucometers er stick blood sugar (FSBS) sampled residents (Residents #9) in the who required blood				
	The findings are:					
	on 02/23/2016 reve	ntation provided by the facility aled finger stick blood sugar was performed for 12 n the facility.				
	02/23/2016 at 4:05p	dication Aide (MA) on om revealed the MA was a FSBS reading for Resident				
	"women's hall" and a burgundy colored resident's first name black on the side of -The MA removed a and alcohol prep par placed the items on Observation inside	om revealed: e medication cart for the removed from the top drawer glucometer with another e (Resident #9) written in				
	colored glucometer	of the same brand with "F M" tten in black on the side of the				

Division of Health Service Regulation

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL026054	B. WING		02/2	5/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
FAYETTI	EVILLE MANOR		TOP DRIVE	0044		
			VILLE, NC 2			
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D932	Continued From pa	ge 3	D932			
	glucometer.					
	4:05pm revealed: -The glucometer recart was the one the Resident #8's FSBS-The MA checked was Coordinator (RCC) blood sample from the MA thought Rebroken and did not replacement glucor Interview with the Revealed: -There were "13" refinger stick blood superformedAll the residents wishould have their or medication cartsThe medication aid.	with the Resident Care before continuing to obtain the Resident #8 for the FSBS. esident #8's glucometer was				
	on 02/23/2016 betweevealed: -She did not know in glucometers in the earlier the facility to purchast residents in the facility to purchast sugar was being measured in the RN had validation perform FSBS te	ce manager had already left ase new glucometers for all ility whose finger stick blood onitored. ted the MAs competency skills sting. guarantee the MAs were doing				
	Interview with the fa	acility RN on 02/23/2016 at				

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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		
		HAL026054	B. WING		02/2	5/2016
FAYETTEVILLE MANOR 231 TRE			DRESS, CITY, S TOP DRIVE VILLE, NC 2	STATE, ZIP CODE		
(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
D932	5:10pm revealed not facility were for multiple for multiple following:  -If possible, a blood assigned to an indivibility assigned to a look of the manufacturer regarding how the control of the manufacturer regarding how the control of the indivibility assigned and disinfected, then it is a look of the indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor if dedicated for indivibility assigned to a storage case, labor is a stora	one of the glucometers in the tiple resident use.  y protocol for blood glucose I the protocol included the glucose meter should be vidual person and not shared. Ite, select a blood glucose led for use on multiple people, manufacturer's indications of does not include instructions device should be cleaned and should NOT be shared. If glucose meter MUST be ceted between residents, flucose meter is cleaned and exaccording to manufacturer's and stored appropriately (i.e. in eled with the resident's name vidual use).  Someters found in the records and Administrator on one revealed there were 6 for of different brand names fastened together with tape.  CC on 02/23/2016 at 4:15pm flid not know why the stored in the medication room.  Ory in the unlabeled 23/2016 at 2:40pm with the inistrator, and RCC present, dings were obtained on the minutes of each FSBS result	D932			

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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		
		HAL026054	B. WING		02/2	5/2016
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1	
FAYETTE	EVILLE MANOR		TOP DRIVE	8311		
040.15	CLIMMA DV CTA		1		ON	0.(5)
(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
D932	Continued From pa	ge 5	D932			
	Review of the FSBS unlabeled Glucome multiple FSBS read follows: -There were 6 FSB year) recorded between results ranging from -There were 3 FSB year) recorded between ranging from 98 to Glucometer B did not review of the FSBS	S readings in the memory of ster A on 02/23/2016 revealed lings on the same dates as S readings dated 01/09 (no veen 6:11am and 7:00am with n 95 to 274. S readings dated 12/09 (no veen 6:25am and 6:37am 159.  ot work. S readings in the memory of				
	multiple FSBS read follows:	eter C on 02/23/2016 revealed lings on the same dates as				
	-There was a FSBS year) recorded at 7 -There was a FSBS year) recorded at 7	3 reading of 131 dated 8/8 (no :39am. 5 reading of 98 dated 8/8 (no :51am. 5 reading of 85 dated 8/8 (no				
	-There was a FSBS year) recorded at 1 -There was a FSBS year) recorded at 4 -There was a FSBS year) recorded at 4 -There was a FSBS year) recorded at 5 -There was a FSBS year) recorded at 5 -There was a FSBS (no year) recorded	3 reading of 180 dated 8/8 (no 1:16am. 5 reading of 115 dated 8/9 (no :51am. 6 reading 116 dated 8/9 (no :54am. 6 reading of 89 dated 8/25 (no :15am. 6 reading 79 dated 8/25 (no :18am. 6 reading of 100 dated 8/25 at 5:24am. 6 reading 113 dated 8/25 (no				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. DOILDING.			
		HAL026054	B. WING		02/2	5/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FAYETTI	EVILLE MANOR		TOP DRIVE VILLE, NC 2	8211		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
D932	Continued From pa	ge 6	D932			
	unlabeled Glucome multiple FSBS read follows: -There was a FSBS year) recorded at 5 -There was a FSBS (no year) recorded -There was a FSBS year) recorded at 7 -There was a FSBS year) recorded at 5 -There was a FSBS (no year) recorded Review of the mem E revealed there we	3 reading of 130 dated 8/12 at 5:59am. 5 reading of 96 dated 8/12 (no :54am. 6 reading of 93 dated 8/20 (no :23am. 6 reading of 102 dated 8/20				
	recorded.  Glucometer F did n	ot work.				
	unlabeled glucomer the Administrator or stated the glucomer the men's hall medi FSBS readings on the -There was a FSBS 01/02/"2021"	ometer memory in another ter with the RN, presented by n 02/23/2016 at 2:55pm who ter was found in the bottom of ication cart revealed multiple the same dates as follows:  S reading of 125 at 9:26am on				
	01/02/"2021" -There was a FSBS 01/03/ "2021" -There was a FSBS 01/03/"2021" -There was a FSBS 01/03/"2021" -There was a FSBS 01/03/"2021"	6 reading of 151 at 10:26am on 6 reading of 270 at 6:11am on 6 reading of 147 at 6:13am on 6 reading of 146 at 6:16am on 6 reading of 89 at 9:58am on 6 reading of 134 at 11:09am 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	
		HAL026054	B. WING		02/2	5/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FAYETTI	EVILLE MANOR		TOP DRIVE			
			VILLE, NC 2			
(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 APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D932	Continued From pa	ge 7	D932			
	01/03/"2021" -There was a FSBS 01/03/"2021"	Freading of 158 at 8:03pm on Freading of 160 at 9:19pm on				
	09/02/2015 reveale -Diagnoses include Hypertension, Oste Diabetes Mellitus.	d Alzheimer's Dementia, oporosis, Hyperlipidemia, and er for blood sugar monitoring				
	Resident #9 reveale	ent physician orders for ed a physician's order dated uchecks every morning.				
	1:40am, 110 at 2:37 at 2:47pm01/18/12, BS readi 1:03am, 136 at 2:42 11:38am and 76 at -01/19/12, BS readi 12:49am, 110 at 2:310:37am 240 at 10:01/20/12, BS readi 1:18am, 220 at 1:20:34am, 151 at 7:00 11:42am, 108 at 12:01/21/12, BS readi 12:52am, 104 at 2:31:38am, 135 at 11-01/23/12, BS readi	ealed: ings of 146 at 1:35am, 109 at 7am; 182 at 6:15am and 140 ings of 69 at 12:58am, 107 at 2am, 126 at 6:45am, 157 at 2:20pm. ings of 103 at 12:47am, 212 at 18am, 133 at 6:31am 160 at 39am and 135 at 2:18pm. ings of 99 at 1:15am, 115 at 2am, 113 at 1:21am, 108 at 30am, 113 at 1:21am, 108 at 30am, 66 at 8:10am, 104 at 30am, 104 at 30am, 105 at 2:47am, 89 at 30am, 106 at 6:46am, 256 at 30am, 105 at 2:20am. ings of 139 at 1:18am, 132 at 3am, 106 at 2:22am, 131 at				

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-01/25/12, BS readings of 111 at 12:14am, 109 at

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL026054	B. WING		02/2	5/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FAYETTE	EVILLE MANOR		TOP DRIVE /ILLE, NC  2	8311		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX TAG	, -	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
D932	Continued From pa	age 8	D932			
	at 11:36am, 260 at at 2:17pm, 124 at 1 -01/26/12, BS read	2:19am, 142 at 12:31am, 126 11:38am, 182 at 11:42am, 280 11:59pm. ings of 103 at 12:06am, 105 at 2:29am, 91 at 12:39am, 82 at				
	09/23/2015 reveale -Diagnoses include Hyperlipidemia, De Replacement, and -There was a physi	d Dementia, Hypertension, pression, Aortic Valve history of Uterine Cancer. cian's order for blood sugar meals and at bedtime with				
	Administration Rec revealed: -An entry for FSBS 7:00am, 11:30am, -Documentation of	uary 2016 Medication ords (MARs) for Resident #8 readings four times daily at 4:30pm, and 8:00pm. FSBS readings four times :30am, 4:30pm, and 8:00pm.				
	#8 could not be acc	ometer memory for Resident complished as the glucometer d by the end of the survey.				
	Resident #9's gluco -There was a FSBS at 2:18am which m #8 documented for -There were seven #9's glucometer me from 103 - 240 with 12:49am, 2:18am, and 2:18pm. -There was a FSBS	ck blood sugar results found in ometer memory revealed: Freading on "01/19/12" of 110 atched the FSBS for Resident 2/15/2015 at 7am.  FSBS readings in Resident emory for "01/19/12" ranging in the times of 12:47am, 6:31am, 10:37am, 10:39am,  Freading on "01/20/12" of 108 atched the FSBS for Resident				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL026054	B. WING	B. WING		5/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAVETT	EVILLE MANOR	231 TREE	TOP DRIVE			
FATELLI	EVILLE MANOR	FAYETTE	VILLE, NC 2	8311		
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D932	Continued From pa	ge 9	D932			
	#8 documented for -There were five FS glucometer memory 99 - 220 with the tin 1:20am, 1:21am, ar -There was a FSBS at 2:39am which ma #8 documented for -There were three F #9's glucometer me from 89 - 148 withir 12:52am, and 2:39a -There was a FSBS at 2:22am which ma #8 documented for -There were six FS glucometer memory 91 - 185 with the tin	2/16/2015 at 7am. 6BS readings in Resident #9's y for "01/20/12" ranging from mes of 1:15am, 1:18am, and 2:34am. 6 reading on "01/21/12" of 104 atched the FSBS for Resident 2/17/2015 at 7am. FSBS readings in Resident emory for "01/21/12" ranging in the times of 12:47am, am. 6 reading on "01/23/12" of 106 atched the FSBS for Resident				
	revealed the MA ha	dication Aide on 02/22/2016 d used the same glucometer k blood sugars on different ly as 02/22/2016.				
	7/09/15 revealed: -Diagnoses include	d diabetes and dementia. er to check fingerstick for blood breakfast.				
	215 at 1:36am, 210 115 at 5:31am,118 at 2:17pm, 100 at 2 8:08pm. -01/04 (no year), BS	<u> </u>				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				B. WING		
		HAL026054	B. WING		02/2	5/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FAYETTE	EVILLE MANOR	231 TREE	TOP DRIVE			
	THE ELECTION	FAYETTE	/ILLE, NC 2	8311		
(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
D932	Continued From pa	ge 10	D932			
	-01/07 (no year), BS 147 at 1:19pm, 81 at -01/14 (no year), BS 159 at 12:57am, 23 139 at 1:21pm, 107 - There was a FSBS of 107 at 1:31pm whom for Resident #7 doc 6:00amThere was a FSBS of 159 at 12:57am whom for Resident #7 doc 6:00am01/22 (no year), 24 -01/24 (no year), 20 "Hi" at 1:35pm01/25 (no year), 20 "Hi" at 1:35pm01/25 (no year), 20 "1:244pm, 170 at 1:01 1:14pm, 104 at 1:20 1:28pm, 164 at 1:20 1:39pm, 148 at 1:50 -01/30 (no year), 24 12:53am, 126 at 4:01-71 - There was a FSBS of 124 at 4:03pm whom Resident #7 docume 6:00am01/31 (no year), 12 at 7:57pm.  4. Review of Resident Review of Resident #7 docume 6:00am01/31 (no year), 12 at 7:57pm.	S readings of 218 at 12:07am, at 1:28pm. S readings of 233 at 12:38am, 9 at 1:21am, 136 at 1:18pm, at 1:31pm. Treading on "01/14 (no year) hich matched the FSBS umented for 2/14/2016 at reading on "01/14 (no year)				

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	(X3) DATE SURVEY COMPLETED	
D. WING		
HAL026054 B. WING 02/25	5/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
FAYETTEVILLE MANOR 231 TREETOP DRIVE FAYETTEVILLE, NC 28311		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)    CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Review of the Resident Register revealed the resident was admitted to the facility on 8/23/13.  Review of Resident #6's medication administration record for January 2016 and February 2016 revealed: -From 01/01/16 through 01/31/16, the resident's BS readings were documented 2 times a day (6:00am and 5:00pm) with readings from 99 to 4/75From 02/01/16 through 02/23/16, the resident's BS readings were documented 2 times a day (6:00am and 5:00pm) with readings from 110 to 380.  Review of Resident #6's glucometer on 2/25/16 at 2:40pm revealed no BS readings were in the memory.  Interview with the facility's RCC on 02/25/16 at 2:45pm revealed: -She did not know why Resident #6's glucometer memory was emptyino readingsShe did not know how long the resident had the glucometer, but it was not recently purchasedThe resident's BSs were checked 2 times a day by the medication aidesThe resident's BSs were checked 2 times a day by the medication aidesThe resident did not have another glucometer at the facility.  5. Review of Resident #1's current FL-2 dated 07/09/15 revealed: -Diagnoses included Major Neurocognitive Disorder with Behavioral DisturbancesThere were physician's order for Humulin 70/30 insulin injections twice daily to control blood glucose 3 units in the morning and with dinner.  Review of a subsequent physician's order for		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		
		B. WING		02/25/2016		
			STATE, ZIP CODE	02/2	5/2010	
	PROVIDER OR SUPPLIER		TOP DRIVE	STATE, ZIF GODE		
FAYETTE	EVILLE MANOR		/ILLE, NC 2	8311		
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D932	Continued From pa	ge 12	D932			
	physician's order for blood glucose monitor, test strips, lancet and syringes for twice daily insulin and finger stick blood sugar checks.  Review of a new admission checklist for Resident #1 completed by the RCC and dated 02/08/2016 revealed:					
	-Resident #1 was admitted to the facility on 02/05/2016A handwritten note of "needs glucometer" next to a printed entry for "diabetic orders faxed for supplies".					
	Review of the February 2016 Medication Administration Records (MARs) for Resident #1 revealed: -An entry for FSBS readings two times daily at 6:30am and 4:30pmThere was documentation of FSBS readings two times daily beginning on 02/09/2016 at 4:30pm.					
	02/25/2016 at 10:08 -The pharmacy reconstruction of the pharmacy reconstruction of the pharmacy sent and the p	harmacy Representative on 5am revealed: eived a faxed order from the 16 for a glucose monitor for a cility on 02/10/2016, the , and would have been lity "probably after midnight".				
	(RCC) on 02/25/20 10:10am revealed: -The RCC or Super responsible to conta ordersAny order placed would be delivered	esident Care Coordinator 16 at between 9:50am and visor on duty would be act the pharmacy for new vith the pharmacy before 5pm the same night as the order en 11pm and 12midnight.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		HAL026054	B. WING		02/2	25/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•		
EAVETTI	FAYETTEVILLE MANOR 231 TREETOP DRIVE						
FATEIII	EVILLE MANOR	FAYETTE	VILLE, NC 2	8311			
(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	
D932	Continued From pa	ge 13	D932				
	-The RCC did not k been used to check 02/09/2016 and on did not have a gluco Review of the gluco #1's labeled glucom facility RN revealed	now which glucometer had a Resident #1's FSBS on 02/10/2016 when Resident #1 ometer.  Independent Resident #1 ometer memory in Resident heter on 02/25/2016 with the the only information in the					
	of 139.  Interview with a Me	for 1/1(no year) blood sugar dication Aide (MA) on					
	02/25/2016 at 10:20am revealed: -The MA had checked Resident #1's FSBS since the resident had been admitted to the facilityThe MA remembered using the glucometer on the medication cart that was "the red one, the one I was using before, the one we were using for all the checks" when Resident #1's FSBS was checked.						
	02/25/2016 at 4:00p -The MA had check the resident had be -The MA remember glucometer so the M	cond Medication Aide (MA) on om revealed: ded Resident #1's FSBS since en admitted to the facility. ded Resident #1 did not have a MA used one that was already cart that was not labeled with a					
	02/25/2016 at 4:10p -The MA worked at - 7amThe MA obtained " morningTwo of the six FSB were from the wom and then there were	w with a Medication Aide on om revealed: the facility on third shift 11pm 6 or 7" blood sugars every 8S's obtained every morning en's hall every with every now e 3 blood sugars on the nding on those blood sugars					

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AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	` '	E CONSTRUCTION		) DATE SURVEY COMPLETED	
		A. BUILDING:				
	HAL026054	B. WING		02/2	5/2016	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
FAYETTEVILLE MANOR		TOP DRIVE	9244			
CLIMMA DV CTATEMEN		/ILLE, NC 2		DNI .	0.75	
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
D932 Continued From page 14		D932				
that were ordered for week. The glucometers were of the medication carts about the medication recessory. The MA thought the glucometers from the medication recessory. The MA did not know which glucometers from the medication cart to obtain the residents who had to checked.  The MA cleaned the glucometers who had to checked.  The MA cleaned the glucometers of the west Hall (residents who had to checked).  The MA thought she had FSBS on the West Hall (residents who had to checked).  The MA thought she had for the wore side (women's hall).  The MA thought the glucometer were "purple ones".  The MA did not tell the A about the missing glucometer were "purple ones".  The MA knew each residence the other MA on the 11.  The MA knew each residence the supposed to use the smultiple residents.  Interview with the Administ 4:45pm revealed:  The Administrator did not glucometers were not being the supposed to the period of t	ekly.  If the cart for 2-3 days.  It cometers were gone from but 1-2 weeks ago.  It cometers were removed on the adication carts.  In thappened to the edication carts.  In thappened to the edication carts.  In thappened to the edication carts.  It cometers on each the FSBS readings for have their blood sugars expensed to the enter blood sugars.  If checked 5 residents men's hall) using the enter to check the ents on the East Hall expenses used by the MA is were on the medication enters but did mention it pm - 7am shift.  Ident was supposed to ers and the MA's were same glucometer on estrator on 02/25/2016 at the tot know individual	D932				

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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	
		HAL026054	B. WING		02/2	25/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
FAYELLEVILLE MANOR			TOP DRIVE VILLE, NC 2	8311		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D932	-The Administrator nobody said anythin having been removed. The facility had do and glucometers of understand why the used for individual seed for individual resident name seed the RCC will ensure require checks have labeled.  -RN will in-service seeds for residents.  -RCC will document individual glucose restraining of all Maccuchecks will be received from the RCC and RN will residents.  -RCC and RN will residents.  -RCC and RN will call staff are properly each resident.  Review of an Adder received from the Arevealed:  -The facility has im daily checks to be continuously shift oncoming shift.	did not understand why ng about the glucometers red from the medication carts. ne training on infection control n 01/28/2016 so she could not reglucometers were not being resident FSBS checks.  of Protection submitted by the 16 revealed the following: red all glucometers to ensure idual devices that were labeled retained that all residents that re single use monitors that are staff monthly to ensure all is being done. ret monthly audits of labeled meters. red Tech's on each shift prior to done by the facility RN. monitor each shift to ensure all perly using correct meters for	D932			

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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	
НА		HAL026054	B. WING		02/25/2016	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FAYETTI	EVILLE MANOR		TOP DRIVE VILLE, NC 2	8311		
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D932	labeled for appropri- Med Tech is respo meters are available the keys for med ca -If any meters are n available RCC and notified immediately	iate resident use. nsible for ensuring that all e and labeled before receiving art. nissing labels or are not Administrator has to be	D932			

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