STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL053027	B. WING		04/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREE D, NC 27350	Т	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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 COMPLETE
D 000	Initial Comments		D 000		
	complaint investigatio complaint investigatio	sure Section conducted a n on April 27-28, 2016. The n was initiated by the Lee f Social Services on April 8,			
D 273	10A NCAC 13F .0902	(b) Health Care	D 273		
	•	Health Care assure referral and follow-up ad acute health care needs			
	reviews, the facility fa pharmacy notification residents (Residents of for International Normal laboratory results and blood pressure, enlarge	is, interviews, and record iled to ensure physician and for 2 of 5 sampled #2 and #5) regarding orders ialized Ratio (INR) I medication orders for high ged prostate, anxiety,			
	seizure, blood thinner medications.	, and cholesterol			
	The findings are:				
	4/13/15 revealed: -Diagnoses included b CVA, Atrial Fibrillation (UTI), and a history of	Coumadin 8 mg at bedtime vent blood clots).			

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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:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL053027	B. WING		04	/28/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	ΓE, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREE	Г		
		SANFOR	RD, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 1	D 273			
	revealed an admissio	n date of 6/04/14.				
	revealed an admission date of 6/04/14.  1. Review of Resident #5's record revealed: -A physician's order dated 12/30/15 to change Coumadin to 8 mg on Monday, Wednesday and Friday, and 4 mg on Tuesday, Thursday, Saturday and SundayA physician's order dated 2/24/16 to change Coumadin to 4 mg on Monday, Wednesday and Friday, and 8 mg on Tuesday, Thursday, Saturday and Sunday and to repeat INR in 2 weeks (due 3/09/16)Lab results collected 3/15/16 and reported to the physician on 3/16/16 that did not include an INRNo INR results were documented in Resident #5's record from 2/25/16 to 4/28/16A physician's order dated 4/21/16 to obtain an INR on the next lab draw.					
	Review of Resident # Medication Administrative revealed:	5's January 2016 electronic ation Record (eMAR)				
	-An entry for Jantover place of Coumadin) 4 Wednesday and Frida -An entry for Jantover Thursday, Saturday a 8:00 pmJantoven was docum written on the eMAR solution -Jantoven 8 mg on M Friday, and 4 mg on Tourist -And 1 mg on Tourist -And 2 mg on Tourist -Jantoven 8 mg on M Friday, and 4 mg on Tourist -Jantoven 8 mg on M	ny in the evening at 8:00 pm. n 8 mg every Tuesday, and Sunday in the evening at mented as administered as from 1/01/16 to 1/31/16. onday, Wednesday and Tuesday, Thursday,				
	Saturday and Sunday was not documented as administered as ordered from 1/01/16 to 1/31/16.					
	revealed: -An entry for Jantover Wednesday and Frida	5's February 2016 eMAR n 4 mg every Monday, ay in the evening at 8:00 pm. n 8 mg every Tuesday,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7. Bolesine.			
		HAL053027	B. WING		04/	28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		THAGE STREE ), NC 27350	Т		
(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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From page	e 2	D 273			
	8:00 pm.  -Jantoven was docum written on the eMAR -Jantoven 8 mg on M Friday, and 4 mg on Saturday and Sunday administered as orde  Review of Resident # 2016 eMARs reveale as administered as orde  10:00 am with the Ad -The facility had chan a new phone/internet -She reviewed new o entered correctly on the same of the	y was not documented as red from 2/01/16 to 2/24/16. 5's March 2016 and April d Jantoven was documented redered from 3/01/16 to  1:40 pm and 4/28/16 at ministrator revealed: aged to eMARs 10/2015 with system at the same time. reders and verified they were				
	pharmacy representa -The pharmacy enter the eMAR system.	with the facility's contract tive revealed: ed medication orders into				
	12/11/15 for Jantover -The pharmacy syste 12/30/15 for Jantover	n 4 mg at bedtime. m showed an order dated n 8 mg every Monday,				
	Tuesday, Thursday, S -The pharmacy syste 2/24/16 for Jantoven Wednesday and Frida Tuesday, Thursday, S -The January and Fe	ay, and Jantoven 4 mg every Saturday and Sunday. m showed an order dated 4 mg every Monday, ay, and Jantoven 8 mg every Saturday and Sunday. bruary order entries looked acy side, but they were not				

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04/28/2016
<u>U4/28/2016</u>
(X5) COMPLETE DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAIN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMP	LETED
		HAL053027	B. WING		04	/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DOVAL O	AVE ACCIETED I IVING	1107 CAR	THAGE STREE	т		
ROTALO	AKS ASSISTED LIVING	SANFORI	D, NC 27350			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From page	e 4	D 273			
	revealed: -He took his medicati administered them, a his physician ordered medications he was o remember that he wa -He had his labwork o next door, and went w took him.  Interview with a Medi at 4:25 pm revealed: -It was up to the phys get an INR done and and others were 4 we -The MAs would take write down on the cal was dueOnce the lab was ob the calendarThe previous Reside was responsible for tr including the INRsThis was now her re- the first time she had placed the follow-up to Interview with a secon revealed: -The MAs had a lab to the lab resultsThe MAs knew a res laboratory clinic for th because they would p they were able to see -There were no lab di this board today.	and expected them to be as . He did not know what ordered, and could not s was on a blood thinner. It was an at the laboratory clinic whenever the facility staff cation Aide (MA) on 4/28/16 dician when a resident should some were two weeks apart teks apart. The physician order and endar when the next INR dialed they would cross it off and they would cross it off and they would cross it off and they would also are corded an INR and blood draw on the calendar. The MA on 4/28/16 at 4:39 pm dook that they would file all of dident was to go to the leir next scheduled labs boost them on a board that				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.12 . 27.11 .	5. G5.u.=6G.	is a transfer to the second and the	A. BUILDING: _	A. BUILDING:		
		HAL053027	B. WING		04	/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		THAGE STREE	Т		
	T		D, NC 27350			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 OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From page	e 5	D 273			
	several months ago and she had her own system of tracking.  -There was no specific person in charge of tracking lab orders and verifying when they were done.					
		lling calendar revealed no tesident #5 for an INR that				
	4/13/15 revealed: -Medications included (used to treat enlarge mg twice daily (used and heart failure), Zol treat anxiety and dep twice daily (used to tr Pravastatin 20 mg at cholesterol and triglyd  Review of Resident 4 -Physican's orders da Finasteride, Metoprol Pravastatin.	bedtime (used to reduce ceride levels in the blood).  #5's record revealed: ated 12/24/15 to continue ol, Zoloft, Keppra and d in Resident #5's record to de, Metoprolol, Zoloft,				
	2016 eMARs reveale -An entry for Finaster administered as orde at 8:00 amAn entry for Metopro administered as orde at 8:00 am and 7:00 p -An entry for Zoloft 50 as ordered from 2/01	ide 5 mg daily was red from 2/01/16 to 3/31/16 lol 25 mg twice daily was red from 2/01/16 to 3/31/16				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
			7 56.25 16. <u>—</u>			
		HAL053027	B. WING		04	/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
POVAL O	AKS ASSISTED LIVING	1107 CAI	RTHAGE STREET			
KOTAL O	ANS ASSISTED LIVING	SANFOR	D, NC 27350			
(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 273	Continued From page	e 6	D 273			
	at 8:00 am and 7:00 p -An entry for Pravasta	red from 2/01/16 to 3/31/16 cm. atin 20 mg at bedtime was red from 2/01/16 to 3/31/16				
	Review of Resident # 4/28/16 revealed: -An entry for Finaster was administered as 4/12/16. The last dos 4/12/16 at 8:00 am. A 4/12/16. A grey disco -An entry for Metopro am and 7:00 pm was from 4/01/16 to 4/12/ administered on 4/12/ was entered as 4/12/ was at the entryAn entry for Zoloft 50 administered as order The last dose was ad 8:00 am. A stop date grey discontinued boy -An entry for Keppra am and 7:00 pm was from 4/01/16 to 4/12/ administered on 4/12/ was entered as 4/12/ was at the entry.	216 at 7:00 pm. A stop date 16. A grey discontinued box 2 mg daily at 8:00 am was red from 4/01/16 to 4/12/16. ministered on 4/12/16 at was entered as 4/12/16. A x was at the entry. 1000 mg twice daily at 8:00 administered as ordered				
	at 7:00 pm. The last of 4/12/16 at 7:00 pm. A 4/12/16. A grey discoon Review of Resident # the medication cart of Finasteride, Metoprol					

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL053027	B. WING		04/28/2016	
NAME OF D	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZID CODE	1 04/20/2010	
NAME OF F	ROVIDER OR SUFFLIER		RTHAGE STREE			
ROYAL O	AKS ASSISTED LIVING		D, NC 27350	•		
(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 273	Continued From page	27	D 273			
	with the Administrator -She was not aware to medications (Finaster Keppra and Pravasta 4/12/16 and were not 4/28/16She expected the ph physician if a medicat -A prompt showed on needed to be renewe that resident's eMAR -Since the Finasterida and Pravastatin were (that the resident had time)", and the medic expected that they we administered to Resid -If a medication was to medication was puller returned to the pharm -If a medication expire supervisor or Adminis physician or the pharm Interview on 4/28/16 a revealed: -When a medication of notification prompt that review' (on the eMAR -The MA should notify the physician or pharm re-orderedShe had not notified appeared on the eMAR -Meds that were discor-	that Resident #5 had 5 ride, Metoprolol, Zoloft, tin) that "fell off the MAR" on on the current eMAR as of armacy to contact the tion needed a renewal order. The eMAR that a medication d or discontinued anytime file was opened.  The emaintenance medications been taking for a long ations were on-hand, she are to continue to be dent #5.  To be discontinued, the defrom the med cart and facy.  The emaintenance medications been taking for a long ations were on-hand, she are to continue to be dent #5.  The macy are the medication with the macy.  The supervisor or contact macy to get the medication anyone when the prompt fact.  The promote the prompt of the macy and the medication list. They could be				

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STATE FORM WZB311 If continuation sheet 8 of 52

AND DI AN OF CORRECTION INDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL053027	B. WING		04/28	8/2016
NAME OF PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
DOVAL CAKE ACCIOTED LIVING	1107 CART	HAGE STREE	т		
ROYAL OAKS ASSISTED LIVING	SANFORD,	NC 27350			
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
contract pharmacy repre-Entries for Finasteride mg twice daily, Zoloft 50 mg twice daily, Pravasta were in the pharmacy sign eMAR as their order daily. When a medication's "steephysician to renew or did when they filled the medicycle fill". She did not repharmacy system that a Resident #5's physician. If the stop date occurred month, the facility should when they get the "box system tells them the more remarked".  The pharmacy did not sprompt from the eMAR medication order system.  Interview on 4/28/16 at MA revealed:  The Administrator and new orders and compare when the orders were realf a medication "fell of the discontinued order, there Resident #5's Metoprological finasteride." Pravastatilis of I was not here for the were "maintenance medication prompts.	10:30 am with the facility's resentative revealed: 5 mg daily, Metoprolol 25 0 mg daily, Keppra 1000 atin 20 mg at bedtime system but not on the ste had expired on 4/12/16. stop date is exceeded", and a notice to the discontinue the medication dications for the next not have a note in the anotice had been sent to anotice had anotice had been sent to anotice had anotice had been sent to anotice had anotice had anotice had been sent to anotice had anotice had expired anotice had been sent to anotice had anotice had anotice had expired anotice had anotice had expired anotice had exp	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL053027	B. WING		04/28/2016
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
ROYAL O	AKS ASSISTED LIVING		THAGE STREE D, NC 27350	Т	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 273	Continued From page	9	D 273		
D 273	weeks later)"She had not contacted pharmacy regarding to the eMAR.  Interview on 4/28/16 and revealed: -He took his medication administered them, and his physician ordered.  Interview on 4/28/16 and contracted PharmacistsShe was in the facility pharmacy reviewsShe saw that Reside Keppra, Finasteride and discontinue note on the interview on the pharmacy system of the pharmacy from a physical and copy to the facility for orders could be verification order in the pharmacy from a physical and copy to the facility for orders could be verification order in the pharmacy from a physical and copy to the facility for orders could be verification order in the pharmacy from a physical and copy to the facility for orders could be verification order in the pharmacy from a physical and copy to the facility for orders could be verification order in the pharmacy from a physical and copy to the facility for orders could be verification order in the pharmacy from a physical and copy to the facility for orders could be verification or the pharmacy from a physical and copy to the facility for orders could be verification.	ed the physician or the he medications not being on at 1:50 pm with Resident #5 ons as the facility and expected them to be as at medications he was at 1:55 pm with the st revealed: by to perform the quarterly and Pravastatin had a ne eMAR. She was to check am and the Resident's edications had been are last review, then would assician and the facility. It was received by the sician, the pharmacy faxed or their records, and so ed by the facility staff. There tharmacy system or in that Metoprolol, Zoloft,	D 273		
	Interview on 4/28/16 a #5's physician's office -The office could view saw that the Finasteri Zoloft and Pravastatir and a discontinued no	at 3:40 pm with Resident e representative revealed: v the Resident's eMAR and ide, Keppra, Metoprolol, in had a stop date of 4/12/16 ote on the eMAR. accy sends a re-order form to			

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	00/0046
HAL053027 B. WING 04/	28/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
POYAL CAKE ASSISTED LIVING 1107 CARTHAGE STREET	
ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
the physician, or the facility contacted the physician' to address the renewals.  -The office records show that at the 3/14/16 visit, Resident #\$ was still on Finasteride, Keppra, Metoprolol, Zoloft and Pravastatin.  -The latest visit on 4/18/16 was not completed in their office records, so she could not address if there were any medication order changes made.  B. Review of Resident #2's current FL 2 dated 10/29/15 revealed:  -Diagnoses included dementia, depression, chronic obstructive pulmonary disease, congestive heart failure, right hemiplegia, hypertension and systemic lupus erythematosis.  -Medication orders included jantoven 4mg 2 and 1/2 tablets (10mg) daily (also known as coumadin, a medication used to prevent heart attacks, strokes, and blood clots.)  Review of Resident #2's Resident Register revealed and admission date of 12/29/08.  Review of Resident #2's record revealed:  -A physician's order dated 8/24/15 to continue the current dose of coumadin 4mg 2 and 1/2 tablets daily and to re-check the INR in one month.  -A physician's order dated 9/21/15 to continue the current dose of coumadin 4mg 2 and 1/2 tablets daily and to re-check the INR in one month.  -A physician's order dated 9/21/15 to continue the current dose of coumadin 4mg 2 and 1/2 tablets daily and to re-three the INR in one month.  -A physician's order dated 9/21/15 to continue the current dose of coumadin 4mg 2 and 1/2 tablets daily and to re-three the INR in one month.  -A physician's order dated 9/21/15 to continue the current dose of coumadin 4mg 2 and 1/2 tablets daily and to re-three the three three three three dates and the physician office for repeat blood draw.  -There were no other International Normalized Rato (INR) orders after this date and no other coumadin orders.  -A consultation report dated 8/24/15 with the INR result recorded as 2.02 (normal is 0.8-1.2 per the laboratory result sheet), a physician order to	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING	1107 CAF	RTHAGE STREET			
		SANFOR	D, NC 27350			
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 11	D 273			
	the INR in one month					
	revealed the pharmad	ry Review dated 1/19/16 cist recommended the irrent INR laboratory result in				
	Administration Record for jantoven 4mg 2 ar	y 2016 electronic Medication d (eMAR) revealed an entry and 1/2 tablets daily and nistered at 5:00 pm daily 1/31/16.				
	entry for jantoven 4m	ry 2016 eMAR revealed an g 2 and 1/2 tablets daily and histered at 5:00 pm daily 2/29/16.				
	entry for jantoven 4m	2016 eMAR revealed an g 2 and 1/2 tablets daily and nistered at 5:00 pm daily 3/31/16.				
	for jantoven 4mg 2 ar	016 eMAR revealed an entry nd 1/2 tablets daily and nistered at 5:00 pm daily 4/26/16.				
	on 4/27/16 at 9:53 an -Resident #2 took cou had a history of havin -Resident #2 could no	umadin daily because she				
	2:28 pm revealed:	member used to work at the asport her to doctor's				

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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	
		HAL053027	B. WING		04/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
POVAL O	AKS ASSISTED LIVING	1107 CART	HAGE STREE	т	
KOTAL O	AND ADDIOTED LIVING	SANFORD,	NC 27350		
(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 COMPLETE
D 273	Continued From page	e 12	D 273		
	appointments includir appointmentsResident #2's family				
	at 4:25 pm revealed: -It was up to the phys get an INR done and and others were 4 we -The MAs would take write down on the cal was dueOnce the lab was ob the calendar. The lab calendar but an appo keptThe previous Reside was responsible for tr including the INRsThis was now her res the first time she had	the physician order and endar when the next INR tained they would cross it off was not written on the intment was, which was not ent Care Coordinator (RCC) racking laboratory results			
	revealed: -The MAs had a lab be the lab results but the was not in the bookThe MAs knew the nothey would post them able to see everydayThere were no lab do this board todayThe RCC that used to several months ago a for trackingThere was no specific	ext scheduled labs because on a board that they are raws due to be drawn per o work at the facility left and she had her own system of the person in charge of and verifying when they were			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL053027	B. WING		04/28/2016	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 0 1.120.12010	
POVAL O	AKS ASSISTED LIVING	1107 CAR	THAGE STREE	т		
KOTAL O	ARS ASSISTED LIVING	SANFORE	), NC 27350			
(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 APPROF DEFICIENCY)	) BE COMPLE	
D 273	Continued From page	e 13	D 273			
	done.					
	2:06 pm revealed: -She did recommend results for Resident # 1/19/16She was not finished records for the April 2-She would have expobtained the most records to the facility could not expected the facility worder to have the PT/physician, report the inphysican orders for the blood drawIf they had not obtain	I reviewing the resident 2016 quarterly review. ected the facility would have cent labs for the record. of obtain a recent result she would have obtained an INR drawn from the				
	-The last INR result the was in August of 2018 -There was an appoir October 19, 2015 but "the facility did not soThe appointment wa -There were no other since August.  Interview with Administrevealed: -She was not aware than INR drawn since August an INR drawn since August and INR drawn since Au	27/16 at 2:31 pm revealed: ney had on file at the office 5 with a result of 2.02. ntment scheduled for it was cancelled because hedule the transport." s not rescheduled. changes or labs drawn  strator on 4/27/16 at 2:40  hat Resident #2 had not had august 2015 and thought that by up appointment. any follow-up INR lab				

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-Resident #2's family member used to take

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL053027	B. WING		04	1/28/2016
	ROVIDER OR SUPPLIER  AKS ASSISTED LIVING	1107 CA	DDRESS, CITY, STATE RTHAGE STREET RD, NC 27350	, ZIP CODE		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	must have been over member no longer wo -The current RCC wa INRs and other labwo completed but she ha facility for several mo  A Plan of Protection von April 28, 2016 as f-Effective immediately RCC would audit all rany orders that have -Any un-met health ca orders would be repoinitiated as orderedStaff will be in-servic referrals.  -The Administrator and to track lab orders, phealthcare referrals a policy and tracking m  DATE OF CORRECT	r blood work drawn and looked since the family brked at the facility. It is responsible for tracking brk to assure that they were do not been employed at the inths.  Was provided by the facility collows:  Wey, the Administrator and desident records to identify been initiated. It is needs and un-intended arted to the physician and led on how to initiate  If the ACC will develop a policy parmacy referrals and other and educate staff on the new	D 273			
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	• Medication Administration ne shall assure that the nistration of medications, prescription, and treatments	D 358			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL053027	B. WING		04/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
			THAGE STREE		
ROYAL O	AKS ASSISTED LIVING		), NC 27350		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	DN (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 15	D 358		
	review, the facility fail were administered as prescribing practitions observed during a me sampled residents (# errors with medication Vitamin B injections, at The findings are:  A. Review of Resident 4/25/16 revealed:  -Diagnoses included a secondary to Acute R ischemic cardiomyopifibrillation, gastric esc (GERD), diabetes, and -Medications included daily (used to treat concept to the April 20 administration record administration record administration record an entry for lactulose	ed to assure medications ordered by the licensed er for 1 of 4 residents (#1) edication pass, and for 4 of 6 of 1, #3, #5 and #6) related to the second (Lactulose, Nexium, and Coumadin).  At #1's current FL2 dated  Altered Mental Status denal Failure, dementia, athy, chronic atrial ophageal reflux disease of hypertension.  If Lactulose 10 gm/15ml onstipation).  At Resident Register of the delectronic medication			
	for 8 AM.	orning medication pass on			
	4/28/16 at 7:51 am re -The Medication Aide	vealed: (MA) prepared and nt #1's oral medications and			
	-At 9:20 am Resident	#1 had not received the			

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lactulose 10gm/15ml.

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIDI E	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	COMPLETED
			A. BOILDING		
		HAL053027	B. WING		04/28/2016
					04/20/2010
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREE	Т	
	T		D, NC 27350		
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 16	D 358		
	revealed: -He had been working weeks as a MAHe thought he overlook Resident #1 often refulted had received train on how to pass medic proper dosageHe did administer the 9:20 am after it was been to the medication was of medication pass.  B. Review of Resident 1000mcg/ml on the cultural results of the medication was no order for the second cyanocobalamin 1000 intramuscularly (IM) ethen once a month (a vitamin B12 deficiency anemia and other correct cyanocobalamin 1000 Review of the January Administration Record -A computer generated 1000mcg/ml inject on doses then give once am.	ning from the facility's Nurse cation and administer the elactulose to Resident #1 at prought to his attention that mitted during the morning at #3's record revealed for cyanocobalamin arrent FL2 dated 1/14/16. Plated 12/24/15 for Dimcg/ml give 1ml every Sunday for 4 doses medication used to treat y in people with pernicious additions.) Plated 2/25/16 for Dimcg/ml IM every month.			
	Review of the Februa -A computer generate 1000mcg/ml inject on	ry 2016 eMAR revealed: ed entry for cyanocobalamin e ml every Sunday for fours monthly scheduled at 8:00			

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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	
		HAL053027	B. WING		04/28/2016		
	ROVIDER OR SUPPLIER  AKS ASSISTED LIVING	1107 CAR	DRESS, CITY, STA THAGE STREE D, NC 27350	•			
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE	
D 358	2/10, 2/11 and 2/15/1 -Computer generated 2/13, 2/14, 2/16 and 2 Review of the March -A computer generated 1000mcg/ml inject on scheduled at 8:00 am -Computer generated except for 3/11/16 wh -Handwritten circles a except for 3/15/16No computer generated written documentation initials.  Review of the April 20 -A computer generated 1000mcg/ml inject on scheduled at 8:00 am -Computer generated for 4/11/16 which had There was no cyanoc available for administ Interview with a Nurse physician office on 4/11/16 which had 10 -The cyanocobalamin administered once at Resident #3's admiss 12/30/14 with a refill of -The refill dated in Det the facility during one -The cyanocobalamin discontinued.	als on 2/01-2/05, 2/07, 2/08, 6. initials on 2/06, 2/09 2/12, 2/17/16.  2016 eMAR revealed: ed entry for cyanocobalamin e vial once monthly  MAs initials 3/03-3/31/16 ich was blank. iround all of the MAs initials ted exceptions or hand n explaining the circled  216 eMAR revealed: ed entry for cyanocobalamin e vial once monthly  initials 4/01-4/27/16 except hand written MA initials.  abalamin in the facility ration.  e from Resident #3's 27/16 at 9:47 am revealed: 1000mcg/ml was to be month and it was on ion paperwork dated dated 5/07/15. Incember 2015 was written at of the physician's visits.	D 358				

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administered cyanocobalamin monthly.

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL053027	B. WING		0.4	12912046	
					04	/28/2016	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA				
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREE D, NC 27350	ı			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE	
D 358	Continued From page	e 18	D 358				
	-There was no home #2's record at the offi	health order in Resident ce.					
	Interview with a Medi 4:08 pm revealed:	cation Aide on 4/28/16 at					
		ny she signed out the eatedly but stated, "I probably					
	just did not notice"She knew not to give	a IM injections					
		inistrator (who was also a					
	nurse) on the 15th of injection was due.	the month that an IM					
	Interview with the Adı 3:15 pm revealed:	ministrator on 4/27/16 at					
	<ul> <li>She was not aware t scheduled daily on th</li> </ul>	he cyanocobalamin was					
	_	her when injections were					
	due and she would a	dminister the injections.					
	<ul> <li>-She did give Resider injections, but did not</li> </ul>	nt #3 cyanocobalamin					
	injections, but did not						
		f sign out that the injection					
	was administered after injections.	er she administered the					
	Interview with a repre						
	contracted pharmacy revealed:	on 4/27/16 at 10:15 am					
		1000mcg/ml was filled					
	3/24/16.	07/16, 2/17/16, 2/26/16 and					
		1ml each time it was filled.  o receive one injection					
	monthly since July 20	115 she would have received					
	6 of 10 doses.  -According to the ord	er dated 12/24/15					
	cyanocobalamin 1000	Omcg/ml injection every nen once a month she would					

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have received 4 of 7 doses.

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) DATE  COMPI		E SURVEY PLETED	
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
		SANFOR	D, NC 27350			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 19	D 358			
	on 4/27/16 at 9:58 am Resident #3 had not injection (cyanocobale Resident #3 has bee cyanocobalamin for y Resident #3 was give injections consistently after admission. Resident #3 asked o injections on two separeceived any answers  A second interview wi 3:00 pm revealed: She was receiving the around the 15th and o later in the month. The cyanocobalamin but was not being admonths. She never had home injection. The Administrator ma injection but typically previous Resident Ca She never had a hom the injections. C. Review of Resident 4/25/16 revealed: Diagnoses included a secondary to acute re ischemic cardiomyop fibrillation, gastric esc (GERD), diabetes, an Medications included acid blocker).	amin) in months. In given monthly injection of ears. In the cyanocobalamin of for the first several months In e of the MAs about the earate occasions and never is or the injection. In the Resident #3 on 4/28/16 at the evanocobalamin injections over time they got later and in was showing up on her bill ministered for at least two is health administer her eavy have administered her it was administered by the eare Coordinator. In the health nurse administer in the Halth nurse in the Halt				
	Review of Resident #	1's Resident Register				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING	1107 CA	RTHAGE STREET			
KOTAL O	AND ADDIOTED LIVING	SANFOR	RD, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 20	D 358			
	revealed an admission	on date of 11/08/13.				
	medications and dose FL 2 dated 4/25/16. -A physician's order of mg twice daily for two 1/29/16).	#1's record revealed: ed 4/06/16 with the same es ordered as on the current dated 1/14/16 for Nexium 40 be weeks, then daily (to start dated 3/21/16 to discontinue				
	Medication Administrative revealed: -An entry for Esomerative daily for 2 week 1/15/16 and a stop date for administration at 8 Computer documenta 1/23/16 at the 8:00 at handwritten initials do for 8:00 am and 7:00 and from 1/24/16 to 1-An entry for Nexium an origination date of 3/21/16. Documentat 1/16/16 to 1/31/16 at -Documentation was Nexium 40 mg twice	procumented as administered pm from 1/16/16 to 1/22/16 1/29/16.  40 mg daily at 8:00 am with 1/15/16 and a stop date of ion of administration on 8:00 am. that Resident #1 received daily. and 40 mg daily from r a total of three 40 mg				
	revealed: -An entry for Nexium documented as admi handwritten initials fro 2/08, and 2/10/16, ar	41's February 2016 eMAR  40 mg daily at 8:00 am and nistered daily with om 2/01/16 to 2/05/16, 2/07, and computer generated d from 2/11 to 2/29/16.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
74101 2741	or contraction	IDENTIFICATION NOTIFICAL	A. BUILDING: _		JOHN LETES	
		HAL053027	B. WING		04/28/2016	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		THAGE STREE , NC 27350	т		
(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 COMPLETE	E
D 358	Continued From page	21	D 358			
	revealed: -An entry for Nexium an origination date of 3/21/16, and docume from 3/01/16 to 3/21/10 on the entry line.  Review of Resident # revealed: -An entry for Nexium an origination date of administered daily from Review of Resident # the medication cart of administration revealedNexium 40 mg daily 1-No "house supply" be observed.  Interview on 4/27/16 at 10:15 am with the Addifficulties with synchimedications into the example of the medication into the example of the medication." -She approved new opharmacy entered the eMAR.	40 mg daily at 8:00 am with 4/08/16 and documented as im 4/09/16 to 4/27/16.  1's medications on hand on a 4/28/16 and available for ed: was available as ordered. Ottles for Nexium 40 mg was outles for Nexium 40 mg was eat 1:40 pm and 4/28/16 at eMARs since 10/2015. In a new phone and internet eme which had caused them ronizing documentation of eMAR. On in stock that is a cation like Nexium, Protonix we will start that medication of pharmacy. We might else if we needed to start enders and verified the else orders correctly on the				
	Interview on 4/27/16	at 3:30 pm with the facility's				

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ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
	HAL053027	B. WING		04/28/2016
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
DOVAL GAVO AGGIOTED LIVING	1107 CAR	THAGE STREE	Т	
ROYAL OAKS ASSISTED LIVING	SANFORD	, NC 27350		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358 Continued From page 22		D 358		
contracted pharmacy repril #1 revealed: -An order dated 1/15/16 for daily for 2 weeks, then che Nexium 40 mg twice daily 1/20/16 with 28 tablets for 40 mg daily dose order with 29 tabletsThe delay in filling the me to get approval for a non-requested by the family.  Interview on 4/28/16 at 2: #1's family member reveated the facility medications as prescribed physicianShe asked for Nexium to was not aware that this comedication being started, administer medication from Based on observations, reinterviews with family and that Resident #1 was not Interview on 4/28/16 with was unavailable.  D. Review of Resident #5 4/13/15 revealed: -Diagnoses included blad CVA, Atrial Fibrillation, unit (UTI), and a history of epi-Medications included Co (used to treat and prevent	resentative for Resident or Nexium 40 mg twice lange to daily. The order was filled on r 2 weeks. The Nexium as filled on 1/29/16 for edication was possibly generic medication as  30 pm with Resident aled: to administer d by Resident #1's be non-generic. She ould cause a delay in the or that the facility might m a house supply. ecord review and I staff, it was determined interviewable. Resident #1's physician 's current FL 2 dated der outlet obstruction, inary tract infections ilepsy. umadin 8 mg at bedtime t blood clots).			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL053027	B. WING		04/28/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	·	
		1107 CA	RTHAGE STREET			
ROYAL O	AKS ASSISTED LIVING	SANFOR	RD, NC 27350			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Review of Resident # -A physician's order of Coumadin to 8 mg on Friday, and 4 mg on Saturday and Sunday -A physician's order of Coumadin to 4 mg on Friday, and 8 mg on Saturday and Sunday Review of Resident # Medication Administrate revealed: -An entry for Jantover place of Coumadin) 4 Wednesday and Fridation-An entry for Jantover administered every Trand Sunday in the eventance of the emal of the	5's record revealed: lated 12/30/15 to change Monday, Wednesday and Tuesday, Thursday, Idated 2/24/16 to change Monday, Wednesday and Tuesday, Thursday, Idated 2/24/16 to change Monday, Wednesday and Tuesday, Thursday, Idated 2/24/16 to change Monday, Wednesday and Tuesday, Thursday, Idated 2/24/16 to change Monday, Wednesday In (a brand of Warfarin in In mg every Monday, Idated and Idated as administered as Inform 1/01/16 to 1/31/16. In (a brand of Warfarin in In mg every Monday, Idated as administered as Inform 1/01/16 to 1/31/16. In (a brand of Warfarin in In mg every Monday, Idated as administered as Inform 1/01/16 to 1/31/16. In (a brand of Warfarin in Idated as administered as Inform 1/01/16 to 1/31/16. In (a brand of Warfarin in Idated as administered as Inform 1/01/16 to 1/31/16. Idated 2/24/16 to change Idated 2/24/16 to chan	D 358	DEFICIENC		
	Wednesday and Frida	15 for 8 mg on Monday, ay, and 4 mg on Tuesday, and Sunday from 2/01/16 to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL053027	B. WING		04	/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
	0.000000		RD, NC 27350	PD0//PDD0 PLAN 05 0	200000000000000000000000000000000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 24	D 358			
	2/23/16.					
	2016 MARs revealed	nented as administered as				
	the medication cart o	#5's Medications on hand on on 4/28/16 for administration as available as ordered.				
	revealed: -Laboratory results w recommendations we	ere made. r entry on the January eMAR				
	10:00 am with the Ad -The facility had char with a new phone/inte timeShe reviewed new of entered correctly on the	ernet system at the same				
	pharmacy representation -The pharmacy enter the eMAR systemThe pharmacy system 12/11/15 for Jantover -The pharmacy system 12/30/15 for Jantover Wednesday and Frid Tuesday, Thursday, State - The pharmacy system 12/30/15 for Jantover Wednesday and Frid Tuesday, Thursday, State - The pharmacy system 12/30/15 for Jantover Wednesday and Frid Tuesday, Thursday, State - The pharmacy entered	red medication orders into em showed an order dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			D. MANAGO			
		HAL053027	B. WING		04/28	/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		THAGE STREE	Т		
			, NC 27350			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page 25		D 358			
	2/24/16 for Jantoven Wednesday and Frida Tuesday, Thursday, S-The January and Fel correct on the Pharma correct on the eMAR when some order ent eMAR. It was not cau Administrator or staff' -The pharmacy had s system when the facil learning curve for every -The facility was to do into the eMARs for ac pharmacy or physicia. Interview on 4/28/16 a #5's primary care phy -The Coumadin clinic dosage orders for Re -He expected the facil medications as order laterview on 4/28/16 a revealed: -He took his medication administered them, a his physician ordered	4 mg every Monday, ay, and Jantoven 8 mg every Saturday and Sunday. Or				
D 367	10A NCAC 13F .1004 Administration	l(j) Medication	D 367			
	(j) The resident's me	Medication Administration dication administration e accurate and include the				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION		SURVEY PLETED
		HAL053027	B. WING		04	/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		THAGE STREE	Т		
			D, NC 27350			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	D 367 Continued From page 26					
	(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 reasons (8) name or initials of the medication or treasignature equivalent the documented and main administration record.  This Rule is not met Based on observation interviews, the facility	any omission of sents and the reason for the sefusals; and, the person administering atment. If initials are used, a so those initials is to be intained with the medication (MAR).  as evidenced by: a, record reviews, and failed to assure the Administration Records ate for 4 of 5 sampled				
	The findings are:					
	4/13/15 revealed: -Diagnoses included of CVA, Atrial Fibrillation (UTI), and a history of Medications included (used to treat and present where the company of the company	d Coumadin 8 mg at bedtime event blood clots).  5's Resident Register				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL053027	B. WING	· · · · · · · · · · · · · · · · · · ·	04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET RD, NC 27350			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
D 367	Continued From page	e 27	D 367			
	Friday, and 4 mg on Saturday and Sunday -A physician's order of Coumadin to 4 mg on Friday, and 8 mg on	/. lated 2/24/16 to change I Monday, Wednesday and Tuesday, Thursday, / and to repeat INR in 2				
	Medication Administrative revealed: -An entry for Jantover place of Coumadin) 4 Wednesday and Fridation-An entry for Jantover administered every Trand Sunday in the evaluation-Jantoven was documentered on the eMAR Jantoven was not do as ordered on 12/30/10 Wednesday and Fridation-	n (a brand of Warfarin in mg every Monday, ay in the evening. n 8 mg was to be uesday, Thursday, Saturday				
	revealed: -An entry for Jantover administered every M Friday at 8:00 pmAn entry for Jantover administered every Trand Sunday at 8:00 p -Jantoven was documentered on the eMAR -Jantoven was not do as ordered on 12/30/ Wednesday and Frida	londay, Wednesday and n 8 mg was to be uesday, Thursday, Saturday				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
50,41.0		1107 CA	RTHAGE STREET			
ROYAL O	AKS ASSISTED LIVING	SANFOF	RD, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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 367	D 367 Continued From page 28		D 367			
	2/23/16.  Review of Resident #5's March 2016 and April 2016 MARs revealed: -Jantoven was documented as administered as ordered from 3/01/16 to 4/27/16.					
	10:00 am with the Adı -The facility had chan a new phone/internet -She reviewed new or entered correctly on ti -She had not noticed	ged to eMARs 10/2015 with system at the same time. rders and verified they were				
	representative reveals -The pharmacy enters the eMAR systemThe pharmacy system 12/11/15 for Jantoven -The pharmacy system 12/30/15 for Jantoven Wednesday and Frida Tuesday, Thursday, S -The pharmacy system 2/24/16 for Jantoven Wednesday and Frida Tuesday, Thursday, S -The January and Fell correct on the Pharma correct on the eMAR when some order ente eMAR. It was not cau Administrator or staff' -The pharmacy had s	m showed an order dated a 4 mg at bedtime. m showed an order dated a 8 mg every Monday, ay, and Jantoven 4 mg every Saturday and Sunday. m showed an order dated 4 mg every Monday, ay, and Jantoven 8 mg every Saturday and Sunday. The sturday and Sunday and Sunday. The sturday and Sunday and Sunday. The sturday and Sunday and Sund				

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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		
		HAL053027	B. WING		04/28/2016	
	ROVIDER OR SUPPLIER  AKS ASSISTED LIVING	1107 CAR	DRESS, CITY, STA THAGE STREE D, NC 27350	•		
(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	(X5) COMPLETE DATE
D 367	into the eMARs for ac pharmacy or physicia Interview on 4/28/16 a revealed: -He took his medicatic administered them, at his physician orderedHe did not know what ordered.  Interview on 4/28/16 a contracted Pharmacis-She was in the facilit review of resident recother day but had not notes to complete her-She had not noticed Coumadin orders and 2. Review of Residen 4/13/15 revealed med Finasteride 5 mg daily prostate), Metoprolol treat high blood press 50 mg daily (used to the depression), Keppratireat seizures), and P (used to reduce choles in the blood).  Review of Resident #-Physican's orders da Finasteride, Metoprolol Pravastatin.	buble check orders entered couracy and notify the n as necessary.  at 1:50 pm with Resident #5  cons as the facility and expected them to be as at medications he was  at 1:55 pm with a facility's at revealed: by to perform the pharmacy ords. She had started the finished going through her reviews. but a discrepancy in the lithe eMAR entries.  at #5's current FL2 dated dications included by (used to treat enlarged 25 mg twice daily (used to sure and heart failure), Zoloft areat anxiety and 1000 mg twice daily (used to ravastatin 20 mg at bedtime esterol and triglyceride levels  5's record revealed: but 12/24/15 to continue on, Zoloft, Keppra and din Resident #5's record to de, Metoprolol, Zoloft,	D 367			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL053027	B. WING		04/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ROYAL O	AKS ASSISTED LIVING		HAGE STREE	т	
	CLIMMADY CT	SANFORD,		DDOWNERS BLAN OF CORRECTIO	N age
(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 APPROPI DEFICIENCY)	BE COMPLETE
D 367	Continued From page	30	D 367		
	Review of Resident #5's February and March 2016 eMARs revealed: -Finasteride, Metoprolol, Zoloft, Keppra and Pravastatin were documented as administered as ordered from 2/01/16 to 3/31/16.				
	4/28/16 revealed: -An entry for Finaster was administered as 4/12/16. The last dose 4/12/16 at 8:00 am. A 4/12/16. A grey disco-An entry for Metopro am and 7:00 pm was from 4/01/16 to 4/12/2 administered on 4/12/2 was entered as 4/12/2 was at the entryAn entry for Zoloft 50 administered as order The last dose was ad 8:00 am. A stop date grey discontinued bos-An entry for Keppra am and 7:00 pm was from 4/01/16 to 4/12/2 administered on 4/12/2 was entered as 4/12/2 was at the entryAn entry for Pravasta administered as order at 7:00 pm. The last 64/12/16 at 7:00 pm. A	216 at 7:00 pm. A stop date 16. A grey discontinued box 2 mg daily at 8:00 am was red from 4/01/16 to 4/12/16. ministered on 4/12/16 at was entered as 4/12/16. A c was at the entry. 1000 mg twice daily at 8:00 administered as ordered			
	with the Administrator -She was not aware t	at 9:35 am and 10:00 am revealed: hat Resident #5 had 5 ide, Metoprolol, Zoloft,			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
	1	SANFOR	D, NC 27350			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page		D 367			
	4/12/16 and were not 4/28/16.  -She expected the phyphysician if a medical -A prompt showed on needed to be renewe that resident's eMAR -Since the Finasteride and Pravastatin were (the resident had bee time), and the medical expected that they we administered to Resident and Pravastatin or with the physician or with the physician or with the physician or phanteriew' (on the eMAR one week, the promptore or with the physician or phanteriew on 4/28/16 are view' (on the eMAR one week, the promptore or with the physician or phanteriew on 4/28/16 are ordered.  -She had not notified physician or the phanteriew on 4/28/16 are contract pharmacy retenties for Finasterick Keppra, and Pravasta system but not on the had expired on 4/12/16	e, Metoprolol, Zoloft, Keppra "maintenance medications" In taking them for a long stions were on-hand, she ere to continue to be dent #5. expired, the MA should or Administrator to follow-up the pharmacy.  at 9:45 am with a MA  order "runs out, we receive a eat the 'medication is in a) for about one week". After t disappeared. If the supervisor or contact macy to get the medication  her supervisor, the macy that medication orders  at 10:30 am with the facility's presentative revealed: le, Metoprolol, Zoloft, atin were in the pharmacy e eMAR as their order date 16.				
	Interview on 4/28/16 a MA revealed:	at 11:05 am with a second				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAI 052027			0.4/0.0/	10046
		HAL053027	B: 111110		04/28/	2016
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
ROYAL O	AKS ASSISTED LIVING		THAGE STREE	Т		
	OLIMANA DV. OT		D, NC 27350	DDO//DEDIG DLAN OF GODDEGTIO		
(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 32	D 367			
	new orders and comp when the orders were -If a medication "fell of discontinued order, the Resident #5's Metopr Finasteride. "Pravasta so I was not here for the were maintenance me -MA's were to notify the the pharmacy or phys medication prompts. -She had not contacts pharmacy regarding to the eMAR. Interview on 4/28/16 at #5's physician's office -The office records she	of the eMAR, but I noticed no nen I gave the meds", olol, Zoloft, Keppra, and atin is a bedtime medication, that medication". These redications for Resident #5. The supervisor to check with				
	4/06/16 revealed: -Diagnoses included a secondary to acute reischemic cardiomyopa fibrillation, gastric esc (GERD), diabetes, and  1. Review of Residen -A physician's order of 100 mg every 8 hours symptoms caused by Review of Resident # revealed:	altered mental status enal failure, dementia, athy, chronic atrial ophageal reflux disease				
		o be administered at 7:00				

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am, 3:00 pm and 11:00 pm. It had an origination

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (X3)  A. BUILDING:			
		HAL053027	B. WING		04	/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
POVAL O	AKS ASSISTED LIVING	1107 CA	RTHAGE STREET			
ROTALO	AKS ASSISTED LIVING	SANFOR	RD, NC 27350			
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	D 367 Continued From page 33		D 367			
	2/22/16 at 3:00 pm. T	documented as hours for 8 days starting on				
	revealed: -An entry for Pyridium days and scheduled tam, 3:00 pm and 11:0 date of 2/22/16 and a was a grey discontinu-Pyridium 100 mg wa administered every 8 on 3/01/16 at 7:00 and documented as admin pm. There were hand printed intials from 3/3:00 pmThere were no entries	s documented as hours for 15 days starting n. The last dose was histered at 3/15/16 at 3:00 written circles around the 8/16 at 7:00 am to 3/15/16 at es at the "exception" area on e Pyridium administration				
	the medication cart of Pyridum was available Interview on 4/27/16 a contract pharmacy re-The contract pharmathe eMAR.  -The physician's orde 8 hours for 3 days was 2/22/16 with 18, 50 m tablets per day for 3 center and the facility did not sta	at 3:30 pm with the facility's presentative revealed: acy staff entered orders into r for Pyridium 100 mg every is "received and filled g tablets. This would be 6				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) E			
			7. BOILBING			
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DOVAL O	AVE ACCIETED I IVING	1107 CAI	RTHAGE STREET			
ROYALO	AKS ASSISTED LIVING	SANFOR	D, NC 27350			
(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 ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	D 367 Continued From page 34		D 367			
	-The facility's Medicar 'end' when the Pyridiu administration notices stopped on the eMAF-If the Pyridium order 3:00 pm, the last dos at 7:00 am. The facilii medicationThe pharmacy had n Pyridium in their syste Interviews 4/27/16 at 10:00 am with the Ad-The facility had chan a new phone/internet -She reviewed new o entered correctly on the -She had not noticed Resident #1 continue No staff had notified if medication availableThe eMAR copies proshowed Pyridium was administered after the not possible since we after the stop date, so initialed entries. It was the eMAR." -The MA's needed to they were documential Interview on 4/28/16 are vealed: -The Administrator and new orders and composed when the orders were linterview on 4/28/16 are vealed: -The Administrator and composed were supported by the province of the province of the province of the pyridium of the pyr	tion Aides (MAs) "could hit um ran out so the so for Pyridium would be R. was started on 2/22/16 at e should have been 2/28/16 by staff would be out of the orefill orders or requests for em.  1:40 pm and 4/28/16 at ministrator revealed: ged to eMARs 10/2015 with system at the same time. Index and verified they were the eMAR. The Pyridium order for don the March 2016 eMAR. The retriated there was no minted for Resident #1 as documented as the stop date. "I knew this was the did not have the medication of I had my staff circle the so not possible to correct it on the more attentive to what and a MA Supervisor reviewed them to the eMARs the received.  The standard of the email of the emai				
		evealed they expected the nedications as ordered by				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL053027	B. WING		04	/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DOYAL O	ALCO ACCIOTED I IVIDIO	1107 CA	RTHAGE STREET			
ROYAL O	AKS ASSISTED LIVING	SANFOR	RD, NC 27350			
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	e 35	D 367			
	the physician.					
	Based on observatior interviews with staff, was determined that interviewable.	family and the resident, it				
	Interview on 4/28/16 was not available.	with Resident #1's physician				
	2. Review of Resident #1's current FL 2 dated 4/25/16 revealed medications included Nexium 40 mg daily (an acid blocker).					
	medications and dose 2 date 4/25/16. -A physician's order of mg twice daily for two	ed 4/06/16 with the same es ordered on the current FL dated 1/14/16 for Nexium 40				
	Medication Administrative revealed: -An entry for Esomeptwice daily for 2 week 1/15/16 and a stop date for administration at 8 Documentation of addithe 8:00 am and 7:00 documented as adminimented as adminimented as adminimented for 1/24/16 to 1/29/16An entry for Nexium an origination date of 3/21/16. Documentat 1/16/16 to 1/31/16 at	arazole (Nexium) 40 mg as with an origination date of ate of 1/29/16 and scheduled 3:00 am and 7:00 pm. ministration on 1/23/16 at a pm, and handwritten initials nistered for 8:00 am and a to 1/22/16 and from 40 mg daily at 8:00 am with 1/15/16 and a stop date of ion of administration on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
	CLIMMADY CT		RD, NC 27350	DDOV/IDEDIC DI ANI OF (	CORRECTION	
(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 ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	e 36	D 367			
		daily. and 40 mg daily from a total of three 40 mg y.				
	2016 eMARs reveale Nexium 40 mg was d	d and April d and April d and April d and April ocumented as administered as ordered from 3/01/16 to				
	administration on 4/2 mg was available to b	1's medications on hand for 7/16 revealed Nexium 40 be administered as ordered. e supply" Nexium observed.				
	10:15 am with the Ad -The facility had used They had swapped to system at the same ti difficulties with synch medications into the e -"If I have a medication frequently used medic or Omeprazole, then before it is stocked by borrow it from someo the medication." -She approved new of	eMARs since 10/2015.  a new phone and internet me which had cause them ronizing documentation of eMAR.				
	contracted pharmacy #1 revealed: -An order 1/15/16 for for 2 weeks then char mg twice daily was fil	at 3:30 pm with the facility's representative for Resident  Nexium 40 mg twice daily nge to daily. The Nexium 40 led on 1/20/16 with 28 the Nexium 40 mg daily 29/16 for 29 tablets.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
			71. BOILBING			
		HAL053027	B. WING		04	/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DOVAL O	AKO ACCIOTED I IVINO	1107 CA	RTHAGE STREET			
ROYALO	AKS ASSISTED LIVING	SANFOR	RD, NC 27350			
(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 ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	e 37	D 367			
	-The delay in filling th	e medication was possibly non-generic medication as				
	Based on observatior interviews, it was dete was not interviewable	ermined that Resident #1				
	was unavailable. C. Review of Resider 1/14/16 revealed diag	with Resident #1's physician it #3's current FL2 dated inoses included vitamin B12				
	syndrome, delirium se	depression, chronic pain econdary to polypharmacy, isorder, history of stroke and				
	Review of Resident # revealed that Resider	3's Resident Register nt #3 was admitted 12/30/14.				
	no order for cyanocol -A physician's order d cyanocobalamin 1000	1/14/16 revealed there was palamin 1000mcg/ml. lated 12/24/15				
	then once a month (a vitamin B12 deficienc anemia and other cor	every Sunday for 4 doses medication used to treat y in people with pernicious additions.)				
	2/11/16 the listed 5 m clarification which inc 1000mcg/ml. The letter	edications that required luded cyanocobalamin er was stamped with a				
	written over cyanocot -Subsequent physicia included cyanocobala month.	n orders dated 2/11/16 that min 1000mcg/ml IM every				
	-A physician order da cyanocobalamin 1000	ted 2/25/16 for Omcg/ml IM injections every				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
			RD, NC 27350			
(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 38	D 367			
	month.					
	1000mcg/ml give 1ml doses then once a madministered with har on 1/04, 1/11, 1/18 ar -Computer generated 1/23/16 with an excep "withheld per MD/RN Review of the Februal computer generated 1000mcg/ml give 1ml Sunday for 4 doses the	ed entry for cyanocobalamin IM every Sunday for 4 onth and documented as and written initials at 8:00 am and 1/25/16. I initials with a circle on otion documented as orders".  Try 2016 eMAR revealed a entry for cyanocobalamin intramuscularly every nen once a month at 8:00 as administered 2/01-2/17				
	-A computer generate 1000mcg/ml inject co monthly at 8:00 am a administered with corhand written circles a included 3/03-3/10, 3On 3/15/16 there wa initials of a MA withouthere was no docum the circled initials.	nd documented as mputer generated initials and round all of the initials which /12-3/14 and 3/16-3/31. s computer generated at a circle around them. mentation which explained				
	1000mcg/ml inject co monthly at 8:00 am a administered with cor from 4/01 through 4/2	ed entry for cyanocobalamin ntents of 1 vial once nd documented as nputer generated initials				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL053027	B. WING		04/2	8/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BOYAL O	AVE ASSISTED LIVING	1107 CART	HAGE STREE	т		
ROYAL O	AKS ASSISTED LIVING	SANFORD,	NC 27350			
(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	(X5) COMPLETE DATE
D 367	Continued From page	e 39	D 367			
		tion was documented as				
	Interview with Reside on 4/27/16 at 9:58 am	nt #3 during the initial tour				
		received her Vitamin B12				
	injection (cyanocobala	amin) in months. n given monthly injection of				
	cyanocobalamin for y					
	-Resident #3 was given the cyanocobalamin injections consistently for the first several months after admission.					
		bout the injections on two				
	separate occasions a	nd never received any				
	answers or the injection	on.				
	A second interview wi 3:00 pm revealed:	th Resident #3 on 4/28/16 at				
	around the 15th and o	e cyanocobalamin injections over time they got later and				
	later in the month.  -The cyanocobalamin	was showing up on her bill				
		ministered for at least two				
	<ul> <li>She never had home injection.</li> </ul>	health administer her				
	-The Administrator ma	ay have administered her				
	injection but typically old Resident Care Co	it was administered by the ordinator.				
	•	armacist from the contracted				
	pharmacy on 4/28/16					
		f go in the computer to set up the day of the month				
	and time they want to	administer the medication.				
		a technician out to train the				
	facility staff on two se	parate occasions. and order entry verification				
	was a part of this train					
		at the facility go in and				

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STATE FORM WZB311 If continuation sheet 40 of 52

NAME OF PROVIDER OR SUPPLIER				(X3) DATE SURVEY COMPLETED	
NAME OF DROVINED OF CUIDNIES					
NAME OF DROVIDED OD SLIDDLIED	HAL053027	B. WING		04/28/2016	
NAME OF FROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		
ROYAL OAKS ASSISTED LIVING		HAGE STREE	Г		
	SANFORD,	NC 27350			
PREFIX (EACH DEFICIENCY M	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 APPROPE DEFICIENCY)	BE COMPLETE	
D 367 Continued From page 4	40	D 367			
-She expected that the the pharmacy if staff did not to verify the order entry teach them over the photo-She expected that faciling request the pharmacy to date of a medication.	ntry verification process. facility staff would call the of know or remember how and pharmacy staff could one. lity staff would call and o change the time and				
just did not notice"She knew not to give IN -She notify the administ on the 15th of the month dueShe was now responsil accuracy of the eMARs -It was the responsibility Coordinator to check the from month to month bu several months agoIt was now her respons for accuracy from month comparing the medication sent for the monthly can the computerIf the pharmacy sent so discontinued she would pharmacyThere would be no way order in the record that it	she signed out the tedly but stated, "I probably  M injections. trator (who is also a nurse) the that an IM injection was lible for checking the form month to month. It is good to be sent or in the eMARs on the pharmacy of the pharmacy of the pharmacy of the mass of the month of the eMARs on the pharmacy of the month and did so by the employers of the month of the eMARs on the pharmacy of the month of the eMARs on the pharmacy of the employers				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL053027	B. WING		04/28/2016	
NAME OF PROVIDER OR SUPPLIEF ROYAL OAKS ASSISTED LIVI	NG 1107 CAR	DDRESS, CITY, STARTHAGE STREED, NC 27350			
PREFIX (EACH DEFIC	RY STATEMENT OF DEFICIENCIES EIENCY MUST BE PRECEDED BY FULL ( OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
4/28/16 at 4:47 p -She knew not to administered Res -She would notify on the eMARThey should hav pharmacy that th everyday and rec Interview with the 3:15 pm revealed -She was not aw scheduled daily of -Her staff would in due and she would -She did give Res injections but did was administered -She would have was administered injections.  Interview with a N physician office of -The cyanocobal administered ond Resident #3's ad 12/30/14 with a in -The refill dated if the facility during -The cyanocobal discontinuedThey expected to	injections.  second Medication Aide on m revealed: give IM injections and had not sident #3 cyanocobalamin.  In the Administrator if it came up are called and notified the enjection was scheduled for quested they change it.  Administrator on 4/27/16 at at are the cyanocobalamin was on the eMAR.  Inotify her when injections were all administer the injections. In sident #3 cyanocobalamin not know when the last injection at after she administered the  Surse from Resident #3's an 4/27/16 at 9:47 am revealed:  In amin 1000mcg/ml was to be the a month and it was one mission paperwork dated effil dated 5/07/15.  In December 2015 was written at one of the physician's visits. In amin had never been that Resident #2 was being nocobalamin monthly. In the sident was one health order in Resident was one health order in Resident	D 367			

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		I \ /	E SURVEY PLETED
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
NAME OF T	NOVIDER OR 301 1 LIER		RTHAGE STREET	, ZII GODE		
ROYAL O	AKS ASSISTED LIVING		RD, NC 27350			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 367	Continued From page	÷ 42	D 367	<u> </u>		
	6/11/15 revealed diag	lized muscle weakness, erlipidemia and				
		6's Resident Register nt #6 was admitted 7/30/08.				
	Resident #6's finder sonce a week.	6's record revealed: lated 12/04/15 to obtain tick blood sugar (FSBS) ian order dated 2/11/16 for				
	7:32 am revealed an	d (eMAR) entry prompting				
	he was not sure but h	4/28/16 at 7:33 am revealed e thought that the FSBS shift and he needed to risor.				
	4/28/16 at 7:35 am re -The MAs obtained R Monday's onlyShe selected the exc	Control Aide (QCA) on vealed: esident #6's FSBS on ception "withheld per MD/RN order was for once a week				
	-She knew the FSBS only because she had and the order was chaseveral months agoShe expected others	was obtained on Mondays I worked there for two years anged to once a week staff would either know that aken on Monday or they should obtain it.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION (X3)  A. BUILDING:			
		HAL053027	B. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	- ZIP CODE	1 0-	720/2010
TWANE OF T	NOVIDEN ON OUT FIEN		RTHAGE STREET	., 211 0002		
ROYAL O	AKS ASSISTED LIVING		RD, NC 27350			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	e 43	D 367			
	-An entry to check FS amResident #6's FSBS of the 4 days it was to -Examples include a of 142 on 1/04, FSBS 114 on 1/10, FSBS of 1/16, FSBS of 102 or 1/26/16.  Review of the Februa-An entry to check FS amResident #6's FSBS the 4 days it was to b-Examples include a of 199 on 2/09, FSBS 134 on 2/20 and FSB Review of the March-An entry to check FS amResident #6's FSBS of the 4 days it was to -Examples include a of 205 on 3/06, FSBS of the 4 days it was to -Examples include a of 205 on 3/10, FSBS of 3/25 and FSBS of 15 Review of the April 1-An entry to check FS am.	FSBS of 112 on 1/02, FSBS of 116 on 1/07, FSBS of 119 on 1/14, FSBS 118 on 1/21 and FSBS of 128 once a week at 8:00 was obtained 9 times out of e obtained. FSBS of 229 on 2/03, FSBS of 128 on 2/12, FSBS of 128 on 2/12, FSBS of 128 on 2/27/16.  2016 eMAR revealed: 6BS once a week at 8:00 was obtained 16 times out be obtained. FSBS of 294 on 3/01, FSBS of 198 on 3/11, FSBS of 198 on 3/11, FSBS of 182 1 on 3/24, FSBS of 158 on				
	of 112 on 4/03, FSBS	o be obtained. FSBS of 146 on 4/02, FSBS of 189 on 4/07, FSBS of f 213 on 4/11, FSBS of 178				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL053027	B. WING		04/28/2016	
	ROVIDER OR SUPPLIER  AKS ASSISTED LIVING		DRESS, CITY, STA			
ROTAL O	AKS ASSISTED LIVING	SANFORE	), NC 27350			
(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 COMPLETE	
D 367	Continued From page	e 44	D 367			
	on 4/12, FSBS of 182 on 4/18.	2 on 4/17 and FSBS of 367				
	Interview with a MA o revealed:	n 4/28/16 at 4:16 pm				
	-She knew that Resid only once a week.	ent #6's FSBS were taken				
	frequency be change					
	-She did not follow up	r, but did not know when.  with pharmacy to have the				
		the new order and that was				
		SBS was taken on Mondays.				
	accuracy from month	ility to check the eMARs for to month and did so by				
		ations that the pharmacy cart fills with the eMARs on				
	Interview with a secon revealed:	nd MA on 4/28/16 at 4:45 pm				
	"withheld per MD/RN	entry and pick the exception orders" because it says				
	once a weekShe thought that the Resident #6 on Mond	FSBS was obtained for				
	-She never called the	pharmacy to request the cause she overlooked it.				
		w to change the entries in				
	-She expected that ar	ny one of the MAs should ested the entry be changed.				
	-	armacist from the contracted				
	pharmacy on 4/28/16 -When the facility stat	at 2:00 pm revealed: ff go in the computer to				
		set up the day of the week				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAI 052027	B. WING		04/28/2046	
NAME OF D		HAL053027		TE 7/D 00DE	04/28/2016	
NAME OF PE	ROVIDER OR SUPPLIER		RESS, CITY, STA T <b>HAGE STREE</b>			
ROYAL OA	AKS ASSISTED LIVING	SANFORD,		•		
(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	÷ 45	D 367			
	-The pharmacy sent a facility staff on two se -The electronic MAR was a part of this trair -She would expect the select time and day obe obtained as a part processShe expected that the pharmacy if staff did reprocess to verify the order ent teach them over the public she expected that farequest the pharmacy date of entry.  Interview with the Adra 3:20 pm revealed: -She was not aware to daily on the eMARShe did have the Rese (RCC) review eMARs to assure accuracy, be employed at the facility set that were not anticipal linterview with Reside revealed:	a technician out to train the parate occasions. and order entry verification ning. at the facility go in and f the week the FSBS should of the entry verification e facility staff would call the not know or remember how ry and pharmacy staff could chone. cility staff would call and of to change the time and ministrator on 4/27/16 at the FSBS were scheduled sident Care Coordinator of from one month to another out the RCC was no longer ty. to the facility as of October staff were having problems				
	to be obtained once a	week.				
	-Resident #6 denied a	any pain in her fingertips.				
D 400	10A NCAC 13F .1009	9(a)(1) Pharmaceutical Care	D 400			
		Pharmaceutical Care ne shall obtain the services cist or a prescribing				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		HAL053027	B. WING		04/2	8/2016
	ROVIDER OR SUPPLIER		RESS, CITY, STA HAGE STREE NC 27350			
(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	(X5) COMPLETE DATE
D 400	care at least quarterly require more frequent monitoring visits or ot are medication proble residents may be at ri Pharmaceutical care prevention and resolu problems which include (1) an on-site medical which includes the fol (A) the review of infor record such as diagnoral discharge summary, vorders, progress note medication administration current medication addetermine that medical prescribed and ensure effects, potential and or interactions, and midentified and reporter prescribing practitions (B) making recommendations and ensuring prescribing practitions outcomes and ensuring prescribing practitions.	ovision of pharmaceutical  The Department may  visits if it documents during ther investigations that there tems in which the safety of sk. involves the identification, tion of medication related des the following: tion review for each resident lowing: mation in the resident's toses, history and physical, vital signs, physician's s, laboratory values and ation records, including liministration records, to ations are administered as that any undesired side actual medication reactions the dictions for change, if desired medication the solution of the solution of the medication the solution of the solution of the medication the solution of the solution	D 400			
	interviews, the facility medication reviews w (Resident #5) sample	as evidenced by: as, record reviews, and failed to assure adequate ere completed for 1 of 5 d residents in the areas of orders and incomplete				

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laboratory value follow-up.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL053027	B. WING		04/28/2016	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	-	
ROYAL O	AKS ASSISTED LIVING		THAGE STREE	Т		
	OUR MAN DV OT		), NC 27350			
(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 400	Continued From page	e 47	D 400			
	The findings are:					
	Review of Resident # 4/13/15 revealed:	5's current FL2 dated				
		CVA, Atrial Fibrillation, and a				
	-A physician's order for bedtime (used to treat	or Coumadin 8 mg at t and prevent blood clots).				
	Review of Resident #5's Resident Register revealed an admission date of 6/04/14.					
	Coumadin to 8 mg on Friday, and 4 mg on Saturday and Sunday -A physician's order d	ated 12/30/15 to change Monday, Wednesday and Fuesday, Thursday, Attack Mated 2/24/16 to change Monday, Wednesday and Fuesday, Thursday,				
	Medication Administratevealed: -An entry for Jantover place of Coumadin) 4 Wednesday and Frida-An entry for Jantover Thursday, Saturday a -Jantoven 4mg was devery Monday, Wednevening, and Jantove administered every Tand Sunday in the evening and Sunday	n (a brand of warfarin in mg every Monday, ay in the evening. n 8 mg every Tuesday, and Sunday in the evening. ocumented as administered esday and Friday in the n 8 mg was documented as fuesday, Thursday, Saturday				
	1/31/16.	5's February 2016 eMAR				

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revealed:

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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	
			D WING			
		HAL053027	B. WING		04/28/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		HAGE STREE	Т		
	OLUMBA DV OT	SANFORD,				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 400	Continued From page	e 48	D 400			
	Friday at 8:00 pm.  -An entry for Jantover administered every To and Sunday at 8:00 p  -Jantoven 4mg was d every Monday, Wedn evening, and Jantove administered every To and Sunday in the every Monday, Wedn every Monday, Wedn every Monday, Wedn evening, and Jantove administered every To and Sunday in the every To and Sunday in the every to 2/29/16.	n 8 mg was to be uesday, Thursday, Saturday m. ocumented as administered esday and Friday in the n 8 mg was documented as uesday, Thursday, Saturday ening from 2/01/16 to ocumented as administered esday and Friday in the n 8 mg was documented as uesday, Thursday, Saturday ening correctly from 2/24/16				
Review of Resident #5's March 2016 and April 2016 eMARs revealed: -Jantoven was documented as administered as ordered from 3/01/16 to 4/27/16.						
	revealed: -Laboratory results we recommendations we -The Coumadin order was not documented the wrong daysThere was no mentic					
	10:00 am with the Adı -The facility had chan	1:40 pm and 4/28/16 at ministrator revealed: ged to eMARs on 10/2015				

time.

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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	
HAL053027		HAI 053027	B. WING		04/28/2016	
NAME OF P	ROVIDER OR SUPPLIER		I RESS, CITY, STA	TE ZIP CODE	1 04/20/2	2010
			HAGE STREE			
ROYAL O	AKS ASSISTED LIVING	SANFORD,	NC 27350			
(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 400	entered correctly on ti-She had not noticed wrong for which dose which days on the Jan MARs.  -There was no clarific physician that Jantove place of Coumadin.  Interview on 4/27/16 a contract pharmacy re-The pharmacy entered the eMAR system.  -The pharmacy system.  -The January and Fridate Tuesday, Thursday, Second	rders and verified they were he eMAR. the Coumadin entry was was to be administered on nuary and February 2016 ation performed with the en was to be administered in at 3:30 pm with the facility's presentative revealed: ed medication orders into as showed an order dated at 4 mg at bedtime. In showed an order dated at 8 mg every Monday, ay, and Jantoven 4 mg every Saturday and Sunday. In showed an order dated at mg every Monday, ay, and Jantoven 8 mg every Saturday and Sunday. In showed an order dated at mg every Monday, ay, and Jantoven 8 mg every Saturday and Sunday. In showed an order dated at mg every Monday, ay, and Jantoven 8 mg every Saturday and Sunday. In showed an order dated at mg every Monday, ay, and Jantoven 8 mg every Saturday and Sunday. In showed an order dated at mg every mg every solution order entries looked acy side, but they were not side. "There was a glitch ries carried over into the ght by the facility's ". In wapped to the eMAR lity did, so "it had been a eryone". In ouble check orders entered couracy and notify the	D 400	DEFICIENCY)		
	Interview on 4/28/16 a contracted Pharmacis	at 1:55 pm with the				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (			(X3) DATE SURVEY COMPLETED		
		HAL053027	B. WING		04	/28/2016		
	ROVIDER OR SUPPLIER  AKS ASSISTED LIVING	1107 CA	DDRESS, CITY, STATI RTHAGE STREET RD, NC 27350					
(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 400	other day, but had no notes to complete her -When she reviewed did not find a current physician. She could looking at her notes if	ords. She had started the t finished going through her reviews. Resident #5's record, if she INR, she would contact the not remember without she had noticed the lack of s on Resident #5's records. a discrepancy in the	D 400					
D912	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate	laration of Residents' Rights ration of Residents' Rights rave the following rights: and services which are e, and in compliance with state laws and rules and	D912					
	reviews, the facility fa received care and ser appropriate, and in co	ns, interviews, and record iled to ensure every resident rvices which were adequate, ompliance with relevant and rules and regulations						
	The findings are:							
	reviews, the facility fa pharmacy notification residents (Residents for International Norm	#2 and #5) regarding orders nalized Ratio (INR) I medication orders for high						

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			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVI	(3) DATE SURVEY COMPLETED		
ROYAL OAKS ASSISTED LIVING  1107 CARTHAGE STREET SANFORD, NC 27350  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X6)	HAL053027			B. WING			I/28/2016		
SANFORD, NC 27350  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)									
	ROYAL O	ROYAL OAKS ASSISTED LIVING							
	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE C	(X5) OMPLETE DATE		
D912 Continued From page 51 seizure, blood thinner, and cholesterol medications. [Refer to Tag 273, 10A NCAC 13 F .0902 (b) (Type B Violation).]	D912	seizure, blood thinner medications. [Refer to	r, and cholesterol Tag 273, 10A NCAC 13 F	D912					

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