Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED HAL053027 B. WING 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 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 (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY D 000 Initial Comments D 000 The Adult Care Licensure Section conducted a complaint investigation on April 27-28, 2016. The complaint investigation was initiated by the Lee County Department of Social Services on April 8, 2016. NCAC 13F .0902(b) D273 D 273 10A NCAC 13F .0902(b) Health Care Rule met as evidenced by facility has ensured referral and follow-up D 273 6/12/16 10A NCAC 13F .0902 Health Care to meet the routine and acute heath (b) The facility shall assure referral and follow-up care needs of residents.(1) Facility to meet the routine and acute health care needs has put in place a tracking log to of residents. ensure all routine and follow-up care is being provided.(2)Medtech will provide documentation to the This Rule is not met as evidenced by: office manager to schedule transportation TYPE B VIOLATION for the appointments. Supervisor will monitor daily, office manager will monitor Based on observations, interviews, and record weekly and rcc or scu will monitor reviews, the facility failed to ensure physician and monthly. Administrator will oversee pharmacy notification for 2 of 5 sampled residents (Residents #2 and #5) regarding orders prn. for International Normalized Ratio (INR) laboratory results and medication orders for high blood pressure, enlarged prostate, anxiety, seizure, blood thinner, and cholesterol medications. The findings are: A. Review of Resident #5's current FL 2 dated 4/13/15 revealed: -Diagnoses included bladder outlet obstruction, CVA, Atrial Fibrillation, urinary tract infections (UTI), and a history of epilepsy. -Medications included Coumadin 8 mg at bedtime (used to treat and prevent blood clots). Review of Resident #5's Resident Register Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X8) DATE

STATE FORM

Administrator

5/24/16

Alfreda Robinson Adminis

REVIEWED UND OCCUPTED.

5/210/16 Fee

if continuation sheet 1 of 52

Division of	f Health Service Regu	lation			WALDATE CHESTS
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		HAL053027	B. WING		04/28/2016
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	ZIP CODE	
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		at 10 particular and the second			
:	revealed an admissi	on date of 6/04/14.			
	4 5	at HE's spend counciled:			
		nt #5's record revealed: dated 12/30/15 to change			
		n Monday, Wednesday and			
		Tuesday, Thursday,			
	Saturday and Sunda				
		dated 2/24/16 to change	1		
	Coumadin to 4 mg of	on Monday, Wednesday and			
		Tuesday, Thursday,			į.
		ay and to repeat INR in 2			
8	weeks (due 3/09/16				
		ed 3/15/16 and reported to the	l i		
		6 that did not include an INR.			
		e documented in Resident			, i
	#5's record from 2/2				+
ļ	-A physician's order	dated 4/21/16 to obtain an			
	INR on the next lab	draw.			
		#5's January 2016 electronic			2.
		tration Record (eMAR)			
Į.	revealed:	to broad of Windows in			
		ren (a brand of Warfarin in			
1		4 mg every Monday, iday in the evening at 8:00 pm.			
	-An entry for Jector	en 8 mg every Tuesday.			1
1	Thursday, Saturday	and Sunday in the evening at			ĺ
	8:00 pm.		1		
	ANTONO SERVICIO DE LA CONTRACTOR DE LA C	umented as administered as			
1	10 11 1100	R from 1/01/16 to 1/31/16.			į,
		Monday, Wednesday and	8		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Friday, and 4 mg o	n Tuesday, Thursday,			1
		lay was not documented as			
<b>[</b>	administered as ord	dered from 1/01/16 to 1/31/16.			
					l :
		t #5's February 2016 eMAR			i
	revealed:				
		ven 4 mg every Monday,			
		riday in the evening at 8:00 pm.			
1	-An entry for Janto	ven 8 mg every Tuesday,	<u> </u>		Hessach Ne e

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING HAL053027 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) D 273 Continued From page 2 D 273 Thursday, Saturday and Sunday in the evening at 8:00 pm. -Jantoven was documented as administered as written on the eMAR from 2/01/16 to 2/29/16. -Jantoven 8 mg on Monday, Wednesday and Friday, and 4 mg on Tuesday, Thursday, Saturday and Sunday was not documented as administered as ordered from 2/01/16 to 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 Interviews 4/27/16 at 1:40 pm and 4/28/16 at 10:00 am with the Administrator revealed: -The facility had changed to eMARs 10/2015 with a new phone/internet system at the same time. -She reviewed new orders and verified they were entered correctly on the eMAR. -She had not noticed the Cournadin entry was incorrect on the January and February 2016 eMARs. Interview on 4/27/16 with the facility's contract pharmacy representative revealed: -The pharmacy entered medication orders into the eMAR system. -The pharmacy system showed an order dated 12/11/15 for Jantoven 4 mg at bedtime. -The pharmacy system showed an order dated 12/30/15 for Jantoven 8 mg every Monday, Wednesday and Friday, and Jantoven 4 mg every Tuesday, Thursday, Saturday and Sunday. -The pharmacy system showed an order dated 2/24/16 for Jantoven 4 mg every Monday, Wednesday and Friday, and Jantoven 8 mg every Tuesday, Thursday, Saturday and Sunday. -The January and February order entries looked correct on the Pharmacy side, but they were not

	f Health Service Requ		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
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D 273	Continued From pag	je 3	D 273		
	correct on the eMAR	R side. "There was a glitch			
	when some order er	tries carried over onto the	1 1		**
	eMAR. It was not ca	ught by the facility's			
	Administrator or stat				
j	-The pharmacy had	swapped to the eMAR	Į l		
	system when the fac	cility did, so "it had been a			
	learning curve for ex				
Į.	-The facility was to	double check orders entered	1 1		
Ì		accuracy and notify the	1		
	pharmacy or physic				į.
l	pharmacy of physic	idit do tradadary.	1		
	Interview on 4/28/16	6 at 9:55 am with Resident			
	#5's primary care pl				
	The Coumadia clin	ic managed the lab and			1
	Coumadin dosage	orders for Resident #5.			
	He avoarted the fa	icility to follow-up with labwork			
	and medications as				
1		acility to administer Coumadin			i
1	as ordered.	zomey to deministration	]		
1	as bruered.				
	Interview on 4/28/1	6 at 1:40 pm with a Cournadin	,		
	clinic representative				į
		heir system for Resident #5	1		
	Was dated 2/20/18	and was 1.3 (normal is 0.8-1.2	i		
	per the laboratory r				
1		tue to have an INR done on	i		ii ii
1	3/09/16 but the lab	oratory clinic never received a			Ĭ
1	specimen to proces		1		
		ollow-up to remind the facility if			
1	they missed a lab.	* 2000-00 1 mmag   10.0 € 10.0 mm/s   2000-000-000 200-000-000-000-000-000-00	1		
1		y documentation in the clinic's			4
		ity had been contacted, but			Ĭ
		ho handled that was currently		j	
		nable to confirm this".			
1		facility to have labs drawn as			İ
	ordered.	reading to their time district as			
1		s sent today, it would be			ŀ
		e results sent to the physician			į
1	for raview. The see	suits and any new orders would			
1	be sent to the facil				
1	pe sent to the facil	HLY LOCKLY.	1	1	

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: B. WING \_\_\_\_\_ 04/28/2016 HAL053027 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1107 CARTHAGE STREET ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) ID PREFIX (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY D 273 D 273 Continued From page 4 Interview on 4/28/16 at 1:50 pm with Resident #5 revealed: -He took his medications as the facility administered them, and expected them to be as his physician ordered. He did not know what medications he was ordered, and could not remember that he was was on a blood thinner. -He had his labwork drawn at the laboratory clinic next door, and went whenever the facility staff took him. Interview with a Medication Aide (MA) on 4/28/16 at 4:25 pm revealed: -It was up to the physician when a resident should get an INR done and some were two weeks apart and others were 4 weeks apart. -The MAs would take the physician order and write down on the calendar when the next INR was due -Once the lab was obtained they would cross it off the calendar. -The previous Resident Care Coordinator (RCC) was responsible for tracking laboratory results including the INRs. -This was now her responsibility and today was the first time she had recorded an INR and placed the follow-up blood draw on the calendar. Interview with a second MA on 4/28/16 at 4:39 pm revealed: -The MAs had a lab book that they would file all of the lab results. -The MAs knew a resident was to go to the laboratory clinic for their next scheduled labs because they would post them on a board that they were able to see everyday. -There were no lab draws due to be drawn per this board today. -The RCC that used to work at the facility left

Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING. B. WING HAL053027 04/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1107 CARTHAGE STREET **ROYAL OAKS ASSISTED LIVING** SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY D 273 D 273 Continued From page 5 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 Review of the scheduling calendar revealed no lab appointment for Resident #5 for an INR that was due 3/09/16. 2. Review of Resident #5's current FL 2 dated 4/13/15 revealed -Medications included Finasteride 5 mg daily (used to treat enlarged prostate), Metoprolol 25 mg twice daily (used to treat high blood pressure and heart failure), Zoloft 50 mg daily (used to treat anxiety and depression), Keppra 1000 mg twice daily (used to treat seizures), and Pravastatin 20 mg at bedtime (used to reduce cholesterol and triglyceride levels in the blood). Review of Resident #5's record revealed: -Physican's orders dated 12/24/15 to continue Finasteride, Metoprolol, Zoloft, Keppra and Pravastatin. No orders were found in Resident #5's record to discontinue Finasteride, Metoprolol, Zoloft, Keppra and Pravastatin. Review of Resident #5's February and March 2016 eMARs revealed: -An entry for Finasteride 5 mg daily was administered as ordered from 2/01/16 to 3/31/16 at 8:00 am. -An entry for Metoprolol 25 mg twice daily was administered as ordered from 2/01/16 to 3/31/16 at 8:00 am and 7:00 pm. -An entry for Zoloft 50 mg daily was administered as ordered from 2/01/16 to 3/31/16 at 8:00 am. -An entry for Keppra 1000 mg twice daily was

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED
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	administered as orde at 8:00 am and 7:00 p -An entry for Pravasta	red from 2/01/16 to 3/31/16				
	4/28/16 revealed: -An entry for Finaster was administered as 4/12/16. The last dost 4/12/16 at 8:00 am. A 4/12/16. A grey discordant and 7:00 pm was from 4/01/16 to 4/12/16 administered on 4/12/16 was entered as 4/12/16 was at the entryAn entry for Zoloft 50 administered as order The last dose was addited as 300 am. A stop date of grey discontinued both am and 7:00 pm was from 4/01/16 to 4/12/16 administered as 4/12/16 was entered as 4/12/16 was at the entryAn entry for Pravasta administered as order at 7:00 pm. The last discording the first form and 7:00 pm. The last discording the first form and 7:00 pm. The last discording the first form and 7:00 pm. The last discording the first form and 7:00 pm. The last discording the first form and 7:00 pm. The last discording the first form and 7:00 pm. The last discording the first form and 7:00 pm. The last discording the first form and 7:00 pm. The last discording the first form and 7:00 pm. A 4/12/16. A grey discording the first form and 7:00 pm. A 4/12/16. A grey discording the first form and 7:00 pm. A 4/12/16. A grey discording the first form and 7:00 pm. A 4/12/16. A grey discording the first form and 7:00 pm. A 4/12/16. A grey discording the first form and 7:00 pm. A 4/12/16. A grey discording the first form and 7:00 pm.	/16 at 7:00 pm. A stop date 16. A grey discontinued box 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				
	the medication cart on Finasteride, Metoprolo	I, Zoloft, Keppra and				
	Pravastatin were avail	able for administration.		- 5%		

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			ALON-11-10-10-10-11-11-11-11-11-11-11-11-11-		
	Interview on 4/28/16	at 9:35 am and 10:00 am	1		
	with the Administrate				
1		that Resident #5 had 5	1		*[
		eride, Metoprolol, Zoloft,			1
	Keppra and Prayast	atin) that "fell off the MAR" on	i l		ĵ.
	4/12/16 and were no	ot on the current eMAR as of			
36	4/28/16.		1 1		
		harmacy to contact the			
	physician if a medic	ation needed a renewal order.			
		in the eMAR that a medication			
ļ		ed or discontinued anytime			İ
	that resident's eMAI	R file was opened			
		de, Metoproloi, Zoloft, Keppra			
		e "maintenance medications	1		
	(that the resident ha	d been taking for a long	1		
		ications were on-hand, she	1		1
		were to continue to be			
	administered to Res	sident #5. s to be discontinued, the			1
		led from the med cart and			9
1	returned to the pha				*
1		pired, the MA should notify the			
1		nistrator to follow-up with the			
	physician or the ph				
1					
1		6 at 9:45 am with a MA			
	revealed:	W. THE STREET, SHOULD S	ji		
		n order "runs out, we receive a			
		that the 'medication is in			
		AR) for about one week".			
		tify the supervisor or contact	,		
		armacy to get the medication			
	re-ordered.	ad any and when the arrant			
		ed anyone when the prompt	ŀ		i !
	appeared on the el				å Q
1		scontinued did not show on the edication list. They could be			
Ī	seen in the history				
ł	accir in the mstory	area of the chirals.		<u> </u>	2

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Division	of Health Service Regi	ulation			FO	RM APPROVED
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D 273	Continued From page	8	D 273			
1	Interview on 4/28/16	at 10:30 am with the facility's				ļ
	contract pharmacy re	presentative revealed:	1			•
Ì	-Entries for Finasterio	le 5 mg daily, Metoprolol 25	1			
- 1	mg twice daily, Zoloft	50 mo daily. Kennra 1000				1
	mg twice daily, Prava	statin 20 mg at bedtime				
i	were in the pharmacy	system but not on the				
	eMAR as their order of	late had expired on 4/12/16				į
J	<ul> <li>-vvnen a medication's</li> </ul>	"stop date is exceeded"				10
1	the pharmacy would s	end a notice to the	1			Ĭ
	physician to renew or	discontinue the medication				
-	when they filled the m	edications for the next				
1	"cycle fill". She did no	t not have a note in the	1			
}	pnarmacy system that	a notice had been sent to				
ł	resident #5's physicia	in.				i
	ments the Court	red in the middle of the	1			
	month, the facility sho	uld contact the physician				
	when they get the "box	that pops up on the eMAR				
	renewed".	medication needs to be				
100	-The pharmacy did not	see the renewal box				
	prompt from the eMAR	system in the pharmacy				
!	medication order syste	em.				Ì
	Interview on 4/28/16 at	11:05 am with a second				
1	MA revealed:					
	I he Administrator and	a MA Supervisor reviewed	1			
1.	lew orders and compa	red them to the eMARs	1			ĺ
1.3	when the orders were :	eceived				1
	ir a medication fell of	the eMAR, but I noticed no	1 1			
	discontinued order, the	n I gave the meds",				1
1	Tipasteride "December of	of, Zoloft, Keppra, and	]			Í
	o Luce not been to u	n is a bedtime medication,	j l			
3	o I was not here for the	at medication". These				
h	ad been taking for a lo	dications" that Resident #5				ł
	MA's were to notify the	rig time.			Í	
ti	he pharmacy or physic	supervisor to check with				ļ
'n	nedication prompts.	an about eMAK	ļ			
[3	The prompt in the case	0			i	1
0	ne week" and "Assid -	R only showed for "about				- 1
of Manies	ne week", and "could r Service Regulation	iot de seen today (3	ĺ		ĺ	4

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52.0	weeks later)"She had not contact	ed the physician or the the medications not being on				
	revealed; -He took his medicat administered them, a his physician ordered	and expected them to be as				
	pharmacy reviewsShe saw that Residi Keppra, Finasteride discontinue note on in the pharmacy syst record to see if the n discontinued since h follow-up with the ph -If a medication orde pharmacy from a ph a copy to the facility orders could be verif was no order in the p Resident #5's record	ACTION OF STREET STREET STREET STREET ACTIONS				
Division of He	#5's physician's office -The office could vie saw that the Finaste Zoloft and Pravastat and a discontinued r	at 3:40 pm with Resident te representative revealed: withe Resident's eMAR and ride, Keppra, Metoprolol, in had a stop date of 4/12/16 note on the eMAR, nacy sends a re-order form to		- · · · · · · · · · · · · · · · · · · ·		

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (XZ) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING: COMPLETED HAL053027 B. WING NAME OF PROVIDER OR SUPPLIER 04/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ROYAL OAKS ASSISTED LIVING 1107 CARTHAGE STREET SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE IAG DATE DEFICIENCY) D 273 Continued From page 10 D 273 the physician, or the facility contacted the physician" to address the renewals. -The office records show that at the 3/14/16 visit, Resident #5 was still on Finasteride, Keppra. Metoproloi, 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 cournadin 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 mg tablets daily and to return October 19, 2015 at 9:15 am to the physician office for repeat blood -There were no other International Normalized Ratio (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 continue current dose of cournadin and repeat Division of Health Service Regulation

STATEMENT	of DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE	SURVEY
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		HAL053027	B WING		04	/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	, ZIP CODE		
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
		SANFOR	RD, NC 27350			
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D 273	Continued From page	e 11	D 273			
	the INR in one month	i.				
	revealed the pharmat	by Review dated 1/19/16 dist recommended the irrent INR laboratory result in				
	Review of the January 2016 electronic Medication Administration Record (eMAR) revealed an entry for jantoven 4mg 2 and 1/2 tablets daily and documented as administered at 5:00 pm daily from 1/01/16 through 1/31/16.					
	entry for jantoven 4m	ry 2016 eMAR revealed an g 2 and 1/2 tablets daily and nistered at 5:00 pm daily 2/29/16.				
	entry for jantoven 4mg	2016 eMAR revealed an g 2 and 1/2 tablets daily and histered at 5:00 pm daily 3/31/16.				0.00
	for jantoven 4mg 2 an	016 eMAR revealed an entry old 1/2 tablets daily and nistered at 5:00 pm daily 4/26/16.				
	on 4/27/16 at 9:53 am -Resident #2 took cou had a history of havin -Resident #2 could no	madin daily because she				
	2:28 pm revealed:	th Resident #2 on 4/28/16 at member used to work at the sport her to doctor's				

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING. \_ COMPLETED HAL053027 B. WING NAME OF PROVIDER OR SUPPLIER 04/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ROYAL DAKS ASSISTED LIVING 1107 CARTHAGE STREET SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 12 D 273 appointments including her laboratory appointments. -Resident #2's family member had not worked in the facility for about 6 months, but did not know the exact date. Interview with a Medication Aide (MA) on 4/28/16 at 4:25 pm revealed: -It was up to the physician when a resident should get an INR done and some were two weeks apart and others were 4 weeks apart. -The MAs would take the physician order and write down on the calendar when the next INR -Once the lab was obtained they would cross it off the calendar. The lab was not written on the calendar but an appointment was, which was not kept -The previous Resident Care Coordinator (RCC) was responsible for tracking laboratory results including the INRs. -This was now her responsibility and today was the first time she had recorded an INR and placed the follow-up blood draw on the calendar. Interview with a second MA on 4/28/16 at 4:39 pm revealed: -The MAs had a lab book that they would file all of the lab results but the PT/INR for Resident #2 was not in the book. -The MAs knew the next scheduled labs because they would post them on a board that they are able to see everyday. -There were no lab draws due to be drawn per this board today. -The RCC that used to work at the facility left several months ago and she had her own system -There was no specific person in charge of tracking lab orders and verifying when they were Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING HALD53027 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 273 D 273 Continued From page 13 done. Interview with contract Pharmacist on 4/28/16 at 2:06 pm revealed: -She did recommend the facility obtain an INR results for Resident #2 on her last consult 1/19/16. -She was not finished reviewing the resident records for the April 2016 quarterly review. -She would have expected the facility would have obtained the most recent labs for the record. -If the facility could not obtain a recent result she expected the facility would have obtained an order to have the PT/INR drawn from the physician, report the results and follow up physican orders for the coumadin and future blood draw. -If they had not obtained recent INR results she would contact the physician and make sure the lab was ordered Interview with a Nurse from Resident #2's physician office on 4/27/16 at 2:31 pm revealed: -The last INR result they had on file at the office was in August of 2015 with a result of 2.02. -There was an appointment scheduled for October 19, 2015 but it was cancelled because "the facility did not schedule the transport." -The appointment was not rescheduled. -There were no other changes or labs drawn since August. Interview with Administrator on 4/27/16 at 2:40 revealed: -She was not aware that Resident #2 had not had an INR drawn since August 2015 and thought that there had been a follow up appointment. -She could not obtain any follow-up INR lab

results for Resident #2.

-Resident #2's family member used to take

ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
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IAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE ZIP COOF	04/2	28/2016
ROYAL O	AKS ASSISTED LIVING	1107 C	ARTHAGE STRE			
		SANFO	ORD, NC 27350			
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D 273	oundinded 1 form pag		D 273			
	Resident #2 to get he	er blood work drawn and				
	must have been overlooked since the family		1			
Í	member no longer w	orked at the facility				
	- The current RCC wa	as responsible for tracking				
ł	inks and other laby	ork to assure that they were	}			
fe A o -E R	facility for several mo	ad not been employed at the onths.	1			
	on April 28, 2016 as 1	was provided by the facility		j	H	
	-Effective immediately	y, the Administrator and			Ï	
	RCC would audit all r	esident records to identify			ļ	
	any orders that have	been initiated			ĺ	
8	-Any un-met health ca	are needs and un-intended				
ŀ	ALACIA MORIO DE LEDOI	rted to the physician and				
	manaren 92 oldeted				ľ	
	-Staff will be in-service	ed on how to initiate			ļ	
	referrals.			404 NOAO 405 466 44		
- 13	- The Administrator and	d RCC will develop a policy	la la	10A NCAC 13F .1004(a) M	edication	
- 1	healthouse sets	armacy referrals and other		Administration		
	notation and tentions at	nd educate staff on the new		Rule is met as evidenced by	the facility	/
1.	policy and tracking me	ethod.		assuring that the preparation	n and	
10	DATE OF CORRECTI	ON FOR THE TYPE B		administration of medication	is, prescrip	tion
١	VIOLATION SHALL N	OT EXCEED, June 12,		and treatments by staff in a	ccordance	
2	2016.	o. CACEED, June 12,	1	with orders by a licensed pr	escribing .	6/12/16
				practitioner which are maint	ained in	0/ 12/ 10
D 358 1	0A NCAC 13F .1004(	a) Medication	1	the residen'ts record;and ru	les in	
P	Administration		D 358	accordance to NCDHHSR r	ules and	
	24 112 1		] }	regulaions, and facility polici	es/procedu	res
1	UA NGAC 13F 1004	Medication Administration		Staff will be educated on sta	ite rules	
1.0	An adult care home shall assure that the		1	and facility policy and proce	dures with	
P	rescription and admini	istration of medications,		all new hires(medtechs) and	ongoing	
l h	v staff are is some	rescription, and treatments		thereafter.Staff orientator or	designon	
10	y staff are in accordar	ice with:		will monitor daily Unit coord	nator or	
	hich are maintained	d prescribing practitioner		designee will monitor weekl	nator or	0000 <b>-</b> 1000 0000
. W	······································					
**	Tules in this Cost-	the resident's record; and and the facility's policies		or designee will oversee as	y,Aaministr	ator

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER AND PLAN OF CORRECTION COMPLETED A. BUILDING: \_ B. WING HAL053027 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **ROYAL OAKS ASSISTED LIVING** SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 Continued From page 15 D 358 This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure medications were administered as ordered by the licensed prescribing practitioner for 1 of 4 residents (#1) observed during a medication pass, and for 4 of 6 sampled residents (#1, #3, #5 and #6) related to errors with medications (Lactulose, Nexium, Vitamin B injections, and Coumadin). The findings are: A. Review of Resident #1's current FL2 dated 4/25/16 revealed: -Diagnoses included Altered Mental Status secondary to Acute Renal Failure, dementia, ischemic cardiomyopathy, chronic atrial fibrillation, gastric esophageal reflux disease (GERD), diabetes, and hypertension. -Medications included Lactulose 10 gm/15ml daily (used to treat constipation). Review of Resident #1's Resident Register revealed an admission date of 11/08/13. Review of the April 2016 electronic medication administration record (eMAR) revealed: -An entry for lactulose syrup 10gm/15 ml solution take two teaspoonful (10ml) once daily scheduled for 8 AM. Observation of the morning medication pass on 4/28/16 at 7:51 am revealed: -The Medication Aide (MA) prepared and administered Resident #1's oral medications and omitted administering the lactulose syrup.

Division of Health Service Regulation

lactulose 10cm/15ml.

-At 9:20 am Resident #1 had not received the

AND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MULTICUE			RM APPRO
	- Contracting	IDENTIFICATION NUMBER:	(VS) MOLTIPLE (	CONSTRUCTION	(X3) DAT	E SURVEY
		A BUILDING.			COM	PLETED
		WAL OFFICE				
		HAL053027	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	N 4794 10000		/28/2016
ROYAL O	AKS ASSISTED LIVING	1107 CA	OTHERS OF	z, ZIP CODE		
	TIANAC		RTHAGE STREET			
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IAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	PREFIX	TEMOT CORRECTIVE ACTION A		(X5) COMPLE
	<u> </u>	A SECTION IN	,,,,,	CHOSS-REFERENCED TO THE A	PROPRIATE	DATE
D 358	Continued From pag	le 16	<del>                                      </del>	DEFICIENCY)		
	,		D 358			
ĺ	Intensiona missou a con	-	1			
	revealed:	A on 04/28/16 at 5:01 pm	1			İ
1	CACOICO.					F
ŀ	The flag been working	g at the facility for about 2				ı
	WOORS AS & IVIA		Į.			
	The thought he over!	ooked the lactulose because				Î
	Transcript Life Office 16	USECLIT				
	-ne had received trai	ning from the facility's Nurse				İ
	ou now to bass wed!	cation and administer the				
	Proper dosage.					Ĭ
	He did administer the	e lactulose to Resident #1 at				
- 1	area mili milet if MS2 C	FOUGHT to his attention that				
1	THE THEORGANDS WAS O	mitted during the morning	1			
10.	medication pass.	ig the morning				
	2					
	<ul> <li>B. Review of Residen</li> </ul>	t #3's record revealed				
	Lingle Mas uo Older E	Of CVanocobalamia			ĺ	
16	rocomog/mi on the ci	ICENT FL 2 dated 4/44/46				
- 1	A MIN SICION S OLDER OF	ated 12/24/15 for	1 1		į	
,	-yanocooalamin 1000	Mco/ml give 1ml	1			
i	ntramuscularly (IM) e	very Sunday for 4 doses	1		1	
t	hen once a month (a	medication used to treat			Ş	
V	ritamin B12 deficiency	in people with pernicious			<u> </u>	
a	inemia and other cond	ditions )	1		ĺ	
-1	A physician's order da	ited 2/25/16 for				
c	yanocobalamin 1000i	mcg/ml IM every month.	]		ls.	
100					×.	
R	leview of the January	2016 electronic Medication			1	
1 600	AND THE PROPERTY OF THE PROPER	(ONTO LA) rouse - la at				
1 ,	computer generated	Britry for cyanopole				
100	additional titlect DUG	MI every Sunday for to			1	
de	oses then give once n	nonthly scheduled at 8:00				
ar	m.		1		Î	
-F	andwritten MA initials	on 1/04, 1/11, 1/18 and				
1/.	25.	751: 1704, 1713, 1718 and			Ì	
		ı			i	
Re	eview of the February	2016 eMAR revealed:	ŀ		{	
	COLIDERED GENERATED	entry for average				
200	TOWNS THE REST OF THE P	THE GVARY SURMAN FOR			1	
do	ses then give once m	onthly scheduled at 8:00				
	Service Regulation					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL053027	(X2) MULTIPLE C A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	
ROYAL O	AKS ASSISTED LIVING	1107 CA	ARTHAGE STREET		
	A. ( ) / ( )	SANFO	RD, NC 27350		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 17	D 358		
	am.				
		ials on 2/01-2/05, 2/07, 2/08, 16.			
	-Computer generated 2/13, 2/14, 2/16 and	d İnitials on 2/06, 2/09 2/12, 2/17/16.			
	-A computer generate 1000mcg/ml inject or scheduled at 8:00 an -Computer generated except for 3/11/16 wl -Handwritten circles except for 3/15/16No computer generated written documentation initials.  Review of the April 2 -A computer generate 1000mcg/ml inject or scheduled at 8:00 an -Computer generated.	n. d MAs initiats 3/03-3/31/16 hich was blank. around all of the MAs initials ated exceptions or hand on explaining the circled  2016 eMAR revealed: ed entry for cyanocobalamin ne vial once monthly			
	There was no cyano available for adminis	cobalamin in the facility stration.			
		se from Resident #3's			
	A STATE OF THE PROPERTY SALES	/27/16 at 9:47 am revealed:			
	1	n 1000mcg/ml was to be	1		
		month and it was on			
	The second secon	sion paperwork dated	1		1
	12/30/14 with a refill				
		ecember 2015 was written at			
	The tacility during one -The cyanocobalami discontinued.	e of the physician's visits. In had never been			\
		Resident #2 was being	1 1		
	administered cyanoc				

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MEH TIDLE	CONSTRUCTION		RM APPRO
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Naner :		HAL053027	B. WNG			
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	F ZIP COOF	04	/28/2016
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
		SANFOR	RD, NC 27350			
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D 358	Continued From page	- 10	+	DEFICIENCY)		UAIE
			D 358		<del></del>	<del>†</del>
	-There was no home	health order in Resident				1
i	#2's record at the offi	ce.				
ļ	1					
	Interview with a Medic	cation Aide on 4/28/16 at				
ĺ	4.00 hill tevested:					
1	-She did not know wh	y she signed out the				1
	just did not notice"	atedly but stated, "I probably	1 +			
	-She knew not to give	MA internal				
	-She notified the admi	interiors.				
i	nurse) on the 15th of t	nistrator (who was also a				
-	injection was due.	me month that an IM				İ
	Interview with the Adm	ninistrator on 4/27/16 at				
100	3 15 pm revealed:					2
Î	-She was not aware th	e cyanocobalamin was				
10	screatiled daily on the	eMAR	† 1			
	-Her staff would notify	her when injections were	1			
11	one and sue Moniq aqu	Minister the injections	1			
	She did give Resident	#3 cyanocobalamin				
	injections, but did not k	now when the last	<b>!</b>		100	
	njection was administe She would have staff	ared. sign out that the injection			j	
٧	was administered after	she administrated to			1	
į i	njections.	administered the				
1.						
J	nterview with a represe	entative from the				
0	contracted pharmacy or evealed:	n 4/27/16 at 10:15 am				
1 "	CVCBICU.					
7	The cyanocobalamin 1/17/15 10/13/15 1/07	OUUmcg/ml was filled			ŀ	
3.	/24/16.	/16, 2/17/16, 2/26/16 and			ļ	
		l each time it was filled.	9		ļ	
-1	f Resident #3 was to re	Ceive one injury			į	
m	ionthly since July 2015	she would have received				
1 🔻	or 10 00565.				-	
-д	according to the order	dated 12/24/15	1			
, Cy	/anocobalamin 1000mi	co/ml injection even.			ļ	
100	unday for 4 doses then	Once a month she would	1		ĵ	
l ha	eve received 4 of 7 dos	The would	ř.			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ R WING 04/28/2016 HAL053027 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **ROYAL OAKS ASSISTED LIVING** SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 19 Interview with Resident #3 during the initial tour on 4/27/16 at 9:58 am revealed: -Resident #3 had not received her Vitamin B12 injection (cyanocobalamin) in months. -Resident #3 has been given monthly injection of cyanocobalamin for years. -Resident #3 was given the cyanocobalamin injections consistently for the first several months after admission. -Resident #3 asked one of the MAs about the injections on two separate occasions and never received any answers or the injection. A second interview with Resident #3 on 4/28/16 at 3:00 pm revealed: -She was receiving the cyanocobalamin injections around the 15th and over time they got later and later in the month -The cyanocobalamin was showing up on her bill but was not being administered for at least two months. -She never had home health administer her injection. -The Administrator may have administered her injection but typically it was administered by the previous Resident Care Coordinator. -She never had a home health nurse administer the injections. C. Review of Resident #1's current FL2 dated 4/25/16 revealed: -Diagnoses included altered mental status secondary to acute renal failure, dementia, ischemic cardiomyopathy, chronic atrial fibrillation, gastric esophageal reflux disease (GERD), diabetes, and hypertension. -Medications included Nexium 40 mg daily (an acid blocker).

Division of Health Service Regulation

Review of Resident #1's Resident Register

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL053027	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	E 7ID CODE		/28/2016
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
			RD, NG 27350			
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES				
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D 358	Continued From page	e 20	D 358			<u> </u>
	revealed an admissio		D 338			
	20					1
	Review of Resident #	I S record revealed:				
1	medications and dose	ed 4/06/16 with the same es ordered as on the current				
	FL 2 dated 4/25/16					
	-A physician's order d	ated 1/14/16 for Nexium 40				
	1/29/16).	weeks, then daily (to start				
ļ	<ul> <li>A physician's order d. Nexium.</li> </ul>	ated 3/21/16 to discontinue				
1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	revealed: -An entry for Esomepr. twice daily for 2 weeks 1/15/16 and a stop dat for administration at 8: Computer documentati 1/23/16 at the 8:00 am handwritten initials doc for 8:00 am and 7:00 p and from 1/24/16 to 1/2 An entry for Nexium 40 an origination date of 1, 3/21/16. Documentation /16/16 to 1/31/16 at 8: Documentation was the	azole (Nexium) 40 mg s with an origination date of the of 1/29/16 and scheduled 00 am and 7:00 pm. and 1:00 pm, and 1:00 pm, and 1:00 pm, and 1:00 pm, and 1:00 pm, and 1:00 pm, and 1:00 pm, and 1:00 pm, and 1:00 pm, and 1:00 pm, and 1:00 pm daily at 8:00 am with 1/15/16 and a stop date of the of administration on 00 am.				
Re re do ha	eview of Resident #1's evealed: An entry for Nexium 40 ocumented as administ	2/01/16 to 2/05/16, 2/07,				

	of Health Service Regul FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ANOTOLOGICAL	<del></del>
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED
		HAL053027	B WING		04/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	1 04/20/2018
			RTHAGE STREET	, Lir COOL	
ROYAL O	AKS ASSISTED LIVING		RD, NC 27350		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	7		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
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	40 mg daily at 8:00 am with			
	an origination date of	4/08/16 and documented as			ĺ
	administered daily fro	m 4/09/16 to 4/27/16.			i i
	the medication cart or administration reveals -Nexium 40 mg daily	1's medications on hand on a 4/28/16 and available for ed: was available as ordered. ottles for Nexium 40 mg was			
	10:15 am with the Adr -The facility had used They had swapped to system at the same til difficulties with synchr medications into the e -"If I have a medicatio frequently used medic or Omeprazole, then is before it is stocked by borrow it from someor the medication." -She approved new or	eMARs since 10/2015.  a new phone and internet me which had caused them conizing documentation of eMAR.  In in stock that is a cation like Nexium, Protonix we will start that medication pharmacy. We might ne else if we needed to start			
	Interview on 4/27/16	at 3:30 pm with the facility's			

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Y7) (4) II TO F			RM APPRO
	- Service HOM	IDENTIFICATION NUMBER	(A2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
			A. BUILDING:		CON	PLETED
		HAI OFZOOT				
NAME OF P	MAL053027  AME OF PROVIDER OR SUPPLIED		B MNG			
NAME OF PROVIDER OR SUPPLIER STREE		ADDRESS, CITY, STATI	F ZID COOK	04	/28/2016	
ROYAL O	AKS ASSISTED LIVING	1107 CA	RTHAGE STREET	-, en cope		
		SANFO	RD, NC 27350			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEMONSTRATE				
TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF C	ORRECTION	
- 10		TO TO THE TING INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	AT OH LONG OF THE PARTY OF THE	(X5) COMPLE
D 358	Continued 5			DEFICIENCY	E APPROPRIATE	DATE
- 000	Continued From page		D 358			
	contracted pharmacy	representative for Resident				
-						
	-An order dated 1/15/	16 for Nexium 40 mg twice				
İ		D CDARGO to deile. Th				
ļ	AUGUST ACT HAT TAKE THE	Tally order was file.				
	THE WITH TO TABLE	S for 2 weeks. The at				
10.	A MA AGIN GOSE ULUS	er was filled on 1/29/16 for				
			1			
	to get account tilling the	e medication was possibly	1			1
	acraphoral fot a U	Off-Generic madis-us-				
1	requested by the famil	у.	1			
1	nterview on Amaric -					
	*1's family member re	t 2:30 pm with Resident				
-	She expected the faci	vealed:	1			
r	nedications as prescri	hed by David ser			j	
			1			
	She asked for Nexium	to be non-generic. She				
9 32	a mand a fresh title	COULD COLLEGE - 3 1 .			1	
100	THE PROPERTY OF THE PROPERTY O	O Of that the familia	Į į		J	
a	dminister medication f	rom a house supply.			İ	
f	ased on observations.		1			
111	ICI VICAS WITH TAMIN AL	nd staff it was all				
th	at Resident #1 was no	of interviewable			8	
1					Í	
ln:	terview on 4/28/16 with	h Resident #1's physician			ļ	
Wa	as unavailable	projection				
D.	Review of Resident	S'a	1		į	
4/	13/15 revealed:	5's current FL 2 dated				
-Oi	agnoses included blad	dder outlet obstruction,			b)	
	A TOTAL OFFICE A	III. Dr. trn et : mfe - at	1			
-1431	edications included Co	Mirradia 9				
(us	ed to treat and preven	It blood clots)			]	
					İ	
Re	view of Resident #5's	Resident Register				
revi	ealed an admission da	ite of 6/04/14				
	(73000000000000000000000000000000000000		II.			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER** COMPLETED A BUILDING HAL053027 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY D 358 Continued From page 23 D 358 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 Sunday. -A 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. Review of Resident #5's January 2016 electronic Medication Administration Record (eMAR) revealed: -An entry for Jantoven (a brand of Warfarin in place of Coumadin) 4 mg every Monday, Wednesday and Friday in the evening. -An entry for Jantoven 8 mg was to be administered every Tuesday, Thursday, Saturday and Sunday in the evening. -Jantoven was documented as administered as entered on the eMAR from 1/01/16 to 1/31/16. -Jantoven was not administered as ordered on 12/30/15 for 8 mg on Monday, Wednesday and Friday, and 4 mg on Tuesday, Thursday, Saturday and Sunday from 1/01/16 to 1/31/16. Review of Resident #5's February 2016 eMAR revealed: -An entry for Jantoven 4 mg was to be administered every Monday, Wednesday and Friday at 8:00 pm. -An entry for Jantoven 8 mg was to be administered every Tuesday, Thursday, Saturday and Sunday at 8:00 pm. -Jantoven was documented as administered as entered on the eMAR from 2/01/16 to 2/29/16. -Jantoven was not documented as administered as ordered on 12/30/15 for 8 mg on Monday, Wednesday and Friday, and 4 mg on Tuesday,

Thursday, Saturday and Sunday from 2/01/16 to

Division of Health Service Regulation PRINTED: 05/17/2016 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING: \_ COMPLETED HAL053027 B. WNG NAME OF PROVIDER OR SUPPLIER 04/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ROYAL OAKS ASSISTED LIVING 1107 CARTHAGE STREET SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 24 D 358 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. Review of Resident #5's Medications on hand on the medication cart on 4/28/16 for administration revealed Jantoven was available as ordered. Review of a pharmacy review dated 1/19/16 revealed: -Laboratory results were noted, and no recommendations were made. -The Cournadin order entry on the January eMAR was not documented as being incorrect. Interviews 4/27/16 at 1:40 pm and 4/28/16 at 10:00 am with the Administrator revealed: -The facility had changed to eMARs on 10/2015 with a new phone/internet system at the same -She reviewed new orders and verified they were entered correctly on the eMAR. -She had not noticed the Cournadin entry was incorrect on the January and February 2016 MARS. Interview on 4/27/16 with the facility's contract pharmacy representative revealed: -The pharmacy entered medication orders into the eMAR system. -The pharmacy system showed an order dated 12/11/15 for Jantoven 4 mg at bedtime. -The pharmacy system showed an order dated 12/30/15 for Jantoven 8 mg every Monday, Wednesday and Friday, and Jantoven 4 mg every Tuesday, Thursday, Saturday and Sunday. -The pharmacy system showed an order dated

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING HAL053027 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) D 358 Continued From page 25 2/24/16 for Jantoven 4 mg every Monday, Wednesday and Friday, and Jantoven 8 mg every Tuesday, Thursday, Saturday and Sunday. -The January and February order entries looked correct on the Pharmacy side, but they were not correct on the eMAR side. "There was a glitch when some order entries carried over into the eMAR. It was not caught by the facility's Administrator or staff". -The pharmacy had swapped to the eMAR system when the facility did, so "it had been a learning curve for everyone". -The facility was to double check orders entered into the eMARs for accuracy and notify the pharmacy or physician as necessary. Interview on 4/28/16 at 9:55 am with Resident #5's primary care physician revealed: -The Coumadin clinic managed Coumadin dosage orders for Resident #5. -He expected the facility to administer medications as ordered. Interview on 4/28/16 at 1:50 pm with Resident #5 -He took his medications as the facility administered them, and expected them to be as his physician ordered. -He did not know what medications he was ordered. 4/29/16 10A NCAC 13F .1004(j) MEDICATION D 367 10A NCAC 13F .1004(j) Medication D 367 Administration **ADMINISTRATION** RULE MET AS EVIDENCED BY: STAFF 10A NCAC 13F .1004 Medication Administration **EDUCATED 4/29/16 AS EVIDENCED** (j) The resident's medication administration BY STAFF EDUCATED ON IDENTIFYING record (MAR) shall be accurate and include the RESIDENT NAME, AND NAME OF

following:

(1) resident's name;

MEDICATION OR TX ORDER; strength

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL053027 B. WING 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY D 367 Continued From page 26 D 367 and dosage or quanity of medication (2) name of the medication or treatment order, administered; instructions for administering (3) strength and dosage or quantity of medication the medication or treatment:reason of administered; justification for the administration of (4) instructions for administering the medication medication or treatments as needed or treatment; (5) reason or justification for the administration of (prn) and documenting the resulting effect on medications or treatments as needed (PRN) and the resident; date and of administration; documenting the resulting effect on the resident; documentation of any omission of (6) date and time of administration; medication or treatments and the reason (7) documentation of any omission of for the ommission, including refusals: medications or treatments and the reason for the and, name or initials of the person administering omission, including refusals; and, the medication or treatment. As part of (8) name or initials of the person administering the medication or treatment. If initials are used, a education ,nurse consultant/pharmady signature equivalent to those initials is to be will perform medication administration documented and maintained with the medication audits as needed. administration record (MAR). This Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to assure the electronic Medication Administration Records (eMARs) were accurate for 4 of 5 sampled residents (Residents #1, #3, #5, and #6). The findings are: A. Review of Resident #5's current FL 2 dated 4/13/15 revealed: -Diagnoses included bladder outlet obstruction, CVA, Atrial Fibrillation, urinary tract infections (UTI), and a history of epilepsy. -Medications included Coumadin 8 mg at bedtime (used to treat and prevent blood clots). Review of Resident #5's Resident Register revealed an admission date of 6/04/14. Review of Resident #5's record revealed; -A physician's order dated 12/30/15 to change Division of Health Service Regulation

Division of	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED
		HAL053027	8. WING		04/28/2016
		TALUSSUZ!			U-1/ZUZUTU_
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	, ZIP CODE	
	Management of the feet description	11B7 CA	RTHAGE STREET		
ROYAL O	AKS ASSISTED LIVING	SANFOI	RD, NC 27350		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	v (X5)
PREFIX	1010 Line 10 Contract	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
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D 367	Continued From page	e 27	D 367		
		n Monday, Wednesday and			
	Friday, and 4 mg on	1200			
	Saturday and Sunda				
		dated 2/24/16 to change	1		İ
		n Monday, Wednesday and			
	Friday, and 8 mg on				
		y and to repeat INR in 2			
	weeks (due 3/09/16)				
	B 1 7 7 7 1 1	NCI- 1 0040 -1			
		#5's January 2016 electronic			i
	managed — and deposit frames an exception of the encourage	ration Record (eMAR)			
	revealed:	on to become of 18 fordamin in			
		en (a brand of Warfarin in 4 mg_every Monday,			
			i l		i
	Wednesday and Frid				
	-An entry for Jantove				
	2,000 m (state 5 g) (state of the control of the co	Fuesday, Thursday, Saturday			
	and Sunday in the e	3			ii .
		mented as administered as			
		R from 1/01/16 to 1/31/16. ocumented as administered			
		/15 for 8 mg on Monday,	i		
	The first continuous c	day, and 4 mg on Tuesday,			<b>i</b>
	1.5	and Sunday from 1/01/16 to			
	1/31/16.	and Suitely noin from 10 to			Į.
	110 11 10.				i
	Review of Resident	#5's February 2016 eMAR	j		
	revealed:	<i>9</i> 20			
	-An entry for Jantove	en 4 mg was to be			18
	San cariforn of 1915 and married married and mile	Monday, Wednesday and			
	Friday at 8:00 pm.				ļ
	-An entry for Jantove	en 8 mg was to be			
		Tuesday, Thursday, Saturday			
	and Sunday at 8:00				ļ
	1	mented as administered as			
		R from 2/01/16 to 2/29/16.			
	-Jantoven was not d	ocumented as administered			1
	A	/15 for 8 mg on Monday,			
İ	1 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	day, and 4 mg on Tuesday,			
1		and Sunday from 2/01/16 to			1

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DAT	E SURVEY
			A. BUILDING:		CON	PLETED
		HAL053027	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	710 000	0	4/28/2016
ROYALA	AKS ASSISTED LIVING		RTHAGE STREET	, ZIP CODE		
	ANS ASSISTED LIVING		RIHAGE STREET			
(X4) ID	SUMMARY S	STATEMENT OF DESIGNATIONS				
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	2/23/16.		3 00.			ļ
	Davis, Len					
	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.					Ì
ŀ	10:00 pm with the 4	t 1:40 pm and 4/28/16 at				
	-The facility had sho	Iministrator revealed:				
18	a new phone/interner	nged to eMARs 10/2015 with t system at the same time.				
	-She reviewed new	orders and verified they were				
	entered correctly on	the eMAD				
	-She had not noticed	the Coumadin entry was	1			8
	incorrect on the Janu	ary and February 2016				
	MARs.	and recipally 2015				
	Interview on 4/27/16	with the contract pharmacy				
	chiesetitative teves!	<del>e</del> d:				
	The pharmacy enter	ed medication orders into				
17	me ewak system.					
	ine pharmacy system	m showed an order dated				
	12/11/10 for Jantoven	4 mg at hedtime				
	12/30/15 for terms	n showed an order dated				
	v=-vv/13 ioi Jantoven Vednesdav and E∹∃-	8 mg every Monday,	1			
1	uesday, Thursday S	iy, and Jantoven 4 mg every saturday and Sunday.				 
-	The pharmacy system	n showed an order dated				
	JEHI TO TOL Jantoven 2	ma every Monday	1			
j v	vecnesday and Frida	V. and Jantovan 8 mm aven.				
	desday, mursgay, S	aturday and Sunday				
] -	ine January and Feb	ruary order entries looked	1			
10	onection the Pharma	CV Side hull they work and				
ب ا	Unection the eMAR's	ide. "There was a gitteb			1	
	MAR It was not a	es carried over into the				
A	MAR. It was not caug dministrator or staff".	ITT Dy the facility's			1	
-1	he pharmacy had an	IDBOOM by the second				
s	he pharmacy had sw stem when the facilit	/apped to the eMAR y did, so "it had been a	ļ		!	
1 7	aming curve for even	Y VIU. SD IT DOM been n	1		1	

Division of	f Health Service Requ	lation			(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	COMPLETED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER	A. BUILDING:		
		1			
			B. WING		04/28/2016
		HAL053027			
NAME OF PE	OVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	, ZIP CODE	1
		1107 CA	RTHAGE STREET		i
ROYAL OA	KS ASSISTED LIVING		RD, NC 27350		
			1	PROVIDER'S PLAN OF CORRECTION	(×5)
(X4) ID		FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE
				DEFICIENCY)	Ì
			D 367		
D 367	Continued From pag	e 29	0.361		
	-The facility was to d	ouble check orders entered			
		ccuracy and notify the			i i
	pharmacy or physicia		i		
	priarriacy or priyaica	an as necessary.			
	1 100 M	-4.4.60 am with Danidont #5	}		1
1	e menuncaentalilinenda pecas semenen	at 1:50 pm with Resident #5	1 (		
1	revealed:	i on the facility	1		
į.	-He took his medical		1		
		and expected them to be as	1		
	his physician ordere				
İ	And tellinescentialized fragmentation representation and account of	at medications he was	Ì		Î
1	ordered.				1
ļ.	no to to the second of the sec	ent de las especiales sociales sociales de			
	1	at 1:55 pm with a facility's			ļ
1	contracted Pharmac				j
1	-She was in the faci	lity to perform the pharmacy	1 :		1 1
8		ecords. She had started the			
1	other day but had no	ot finished going through her			1
1	notes to complete h	er reviews.	1		
S	-She had not notice	d a discrepancy in the	1		
	Coumadin orders ar	nd the eMAR entries.			
		ent #5's current FL2 dated			
1	4/13/15 revealed me	edications included			
		nily (used to treat enlarged			
	prostate), Metoprok	ol 25 mg twice daily (used to			
		ssure and heart failure), Zoloft	8		ľ
	50 mg daily (used to				
		a 1000 mg twice daily (used to			ļ
1		Pravastatin 20 mg at bedtime			
	(used to reduce cho	plesterol and triglyceride levels			
	in the blood).				
	Review of Resident	#5's record revealed:			
	-Physican's orders	dated 12/24/15 to continue			
1	Finasteride, Metopr	rolol, Zoloft, Keppra and			
	Pravastatin.				
1	-No orders were for	und in Resident #5's record to			
	discontinue Finaste	eride, Metoprolol, Zoloft,			
	Keppra and Pravas				
4			1		1

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROMDER/SUPPLIER/CLIA	(Y2) 14: 11 770: =		, 01	M APPRO
		IDENTIFICATION NUMBER:	(~2) MOLTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
		1	A BUILDING: _		COM	SURVEY
		HAI GERRAT				
NAME OF	ME OF PROMIER OR SURPLICE		B. WING		J	
NAME OF PROVIDER OR SUPPLIER STREE		ADDRESS, CITY, STATI		04	28/2016	
ROYAL O	AKS ASSISTED LIVING	1107 CA	RTHAGE STREET	E. ZIP CODE		
		SAMEO	RD, NC 27350			
(X4) ID	SUMMARY ST		ND, NC 27350			
PREFIX TAG			ID	PROVIDER'S PLAN OF CORRE	020.	
	THE WORLD	LSC IDENTIFYING INFORMATION)	PREFIX			(X5)
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j	÷		D 367			
	2016 eMARs revealed	5's February and March				
1						
	Pravastatio	lol, Zoloft, Keppra and				
1		imented on admit	1 1			
1	ordered from 2/01/16	to 3/31/16.				
- 1	Review of Panishan #	71 A 11 A				
67	4/28/16 revealed:	5's April 2016 eMAR on				
			1		į	
[ ]	Was administered	de 5 mg daily at 8:00 am				
1	a contra tratefact SE U	Marad from 400440	1 1		-	
1,	4/12/16. The last dose	was administered on			1	
	4/12/16 A com. A	stop date was entered as				
,		IIII IOA NOV WAS AND A			1	
	A I I'M INTERPORTOR	N 25 mg bulga dell				
1000	The state of the s	Officiated				
5	from 4/01/16 to 4/12/16	o. The last dose was			1	
v	Was entered on 4/12/7	6 at 7:00 pm. A stop date			1	
] v	was at the entry.	i. A grey discontinued box			ļ	
-,	An entry for Zoloft so -	ng daily at 8:00 am was			ļ	
			[			
	THE REST COSE WAS ACM	inistered on 4/40/40	1			
1 -	A SIOD GOIG W	ac aptend on Allanda.			ļ	
g	rey discontinued box v	Vas at the onto	] ]			
7	THE CHILD TOF KEDDIA 10	Of mo turion daily -4 n on			ŀ	
1	A DIII MAS BO	y twice daily at 8:00	1 - 1			
	om 4/01/16 to 4/12/16					
11.		The last doce was			i	
a	Ultilinistered on 4/19/16	The last dose was			*	
ac	vas entered as 4/12/16	The last dose was				
ac w.	on 4/12/16 on 4/12/16. ras entered as 4/12/16. ras at the entry.	The last dose was 5 at 7:00 pm. A stop date A grey discontinued box			į	
ac w. w.	oministered on 4/12/16 ras entered as 4/12/16 ras at the entry.  An entry for Prayastation	The last dose was at 7:00 pm. A stop date A grey discontinued box				
ac w. w.	oministered on 4/12/16 ras entered as 4/12/16 ras at the entry.  An entry for Pravastatin dministered as ordered	The last dose was at 7:00 pm. A stop date A grey discontinued box				
w. w. -A	oministered on 4/12/16, ras entered as 4/12/16, ras at the entry. An entry for Pravastatin diministered as ordered 17:00 pm. The last dos	The last dose was at 7:00 pm. A stop date A grey discontinued box 20 mg at bedtime was from 4/01/16 to 4/12/16				
ac w. w. -A ac at	drivinstered on 4/12/16. as entered as 4/12/16. as at the entry. An entry for Pravastatin drivinstered as ordered 7:00 pm. The last dos 1/2/16 at 7:00 pm. A str.	The last dose was at 7:00 pm. A stop date A grey discontinued box 120 mg at bedtime was from 4/01/16 to 4/12/16 e was administered on				
ac w. w. -A ac at	drivinstered on 4/12/16. as entered as 4/12/16. as at the entry. An entry for Pravastatin drivinstered as ordered 7:00 pm. The last dos 1/2/16 at 7:00 pm. A str.	The last dose was at 7:00 pm. A stop date A grey discontinued box 120 mg at bedtime was from 4/01/16 to 4/12/16 e was administered on				
ac w. w: -A ac at 4/	oministered on 4/12/16. vas entered as 4/12/16. vas at the entry. An entry for Pravastatin dministered as ordered in 7:00 pm. The last dos. 12/16 at 7:00 pm. A sto 12/16. A grey discontin	The last dose was at 7:00 pm. A stop date A grey discontinued box at 20 mg at bedtime was from 4/01/16 to 4/12/16 e was administered on the cop date was entered as sued box was at the entry.				
ac w. -A ac at 4/	drivinstered on 4/12/16, as entered as 4/12/16, as at the entry. An entry for Pravastatin drivinstered as ordered at 7:00 pm. The last doside 12/16 at 7:00 pm. A storage of 12/16. A grey discontinuity on 4/28/16 at 9	The last dose was at 7:00 pm. A stop date A grey discontinued box at 20 mg at bedtime was from 4/01/16 to 4/12/16 e was administered on op date was entered as nued box was at the entry.				
ac w. -A ac at 4/-	doministered on 4/12/16. Tas entered as 4/12/16. Tas at the entry. An entry for Pravastatin diministered as ordered at 7:00 pm. The last doside 12/16 at 7:00 pm. A storage of 12/16. A grey discontinuation on 4/28/16 at 9 th the Administrator research as entered as 4/12/16 at 9 th the Administrator research as 4/12/16 at 9 th the Administrator research as 4/12/16 at 9	The last dose was at 7:00 pm. A stop date A grey discontinued box 20 mg at bedtime was from 4/01/16 to 4/12/16 e was administered on op date was entered as nued box was at the entry.				
ac w. -A ac at 4/ 4/ Int	drivinstered on 4/12/16, as entered as 4/12/16, as at the entry. An entry for Pravastatin drivinstered as ordered at 7:00 pm. The last doside 12/16 at 7:00 pm. A storage of 12/16. A grey discontinuity on 4/28/16 at 9	The last dose was at 7:00 pm. A stop date A grey discontinued box 20 mg at bedtime was from 4/01/16 to 4/12/16 e was administered on op date was entered as nued box was at the entry.				

ATCHENT O	Health Service Req	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	NSTRUCTION -	. COMP	LETED
ID PLAN OF	CORRECTION	IDENTIFICATION NUMBERS	A BUILDING.		Ì	
		02 00000000000000000000000000000000000	g. WING		04	28/2016
		HAL053027				
	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
AME OF PRO	DADEN OK 301, CC.		RTHAGE STREET			
OYAL OA	KS ASSISTED LIVING	SANFO	RD, NC 27350		r coppection	(X5)
		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O (EACH CORRECTIVE AC	TION SHOULD BE	COMPLETE
(X4) ID		NOV MIST BE PRECEDED BY TOLL	PREFIX TAG	CROSS-REFERENCED TO	) [HE APPROFICIO	\ \
PREFIX TAG	REGULATORY C	OR LSC IDENTIFYING INFORMATION)	1	DEFICIE	NG17	
			5 567			
D 367	Continued From pa	age 31	D 367			
0.307	Contamade	the MAR" on	1			
	Keppra and Prava	statin) that "fell off the MAR" on	i i			
		not on the current eMAR as of	1 1			ł
	4/28/16.	pharmacy to contact the	<b>\</b>			1
	-She expected the	lication needed a renewal order.				
	physician ii a med	on the eMAR that a medication	1			
	- A prompt shower	ewed or discontinued anytime				
	ILL moidents all	IAR file was opened.				Į.
	Cines the Einset	eride Metoprolol, Zolott, Neppis	1			
	and Drayastatin V	vere "maintenance medications		10		
	the recident had	been taking them for a long	l l			11
	time) and the me	dications were on-nand, sile				i
	expected that the	ey were to continue to be				
	administered to	Resident #5.	30			Į
	15 = madication	order expired, the MA should				
	notify the superv	isor of Administrator to tollow-up	ŝ			
	with the physicia	in or the pharmacy.				
		8/16 at 9:45 am with a MA	I			
		6/ 16 at 5:45 att Will a				l,
	revealed:	ation order "runs out, we receive a				1
	-vynen a medica	npt that the 'medication is in	Į.			
	nothication prom	eMAR) for about one week". After	e e			
ł	review (on the	prompt disappeared.	ļ			
	The MA choule	notify the supervisor or contact				1
1	the physician o	r pharmacy to get the medication				l i
	re-ordered.					
1	-She had not n	otified her supervisor, the	_			
1	physician or the	e pharmacy that medication order	•			1
1	were needed.					ì
1		2040 - 40.20 am with the facility	's			
1	Interview on 4/	28/16 at 10:30 am with the facility				1
1	contract pharm	nacy representative revealed:				1
1	-Entries for Fir	nasteride, Metoprolol, Zoloft, ravastatin were in the pharmacy		1		
	Keppra, and P	t on the eMAR as their order date	1			
1	had expired or	A/12/16	1			ļ
1	had expired of	11-4-12-10				ļ
1	]	1/28/16 at 11:05 am with a second	i	1		
- 1	I was remarked the form	MANAGE TO SALL WITH & SCOOL	80			1

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING\_ HAL053027 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **ROYAL OAKS ASSISTED LIVING** SANFORD, NC 27350 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 367 Continued From page 32 D 367 -The Administrator and a MA Supervisor reviewed new orders and compared them to the eMARs when the orders were received. -If a medication "fell of the eMAR, but I noticed no discontinued order, then I gave the meds", Resident #5's Metoprolol, Zoloft, Keppra, and Finasteride. "Pravastatin is a bedtime medication. so I was not here for that medication". These were maintenance medications for Resident #5. -MA's were to notify the supervisor to check with the pharmacy or physician about eMAR medication prompts. -She had not contacted the physician or the pharmacy regarding the medications not being on the eMAR. Interview on 4/28/16 at 3:40 pm with Resident #5's physician's office representative revealed: -The office records show that at the 3/14/16 visit. Resident #5 was still on Finasteride, Keppra, Metoproloi, Zoloft and Pravastatin. B. Review of Resident #1's current FL 2 dated 4/06/16 revealed: -Diagnoses included aftered mental status secondary to acute renal failure, dementia, ischemic cardiomyopathy, chronic atrial fibrillation, gastric esophageal reflux disease (GERD), diabetes, and hypertension. 1. Review of Resident #1's record revealed: -A physician's order dated 2/22/16 for Pyridium 100 mg every 8 hours for 3 days (an analgesic for symptoms caused by Urinary Tract Infections). Review of Resident #1's February 2016 eMAR -An entry for Pyridium 100 mg every 8 hours for 3 days and scheduled to be administered at 7:00 am, 3:00 pm and 11:00 pm. It had an origination

Division of	Health Service Regu	lation	(XZ) MULTIPLE CO	Metriction	(X3) DATE	SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	The state of the s		COME	PLETED
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		ļ	
		l l			0.4	/28/2016
		HAL053027	B. WING			ALO: LO
		STREET	ADDRESS, CITY, STATE	, ZIP CODE		ļ
NAME OF PE	ROMOER OR SUPPLIER		RTHAGE STREET			
POYAL OF	AKS ASSISTED LIVING		RD, NC 27350			
NO IAL O				PROVIDER'S PLAN O	F CORRECTION	(X5)
(X4) ID PREFIX TAG	JEACH DESIGIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACCROSS-REFERENCED TO DEFICIE	OTHE APPROPRIATE	COMPLETE DATE
D 367	Continued From page	ge 33	D 367			
J 30.						
ľ	date of 2/22/16 and	a stop date of 3/07/16.				
	-Pyridum 100 mg w	8 hours for 8 days starting on				
	2/22/16 at 3:00 pm.	The last dose was				
	donumented as add	ministered at 2/29/16 at 11:00				ļ
	pm.					
	pin.		1			)
1	Review of Residen	t#1's March 2016 eMAR				
	revealed:					
	-An entry for Pyridi	um 100 mg every 8 hours for 3				
T.	days and schedule	d to be administered at 7:00	ļ			
	am, 3:00 pm and 1	1:00 pm. It had an origination	ļ			
1	date of 2/22/16 and	d a stop date of 3/07/16. There				
	was a grey discont	tinued box on the entry.				
	Pyridium 100 mg	was documented as				
	administered ever	y 8 hours for 15 days starting am. The last dose was				
	decumented as ac	Iministered at 3/15/16 at 3:00	1			ı
	om There were h	andwritten circles around the				
	printed intials from	3/8/16 at 7:00 am to 3/15/16 at	ļ.			
	3:00 pm.		Į.			4
	-There were no er	tries at the "exception" area on	1			Ì
	the eMAR for why	the Pyridium administration				
1	entries were circle	d, or for what reason.				
1		nt #5's medications on hand on				
1	Review of Reside	nt #5's medications on hand on rt on 4/27/16 revealed no	8			
	Pyridum was ava	lable to be administered.				
-	1 1100111 1100 010			9		
6	Interview on 4/27	/16 at 3:30 pm with the facility's				
	contract pharmac	y representative revealed:				İ
8	-The contract pha	armacy staff entered orders into				Ï
	the eMAR.					
1	-The physician's	order for Pyridium 100 mg every				i i
1	8 hours for 3 day	s was "received and filled				Ì
	2/22/16 with 18,	50 mg tablets. This would be 6				
	tablets per day fo	or 3 days."				
Ì	-She would "ente	er an end date of 4 days in case	ľ			]
1	the facility did no	t start the medication right away.	·			
ŀ	but not everyone	entered the orders this way"		1		

STATEMEN	of Health Service Rec	(X1) PROVIDER/SUPPLIER/CLIA	(V3) 11:			RM APPRO
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL053027	B. WING			
AME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE		0	4/28/2016
OYAL O	AKS ASSISTED LIVING	1107 CA	RTHAGE STREET	E. ZIP CODE		
	THE MESTER LIVING		D, NC 27350			
(X4) ID	SUMMARY S	TATEMENT OF DESICIENCIES				
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROMDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 367	Continued From pag	ge 34	D 367			<del>-</del>
	-The facility's Medica	ation Aides (MAs) "could hit	1 1000			
-	and when the Pynd	ium ran out so the	1			
[	administration notice	s for Pyridium would be				
ļ	stopped on the eMAI	R.				
	-If the Pyridium order	Was started on 2/22/16 at	1			i
	3.00 pm, the last dos	ie should have been 2/28/16				
1	at 7:00 am. The facility staff would be out of		1			
	medication.					
1	-The pharmacy had r	no refill orders or requests for				ĺ
	Pyridium in their syst	em.				
	Interviews 4/27/16 at 1:40 pm and 4/28/16 at					
1	10:00 am with the Administrator revealed:					1
1	<ul> <li>The facility had chan</li> </ul>	iged to eMARs 10/2015 with				
	a new phone/internet	System at the same time	1			
- 1	-She reviewed new or	rders and verified they were				
	entered correctly on t	he eMAR.				
	-She had not noticed	the Pyridium order for				
	Resident #1 continue	d on the March 2016 eMAR				
	No staff had notified t	ner that there was no				
****	medication available.					
	-The eMAR copies pr	inted for Resident #1				
	showed Pyridium was	documented as				
	auministered after the	stop date. "I knew this was				
	nut possible since we	did not have the medication				
	initialed actrice "	I had my staff circle the				
l i	inidated entries. It was the eMAR."	s not possible to correct it on				
		be more attentive to what				
1	they were documenting	ig.				
1	Interview on 4/28/16 a	at 11:05 am with a MA				
1	revealed:		1			
-	The Administrator and	d a MA Supervisor reviewed	]			
1	new orders and compa	ared them to the eMARs				
1	when the orders were	received.			14	
1	nterview on 4/28/16 a	t 2:30 pm with Resident				
7	F1's family member re	vealed they expected the				
f	acility to administer m	edications as ordered by	i i			

AND PLAN	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			FO	ED: 05/17/2 RM APPRO
		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		
		D0000784-	A. BUILDING:		(X3) DATE	SURVEY
		}	J		) COM	PLETED
NAME OF PROVIDER OR SUPPLIER		HAL053027	B. WING		1	
				04	28/2016	
			DORESS, CITY, STATE	E. ZIP CODE		
COYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
/VAN IO		SANFOR	D. NC 27350			
(X4) IO PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID.	DROMOCOO C		
1AG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTION SHOULD CORRECTIVE ACTION SHOULD CORRECTIVE ACTION SHOULD CORRECTIVE ACTION SHOULD CORRECTIVE ACTION SHOULD CORRECTIVE ACTION SHOULD CORRECTIVE ACTION SHOULD CORRECTIVE ACTION SHOULD CORRECT	N	(X5)
2 9-0		THO IN ORMATION	TAG	CROSS-REFERENCED TO THE APPROP	D BE PRIATE	COMPLETE
D 367	Continued From page			DEFICIENCY		CALLE
	8	35	D 367			
	the physician.					
ĺ						
1	Based on observation	is, record review and				
I	merviews with staff, f	amily and the resident it	1			
į	was determined that I	Resident #1 was not				
9	interviewable.					
1	Interview on 4/28/16 v	vith Resident #1's physician			1	
1	was not available.	. ,				
İ						
	2 Review of Resident	#1's current FL 2 dated				
1	4/25/16 revealed med	ications included Nexium	1 (			
Į	40 mg daily (an acid b	locker).			1	
1					i	
	Review of Resident #1	's record revealed:				
	-A previous FL 2 dated	4/06/16 with the same				
1	medications and dose	s ordered on the current FL				
	2 date 4/25/16	# A			ĺ	
18	-A physician's order da	ated 1/14/16 for Nexium 40			1	
	mg twice daily for two	weeks, then daily.				
	-A priysician's order da Nexium	sted 3/21/16 to discontinue			Ì	
1	readil.		1			
	Review of Resident #1	's January 2016 electronic				
	Medication Administra	tion Pagerd (cMAD)				
	revealed:	MON RECOID (BIVIAR)				
100	-An entry for Esomepr.	azole (Nexium) 40 mg			İ	
1	twice daily for 2 weeks	with an origination date of				
	1/15/16 and a stop dat	e of 1/29/16 and scheduled				
	for administration at 8:	00 am and 7:00 pm.				
	Documentation of adm	inistration on 1/23/16 at			1	
1	the 8:00 am and 7:00 p	om, and handwritten initials			ì	
1.0	documented as admin	istered for 8:00 am and				
	7:00 pm from 1/16/16 :	to 1/22/16 and from	1		1	
1	1/24/16 to 1/29/16.				1	
	-An entry for Nexium 4	0 mg daily at 8:00 am with				
1.6	an origination date of 1	/15/16 and a stop date of			ļ	
;	3/21/16. Documentatio	n of administration on			Î	
1.	1/16/16 to 1/31/16 at 8	:00 am.				
	Documentation was the	nat Resident #1 received	1 1		1	

ANDER	n of Health Service Re	(X1) PROJECT	<u> </u>		/ INNY )	ED: 05/17
- vin PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) sau		FO	RM APPR
		IDENTIFICATION NUMBER	AND MENTILISFE	CONSTRUCTION		<u></u> x
		1	A. BUILDING		(X3) DAT	E SURVEY
1			1		COM	PLETED
		HAL053027	B. WING			
NAME OF	PROVIDER OR SUPPLIER		D. 111/1/G		Į.	
		STREET	ADDRESS, CITY, STAT		04	/28/2016
MOYAL (	DAKS ASSISTED LIVING	1107.0-	TOTAL SS. CITY, STAT	E. ZIP CODE		MOLEO 10
			RTHAGE STREET	*		
(X4) ID	SUMMARY	SANFOR	ED, NC 27350			
PREFIX	(EACH DEFICIENC	TOTAL OF DEFICIENCIES				
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR	Dear	
		THIS INFORMATION)	TAG	(EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE	RECTION	(X5)
D 367	0		1 ,00		PROCEETTE PROCEETTE	COMPLE
0 307	Continued From page	∍ 36	+	DEFICIENCY)	WALKINE	DATE
			D 367			
i	1/40/10 40 mg twice	daily, and 40 mg daily from			33	
l	1/16/16 to 1/29/16 for	garry, and 40 mg daily from a total of three 40 mg				
31	doses of Nexium daily	, and the 40 mg				
1						1
-	Review of Regidens #	0				
1	2016 eMARs revealed	1's March 2016 and April				
1	Navior to	·	1		ĺ	
l,	mexican 40 mg was do	cumented as administered			ľ	
1	and discontinued and	cumented as administered as ordered from 3/01/16 to	1		1	
ĺ	4/27/16.	5.50,66 1/0/11 3/01/16 to			1	
					1	
11	Review of Danisland		1 1			
	education (resident #1	's medications on hand for			į	
					1	
			1		j	
	nere were no "house :	supply" Nexium observed.			j	
		They recklud observed.				
11	nterview on 4/27/16 at	1:40 pm and 4/28/16 at	1		1	
					İ	
-	The facility had used -	motifactor revealed:				
	The facility had used e	MARS since 10/2015.				
1000	askennest to a	Down phase	1			
	THE WILL SALICIDING	117100 door			i i	
-"	If I have a medication i	D dead, at			1	
fre	equently used model	in stock that is a			İ	
or	Omenrazolo Abarr	in stock that is a ion like Nexium, Protonix	1			
be	efore it is stocked by	will start that medication	1			
			1			
100	e medication."	else if we needed to start			1	
			6			
-0	he approved new orde	rs and verified the	ž.			
	and a supplied the Ou	der correctly on the				
erv	MAR.	7	j		1	
		<b>1</b>				
Inte	erview on 4/27/16 2	:30	1		ļ	
COL	ntracted pherman	:30 pm with the facility's	1			
	revealed:	resentative for Resident				
					ĺ	i
	order 1/15/16 for Nex	ium 40 mg twice daily				88
			1		İ	
			1			
tabl	ets for 2 weeks. The N	10 WITH 28	1			- 1
1 4	e was filled on 1/29/16	Exicin 40 mg daily		¥.	1	1
	rvice Regulation					

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		TE SURVEY
			A. BUILDING.		} (0)	MPLETED
		HAL053027	B. WNG	A	1 .	A(28/2048
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		4/28/2016
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
		SANFO	RD, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	≘ 37	D 367			
	-The delay in filling th	e medication was possibly				4
	Based on observation interviews, it was determined the was not interviewable	ns, record review and sermined that Resident #1				
	was unavailable.  C. Review of Resider  1/14/16 revealed diag	with Resident #1's physician at #3's current FL2 dated phoses included vitamin B12				
	syndrome, delirium se	depression, chronic pain econdary to polypharmacy, fsorder, history of stroke and				
	Review of Resident #	3's Resident Register	.,			ļ
	revealed that Resider	ot #3 was admitted 12/30/14.				ı
	no order for cyanocot -A physician's order d cyanocobalamin 1000 intramuscularly (IM) e then once a month (a	1/14/16 revealed there was palamin 1000mcg/ml, lated 12/24/15				
	anemia and other cor- -A letter from the cont 2/11/16 the listed 5 m clarification which inci 1000mcg/ml. The lette physician's signature	ditions.) racted pharmacist dated edications that required luded cyanocobalamin er was stamped with a and "D/C" (discontinue) was				
	included cyanocobala month.  -A physician order dal	n orders dated 2/11/16 that min 1000mcg/mt IM every				

WZB311

AND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA	(X2) Mill Tible of	CONSTRUCTION	FORM APPR
· ····································	OF COMMECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY
					COMPLETED
		HAL053027	HAL053027 B. WING		
NAME OF P	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	- 710 CODE	04/28/2016
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET		
		SANFOR	ID, NC 27350		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCES	ID I	PRO CONTROLL CONTROL	
TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPI
D 367	Continued From pag	ye 38	D 367		<u></u>
	month.		3 33,		
i	Opulari afab I	- W			
j	Review of the Janua	ry 2016 Electronic ration Record (eMAR)			
	revealed;	ration record (eMAR)			
-A computer gener 1000mcg/ml give to doses then once a	-A computer generat	ed entry for cyanocobalamin			
	moning/ini give 1m	M 8Very Sunday for 4			
	administered with he	nonth and documented as and written initials at 8:00 am			
	On 1/04, 1/17, 1/18 at	nd 1/25/16			
- 1	-Computer generated	finitials with a circle on	1 1		
1	1/23/16 With an excel	ption documented as			
-	"withheld per MD/RN	orders".			
	Review of the Februa	ry 2016 eMAR revealed a			
	computer generated (	entry for cyanocohalamin			
	iooomog/mi give imi	intramuscularly overy			
1.	am and documented:	nen once a month at 8:00 as administered 2/01-2/17			
	and discontinued 2/17	7/16.			
	Review of the March	2016 eMAR revealed:			
1 .	<ul> <li>A computer generate</li> </ul>	d entry for evanocobalomic			
	i ocomeg/mi inject cor	ntents of 1 vial once			
1	monthly at 8:00 am ar	nd documented as			ĺ
l i	nand written circles ar	nputer generated initials and round all of the initials which			
1 1	nciuded 3/03-3/10_3/	12-3/14 and 3/16 3/24			
-	On 3/15/16 there was	Computer generated	ĺ		
-	There was no docum	t a circle around them. entation which explained			
ti	he circled initials.	original musical explained			1
F	Review of the April 20	16 eMAP rougels ≠			- Telephone (An
-1	A computer generated	entry for cyanocobalamic			Í
1 +	uuumcg/mi inject con	tents of 1 vial once			
מ	nonthly at 8:00 am and	d documented as			
a fr	oministered with compound on 4/01 through 4/27	puter generated initials			
(	On 4/09/16 the compu	rter generated initials were			
of Heelth	Service Regulation	Same and all Male			-

\*

Division	of Health Service Regu	ulation			1 01	NIN AFFROVE
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DAT	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	(b) 90,0100, 100,000.00		PLETED
		HAL053027	H. WING		04	1/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
			RTHAGE STREET			
ROYAL O	AKS ASSISTED LIVING	#	D, NC 27350			
(X4) ID		ATEMENT OF DEFICIENCIES	OI.	PROVIDER'S PLAN OF CO	PRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION		COMPLETE
,,,,,			TAG	CROSS-REFERENCED TO THE DEFICIENCY)		DATE
D 367	Continued From page	∋ 39	D 367			
						Ì
	"withheld per MD/RN	otion was documented as				
	wanted per april	orders .				
	Interview with Reside	ent #3 during the initial tour				
	on 4/27/16 at 9:58 an	n revealed:				i i
		received her Vitamin B12				
	injection (cyanocobal					
		en given monthly injection of				
	cyanocobalamin for y	en the cyanocobalamin				
		y for the first several months	i i			0
	after admission.	, to the man several months				1
	-Resident #3 asked a	bout the injections on two				
		nd never received any				
	answers or the injecti	on.				
	A second interview w	ith Resident #3 on 4/28/16 at				
	3:00 pm revealed:	711 (1001d0/1/ #0 01/ -1/20/ 10 dr				
		ne cyanocobalamin injections				
		over time they got later and				
	later in the month.					
		was showing up on her bill				120
		ministered for at least two				12
	months.	e health administer her				
	injection.	e neam agramster ner				Ï
	-The Administrator m	ay have administered her				
	injection but typically	it was administered by the				
	old Resident Care Co	pordinator.				6
	Intensions with the sh	armacist from the contracted				
		at 1:58 pm revealed:				f
		ff go in the computer to				1
	E	set up the day of the month	9.5			
	and time they want to	administer the medication.				
		a technician out to train the				
	facility staff on two se					
		and order entry verification				
	was a part of this trai	_				
	<ul> <li>-one would expect th</li> </ul>	at the facility go in and	1			1

Division of Health Service Regulation

AND PLAN	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			FO	RM APPRO
	- COUNTED TON	IDENTIFICATION NUMBER	(X2) MULTIPLE	CONSTRUCTION	<del></del>	
		1	A. BUILDING:		(X3) DAT	ESURVEY
		1	_		COM	PLETED
		HAL053027	B. WING		J.	
NAME OF F	PROVIDER OR SUPPLIER					
		STREET	ADDRESS, CITY, STAT	F 7IP COOF	04	/28/2016
ROYAL O	AKS ASSISTED LIVING	1107 CA	RTHAGE STREET	·		
			RD, NC 27350			
(X4) ID PREFIX	SUMMARYS	ATEMENT AC ALC.	ED, NC 27350			
TAG			ID I	PROVIDER'S PLAN OF CORRECT		,
	WESOCHIOK! ON	LSC IDENTIFYING INFORMATION)	PREFIX TAG			(XS)
		<u> </u>	IAG	THE APPR	OPRIATE	COMPLE
D 367	Continued From pag	e 40		DEFICIENCY		J.,,,_
			D 367			
	select time and date	the medication should be	1			
	a A as a half of the	POTO Verification				
İ	The authorized filler it.	IE IZCURV chaff manulation in				1
1	i manufacture in order control in	HOT KNOW OF FORM				ĺ
	TO OLUCE BUILD	IV BOO DESCRIPTION	1			
la la	-She expected that fa	cility construction in	1 1			
1.00	THE PROPERTY OF THE PROPERTY O	to change the time and			9	
	date of a medication.	and the title and				
	Interview with a Medic	cation Aide on 4/28/16 at			ļ	
	4:08 pm revealed:				Í	
-	She did not know why	V she signed			t	
	yanocobalamin renes	atedly but stated, "I probably	1			
l j	ust did not notice".	Today but stated, I probably	1			
-	She knew not to give	IM injections	1 1		l <sub>o</sub>	
-	She notify the adminis	strator (who is also a nurse)	1 (		!	
ļ	on the 15th of the mon	th that an IM injection was				
					1	
-	She was now respons	ible for charking 4				
1 7	AND OF THE BUILDING	trom month to	[ ]			
	A A A A A A A A A A A A A A A A A A A	Vot to De-	1			
	A ALI MINISTER OF CHENCE AND	A BCCIIII	į.		1	
100.000	mone to mone b	ut she left the facility			ļ e	
1,000	A COMPANIES OF THE PARTY		1			
-1	was now her respons	sibility to check the eMARs				
	The standard of the standard o	B IO Month and did - :				
			1		-	
	יייי יעי יייס וווטוונווער מאיז יעי ייי	t fills with the eMARs on				
		1	1		ļ	
- f	the pharmacy sent so	mething that was				
· Mis	world she would	send it back to the	1			
Pil	armacy.		4		1	
-Ti	here would be no way	to know if there was an	Į,		İ	
10.70	" DIE IECDIO INSI I	ne charme	1		ļ	
100	SELVER SUCH IT MOUNT NO.	the contact u			i	
7.0	A ADMINISTRATION HOW	IO Chango deta le u				
	CBII IDE	pharmacy if a change			1	
	o radanes.				27	
	e did not call the phar	1	I .		1	

WD PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	/V21.500	C Cristian
		IDENTIFICATION NUMBER:	A BUILDING			E SURVEY IPLETED
		HAL053027	B. WING			
AME OF P	ROMDER OR SUPPLIER				0	1/28/2016
			DDRESS, CITY, STATE	ZIP CODE		
OYAL O	AKS ASSISTED LIVIN		RTHAGE STREET RD, NC 27350			
(X4) ID	SUMMARY	STATEMENT OF DESICIENCIES	ID :	DOM PETER TO THE TOTAL THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH		<u> </u>
PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPL DATE
D 367	Continued From pa	age 41	D 367			
	cyanocobalamin inj	ections.				
	Interview with a sec	cond Medication Aide on				1
	4/28/16 at 4:47 pm	revealed:				1
	She knew not to gi	ive IM injections and had not				
	administered Resident #3 cyanocobalaminShe would notify the Administrator if it came up					
	on the eMAR.	ne Administrator if it came up				
-The		called and notified the				i E
	pharmacy that the i	njection was scheduled for				
	everyday and reque	ested they change it.				
	Interview with the A 3:15 pm revealed:	dministrator on 4/27/16 at				
	-She was not aware	the cyanocobalamin was				
	scheduled daily on	the eMAR.				
	-Her staff would not	ify her when injections were	1			
1	Che did size Desire	administer the injections.				
	injections but did no	ent #3 cyanocobalamin				ļ
	was administered.	ot know when the last injection				:
		aff sign out that the injection				İ
	was administered a	fter she administered the				İ
	injections.					
	Interview with a Nur	se from Resident #3's				
1	physician office on 4	4/27/16 at 9:47 am revealed:				
ł	administered once	in 1000mcg/ml was to be a month and it was one				ļ
	Resident #3's admir	ssion paperwork dated				Ì
	12/30/14 with a refil	dated 5/07/15				
	-The refill dated in C	December 2015 was written at				
	the facility during on	e of the physician's visits.				
	-The cyanocobalam	in had never been				
- 1	discontinued.		]			
	-They expected that	Resident #2 was being				Ĭ
	administered cyanor	cobalamin monthly.				ì
	<ul> <li>I here was no home</li> <li>#2's record at the of</li> </ul>	e health order in Resident				
1	me a record at the of	TICE,	1			1

AND PLAN	NT OF DEFICIENCIES LOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) 11 11 71 71 71 71 71 71 71 71 71 71 71			RM APPRO
	- DOMECHON	IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
			A. BUILDING: _		COA	PLETED PLETED
<u> </u>		HAI GEZONY	1		1	
MALIF OF		HAL053027	B. WING		336031	
HANG OF F	PROVIDER OR SUPPLIER	STREET 4	ADDRESS, CITY, STAT			W28/2016
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET			
85950			RIMAGE STREET			
(X4) ID	SUMMARY ST	TATEMENT OF DESIGNATION	D, NC 27350			
PREFIX TAG			ID.	PROVIDER'S PLAN OF CORP	ECTION	
	NEGOCKTORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	APPER CURRECTIVE ACTION O	1401 0 0 00	COMPLE
				CROSS-REFERENCED TO THE AP DEFICIENCY)	PROPRIATE	DATE
D 367	Continued From page	e 42	0.367			
	00 000		D 367			
	6/11/15 revealed diag	nt #6's current FL2 dated				ĺ
	hypertension garage	invses included				
	diabetes mellitus, hyp	lized muscle weakness,				
Ì	cerebrovascular accid	tent				89
l		TOTAL				
}	Review of Resident #	6's Resident Register				İ
	revealed that Residen	os Resident Register ot #6 was admitted 7/30/08.				
		it was admitted 7/30/08.				
l	Review of Resident #6	S's record				
- 1	-A physician's order da	ated 12/04/15 to obtain				į
i	Resident #6's finder st	tick blood sugar (FSBS)				į
	once a week.	uck plood sugar (FSBS)	] [			
		an order dated 2/11/16 for				
	FSBS once a week.	an order dated 2/11/16 for				
1	Observation of medica	ition pass on 4/28/16 at				
	. De aim revealed an e	ectronic Medication				
11	Auministration Record	(eMAR) entry promotion				
1	the MA to obtain a FSE	BS on Resident #6.				
	interview with MA on 4	/28/16 at 7:33 am revealed				
1.2	in was not sure but he	Molight that the Ecoc			ĺ	
j *	was obtained by third s	hift and he seeded to			ļ	
9	heck with his Supervis	sor.				
) ii	nterview with Outside of	Control Alde John Co				
4	nterview with Quality C 1/28/16 at 7:35 am reve	PORIOR AIDE (QCA) On	1			
-	The MAs obtained Res	saleu: sident #8's FSDC				
1.00	HURIUBY S ONLY.				1	
-\$	She selected the excer	otion "withheld per MD/RN	9		1	
0	rders" because the ord	der was for once a week				
Į Ų	uy.	To A standard and a s				
-8	She knew the FSBS wa	as obtained on Mondays			j	
	) pergrae 2116 USG M	Ofked there for two years				
- QX	ing the order was chang	ged to once a week			4	
24	averai months ago.				1	
-9	she expected other sta	ff would either know that		¥)	j	
th	a Logo should be take	en on Monday or thou			İ	
	ould ask when they sho					

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_\_\_ COMPLETED HAL053027 B. WING 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ROYAL OAKS ASSISTED LIVING 1107 CARTHAGE STREET SANFORD, NC 27350 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 10 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 367 Continued From page 43 D 367 Review of the January 2016 eMAR revealed: -An entry to check FSBS once a week at 8:00 -Resident #6's FSBS was obtained 19 times out of the 4 days it was to be obtained. -Examples include a FSBS of 112 on 1/02, FSBS of 142 on 1/04, FSBS of 116 on 1/07, FSBS of 114 on 1/10, FSBS of 119 on 1/14, FSBS 118 on 1/16, FSBS of 102 on 1/21 and FSBS of 118 on 1/26/16. Review of the February 2016 eMAR revealed: -An entry to check FSBS once a week at 8:00 am. -Resident #6's FSBS was obtained 9 times out of the 4 days it was to be obtained. -Examples include a FSBS of 229 on 2/03, FSBS of 199 on 2/09, FSBS of 128 on 2/12, FSBS of 134 on 2/20 and FSBS of 225 on 2/27/16. Review of the March 2016 eMAR revealed: -An entry to check FSBS once a week at 8:00 -Resident #6's FSBS was obtained 16 times out of the 4 days it was to be obtained. -Examples include a FSBS of 294 on 3/01, FSBS of 205 on 3/06, FSBS of 228 on 3/07, FSBS of 198 on 3/10, FSBS of 198 on 3/11, FSBS of 182 on 3/23, FSBS of 221 on 3/24, FSBS of 158 on 3/25 and FSBS of 156 on 3/26/16. Review of the April 1-27, 2016 eMAR revealed: -An entry to check FSBS once a week at 8:00 -Resident #6's FSBS was obtained 11 times out of the 4 days it was to be obtained. -Examples include a FSBS of 146 on 4/02, FSBS of 112 on 4/03, FSBS of 189 on 4/07, FSBS of 172 on 4/08, FSBS of 213 on 4/11. FSBS of 178

Division of Health Service Regulation

WZB311

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE ( A BUILDING:	CONSTRUCTION	(X3) ĐA	RM APPROV	
-		HAL053027	B. WING	B. WING			
NAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	70 Cons	0	1/28/2016	
ROYAL O	AKS ASSISTED LIVING		RTHAGE STREET	=, 21P COOE			
		SANFOR	ID, NC 27350				
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DESICIENCIES	ID .	20011			
TAG	ACCOUNTOR! OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE Æ APPROPRIATE	(XS) COMPLETI DATE	
D 367	Continued From pag	ge 44	D 367		<u></u>		
	on 4/12, FSBS of 18 on 4/18.	82 on 4/17 and FSBS of 367					
	revealed:	on 4/28/16 at 4:16 pm					
1	-She knew that Resid	dent #6's FSBS were taken					
	only once a week.						
1	frequency be change	rmacy and requested the					
ł	according to the order	er, but did not know when.					
ļ	-one did not tollow ni	p with pharmacy to have the					
ļ	entry changed.						
	why it was not chang	the new order and that was				1	
	-She knew that the F	ed in the eMAR. SBS was taken on Mondays.	2			1	
	-it was ner responsible	lity to check the AMAD. for				1	
1	accuracy from month	to month and did so by	1				
į.	comparing the medical	ations that the pharmacy	1				
1	sent for the monthly o the computer.	eart fills with the eMARs on					
	CASSIGO:	nd MA on 4/28/16 at 4:45 pm					
	She would initial the	entry and pick the exception					
	once a week.	orders" because it says					
	Resident #6 on Monda	FSBS was obtained for ays.					
	entry be changed her	pharmacy to request the ause she overlooked it.	1				
1.5	one did not know how	v to change the entries in					
1.5	ne computer.				1		
	one expected that an have called and reque	y one of the MAs should sted the entry be changed.					
1	nterview with the phar	macist from the contracted					
1 1	main racy on 4/28/16 a	at 2:00 pm revealed					
-	vinen the facility staff	go in the computer to					
įV	enty orders they can:	set up the day of the week					
<u> </u>	ney want to take the F Service Regulation	\$B\$.			į.		

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA	(X2) MULTIPL	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		1101.05005-	B WAND		
		HAL053027	B. WNG		04/28/2016
NAME OF P	ROMDER OR SUPPLIER	STREET A	DORESS, CITY, ST.	ATE, ZIP CODE	
ROYAL O	AKS ASSISTED LIVING	1107 CA	RTHAGE STREE	e <b>T</b>	
		SANFOR	D, NC 27350		
(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 PLAY OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
D 367	Continued From page	45	D 367		
	-The pharmacy sent a	a technician out to train the			
	facility staff on two se		ļ		
		and order entry verification	1		) i
	was a part of this train				
		at the facility go in and			
		f the week the FSBS should of the entry verification			
	process	of the entry vernication			į
		e facility staff would call the			
		not know or remember how			
		ry and pharmacy staff could			
	teach them over the				1
		cility staff would call and			
	date of entry.	to change the time and			<b>,</b>
	Interview with the Adr	ministrator on 4/27/16 at			Ĩ
	3:20 pm revealed:				
		he FSBS were scheduled			
	daily on the eMAR	sident Care Coordinator			ī. Ī
		from one month to another			
		out the RCC was no longer	1		
	employed at the facili				
	-The eMAR was new	to the facility as of October			
	2015 and the facility that were not anticipa	staff were having problems ited.			
	Interview with Reside	ent #6 on 4/28/16 at 4:30 pm			
	TO SERVICE STATE OF THE PARTY O	at her blood sugar was only			
	to be obtained once a				
	-Resident #6 denied	any pain in her fingertips.	,		
D 400	10A NCAC 13F .1009	9(a)(1) Pharmaceutical Care	D 400	10A NCAC 13F .1009 Pharma	ceutical
	104 NCAC 12E 400	Dhaman and Can		Care	
		Pharmaceutical Care ne shall obtain the services		Rule met as evidenced by, faci	litv
	of a licensed pharma	2014 (1915) 1818 (1818) 1814 - Burthall (1818) 1815 (1816) 1815 (1816) 1816 (1816) 1816 (1816) 1816 (1816) 1816		Administrator has partnered wi	h MD
	main was brideling	ere e krooning			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROMDER/SUPPLIER/CLIA	(87) 1611		. 911	MAPPRO
	- Some Off	IDENTIFICATION NUMBER:	A BUILDING	LE CONSTRUCTION	(X3) DATE	
		HAL053027 B. WNG		8. WNG		LETED
NAME OF	PROVIDER OR SUPPLIER					¥28/2016
			ODRESS. CITY, ST			2012010
ROYAL O	AKS ASSISTED LIVING		RTHAGE STRE	ET		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	RD, NC 27350			
PREFIX	I COUNT THE SUPPLY	Y MIST OF ODCORDER	ID POSTIV	PROVIDER'S PLAN OF CORRECTIO	N	
	KEGOLATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLET
D 400	Continued From page	0.46		DEFICIENCY)	MAIL	DATE
	10		D 400	proptice and the		
	practitioner for the pr	ovision of pharmaceutical		practice, and pharmacy care, f	RCC will	
Ì	Care at least quarter	V. The Department man		will organize visits quarterly a	nd prn	
	rednis more medneu	Visits if it documents during	1	Administrator will oversee.		
	MOUNTAIN ARELE OF OF	her investigations that there		[ .	1	
İ	are medication blobs	ems in which the estate of		***	İ	6/03/16
1	Lesvoents may be at L	isk		i e		0/03/10
	rnarmaceutical care	involves the identification,				
i	Prevention and resolu	Ition of medication colored	J		i	
1	problems which includ	des the following:				
	(1) all On-Site medical	tion review for each resident			ı	
i	winds includes the foll	Owing:	1		Î	
1	(A) the leview of ition	mation in the resident's				
- 1	discharge summer	oses, history and physical,				
	discharge summary, v	ital signs, physician's	1		i	
Ī	medication administra	s, laboratory values and tion records, including				
	Current medication adv	ministration records, to	1			
	determine that medica	itions are administered as	1		Ī	
1	prescribed and ensure	that any undesired side	]		1	
	effects, potential and a	actual medication reactions			ļ	
١,	or interactions, and me	edication offers	1		İ	
	dentified and reported	Micerial Alloiz Ste	1 1			
1		to the appropriate	1			
	nascinding bractifiques	to the appropriate				
	B) making recommend	to the appropriate r; and dations for change if				
j j	(B) making recommend necessary, based on d	to the appropriate r; and dations for change, if estired medication				
	(B) making recomment necessary, based on d putcomes and ensuring	to the appropriate T; and dations for change, if desired medication				
	(B) making recomment necessary, based on d outcomes and ensuring prescribing practitioner	to the appropriate r; and dations for change, if desired medication g that the appropriate				
r c c	(B) making recomment necessary, based on d outcomes and ensuring prescribing practitioner C) documenting the re	to the appropriate r; and dations for change, if esired medication g that the appropriate is so informed; and				
r c c	(B) making recomment necessary, based on d outcomes and ensuring prescribing practitioner	to the appropriate r; and dations for change, if esired medication g that the appropriate is so informed; and				
r c c	(B) making recomment necessary, based on d outcomes and ensuring prescribing practitioner C) documenting the re	to the appropriate r; and dations for change, if esired medication g that the appropriate is so informed; and				
() () ()	(B) making recomment (B) making recomment necessary, based on disputcomes and ensuring prescribing practitioner orescribing practitioner (C) documenting the re eview in the resident's	to the appropriate r; and dations for change, if esired medication g that the appropriate r is so informed; and esults of the medication record.				
i c	(B) making recomment in the processary, based on disputcomes and ensuring precitioner commenting the resolution of the resident's the resident's first Rule is not met as	to the appropriate ; and dations for change, if esired medication g that the appropriate is so informed; and esults of the medication record.				
() () ()	(B) making recomment in the precision of	to the appropriate ; and dations for change, if esired medication g that the appropriate is so informed; and sults of the medication record.				
i i i i i i i i i i i i i i i i i i i	(B) making recomment in the precision of	to the appropriate ; and dations for change, if esired medication g that the appropriate is so informed; and sults of the medication record.  evidenced by: record reviews, and lifed to assure adequate				
T B in	(B) making recomment (B) making recomment (B) making recomment (B) making recomment (B) making rescribing practitioner (C) documenting the reserview in the resident's (This Rule is not met as lased on observations, aterviews, the facility facedication reviews were	to the appropriate ; and dations for change, if esired medication g that the appropriate is so informed; and esults of the medication record.  evidenced by: record reviews, and alled to assure adequate e completed for 1 of 5				
T B in m (F ct	(B) making recomment (B) making recomment (B) making recomment (B) making recomment (B) making rescribing practitioner (C) documenting the reserview in the resident's (This Rule is not met as lased on observations, aterviews, the facility facedication reviews were	to the appropriate ; and dations for change, if esired medication g that the appropriate is so informed; and sults of the medication record.  evidenced by: record reviews, and alled to assure adequate e completed for 1 of 5 residents in the areas of lers and incomplete				

	or Health Service Regu	<del></del>			FOR	M APPROVED
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL053027	B. WING			10010010
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	<u>U4/</u>	28/2016
DOVAL O	IVE I DEIGTED I DAME		RTHAGE STREET			
NO IAL 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 APPROPR DEFICIENCY)	8F	(X5) COMPLETE DATE
D 400	Continued From page	: 47	D 400			
	The findings are:					
	Review of Resident # 4/13/15 revealed:	5's current FL2 dated				
	-Diagnoses included (	CVA, Atrial Fibrillation, and a				
	-A physician's order for	or Coumadin 8 mg at	4			1
	bedtime (used to treat	and prevent blood clots).				
	Review of Resident #! revealed an admission	5's Resident Register n date of 6/04/14.				
	Review of Resident #5	5's record revealed:				
	-A physician's order da	ated 12/30/15 to change	1 1			
	Coumadin to 8 mg on	Monday, Wednesday and				i
8	Friday, and 4 mg on T	uesday, Thursday,				to.
	Saturday and Sunday					]
	-A physician's order da	ated 2/24/16 to change				
	Coumadin to 4 mg on	Monday, Wednesday and				
	Friday, and 8 mg on T	uesday, Thursday,	1			!
	Saturday and Sunday.					
	Medication Administra revealed:					
	-An entry for Jantoven	(a brand of warfarin in	]			
	place of Coumadin) 4	mg every Monday,				
	Wednesday and Frida	y in the evening.				i
	-An entry for Jantoven	8 mg every Tuesday,				
	Inursoay, Saturday ar	nd Sunday in the evening.	1			
-	-Jamoven 4mg was do	ocumented as administered				
}	every Monday, Wedne	esday and Friday in the			i	ľ
	administered purce To	1 8 mg was documented as uesday. Thursday, Saturday				
	and Sunday in the eve	ning from 1/01/16 to			ļ	
	1/31/16.	g own nen to to			3	
	Review of Resident #5 revealed:	's February 2016 eMAR				·

Division of Health Service Regulation

AND DI AL	of Health Service Re NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			FO	'ED: 05/17/ RM APPRO
- WILLIAM	CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	<u> </u>	
		THE PARTY NUMBER!	A BUILDING:	THE PROPERTY OF THE PROPERTY O	(X3) DATE SURVEY	
		4	orening;		COM	PLETED
- 10		Mai Araca	N <sub>comp</sub>			
		HAL053027	B. WING		ŀ	
NAME OF	PROVIDER OR SUPPLIER			1 - 4/2		Innies
		STREET	ADDRESS, CITY, STAT	E 710 Coop		/28/2016
ROYAL C	AKS ASSISTED LIVING	1107 CA	DTULOS	E, ZIP CODE		
			RTHAGE STREET			
(X4) ID	SIMMADY	SANFOR	RD, NC 27350			
PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	iD.		<u> </u>	
TAG	REGULATORY OF	LSC (DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR	RECTION	
		THIS INFURMATION)	TAG			COMPLE
			1	THE A	PPROPRIATE	DATE
D 400	Continued From pag	e 48	<del></del>	DEFICIENCY)		
	NV 1000		D 400			
	-An entry for Jantove	en 4 ma was to be				
i	Activities and GAGLA M	Monday, Wednesday and				
i	Friday at 8:00 pm.	veuriesday and	1			1
			1			1
ļ	-An entry for Jantove	n e mg was to be				
	THE RESIDENCE OF THE PARTY OF T	UASCAL Thursday	1			
			1 1			ľ
	-Jantoven 4mg was d	OCUMOntal				
	every Monday Wedn	esday and Friday in the	Į.			
i	evening and lant	esday and Friday in the				
			37		)	
		ening from 2/01/16 to	1 1			
1			1			
	-Jantoven 4mg was de	2014monto di	+			
1.	every Monday Whate	ocumented as administered esday and Friday in the	1			
					[	
			1			
100	ALL RIG GAR	ning correctly from 2/24/16			ĺ	
t	0 2/29/16.	3 10/1000y 110/11 2/24/16	1		1	
			1		}	
F	Review of Pasida a us	Name and Address	]			
2	Note - MAN DESIGNATION APP.	's March 2016 and April	i i		į	
100						
*	Jantoven was docume	inted as administered as	ļ ļ			
0	rdered from 3/01/16 to	4/27/16	!		i	
	· · · · · · · · · · · · · · · · ·	- "=" IU.				
R	eview of a charme				İ	
re	eview of a pharmacy invested:	review dated 1/19/16				
1			1		ř	
ו ו	aboratory results were	e noted, and no	1			
,	CONTRIBUTIONS WARD	made	1			
-1	ne Cournadin order e	Office on the law.				
55	a. anothing tilled MX	being the wrong dose on	ľ			
1000	M UDIS.	T .	1			
-T	here was on many	1	4			
دا	here was no mention :	about clarifying that			ļ	
,	THE BUILDINGS TO DE BUILDINGS	ninistered in place of			ĺ	
C	oumadin.		1		1	
ļ		1	f		E	
Int	erviews 4/27/16 at 1:4	O pro and small	ļ		1	
10	:00 am with the Au	o pin and 4/28/16 at	ľ			
-Ti	:00 am with the Admin	istrator revealed:			j	
	ne ractify had changed h a new phone/interne e.	tto allan.	1		Ì	
WIL	IT & New phone/interna	of microba	1		1	
tim	- Fire intellie	a system at the same	1			

Division o	of Health Service Requ	ilation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED	
		1444 05000	B. WING			
		HAL053027			04/28/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STATE	ZIP CODE		
DAV41 A	LO LANATON I BUILO	1107 CA	RTHAGE STREET			
KOTAL U	AKS ASSISTED LIVING	SANFOR	RD, NC 27350			
(X4) IĐ	SUMMARY ST	ATEMENT OF DEFICIENCIES	i ID	PROVIDER'S PLAN OF CORRECTION	IN (X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATOR	LSC IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DAIL	
				and the state of t		
D 400	Continued From page 49		D 400			
	-She reviewed new o	orders and verified they were				
	entered correctly on	[1] '( 10 m)				
		the Coumadin entry was				
	KONDON KONDON SANTANDON MANDE PROPERTY OF THE SANTANDAR	was to be administered on				
	·	inuary and February 2016				
	MARs.		1			
		cation performed with the				
		en was to be administered in				
	place of Coumadin.	on new to be delinated to			1	
	piese of overied					
	Interview on 4/27/16 at 3:30 pm with the facility's		l l			
	contract pharmacy representative revealed:				!	
	-The pharmacy entered medication orders into the eMAR systemThe pharmacy system showed an order dated 12/11/15 for Jantoven 4 mg at bedtimeThe pharmacy system showed an order dated 12/30/15 for Jantoven 8 mg every Monday, Wednesday and Friday, and Jantoven 4 mg every Tuesday, Thursday, Saturday and SundayThe pharmacy system showed an order dated 2/24/16 for Jantoven 4 mg every Monday,					
					2	
					\bar{\bar{\bar{\bar{\bar{\bar{\bar{	
			i l			
8			1			
		day, and Jantoven 8 mg every				
	* (5.6)	Saturday and Sunday				
		ebruary order entries looked	1 1			
		nacy side, but they were not			•	
		R side, "There was a glitch ntries carried over into the	1			
	eMAR. It was not ca				Í	
1	Administrator or state					
1		swapped to the eMAR			-	
1	learning curve for ex	cility did, so "it had been a				
		veryone". double check orders entered				
i i			İ		<u> </u>	
1	pharmacy or physic	accuracy and notify the				
	phannacy or physic	ian as Houdssaly.				
	Interview on 4/28/19	5 at 1:55 pm with the			ř	
	contracted Pharmac	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	+	lity to perform the pharmacy				

Division of Health Service Regulation

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MURTION P	COMPANY	. •	M APPRO
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE	SUIDAGO
		1	- POILDING: -		(X3) DATE SURVEY COMPLETED	
		HAL053027	B 144.00		1	
NAME OF PROVIDER OR SUPPLIER			B. WNG			
200000 200000 CO	A TOCK ON SUPPLIER	STREET	ADDRESS, CITY, STAT	04/28/2016		
ROYAL C	AKS ASSISTED LIVING	1107 CA	RTHAGE STREET	L. AIF GODE		
		SANFO	RD, NC 27350			
(X4) ID PREFIX	SUMMARY S					
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	PROVIDER'S PLAN OF CORRECT	CTION	
		CONTRACTOR INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR		(XS) COMPLET
D 400	C			DEFICIENCY)	OPRIATE	DATE
C 400	Continued From page	e 50	D 400			
	review of resident red	cords. She had started the	7.00			
	Tarior day, but nad no	It titlished going than the				
			1 1			
	-vvnen she reviewed	Resident #E's	le ·			
İ	-When she reviewed Resident #5's record, if she did not find a current INR, she would contact the physician. She could be she would contact the		1			
1	L. Janniell Olle Collu	DOI (Ornomber				
	I salue units at use units it	She had notional the same				
	Addited the Cities of th	S AR Modulant MFI.			-	
	Dire Had BOT BOTICED	a discrepancy in the			į.	
l	Coumadin orders and	the eMAR entries.			İ	
1					,	
D912	G.S. 131D-21(2) Deck	aration of Residents' Rights	Bassa		-	
			D912			
	G.S. 131D-21 Declara	ation of Residents' Rights	1		[	
100	Cicia iesidett suali Pa	IVA the following sinks.			1	
	2. To receive care and	Services which are			1	
	auequate, appropriate.	and in compliance with				
	esevant ledelat and st	ate laws and rules and	1			
1.	regulations.					
			1 1		İ	
1						
1 7	This Rule is not met as	S avidaged b			i.	
6	pased on observations	interviews and reason				
[ 1	eviews, the facility fails	ad to encure every				
200	TANK OF COILE WITH REIN	Ces which were adapted				
1 -	thindhilare' stud tu cou	Dilance with relevant				
1 10	and state laws	and rules and regulations			*	
j n	elated to Health Care.					
ÌŦ	he findings		1			
1 1	he findings are:	ŀ	J			
B	ased on observation				ľ	
re	views the facility fails	interviews, and record				
ام	harmacy notification fo	d to ensure physician and			1	
re	sidents (Residents #2	and #5) regarding orders	į.			
		Zed Ratio (INID)	ľ		ĺ	
la	boratory results and m	edication orders for high				
ble	ood pressure, enlarged	d prostate anviot	Í		-	
	go.	- P. VOIGIG, GILXIETY,	ĺ			

Division o	of Health Service Regu	lation								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
	-994+11	HAL053027	B. WING		04/2	8/2016				
NAME OF PI	ROMDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE						
1107 CARTHAGE STREET										
ROTALO	ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350									
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	SHOULD BE COMPLETE					
D912	Continued From page 51		D912							
	seizure, blood thinner, and cholesterol medications. [Refer to Tag 273, 10A NCAC 13 F .0902 (b) (Type B Violation).]			Refer to corrected tag 273, 10ANCA( 13F .0902(b)(Type B violation)		:				
1										
						,				