Division of	Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE		
		HAL092186	B. WING		R-0 05/1	C 0/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, STA	TE, ZIP CODE			
NORTH PO	DINTE ASSISTED LIVING	GOF GARNER	AVERSBORO ROAL NER, NC 27529)			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 000	Initial Comments		D 000				
	annual survey, follow	sure Section conducted an up survey and complaint 6, 5/5/16, 5/6/16 , 5/9/16					
D 067	10A NCAC 13F .0305	5(h)(4) Physical Environment	D 067				
	10A NCAC 13F .0305 Physical Environment (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.						
	review, the facility fail accessible by residen or alert system device was opened for 2 of 2						
	1. Review of the cu dated 6/18/15 revealed	rrent FL2 for Resident #6 ed:					

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

TITLE (X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL092186		B. WING		R-C 05/10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	
NORTH P	OINTE ASSISTED LIVING	OF GARNER	1437 AVERS	SBORO ROAD)	
NOKITIF	OINTE ASSISTED LIVING	O GARNER	GARNER, N	C 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFUL DEFICIENCY)	D BE COMPLE
D 067	Continued From page	= 1		D 067		
	-Diagnoses included hypertensionShe was constantly	•				
	Review of Resident # revealed she was add	6's resident register nitted to the facility 8/3	30/12.			
	Review of Resident # 12/18/15 revealed:					
		Inity disoriented. I to wander throughout close monitoring by sta				
	Confidential interview revealed:	s with 6 staff member	s			
		t the back door in the she left; the door did				
	-Resident #6 was eve	entually found in the ba				
	-The staff could not c how long Resident #6	ome up with a time fra S had been missing, bu				
	found her around 11: -The resident went of driveway.	30pm. It of the door leading t	to the			
	and was found in the still nothing to stop ar	ed after the resident g back parking lot, there nother resident from ge	e was			
	the battery goes bad	_				
	-Those exit doors are operated.-Those batteries can	not secure; they are bgo bad at any time.	oattery			
	(RCC) on 5/5/16 at 10	sident Care Coordinate 0:40am revealed: 6 eloped out of the so				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
			========			R-C
		HAL092186	B. WING			5/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STR	REET ADDRESS, CITY, STAT	ΓE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	3 OF GARNER	7 AVERSBORO ROAD			
		GA GARRIER	RNER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 067	Continued From page	e 2	D 067			
	-Maintenance and the started checking the after that. -The off-going evenir shift supervisors chedoors every night, to functioning. -If the alarm did not finstructed to call the a staff member at the fixed. -If the door was just if there were 9 volt batts to they could change. -The supervisors both Alarms Daily Inspectif the alarms on the document with changed. -The maintenance dimanager (BOM) more the door alarm checked and should aled doing the checks as in the logs were started. -The logs were started. -The logs were done 4/29/16. -There was no document was no document.	e night shift supervisors alarms on the exit doors on the exit doors on the exit doors on the exit alarms on the exit ensure the alarms on the exit ensure the alarms were unction properly they were maintenance director and site exit door until the door was on need of a battery change, deries on the medication cards the battery. In documented on the Door ions- 3rd Shift logs checking ors. Outly make a notation on the hen the batteries were rector and business office of the RCC if staff were not instructed.	t s			
	11:10pm revealed:	shift supervisor on 5/5/16 a	ıt			

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	OF DEFICIENCIES	(X1) PROVIDER/SUP		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION	NUMBER:	A. BUILDING: _		COMPLI	EIED
				D MING		R-	-
		HAL092186		B. WING		05/1	0/2016
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	CE CAPNED	1437 AVER	SBORO ROAD)		
NORTHE	OINTE AGGISTED LIVING	OF GARNER	GARNER, N	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIEN Y MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 067	Continued From page night he worked and so the supervisors had after the resident got after the resident got after the resident got the exit doors not fundate the maint a staff member to sit a maintenance director. He had never had to the doors. Interview with the BO revealed: She did not monitor to Inspections- 3rd shift. The logs were in the so she had seen then anything with them. Interview with the Ma at 10:00am revealed: All of the exit doors were alarm. The front door were alarm. The front door was a guard system. The alarmed exit door battery. The other ala connected to the wan. A little over 4 months the door exit #4, and the shocked when Poside.	signed off on the let to start checking out last year. If last year he founctioning. enance director, at the door until the arrived, and fixed change a battery M on 5/5/16 at 11 the Door Alarm Dalogs. book with the time ho, but she did not intenance Director with the exception ed. larmed for the water was ago, a resident gethe alarm did not skit doors were not	the doors d one of and pulled le the door. on any of :30pm aily e census do r on 5/5/16 of the nder by a 9 volt not . got out of sound.	D 067			
	checked when Reside -He and the night shift check the door every Friday, to ensure the resident eloped from -Prior to the resident was checking the alan night shift were not checked the alarn	it staff were instruct Monday, Wednes alarms sounded a the facility. getting out of the f rms once a week a necking the alarms	eday and Ifter the facility, he and the s at all.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
		HAL092186		B. WING		R-C 05/10/2016
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	
NODTH D	OINTE ASSISTED LIVING	C OF CAPNED	1437 AVERS	BORO ROAD)	
NORTHP	OINTE ASSISTED LIVING	G OF GARNER	GARNER, N	C 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLET
D 067	Continued From page	e 4		D 067		
	batteries as neededTo test the alarm, he the alarm would sour key to turn off the ala -If the battery was ba itselfIt had been a few me been changed by hin dateHe documented the	day shift and replaced would open the door one, he would then take arm. Indeed the alarm would shounths since the battering. The did not remember door checks, but did rotatteries were replaced.	and e the ut off by ies had er the			
	dated 3/1/16 revealed -Diagnoses included injury, and a history classification -She was intermittent	dementia, traumatic bof urinary tract infection tly disoriented. It total care, non-ambu	orain ns.			
		#5's Resident Register mitted to the facility or				
	revealed: -Due to cognitive def perform activities of cassistanceShe was not able to -She was wheelchair on assistance for am	dress herself at all. bound and required h bulation.	able to			
	alerting staff.	•				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED
				B. WING		l l	₹- C
		HAL092186		B. WING		05	/10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF GARNER	1437 AVER	SBORO ROAD)		
			GARNER,	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 067	Continued From page	e 5		D 067			
	at 3:00amLater the same night #5 exited the same fr to open visitor car do	ont door and was att ors in the parking lot	empting				
	Interview with the Maintenance Director on 5/5/16 at 10:00am revealed: -The front door did not have an alarm that sounds						
	when the door was opened. -The front door was wired to sound with the wander guard. -If a resident with a wander guard got close to the door the alarm would sound.						
	Confidential interview -All of the residents k the front door, even ti -You just turn the lock like a house lockMost nights they did -The door did not lock anyone could just wa the day or nightIf someone came in to a resident at night, they were in the build -The front door did no when it opensThere was an enclos back, so "I don't know be left open for reside night"Management was av unsecured.	vs with 7 staff revealed new how to turn the he confused resident of to unlock the door, and lock the door at a k from the outside either like in the facility at another building to do so you wouldn't even k ling. To make any kind of so seed smoking area in the why the front door in the sents to go out to smoother to smoother the sents to go out to smoother the sents	lock on its. it was all. her; y time of mething now sound the needs to ke all				
	Interview with the Adi 11:55pm revealed: -She was new to the -The front door was r -Nothing had been pu	community.					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		TE SURVEY MPLETED
		HAL092186		B. WING			R-C 95/10/2016
NAME OF P	ROVIDER OR SUPPLIER	S	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
NORTH P	OINTE ASSISTED LIVING	OF GARNER	1437 AVER GARNER, N	SBORO ROAD NC 27529)		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 067	from eloping. -There was nothing or from coming in or going. -The only alarm systed door was a wander guthat had a wander was from the Administrator on Staff member was front door until completins tallation. -An alarm was installed door. -All supervisors were the alarm and to docual armed and operable. -The shift supervisor with a wander the resident buthat had in the same will perform week to ensure magle operable. -The supervisor will conight that exit doors a wander guthat had a wander guthat had been a wander guthat had	y to stop another resident on the door to stop anyone on gout of the door. In that was currently on the user all alarm, for the reside ard. Would "start 30 minute dent until the door situation. Correction received from 5/6/16 revealed: designated to monitor the etion of a door alarm. End on the front entrance designated and to monitor the etion of a door alarm. Will report to front entrance after hours. Will report to front entrance aring the alarm sound an eack into the facility. If perform random, the facility after hours to ked and alarmed to protes entering the building bunced. Enter or designee in his exit door checks 3 times bocks and doors are theck and document each are locked and secure. Occument nightly that door	he he nts	D 067			

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AND DIAN OF CORRECTION IDENTIFICATION NUMBER		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		1141 000400		B. WING		R-C	
		HAL092186		D. WING		05/10	/2016
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	•		
NORTH P	OINTE ASSISTED LIVING	OF GARNER	GARNER, I		,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORM.	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 067	Continued From page	e 7		D 067			
	VIOLATION SHALL N 2016.	IOT EXCEED JUNE	09,				
D 074	10A NCAC 13F .0306 Furnishings	6(a)(1) Housekeeping	g And	D 074			
	10A NCAC 13F .0306 Furnishings (a) Adult care homes (1) have walls, ceiling coverings kept clean	shall: gs, and floors or floor					
	This Rule is not met as evidenced by: The facility failed to assure walls, ceilings, and floors were kept in good repair for 1 of 2 common men's restrooms, 1 of 2 common men's shower rooms, the flooring leading into the dining area, the bathroom ceiling in room 328, and the ceiling in the dining area.						
	The findings are:						
	Observation of the first on the East Hall on 05 tour between 10:30ar -There was a strip of that joined the carpet - The lower third of the scuffed marks. - The lower third of the worn missing paint.	5/04/16 during the faction and 11:30am reveal black tape at the entitiand the restroom tile e entrance door had	cility aled: rance b. worn,				
	Observation of the first room on the East Hall facility tour between 1 revealed: -There was a strip of that joined the carpet	l on 05/04/16 during l0:30am and 11:30ar black tape at the enti	the m rance				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING: _		COMPL	ETED
		HAL092186		B. WING		R- 05/1	C 0/2016
NAME OF P	ROVIDER OR SUPPLIER	STE	REET AND	RESS, CITY, STA	TE ZIP CODE		
WANE OF T	NOVIDER OR OUT FEEL			SBORO ROAD			
NORTH P	OINTE ASSISTED LIVING	G OF GARNER		NC 27529	,		
(VA) ID	SLIMMADY ST	ATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTIO	NI	(VE)
(X4) ID PREFIX TAG				ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 074	Continued From page	e 8		D 074			
	-The carpet leading ir dark stain.	nto the shower room had a					
	Interview with Reside 05/04/16 at 11:50am						
	-The bathroom ceiling	g had been leaking water					
	when it rained for abo		_				
	-1 ne noie in the bathr 05/03/16.	room ceiling just occurred o	n				
		2 trashcans to catch the					
	water under the leaking						
		would forget about the or one night and fall in the					
	bathroom.	or one night and fall in the					
	-She was in the proce	ess of moving but did not					
	want to move from th						
	-Administration had a for the bathroom ceili	sked her to move in order					
	lor the bathloom cell	ng to be repaired.					
	Observation of the ba	athroom in room 328 on					
	05/04/16 at 11:55am						
	 There was a large y the ceiling. 	rellow stain in the center of					
		dangling popcorn ceiling					
	_	the under layer of the					
	ceiling.	-4 4b					
		at was the size of a softball ellow stain that left the oute	r				
		ceiling dangling downward.					
	_	nd owner of the facility came					
	in the bathroom to ob	serve the ceiling.					
	Observations on the I	East Hall on 05/10/16					
		n area of black tape that ha					
		section of the carpet that wa	as				
		of a large book located	2				
	underneath the black	of the dining room; the area	a				
	and	S					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	HAL092186		B. WING			R-C 5/ 10/2016		
ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	TE, ZIP CODE				
OINTE ASSISTED I IVINI	C OF GARNER	1437 AVER	SBORO ROAD)				
OINTE ASSISTED LIVING	3 OF GARNER	GARNER,	NC 27529					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		,		Y FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETE DATE
Continued From page	e 9		D 074					
9:55am revealed: -The facility was curry-Six restrooms had bunder reconstructionOne restroom in roo ceiling leaking due to -A new roof would be roof would be installed. Interview with the Ad 10:25am revealed: -The maintenance din housekeeping list of the did not keep up which rooms were to weekThe maintenance din monitor weekly to see cleaned, he had stop -There currently no s	ently under reconstrueen remodeled, 4 we may see a see	uction. ere with the s, the d be tlined ch t to e						
revealed: -The dining room ceil on the right side of the one of the water spot conditioning unit in the one of the water spot or room near the kitchele. The one near the kitchele or larger, with wall exposed. Interview with the Ad 7:54pm revealed:	ling had 3 yellow wat be dining room. ots was near the air be window. was in the back of the n. chen was about the so th peeling paint and to ministrator on 5/10/1	ter stains e dining size of a the dry 6 at						
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page Interview with the Ad 9:55am revealed: -The facility was curr -Six restrooms had b under reconstructionOne restroom in roo ceiling leaking due to -A new roof would be roof would be installed Interview with the Ad 10:25am revealed: -The maintenance din housekeeping list of the did not keep up to which rooms were to weekThe maintenance din monitor weekly to see cleaned, he had stop -There currently no s what rooms were dee Observation of the di revealed: -The dining room ceil on the right side of the -One of the water spot conditioning unit in the -Another water spot room near the kitchel -The one near the kit hub cap or larger, wit wall exposed. Interview with the Ad 7:54pm revealed:	ROVIDER OR SUPPLIER OINTE ASSISTED LIVING OF GARNER SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED B REGULATORY OR LSC IDENTIFYING INFORM. Continued From page 9 Interview with the Administrator on 5/4/16 9:55am revealed: -The facility was currently under reconstruction. -One restrooms had been remodeled, 4 we under reconstruction. -One restroom in room 328 had an issue ceiling leaking due to the recent storms. -A new roof would be installed in 2 weeks roof would be installed in stages. Interview with the Administrator on 5/6/16 10:25am revealed: -The maintenance director wrote down a housekeeping list of the resident rooms to deep cleaned each week. -He did not keep up with the list which ou which rooms were to be deep cleaned each week. -The maintenance director was supposed monitor weekly to see if those rooms were cleaned, he had stopped doing that. -There currently no system in place to monitor weekly to see if those rooms were cleaned, he had stopped doing that. -There currently no system in place to monitor weekly to see if those rooms were cleaned. Observation of the dining room on 5/10/1 revealed: -The dining room ceiling had 3 yellow was on the right side of the dining room. -One of the water spots was near the air conditioning unit in the window. -Another water spot was in the back of the room near the kitchen. -The one near the kitchen was about the hub cap or larger, with peeling paint and the wall exposed. Interview with the Administrator on 5/10/17:54pm revealed: -The damage to the ceiling in the dining room.	PROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 Interview with the Administrator on 5/4/16 at 9:55am revealed: -The facility was currently under reconstruction. -Six restrooms had been remodeled, 4 were under reconstruction. -One restroom in room 328 had an issue with the ceiling leaking due to the recent storms. -A new roof would be installed in 2 weeks, the roof would be installed in stages. 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Interview with the Administrator on 5/10/16 at 7:54pm revealed: -The damage to the ceiling in the dining room	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 1437 AVERSBORO ROAT GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 Interview with the Administrator on 5/4/16 at 9:55am revealed: -The facility was currently under reconstructionSix restrooms had been remodeled, 4 were under reconstructionOne restroom in room 328 had an issue with the ceiling leaking due to the recent stormsA new roof would be installed in 2 weeks, the roof would be installed in stages. 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Observation of the dining room on 5/10/16 revealed: -The dining room ceiling had 3 yellow water stains on the right side of the dining roomOne of the water spots was near the air conditioning unit in the windowAnother water spot was in the back of the dining room near the kitchenThe one near the kitchen was about the size of a hub cap or larger, with peeling paint and the dry wall exposed. Interview with the Administrator on 5/10/16 at 7:54pm revealed: -The damage to the ceiling in the dining room	ROWDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1437 AVERSBORG ROAD GARNER, NC. 27529 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLLL RESULATORY OR I.SC. DIENTHYMNIS INFORMATION) Continued From page 9 Interview with the Administrator on 5/4/16 at 9.55am revealed: -The facility was currently under reconstructionSix restrooms had been remodeled, 4 were under reconstruction in room 328 had an issue with the ceiling leaking due to the recent stormsA new roof would be installed in 2 weeks, the roof would be installed in stages. Interview with the Administrator on 5/6/16 at 10.25am revealed: -The maintenance director wrote down a housekeeping list of the resident rooms to be deep cleaned each weekHe did not keep up with the list which outlined which rooms were to be deep cleaned each weekThe maintenance director was supposed to monitor weekly to see if those rooms were cleaned, he had stopped doing thatThere currently no system in place to monitor what rooms were deep cleaned. Observation of the dining room on 5/10/16 revealed: -The mining room ceiling had 3 yellow water stains on the right side of the dining roomAnother water spot was near the air conditioning unit in the windowAnother water spot was near the air conditioning unit in the windowAnother water spot was in the back of the dining room near the kitchenThe one near the kitchen was about the size of a hub cap or larger, with peeling paint and the dry wall exposed. Interview with the Administrator on 5/10/16 at 7.54pm revealed: -The dining pot the ceiling in the dining room		

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	` '	SURVEY PLETED
		HAL092186	B. WING			R-C / 10/2016
NAME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STAT	FE, ZIP CODE	,	, 10,2010
NORTH P	OINTE ASSISTED LIVING	G OF GARNER	AVERSBORO ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 074	in the dining room ce -She had taken pictur and sent them to the storm damageThe ceiling had beer had been fixedShe has not seen the in the 3 weeks since -The owner walked a and they discussed the on the carpeted floors -Patchwork was done been fixed, and they the roofThey just obtained of 5/6/16They were not able to to the building before the building.	uilding was 4/4/16. vas made aware of the leaks iling. res of the dining room ceiling owner on 5/3/16 after the In leaking before, but the leak the dining room ceiling leaking she had been at the facility. I round the facility on 5/4/16 The ceilings and the duct tape and doorways. The on the roof, the leaks had the were getting ready to repair the wind the structured changes to make structured changes to make structured changes to repair the roof in the	D 074			
D 075	Furnishing 10A NCAC 13F .0306 Furnishings (a) Adult care homes (2) have no chronic u This Rule shall apply facilities. This Rule is not met Based on observation failed to ensure that a	shall: npleasant odors; to new and existing as evidenced by: ns and interviews, the facility	D 075			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		D.C
		HAL092186	B. WING		R-C 05/10/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
NORTH P	DINTE ASSISTED LIVING	1437 AVER	SBORO ROAD)	
	OINTE AGGIOTED EIVING	GARNER, I	NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 075	Continued From page	e 11	D 075		
	and the hallway at the restroom and first cor				
	The findings are:				
	tour on 05/04/16 from revealed: -Upon entering the Easmell of sewage and men's restroom, first croom and into the hal roomsThere was a stronge common men's show this room as well as gdrain when the water -There were two houst the floor, one was col bedrooms.	ast Hall, there was a strong urine in the first common common men's shower lawy adjacent to resident or sewage odor in the first er room; there were flies in unats coming from the floor was turned on. sekeeping staff members on lecting trash in the residents' men's restroom, there were			
	- In the first common glass window was up place that allowed ou -There was a second and second common -The second common men remodeled with new f showerThere were no odors second common men common men's shower.	men's shower room, the with a window screen in tside air in. common men's restroom men's shower room. n men's restroom and 's shower room had been looring, walls, toilets and of urine or sewage in the 's restroom and second er room.			
	10:40am revealed:	keeping staff on 05/04/16 at taff cleaned the floors and			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATIO		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATIO	N NUMBER:	A. BUILDING: _		COMPL	ETED
				B. WING		R-	_
		HAL09218	6	B. WING		05/1	0/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF GARNER		SBORO ROAD)		
			GARNER, N	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIE Y MUST BE PRECEDE LSC IDENTIFYING INF	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 075	5 Continued From page 12			D 075			
	bathrooms daily. -They would also cleaneeded when there well and the some residence of the had noticed and men's restroom and froom for some time of smell to residents soicleaning had been done of the some of the second common men's restroement of the second common men's restroement. -The remainder of the freshener. -The second common men's detected.	an rooms and moves an accident of dents that urinate at times. Odor in the first coinst common mer off and on and reling the restroom one. ast Hall on 5/04/ e odor noted in the bom, first common he hallway around and shower of the hallway smelled on men's restroom	or spill. ad on the common n's shower ated the after the 16 at he first n men's hd the room. d of air				
	Observations and into 05/05/16 at 8:20am re- The sewage odor rer men's restroom and i shower room. The odor was not que day on 05/04/16. A Personal Care Aid common men's shower the PCA had notice common men's restrous shower room before. The PCA never notice common men's restrous shower room.	evealed: mained in the firs n the first commo ite as strong as t e (PCA) was in the er room swatting ed a sewage sme er room. d this smell in bo oom and first com ced a smell in the	et common on men's whe previous the first at a fly. It in the first that the first the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL092186		B. WING		R-C 05/10/2016
		HAL032100				05/10/2016
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	•	
NORTH P	OINTE ASSISTED LIVING	G OF GARNER		SBORO ROAD)	
			GARNER, N			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 075	Continued From page 13		D 075			
	6:50pm revealed: -There was a strong first common men's r men's shower room a restroom and showe -The remainder of the sewageThe second common second common men odors detectedThere were flies see shower room and gn drain when the floor of Interview with the Ad 6:50pm revealed per facility.	e hallway had no smel n men's restroom and n's shower room had n en in the first common ats noted coming from was tapped at the drain ministrator on 05/05/10 et control would spray t	the n und the I of no foul men's floor n. 6 at the			
	9:00am revealed: -The sewage odor remen's restroom, first room, and down the bedroomsThere was a stronge common men's showThe Housekeeping of the first common releaning cartThe second common	East Hall on 05/06/16 mained in the first common men's showed hallway toward resider the resewage odor in the fiver room. Staff member was at the nen's restroom with a con men's restroom and on's shower room had not show room had not shower roo	nmon er nt first ne door			
	05/06/16 at 9:00am r -The Housekeeping s ready to clean the re	staff member was getti	ing			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL092186	B. WING		R-C 05/10/2016
	ROVIDER OR SUPPLIER	G OF GARNER	T ADDRESS, CITY, STA AVERSBORO ROAL JER, NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
D 075	occurred in the first to restroom entrance) all other toilet about 3 m. The facility would no since a different style when the planned rendered to the first common recommon men's show coming from a lack of from the cracked toilet backflow of odor from the odors could have urine stains on the wall interview with the Adron 05/10/16 at 1:45pr. The Administrator was pest control services week prior, that the omen's restroom and froom could have been that drained the toilet foundation; if this was there would not be ar	w with staff revealed: first common men's ack in the bowl; the crack bilet (toilet closet to the bout a year ago, and in the conths ago. t replace the cracked toilets toilet would be needed modeling was done. men's restroom and first er room, the odors were water in the pipes that lead at which would cause a the septic tank. e been coming from old alls as well. ministrator on the East Hall m revealed: as advised by a provider of who treated the facility the dor in the first common irst common men's shower in related to a broken pipe is located under the the cause of the odors, sything they could e odors, except to "snake"	D 075		
D 079	10A NCAC 13F .0306 Furnishings 10A NCAC 13F .0306 Furnishings	6(a)(5) Housekeeping and 6 Housekeeping and	D 079		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP		` '	CONSTRUCTION	(X3) DATE S	
ANDILAN	or connection	IDENTIFICATION I	NOMBER.	A. BUILDING: _			
		HAL092186		B. WING		R-C 05/10/2016	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTU D	OINTE ACCIOTED I IVING	OF CARNED	1437 AVER	SBORO ROAD)		
NORTHP	OINTE ASSISTED LIVING	OF GARNER	GARNER, I	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 079	9 Continued From page 15 (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and		D 079				
	hazards; This Rule shall apply to new and existing facilities.						
	This Rule is not met Based on observation failed to maintain area from obstructions and common men's show room 328 clean and f East Hall.	ns and interviews, t as used by residen I hazards in the firs er room and failed	ts free st to keep				
	The findings are: Observations of the firoom on the East Hal-There were multiple of the vanity, some wand others were expedded. -The doors on the variativanity base and staye position.	I on 05/04/16 revea cracks and missing ere covered with w esed with uneven, j	aled: g edges rhite tape agged with the				
	Interview with Reside 11:50am revealed: - The toilet in her bath wrong position; the to the wall which made in on and off of that toilet. The toilet in her bath a very long timeThere was a hole in appeared on 05/03/16. The bathroom ceiling	nroom was installed ilet base was slant t difficult for her to et. room had been that her bathroom ceilin	d in the ed toward transfer at way for ng that				

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	OF DEFICIENCIES	(X1) PROVIDER/SUF		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE		
AND PLAN (OF CORRECTION	IDENTIFICATION	N NUMBER:	A. BUILDING: _		COMP	PLETED	
						F	₹-C	
		HAL092186	3	B. WING		05	/10/2016	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	G OF GARNER	1437 AVER	SBORO ROAD)			
NORTHE	OINTE ASSISTED LIVING	3 OF GARNER	GARNER, I	NC 27529				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIE OF MUST BE PRECEDE LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	TIVE ACTION SHOULD BE COMPLE CED TO THE APPROPRIATE DATE		
D 079	Continued From page	e 16		D 079				
D 0/9	Continued From page 6 monthsShe was afraid she is possibility of a wet flot bathroomShe had been using water under the leakingShe was in the processory want to move from the she wanted to move so she could purge it and the bathroom ceil she had purge it and the bathroom ceil she had a for the bathroom of the bathroom ceil she had a for the	would forget about or one night and 2 trashcans to carring bathroom ceiling bathroom ceiling ess of moving but his room. The her personal iter ems she no longer asked her to move ing to be repaired not want staff to a lid need help later at the same and floor. The same in room 3 revealed: The same in the same and floor at the under layer of the under	fall in the atch the ng. did not ms herself er needed. e in order . assist her on to at 11:55am , and 328 on center of n ceiling of the	D 0/9				
	in the middle of the y							
	edges of the ceiling of							
	-The bathroom toilet position that caused							
	toward the bathroom	_	CIUSCIY					
	-The administrator ar		cility came					
	into the bathroom to		•					
	Observation of room revealed: -The resident had mo-	oved to another ro	oom.					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL092186		B. WING		R-C 05/1 0)/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF GARNER	1437 AVERS GARNER, N	BORO ROAD C 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 079	adhered to the floorThere was an insect the debris on the floo Interview with the Adr 6:40pm revealed: -Resident #3 was ask repairs to begin for the She made rounds or owner's in this room a areas of the facility to needed to be repaired. There were plans to restroom and bathrood. Pest control would set The resident did not roomThe build up of the the floor was in an area we piece of furniture. Interview with the Adr 10:25am revealed: -The maintenance dir housekeeping list of the deep cleaned each we the did not keep up which rooms were to week.	crawling on the floor a r. ministrator on 05/05/16 ded to move in order for the bathroom ceiling. In 05/04/16 with one of the bathroom and other of the show him areas that d. remodel the first common on the East Hall. In pray the facility. I like staff members in heard the show him areas that d. remodel the first common on the East Hall. In pray the facility. I like staff members in heard the resident had the resident rooms to be seed. In the list which outline the deep cleaned each rector was supposed to the contract of the supposed to the suppose	round at r the	D 079			
D 234	cleaned, he stopped a There currently was monitor what rooms we should be shown to the company of the company o	no system in place to were deep cleaned. B(a) Tuberculosis Test,		D 234			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
							R-C
		HAL092186		B. WING			5/10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF GARNER		RSBORO ROAD)		
	Г		GARNER,	NC 27529			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 234	Continued From page	e 18		D 234			
	10A NCAC 13F .0703 Examination & Immun (a) Upon admission of resident shall be tested in compliance with the by the Commission of specified in 10A NCA subsequent amendmenter rule are available the Department of He Tuberculosis Control Center, Raleigh, Norte This Rule is not met Based on record reviefailed to assure 1 of 7 was tested upon admidisease in compliance adopted by the Committee The Indings are:	nizations to an adult care homed for tuberculosis decontrol measures or Health Services and 41A.0205 includients and editions. Cat no charge by corealth and Human Se Program, 1902 Mail h Carolina 27699-19 as evidenced by: ew and interview, the residents (#4) same with control measures of the service of the service with control measures of the service of the service with control measures of the service of the	ne, each lisease adopted s ng Copies of ntacting rvices, I Service 902. e facility pled sis (TB) ures ervices.				
	04/15/2016 revealed post right below kneed diabetes mellitus type chronic obstructive puartery disease, depredisease. Review of Resident # revealed an admission Review of an immunitive revealed: -The printed Immuniz skilled nursing facility -There was document skin test administered.	diagnoses included amputation, hyperto all, coronary artery ulmonary disease, p ssion, and chronic ket's Resident Registern date of 04/03/201 attion Report was fround dated 04/02/2015. tation for a tuberculo 03/07/2015.	ension, disease, eripheral cidney er 5. sident #4 om a osis (TB)				
	-There was documen -There was no date d	•					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAI 002496	B. WING		R-C
		HAL092186	B. W. C		05/10/2016
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
NORTH P	OINTE ASSISTED LIVING	GOF GARNER	RSBORO ROAL)	
			, NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 234	Continued From page	e 19	D 234		
		was read as negative. nentation of any other TB			
	03/28/2016 documen 2013, will plant annua -There was no docum TB skin test being pla -There was no docum TB skin test being rea	d physical report dated ted "PPD status: neg in all PPD". nentation for the 03/28/2016 aced. nentation for the 03/28/2016			
	Interview with the Administrator on 05/05/2015 at 5:10pm revealed: -The Administrator would be responsible to verify TB skin testing was done prior to admission. -She was not working at the facility when Resident #4 was admitted. -She would look in a file kept in the business office for any documentation on TB skin testing for Resident #4. -If a resident was admitted from another facility with one TB skin test completed in the past 12 months, that TB skin test would be accepted. -The second TB skin test would be done upon admission to the facility. -The facility got the PPD serum from the pharmacy and the RN came to the facility to place the PPD.				
	the PPD. Interview with the Resident Care Coordinator (RCC) on 05/05/2016 at 5:25pm revealed: -She was responsible to file information in the resident recordsTB skin test results would be filed in the record in the lab result section.				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N			CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL092186		B. WING		R-0 05/10) //2016
	ROVIDER OR SUPPLIER	G OF GARNER		RESS, CITY, STA SBORO ROAL NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENC Y MUST BE PRECEDED B .SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 234	Continued From page Interview with the Adr 5:40pm revealed: -She could not find ar admission packet info business office on TB #4She did not know if T received prior to adm Interview with the RC revealed she did not l information on 2-step #4.	ministrator on 05/05 my documentation in ormation kept in the skin testing for Res TB skin testing resultission or not. C on 05/09/2016 at have any additional	the sident ts were 3:00pm	D 234			
D 270	10A NCAC 13F .0901 Supervision 10A NCAC 13F .0901 Supervision (b) Staff shall provide accordance with each care plan and current	Personal Care and supervision of resing resident's assesse	l dents in	D 270			
	This Rule is not met TYPE A2 VIOLATION Based on observation review, the facility fail residents was provide resident's assessed of for 2 of the 7 sampled findings are: 1. Review of the cu dated 3/1/16 revealed Diagnoses included injury, and a history of the text of the current of the curr	n, interview and reco ed to ensure superved in accordance wit leed, resulting in eld d (#5, and #6) reside trrent FL2 for Reside d: dementia, traumatic	vision of th each opement ents. The ent #5				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
						R-C
		HAL092186	B. WING	····	05	5/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING		VERSBORO ROAD			
- HORITI	OINTE AGGIOTES EIVING	GARN	ER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	21	D 270			
	and used a wheelcha	I total care, non-ambulatory, ir.				
	12/1/15. Review of Resident #5's Care Plan, dated 1/1/16 revealed: -Due to cognitive deficits, resident was not able to perform activities of daily life without assistanceShe was not able to dress herself at allShe was wheelchair bound and required hands on assistance for ambulation.					
	Resident #5 dated 4/2 -At 3:00am Resident and wheelchair, down the sidewalk along a Mair -Staff were looking for parking lot and notice	#5 rolled herself in her parking lot onto the n [named] road. r the resident, went into the d blue lights flashing. d the flashing lights and er with Resident #5.				
	-The staff asked the replanning to go and she in the direction she was -The supervisor compassessment and no ir -One to one supervisit resident and a wander on the residentResident #5 was involved.	oleted a full body njury was noted. on was provided for the er-guard bracelet was placed				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		· '	E SURVEY PLETED
		HAL092186	B. WING		I	R-C 5/10/2016
	PROVIDER OR SUPPLIER	G OF GARNER	ET ADDRESS, CITY, STATE AVERSBORO ROAD NER, NC 27529	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Resident #5 dated 4/-ResidentsResident was sliding wheelchairResident was having at times using profame when approachedResident was attemedoors in the parking remergency medical contacted along with resident #5 was vistere was no injury in resident #5 and other emergency personneThe resident's physical revealed: -On 4/26/16, around the South hallway whoticed Resident #5 revealed: -On 4/26/16, around the South hallway whoticed Resident #5 revealed: -She looked on the allow able to find Resident -She alerted 2 other to locate the resident residentThe supervisor went building, and directed continue to search the "The supervisor wall to the street, where continue to search the saw Resident #5 resident started being resident started starte	226/16 at 9:35pm revealed: ative toward staff and other g down and out of her g impulsive, loud outbursts, ity, kicking and biting staff pting to open a visitor's car ot. systems (EMS) was the Magistrate's office. ually assessed for injury, and oted. ers were kept safe until el arrived. cian and family was notified. Notes for Resident #5 written e 3rd shift on 4/26/16 2:30am the aide assigned to here Resident #5 resided was not in the hall. djoining hallway and was not #5. staff and they were all unable				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	PLETED
		HAL092186	B. WING			R-C /10/2016
					05	1012010
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
NORTH P	OINTE ASSISTED LIVING	G OF GARNER	RSBORO ROAL)		
		GARNER	, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 23	D 270			
	facilityThe supervisor went asked another staff w responded to better, back to the facilityWhen the other staff she returned to the facility.	back to the facility and whom Resident #5 to go and bring the resident went to get Resident #5, acility with him.				
	Confidential interviews with 6 staff members revealed: -Resident #5 was fully dressed in her clothes and shoes when she eloped on 4/26/16Resident #5 had been missing for about 2 hours, before they found herIt had to take Resident #5 a while to get all the way down the streetResident #5 was about a quarter of a mile down the roadResident #5 did not sleep in bed clothes, she would not let anyone put her in pajamasThe resident did not sleep in her room, she slept on the couch in the day room every night (the physician was not aware of this)Resident #5 had tried to elope from the facility before.					
	-The staff could not do and keep watch on Re-Resident #5 had triedoor one night in mide. The alarm was on an able to pull her backe. The shift supervisor tried to elope the first. The night shift often as laundry and count building, which took to area they were assige. There was supposed.	had to do other duties such ing linen in the front of the hem away from the resident				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP			CONSTRUCTION	(X3) DATE SU	
,	5. 05.u.=0			A. BUILDING: _			
		HAL092186	i .	B. WING		R-0 05/1 0	C 0/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF GARNER	1437 AVER GARNER, N	SBORO ROAD)		
0/0.15	CLIMMADV CT	ATEMENT OF DEFICIEN			PROVIDER'S PLAN OF CORRECTION	ON	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	Continued From page	e 24		D 270			
		y had left. s where they were cometimes congre ng the resident ha revious incident wi uilding unnoticed	e supposed egated in illways ith a on the				
	Interview with the Resident Care Coordinator (RCC) on 5/5/16 at 10:40am revealed: -Resident #5 eloped out the front door on 4/26/16, during the 3rd shiftThe front door was not alarmedResidents are able to go out of the front door to smoke throughout the nightThe 3rd shift staff generally locked the door. The door was supposed to be locked on the 3rd shift.						
	-From her understand locked that nightResident #5 kept say down the street near that nightA wander guard was in the day on 4/26/16 -The resident smashe prior to exiting out of same dayResident #5 was ser evening of 4/26/16 ar behaviors.	ying she was goin the place she was placed on Reside . ed the bracelet interest the front door againt to the hospital of	g to go s found ent #5 later o pieces in later the				
	Interview with a family 5/5/16 at 5:00pm reverse resident #5 had a prinjury, due to a motor -She had no use of the was unable to put her	ealed: revious traumatic vehicle accident. ne right side of hei	brain body, and				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		R-C
		HAL092186	B. Wille		05/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		1437 AVE	RSBORO ROAI		
NORTH P	OINTE ASSISTED LIVING	G OF GARNER	NC 27529		
	OLIMANA DV OT			PROVIDERIO PLANTOS CORRECTIO	.,
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
TAG	`	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
D 270	Continued From none	- 05	D 270		
D 210	Continued From page	25	0270		
	-She was unable to s	tand up or walk without a			
	person on each side	of her, and her speech was			
	impaired, to the point	it could be difficult for some			
	people to understand	her. She (the family			
	member) was always	able to understand her.			
	-She received a call of	on 4/26/16 at 5:00pm from			
	the facility and was in	formed Resident #5 had			
	exited the building an	d went down the street, in			
	the early morning hou				
	-When they contacted	d her, they were talking			
	about Resident #5's b	pehaviors instead of			
	explaining how she m	nanaged to get out of the			
	facility				
	-She was not aware h	now long Resident #5 had			
	been missing.				
	-She did not understa	and how Resident #5 could			
	be completely dresse	ed at 3:00am.			
	-Since Resident #5 co	ould not walk, she did not			
	understand how she	left the facility in a			
	wheelchair, without s	taff knowing she was gone.			
	-They said they put a	wander guard on her the			
	same day she exited	the building after they got			
	her back inside.				
		esident #5 had tried to exit			
	the facility in March.				
	-One day, about a mo				
		cility and she was sitting out			
	on the front porch by				
	1	ad an open door policy.			
		l lock the door from the			
		t lock the door from the			
	· ·	ts could go out to smoke			
	anytime day or night.				
		t on 4/26/16 Resident #5			
	"was transported to the	ne hospital they said, due to			
	her behaviors".				
	-Resident was still in	the hospital and the family			
	member was no longe	er able to understand what			
	Resident #5 was savi				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, , ,	E SURVEY PLETED
		HAL092186	B. WING		l l	R-C 5/ 10/2016
NAME OF F	PROVIDER OR SUPPLIER	STRE	EET ADDRESS, CITY, STAT	TE, ZIP CODE		
NODTH D	OINTE ASSISTED I IVING	COE CARNER 1437	AVERSBORO ROAD)		
NORTH	OINTE ASSISTED LIVING	GARNER GAR	RNER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	0 270 Continued From page 26		D 270			
	Interview with a Nursi 10:20pm reveled: -She had been assign night of 4/25/16At about 2:00am, Re on the couch in the T -The resident asked h in her wheelchairShe put Resident #5 the south hall to go a the buildingShe came back to th 2:00am to put away a Resident #5 was still -The other resident a bed sheets while she away laundryThe NA changed the resident. While she w Resident #5 took offShe did not hear Res thought Resident #5 (adjoining hall conner -When she finished c realized she did not h checked the west hal find Resident #5She asked other stat #5 and they both che east hall, -Three NAs were sea could not find the res supervisorHe went outside and building when he wer the street, he saw po	e Aide (NA) on 5/5/16 at med the south hall on the esident #5 had been laying V room. There to put her (the resident) in her wheelchair and left and do laundry in the front of the south hall a little after another resident's laundry, sitting in the hallway. Sked the NA to change her was in her room putting the bed sheets for the other was changing the bed linens as changing the bed linens where to the west hall coted to the front hallway). The hall way and was not able to the foot to the linens, she were the linens was anot able to the foot to the linens was anot able to the foot the linens was anot able to the foot the linens was not able to the linens was not				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL092186	B. WING		R-C 05/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
NORTH P	OINTE ASSISTED LIVING	OF GARNER	RSBORO ROAL		
	OLIMANA DV. OT		, NC 27529	DDOVIDEDIO DI AN OF CORDECTI	ON .
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 270	Continued From page	27	D 270		
	building because she -The supervisor came another NA had to go Resident #5 to come -By the time they got building, it was about -Resident #5 had wal doorThe front door was u time, so residents tha to smoke. Interview with the Bus (BOM) on 5/6/16 at 1 -She was on call on t call from the 3rd shift -She was informed th from the facility at abo -The supervisor said	began yelling and fighting. be back to the building and down the street to get back to the facility. the resident back in the 3:00am. ked right out of the front anlocked the majority of the at smoke could go in and out siness Office Manager 1:30pm revealed: he 4/26/16, and received a supervisor at 3:52am. at Resident #5 had eloped out 3:00am. he went outside to look for			
	the resident and found the resident down the street talking to a police officer. -She notified the RCC, the Administrator, and the Regional Director by group text. -The Regional Director called her back for more				
	noticed Resident #5 v 2:30am and 3:00am.	ning laundry when she was missing, between then Resident #5 was last			
	-The Regional Directo	or requested Resident #5 pervision for the remainder			
	11:55pm revealed: -She was new to the -She had been the Ad 3 weeks.	ministrator on 5/5/16 at community. Iministrator at the facility for scussion on 2 hour staff			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R-C
		HAL092186	B. WING		05/10/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
NODTH D	DINTE ASSISTED LIVING	COE CARNER 1437 AVE	RSBORO ROAD		
NORTHP	JIN TE ASSISTED LIVING	GARNER,	NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 270	Continued From page	e 28	D 270		
	residents with behavi- She did not have an residents were to be -Resident #5 had disphysically abusive be displayed any wande aware ofThere was a video significant the lock on the door with turned by anyone and the front door was religious from elopingThere was nothing of from coming in or goid to a wander guident that a wander guident that a wander guident side of the sid	answer for how frequently monitored. played verbally and chavior, the resident had not wring behaviors that she was system on the front door, but was a turn lock. It could be do the door would open. The total armed. The total armed in place since Resident #5 to to stop another resident was currently on the uard alarm for the residents			
	dated 6/18/15 revealed -Diagnoses included hypertension.				
	Review of Resident #6's Resident Register revealed she was admitted to the facility 8/30/12.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPI IDENTIFICATION N		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL092186		B. WING			R-C 5/10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
NORTH P	OINTE ASSISTED LIVIN	G OF GARNER	1437 AVE	RSBORO ROAD			
			GARNER	, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENC BY MUST BE PRECEDED E LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	D 270 Continued From page 29			D 270			
	Review of an Accide Resident #6 dated 1 -At 11:15pm, Reside on the groundThe resident was as assisted back into th -Resident #6 did not however Resident #6 her face and one ski kneesVital signs were take-The family and physical terms of the sident was to fee 2 days.	1/12/2015 revealed: Int #6 was observed Issessed by the NA, are building. Is complain of any pair Is did have skin abrain abrasion on each Is and EMS were casician were both noti	(outside) and ns; sions on of her alled. fied and				
	Review of Care Note 11/13/15 at 7:00am r-Staff was doing rour in her normal area, sinside of the facility. -The search moved was observed on the -Staff was unsure hot the area. -There were no visib time, 11:50pm. -The resident was as personal hygiene an -Injuries were noted was called, and the I the Administrator, and	revealed: ands, and the resider to staff started a sea cutside where Resider ground. w Resident #6 ende le signs of injuries a ssisted inside the face d further assessmer on her face and legs Resident Care Coord	at was not arch lent #6 ed up in t this cility for at. s; EMS dinator,				
	Confidential interview revealed: -On a cold night in Neloped from the builde. The 4 NAs working laundry room counting resident #6 went of south hall and no on	ovember 2015, Res ling. were in the front hal ng linen. ut of the back door c	ident #6 I in the				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL092186		B. WING			R-C 5/ 10/2016
NAME OF F	PROVIDER OR SUPPLIER	-	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		0.05.04.51/55	1437 AVE	RSBORO ROAL)		
NORTH F	OINTE ASSISTED LIVIN	G OF GARNER	GARNER,	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCI CY MUST BE PRECEDED B' LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 270	not alarmResident #6 was even the building about 12 mud puddle, "it was and possible the staff could not a how long Resident # found her around 11. The resident went of leading to the drivew. No staff was on the hall that night. The semedication room and the laundry room conthat was not the first get out before staff where the staff was so an eye onAfter that incident a placed on Resident #6 was so an eye onAfter that incident a placed on Resident #6 was so an eye onThe only door that we guard was the front only door that we guard was the front only door that we guard was the front only door again and the could happen again. Review of hospital do 11/13/16 revealed, Ferial contusion and linterview with the Romerow with the Romerow was soon of the south hall on the south hall on the south hall on the resident was for the south was for	rentually found in the I:30pm lying face dovo cold out that night". Come up with a time of 66 had been missing, 30pm. The court of the (south hall) way. South hall, east hall of upervisor was in the diall of the other staff unting linen. The could usually catch hard wander guard device \$46. The get out of the facility was connected to the door. The door Resident so if she went out the she alarm was not wo discharge paperwork of the seident \$46. The court of the facility was connected to the door. The door Resident was not wo discharge paperwork of the alarm was not wo discharge paperwork of the seident \$46. The court of the facility was connected to the door. The door Resident \$46. The court of the facility was connected to the door. The door she was not would be alart the was notified along that time, the	wn in a frame of but they door or west were in ried to er o keep e was again. wander at #6 south orking, it dated ed for a	D 270			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL092186		B. WING			R-C 10/2016
	ROVIDER OR SUPPLIER OINTE ASSISTED LIVING	OF GARNER		RESS, CITY, STA SBORO ROAD NC 27529		,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 270	She had not tried to go Observation of Reside 11:30am revealed she hallway (located in the Attempts to contact th not successful. Review of the Plan of the Administrator on S -Fifteen minute check increased supervision resident assessments -If it is determined tha wandering, resident w of a wander guard bra if deemed necessaryThe Administrator/RO record reviews and in level of supervision/pe meets the needs of th weeks, than monthly the -Resident's family will if this is a new behavi physician appointmen resident will be seen the -Resident's physician reported to regarding determine if new order	placed on Resident #6 or out again. ent #6's room on 5/5/16 estill resided on the soute back of the building). Protection received from 5/6/16 revealed: s will be implemented if it is deemed necessary to solve assessed for the received, bracelet, bracelet will be used. CC will perform random terviews to determine if the ersonal care being proving residents weekly time thereafter. be contacted to determine if the ersonal care being proving the residents weekly time thereafter. be contacted to determine if the ersonal care being proving the ersidents weekly time thereafter. be contacted to determine if the event and the contacted and the current symptoms, the ers are needed.	at th was m upon need sed ded s 4 ine	D 270			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPI IDENTIFICATION N			CONSTRUCTION		SURVEY PLETED
				A. BUILDING: _			
		HAL092186		B. WING			⋜-C 5/ 10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTUB	OINITE A OOIOTED I IV/IN/O	05.040050	1437 AVER	SBORO ROAD)		
NORTHP	OINTE ASSISTED LIVING	OF GARNER	GARNER, I	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENC Y MUST BE PRECEDED E .SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page 32			D 273			
D 273	3 10A NCAC 13F .0902(b) Health Care			D 273			
	10A NCAC 13F .0902 (b) The facility shall a to meet the routine ar of residents.	assure referral and					
	This Rule is not met and Based on observation interviews, the facility residents (#3) sample mammogram appoint referrals were coording services and for an arrows.	ns, record review ar failed to assure 1 or ed was rescheduled ment and failed to a nated for physical th	of 7 I for a assure				
	The Findings are:						
	Review of Resident # 11/18/15 revealed: -Diagnoses included goipolar, Ehlers- Danlo fibromyalgia, depress and status post cereber -Resident #3 was interesident #3 was am	gastric ulcer, hypoto os syndrome, otitis o ion, vitamin D defic oral vascular accide ermittently confused	ension, externa, ciency, nt.				
	Review of the Reside revealed an admissio		-				
	a. Interview with Resi 1:35pm revealed: -There had been 2 ma that were missed, one was cancelled due to the other appointmen year and was cancelle transportationShe had not had a m	ammogram appoint e was in February 2 weather "she thou t was around the fir ed due to no facility	tments 2016 that ght", and 'st of the				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEI IDENTIFICATION NUM	ARED:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
						R-C
		HAL092186		B. WING		05/10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STAT	TE, ZIP CODE	
NORTH P	OINTE ASSISTED LIVING	G OF GARNER	1437 AVERSI			
			GARNER, NO	27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY I LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 273	and reported the lum Physician (PCP) on C-The PCP was going mammogram and wo visit when the upcom Review of Resident # Physician's verbal/tel any notation of a schemammogram. Interview with the Add 9:40am revealed they information missing formation missing forma	imp in her breast rece p to her Primary Care p5/05/16. to schedule another uld let her know on hi ing mammogram wou dis's Care Notes and the ephone orders did not eduled or cancelled ministrator on 5/06/16 y would attempt to loc rom Resident #3's cha sident Care Coordinat t 1:55pm revealed: htment book that logge appointments. tor had the resident d then the transportat who was later termin this resident appointr s ago. mine if there were any of or a mammogram in y other time around the evided any	s next ald be. The art at ate the art. The art all art	D 273	DEFICIENCY)	
	up with him She had no addition Resident #3's mamm appointments.	nal information related ogram needs or with the Clinical Organ	to			

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Division	of Health Service Regu	lation		1			
	OF DEFICIENCIES	(X1) PROVIDER/SUF		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION	N NUMBER:	A. BUILDING:		COMPL	EIED
						R-	C
		HAL092186	•	B. WING		1	0/2016
		nALU92100	•			05/1	0/2016
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
			1437 AVE	RSBORO ROAL)		
NORTH P	OINTE ASSISTED LIVING	G OF GARNER	GARNER,	NC 27529			
0411.15	CLIMMADV CT	ATEMENT OF DEFICIE			PROVIDER'S PLAN OF CORRECTIO	NI.	0.450
(X4) ID PREFIX		ATEMENT OF DEFICIE Y MUST BE PRECEDE		ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFO		TAG	CROSS-REFERENCED TO THE APPROP		DATE
					DEFICIENCY)		
D 070	0 " 15	0.1		D 070			
D 273	Continued From page	e 34		D 273			
	revealed:						
	-The most recent documentation in the resident's						
	chart was from 05/05/16 that a mammogram						
	appointment had bee		•				
	month.	ii scrieduled ioi i	ater triis				
	-Prior documentation	waa an 01/07/16	that a				
	mammogram was scheduled for 02/26/16						
however, there was no proceeding							
	documentation that the	_					
appointment was cancelled.							
	-The Clinical Organiz		nessage to				
	the PCP to return the	call.					
	On 05/10/16 at 4:08p						
	was made to the Clin	-	•				
	on a requested return	call from the PC	P;				
	however, at that time	he was unavailal	ole but				
	would return the call.						
	Telephone interview v	with the					
	Radiology/Diagnostic	Center on 05/10	/12 at				
	4:44pm revealed:						
	-There was an appoir	ntment in Februar	y 2016 that				
	was cancelled by pho		•				
	-There was no inform		identify				
	who the caller was the	at cancelled the	•				
	appointment.						
	-There was no inform	ation available to	determine				
	why the appointment		40.0				
	-Resident #3 had bee		an				
	upcoming appointmen						
	-There was no inform		ems history				
	of another missed or	•	-				
		canceneu appoin	un c ni ai				
	that practice.						
	No return cell was	noised from the	rimoru ocza				
	No return call was red	•	illiary care				
	provider before the su	urvey exit.					
	E 1545-55 90 B 1	-1	/40 -1				
	 b. Interview with Resi 	aent #3 on 05/05	/16 at	1	1		i l

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1:35pm revealed:

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
				A. BOILDING.			
		HAL092186		B. WING		I	R-C / 10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	C OF GARNER	1437 AVER	SBORO ROAD			
NORTH	OINTE ASSISTED LIVING	OF GARNER	GARNER, I	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	73 Continued From page 35			D 273			
D 213	-She had a brace tha however the brace we replacementShe was seen by an 04/01/16; the orthope for a replacement bra a prescription for phystrengthening There had not been Review of Resident # documentation of any orthopedic clinic for a physical therapy from 04/01/16. Interview with the Add 9:40am revealed they missing information. Review of subsequer prescriptions for Resi-An order and a prescriptions for Resi-An order and a prescriptions for Resi-An order and a prescriptions for a new AFO (ankle lower extremityThere was a prescripphysical therapy to evange of motion, strenactivities. Observation of the Rerevealed: -The RCC called the was used by the facilithe RCC called the supplier.	t was used to treat for as worn out and need orthopedic clinic on edic clinic gave a presence to treat her foot of sical therapy for any follow up. 3's Care Notes rever of follow up from an abrace or a referral to the orthopedic visit of the orthopedic visit of the orthopedic visit of physician orders and dent #3 revealed: cription dated on 04/1 and foot orthotic) for the orthopedic visit of the orthopedic visit of the orthopedic visit of the orthopedic visit of the orthopedic of the orthopedic visit of	scription drop and aled no o on 6 at ecate the or the left for active aional active aional active ac				
	Interview with the RC revealed: -There was no referra		•				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			B. WING		R-C
		HAL092186			05/10/2016
NAME OF PI	ROVIDER OR SUPPLIER		ORESS, CITY, STA RSBORO ROAD		
NORTH P	OINTE ASSISTED LIVING	GOF GARNER GARNER,		,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	Continued From page	36	D 273		
	Resident #3 from the -There was no referral equipment supplier for from the facilityThe referral for physical AFO for Resident #3 -The RCC would forw AFO to the medical experience for physical the health agency.	If received by the medical or the AFO for Resident #3 cal therapy services and an were overlooked. For the new quipment provider and the lerapy to the facility's home			
D 276	10A NCAC 13F .0902	2(c)(3-4) Health Care	D 276		
	following in the reside (3) written procedures a physician or other li and (4) implementation of	ssure documentation of the			
	failed to assure physic were implemented for #1, #2, #8)sampled. The findings are:	as evidenced by: ew and interview, the facility cian orders for lab testing 3 of 7 residents (Residents			
		diagnoses included altered renal failure, chronic kidney hypertension,			

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	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		E SURVEY PLETED			
						R-C
		HAL092186	B. WING		05	5/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF GARNER	AVERSBORO ROAD)		
	I	GAR	NER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 276	276 Continued From page 37		D 276			
	gastro-esophageal re (HLD), and schizoph	eflux disease, hyperlipidemia renia.				
	Review of the consul Resident #8 revealed	ting pharmacy review for d:				
		pharmacist review noted ery month: "vpa 4/15, 3/15".				
	-On 12/03/2015, the	pharmacist review noted				
	Valproic Acid labs every month: "vpa 7/15". -On 03/08/2016, the pharmacist review noted					
Valproic Acid labs every month: "vpa 7		=				
	Review of a psychiatry visit report dated 02/08/2016 revealed the Physician Assistant (PAC) documented "no new labs in chart since					
	VPA 7/22/15.	no new labs in chart since				
	Review of a psychiat 08/19/2015 revealed new labs in chart since	the PAC documented "no				
	Review of a Physicia	n's order dated 03/16/2016				
	revealed an order for checked every month	· Valproic Acid level to be า.				
		#8's lab results revealed:				
		Its for a Valproic Acid level ed 07/22/2015, 06/03/2015,				
	04/08/2015, 03/27/20					
	01/14/2015. -There was a lab res	ult for a Valproic Acid				
	(Depakene) performe	ed 03/23/2016.				
		sult for Valproic Acid for ary 2016, and April 2016.				
		sident Care Coordinator				
	, ,	at 10:20am revealed: e for placing lab orders in the				
		e for placing lab orders in the kept in the medication room.				
	-The lab representati	ve came to the facility every				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETE						
AND FLAN	OF CORRECTION	IDENTIFICATION	N NOWIDEN.	A. BUILDING: _	G:		TIED
		HAL092186	3	B. WING		R- 05/1	C 0/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF GARNER		SBORO ROAD			
			GARNER, I	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIEI Y MUST BE PRECEDEI SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 276	Continued From page	e 38		D 276			
	Wednesday to draw lab requisitions. -If labs were ordered should have been dor-Once the labs were ordered copy of the lab results. -She had been the Resident who needed lab recently begresidents who needed laterview with the RC revealed: -The RCC contacted 05/09/2016 about Redraw. -Resident #8 did not general resident #8's April draw. -The physician had no missed lab draw. -She would need to talab.	in March 2016, the ne. completed, the lat is back to the facilic CC for 7 months. If you have to identify the droutine lab draw C on 05/09/2016 the lab provider of sident #8's April 2016 Valproic Act been notified all the lab to the lab fact of been notified all the lab to the lab to the lab drawn in A preparing a lab fact the lab valproic Act been notified all the lab to	o faxed a lity. see ss. at 11:25am an 2016 lab april 2016. equisition cid lab bout the				
	Interview with the Prinon 05/10/2016 at 12:3-She had recently bed #8She did not manage important to get a Val 3 monthsShe communicated to refer a recent Valpi #8 to the psychiatrist -She did not know who being missed.	30pm revealed: come the PCP for the Valproic Acid proic Acid level do with the RCC thro roic Acid level for that was low. by labs at the facil	Resident , but it was rawn every ugh email Resident ity were				
	09/28/2015 revealed of cerebrovascular ac	diagnoses include	ed history				

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			3) DATE SURVEY COMPLETED				
		HAL092186		B. WING		R- 05/ 1	-C 1 0/2016
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF GARNER	1437 AVERS	SBORO ROAD)		
	ONTE AGGIOTED EIVING	- OARNER	GARNER, N	IC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATIO	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 276	6 Continued From page 39			D 276			
	8/4/15, and seizure disorder.						
	-There was a lab resu collected on 03/09/20						
	-There were no lab re record.	sults for a CMP found i	n the				
	Interview with the Resident Care Coordinator (RCC) on 05/05/2016 at 10:20am revealed: -She was responsible for placing lab orders in the lab requisition book kept in the medication roomThe lab representative came to the facility every Wednesday to draw labs for those residents with lab requisitions in the lab book kept in the		n the om. very				
	medication roomIf labs were ordered should have been do	in March 2016, the labs	3				
	-Once the labs were of copy of the lab results -She had been the Ro		d a				
	-She had recently begresidents who needed	gan to identify those					
	revealed: -She had contacted the state of the lab provider had Dilantin level on 03/05The lab provider did	l only drawn bloodwork 9/2016. not know why bloodwor	for a				
	-She would contact th	ne only lab work perforn ne lab for a copy of the l or the 03/09/2016 lab d	ab				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7. BOILDING.		R-C
		HAL092186	B. WING		05/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
NORTH P	OINTE ASSISTED LIVING	GOF GARNER	SBORO ROAL)	
	OLINANA DV. OT	GARNER,		DDOWDEDIO DI AN OF CODDECTIO	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 276	Continued From page 40		D 276		
	that was prepared for revealed: -There was no checkly procedure. -There was no checkly procedure. -There was no checkly procedure. -"Dilantin level" had be section of the lab requestion of the l	erlooked the request for the all the physician. eceived from the RCC on that was sent from the as the most important lab. If the drawn on the normal the all the drawn on the normal that was a sent from the normal that was sent from the normal that the drawn on the normal that was a sent from the normal that was sent from the normal than the normal that was sent from the normal that was sent from the norm			
	being missed. 3. Review of Residen 01/08/16 revealed:	t #1's current FL-2 dated dementia (multi infarct),			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		COM	E SURVEY PLETED
		HAL092186	B. WING			R-C 5/10/2016
	PROVIDER OR SUPPLIER	G OF GARNER	T ADDRESS, CITY, STATE AVERSBORO ROAD IER, NC 27529	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 276	hyperlipidemia, atypi hypertrophy, cellulitis calf deep vein thromi-There was a physici generic name for Co thinner medication us blood clots) 12 mg tale Review of subsequent Resident #1 revealed an International Norro (INR) (an International Odo) deek beginning 04/0. There were no lab roweek beginning 04/12. There were no lab	cal psychosis, left ventricular of right leg, history of left bosis. an's order for Warfarin, umadin (an oral, blood sed to treat and prevent lake daily at bedtime. Int Physician orders for d an order dated 03/22/16 for malized Ratio blood test al Normalized Ratio is a measure how long it takes for the done every week. If 's lab results revealed: esults for an INR level for the 3/16. esults for an INR level for the 7/16. esults for an INR level for the 4/16.	D 276			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1437 AVERSBORD ROAD GARNER, NC. 27529 (ACA) ID SUMMARY STATEMENT OF DEPOICHORIES ID RECOULT OF PROVIDER'S PLAN OF CORRECTION (EACH OPENITE ACTION SHOUL) as CRASS-REPERRICED OF HULL PREFIX 1/40 D 276 Continued From page 42 -She could verify that most orders are handled via email. -She was aware that there was one weekly INR that was missed recently when the RCC was off but could not verify what week it wasShe would typically base the need for obtaining the INR levels on the result of the therapeutic range levelIf there were any order changes for obtaining the INR levels on the result of the therapeutic range levelAn email dated 02/18/16 at 3:55pm from the RCC and the PCP for Resident #1 revealed: -An email dated 02/18/16 at 3:55pm from the RCC to the PCP that Resident #1 was on Couradin 12mg -An email dated 02/18/16 at 3:55pm from the PCP to the RCC to change Resident #1's Couradin to 1 fing daily -An email dated 03/23/18 at 6:00pm from the PCP for Resident #1's Couradin to reflect a change to the previous ordered weekly INR lab order. Interview with the RCC on 05/10/16 at 5:30pm revealed: -The facility had a lab requisition each time and on each resident prior to any lab being obtainedThe rew was on missed lab the week of 04/13/16;	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MANE OF PROMIDER OR SUPPLIER NORTH POINTE ASSISTED LIVING OF GARNE (X4) ID PREED (SUMMARY STATEMENT OF DEFICIENCIES) (X4) ID PREED (SUMMARY STATEMENT OF DEFICIENCIES OF ID NO SUMMARY STATEMENT OF DEFICIENCY) D 276 Continued From page 42 -She could verify that most orders are handled via email. -She was aware that there was one weekly INR that was missed recently when the RCC was off but could not verify what week it was. -She would typically base the need for obtaining the INR levels on the result of the therapeutic range level. -If there were any order changes for obtaining the INR levels on the result of the therapeutic correspondences with the RCC. Review of email correspondents between the RCC and the PCP for Resident #1 revealed: -An email dated 02/18/16 at 3.55pm from the PCP to the RCC to change Resident #1's Coumadin to 11mg daily. -An email dated 02/21/16 at 3.55pm from the PCP for Resident #1's Coumadin to reflect a change to the previous ordered weekly INR lab order. Interview with the RCC on 05/10/16 at 5:30pm revealed: -The facility had a lab requisition book that was used for the lab provider. -The lab provider must have a lab requisition each time and on each resident prior to any lab being obtained. -There was one missed lab the week of 04/13/16;			HAL092186	B. WING			
NORTH POINTE ASSISTED LIVING OF GARNER 1437 AVERSBORO ROAD GARNER, NC. 27529	NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 00.10.2010	
OARNER, NC 27529 Continued From page 42 C	NODTU D	ONTE A COLOTED I D'INI	1437 AVE				
PREFIX TAG Continued From page 42 She could verify that most orders are handled via email. She was aware that there was one weekly INR that was missed recently when the RCC was off but could typically base the need for obtaining the INR levels on the result of the therapeutic range level. If there were any order changes for obtaining the INR levels on the result of the threapeutic correspondences with the RCC. Review of email correspondents between the RCC and the PCP for Resident #1 revealed: An email dated 02/18/16 at 3:55pm from the RCC to the PCP that Resident #1 was on Coumadin 12mg An email dated 02/18/16 at 3:55pm from the PCP for Resident #1's Coumadin to 11mg daily. An email dated 02/323/16 at 6.00pm from the PCP for Resident #1's Coumadin to 11mg daily. An email dated 03/323/16 at 6.00pm from the PCP for Resident #1's Coumadin to reflect a change to the previous ordered weekly INR lab order. Interview with the RCC on 05/10/16 at 5:30pm revealed: The Tablity had a lab requisition book that was used for the lab provider must have a lab requisition each time and on each resident prior to any lab being obtained. There was noe missed lab the week of 04/13/16; There was noe missed lab the week of 04/13/16; There was noe missed lab the week of 04/13/16; There was noe missed lab the week of 04/13/16; There was noe missed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; There was no emissed lab the week of 04/13/16; Ther	NORTH P	JINTE ASSISTED LIVING	GARNER GARNER,	NC 27529			
She could verify that most orders are handled via email. She was aware that there was one weekly INR that was missed recently when the RCC was off but could not verify what week it was. She would typically base the need for obtaining the INR levels on the result of the therapeutic range level. If there were any order changes for obtaining the INR levels it would be in the form of an order documented within the chart or via email correspondences with the RCC. Review of email correspondents between the RCC and the PCP for Resident #1 revealed: -An email dated 02/18/16 at 3:51pm from the RCC to the PCP that Resident #1 was on Coumadin 12mg -An email dated 02/18/16 at 3:55pm from the PCP to the RCC to change Resident #1's Coumadin to 11mg daily. -An email dated 03/23/16 at 6:00pm from the PCP for Resident #1's Coumadin to 11mg daily. -There was no documentation to reflect a change to the previous ordered weekly INR lab order. Interview with the RCC on 05/10/16 at 5:30pm revealed: -The facility had a lab requisition book that was used for the lab provider. -The lab provider must have a lab requisition each time and on each resident prior to any lab being obtained. -There was one missed lab the week of 04/13/16;	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE	
email. -She was aware that there was one weekly INR that was missed recently when the RCC was off but could not verify what week it was. -She would typically base the need for obtaining the INR levels on the result of the therapeutic range level. -If there were any order changes for obtaining the INR levels it would be in the form of an order documented within the chart or via email correspondences with the RCC. Review of email correspondents between the RCC and the PCP for Resident #1 revealed: -An email dated 02/18/16 at 3:55pm from the RCC to the PCP that Resident #1 was on Coumadin 12mg -An email dated 02/18/16 at 3:55pm from the PCP to the RCC to change Resident #1's Coumadin to 11mg dailyAn email dated 03/23/16 at 6:00pm from the PCP for Resident #1's Coumadin to to timp dailyThere was no documentation to reflect a change to the previous ordered weekly INR lab order. Interview with the RCC on 05/10/16 at 5:30pm revealed: -The facility had a lab requisition book that was used for the lab providerThe lab provider must have a lab requisition each time and on each resident prior to any lab being obtainedThere was one missed lab the week of 04/13/16;	D 276	Continued From page	e 42	D 276			
she was off that day and the Supervisor must not have filled out the lab requisition.	D 276	-She could verify that emailShe was aware that that was missed recebut could not verify weshe would typically the INR levels on the range levelIf there were any ord INR levels it would be documented within the correspondences with the correspondences with the remail dated 02/1 RCC and the PCP for the PCP that Coumadin 12mg and email dated 02/1 PCP to the RCC to comadin to 11mg degree and the PCP for Resident #1" to 12mg dailyThere was no documented with the RCC to the PCP for Resident #1" to 12mg dailyThere was no documented with the RCC revealed: -The facility had a late used for the lab provider mule each time and on each being obtainedThere was one missis she was off that day as she was off that day as the received with the received that the received with that day as the received was off the received was off that day as the rece	there was one weekly INR ently when the RCC was off what week it was. base the need for obtaining result of the therapeutic der changes for obtaining the ein the form of an order ne chart or via email the the RCC. Respondents between the resident #1 revealed: 8/16 at 3:51pm from the Resident #1 was on 8/16 at 3:55pm from the hange Resident #1's aily. 3/16 at 6:00pm from the is Coumadin to be increased mentation to reflect a change ed weekly INR lab order. CC on 05/10/16 at 5:30pm or requisition book that was ider. st have a lab requisition ch resident prior to any lab ed lab the week of 04/13/16; and the Supervisor must not	D 2/0			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		D 0
		HAL092186	B. WING		R-C 05/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
NORTH P	OINTE ASSISTED LIVING	G OF GARNER 1437 AVEF	RSBORO ROAL)	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 276	6 Continued From page 43		D 276		
	Observation of the RO revealed: -The RCC called the there were no INR late 04/17/16 and 04/24/1 -The RCC called the	CC on 05/10/16 at 5:30pm lab provider and confirmed os drawn the week of 6. PCP to report that Resident erformed as ordered for the			
	the Administrator on 8 -The facility will conta of lab ordersThe facility will have orders, -A lab order notebook tracking and monitori -The Administrator/Re lab orders and the lab compliance. CORRECTION DAT 6	labs drawn per physician (will be implemented for the ng of ordered labs. egional Director will review o notebook weekly to ensure			
D 358	10A NCAC 13F .1004 Administration 10A NCAC 13F .1004	4(a) Medication 4 Medication Administration	D 358		
	preparation and admi prescription and non- by staff are in accorda (1) orders by a licens which are maintained	me shall assure that the inistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		D.O.
		HAL092186	B. WING		R-C 05/10/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
NORTH P	DINTE ASSISTED LIVING	A OF GARNER 1437 AVER	SBORO ROAD		
	SINTE AGGIOTES LIVING	GARNER,	NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 44	D 358		
	This Rule is not met TYPE A2 VIOLATION	Ī			
	reviews, the facility fa were administered as (Residents #4, #9, #1 medication passes, in	ns, interviews, and record illed to assure medications ordered for 3 of 6 residents 0) observed during the nocluding errors with Novolin			
	R insulin (Resident #4) and Humalog Insulin (Resident #10) and Flonase nasal spray (Resident #9), and 3 of 7 residents (Residents #1, #3, #4) sampled for record review including errors with Novolin R Insulin (Resident #4), Hydralazine (Resident #4), Abilify and Coumadin (Resident				
	#1), and Clonazepam				
	The findings are:				
	1. The medication error rate was 9% as evidenced by 3 errors out of 33 opportunities observed during the 12:00pm and 5:00pm medication passes on 05/04/2016, and the 8:00am medication pass on 05/05/2016.				
	05/04/2016 at 11:50a	finger stick blood sugar			
	-The blood sugar resu	ult was 192.			
	revealed: -She would administe medication room whe dining room for lunch -Resident #4 was on	a sliding scale insulin. e administered 2 units of			
	Novolin R insulin (a s				

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STATE FORM B4UT11 If continuation sheet 45 of 67

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		o. ` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			720.12516			R-C
		HAL092186	B. WING		I	/10/2016
NAME OF P	ROVIDER OR SUPPLIER	:	STREET ADDRESS, CITY, STAT	E, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	S OF GARNER	1437 AVERSBORO ROAD			
NORTH	OINTE ASSISTED LIVING	3 OF GARNER	GARNER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULI LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page 45		D 358			
	FSBS of 192.					
	revealed: -The MA prepared an Insulin 2 units to Res -The MA documented Novolin R Insulin 2 units unit	oses included status pos butation, hypertension, e II, coronary artery disea ulmonary disease, periph ession, and chronic kidne an's order for accuchecks	t ase, seral y			
	Administration Recor-Printed instructions of check FSBS before in scale insulin: less that units, 201-250=4 units and 301-350=8 units, great call physician. The FSBS checks with 1:30am, 4:30pm, and "See sheet" was writh MAR for documenting medication. Review of a May 201 Sliding Scale flowsheed.	for Novolin R Insulin were meals and at bedtime slid an 150=0 units, 151-200=1s, 251-300=6 units, ater than 351=10 units are rere scheduled for 7:30and 8pm.	e ing 2 nd n,			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP		, ,	CONSTRUCTION	(X3) DATE SU	
AND FLAN	OF CORRECTION	IDENTIFICATION	NOMBER.	A. BUILDING: _		COWIFLE	IED
		HAL092186	i	B. WING		R-0 05/1 0)/2016
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF GARNER	1437 AVER GARNER, N	SBORO ROAD NC 27529)		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIEN		ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED SC IDENTIFYING INFO		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLETE DATE
D 358	Continued From page 46			D 358			
D 358	continued From pages sheet for Novolin R stunits, 151-200=2 units, 301 351=10 units and call -There was documen 7:30am, 11:30am, 4:3 Resident #4. -There was documen sliding scale insulin 1 FSBS results were grown and the page on 04/14/2016 with a orders from the hospitalization. -The RCC did not see insulin on the new FL orders. -Resident #4 was on hospitalization. -The RCC did not knot the sliding scale flow Resident #4 did not his cale insulin. -The RCC had transor discharge summary to #4 was readmitted an order. Interview with the RC revealed: -The RCC had just control the sliding scale insulin. -The sliding scale insulin.	iding scale less the state of the MAR when Indicated the physic of the physic	s, atter than ecks at aily for ration for sident #4's dinator led: the facility echarge sulin before attached estiding from the Resident iding scale at 4:30pm cian and dibe on a sen	D 358			
	order for the sliding so -A medication aide has scale flow sheet beca	nd attached an old	•				

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STATE FORM B4UT11 If continuation sheet 47 of 67

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP			CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION	NOWBER.	A. BUILDING: _		COWIFE	EIED
		HAL092186		B. WING		R- 05/1	C 0/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF GARNER	1437 AVER	SBORO ROAD			
	SINTE AGGIOTES ENTING	O GARRIER	GARNER, I	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	page			D 358			
	previously been on the sliding scale.						
	B. Observation of the 5:00pm revealed: -The MA performed at (FSBS) for Resident 7-The blood sugar results for 172" finger sunits for MA did not primic changing the needle with the insulin penual ministration for Huiblood sugar monitoring #10.	finger stick blood state. #2. ult was 172. sident #2 he would tick blood sugar. alog Kwik Pen labe ister the insulin. e the insulin pen af prior to injecting Reference in the state i	sugar I "get 2 eled for iter esident #2 and ts on the				
	Interview with the MA revealed: -She was trained to o each time a new insu when the needle was -She did not know shinsulin pen every time -She would check wit the insulin pen.	nly prime the insuli lin pen was opened changed. e needed to prime e the needle was ch	in pen d and not the nanged.				
	Review of Resident # 04/25/2016 revealed: -The resident's diagnatherosclerotic heart and chronic kidney diand obstructive sleep -There was a physicia [sliding scale] coveraginjectable medication in diabetics])100u/ml -There was no freque	oses were listed as disease, hypertens sease, enlarged prapnea. an's order for "accuge Humalog ([Humused to lower bloosubq".	sive heart rostate, alcheck s/s alog is an				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		D.C.	
		HAL092186	B. WING		R-C 05/10/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF GARNER	SBORO ROAL)		
	OLIMANA DV. OT	GARNER,		DROWDERIO DI AN OF CORRECTIO		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 48	D 358			
	-There were no sliding provided.	g scale parameters				
	Review of a physiciar revealed:	s's orders for Resident #10				
	revealed: -There was a Physician's Order copy of the April 2016 MARs which included a signature for the Nurse Practitioner dated 04/04/2016The orders included an order for accuchecks					
	ac&hs with sliding scale coverage using Humalog insulin. -The orders included the sliding scale parameters					
	for a blood sugar of 1					
		equent orders after the FL-2 sliding scale parameters.				
	Review of the May 20 revealed:	016 MARs for Resident #10				
	-FSBS checks before handwritten on the Ma	meals and at bedtime was AR and scheduled for				
	7:30am, 12:30pm, 5:3	ten instructions on the MAR				
	for Humalog sliding second 200-249=4 units, 250	cale 150-199=2 units, -299=6 units, 300-350=8				
	units and contact phy	its, greater than 400=12 sician. ten in the section of the				
	MAR for documenting medication.					
	Sliding Scale flowshe revealed:					
	sheet for Humalog sli 200-249=4 units, 250	ten instructions on the flow ding scale 150-199=2 units, -299=6 units, 300-350=8				
	units and contact phy					
		tation for accuchecks at 80pm, and 8pm daily when				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092186		B. WING			R-C / 10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF GARNER	1437 AVER	SBORO ROAD)		
	OINTE AGGIOTED EIVING	- CARRIER	GARNER, I	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIEN Y MUST BE PRECEDED LSC IDENTIFYING INFOI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 49		D 358			
	Resident #10 was in -There was documen sliding scale insulin 3 #10's FSBS results w Interview with the Adi 2:05pm revealed: -Resident #10 was ad 04/27/2016The Administrator re for review on 04/25/2 -The Administrator di sent prior to admission the RCC for reviewThe Administrator di physician orders were the RCC was responsordersAny additional inform regarding physician or requested from the re Medication AideShe would contact th any additional sliding Resident #10. Interview with the RC	the facility. tation of administra 0 times when Resi ere greater than 1 ministrator on 05/0 dmitted to the facili ceived Resident # 016 d not review all info on but gave informa d not know whethe e complete or not b sible to review the nation received in to orders may have be eferring facility by the referring facility scale insulin order	ident 50. 19/2016 at ity on 10's FL-2 cormation ation to er the because physician the facility een he RCC or regarding rs for				
	revealed: -The RCC had receiv	ed a fax from the r	eferring				
	facility with a physicial that documented Respens (Lantus and Hu-There were no order 04/04/2016 orders for The RCC had reque parameters on 04/27, FL-2 did not include some the referring facility signed orders.	sident #10 "may tal malog) with reside is subsequent to the r the Humalog slidi sted orders for slid /2016 when she re sliding scale param	ke insulin nt". ne ing scale. ling scale alized the neters.				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092186		B. WING			R-C 5/ 10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF GARNER	1437 AVER	SBORO ROAD)		
	Г		GARNER, N	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 50		D 358			
	revealed: -Resident #10 was se 05/10/2016 and a new -Resident #10 had no 04/27/2016, so the RC orders for sliding scale. Review of an FL-2 da the RCC on 05/10/20 FL-2 included an order 150-199=2 units, 2000 units, 300-350=8 units than 400=12 units and C. Review of Resider 02/08/2016 revealed: -The resident's diagnor obstructive pulmonary methicillin resistant st	ted 05/10/2016 providented 05/10/2016 providented at 4:40pm revealed ar for Humalog sliding statements, 250-299 as, 351-400=10 units, gold call physician.	on pleted. on on on the ed by the scale =6 reater uted				
	O2/09/2016 revealed a Fluticasone (generic f upper respiratory con- one spray into each n Observation of the Marevealed: -The MA administered nasal spray to each o -The MA documented Flonase after she finis medications to Reside Review of the May 20	Il discharge summary of a physician's order for for Flonase used to tre ditions) 50mcg nasal sostril two times a day. A on 05/05/2016 at 8:5 d two puffs of the Flonaf Resident #9's nostrils administration of the shed administering ent #9.	at spray 64am ase s.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED			
		HAL092186	B. WING			R-C 5/10/2016		
	PROVIDER OR SUPPLIER	G OF GARNER	REET ADDRESS, CITY, ST. RATE AVERSBORO ROA RNER, NC 27529	•				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	-Fluticasone (Flonase spray into each nostrithe MARThe Flonase was soll 8am and 8pm daily. Interview with Reside 2:30pm revealed: -She used Flonase for She administered two times a dayShe had always usedenthe Flonase helped and would usually paresident when time for Interview with a Phare 05/10/2016 at 5:30pm order for Resident #9 spray each nostril two spray each nostril two 2. Review of Resident (04/15/2016) revealed included status post in hypertension, diabeted artery disease, chrone disease, peripheral a and chronic kidney direvealed an admission Record review of phy FL-2 dated 04/15/2016 -There was a physicia before meals and at the There was no physicia insulin (SSI).	e) Spray 50 mcg inhale one il twice a day was printed or neduled for administration and the sprays of the sprays of Flonase. The sprays of Flonase is the Flonase to the pradministration. In the sinuses is the medication carries the Flonase to the pradministration. In the sprays of Flonase is the Flonase to the pradministration. In the sprays of Flonase is the Flonase to the pradministration. In the sprays of Flonase is the Flonase to the pradministration. In the sprays of Flonase is the Flonase to the pradministration. In the sprays of Flonase is the Flonase to the pradministration. In the sprays of Flonase is the Flonase to the interest in the sprays of Flonase is the Flonase was for one ce daily. In the sprays of Flonase is the sprays of Flonase is the Flonase was for one ce daily. In the sprays of Flonase is the sprays of						

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
7.11.2 1 27.11 1		.52		A. BUILDING: _		00 22.125
		HAL092186		B. WING		R-C 05/10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
NORTH D	OINTE ASSISTED LIVING	OF CARNER	1437 AVER	SBORO ROAD		
NORTHP	DINTE ASSISTED LIVING	OF GARNER	GARNER, N	IC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED I SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE
D 358	Continued From page	: 52		D 358		
D 336	a. Review of Resider Administration Record-Handwritten instruction ac & hs". -The accuchecks wern 12:30pm, 5:30pm, and "See sheet" was writt MAR for documenting medication. Review of the April 20 Sliding Scale flowshed There were printed in for Novolin R sliding stand call physician. -There was document 7:30am, 11:30am, 4:30am, 11:30am, 4:30 Resident #4 beginning through 04/30/2016 and There was document sliding scale insulin 3: FSBS results were granged in the scale insulin: less that units, 201-250=4 units, 301-350=8 units, great call physician. -The FSBS checks were granged in the scale insulin and the	at #4's April 2016 Mas (MAR) revealed ons were for "accure escheduled for 7:3 d 8pm. Item in the section of administration of the for Resident #4 instructions on the focale less than 150-250=4 units, 251-3 g on 04/15/2016 at the form and 8pm dai g on 04/15/2016 at the focale less than 150. Item of administration of a	checks - 30am, f the onitoring revealed: low sheet =0 units, 300=6 =10 units ks at ly for 7:30am tion for dent #4's Insulin the sliding -200=2 onits and	D 390		
	-"See sheet" was writ MAR for documenting medication.		i tne			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED		
		HAL092186		B. WING		l l	R-C 5/10/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	ΓE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVIN	G OF GARNER		RSBORO ROAD , NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCE CY MUST BE PRECEDED B LSC IDENTIFYING INFORM	IES Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION (EROSS-REFERENCED TO TIPE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Review of the May 2 Sliding Scale flowshouthere were handwrighted for Novolin Righted for Novolin Resident #4. There was document sliding scale insulin FSBS results were good interview with the Righted for Novolin Righted for	o16 Blood Sugar Mo eet for Resident #4 re itten instructions on t sliding scale less than its, 201-250=4 units, 1-350=8 units, greate II physician. Intation for accucheck 30pm, and 8pm daily Intation of administrat 10 times when Resid Ireater than 150. It is is a sliding scale insuliated In a sliding scal	evealed: the flow in 150=0 er than as at y for tion for tent #4's eator d: facility harge trached because ding m the Resident ing scale 4:30pm an and oe on a	D 358			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU COMPLE	
AND PLAN	OF CORRECTION	IDENTIFICATION	NINUMBER.	A. BUILDING: _		COMPLE	IED
		HAL092186	;	B. WING		R-0 05/10)/ 2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTU D	OINTE ACCIOTED I IVINI	OF CARNER	1437 AVER	SBORO ROAD			
NORTHP	OINTE ASSISTED LIVING	OF GARNER	GARNER, I	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIEI Y MUST BE PRECEDEI LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 54		D 358			
D 330	order for the sliding s -A medication aide has cale flow sheet becapreviously been on the scale flow sheet (PCP) on observe aled: -The PCP had "mainted dosage" for Resident -The PCP had "probathe day Resident #4 hospital and gave the sliding scaleThe PCP had given 04/15/2016 for a regulation of sugar less than units, 201-250=4 units, 201-350=8 units, greand call physicianThe PCP had not signo/05/06/2016 because	cale insulin. ad attached an old ause Resident #4 he sliding scale. with the Primary Co 5/09/2016 at 11:40 cained the old slidie #4. ably" talked to the was discharged from RCC a verbal or the RCC a verbal ular insulin sliding 1150=0 units, 150 ss, 251-300=6 unit ater than 351 give	had Care Dam Ing scale RCC on om the der for the order on scale for 0-200=2 ss, e 10 units er prior to	<i>D</i> 330			
	-She did not recall re the PCP on 04/15/20 -When she received a documented the verb sheet, checked the b indicating verbal order physician other than RCC kept a folder in paperwork the inhous-The RCC knew she verbal order signed a	16. a verbal order, she all order on the order on the order, faxed the order the inhouse docto her office for any see doctor needed had 15 days to ge	e der form of the form to any or which the type of to see.				
	Interview with Reside 12:00pm revealed: -Staff checked his FS -Staff administered in	BS four times a d					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
						R-C	
		HAL092186	B. W	ING		05/10/	2016
NAME OF P	ROVIDER OR SUPPLIER	S	REET ADDRESS,	CITY, STAT	re, zip code		
NODTU D	OINTE ACCICTED I IVING	NOT CARNED	137 AVERSBOR	RO ROAD	•		
NORTHP	OINTE ASSISTED LIVING	G GARNER	ARNER, NC 27	7529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 55	D 3	358			
	#4 revealed: -Instructions for admi were handwritten to the	2016 MAR's for Resident nistration of medications he MARs. as not transcibed to the					
	Review of the May 2016 MAR's for Resident #4 revealed: -Hydralzaine (used to treat high blood pressure) 10mg take one tablet twice a day was printed on the MARThe Hydralazine was scheduled for 9am and 9pm dailyThere was documentation for administration of the Hydralazine 10mg tablet twice daily at 9am and 9pm from 05/01/2016 at 9am through 05/09/206 at 9am.						
	Review of medications on hand for Resident #4 on 05/09/2016 at 1:30pm revealed Hydralazine 10mg tablets take one tablet twice daily was on hand.						
	05/09/2016 at 2:15pn -The physician's orde in Resident #4's recorThe RCC usually not order was received by on the board in the m check MAR"If a medication was of write on the MAR "ord -Medications disconti	or for Hydralazine should burd. It ified the MA's when a new by telling them or by writing edication room "new orde discontinued, the RCC worder d/c'ed". In the medication of the pharmacy.	rs, uld				

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DIVISION	of Health Service Regu	liation					
	OF DEFICIENCIES	(X1) PROVIDER/SUP		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION	NUMBER:	A. BUILDING: _		COMPL	ETED
				_		_	_
				5 14/11/0		R-	C
		HAL092186		B. WING		05/1	0/2016
			070557.400	DE00 0171/ 074	TE 710 000E		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	C OE CADNED	1437 AVER	SBORO ROAD)		
NONTHE	OINTE ASSISTED LIVING	O GARNER	GARNER,	NC 27529			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIEN	ICIES	ID	PROVIDER'S PLAN OF CORRECTION	N .	(X5)
PREFIX		Y MUST BE PRECEDED		PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFO	RMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
					DEFICIENCY)		
	0 " 15	50		D 050			
D 358	Continued From page	9 56		D 358			
	cart.						
	cart.						
	Interview with the RC	C on 05/00/2016	ot 2:25nm				
	revealed:	00 011 03/09/2010	at 2.20pm				
	-She did not see a cu						
	04/14/2016 FL-2 or h		orders for				
	Hydralazine for Resid						
	-She had transcribed	the medication or	ders to the				
	MAR for Resident #4	when Resident #4	4 returned				
	to the facility on 04/14	4/2016.					
	-Hydralazine 10mg ta	ike one tablet twic	e daily was				
	not transcribed to the	April 2016 MAR v	when the				
	resident returned to the	•					
	-The MA who was as	•	ing the				
	MARs for May 2016 r						
	Hydralazine off the M		-				
	medication was admi						
		•					
	-New medication orde	ers were laxed to	uie				
	pharmacy.						
	-New admit FL-2's we	•	•				
	-Resident #4's FL-2's		pharmacy				
	for the pharmacy to p						
	-The 05/2016 MARs		•				
	printed when the new	/ FL-2 for Residen	t #4 was				
	faxed to the pharmac	y.					
	-When reviewing the	MARs, the MA's r	needed to				
	have the new order b	ook to verify any r	new orders				
	or any discontinued of	orders.					
	-The RCC would con	tact the physician	about the				
	Hydralazine and com						
	,						
	Review of daily blood	l pressure reading	s for				
	Resident #4 from 05/						
	revaled the resident's						
		•					
	ranged from 128-134		DIOOU				
	pressure ranged from	1 / 1-82.					
	Interview with a Phar		tive on				
	05/10/2016 at 5:30pn						
	-The pharmacy printe	ed the MARs for th	е				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL092186		B. WING		R- 05/1	C 0/2016
	ROVIDER OR SUPPLIER DINTE ASSISTED LIVING	OF GARNER	1437 AVER	RESS, CITY, STA			
			GARNER, I	NC 27529			Г
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	-New medication order pharmacyIn general, orders mathe next day since restacility with medicatio opposed to the pharm prescription. 3. Review of Resider 01/08/16 revealed: -Diagnoses included hypertension, arthritis hyperlipidemia, atypic hypertrophy, cellulitis calf deep vein thromb: -There was a physicia generic name for Couthinner medication us blood clots) 12 mg tal: -There was no order in name for Abilify (an aused to treat the sym conditions) 15mg dail Review of Resident # revealed an admissional Review of subsequence and county daily	e sent to the pharmacy ers should be sent to the ay come in to the pharmacy end come in to the pharmacy end come in the pharmacy having to fill the end of	the rmacy s s s ated t), tricular left c on	D 358	DEFICIENCY)		
	Review of the March		nt #1				

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	OF DEFICIENCIES	(X1) PROVIDER/SU		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATIO	ON NUMBER:	A. BUILDING: _		COMPL	EIED
						R-	-C
		HAL09218	36	B. WING		05/1	10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTUB	OINTE A OOIOTED I NUNC	0.05.04.04.05	1437 AVER	SBORO ROAI			
NORTHP	OINTE ASSISTED LIVING	OF GARNER	GARNER, I	NC 27529			
(X4) ID		ATEMENT OF DEFICI		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	, -	Y MUST BE PRECED LSC IDENTIFYING IN		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
					DEFICIENCY)		
D 358	Continued From page	e 58		D 358			
	-A computerized entry	v for Coumadin	6mg_take 2				
	tablets daily at 8pm; t						
	entry in large print ac						
	that the order had cha						
	-There was a handwr	itten entry dated	I 02/18/16				
	for Coumadin 11mg,						
	that the order had sto						
	drawn thru the admin	istration rows fro	om 03/29/16				
	through 03/31/16.	(B.4.A					
	-The Medication Aide						
	administration of Couthrough 03/28/16.	imadin Timg iro	111 03/01/16				
	-There was a handwr	itten entry dated	1.03/20/16				
	for Coumadin 12mg,						
	-The MAs documente						
	Coumadin 12 mg from						
	03/31/16.		J				
	Review of the April 20	016 MARs for Re	esident #1				
	revealed:						
	- A computerized entr	ry for Coumadin	6mg, take 2				
	tablets daily at 8pm; t	there was a han	dwritten				
	entry in large print ac		stration row				
	that the order had cha		_				
	-A handwritten entry		for				
	Coumadin 12mg, take	, ,	ation of				
	-The MAs documente						
	Coumadin 12mg from	1 04/0 1/ 16 throu	gn 04/29/16.				
	Review of the May 20	016 MAR for Res	sident #1				
	revealed:						
	- A computerized entr						
	tablets daily at 8pm; t						
	entry in large print ac that the order was "re		stration row				
			na 2 tablata				
	 -A handwritten entry f by mouth daily at 5pn 		ng, ∠ tablets				
	-The MAs documente		n of				
	Coumadin 6mg, 2 tab						
	05/01/16 through 05/0						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
	HAL092186	B. WING			R-C / 10/2016
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
OINTE ACCIOTED I IVINI	1437 AVE	RSBORO ROAD)		
JINTE ASSISTED LIVING	GARNER GARNER	, NC 27529			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Continued From page	e 59	D 358			
(RCC) on 05/09/16 at - There should have I Coumadin in Resider - Most orders were reprimary care provider - She would review he Interview with the Pri on 05/10/16 at 12:20 - Most communication done through email The email communi order Any order changes if form of an order document order document order of the should be	t 2:20pm revealed: been order changes for int #1's record. eceived via email with the in regards to Coumadin. er emails and provide a copy. mary Care Provider (PCP) pm revealed: in related to Coumadin was ications were considered an in Coumadin would be in the umented in the resident's				
RCC and the PCP for Coumadin revealed: -An email dated 02/14 RCC to the primary pon Coumadin 12mgAn email dated 02/14 PCP to the RCC to cl Coumadin to 11mg drawn and the coumadin to 12mg daily. Interview with the RC revealed: -There "must had been Coumadin order give 12 mg daily.	Resident #1 regarding 8/16 at 3:51pm from the provider that Resident #1 was 8/16 at 3:55pm from the hange Resident #1's aily. 3/16 at 6:00pm from the second to be increased CC on 05/10/16 at 5:30pm The second to be increased to on 03/23/16 to increase to				
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page Interview with the Re (RCC) on 05/09/16 a - There should have Coumadin in Resider - Most orders were re primary care provided - She would review he Interview with the Pri on 05/10/16 at 12:20 - Most communication done through email The email communication done through email The email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order docurecord or via email communication order Any order changes i form of an order order order Any order changes i form of an order order order Any order changes i form of an order order order Any order changes i form of an order order order Any order changes i form of an order order order Any order order order order Any order o	THALO92186 ROVIDER OR SUPPLIER STREET AL 1437 AVE GARNER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 59 Interview with the Resident Care Coordinator (RCC) on 05/09/16 at 2:20pm revealed: - There should have been order changes for Coumadin in Resident #1's record Most orders were received via email with the primary care provider in regards to CoumadinShe would review her emails and provide a copy. Interview with the Primary Care Provider (PCP) on 05/10/16 at 12:20pm revealed: -Most communication related to Coumadin was done through email The email communications were considered an orderAny order changes in Coumadin would be in the form of an order documented in the resident's record or via email correspondences with the RCC. Review of email correspondents between the RCC and the PCP for Resident #1 regarding Coumadin revealed: -An email dated 02/18/16 at 3:51pm from the RCC to the primary provider that Resident #1 was on Coumadin 12mgAn email dated 02/18/16 at 3:55pm from the PCP to the RCC to change Resident #1's Coumadin to 11mg dailyAn email dated 03/23/16 at 6:00pm from the PCP for Resident #1's Coumadin to be increased to 12mg daily. Interview with the RCC on 05/10/16 at 5:30pm revealed: -There "must had been an oversight" for the Coumadin order given on 03/23/16 to increase to	ROVIDER OR SUPPLIER THAL 092186 B. WING B. WING B. WING STREET ADDRESS, CITY, STA 1437 AVERSBORO ROAD GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 59 Interview with the Resident Care Coordinator (RCC) on 05/09/16 at 2:20pm revealed: - There should have been order changes for Coumadin in Resident #1's record. - Most orders were received via email with the primary care provider in regards to Coumadin. -She would review her emails and provide a copy. Interview with the Primary Care Provider (PCP) on 05/10/16 at 12:20pm revealed: -Most communication related to Coumadin was done through email. - The email communications were considered an order. -Any order changes in Coumadin would be in the form of an order documented in the resident's record or via email correspondences with the RCC. Review of email correspondents between the RCC and the PCP for Resident #1 regarding Coumadin revealed: -An email dated 02/18/16 at 3:51pm from the RCC to the primary provider that Resident #1 was on Coumadin 12mg. -An email dated 02/18/16 at 3:55pm from the PCP to the RCC to change Resident #1's Coumadin to 11mg daily. -An email dated 03/23/16 at 6:00pm from the PCP for Resident #1's Coumadin to be increased to 12mg daily. Interview with the RCC on 05/10/16 at 5:30pm revealed: -There "must had been an oversight" for the Coumadin order given on 03/23/16 to increase to 12 mg daily. -The PCP was not aware that Resident #1	ROVIDER OR SUPPLIER THAL 092186 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1437 AVERSBORD ROAD GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 59 Interview with the Resident Care Coordinator (RCC) on 05/09/16 at 2:20pm revealed: - There should have been order changes for Coumadin in Resident #1's record Most orders were received via e mail with the primary care provider in regards to CoumadinShe would review her emails and provide a copy. Interview with the Primary Care Provider (PCP) on 05/10/16 at 12:20pm revealed: - Most communication related to Coumadin was done through email The email communications were considered an order Any order changes in Coumadin would be in the form of an order documented in the resident's record or via email correspondents between the RCC. Review of email correspondents between the RCC contemporary provider that Resident #1 regarding Coumadin revealed: - An email dated 02/18/16 at 3:55pm from the RCC to the primary provider that Resident #1's Coumadin to 11mg daily An email dated 03/23/16 at 6:00pm from the PCP for Resident #1's Coumadin to be increased to 12mg daily. Interview with the RCC on 05/10/16 at 5:30pm revealed: - There "must had been an oversight" for the Coumadin order given on 03/23/16 to increase to 12 mg daily The PCP was not aware that Resident #1	TOTAL PROPERTY AND THE PROPERTY OF THE PROPERT

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		RED.	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092186	В.	WING		R-0 05/1	C 0/ 2016	
	ROVIDER OR SUPPLIER	G OF GARNER	STREET ADDRESS 1437 AVERSBO GARNER, NC	ORO ROAD	,			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 358	from 03/24/16 throug Observation of the Rerevealed the PCP wa Resident #1 received 03/24/16 through 03/3 dose of Coumadin 12 b. Review of the Marc Administration Reconrevealed: -There was a comput 15 mg take at 9pmThe MAs documente Aripiprazole 15 mg fro 03/31/16. Review of the April 20 revealed: -There was a comput 15 mg take at 9pmThe MAs documente Aripiprazole 15 mg fro 04/30/16. Review of the May 20 revealed: -There was a comput 15 mg take at 9pmThe MAs documente Aripiprazole 15 mg fro 04/30/16. Review of the May 20 revealed: -There was a comput 15 mg take at 9pmThe MAs documente Aripiprazole 15 mg fro 05/04/16. Interview with the Adi 9:40am revealed they information missing for regarding any missing	ch 03/28/16. CC on 05/10/16 at 5:30 is contacted and advised Coumadin 11mg from 28/16 instead of the ordering. Ch 2016 Medication dis (MARs) for Resident decirated entry for Aripipra and administration of com 03/01/16 through characted entry for Aripipra and administration of com 04/01/16 through characted entry for Aripipra and administration of com 04/01/16 through characted entry for Aripipra and administration of com 05/01/16 through characted entry for Aripipra and administration of com 05/01/16 through character on 5/06/16 and would attempt to location Resident #1's character on Resident #1's character on Resident #1's character on Entry for Aripipra and administrator on 5/06/16 and would attempt to location Resident #1's character on Resident #1's character on Entry for Aripipra and administrator on 5/06/16 and would attempt to location Resident #1's character on Entry for Aripipra and administrator on Entry for Aripipra and Entry for Ar	opm ed that dered It #1 azole #1 azole #1 azole #1 azole	358				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION			
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		HVI 003406	B. WING		R-C	
		HAL092186] 3: 11:10		05/10/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	GOF GARNER	RSBORO ROAI , NC 27529)		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 61	D 358			
	-The RCC could not le Aripiprazole and also #1's pharmacy provid closed.	ocate a current order for attempted to call Resident ler, however, they were				
	11/18/15 revealed: -Diagnoses included bipolar, Ehlers Danlos fibromyalgia, depress and status post cereb -Resident #3 was interested.	gastric ulcer, hypotension, s syndrome, otitis externa, sion, vitamin D deficiency, oral vascular accident. ermittently confused. bulatory with a rollator.				
	-Review of the Reside revealed an admission	ent #3's Resident Register in date of 10/13/12.				
	revealed: -There was an order of Clonazepam (used to one tablet daily as ne-There was an order of the control o	treat anxiety) 0.5mg take eded for anxiety.				
	Administration Record -A computerized entry take one tablet once anxiety. -The Medication Aide	y for Clonazepam 0.5mg a day as needed for acute s (MAs) documented nazepam 0.5mg outside of 04/12/16 at 8:10pm, 04/15/16 at 8:00pm,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		
HAL092186			B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH D	OINTE ACCICTED I IVING	1437 AVE	RSBORO ROAI			
NORTHP	OINTE ASSISTED LIVING	GARNER,	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 62	D 358			
	04/19/16 at 12:00pm,	04/20/16 at 12:30pm, and 04/22/16 at 1:00pm.				
	Review of Resident # revealed:	3's May 2016 MAR				
	-A computerized entry for Clonazepam 0.5mg take one tablet once a day as needed for acute anxietyThere was no documented administration of Clonazepam 0.5mg from 05/01/16 through 05/05/16.					
	(RCC) and Administrative revealed: -The RCC was unaware. -The Administrator has would frequently leave with her boyfriend and take this medication a hours. -There would be continued.	sident Care Coordinator ator on 05/10/16 at 6:45pm are of the order. ad concerns the resident ethe facility in the am hours d may not be at facility to as needed in the morning act made with the primary ibly change the order.				
	orderMedication would be -The RCC/Administra immediately begin au medications were bei -The RCC would mor new orders that have -The ED/RCC would to assure medications	een contacted to obtain administered as ordered. ator/Designee would diting MAR's to ensure ng administered as ordered. ator MAR's weekly to review been added to MAR. perform random chart audits s were being administered hes one month, then monthly				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092186		B. WING		I	-C
		HALU92100				05/	10/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF GARNER		SBORO ROAD)		
	OLIMANA DV. OT	ATEMENT OF DEFICIENCIE	GARNER, I		PROVIDENCE DI ANI CE COPRE	OTION .	1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 63		D 358			
	procedures would red disciplined up to and						
	CORRECTION DATE VIOLATION SHALL N 2016.		09,				
D912	G.S. 131D-21(2) Dec	laration of Residents'	Rights	D912			
	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate relevant federal and s regulations.	nave the following right and services which are e, and in compliance	nts: with				
	This Rule is not met Based on observation interviews, the facility resident had the right services which are ac compliance with the r related to Personal C Medication Administra Physical Environment	n, record reviews, and failed to assure ever to receive care and dequate, appropriate, ules and regulations are and Supervision, ation, Health Care an	y and in as				
	The findings are: 1. Based on observate review, the facility fail residents was provide resident's assessed of for 2 of the 7 sampled [Refer to Tag 270, 10. Personal Care and St. Violation)].	ed to ensure supervised in accordance with need, resulting in elop d (#5, and #6) resider A NCAC 13F .0901(b upervision (Type A2	sion of each ement nts.				
	2. Based on observa	tions, interviews, and	l record				

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL	
		HAL092186		B. WING		R- 05/1	C 0/2016
	ROVIDER OR SUPPLIER OINTE ASSISTED LIVING	G OF GARNER		RESS, CITY, STA SBORO ROAD NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D912	were administered as (Residents #4, #9, #1 medication passes, in R insulin (Resident # (Resident #10) and F (Resident #9), and 3 #3, #4) sampled for r with Novolin R Insulir (Resident #4), Abilify #1), and Clonazepan Tag 358, 10A NCAC Administration (Type 3. Based on record r facility failed to assurtesting were implement (Residents #1, #2, #8 276, 10A NCAC 13F (Type B Violation)]. 4. Based on observative review, the facility failed to assurtesting were implementated for 10 medical part of 10 medical part (Residents #1, #2, #8 276, 10A NCAC 13F (Type B Violation)].	ailed to assure medicals ordered for 3 of 6 resion) observed during the neluding errors with No. 4) and Humalog Insulial lonase nasal spray of 7 residents (Reside ecord review including and Coumadin (Resident #4), Hydra and Coumadin (Resident #3). [Refer 13F .1004(a) Medicating A2 Violation)]. Eview and interview, the physician orders for the entering for 3 of 7 resident 8) sampled. [Refer to 13.0902(c)(3-4) Health Country interview and recited to assure each exist had a functioning a extinated when the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the country interview and residents (#4 disorientation. [Ref 13F .0305(h (4)Physicial for the countr	sidents e covolin n ents #1, g errors alazine dent r to con he lab hts Tag Care ord t door alarm door #5, and fer to	D912			
D992	the presence of contr for applicants for emp homes.	mination and screenin colled substances requ ployment in adult care	g for uired	D992			
	1	ment by an adult care rticle to an applicant is					

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PRINTED: 05/31/2016 FORM APPROVED

Division of	<u>of Health Service Regu</u>	lation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CL	Α (X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	:: A	A. BUILDING:			COMPLETED	
						R-C		
				B. WING				
		HAL092186		5. WING		05/1	0/2016	
NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADDRE	SS, CITY, STAT	TE, ZIP CODE			
		1	437 AVERSE	ORO ROAD	1			
NORTH P	DINTE ASSISTED LIVING	OF GARNER	SARNER, NC					
			JAKNEK, NO	21323				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
PREFIX TAG		LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE	
					DEFICIENCY)			
5000				D.000				
D992	Continued From page	e 65		D992				
	conditioned on the an	plicant's consent to an						
	examination and scre	- T						
		mination and screening s	hall					
		rdance with Article 20 of						
		neral Statutes. A screenii	na					
	•	s a single-use test device	·					
	•	examination and screening						
	•	y be administered on-site	- 1					
	• • • • • • • • • • • • • • • • • • • •	licant's examination and						
		e presence of a controlled	ı					
	_	care home shall not empl						
		he applicant first provides	- 1					
		written verification from th						
	applicant's prescribing	g physician that every						
	controlled substance							
		ening is prescribed by the	at					
		applicant's medical or						
		on. The verification from t	he					
		e the name of the control						
		ribed dosage and frequer						
	•	which the substance is						
	prescribed. If the resu	ult of an applicant's or						
	•	ion and screening indicat	es					
		ntrolled substance, the ad						
	•	re a second examination						
		fy the results of the prior						
	examination and scre							
		•						
	This Rule is not met	as evidenced by:						
		nd record review, the faci	lity					
	failed to assure an ex	amination and screening	for					
	the presence of contr	olled substances was						
		sampled employees (Staf	f B)					
	hired after 10/1/13. T							
		-	- 1					

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Review of Staff B's employment record revealed:

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NAME OF PROVIDER OR SUPPLIER NORTH POINTE ASSISTED LIVING OF GARNER (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGG TAGG D992 Continued From page 66 -Staff B was hired on 1/16/14 as a medication aideThere was no documentation of completion of controlled substance examination and screening found in the record.	AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	OF DEFICIENCIES CORRECTION	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1437 AVERSBORO ROAD GARNER, NC 27529 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D992 Continued From page 66 -Staff B was hired on 1/16/14 as a medication aideThere was no documentation of completion of controlled substance examination and screening							F	R-C
NORTH POINTE ASSISTED LIVING OF GARNER 1437 AVERSBORO ROAD GARNER, NC 27529 (X4) ID PREFIX TAG CONTINUED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D992 Continued From page 66 -Staff B was hired on 1/16/14 as a medication aideThere was no documentation of completion of controlled substance examination and screening			HAL092186		B. WING		05	10/2016
NORTH POINTE ASSISTED LIVING OF GARNER (X4) ID PREFIX TAG D992 Continued From page 66	NAME OF PROVIDE	VIDER OR SUPPLIER	STREET	OVIDER OR SUPPLIER	ADDRESS, CITY, STATE	, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE TOMPLETI DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY)	NORTH POINTE	NTE ASSISTED LIVING	OF GARNER	INTE ASSISTED LIVING				
-Staff B was hired on 1/16/14 as a medication aideThere was no documentation of completion of controlled substance examination and screening	PREFIX	(EACH DEFICIENC	/ MUST BE PRECEDED BY FULL	(EACH DEFICIENC)	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETE
Interview with the Administrator on 5/10/16 at 2:35pm revealed: -She was unable to locate controlled substance screening for Staff B ,"it was not done". -The Administrator was responsible for controlled substance screening for new staff. -Staff B had been working at the facility for 2 years; the previous Administrator apparently did not do a screening on Staff B.	-StafaideThe contribution found inter- 2:35 -She screeThe subs -Staf years	Staff B was hired on ide. There was no docun ontrolled substance ound in the record. Interview with the Adi:35pm revealed: She was unable to locreening for Staff B. The Administrator was ubstance screening Staff B had been wo ears; the previous A.	1/16/14 as a medication entation of completion of examination and screening ninistrator on 5/10/16 at cate controlled substance "it was not done". is responsible for controlled for new staff. king at the facility for 2 dministrator apparently did	-Staff B was hired on aideThere was no docum controlled substance found in the record. Interview with the Adr 2:35pm revealed: -She was unable to loscreening for Staff B -The Administrator was substance screening -Staff B had been worked by ears; the previous Administrator Administrator was substance screening	D992			

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