STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		1141 000044	B. WING		00/4	0/0040
		HAL099014	B. WING	·	08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIFDMO	NT VILLAGE OF YADI	KINVIIIE	RISON AVEN			
1 ILDINO	IVI VILLAGE OF TABI	YADKINV	ILLE, NC 27	055		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	County Department an annual and com 2-4, and August 8, 2 via telephone on Au investigation was in	ensure Section and Yadkin of Social Services conducted plaint investigation on August 2016 with an exit conference igust 12, 2016. The complaint itiated by the Yadkin County al Services on July 21, 2016.				
D 201	10A NCAC 13F .06 Care And Other Sta	04 (e)(1)(A)(B)(C) Personal iffing	D 201			
	Staffing (e) Homes with cap shall comply with the home is staffing to below 21 residents, a home with a cens (1) The home shall the needs of the residents on each be at least: (A) First shift (morrifor facilities with a cresidents; and 16 headditional hours of 10 or fewer resident or capacity of 40 or chart, see Rule .060 (B) Second shift (and duty for facilities with to 40 residents; and four additional hour additional 10 or fewer sus or capacity staffing chart, see F. (C) Third shift (ever per 30 or fewer residents).	acity or census of 21 or more e following staffing. When the census and the census falls the staffing requirements for us of 13-20 shall apply. I have staff on duty to meet sidents. The daily total of aide 8-hour shift shall at all times ning) - 16 hours of aide duty ensus or capacity of 21 to 40 ours of aide duty plus four aide duty for every additional ts for facilities with a census more residents. (For staffing 26 of this Subchapter.) Ifternoon) - 16 hours of aide duty plus so f aide duty for every er residents for facilities with a census or capacity of 21 to 40 or more residents. (For Rule .0606 of this Subchapter.) ining) - 8.0 hours of aide duty dents (licensed capacity or For staffing chart, see Rule				

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

TITLE (X6) DATE

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SUR COMPLETE		
		HAL099014	B. WING		08/12/2	016
PIEDMONT VILLAGE OF VADKINVILLE 409 HARI			DRESS, CITY, S RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE CO	(X5) OMPLETE DATE
D 201	Continued From pa .0606 of this Subch	-	D 201			
	facility failed to assu	s and record reviews, the ure minimum staffing des was provided for 10 out of				
	The findings are:					
	Administrator on 8/0 -A census of 33 to 3 7/6/16.	y census provided by the 04/16 revealed: 88 from 6/25/16 through idents from 7/7/16 through				
	Care Coordinator (F-She was responsible possible assured all there had been a fer not been available sworked some of the Staff did not stay lower their policy is that duty if someone is sometished worked 48 hours were short staff Aide (MA) and som (PCA). She did not have a hours worked between the Supervisors were shorts and the supervisors were shorts and the supervisors were supervisors were shorts and the s	ole for the schedule and if I shifts were covered, but the occasions where there had staff to schedule and she are shifts. I shifts were covered, but the occasions where there had staff to schedule and she are staff to schedule were hired. I staff on duty have to stay on scheduled to work and does				
	1. Review of timesh	eets for first shift from 6/25/16				

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A. BUILDING: COMPLETED HAL099014 B. WING 08/12/20:	
HAL099014 B. WING 08/12/20	
COTELEO	3/12/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
PIEDMONT VILLAGE OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055	
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CON	(X5) COMPLETE DATE
D 201 Continued From page 2 through 7/6/16 revealed the following hours worked for personal care staff (included 4 hours from supervisory staff): -6/25: 12 hours -6/30: 15 hours -7/4: 12 hours 2. a. Review of timesheets for second shift from 6/25/16 through 7/6/16 revealed the following hours worked for personal care staff (included 4 hours from supervisory staff): -6/25: 8 1/2 hours -7/2: 13 1/2 hours -7/4: 12 1/2 hours -7/4: 12 1/2 hours -7/4: 12 1/2 hours -7/4: 13 1/2 hours -7/7: 14 1/2 hours -7/8: 13 1/2 hours -7/8: 13 1/2 hours -7/10: 10 1/2 hours -7/10: 10 1/2 hours -7/10: 10 1/2 hours Review of timesheets for third shift from 6/25/16 through 7/10/16 revealed the following hours worked for personal care staff (included 8 hours from supervisory staff): -6/28: 12 hours Interview with the RCC on on 8/8/16 at 11:16am revealed she worked the following dates and shifts which were not included on her timesheets: -8 hours on 1st shift on 6/30 and 7/4 -8 hours on 2nd shift on 7/2, 7/4, 7/7, 7/8, and 7/10 -4 hours on 3rd shift on 6/28 Interview with the Administrator on 8/9/16 at 8:55am revealed:	

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NAME OF PROVIDER OR SUPPLIER PIEDMONT VILLAGE OF YADKINVILLE STREET ADDRESS, CITY, STATE, ZIP CODE 409 HARRISON AVENUE YADKINVILLE, NC 27055	/12/2016 (X5) COMPLETE DATE
PIEDMONT VILLAGE OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055	COMPLETE
PIEDMONT VILLAGE OF YADKINVILLE YADKINVILLE, NC 27055	COMPLETE
YADKINVILLE, NC 27055	COMPLETE
	COMPLETE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
D 201 Continued From page 3 D 201	
process of hiring and training new staffShe said she understood the staffing requirements for personal care staff which was based on censusShe also said she knew that personal care staff were not supposed to do housekeeping and food service duties between 7:00am and 9:00pm, but they did not have a laundry staff person or enough food service staffShe stated the facility was sprinklered. Confidential interviews with 4 staff revealed: -There were some shifts where only 1 staff has workedThey always called the RCC and let her know and she comes in if she canThe PCAs were required to do laundry and some food service duties on first and second shifts which made it more difficult if they were short staffedThe PCAs were required to set the dining room tables for all shifts and after the meal took the dirty trays back to the kitchen and swept the floor in addition to taking the food to the tables and assisting any residentsThe Supervisors were aware that "we have been short staffed." -There was not enough staff on all shiftsStaff get hired with no experience and find out they do not want to work thereWe "do what we can" so the residents' needs will be met, but sometimes their care may be delayed if we are short staffed"It is worse on the week-ends." -"It is hard to take a break" and the MAs work 12 hour shifts.	
Confidential interviews with 2 residents revealed: -"The staff stay busy and right now I have a	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
				A. BUILDING:			
		HAL099	014	B. WING	08/12/2		2/2016
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVILLE		RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		EDED 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 201	Continued From pa	ige 4		D 201			
	basket of dirty cloth they will wash it wh -"They come help u time."	en they get to	it."				
D 206	10A NCAC 13F .06 Other Staffing	604 (2b) Pers	onal Care And	D 206			
	10A NCAC 13F .06 Staff	04 Personal (Care And Other				
	The following described duties, including all						
	(B) Any housekeeping performed by an aide between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks, such as wiping up a water spill to prevent an accident, attending to an individual resident's soiling of his bed, or helping a resident make his bed. Routine bed-making is a permissible aide duty.						
	This Rule is not me Based on observative reviews, the facility housekeeping perfective between the hours limited to occasional	ions, interview failed to assu ormed by pers of 7:00am and	rs, and record re that all conal care staff d 9:00pm was				
	The findings are:						
	Review of facility curevealed a census		on 8/2/16				
	Confidential intervie -The Personal Care to do laundry on firs residents' clothes a -The washer and d	e Aides (PCAs st and second and their bed li	e) were required shift for all the nens.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL099014	B. WING		08/1	2/2016
NAME OF PROV	/IDER OR SUPPLIER		, ,	STATE, ZIP CODE		
PIEDMONT \	VILLAGE OF YADI	KINVILLE	RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
bel buil-The sin dry free -W lot -The 1/2 add -The for -The face -W fee out buil lnte 8:5 -She not 7:00 lau -She nee stallau Coo "the of wa Cob	ilding. The facility now hat he facility now hat he facility now had here the first of Apiryers which require founding to put cloud of laundry to do. They are out in the part of laundry to do. They are out in the part of laundry to do. They needed a correction and dryers help had not had a fact least one year he housekeepers with the housekeepers of laundry and did not had a safe, and trief as safe, and trief las safe, and trief las safe, and trief las safe he will help will help will help will help will have to common the was aware the last of laundry room. In fidential interview of the safe start stay busy dirty clothes that help goservation of the last o	and not connected to the main of only one residential washer ril and has two residential ed staff to go out more othes in the washer. Sensus of over 40, there was a laundry room at least 1 and and fold some clothes inside in d 1/2 hours per day. In marcial size washing is anyone who just did laundry riestayed busy with cleaning the nave time to do the laundry. Indry after dark, they did not ed to have another staff look went out to the laundry. In did not eat to the laundry of that personal care staff were housekeeping duties between the housekeeping duties between the proof of the eat of a commercial washer so make fewer trips to the easy with 1 resident revealed and right now I have a basket needs washing but they will	D 206			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				SURVEY PLETED		
		HAL099014	B. WING		08/	12/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVII I F	RISON AVEN			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	COMPLETE DATE
D 206	Continued From pa	ge 6	D 206			
	away from the facili	ty exit door.				
		ons during the survey revealed the laundry room and coming ritems.				
		OA NCAC 13F .0604(e)(1)(A) re And Other Staffing				
D 209	10A NCAC 13F .06 Other Staffing	04 (2-e) Personal Care And	D 209			
	10A NCAC 13F .06 Staffing	04 Personal Care Other				
		ribes the nature of the aide's owances and limitations				
	duties; however, pre individual residents	be assigned food service oviding assistance to who need help with eating trays or beverages to ropriate aide duty.				
	reviews, the facility service duties perform between the hours limited only to help plates, trays or bevouseles, trays or bevouseles, trays or bevouseles, the tables, and swe	et as evidenced by: on, interviews, and record failed to assure that all food ormed by personal care staff of 7:00am and 9:00pm was with eating and carrying erages to residents, and I care staff performing routine of setting the tables, cleaning eping the dining room floors.				
	The findings are:					
	Review of facility cu	ırrent census on 8/2/16				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		E SURVEY PLETED	
		HAL099014	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVII I F 409 HA	ADDRESS, CITY, S RRISON AVEN IVILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 209	revealed a census of Confidential intervietables for out to the residents the dining room floor-When there are on duty the food service resident care, but "Vobservation of the revealed at 11:30 and flatware, napkins, and Observation of the 8:45 am revealed a tables. Observation of the 8:45 am revealed a flatware and napking Interview with the Pat 3:38 pm revealed was required to set and sweep the dining meal. Interview with the control of the set and sweep the dining meal. Interview with the control of the set and sweep the dining meal. Interview with the control of the set and sweep the dining meal. Interview with the control of the set and sweep the dining meal. Interview with the control of the set and sweep the dining meal. Interview with the control of the set and sweep the dining meal.	of 41. ews with 4 staff revealed: Aides (PCAs) were required all three meals, carry the foot, clean the tables, and sweep or. Ily 2 personal care staff on the duties did take away from the downward of what we can do." dining room on 8/2/16 on a PCA was placing all the land beverages on the table. dining room on 8/3/16 at PCA cleaning the dining room on 8/8/16 at PCA setting the tables with the setting the table on 8/8/1 she worked second shift and the tables, clean the tables. The room of 8/8/16 at 2:55pm Ook on 8/8/16 at 2:55pm Ooam to 1:00pm and then to 6:00pm when he is on the extendal one, times not known,	n 6			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL099014	B. WING		08/1	2/2016
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVII I F	ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 209	Continued From pa	ge 8	D 209			
		alone, he cooked all three up the kitchen after each				
	through 7/10/16 rev -Assistant dietary si sixteen days in dieta also working. -On 6/21, 6/22, and staff worked from 9 lunch deduction. -There was no othe	time sheets from 6/25/16 realed: taff worked three out of ary when a routine cook was 6/23, the assistant dietary :00am 5:00pm with 1 hour or staff documented on the assistant cook on these days.				
	8:55am revealed: -She said she knew not supposed to do 7:00am and 9:00pm enough food serviceThere was usually food service. Refer to Tag 201 10	dministrator on 8/9/16 at that personal care staff were food service duties between h, but they did not have e staff to do everything. just 1 staff daily assigned for OA NCAC 13F .0604(e)(1)(A) re And Other Staffing				
D 234	Medical Exam & Im 10A NCAC 13F .07 Examination & Imm (a) Upon admission resident shall be testin compliance with	03 Tuberculosis Test, Medical nunizations in to an adult care home, each sted for tuberculosis disease the control measures adopted	D 234			
	specified in 10A NC subsequent amend	for Health Services as AC 41A .0205 including ments and editions. Copies of le at no charge by contacting				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL099014	B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	(INVII I F	RISON AVEN ILLE, NC 27	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 234	Continued From pa	ge 9	D 234			
	Tuberculosis Contro	Health and Human Services, of Program, 1902 Mail Service orth Carolina 27699-1902.				
	This Rule is not me Type B Violation	et as evidenced by:				
	facility failed to assu #5) residing in the fa admission for tuber	s and record reviews, the ure 2 of 5 residents (#1 and acility were tested upon culosis (TB) disease in alth Services.				
	The findings are:					
	7/22/16 revealed dia	ent #1's current FL2 dated agnoses which included st traumatic stress disorder, onality disorder.				
		#1's Resident Register dmitted to the facility on				
		#1's record revealed no ny TB tests or results.				
	10:30am revealed t	dministrator on 8/8/16 at hat Resident #1 was admitted histrator, while she was not in				
	Attempted interview 2:19pm was unsucc	with Resident #1 on 8/8/16 at cessful.				
	revealed diagnoses	rder bipolar type, diabetes				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL099014	B. WING		08/1	2/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVII I F	RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 234	Continued From pa	ge 10	D 234			
	hypomagnesemia.					
		#5's Resident Register Imitted to the facility on 6/7/16.				
		#5's record revealed no ny TB tests or results.				
	Interview with the Administrator on 8/8/16 at 10:30am revealed: -She was not aware Resident #5 did not have any TB tests or results until after he was in jail and had already been issued a discharge effective 7/24/16Resident #5 was admitted by the former Administrator, while she was not in the facility.					
	Protection on 8/4/16 -Will get two step T do not have them.	B tests for all residents who admitted without at least one				
	THE DATE OF COI B VIOLATION SHA SEPTEMBER 26, 2					
D 273	10A NCAC 13F .09	02(b) Health Care	D 273			
		02 Health Care Il assure referral and follow-up and acute health care needs				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVII I F	RISON AVEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 273	This Rule is not me Type B Violation Based on observati reviews, the facility for 3 of 8 sampled resident with medicand frequent inappr #3), three residents (Resident #3, #4, at failed to receive and (Resident #5). The findings are: A. Review of the cudated 1/14/16 revealing and second disorneurocognitive disorneurocognit	et as evidenced by: ons, interviews, and record failed to notify the physician residents regarding one ations that were unavailable ropriate behaviors (Resident regarding medication refusals and 5), and one resident who nonthly Invega injection rrent FL2 for Resident #3 aled: d traumatic brain injury, ganized type chronic, rder, and hypertension. was marked under "patient or amitriptyline (used to treat at bedtime, atorvastatin (used terol) 10mg daily, benztropine oyramidal symptoms) 1mg thenazine (used to treat the morning, 10mg at 2pm, ne. #3's Resident Register mitted to the facility on ent physician orders for				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
DIEDMO	NT VILLAGE OF VADI	ZINIZULE 409 HAI	RRISON AVENU	JE		
PIEDWO	NT VILLAGE OF YADI	YADKIN	VILLE, NC 270	55		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 273	Continued From page 12		D 273			
	revealed: -Amitriptyline was deadministered for 1 deadministered for 2 deadministered for 2 deadministered for 2 deadministered for 2 deadministered for 4 d	ords (eMARs) for March 2016 locumented as not occurrence because "med on currences due to "resident opportunities.	d			
	8:30pm revealed: -"He has been fuss threatened to harm taken away tonight. counters and pacin- things his way and things. He has refus tonight. He states h medicine they have they give him at the -Demeanor is docu- demandingMood is document -Behavior is docum aggressiveInterventions include	In Report dated 3/4/16 at sing and yelling. He has and kill people if he is not he has been hitting the general the yelling. He wants if not he will yell and throw sed to take his medications he does not want the cheap here, but the good medicine to VA."				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	PLETED
		HAL099014	B. WING		08/1	12/2016
	PROVIDER OR SUPPLIER	KINVILLE 409 HAR	DDRESS, CITY, S RISON AVEN VILLE, NC 27	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	-"Current behaviors the abilities of the A staff." -Resident #3 was s involuntary commits. Review of the Emer Resident #3 dated: -The presenting control and violent behaviorand violent behaviorand violent behaviorand violent was not a that this time." -He was "evaluated patient was not a that this time." -He was discharged at 12:25pmHe was to follow-undealth provider on a local proposition of the sident Care Cook Review of a local proposition of the sident #3 assaud punching himResident #3 was unlobby talking with proposition with Resident words with Resident words with Resident #3 got up resident by punching bodyThe other resident resident #3 was in through 4/20/16 at the Review of the eMAI and the resident was a sident words with Resident #3 was in through 4/20/16 at the Review of the eMAI and the resident was a sident was a s	and cognition are outside of assisted Living Facility (ALF) ent to the local hospital forment. Ingency Room (ER) record for 3/4/16 at 10:59pm revealed: implaint was homicidal threats in. I by tele-psychiatry they felt areat to himself or anyone else id back to the facility on 3/5/16 p with his primary Mental Monday (3/7/16). It is in the facility's redinator (RCC). I blice department report dated another resident by pset and was standing in the olice. I walked by and exchanged in #3. I and physically assaulted the ing him in the head, face and had no injuries. In jail from 3/15/16 at 3:29am 3:11pm. R for April 2016 revealed: loccurrence out of 11 use "med on order."	D 273			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/	12/2016	
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVII I F 409 HAR	DDRESS, CITY, S RISON AVEN ILLE, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
D 273	administered for 6 opportunities becau-Fluphenazine 20m administered for 1 opportunities becau-There were no refure the were no documents april 2016. Review of Resident were no documents april 2016. Review of the eMAI-Amitriptyline was considered for 10 on order", and for 1 refused" out of 31 offersed administered for 18 on order" and for 1 refused" out of 31 offersed" out of 31 offersed" out of 31 offersed" out of 62 offersed administered for 2 order and for 1 occurrefused on order and instered for 2 order and for 1 occurrefused on order and as not administered for 10 opportunities becau occurrence due to opportunities. Review of Resident were no documents May 2016.	occurrences out of 11 use "med on order." g was documented as not occurrence out of 11 use "med on order." usals documented. #3's record revealed there ed inappropriate behaviors in R for May 2016 revealed: locumented as not occurrences because "med occurrence due to "resident opportunities. ocumented as not occurrence due to "resident opportunities. daily was documented as not occurrence due to "resident opportunities. g twice daily was documented of for 14 occurrences because for 1 occurrence due to out of 62 opportunities. g was documented as not occurrences out of 31 use "med on order" and for 1 occurrences out of 31 occurre	D 273				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
		409 HA	RRISON AVENU			
PIEDMO	NT VILLAGE OF YADI	KINVILLE	IVILLE, NC 270)55		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETE DATE
D 273	Continued From pa	ge 15	D 273			
	opportunities becau- Atorvastatin was diadministered for 8 coopportunities becau- Fluphenazine 10m as not administered "med on order" and "resident refused" of Review of a Progrerevealed an entry a room asked MT (Micall the cops because told him no she got mad started cus (Personal Care Aide not to be behind the cops. Then he tried she would not get him administered to the started cus (Personal Care Aide not to be behind the cops. Then he tried she would not get him administered for the started cus (Personal Care Aide not to be behind the cops. Then he tried she would not get him administered for the started cus (Personal Care Aide not to be behind the cops. Then he tried she would not get him administered for the started fo	ocumented as not occurrences out of 30	ey.			
	-Amitriptyline was dadministered for 17 on order" and for 2 refused" out of 19 od discontinued on 7/2 -Atorvastatin was dadministered for 8 od order" and for 3 occrefused" out of 24 of -Benztropine twice administered for 17 on order" and for 3 refused" out of 49 of -Fluphenazine 10m as not administered "med on order" and	occurrences because "med occurrences due to "resident opportunities (medication was 20/16). occumented as not occurrences because "med occurrences due to "resident opportunities. daily was documented as not occurrences because "med occurrences due to "resident	n t			

AND DUAN OF CORRECTION INTERIOR NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/1	2/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVII I F	RISON AVEN ILLE, NC 27	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 273	-Fluphenazine 20m administered for 4 corder" and for 2 occ refused" out of 24 cordersed" out of 24 cordersed" out of 24 cordersed for 5 copportunities because (medication was stated for 5 copportunities because (medication was stated for 5 copportunities because for 5 copportunities because for 5 copportunities because for 5 copportunities because for for formal for	g was documented as not occurrences because "med on currences due to "resident opportunities." ER was documented as not occurrences out of 5 ise "med on order" arted on 7/20/16). #3's MCM Report dated revealed: it is acting out, slamming his room and screaming at ad by the supervising staff and calmed down and was as was a standard of the Mental Health provider by facility staff who reported gepisodes of verbal and was difficult to ed to the Mental Health provider of the Mental He	D 273			
	Review of an incide revealed:	nt report dated 7/23/16				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/	12/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
PIEDMO	ONT VILLAGE OF YADI	KINVII I F	RISON AVENU				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE	
D 273	"Was reported by to SIC (Supervisor In had gotten into this by mistake. SIC her yelling and walked wet floor sign gettin was in his bed. SIC resident (Resident: She then called 911 resident. Administragive resident his proeye on him. Directe needed. No more premainder of the data o	elephone to Administrator by Charge) that another resident resident's (Resident #3) bed and this resident (Resident #3) up to find this resident with a g ready to hit the resident that attempted to intervene, when #3) became aggressive to her. Police came, talked to ator directed staff to be sure to a for agitation and to keep and her to call mobile crisis if roblems from resident for the py." (16 at 3:20pm of video (PCA) was in dining with her back towards the #3 was about to sit in another air when that resident touched ent #3 then elbowed the other in the chest/stomach area and expeatedly with his fists. The fell backwards and hit his room table. Another resident int #3 and wrapped his arms k him to the floor to stop the ent report dated 7/24/16 diministrator by RCC that this #3) hit another resident and ent was being sent to hospital orted that police were called is resident. Administrator mobile crisis for this resident. Sentified of the incident.					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVII I F	RISON AVEN VILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 18	D 273			
	revealed: "Administrator reviec camera. During after (Resident #3) sat in resident normally si resident on his short hand. This resident resident, causing his on a dining room tat this resident to the Emergency Medica for the other resident (name of area hosp with some concerns called VA crisis line resident. VA crisis line resident. VA crisis line fered assistance. mobile crisis) again be at the facility with (named police departs)	ent report dated 7/25/16 ewed footage on security ernoon snack, this resident in the chair where other its. The other resident hit this ulder with the back of his in then attacked the other im to hit the back on his head ible. Another resident tackled floor. Staff intervened. Il Services (EMS) was called int. He is currently admitted at bital) Intensive Care Unit (ICU) is for blood on his brain. RCC in, since (Resident #3) is a VA ine is in New York, so they in RCC then called (named in, they stated that they would hin the hour. RCC also called fartment) again. They stated farrest (Resident #3), but that otective order."				
	7/25/16 at 11:20am -"Client (Resident # yesterday which led admitted to the ICU 7/23/16 client assau was sleeping in his	(3) assaulted another resident of to the other resident being of for bleeding of the brain. On ulted another resident who bed and another staff				
	up out of his bed ar then began hitting h has been taking mo prescribed accordir ALF. Staff states th medication often, h	Client picked the other residen not threw him on the ground nim with a wet floor sign. Clien ost of his medications as ng to the MAR provided by the at he refuses to take his owever, and will often become with them. Client has a	t			

	OF DEFICIENCIES CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY
				A. BUILDING:			
		HAL099	9014	B. WING		08/1	2/2016
NAME OF PRO	OVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMONT	VILLAGE OF YADI	KINVILLE		RISON AVEN LLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED 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
h a b th (d - I - I - I - I - I - I - I - I - I -	Continued From partistory of getting and assaulting staff or of secame aggressive they would not give expletive) off. Clier luring this episode. Demeanor was not activity was noted and mod was noted and restless. "Client needs inpartising and restless. "Client needs inpartising and restless." Client needs inpartising and restless. "Report documented and restless. "Report documented and residents deserved are dining room of the esident #3 had and the dining room of the esident #3 was seesident mormally seesident #3 on the point the other resident to the esident #3 hit the wrapped his arms a similar from hitting the esident #3 that the wrapped him awas Resident #3 stated of the resident #3 stated of the resident #3 stated of the resident touch the resident	agry and destruction resident exith staff me him a pen are tited as demaras agitated. It is angry and it is angry and it is angry and it is angry and it is approximent (IVC) a cumented as defined as agitated to that Reside exassaults, stated in a character of the facility on the facility of the floor. In the dining resident with this facility of the floor. In the dining resident "wy."	s. Today client embers when and told them to ault anyone anding rritable. In the to see and lack of opriate for this time." Is inpatient at the other atted 7/24/16. Ither resident in 7/24/16. Ither resident touched esident #3 began fist and knocked boom saw and the ent #3 to stop ant. The other wrapped him up die up after the	D 273			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL099014	B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
PIEDMO	NT VILLAGE OF YAD	KINVII I F	RISON AVEN			
	0.0000000000000000000000000000000000000		LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 20	D 273			
	the shoulder to get could not speakThe PCA, Staff D and relayed the sar-EMS was called to the other resident to	had touched Resident #3 on him to move because he was present during the fight me information to the officer. the scene and transported to the local hospital and d scratches on his head and				
	3:20pm revealed: -One resident hit hi fight with Resident -The same residen resultResident #3 "can't	dministrator on 8/4/16 at s head on the table during a #3. t sustained a brain bleed as a come back hereif he did would gang up on him for				
	revealed: -She was scared of don't like to turn my -Resident #3 starte -"My back was turn him (Resident #3)." -Staff called 911 an transported (named -Law enforcement of Resident #3 into cu -She had never had but was told to "wat	d the fight on 7/24/16. ed, tried to keep my eyes on d when EMS arrived they d resident) to the hospital. was called, but did not take estody. d a problem with Resident #3 tch out" for him. cation Aide (MA), Staff A on				
	-She was outside to incident happened	aking a break when the				

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		(X1) PROVIDER/S	SUPPLIER/CLIA FION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL0990)14	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVILLE		ILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 21		D 273			
	-MCM was called for Resident #3 on 7/24/16 but did not come out until the next day.						
	Telephone interviev staff on 8/4/16 at 10 had only been involuded and 7/24/16.	0:25am reveale	ed Resident #3				
	Interview with the Transporter on 8/8/16 at 12:35pm revealed: -She had notified the provider during the 7/20/16 visit about Resident #3's behaviors and had one new prescription filled while at the provider's officeShe returned to the facility with the new medication for Resident #3 and gave it to the MAs.						
	Interview with MA, 3 revealed: -Resident #3 had in 7/24/16He had tried to hit resident was in his -Resident #3 "led th 7/24/16"There is suppose room with the resident"	her one time bed. ne fight" in the	ehaviors prior to ecause another dining room on ne in the dining				
	Interview with MA, servealed: -Resident #3 "was of July." -She never had issued to the A	doing good undues with him.	il the end of				
	Interview with the A 10:30am and 11:00 -The facility's policy pharmacy, physicia medications were n	am revealed: was for staff t n, and herself	o notify the when				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	VIDER/SUPPLIER/CLIA TIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		A. BUILDING:			
HA	L099014	B. WING		08/1	2/2016
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMONT VILLAGE OF YADKINVILLE		RISON AVEN ILLE, NC 27			
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTIFIED	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
depending on the medication administeredShe was unaware of medicunavailable and not administered unavailable and not administered unavailable and not administered unavailable and not administer until 7/24/16 when he got into another resident in the facilities. She became aware of their when she reviewed his charneshe was unsure if the proving regarding Resident #3 missister medications because he walkesident #3's last day in the He was involuntarily committed hospital. Subsequent interview with the 8/8/16 at 12:23pm revealed behaviors included the use of medications, 15 minute check contact the VA crisis line, or discharge if behaviors did not revealed Resident #4 from the facility effective 7/2 safety of this resident or other facility is endangered." Interview with the RCC on 8 revealed: -Interventions used by the facility is endangered." Interview with the RCC on 8 revealed: -Interventions used by the facility of the resident medications, doing 15 minute MCMMCM would decide if a resign the facility or if they needed the hospitalThere is a facility form that 30 minute checksThe 15 to 30 minute check	ations being tered to Resident #3 or an altercation with Ey. nedication issue to the der was notified and doses of so out of medications. The facility was 7/25/16 and the Administrator on interventions for of as needed (PRN) ocks, contact MCM, initiate an emergency of improve. Insfer/Discharge dated the discharged 6/16 due to "the er individuals in this was discharged for the er individuals in this decility for behaviors ent first, use of PRN are checks, and calling dent was safe to stay and to be admitted to discutilized for the 15 to discution with the second calling dent was safe to stay and the same that t				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			74. 501251110.			
		HAL099014	B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVII I F	RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	falls or behaviors a -She was able to "to MCM for the incide -MCM saw Resider had him "IVC'd" for 7/24/16. Telephone interview 2:04pm revealed: -She was responsit to the VA Crisis Lininappropriate behar- She was unsure if faxed regarding Re -The Medication Air send the fax if the If Further review of th May, June and July -There was no doc Resident #3's Ment Care Provider (PCI was out of medicat -There was no as r listed on the eMAR	and would be labeled as such. alk him down" and not call not that occurred 6/12/16. In #3 on 7/25/16 (Monday) and his behaviors on 7/23/16 and with the RCC on 8/11/16 at the ple for faxing Progress Notes the for Residents that had viors. The VA Crisis Line had been sident #3's behaviors. The VA Crisis Line had been sident #3's behaviors. The VA Crisis Line had been sident #3's behaviors. The VA Crisis Line had been sident #3's behaviors. The CRCC was unavailable. The eMARs for March, April, with 2016 revealed: Line eMARs that all Health provider or Primary P) had been notified that he	D 273			
	VA Primary Care O 2:51pm revealed: -Resident #3 had o provider on 7/20/16	utpatient Clinic on 8/11/16 at nly seen his Mental Health				
	behaviors at his 6/1 PCP. Further review of R -He did not follow-u provider on 3/7/16. -There was no doci incident on 3/15/16	umentation related to the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL0990	14	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER	KINVILLE	409 HAR	DRESS, CITY, S RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 273	Continued From pa 6/7/16 at 6:00am to documentation to d frequent checks to -The Mental Health notified of his beha -He had missed sch Mental Health providue to "no show." Attempted telephor Mental Health provinot successful. Attempted telephor Guardian on 8/10/1 unsuccessful. Refer to review of t policies. Refer to interview of t policies. Refer to interview of t policies. B. Review of Resid revealed: -Diagnoses which i disorder bipolar typ hypertension, and h Physican orders for 2 times daily after r disorder), magnesie "for low amount of metformin 500mg 2 high blood sugar), I acid 0.8mg daily (a hydroxyzine pamoa needed for anxiety, bedtime as needed Sustenna 156mg 1	escribe the real be done. provider and Fiviors from 3/4/meduled appointed on 1/27/16 are interview with ider on 8/11/16 are interview with the Administration of the facility's meduled schizone, diabetes typhypomagnesem lithium carbonneals (used to the complex, vital nutritional supplies to some some some the facility of the facility	PCP were not 16 to 7/24/16. It is and 6/13/16. It i				

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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	
	HAL09901	4	B. WING		08/	12/2016
OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GE OF YAD	KINVILLE			- -		
			ILLE, NC 27			
H DEFICIENCY	MUST BE PRECEDI	ED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	N SHOULD BE	(X5) COMPLETE DATE
73 Continued From page 25						
every month. (used in patients with schizophrenia and schizoaffective disorders).						
Review of Resident #5's Resident Register revealed he was admitted to the facility on 6/7/16.						
Review of a physician order dated 6/13/16 from a local medical care center revealed an order for Amoxicillin 875mg twice daily for 10 days (an antibiotic).						
ion Administration Administration Administration Statemented on cumented with dications we tered from Carbonate tered because out of the for 1 occurrences, and residences, vitaminated as not traces. Is a control occurrence of the for 1 occurrences out of the for 1 occurrences out of the for 1 occurrences out of the for 1 occurrences.	all medication en when discharged by then discharged by the documented 5/28 through 6/3 was documented as en out of the fact o	eMAR) ntries, but no l. as 60. ed as not cility for 16 urrences. d as not cility for 8 urrences t administered currences, and as ecause out of efused for 6 of administered urrences, and needed for pain wice on 6/17 6/27 (no order				
	DR SUPPLIER GE OF YADI SUMMARY STA CH DEFICIENCY DIATORY OR LE ed From pa onth. (used izoaffective of Resident d he was ad of a physici edical care of lin 875mg f c). of Resident ion Adminis d: entered on cumented w dications we tered from 6 carbonate tered becau nces, and re sium oxide tered becau	HAL09901 OR SUPPLIER GE OF YADKINVILLE SUMMARY STATEMENT OF DEFICIE CH DEFICIENCY MUST BE PRECEDIFICATION OR LSC IDENTIFYING INF ed From page 25 onth. (used in patients with izoaffective disorders). of Resident #5's Resident Filt the was admitted to the fact of a physician order dated (edical care center revealed Illin 875mg twice daily for 10 cc). of Resident #5's June 2016 ion Administration Record (edications were documented when discharged dications were documented tered from 6/28 through 6/3 carbonate was documented tered because out of the fact the fact of the fa	THALO99014 DR SUPPLIER STREET AD 409 HARF YADKINVI SUMMARY STATEMENT OF DEFICIENCIES THE DEFICIENCY MUST BE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) DEFINITION THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) DEFINITION THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) DEFINITION THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) DEFINITION THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) DEFINITION THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFYING INFORMATION) THE OF THE WAS ADMITTED TO THE PRECEDED BY FULL DILATORY OR LSC IDENTIFY IN THE PRECEDED BY FULL DILATORY OR LSC IDENTIFY IN THE PRECEDED BY FULL DILATORY OR LSC IDENTIFY IN THE PRECEDED BY FULL DILATORY OR LSC IDENTIFY IN THE PRECEDED BY FULL DILATORY OR LSC IDENTIFY IN THE PRECEDED BY FULL DILATORY OR LSC IDENTIFY IN THE PRECED BY FULL DILATORY OR LSC IDENTIFY IN THE PRECEDED BY FULL DILATORY OR LSC IDENTIFY IN THE PRE	HAL099014 DR SUPPLIER STREET ADDRESS, CITY, S 409 HARRISON AVEN YADKINVILLE, NC 27 SUMMARY STATEMENT OF DEFICIENCIES THE DEFICIENCY MUST BE PRECEDED BY FULL JULATORY OR LSC IDENTIFYING INFORMATION) DEFINITION THE SUMMARY STATEMENT OF DEFICIENCIES THE DEFICIENCY MUST BE PRECEDED BY FULL JULATORY OR LSC IDENTIFYING INFORMATION) DEFINITION THE SUMMARY STATEMENT OF DEFICIENCIES THE DEFICIENCY MUST BE PRECEDED BY FULL JULATORY OR LSC IDENTIFYING INFORMATION) DIPERTIX TAG D 273 D 273	HAL039014 B. WING GR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY D 273 D	HAL099014 B WING B WING GF OF YADKINVILLE STREET ADDRESS, CITY, STATE, ZIP CODE 499 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES HOBERICHENOVILLST BE PRECEDED BY FULL JUATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG FROM DEFICIENCY WILST BE PRECEDED BY FULL JUATORY OR LSC IDENTIFYING INFORMATION) D 273 D

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL0990	14	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER	KINVILLE	409 HARF	DRESS, CITY, S RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS		EIENCIES DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pa -Trazadone as need documented as adr -Invega Sustenna II documented as adr Review of the local revealed: -Resident #5 was a "begging" in town b -Resident #5 was a 9:10pm for begging-Resident #5 was a 8:55pm for trespass to jail. Review of Resident was no documental Care Provider (PCF medications not being outled to be treated to the provider of the amoxicillin and acetaminophen 5-3 6/13/16 when Resident to be treated to the hydrocodone abe taken every 6 hours of the provider of the phone interview Pharmacist at the forevealed: -Lithium ER 450mg 6/8/16 and 6/23/16Magnesium oxide 6/23/16Metformin HCL 506/23/16.	ded for sleep was ninistered. Minjection was ninistered. Minjection was ninistered. Police reports for ested by police to was released by police in town and was rested by police in town and was rested by police in town and was rested by police in the facility. With a nurse and the hydrocod of the facility. With a nurse and the hydrocod of the hydrocod of many were proposed for a toothache facetaminopher ours as needed of on 8/3/16 at 1 acility pharmace. Many of the facility of the hydrocod of the hydroco	for Resident #5 ce on 7/8/16 for d. ce on 7/9/16 at as taken to jail. ce on 7/14/16 at ess and taken vealed there house Primary tified of ed due to at the local 2:30pm one escribed on nto the local in 5-300 was to for pain. 0:45am with a y provider day supply, on s on 6/8/16 and	D 273			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL099014	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVILLE 409 HA	ADDRESS, CITY, ARRISON AVEN NVILLE, NC 27	UE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	-B complex, vitamir on 6/8/16 and 6/23/ -Amoxicillin 875mg -Hydrocodone-acet on 6/15/16Invega Sustenna 1 not dispensed becar itPharmacy staff entafter a Medication A 6/27/16 and stated discharged from the When facility staff that a resident has facility, "the pharmadoes not require a pmedicationsThe pharmacy staff eMAR which autom administration reconsystem and the pharmacy can the eMAR system with a more medicationsThe pharmacy can the eMAR system with a more medicationThe pharmacy can the eMAR system with a medication is system automatical system automatical or if a resident is out routine medication can go into the e-Madministration times pharmacist to chan medications unless clinically necessary-Facility staff never	n-C, folic acid 0.8mg, 15 pills (16.), 20 pills on 6/15/16. aminophen 5-300mg, 10 pills (16.), 56mg 1 ml IM injection was ause the facility did not requestered the "DC'd" on the eMA (16), Staff A, called on that Resident #5 had been a facility. call the pharmacy and report been discharged from the acy takes their word for it," a chysician order to discontinutif entered the "DC'd" on the natically deleted the rad for that resident from the armacy could not dispense a sunot enter a resident back in without a new FL2 with on orders. Cy receives orders for bedtir automatically enters 8:00pm ordered twice daily, the ly enters 8:00am and 8:00p of the facility routinely for a pass, the facility Administrat AR system and change the sor the staff can call the ge administration times for the time for administration	s est R t nd lie ny to ne, m. or			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
		HAL099014	B. WING		08/1	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVII I F 409 HAR	DDRESS, CITY, S RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Further review of R no physician orders medications. Interview with the R (RCC) on 8/4/16 at -Staff A should not I told them Resident because the discha 7/24/16. -When she saw tha Resident #5's mediwas not available for administration of mpharmacy to request back into the syster back to the facility functional endown after 6/27/16 after Fithe eMAR system. -The in house PCP his admission on 6/the facility when she The in house PCP any physician order seeing him. -The in house PCP any physician order seeing him. -The in house PCP weeks but Resident #5 would come back until late 9:00pm, sometimes had "to stick to the administering medical endown and the stick to the st	esident #5's record revealed to discontinue any of his esident Care Coordinator 4:00pm revealed: have called the pharmacy and #5 had been discharged rge was not effective until to the pharmacy had "DC'd" all cations and the eMAR system or documenting the edication, she called the est they reenter Resident #5 in because Resident #5 in because Resident #5 in because Resident #5 in because Resident #5 in the eMAR without a sesion orders. It administer any medications Resident #5 was taken out of the example of the facility every two at #5 was never in the building example of the facility on the example of the facility on the example of the exam				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL099014		B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
DIEDMO	NT \/!! 405 05 \/45	ZIN // L E	409 HARR	ISON AVEN	UE		
PIEDMO	NT VILLAGE OF YADI	KINVILLE	YADKINVII	LLE, NC 27	055		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
	needed to take any would always say h medication pass. -The facility staff wo in house physicians to be available. -Most medications a cassettes with a 14 pharmacy provider. -There was no eMA administering medications and the statement was in the statement with the statement was no eMA administering medication.		m and he for the when the sked him ed in facility for when				
	Resident #5 was in the facility. -A new FL2 dated 7/1/16 and signed by the in house PCP was found after Resident #5 left the facility on 7/14/16 in a stack of papers to file but she did not know how the FL2 got signed because the in-house PCP had refused to sign the FL2. -The FL2 dated 7/1/16 was never faxed to the pharmacy because no one found it in time. -The facility did obtain orders from the in house mental health provider on 7/8/16 for 4 medications but the pharmacy would not fill them without a new admission FL2. -No medications came into the facility from the pharmacy for Resident #5 in July 2016. -Resident #5 last received his Invega Sustenna injection in June 2016 before his admission to the facility, but the RCC was unsure if there was any documentation with that information. -Resident #5 refused the Invega Sustenna injection every 30 days but she did not know why it was never dispensed. -Invega Sustenna injections were normally administered by the Home Health nurse, but it was never set-up for Resident #5 Review of the 6/7/16 through 7/24/16 MARs and the physician orders compared to the medications						

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL099014	B. WING		08/1	2/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVILLE 409 HARR	RISON AVEN	UE		
1 ILDINO	THE VILLAGE OF TABI	YADKINVI	LLE, NC 27	055		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	(X5) COMPLETE DATE	
D 273	Continued From pa	ge 30	D 273			
D 273	dispensed which inwas in jail revealed -Invega Sustenna 1 none dispensed sin not available for ad-Lithium carbonate dispensed on 6/8/16 been available for a but the resident was the medications in July. -Magnesium oxide dispensed on 6/8/16 been available for a but the resident was the medication in July. -Magnesium oxide dispensed on 6/8/16 and 6/23/16 for administration through the medication of the medication. -B complex, vitaminate of the supply dispensed on 6/10 supply dispensed on 6/10 supplement in June -Hydroxyzine pamodispensed on 6/10 supplement of 6/10 supplement	cluded the times Resident #5 : 56mg IM every 30 days with ace admission on 6/7/16 was ministration. 450mg ER, 15 day supply was 6 and 6/23/16 should have administration through 7/7/16, is not administered 24 doses of June and received none in 400mg, 15 day supply 6 and 6/23/16 should have administration through 7/7/16, is not administered 24 doses of June and received none in July. 15 day supply dispensed on should have been available brough 7/7/16, but the resident of June and received none in 10-C, folic acid 0.8mg, 15 day in 6/8/16 and 6/23/16 should be for administration through dent missed 10 doses of the end received none in July. In 6/8/16 and 6/23/16 should be for administration through dent missed 10 doses of the end received none in July. In 6/8/16 and 6/23/16 should have been available for administration. In 20 tablets dispensed on 6/10 available for administration. In 20 tablets dispensed on 6/15 available for administration in the resident missed 8 doses aminophen 5-300mg, 10 on 6/15 should have been	D 2/3			
	available for admini					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL099014		B. WING		08/	12/2016
	PROVIDER OR SUPPLIER	KINVILLE	409 HARF	DRESS, CITY, S RISON AVENI ILLE, NC 27			
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D 273	Continued From particles of the Americal discharge day and was not the Americal discharge day and was not the Americal discharge day and two times official discharge day of the Americal discharge day of the American discharge day of the American day of the Ame	related to Residen a 156mg IM inject the physician, the uesting it from the ts related to who wition (MAs are not tions). Idministrator on 8/methat Resident #5 medications around guardian called a jail. I was for the facility esident was missing see he was out of the vailable, and to not confusion surrour cation and the 7/1 aut of the facility aligned during medically could not meet Find the was issued a data and a 30 day notice a late for Resident #5 migail one time the sin July 2016. I dication orders profit in twice daily at 8:00 mery morning.	cion every 30 e last time he pharmacy, was to allowed to 8/16 at 6 had not ad 7/14/16 and told her staff to notify 19 he facility, tify the adding 16 FL2. The facility of the facility of the staff to notify 16 fl.2. The facility of the fa	D 273			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL099014	B. WING		08/	12/2016	
NAME OF PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
PIEDMONT VILLAGE OF YADK	INVILLE	RISON AVENU /ILLE, NC 270				
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
Attempted telephone 10:10am to the in ho who signed the 7/8/ Resident #5 was not Telephone interview 8/12/16 at 10:42am -She refused to sign Resident #5 was not thereShe was not aware stamped with her sig -She was in the facil must have been star in a stack of orders or residents in the facil -In the past, she did stamp orders with ho was in the facility, be do on the days she se -She would not answ significance of Resid medications becaus June or July 2016. Telephone interview 8/12/16 at 1:30pm re -She did not rememi FL2 with the PCP's se she "might have who orders" for the in hor -She did not know we sent to the pharmace -The 7/1/16 FL2 mus orders until after Residents	leed 1 in 24 hours. every 4 hours as needed for ed 2 in 24 hours. e interview on 8/11/16 at ouse Mental Health provider 16 medication order for t successful. with the in house PCP on revealed: the 7/1/16 FL2 because t in the facility when she was the 7/1/16 FL2 had been gnature. lity on 7/1/16 and the FL2 mped in error by MA, Staff C when they were seeing ity. request the MA, Staff C er signature stamp when she ecause they have so much to sees residents. ver questions related to the dent #5 not receiving his e she did not seen him in with the MA, Staff C, on evealed: ber stamping Resident #5's signature on July 1, 2016, but en she was stamping a pile of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
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D 273	anyway." -If residents did not the MAs responsibine Administrator. Telephone interview on 8/12/16 at 11:15 -He was not aware his medications at the when he called the resident #5 had be did the send Resident #5's and a send Resident #5's and did not have an updated Flipharmacy would not they did not have at the send Resident #5 stayed 7/27/16 and on the send Resident #5 stayed 7/27/16 and on the up at the jail and to service center in an and the send Resident #5 bed July while in because administer medicat facility and did not on Resident #5 while he seident #5 wh	take their medications, it was lity to tell the RCC or the with Resident #5's guardian am revealed: Resident #5 was not receiving the facility until after 7/14/16 facility and asked questions. een taken to jail one time in times in July 2016. was in jail on 7/14/16, the facility and asked them to medications to the jail. The facility and asked them to medications to the jail. The facility and asked them to medications for Resident #5 and the send any medications and the facility more than one ask about the medications and the RCC "off and on." If the names of staff he talked the RCC "off and on." If in jail until the court date of a day, the guardian picked him ook him to a medical psychiatrinother town. In picked up Resident #5 on thim from the jail, Resident #8 on thim from the jail, Resident #8 on thim from the jail, Resident #8 on the facility was responsible coming extremely psychotic in se the facility did not ions when he was in the obtain medications for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL0990	14	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER	KINVILLE	409 HARI	DRESS, CITY, S RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INI	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From particles hospital, Resident # the medical psychia until a room was for -On 8/5/16, Resider psychiatric hospital term" psychiatric hospital term psychiatr	#5 was held for a tric hospital for und. Int #5 was released and was admitted by the siding. MA, Staff A on 8. Armacy in June told them Resident and them Resident armacy because old her Resident ask for his pair take his other not a the facility from the with the nurse and the facility from with the nurse and the jail on 6/20 and was released and the jail on 6/20 and was released and the jail on 6/20 and was released and the jail on 6/20 and	sed from the ted to a "long er town where 1/4/16 at 1/4/16 and 1/4/16 and 1/4/16 and 1/4/16 and 1/4/16 and 1/4/16, but she intered or was 1/4/16, but she intered or was 1/4/16 at the jail medications hey did not 1/4/16 and 1/4/16, but she intered or was 1/4/16 at the jail medications hey did not 1/4/16 and 1/4/16 and 1/4/16 and 1/4/16, but she intered or was 1/4/16 at the jail medications hey did not 1/4/16 and 1/4/16 an	D 273			

STATEMENT OF DEF AND PLAN OF CORR			X/SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL099	0014	B. WING		08/	12/2016
NAME OF PROVIDER		KINVILLE	409 HARF	DRESS, CITY, S RISON AVEN ILLE, NC 27			
	CH DEFICIENC	TEMENT OF DEF / MUST BE PRECI SC IDENTIFYING	EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Review was dis-He was disorg delusion -Reason "mood -He was manage -He "his which will neer reorga -"It has Invegal Review Sheet" reveals #5 wer -Magne -Metfo -Lithium -B com 5. Medica #5's m by survival date. Attemp 8:03 and admission Refer to C. Review Review Review Sheet "reveals was a month of the composite of the composi	scharged from as admitted to partial upon add on for admission instability." as admitted to perment and for as a med reference and" as been over 6 as Sustenna." As been over 6 as Sustenna." As of the facility and the following ereturned to be returned to the facility of the facili	t #5's hospital m the facility is the hospital ing, was psycmission." sion on 7/27/1 or "care health or tooth pain." usal issues at the dot on the sinpatient per too the pharmack of the pharmack was in the pharmack of the pharmack was a the pharmack of the pharmack was in the pharmack of the pharmack was a the pharm	revealed: on 7/27/16 with hotic and 6 included for psychiatric this point in time empensation. He rhaps a week to his last dose of Disposition by a former MA has for Resident ey: tity 48. 12. 0.8mg quantity or all of Resident ged as requested y the survey exit h 8/8/16 at hed the not successful. policies.	D 273			

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE S A. BUILDING: COMPL				
		HAL099014	B. WING		08/1	2/2016
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVII I F	RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 36	D 273			
	paranoid schizophro anxiety, and hyperto	enia, neurocognitive disorder, ension.				
		#4's Resident Register mitted to the facility on				
	assessment dated to the facility reveal -Resident was asse block for "angry" wa -Resident was asse homicidal ideations	essed as "depressed," but the as not checked. essed as "no suicidal or				
	dated 6/14/16 includes -Sertraline 25mg dated	n orders for Resident #4's FL2 ded: aily at noon (used for anxiety) g at noon (mood stabilizer)				
	revealed: -Sertraline HCL was administered because facility on 7/5, 7/8, 7/19Divalproex was do because the resider 7/5, 7/8, 7/9, 7/10, 7/15 tablets were door June, and July.	and July 2016 eMARs so documented as not use the resident was out of the 7/9, 7/10, 7/11, 7/13, 7/18, and cumented as not administered in the facility on 7/11, 7/13, 7/18, and 7/19, and cumented as administered in the refusals.				
	staff at the dispensi medications which	on 8/4/16 at 2:26pm with a ng pharmacy revealed the were dispensed or not lesident #4 left the facility on				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/1	2/2016
	PROVIDER OR SUPPLIER	KINVII I E 409 HARF	DRESS, CITY, S RISON AVEN LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 273	7/19 included: -Sertraline HCL 25r dispensed on 6/14/ July 2016She did not know with dispensed in July 2-Divalproex 500mg was dispensed on 6-The pharmacy dispensed on 6-The pharmacy dispensed for pick up-If mailed, the facility medications by fax to running out of medications by fax to running out of medications dispensed for Resident missed for administration was first documented 6/30/16 and available for administration was first documented 7/19/16 when the resident missed 8 control of the Medi Hamber of the Medi Ham	ing, a 15 day supply was 16 and on 6/29/16 and none in why sertraline HCL was not 016. In a 30 day supply, 90 tablets, 6/14/16 and again on 7/19/16. Densed medications at the or by mail for the residents. By staff has to request the or by telephone 2 weeks prior redications. In and July 2016 eMAR and the impared to the medications dent #4 revealed: It been sertraline HCL 25mg istration from 6/16/16 when it red as administered through fore he left for jail, but the loses. In been divalproex 500mg istration from 6/16/16 when it red as administered through resident left for jail but the loses. In the divalproex solomy is tration from 6/16/16 when it red as administered through resident left for jail but the loses. In the lose is the series of the sident left for jail but the lose included: In the HCL 50mg tablet at noon. In the lose included: In HCL 50mg tablet at noon. In the lose included: In HCL 50mg tablet at noon. In the facility routinely for the facility routinely facility routinely facility routinely facility routinel	D 273			

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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	
		HAL099014	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVII I F 409 HAI	ADDRESS, CITY, S RRISON AVENI VILLE, NC 27	UE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	administration for s -They could not give hour window for admedicationsThey always asked the day if they were pass and Resident backShe never witness Resident #4 before -Other staff in the fa of the incident inclu -The MAs were sup medication log whe from the VA hospita medication arrived, physician if it does Telephone interview Health Provider on -The consequence Depakote could hav on his anger, but he was any connection and any behaviorsHe was "not too we administered the se injection every 28 d medication for him his Invega Sustenn office. Interview with the A 10:30am revealed: -She was not aware medications until 7/ recordsShe had taken me	ome medications. e medications out of the 2 ministration for routine d residents before they left for e going to be back for med #4 always said he would be ed any behaviors from	/ 6			

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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	
		HAL099014	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVILLE 409 HAF	DDRESS, CITY, S RRISON AVENU VILLE, NC 270	JE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	-She did not know opicked up at the phodischarge from the who transported Rethe facility on 6/14/1 have been the form on 7/20/16Their policy was for the physician, and missed for 1 to 3 damedication was that Interview with PCA, revealed: -She never witness Resident #4 before -She was not afraid Interview with a MA noon revealed: -She never witness Resident #4 before residents complaine -She had seen him get cigarettes, but residents complaine -She called the phyabout Resident #4's sure she document Interview on 8/4/16 revealed the MAs we pharmacy when me as ordered, call the were refusing or minotify the RCC or the sure she document of the recommendation of the recommend	why all medications were not armacy upon Resident #4's hospital and she did not know esident #4 from the hospital to 16 upon admission, but may ler transporting staff who left or staff to call the pharmacy, nerself when medications were ays depending on what the transporting of the edications when he did not not angry. Staff A, on 8/4/16 at 12:00 ed any behaviors from 7/19/16 and none of the edication had not one transporting or when he did not not angry. Sician and the pharmacy and is medications, but was not ed the calls. at 3:05pm with a MA, Staff C, were supposed to call the edications were not dispensed physician when residents ssing their medications, and	0			
	an entry dated 7/8/2 Administrator revea	16 and signed by the aled "Clinical staff brought to sident was out of the facility				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVILLE 409 HAR	RISON AVENU	JE		
1 ILDINO	IN VICEAGE OF TABI	YADKIN	/ILLE, NC 270)55		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	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 273	often when it is time Spoke with resident get his meds and the medications. Resident and would start control Telephone interview on 8/10/16 at 10:50	ge 40 e for him to get his meds. It about coming back in time to the importance of taking his tent stated that he understood ming back at med time." If with Resident #4's guardian am was not successful. It is medication policies. If ith the Administrator on 8/3/16				
	Policies revealed: -"It is the facility's remonitor and report resident. Residents medication. Certifie medication refusal MAR. Staff will report RCC within 24 hour complete the medication report to the RCC The RCC will monit and report to the province of the resident consecutive days a one week." -"If a Resident is our prescribed medicate given an hour befor prescribed. If the resoutside of this windicall the prescribing to give the medicati returned. The call is	esponsibility to document, medication refusal by a have the right to refuse their d staff will document a with their initials circled on the ort medication refusals to the res of the refusal. Staff will eation refusal report and within 24 hours of the refusal or medication refusal sheets escribing practitioner at refuses medication for three and/or three or more doses in the facility at the sident returns to the facility ow, the medication tech will physician to ask for approval on at the time the resident has to be documented in the the given medication on the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY LETED	
		HAL099014	B. WING		08/13	2/2016
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/12	2/2010
PIEDMO	NT VILLAGE OF YAD	(INVII I F	RISON AVEN			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
D 273	Continued From pa	ge 41	D 273			
	resident's MAR along with an explanation as to why the medication is being given outside the allowed time frame."					
	9:00am revealed: -They started a trace which designated the Administration (VA) and deliveredThe Medication Aid out the tracking log medications and when MAs were to call the medications were not available for adminitisher came to the factorial to the factorial tracking log medications and when the factorial tracking log medications were not the factorial tracking log medications were not started to the factorial tracking log medications and when the factorial tracking log medications are started to the factorial tracking log	medications were ordered des (MA) were supposed to fill when they ordered hen they were delivered. he physician or pharmacy if ot delivered as ordered or not stration and let her know.				
	Protection on 8/4/16 -The RCC, Administo contact medical referrals, medicatio dispensed, and medication to residents being condersTransportation staff provider referrals and referrals.	trator, and MAs will be trained nealth providers for all no refusals, medications not dications not administered due out of the facility. It is in place for medication of will schedule and track and appointments. In a provider all health care RRECTION FOR THIS TYPE LL NOT EXCEED				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
		1141,00044	B. WING		00/4	0/0040
NAME OF I	PROVIDER OR SUPPLIER	HAL099014		STATE, ZIP CODE	08/1	2/2016
		409 HARF	RISON AVEN			
PIEDMO	NT VILLAGE OF YAD	KINVILLE YADKINV	ILLE, NC 27	055		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ige 42	D 358			
D 358	10A NCAC 13F .10 Administration	04(a) Medication	D 358			
	(a) An adult care hereparation and adprescription and no by staff are in acco (1) orders by a lice which are maintain (2) rules in this Seand procedures. This Rule is not martype B Violation Based on observative reviews, the facility for 5 of 8 sampled were available and The findings are: A. Review of the cudated 1/14/16 reversions include schizophrenia disorneurocognitive discrizophrenia disorneurocognitive discrizophrenia disorneurocognitive discriverbally abusive information." -Physician orders for depression) 75mg at the treat high choles (used to treat extra twice daily, and flup psychosis) 10mg in and 20mg at bedting Review of Resident	ensed prescribing practitioner ed in the resident's record; and ction and the facility's policies et as evidenced by: ions, interviews, and record failed to assure medications residents (#3, 4, 6, 7, and 8) administered as ordered. arrent FL2 for Resident #3 aled: d traumatic brain injury, rganized type chronic, order, and hypertension. was marked under "patient or amitriptyline (used to treat at bedtime, atorvastatin (used terol) 10mg daily, benztropine pyramidal symptoms) 1mg ohenazine (used to treat at the morning, 10mg at 2pm,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/	12/2016
	NAME OF PROVIDER OR SUPPLIER PIEDMONT VILLAGE OF YADKINVILLE 409 HAI YADKIN					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 358	1/14/16. Review of subseque Resident #3 dated -Amitriptyline 75mg -A new order for div bedtime (used for ninsomnia). Review of the elect Administration Recorevealed amitriptylin not administered for opportunities because. Review of Resident Management (MCN 8:30pm revealed: -"He has been fuss threatened to harm taken away tonight. counters and pacing things his way and things. He has refus tonight. He states him edicine they have they give him at the -Demeanor is document demanding. -Mood is document -Behavior is document aggressive. -Interventions including aggression, inpatient -"Current behaviors the abilities of the Astaff."	ent physician orders for 7/20/16 revealed: at bedtime was discontinued ralproex sodium ER 500mg and anod stabilization and ronic Medication and ronic Medication and ronic Medication and ronic Medication and ronic Medication and ronic Medication and ronic Medication and ronic Medication and for 1 occurrence out of 14 are "med on order." #3's Mobile Crisis I) Report dated 3/4/16 at and kill people if he is not he hals yelling. He wants and kill people if he is not he hals yelling. He wants frot he will yell and throw sed to take his medications e does not want the cheap here, but the good medicine and roll was a sirritable. ented as irritable. ented as agitated and de: stabilize mood, decrease and cognition are outside of assisted Living Facility (ALF) ent to the local hospital for				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL099014	B. WING		08/1	2/2016
NAME OF PROVIDER OR SUPPLIER STREET	ADDRESS, CITY,	STATE, ZIP CODE		
PIEDMONT VII I AGE OF YADKINVII I E	RRISON AVEN IVILLE, NC 27			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
Review of the Emergency Room (ER) record for Resident #3 dated 3/4/16 at 10:59pm revealed: -The presenting complaint was homicidal threats and violent behaviorHe was "evaluated by tele-psychiatry they felt patient was not a threat to himself or anyone else at this time." -He was discharged back to the facility on 3/5/16 at 12:25pmHe was to follow-up with his primary Mental Health provider on Monday (3/7/16)Discharge instructions were given to the facility' Resident Care Coordinator (RCC). Review of a local police department report dated 3/15/16 revealed: -Resident #3 assaulted another resident by punching himResident #3 was upset and was standing in the lobby talking with policeThe other resident walked by and exchanged words with Resident #3Resident #3 got up and physically assaulted the resident by punching him in the head, face and bodyThe other resident had no injuriesResident #3 was in jail from 3/15/16 at 3:29am through 4/20/16 at 3:11pm. Review of the eMAR for April 2016 revealed: -Amitriptyline 75mg was documented as not administered for 1 occurrence out of 11 opportunities because "med on order." -Atorvastatin 10mg was documented as not administered for 6 occurrences out of 11 opportunities because "med on order." -Fluphenazine 20mg was documented as not administered for 1 occurrence out of 11 opportunities because "med on order."	e S			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVII I F	RRISON AVENU			
(VA) ID	SHIMMADV STA	TADKII	IVILLE, NC 270	PROVIDER'S PLAN OF	CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 45	D 358			
		t #3's record revealed there ate behaviors documented fo	r			
	-Amitriptyline 75mg administered for 10 opportunities becau-Atorvastatin 10mg administered for 18 opportunities becau-Benztropine 1mg trot administered for opportunities becau-Fluphenazine 10m as not administered opportunities becau-Fluphenazine 20m administered for 11 opportunities becau-Review of Resident	was documented as not occurrences out of 31 use "med on order." wice daily was documented at 2 occurrences out of 62 use "med on order." g twice daily was documented of for 14 occurrences out of 62 use "med on order." g was documented as not occurrences out of 31	d 2			
	May 2016. Review of the eMAI -Amitriptyline 75mg administered for 24 opportunities becau -Atorvastatin 10mg administered for 8 o opportunities becau -Fluphenazine 10m as not administered opportunities becau Review of a Progre revealed an entry a room asked MT (Me	R for June 2016 revealed: was documented as not coccurrences out of 30 use "med on order." was documented as not occurrences out of 30 use "med on order." g twice daily was documented of for 1 occurrence out of 60	d			

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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	
		HAL099014	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVII I F 409 HARF	DRESS, CITY, S RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH CORRECTIVE ACTION SHOUTH APPORT OF THE APPORT OF T	OULD BE	(X5) COMPLETE DATE
D 358	She told him no she got mad started cus (Personal Care Aide not to be behind the cops. Then he tried she would not get he cussing, hitting think Review of the eMAI-Amitriptyline 75mg administered for 17 opportunities becaut (medication was distanced for 80 opportunities becaute -Benztropine 1mg the not administered for 80 opportunities becaute -Fluphenazine 10m as not administered for 40 opportunities becaute -Fluphenazine 20m administered for 40 opportunities becaute -Divalproex Sodium as not administered opportunities -Divalproex Sodium as not administered opportunities -Divalproex Sodium as not administered opportunities -Divalproex	e would not call them. So he ssing. Went behind PCA e) desk call 911. MT told him e PCA desk and not to call the to hit MT, MT walked away so it. Then he went to his room gs and being very loud." R for July 2016 revealed: was documented as not occurrences out of 19 use "med on order" scontinued on 7/20/16). was documented as not occurrences out of 24 use "med on order." wice daily was documented as r 17 occurrences out of 49 use "med on order." g twice daily was documented as r 17 occurrences out of 50 use "med on order." g was documented as not occurrences out of 24 use "med on order." g was documented as not occurrences out of 50 use "med on order." g was documented as not occurrences out of 24 use "med on order." a ER 500mg was documented as for 5 occurrences out of 5 use "med on order." arted on 7/20/16) #3's MCM Report dated	D 358			

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BOILDING.			
		HAL099014	B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	ONT VILLAGE OF YAD	KINVII I F	RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ige 47	D 358			
D 330	visit note dated 7/2 -He was last seen to n 8/5/15He was brought in he had been having aggression, increas redirectFacility staff report provider that no phyobserved, only that and yelled at times -Resident #3 denied during the appoint of the dication change and start divalproep bedtime for mood scontinue fluphenaz psychosis and extra Review of an incide revealed: -Another resident hed by mistakeResident #3 was ysign getting ready to was in his bedResident #3 becard -The Administrator crisis if needed"No more problem remainder of the data resident was being -The police were care resident #3.	0/16 revealed: by the Mental Health provider by facility staff who reported g episodes of verbal sed yelling, and was difficult to red to the Mental Health ysical aggression had been he paced through the home d any issues and was calm nent. es included to stop amitriptyline x sodium ER 500 mg at stabilization and sleep, ine and benztropine for apyramidal symptoms. ent report dated 7/23/16 and gotten into Resident #3's relling and holding a wet floor o hit the other resident that me aggressive towards staff. directed staff to call mobile s from resident for the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED	
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
DIEDMO	NT VILLAGE OF YADI	KINVII I E 409 HAF	RRISON AVENU	JE		
FILDIVIO	INT VILLAGE OF TADI	YADKIN	VILLE, NC 270	055		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 48	D 358			
	-Resident #3's guar incident.	dian was notified of the				
	revealed the Admin	ent report dated 7/25/16 istrator had reviewed the otage of the incident that 6.				
	surveillance dated and one PCA was in the with her back towar was about to sit in a when that resident and Resident #3 then elded forcefully in the che hitting him repeated resident then fell bathe dining room, ran toward.	ne dining room serving food, rds the residents. Resident #3 another resident's usual chair touched Resident #3. Ibowed the other resident est/stomach area and begandly with his fists. The other ackwards and hit his head on Ile. Another resident in the wards Resident #3 and around him and took him to the				
	7/25/16 at 11:20am -"Client (Resident # yesterday which led admitted to the ICU 7/23/16 client assau was sleeping in his member (Staff A). Oup out of his bed ar then began hitting h has been taking mo prescribed accordin ALF. Staff states th medication often, he verbally aggressive history of getting an	#3's MCM Report dated revealed: 3) assaulted another resident to the other resident being for bleeding of the brain. On ulted another resident who bed and another staff Client picked the other resident d threw him on the ground him with a wet floor sign. Client post of his medications as any to the MAR provided by the at he refuses to take his owever, and will often become with them. Client has a angry and destroying property of the residents. Today client	nt nt			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/	12/2016	
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVILLE 409 HAR	DDRESS, CITY, S RISON AVENI VILLE, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
D 358	became aggressive they would not give (expletive) off. Clier during this episode. -Demeanor was noted. -Demeanor was noted. -Mood was noted a. -Behavior was note and restless. -"Client needs inpaid dangerous behavior emotional stability of Involuntary Commit. -Disposition was do commitment. -Report documente feel remorse for the residents deserved. Review of a local perevealed: -Resident #3 had as the dining room of the Resident #3 was seresident normally seresident mormally seresident #3 on the to hit the other resident seresident seresident #3 to stop. -Resident #3 stated other resident touch waved his arms, and his fist. -The other resident.	e with staff members when him a pen and told them to not did not assault anyone." ted as demanding as agitated. s angry and irritable. d as agitated, impulsive, alert, tient admission due to rs and actions and lack of client is appropriate for timent (IVC) at this time." incumented as inpatient assaults, states that the other it." olice report dated 7/24/16 assaulted another resident in the facility on 7/24/16. Seated in a chair that the other at in and that resident #3 began dent with his fist and knocked aw Resident #3 hit the other apped his arms around of him from hitting him. In the stop hitting the other er resident "wrapped him up					

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		HAL099014	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVII I F 409 HAF	DDRESS, CITY, S'RRISON AVENUVILLE, NC 270	JE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	not speakThe PCA, Staff D vand relayed the sar-EMS was called to (named resident) to reported that he halleft elbow. Telephone interview provider on 8/10/16-Amitriptyline 75mg dispensed on 2/15/was not dispensed -Atorvastatin 20mg supply was mailed -Benztropine 1mg 35/6/16, and on 7/20 pharmacy windowFluphenazine 10m on 2/16/16, and on pharmacy windowDivalproex sodium was dispensed at the 7/20/16. Review of the medi provided by the VA July 2016 revealed: -Amitriptyline 75mg -Atorvastatin 20mg 6/10/16 and 7/11/16 -Benztropine 1mg 4/5/25/16 and 7/11/16 -Fluphenazine 10 m 5/25/16Divalproex Sodium dispensed on 7/20/16	was present during the fight me information to the officer. The scene and transported the local hospital and discratches on his head and with staff at the pharmacy at 9:18am revealed: 30 day supply was last 16, and did not know why it after that. (1/2 tablet at bedtime) 30 day on 5/19/16 and 7/13/16. 30 day supply was mailed on 1/16 was dispensed at the g, 30 day supply was mailed 7/25/16 was dispensed at the ER 500mg, 30 day supply ne pharmacy window on cations dispensed list pharmacy from March 2016 to was not on the list. #15 was dispensed on 7/20/16 mg #120 was dispensed on 3, g #120 was dispensed on 6, g #120 was dispensed 6, g #120 w				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED	
		HAL099014	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVII I F 409 HARI	DRESS, CITY, S RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
D 358	revealed: -Amitriptyline was not tracking logsThe 6/22/16 log not ordered on 7/11/16 shipping time, benzy pharmacy was requatorvastatin was orday shipping timeThe 7/15/16 tracking fluphenazine, benzy available in backup. Observation of med 2:45pm revealed: -Atorvastatin 20 mg #15Benztropine 1mg fluphenazine 10m 7/20/16 #120. Interview with the R (RCC) on 8/4/16 at revealed: -"Med on order" med available to be give possibly an issue wand/or pharmacyThe MAs were sup medication log whe from the VA hospital medication arrived, physician if it did not linterview with MA, 3 revealed: -When a resident	not documented on the steed that fluphenazine was and included a 10 day tropine had no refills and the lesting refills, and that dered on 7/11/16, with a 10 and log log noted there was no tropine, and atorvastatin and no refills were available. Stications on hand on 8/3/16 at 10 (take ½ tablet) filled 7/13/16 at 11 (take ½ tablet) filled 7/13/16 at 12 (take ½ tablet) filled 7/20/16 #30. If ER 500mg filled 7/20/16 #30. If g filled 7/12/16 #120, and the medication was not an to the resident and was ith the resident's physician and posed to document on a not medications were ordered all, document when the and call the pharmacy or	D 358			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/·	12/2016	
	PROVIDER OR SUPPLIER	KINVII I F 409 HARF	DRESS, CITY, S RISON AVEN LLE, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPLICATION OF THE APPLICA	OULD BE	(X5) COMPLETE DATE	
D 358	-It took 10 days for refills had been req -The MAs were sup medications in the red back upShe could not recapharmacy or the proout of medications. Interview with a MA revealed the MAs were refusing or minotify the RCC or the line were refusing or minotify the RCC or the line were refusing or minotify the RCC or the line were refusing or minotify the RCC or the line were refusing or minotify the RCC or the line were refusing or minotify the RCC or the line were refusing or minotify the RCC or the line with staff revealed: -Resident #3 was refused to receively a being out of medications witter with the line were refused to receively had notified the line with li	medications to arrive once uested. posed to keep one bottle of medication cart and one in all if she had contacted the ovider for Resident #3 being a., Staff C on 8/4/16 at 3:05pm are supposed to call the edications were not dispensed physician when residents ssing their medications, and he Administrator. C on 8/8/16 at 10:45am are equired to see his mental ally in order to get new had be provider regarding Resident dications. In days from the prescription are the mailed medications. The RCC, the Administrator, and desident #3 being out of a was doing good until the end book his meds, I never had a rovider would be documented progress notes. In medications of the prescription are the mailed medications. In the resident #3 being out of a was doing good until the end book his meds, I never had a rovider would be documented progress notes.	D 358				

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-	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		SURVEY PLETED
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVII I F	RISON AVEN /ILLE, NC 27			
(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 CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	administeredShe was unaware unavailable and no until 7/24/16 when another resident in -She became awar when she reviewed -She was unsure if regarding Resident medications becau-Resident #3's last He was involuntaril hospital. Interview with the T 12:35pm revealed: -She had notified the visit about Residen new prescription fill officeShe returned to the medication for Resident Health proving the had missed so Mental Health proving the had missed so Mental Health proving the had missed so medications, 15 micontact the VA crisidischarge if behavious interview with the Frevealed:	of medications being t administered to Resident #3 he got into an altercation with the facility. The of the medication issue this chart. The provider was notified to the was out of medications. It is day in the facility was 7/25/16. The provider during the 7/20/16 to the provider during the 7/20/16 to the while at the provider's the facility with the new ident #3 and gave it to the to the duled appointments with his ider on 1/27/16 and 6/13/16. The provider during the 7/20/16 to the the duled appointments with his ider on 1/27/16 and 6/13/16. The was documented as "no administrator on 8/8/16 at interventions for behaviors				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL099014	B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PIFDMO	NT VILLAGE OF YAD	KINVII I F	ISON AVEN			
		YADKINVI	LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 54	D 358			
	included talking to the medications, doing MCMMCM would decide in the facility or if the the hospitalThere is a facility for 30 minute checksThe 15 to 30 minute falls or behaviors at the was able to "to MCM for the incider.	the resident first, use of PRN 15 minute checks, and calling a if a resident was safe to stay ey needed to be admitted to form that is utilized for the 15 to the check form was used for and would be labeled as such alk him down" and not call that occurred 6/12/16. In that occurred 6/12/16 (Monday) and his behaviors on 7/23/16 and				
	revealed: -The RCC was resp. Notes to the VA Cri. inappropriate behaveShe was unsure if faxed regarding Reterment of the Medication Aid send the fax if the Fourther review of the May, June, and July- There was no document of the MedicationsThere was no as no listed on the eMAR. Attempted telephore	the VA Crisis Line had been sident #3's behaviors. de (MA) was responsible to RCC was unavailable.				
	not successful. Attempted telephor Guardian on 8/10/1	ne interview with Resident #3's 6 at 2:56pm was				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL0990	114	B. WING		08/12/2016	
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVILLE		RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC ^N REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ige 55		D 358			
	unsuccessful.						
	Refer to review of t policies.	he facility's me	dication				
	Refer to interview v at 9:00am.	vith the Adminis	strator on 8/3/16				
	B. Review of Resid 6/14/16 revealed: -Diagnoses which i schizophrenia, neu and hypertensionOrder for monthly	ncluded parand rocognitive disc	oid order, anxiety,				
	Review of Resident revealed he was ac 6/14/16.						
	Review of Resident assessment dated to the facility reveal -Resident was asses block for "angry" warkesident was asse homicidal ideations -Resident was also "poor."	5/22/16 before led: essed as "depreas not checked essed as "no su endorsed."	his admission essed," but the . uicidal or				
	Review of physicial dated 6/14/16 inclu -Lisinopril 20mg da -Trazadone 100mg	ded: ily at noon (for	hypertension).				
	Review of the June revealed: -Lisinopril 20mg da as not administered through 7/19/16Trazodone 100mg	ily at noon was d, med on orde	documented r, from 6/16/16				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURV COMPLETE	
		HAL099014	B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVII I F	RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	documented as not from 6/16/16 through Telephone interview staff at the dispense medications which dispensed before F7/19 included: -Lisinopril 20mg wa #4 until 7/22/16Trazodone 100mg Resident #4 until 7/-She did not know Trazodone 100mg 7/22/16The pharmacy diswindow for pick up-If mailed, the facili medications by fax to running out of moreover with the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician order dispensed for Resi-Lisinopril 20mg was documented as additional to the physician ord	administered, med on order gh 7/19/16. If you on 8/4/16 at 2:26pm with a ing pharmacy revealed the were dispensed or not Resident #4 left the facility on as not dispensed for Resident If was not dispensed until If pensed medications at the or by mail for the residents. It is staff had to request the or by telephone 2 weeks prior edications. If and July 2016 eMARs and is compared to the medications dent #5 revealed: It is not available and was not ministered. If was not available and was not ministered. If esident Care Coordinator 4:00pm revealed: attempts for the Lisinopril adone 100mg to be clarified by ed any behaviors from				

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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	
		HAL099014		B. WING		08/	12/2016	
	PROVIDER OR SUPPLIER NT VILLAGE OF YAD	KINVII I F	9 HARRI	RESS, CITY, S SON AVENI LLE, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION	L	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 358	from the VA hospital medication arrived, physician if it does Telephone interview Health Provider on -He was "not too we administered the Trinjection every 28 dimedication for him his Invega Sustennioffice. -The physician wou #4 missing his Lisin Interview with the A 10:30am revealed: -She was not aware medications until 7/recordsShe had taken me since he had been 8/4/16She did not know we picked up at the physician discharge from the who transported Rethe facility on 6/14/rhave been the form on 7/20/16She did not know we trazodone were not facility before Resident Their policy was for the physician, and I missed for 1 to 3 damedication was that	al, document when the and call the pharmacy on the come as ordered. with Resident #4's Mer 8/10/16 at 2:15pm reveatorried" if Resident #4 was razodone because the Irrays was the most critical and Resident #4 did recal injection on 7/5/16 at the light of the comment on Resident when the light of the lig	ntal aled: as not nvega al eive the ident at his et any I at his twice n e not #4's t know bital to may be left et acy, as were the	D 358				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVII I F 409 HAR	DDRESS, CITY, S RISON AVEN VILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	-She never witness Resident #4 before -She was not afraid Interview with a MA 12:00pm revealed: -She never witness Resident #4 before residents complaine -She had seen him get cigarettes, but r -She called the phy about Resident #4's sure she document Interview on 8/4/16 revealed the MAs with pharmacy when me as ordered, call the were refusing or minotify the RCC or the Review of Resident revealed: -Entry dated 6/21/1 revealed "Was chemedschecked on Trazodone and I tollup and keep check and clarification on -Entry dated 6/14/1 Administrator revealed Trazodone HCL 100 placed to VA pharmorder should arrive -Entry dated 6/29/1 medication aide/tra	ed any behaviors with the 7/19/16 incident. of Resident #4. A, Staff A, on 8/4/16 at ed any behaviors from 7/19/16 and none of the ed about him. get "moody" when he did not not angry. sician and the pharmacy and a medications, but was not ed the calls. at 3:05pm with a MA, Staff C, were supposed to call the edications were not dispensed physician when residents ssing their medications, and he Administrator. at 4's Progress Notes and initialed by the RCC cking on all VA Resident #4's Lisinopril and d them I will still keep following to see if there have been when they spoke with doc." and signed by the elded "VA sent all meds except tomg and Lisinopril 20 mg. Call lacy they stated meds were on in facility mail in a few days." and signed by the former resportation staff, "No one ever Resident #4's] Lisinopril. I will				

	(X3) DATE SURVEY COMPLETED	
HAL099014 B. WING 08	/12/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 409 HARRISON AVENUE YADKINVILLE, NC 27055		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 358 Continued From page 59 Administrator revealed "Clinical staff brought to my attention that resident was out of the facility often when it is time for him to get his meds. Spoke with resident about coming back in time to get his meds. Spoke with resident about coming back in time to get his meds. Spoke with resident about coming back in time to get his meds. Spoke with resident about coming back in time to get his meds. Spoke with resident about coming back in time to get his meds. Spoke with resident at he understood and would start coming back at med time." Review of record revealed no documented blood pressure in June or July 2016. Attempted telephone interview with Resident #4's guardian on 8/10/16 at 10:50am was not successful. Refer to the facility's medication policies. Refer to interview with the Administrator on 8/3/16 at 9:00am. C. Review of Resident #7's current FL2 dated 10/29/15 revealed: -Diagnoses included diabetes and history of schizophrenia. -"Intermittently" was marked under disoriented under the patient information section. Review of physician orders on the FL2 dated 10/29/15 included: -Meloxicam 7.5mg every morning after breakfast (pain medication) -Razadyne 4mg twice daily after meals (used for cognitive impairment). Review of the March 2016 eMAR for Resident #7 revealed meloxicam 7.5mg at 8:00am was documented as not administered because "med on order" on 3/26, 3/27, 3/28, and 3/29. Review of the April 2016 eMAR for Resident #7		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		SURVEY PLETED
7.1.5 / 2.1. 0. 001.1.201.01.		A. BUILDING:			
	HAL099014	B. WING		08/	12/2016
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
PIEDMONT VILLAGE OF YADK	INVILLE	RISON AVEN			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
documented as not a on order" on 4/2, 4/3 4/13, 4/15, 4/16, 4/1 4/30. Review of the May 2 revealed meloxicam documented as not a on order" on 5/1, 5/2 5/14, 5/15, 5/16, 5/16 Review of the June 2 revealed: -Meloxicam 7.5mg a as not administered 6/1, 6/3, 6/4, 6/6, 6/7 6/17, 6/18, 6/20, and Razadyne 4mg twice 8:00pm was documented because "med on or 6/6, 6/7, 6/10, 6/11	a7.5mg at 8:00am was administered because "med 8, 4/5, 4/7, 4/8, 4/9, 4/10, 7, 4/19, 4/20, 4/21, 4/27, and 2016 eMAR for Resident #7 7.5mg at 8:00am was administered because "med 2, 5/5, 5/6, 5/8, 5/9, 5/12, 8, 5/22, 5/25, 5/26, and 5/28. 2016 eMAR for Resident #7 at 8:00am was documented because "med on order" on 7, 6/11, 6/12, 6/14, 6/15, 6/16, d 6/21. See daily at 8:00am and ented as not administered order" at 8:00am on order on 6/12, and 6/14 and not see "med on order" at 8:00pm 6/11, 6/12, and 6/13. with staff at the dispensing 6 at 2:45pm revealed: meloxicam 7.5mg was 6, on 7/15/16, on 7/19/16, Razadyne 4mg was	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL099014	B. WING		08/	12/2016	
NAME OF PROVIDER OR SUPPLIER PIEDMONT VILLAGE OF YADK	(INVILLE 409 HARF	DRESS, CITY, S RISON AVENU ILLE, NC 270				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
the 30 day supply w staff documented th but the medication would have been 99 -A 90 day supply of dispensed on 4/6/16 sufficient supply through resident missed 13 decident missed 14 decident missed 15 decident missed 15 decident missed 16 decident missed 16 decident missed 17 decident missed 17 decident missed 17 decident missed 17 decident missed 18 decident missed 18 decident missed 18 decident missed 19 de	16, which was 129 days after as dispensed on 2/16/16, e resident missed 49 doses, was delayed by 99 days which doses unavailable. Razadyne 4mg was and should have been a bugh June 2016, but the doses. #7's resident record revealed that staff had called the ysician when he was out of any and the Razadyne 4mg. with the prescribing at 3:43pm revealed: g the Razadyne was "not a taken daily to be fully prescribed to improve the major of the staff had missed any sed Resident #7 had missed any sed Resident #7 with any ar the staff to call the n, and herself when sed for 1 to 3 days depending tion missed.	D 358				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPI IDENTIFICATION		` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
				A. BOILDING.			
		HAL099014		B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVILLE		RISON AVEN LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIEN Y MUST BE PRECEDED SC IDENTIFYING INFOI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pasupposed to call the when medications of the Administrator king. The MAs were supplied medication log where from the VA hospital medication arrived, physician if it does. She could not explored in May 2016 available for a few for the 2nd and 3rd order on the 5th, and order for the next 4 documenting the M. Observation of med #7 on 8/2/16 at 2:00 medications were at linear with the medications were at linear with the medication with the she did not remempharmacy about the she did not known requested or dispensive been out of medication. Interview with Residence in the medication.	e pharmacy or phywere not available now. posed to docume an medications we al, document where and call the pharmot come as order lain how meloxications are few days and days, for example but available on the 6th days unless the NARs accurately. dications on hand opm revealed all contains and all contains are all the pharmonic of the few and the pharmonic of the pharmonic of the meloxical of pain. The meloxicam or Rawhy the meloxicam or Rawhy the meloxicam or Rawhy the Razadyne and on order but shat med is on order the facility or refuse	ent on a re ordered in the macy or red. In was on a then not available he 4th, on and on was were not for Resident current histration. In the ent at 12:30pm we any ges in him, whe ent at the was not would not ent was ome MAs er when the sthe	D 358			
	-He was not aware administered as ord		s not being				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVII I F	IARRISON AVENI (INVILLE, NC 27)			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 63	D 358			
	-He had been takin	g his medications.				
	Refer to the facility'	s medication policies.				
	Refer to interview wat 9:00am.	vith the Administrator on 8/3	3/16			
	1/25/16 revealed: -Diagnoses include D deficiency, and h deficiency"Constantly" disorie "patient information -Physician orders for (antidepressant and 500mcg take 2 dail	or trazodone 50mg at bedting d for insomnia), vitamin B12 y (used to treat pernicious 20mg 1/2 tablet daily	in me			
		t #6's Resident Register Imitted to the facility on 9/4/	709.			
	Resident #6 dated a 10mg dissolve 1 tal	quent physician order for 3/31/16 revealed olanzapin blet in mouth in the morning on and hallucinations.				
	Administration Recoluly 2016 revealed: -Olanzapine 10mg as not administered 4/1, 4/2, 4/3, 4/5, 4/5/30, 6/2, 6/8, 6/9, 6-Abilify 20mg at 8:0 administered becaut 6/12, and 6/26Trazodone 50mg at 8:0 administered becaut 6/12, and 6/26.	at 8:00am was documented d because "med on order" o /6, 4/29, 5/20, 5/21, 5/30, 5/	nd d on '23, oot			

-	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL099014	B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVII I F	RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	6/11, 6/12, 6/14, 6/6/22. -Vitamin B12 500m documented as not on order" on 7/1, 7/7/11. -There was no dock Resident #6's phys was out of medicat Telephone interview provider on 8/4/16: -Olanzapine 10mg to the facility on 4/17/10/16, and on 8/6/00 Olanzapine 10mg v4/18/16. -Trazodone 50mg 3 to the facility on 4/1 and did not know wdispensed in May 2-Abilify 20mg 30 da 4/12/16, on 5/2/16, -Vitamin B12 500m on 2/7/16 and on 7/6/16. -She said the facility medications 2 week assure they arrived -Medications were facility. Review of the April, eMARs and the phymedications disper revealed: -Olanzapine 10mg facility until 18 days	15, 6/16, 6/18, 6/20, 6/21, and cg 2 daily at 8:00am was administered because "med (3, 7/4, 7/6, 7/7, 7/9, 7/10, and the ematter of the ematt	D 358			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVICE COMPLETED			
		HAL099014	B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YADI	KINVII I E 409 HA	ADDRESS, CITY, RRISON AVEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	mail delivery in Apri 2016. -Trazodone 50mg 3 6/15/16 was 58 day was mailed on 4/18 not dispensed in Ma as not administered -Abilify 20mg should administering since on 4/12/16, 5/2/16, -Vitamin B 12 500m 7/5/16 was 151 day was mailed on 2/7/2 Interview with the A 9:00am revealed: -She was not award some medicationsShe was not award from Resident #6. Interview with Residence and the second medications of medications were defined in a medication were linterview with MA, 3 revealed: -She had not witnes #6. -He never had any -She did not know with medications had not administration became to the second medication of the second medication had not administration became to the second medication had not with the s	Il (not known) through June Il (not known) through June Il (not known) through June Il (all the first 30 day supply Il (all the first 30 day supply Il (all the first 30 day supply was ay and 9 doses documented Il (all the first 30 day supply was ay and 9 doses documented Il (all the first 30 day supply was mailed and 6/1/16. Incg 90day supply mailed on Il (all the first supplement Il (all t	d d			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL09901	4	B. WING		08/·	12/2016
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVILLE		RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG		TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From para Interview with MA, Strevealed she never any behaviors, had but he did talk to him. Attempted telephon prescribing physicianot successful. Refer to the facility's Refer to interview wat 9:00am. E. Review of Reside 4/15/16 revealed: -Diagnoses include hyperlipidemia, and -Physician orders in 325mg (to treat iron times daily (TID). Review of a hospitarevealed: -Resident #8 was are 4/12/16Resident #8 was are 4/19/16 with a disch schizophrenia disor Record review of a Resident #8 was ini 6/04/2014. Review of the eMAR 2016 revealed: -Ferrous Sulfate 32 6:00am, 12:00 pm are not administered.	Staff A on 8/8/16 observed Resignot seen any chaself. e interview with an on 8/11/16 at a medication por the Administ ent #8's current danemia, schizbenign hypertericulated Ferrous a deficiency anerolated to the heleased from the large diagnosis ganized type. FL2 dated 10/20 tially admitted to the heleased from the large diagnosis ganized type. FL2 dated 10/20 tially admitted to the heleased from the large diagnosis ganized type. FL2 dated 10/20 tially admitted to the heleased from the large diagnosis ganized type.	lent #6 have langes in him, the 11:11am was licies. rator on 8/3/16 FL2 dated ophrenia, nsion. Sulfate mia) three mary ospital on the hospital on of 5/15 revealed of the facility on the facility on the facility on the facility on the social documented of the facility on the facility of the facility on the facility on the facility of the facility on the facility on the facility on the facility of the facility of the facility of the facility on the facility of the facility on the facility of the facility on the facility of the facility of the facility on the facility on the facility of the facility	D 358	DELITORITY		
	5:00pm on 4/25/16,						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION		SURVEY PLETED	
		HAL099014	B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE	, ,	
PIEDMO	NT VILLAGE OF YAD	KINVILLE	RRISON AVEN			
(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 CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	12:00pm on 5/6, no on order", three tim 4/28, 4/30, 5/1, 5/2 because "med on of 5:00pm on 4/29. There was no doc Resident #8's phys was out of medicat. Telephone interview staff at the dispenser. A 90 day supply of was mailed to the function of sent earlier that had to call 2 weeks were mailed to there. Review of the facilitinterview with the A 10:30am revealed: Resident #8 was section of the sent earlier that had to call 2 weeks were mailed to there. Review of the facilitinterview with the A 10:30am revealed: Resident #8 was section of the sent earlier had agnosed with pnessident #8's famfacility after his last. The Administrator his discharge date. Review of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to "lethargy, fever, and the control of the hosp Resident #8 dated. He was admitted to the control of the hosp Resident #8 dated. He was admitted to the hosp Resident #8 dated. He was admitted to the hosp Resident #8 dated. He was admitted to the hosp Resident #8 dated. He was admitted to the hosp Resident #8 dated. He was admitted to the hosp Resident #8 dated. He was admitted to the hosp Resident #8 d	ot administered because "menes per day, on 4/26, 4/27, and not administered order" at the 6:00am and umentation on the MAR that ician had been notified that hician had been notified that hician had been notified that hicians. W on 8/4/16 at 2:26pm with a sing pharmacy revealed: Ferrous Sulfate 325mg TID racility on 4/28/16. Why the Ferrous Sulfate was n 4/28/16, but the facility staff in advance if medications m. Ty census for June 2016 and administrator on 8/8/16 at sent to the emergency room of the was lethargic and was elemonia. The that Resident #8 missed are that Resident #8 missed are thospitalization in June 2016 had noted on the census that was 7/17/16. Solital discharge record for 7/6/16 revealed: of the hospital on 6/22/16 with daltered mental status.	e on y			

6899

08/1:	
08/13	
1 00, 12	2/2016
CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
	OF CORRECTION ACTION SHOULD BE O THE APPROPRIATE ENCY)

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
				A. BOILDING.			
		HAL099	9014	B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVILLE		RISON AVEN LLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED 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 pa	ige 69		D 358			
	returned. The call is residents chart and resident's MAR alo why the medication allowed time frame	I the given me ng with an ex i is being give	edication on the planation as to				
	Interview with the A 9:00am revealed: -They started a trac which designated the Administration (VA) and deliveredThe Medication Air out the tracking log medications and which were to call the medications were revailable for administrator and the 6/2/16.	cking log the enter date Veter of medications des (MA) were when they were not delivered a distration and lacility on 6/6/2	end of June 2016 ans were ordered e supposed to fill rdered e delivered. or pharmacy if as ordered or not let her know.				
	The facility provide Protection on 8/3/1 -The Administrator that are entered on RecordThe RCC will then medications are de -Medications not averfusal policy will be followedDaily review of MARCCWill review medicapharmacy.	6: and RCC will the Medication review the Me	review all orders on Administration AR to assure dered. and medication with all staff and				
	THE DATE OF CO B VIOLATION SHA SEPTEMBER 26, 2	LL NOT EXC					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL099014	B. WING		08/1	2/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
PIEDMO	NT VILLAGE OF YADI	KINVIIIE	RISON AVEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRESSION OF THE APPROPRIED TO T	D BE	(X5) COMPLETE DATE
D 400	10A NCAC 13F .10 (a) An adult care hof a licensed pharm practitioner for the partitioner for the partitio	re involves the identification, plution of medication related ludes the following: cation review for each resident following: formation in the resident's gnoses, history and physical, y, vital signs, physician's otes, laboratory values and tration records, including administration records, to lications are administered as ure that any undesired side ad actual medication reactions medication errors are ted to the appropriate oner; and nendations for change, if on desired medication uring that the appropriate oner is so informed; and e results of the medication int's record.	D 400			
	This Rule is not me Based on observati	et as evidenced by: ons, interviews, and record				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL099014	B. WING		08/1	2/2016
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00/1	2/2010
		409 HARI	RISON AVEN	•		
PIEDMO	NT VILLAGE OF YADI	YADKINV	ILLE, NC 27	055		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 400	Continued From pa	ge 71	D 400			
	medication reviews sampled residents	failed to assure adequate were completed for 4 of 6 (#6, #7, #8, #3) in the areas of and medications unavailable				
	The findings are:					
	4/15/16 revealed: -Diagnoses include hyperlipidemia, and -Physician orders in	ent #8's current FL2 dated d anemia, schizophrenic, l benign hypertension. ncluded Ferrous Sulfate 325 ficiency anemia) three times				
	Administration Record May 2016 revealed Ferrous Sulfate 32 6:00am, 12:00 pm as not administered 5:00pm on 4/25/16, 12:00pm on 5/6, no on order" three time 4/30, 5/1, and 5/2, a "med on order" at 6	5 mg TID scheduled for and 5:00pm was documented because "med on order" at at 6:00am on 5/3 and at at administered because "med es daily on 4/26, 4/27, 4/28, and not administered because ::00am and 5:00pm on 4/29, ed because "out of the facility"				
	revealed: -A recommendation the veterans admin	umentation related to Resident				
	staff at the dispensi	v on 8/4/16 at 2:26pm with a ing pharmacist revealed: Ferrous Sulfate 325 mg TID				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
		HAL09	9014	B. WING		08/1	2/2016
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVILLE		RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 400	Continued From paymas mailed to the firshe did not know not sent earlier that have to call 2 weet are mailed to them. Attempted telephore 12:33pm with the pp 5/16/16 pharmacy. Refer to telephone 2:25pm with a phane Refer to interview with 8/11/16 at 2:26pm. B. Review of Reside 10/29/15 revealed: Diagnoses includes schizophrenia"Intermittently" was under the patient in -A Physician order morning after bread Review of March, A Resident #7 reveal -Meloxicam 7.5mg as not administered 3/26, 3/27, 3/28, 3/4/10, 4/13, 4/15, 4/4/27, 4/30, 5/1, 5/2 5/15, and 5/16. Review of pharmac revealed: -A recommendation the veterans administered administered recommendation the veterans recommendation the v	acility on 4/28 why the Ferron 4/28/16, but its in advance of the interview on the interview on a macist. With the Admir interview on a macist. With the Admir interview are addiabetes are smarked unconformation see for meloxican kfast (pain methods) at 8:00am wad because "m 29, 4/2, 4/3, 4/16, 4/17, 4/18, 5/5, 5/6, 5/8, are to request land to req	sus Sulfate was at the facility staff at the facility staff at the facility staff at the signed the not successful. 8/10/16 at the facility staff at the signed the not successful. 8/10/16 at the facility staff at the f	D 400			
	-There was no doc #7 missing any me		elated to Resident				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED		
HAL099014			B. WING		08/1	12/2016	
	PROVIDER OR SUPPLIER	ZINIVII I E		DRESS, CITY, S	STATE, ZIP CODE UE		
PIEDMO	NT VILLAGE OF YADI	KINVILLE	YADKINV	ILLE, NC 27	055		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 400	Continued From pa	ge 73		D 400			
	Telephone interview pharmacist on 8/5/r-Meloxicam 7.5mg was dispensed on 2-She did not know with dispensed after 2/1-The facility staff hawere not automatic. Refer to telephone 2:25pm with a pharmark refer to interview with with a pharmark refer to interview of currer 1/25/16 revealed dimulti-nodular goiter history of vitamin B. Review of subsequence with resident with a pharmark review of subsequence with a pharmark review of Resident 2016 revealed oland documented as not on order on 4/1, 4/1. Review of Resident completed 2/18/16 recommendations. Telephone interview provider on 8/4/16 a -Olanzapine 10mg	16 at 2:45pm reafter breakfast 2/16/16. Why Meloxicam 6/16. Ind to request mally mailed to to interview on 8/macist. With the Administration of FL2 for Resi agnoses included, vitamin D definition and hallucing administered 2, 4/3, 4/5, 4/6 at #6's pharmace and 5/16/16 results of the state 2:26pm reveals of th	evealed: 130 day supply 17.5mg was not nedications, they he facility. 170/16 at strator on dent #6 dated ded ficiency, and orders for ed olanzapine in the morning nations. for April and May at 8:00am was because "med a, and 4/29. by reviews evealed no the pharmacy ealed: was mailed out				
		30 day supply 8/16 and 5/8/1	was mailed out 6.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
	HAL099014				08/	12/2016
NAME OF	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	TATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVII I F	ARRISON AVENI INVILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 400	dispensed before 4She said the facility medications 2 week assure they arrived -Medications were refacility. Review of the April physician orders codispensed by the ph 10mg in the mornin until 18 days after the Refer to telephone 2:25pm with a pharm Refer to interview w 8/11/16 at 2:26pm. D. Review of the cudated 1/14/16 revealed 1/14/16 revealed schizophrenia disorneurocognitive disorneurocognitiv	/18/16. y staff had to request as before they ran out, to at the facility on time. not automatically mailed to the mailed to the medications of the physician order of 3/31/1 interview on 8/10/16 at macist. with the Administrator on trent FL2 for Resident #3 aled: d traumatic brain injury, reganized type chronic, order, and hypertension. was marked under "patient or amitriptyline (used to treat at bedtime, atorvastatin (used to treat) 10mg daily, benztroping othenazine (used to treat the morning, 10mg at 2pm	the lity 6.			

AND DI AN OF CORRECTION \ \ \ \ IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	HAL099014			B. WING		08/	12/2016
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVILLE		RISON AVEN	-		
040.15	CLIMMADY CTA	TEMENT OF DEFICI		ILLE, NC 27		DECTION	0/5
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 400	Continued From pa	ge 75		D 400			
	-Atorvastatin 10mg administered for 24 on order", and 3 oc refused" out of 55 cBenztropine 1mg t not administered fo "med on order", and "resident refused" cFluphenazine 10m as not administered "med on order" and "resident refused" cFluphenazine 20m administered for 12 on order" and 3 occ refused" out of 56 c. Review of a local pa 3/15/16 revealed R 3/15/16 at 3:29am from 15/16/16 at 3:29am from 15/16/16 at 2:26pm. Refer to telephone 2:25pm with a phare Refer to interview w 8/11/16 at 2:26pm. Telephone interview w 8/11/16 at 2:26pm.	was documented occurrences becapportunities. wice daily was or 2 occurrences but of 110 opportunities of 110 opportunities of 110 opportunities. The soccurrences but of 110 opportunities of 110 opportunities. The soccurrences becaute of 110 opportunities. The soccurrences becaute opportunities. The soccurrences becaute of 110 opportunities. The soccurrences of 110 opportunities. The soccu	ecause "med use "resident documented as because tunities. Is documented nees because because tunities. Inted as not ecause "med use "resident dise "resident at 3:11pm. 5/16/16 results from ted to Resident dications. 0/16 at trator on 2:25pm with a				
	2:25pm with a phar Refer to interview w 8/11/16 at 2:26pm. Telephone interview pharmacist reveale -He worked with the	macist. with the Administ w on 8/10/16 at 2 d: e pharmacist whereviews.	trator on 2:25pm with a signed the				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
			A. BOILDING.				
	HAL099014			B. WING	<u></u>	08/1	2/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YAD	KINVILLE		RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		CEDED 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 400	Continued From pare medications which administered when He looked for "trer refusing medication They can monitor and call the facility do that routinely. They did not routin available unless it we he could not spea pharmacist did not residents at this factor of the pharmacy province was unsure if the pharmacy province was pharmacy province every 3 month the records by lunctions.	were circled they completed. Ilke if a last the eMARs if they need lely see medwas a "specifically document a cility not recent definition of the facility hast did review to incorders and to vider would as and would the sand the	eted the reviews. resident was If they see a trend to but they do not lications not ality order." Why the ny particular viving medications. on 8/11/16 at ad a contract with the quarterly Elude looking at the overify medication come to the facility	D 400			
D912	G.S. 131D-21(2) Dec G.S. 131D-21 Dec Every resident shal 2. To receive care adequate, appropri relevant federal and regulations.	laration of R I have the fo and services ate, and in c d state laws	esidents' Rights illowing rights: s which are ompliance with and rules and	D912			
	Based on observation reviews, the facility	ions, intervie	ws and record				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		HAL099014		B. WING		08/	12/2016
	PROVIDER OR SUPPLIER NT VILLAGE OF YAD	KINVILLE	409 HARRI	RESS, CITY, S ISON AVEN LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D912	resident received cadequate, approprimelevant federal and regulations. The findings are: A. Based on intervifacility failed to assect on the fact admission for tuber compliance with conformal compliance with medicand frequent in conformal compliance with conformal compliance with conformal compliance with conformal c	ge 77 are and services white ate, and in compliant of state laws and rule desired and rule desired are 2 of 5 residents (ility were tested upor culosis (TB) disease at the services. [Reference of the services of the servic	ews, the (#1 and #5 n e in oted by the r to Tag osis Test ond record dications r, and 8) ered. 4(a) etion)]. Independent on refusals ent who cion in CAC 13F]. Independent on refusals ent who cion in incomplete in incomplete in incomplete in incomplete in incomplete incomplet	D912	DEFICIENCY		
	rules related to Adu and Other Staffing	llt Care Home Perso requirements, Tuber s, Health Care, Med	nal Care culosis				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
HAL099014			B. WING		08/	12/2016	
NAME OF	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		
PIEDMO	NT VILLAGE OF YADI	KINVII I F		LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D912	Continued From pa	ge 78		D912			
		Pharmaceutical Care. 1D-25 Implementation					
D980	G.S. § 131D-25 lm	plementation		D980			
	G.S. 131D-25 Imple	ementation					
	this Article shall res facility. Each facility training to staff to in	nplementing the provisi twith the administrator y shall provide appropringlement the declaration luded in G.S. 131D-21.	of the iate on of				
	This Rule is not me TYPE B VIOLATION						
	Based on observations, interviews, and record reviews, the Administrator failed to assure the total operation of the facility to meet and maintain rules related to Adult Care Home Personal Care and Other Staffing requirements, Tuberculosis Testing of Residents, Medication Administration, Health Care, and Pharmaceutical Care.		the naintain I Care losis				
	The findings are:						
	8:55am revealed st	dministrator on 8/9/16 a aff had quit recently and of hiring and training r	d they				
	2:26pm revealed: -She worked Mondato 5:00pmShe would someting	dministrator on 8/11/16 ay through Friday from nes work as late as 7:0 ally spent 1 to 1.5 hour	8:30am 00pm.				

NAME OF PROVIDER OR SUPPLIER PIEDMONT VILLAGE OF YADKINVILLE PIEDMONT VILLAGE OF YADKINVILLE AND ARRISON AVENUE YADKINVILLE, NZ 27055 AND (EACH DESCIPACY MIST BE PRECEDED BY PLUL REGULATORY OR LSC IDENTIFYING INFORMATION) D980 Continued From page 79 week in the facility. Subsequent interview with the Administrator on 8/12/16 at 3:00pm revealed: -She had been the Administrator of the facility falled to assure minimum staffing requirements for Aides was provided for 10 out of 47 shifts from 6/25/16 through 7/10/16. [Refer to Tag 201, 10A NCAC 13F .0604(e)(1)(A)(B)(C) Personal Care and Other Staffing]. B. Based on observations, interviews, and record reviews, the facility failed to assure that all housekeeping performed by personal care staff between the hours of 7:00am and 9:00pm was limited to occasional, non-routine tasks. [Refer to Tag 205, 10A NCAC 13F .0604(e)(2)(B) Personal Care and Other Staffing]. C. Based on observation, interviews, and record reviews, the facility failed to assure that all housekeeping performed by personal care staff between the hours of 7:00am and 9:00pm was limited to occasional, non-routine tasks. [Refer to Tag 205, 10A NCAC 13F .0604(e)(2)(B) Personal Care and Other Staffing). C. Based on observation, interviews, and record reviews, the facility failed to assure that all food service duties performed by personal care staff between the hours of 7:00am and 9:00pm was limited to performence of the personal care staff between the hours of 7:00am and 9:00pm was limited only to help with eating and carrying plates, trays or beverages to residents, and resorted the personal care staff between the hours of 7:00am and 9:00pm was limited only to help with eating and carrying plates, trays or beverages to residents, and resorted duties performed object the facility failed to assure that all food service duties of setting the tables, cleaning the tables, and sweeping the dining room floors. [Refer to Tag 209, 10A NCAC 13F .0604(e)(2)(E) [Personal Care and Other Staffing].	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	PLETED	
PIEDMONT VILLAGE OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055		HAL099014				08/1	2/2016
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D980 Continued From page 79 week in the facility. Subsequent interview with the Administrator on 8/12/16 at 3:00pm revealed: -She had been the Administrator of the facility since 6/6/16The previous Administrator had left on 6/2/16. Non-compliance identified during the survey included: A. Based on interviews and record reviews, the facility failed to assure minimum staffing requirements for Aides was provided for 10 out of 47 shifts from 6/25/16 through 7/10/16. [Refer to Tag 201, 10A NCAC 13F .0604(e)(1)(A)(B)(C) Personal Care and Other Staffing]. B. Based on observations, interviews, and record reviews, the facility failed to assure that all housekeeping performed by personal care staff between the hours of 7:00am and 9:00pm was limited to occasional, non-routine tasks. [Refer to Tag 206, 10A NCAC 13F .0604(e)(2)(B) Personal Care and Other Staffing]. C. Based on observation, interviews, and record reviews, the facility failed to assure that all housekeeping performed by personal care staff between the hours of 7:00am and 9:00pm was limited to occasional, non-routine tasks. [Refer to Tag 208, 10A NCAC 13F .0604(e)(2)(B) Personal care staff between the hours of 7:00am and 9:00pm was limited only to help with eating and carrying plates, trays or beverages to residents, and resulted in personal care staff performing routine food service duties of setting the tables, cleaning the tables, and sweeping the dining room floors. [Refer to Tag 209, 10A NCAC 13F .0604(e)(2)(E)]		PIEDMONT VILLAGE OF YADKINVILLE 409 HAI			UE		
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D. Based on interviews and record reviews, the facility failed to assure 2 of 5 residents (#1 and #5	D980	week in the facility. Subsequent intervie 8/12/16 at 3:00pm in Administrator of the The previous Administrator of the The The Previous Administrator of the T	ew with the Administrator on revealed: -She had been the facility since 6/6/16. inistrator had left on 6/2/16. entified during the survey ews and record reviews, the ure minimum staffing des was provided for 10 out of 16 through 7/10/16. [Refer to C 13F .0604(e)(1)(A)(B)(C) Other Staffing]. Vations, interviews, and record failed to assure that all bringed by personal care staff of 7:00am and 9:00pm was al, non-routine tasks. [Refer to C 13F .0604(e)(2)(B) Personal affing]. Vation, interviews, and record failed to assure that all food ormed by personal care staff of 7:00am and 9:00pm was with eating and carrying erages to residents, and I care staff performing routine of setting the tables, cleaning the dining room floors. 10A NCAC 13F .0604(e)(2)(E) Other Staffing].				

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY
	HAL099014				08/1	2/2016
	NAME OF PROVIDER OR SUPPLIER PIEDMONT VILLAGE OF YADKINVILLE 409 HAI YADKIN					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D980	admission for tuber compliance with corporation of the 234, 10A NCAC 131 (Type B Violation)]. E. Based on observe reviews, the facility for 5 of 8 sampled reviews, the facility for 5 of 8 sampled reviews, the facility for 3 of 8 sampled reviews, the facility for 3 of 8 sampled resident with medicand frequent inappr #3), three residents (Resident #3, #4, at failed to receive and (Resident #5). [Refe.0902(b) Health Carreviews, the facility medication reviews sampled residents (medication refusals to administer. [Refe.1009(a)(1)(A) Pharmal The facility provided Protection on 8/11/2-The licensee and Arresponsible for enswill work with the Celebrate Regin compliance.	culosis (TB) disease in introl measures adopted by the alth Services. [Refer to Tag F .0703(a) Tuberculosis Test rations, interviews, and record failed to assure medications residents (#3, 4, 6, 7, and 8) administered as ordered. [IOA NCAC 13F .1004(a) tration (Type B Violation)]. rations, interviews, and record failed to notify the physician residents regarding one ations that were unavailable ropriate behaviors (Resident regarding medication refusals and 5), and one resident who monthly Invega injection refusals (Type B Violation)]. rations, interviews, and record failed to assure adequate were completed for 4 of 6 (#6, #7, #8, #3) in the areas of and medications unavailable of the to Tag 400, 10A NCAC 13F remaceutical Care].	D980			

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PIEDMONT VII I AGE OF YADKINVII I E 409 HA			DDRESS, CITY, S RRISON AVEN VILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D980	concerning rule are pharmacy, inservice Nurse on ordering rimplementation of t	as cited, inservices from the e from the VA Registered medications, and he VA medication tracking log RRECTION FOR THIS TYPE LL NOT EXCEED	D980			

6899