PRINTED: 08/11/2017 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50.25 10.		R
		hal002004	B. WING		07/24/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 S		
			VILLE, NC 286		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 000	Initial Comments		D 000		
	conducted a follow-up	sure Section and the partment of Social Services o survey and complaint 19-21, 2017, and July 24,			
	_	y Department of Social complaint investigation on			
D 128	10A NCAC 13f .0404(Director	(1) Qualifications Of Activity	D 128		
	Director There shall be a design activity director who in qualifications: (1) The activity director August 1, 1991) shall educational requirements school graduate or ce	or (employed on or after meet a minimum ent by being at least a high ertified under the GED g an alternative examination			
	failed to ensure the fa	ns and interviews the facility acility had a current Activity met all qualifications for the			
	The findings are:				
	Review of Staff A's perevealed: -Staff A had a hire dat -An employment applicompletion of the GEI	ication which listed			

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

TITLE (X6) DATE

Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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		hal002004	B. WING		07/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE	
			HIGHWAY 16 S		
ALEXAND	ER ASSISTED LIVING		SVILLE, NC 286		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
		ŕ		DEFICIENCY)	
D 128	Continued From page	÷ 1	D 128		
	/ Housekeeper.	ed as an Activity Coordinator			
	-No documentation / o	copy of a high school			
		rnate exam available for			
	review.				
	-She did not have a jo	bb description in her			
	personnel record for A	Activity Coordinator.			
	Interview on 7/20/17 at 11:40am with the Activity				
	Coordinator revealed	ne facility for about 3 to 4			
	weeks.	le facility for about 5 to 4			
		to do activities with the			
	residents.				
	-She does housekeer	oing two days per week and			
		I do activities when she gets			
	her housekeeping ass	-			
	-She had not had any	activity training. activities because she has			
	4 children.	activities because sile rias			
	-She had put the activ	vities on the calendar for			
	July 2017.				
		ed any of the activities on			
	the July 2017 activity	ld that she had to do the			
	activities listed on the				
		" activities for the residents			
	like putting out picture	es for them to color, and			
	putting out games for				
		of the residents to the store			
	to shop.				
	-She had not been to requirements.	iu about trie activity			
		y assessments on the			
	residents, but they we				
		ld that she would eventually			
		ted to activity coordination			

for adult care homes.

-She had received her GED, but she could not remember the date, nor did she have any

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		hal002004	B. WING		R 07/24/2017
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 SC		
		IATLUKS	VILLE, NC 286	81	ı
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 128	Continued From page	e 2	D 128		
	documentation to vali	date her statement.			
	Review of the job des Coordinator provided revealed: -Responsibilities: dev of activities program or resident's active involutieir families and the staff in implementing -Demonstrate involve residents' families, vor resourcesMaintain a written up and capabilitiesUsing the "Activities minimum of 10 [SIC] individual activities peconsideration residentsPrepare a monthly cain large print, and posfirst day of month and the activities take placelinclude the following posted calendar: soci diversional and intellet work-type and volunters.	scription for Activity by the Administrator relopment and coordination designed to promote the lyement with each other, community, and involve program goals. ement with all residents, staff, plunteers, and community redated residents' interest list Supervisor's Guide," plan a hours of group activities and er week taking into nts' interests. alendar for planned activities set in prominent location on d update as needed, before ce. I types of activities on the ial and recreational activities, ectual activities, and eer activities.			
	of activities program	ting the overall effectiveness at least once every six			
	months.				
	7/19/17, 7/20/17, 7/2	hroughout the survey on 1/17 and 7/24/17 revealed lid not hold any activities with acility.			
	Interview on 7/21/17 a Administrator reveale				

-Staff A was hired to assist with activities, but also helped with housekeeping when the regular

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		R 07/24/2017	
	ROVIDER OR SUPPLIER DER ASSISTED LIVING	STREET ADD 3032 N C H	I RESS, CITY, STA IIGHWAY 16 SC IILLE, NC 286	DUTH	0772472017	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 128	on all residentsThe facility did not hat CoordinatorThere was not anyor was a Certified Activities.	o do an activity assessment ave a full time Activity he in his corporation who	D 128			
D 131	10A NCAC 13F .0406 (a) Upon employment home, the administration any live-in non-reside tuberculosis disease in measures adopted by Services as specified including subsequent Copies of the rule are contacting the Depart Services Tuberculosis Mail Service Center, I This Rule is not metal Based on interviews a facility failed to assure sampled were tested tuberculosis (TB) disecontrol measures additional transfer of the findings are:	in compliance with control of the Commission for Health in 10A NCAC 41A .0205 amendments and editions. It available at no charge by ment of Health and Human is Control Program, 1902 Raleigh, NC 27699-1902. The end of 5 staff (Staff A) are employment for ease in compliance with expeted by the Commission for	D 131			

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DIVISION	i Health Service Negu	ialion					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		COMPLETED	
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		hal002004	B. WING		1	4/2017	
		1 11002007			1 01/2		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
AI EVAND	ALEXANDER ASSISTED LIVING 3032 N C			OUTH			
ALEXAND	ER ASSISTED LIVING	TAYLOR	SVILLE, NC 286	81			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	KIATE	DAIL	
			+	,			
D 131	Continued From page	e 4	D 131				
	-There was no docum	nentation of a TB skin test in					
	Staff A's record.						
	Interview with Staff A	on 7/24/17 at 10:45am					
	revealed:	S at IV. TOUIII					
		activities with the residents.					
	-She also does house	· ·					
		esident Care Coordinator					
	(RCC) had given her a TB testShe could not recall if she had ever had a positive reading from a TB test.						
	Interview with the Adr	ministrator on 7/24/17 at					
	3:30pm revealed:						
		ible for assuring that all new					
		one before employment.					
		nave been done at the health					
	department before en						
		ed Health Professional					
		e will give a TB test to an					
	employee.	at the nurse does a TB test					
	on Staff A.	at the hurse dues a TD test					
		a TB test had not been					
	done.	a 15 toot had not boom					
D 164	10A NCAC 13F .0505	5 Training On Care Of	D 164				
<i>D</i> 104	Diabetic Resident	Training On Cale Of	5 104				
	Diabotio i todiuoni						
	10A NCAC 13F .0505	5 Training On Care Of					
	Diabetic Residents	-					
	An adult care home shall assure that training on						
		with diabetes is provided to					
	· · · · · · · · · · · · · · · · · · ·	to the administration of					
	insulin as follows:						
	` '	provided by a registered					
		rmacist or prescribing					
	practitioner.						
	(2) Training shall incl	lude at least the following:					

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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	
		hal002004	B. WING		07	R 7/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ALEXAND	DER ASSISTED LIVING		C HIGHWAY 16 SOL SVILLE, NC 28681			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 164	in the management of (b) insulin action; (c) insulin storage; (d) mixing, measurin for insulin administra	diabetes and care involved of diabetes; ag and injection techniques tion; evention of hypoglycemia ncluding signs and onitoring; universal tions; inistration times; and in administration.	D 164			
	Based on record revifacility failed to assur diabetic residents was ampled Medication E) who administer institute findings are: A. Review of Staff C'	ews and interviews, the re that training on the care of us provided for 3 of 3 Aides (MA), (Staff C, D, and sulin in the facility.				
	7/21/16She had passed the 10/16/03She had the medica completed on 8/18/10There was no docur training for Staff C. Interview with Staff C revealed:	nentation of diabetic care on 7/24/17 at 3:30pm abetic training at the facility				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		hal002004	B. WING	B. WING		2 4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ALEXAND	ER ASSISTED LIVING		IIGHWAY 16 S			
0/4) ID	SHIMMADV ST	ATEMENT OF DEFICIENCIES	/ILLE, NC 286	PROVIDER'S PLAN OF CORRECTION	ı	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 164	Continued From page	e 6	D 164			
	-She had received dia types of insulin, how to and the importance of insulinShe could explain the acting and slow actingShe had not received facilityShe did administer in Refer to interview with 7/24/17 at 3:30pm. Refer to attempted tel LHPS nurse on 7/24/26. B. Review of Staff D's -Staff D was hired on AideShe started passing -She had the medicat completed on 3/1/17She had passed the 4/18/17There was no docum training for Staff D. Interview with Staff D revealed: -The nurse who did he validation did talk with -The nurse showed he and give injectionsShe did not go over to -She had not had any since working at the face of the started passing and the face of the started passing -She did not go over to -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the face of the started passing -She had not had any since working at the started passing -She had not had any since working at the started passing -She had	abetic training on the various they work, storage of insulin, in administration times of a difference between fast grinsulin. It diabetic training at this insulin at the facility. In the Administrator on a lephone interview with the 17 at :2:45pm. Is personnel file revealed: 1/5/17 as a Personal Care in medications on 3/1/17. It ion clinical skills validation in medication aide test on inentation of diabetic care. In the Administrator on a lephone interview with the 17 at :2:45pm. Is personnel file revealed: 1/5/17 as a Personal Care in medication on 3/1/17. It is not clinical skills validation in the respective on 7/24/17 at 3:00pm in the respective of the respective of the insulin types with her. It is training acility.	D 104			
	and give injectionsShe did not go over t -She had not had any since working at the fa	the insulin types with her. "formal" diabetic training				

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Refer to interview with the Administrator on

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			_			
			D 14//10		F	
		hal002004	B. WING		07/2	4/2017
NAME OF D	ROVIDER OR SUPPLIER	STDEET AF	DDRESS, CITY, STA	TE ZID CODE		
NAME OF T	NOVIDEN ON 3011 LIEN					
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 S			
		TAYLORS	SVILLE, NC 286	81		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
D 164	Continued From page	7	D 164			
2 .0.	Continued From page	, ,				
	7/24/17 at 3:30pm.					
	Refer to attempted te	lephone interview with the				
	LPHS nurse on 7/24/					
		·				
	C. Review of Staff E's	s personnel file revealed:				
		12/15/16 as a Personal				
	Care Aide.					
		medications on 3/1/17.				
	-She had a medication clinical skills validation					
	completed on 3/1/17.					
		medication aide test on				
	10/28/14.	medication aide test on				
		contation of diabetic core				
		nentation of diabetic care				
	training for Staff E.					
	-	interview with Staff E on				
	7/24/17 at 3:15pm wa	is unsuccessful.				
	Refer to interview with	n the Administrator on				
	7/24/17 at 3:30pm.					
	Refer to attempted te	lephone interview with the				
	LHPS nurse on 7/24/	17 at :2:45pm.				
	Interview with the Adr	ninistrator on 7/24/17 at				
	3:30pm revealed:					
	-The Resident Care C	Coordinator (RCC) is				
		ng that all new staff have				
	required training.	-				
		e did diabetic training when				
	•	n competency validation for				
	the med aides.	sempetericy validation for				
		nurse to do diabetic training				
	for the medication aid					
	-All the medication aid					
	administer insulin to t	ne diabetic residents.				

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Attempted telephone interview on 7/24/17 at

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AND PLAN (O CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLI	-150
		hal002004	B. WING		R 07/2	
			1		1 07/2	4/2017
NAME OF PR	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 SO VILLE, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 164	Continued From page	e 8	D 164			
	2:45pm with the Licensed Health Professional Support (LHPS) nurse was unsuccessful.					
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.					
	This Rule is not met a	<u> </u>				
	Based on these findin Violation was not aba	ngs, the previous Type B ted.				
	reviews, the facility fa sampled residents (#2 medication, Invega So health to administer a medication resulting in the medication for alm ensure the resident's					
	The findings are:					
	revealed: -Diagnoses included produced indicatesA medication order for Inject Intramuscular (I	2's current FL2 dated 2/9/17 paranoid schizophrenia, and or Invega Sustenna 156 mg IM) every four weeks for an injectable medication				

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used to treat schizophrenia.)

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		R 07/24	1/2017
	ROVIDER OR SUPPLIER DER ASSISTED LIVING	3032 N C I	DRESS, CITY, STA HIGHWAY 16 SO /ILLE, NC 286	ОТН		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page 9		D 273			
	month because the market from the pharmacy. -When the home head Invega injection to Reavailable. -The MA did not call the medication or to find the have the medication the transport of the physician was not did not receive her Interview with Reside revealed: -She would have take had been offered in Jana and the transport of the physician was not did not receive her Interview with Reside revealed: -She would have take had been offered in Jana and the transport of the physician was not did not revealed in Jana and the physician of Resident and Invega Sustenna 156 (7/2/17 was available). Review of Resident #Administration Record and July 2017 revealed. The Invega Sustenna as administered on 50 (An entry for Invega Sustenna as administered on 50 (An entry for Invega Sustenna 3), 2017 at 8 am.	yealed: get her Invega Sustenna last hedication did not come in Ith nurse came in to give the esident #2, it was not the pharmacy to get the but why the facility did not to give. ot notified that Resident #2 vega Sustenna 156 mg Int #2 on 7/20/17 at 12:00pm In her Invega Sustenna if it une. Ther medication was not bed" with her paranoia. Therefore with a dispense date of to be administered. 2's electronic Medication ds (eMARs) for May, June ed: a 156 mg was documented (5/17. Sustenna 156 mg Inject ery four weeks for eduled administration time of				

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weeks was documented as not available for

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		07	R //24/2017	
	PROVIDER OR SUPPLIER DER ASSISTED LIVING	3032 N C	DDRESS, CITY, STATE HIGHWAY 16 SOI SVILLE, NC 28681	JTH			
(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 SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
D 273	administration on 6/3/ -The next four week of and had been administration on 6/3/ -The next four week of and had been administration on 6/3/ -The next four week of and had been administration of Review of Resident # was no documentation resident's behavior. Phone interview with 7/21/17 at 8:45am review and call of return the system was back up. The pharmacy never Phone interview with office on 7/21/17 at 1:1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	217 of the June 2017 eMAR. dose was due on 6/30/17 stered on 7/2/17. 2's record revealed there in noting any changes in the steep the pharmacy provider on vealed: uter system was down and exinformation on Resident et all as soon as their returned the call. 2:03pm revealed: ut of the country at this time. The physician in the practice they were available. The was unaware Resident #2 cation for June. 3:10 return the call by the end of the country at this time. The return the call by the end of the country at this time. The return the call by the end of the call of the country at this time. The return the call by the end of the call of 1 sampled injectable medication, will able for home health to to try to obtain the lift, Resident #2 did not in for almost 2 months and exident's physician was stenna was not administered for exposed Resident #2 to reakthrough psychosis due	D 273				

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			A. BUILDING	A. BUILDING:	
		hal002004	B. WING		R 07/24/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
ALEVAND	AED AGGIGTED I BUNG	3032 N C	HIGHWAY 16 SC	ОИТН	
ALEXAND	PER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 11	D 273		
	-	was detrimental to the Resident #2 and constitutes			
	A Plan of Protection v on 8/4/17.	vas requested from Provider			
D 282	10A NCAC 13F .0904 Service	(a)(1) Nutrition and Food	D 282		
	10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.				
	This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to protect all food being stored, prepared and served by the facility from contamination.				
	The findings are:				
	kitchen, freezer and prevealed:	17 at 10:07am of the facility pantry storage area ry was dark, discolored and			
	-A 5 lb. bag of buttern opened and rolled over dated after it was oper -A clear plastic 1 gallosauce was half full an	er at the top and was not			
	uncooked elbow mac	h approximately 2 cups of aroni was tied closed at the dated after it was opened.			

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STATEMENT OF DEPICIENCES INDIPERSON OF CORRECTION INDIPERSON OF CORRECTION OF CORRECTION OF CORRECTION OF COMPACT OF	DIVISION	n nealth Service Regu	lation			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28881 PREMIATORY OR LSCIDENTIFYING INFORMATION) DEFICIENCY MUST BE PRECEDED BY FULL TAYLOR ASSISTED LYMP AND A CORRECTION SET OF THE PROPERTY OF THE PROPER			, ,	(X2) MULTIPLE	CONSTRUCTION	` '
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with 3 crackers remaining in the pack and not dated after it was opened. -There was one opened bag of multi colored cereal that had been loosely twisted closed sitting beside another opened bag of brown flaked cereal that the top of the bag was just folded over and neither bag was dated after it was openedThere was a bag of 4 hamburger buns sitting on the third shelf from the bottom in the right side of the pantry after it was openedThere was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was openedThere was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was openedA clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was openedA bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer						
dated after it was opened. -There was one opened bag of multi colored cereal that had been loosely twisted closed sitting beside another opened bag of brown flaked cereal that the top of the bag was just folded over and neither bag was dated after it was opened. -There was a bag of 4 hamburger buns sitting on the third shelf from the bottom in the right side of the pantry after it was opened. -There was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer						
-There was one opened bag of multi colored cereal that had been loosely twisted closed sitting beside another opened bag of brown flaked cereal that the top of the bag was just folded over and neither bag was dated after it was opened. -There was a bag of 4 hamburger buns sitting on the third shelf from the bottom in the right side of the pantry after it was opened. -There was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		dated after it was ope	ened.			
beside another opened bag of brown flaked cereal that the top of the bag was just folded over and neither bag was dated after it was opened. -There was a bag of 4 hamburger buns sitting on the third shelf from the bottom in the right side of the pantry after it was opened. -There was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		-There was one open	ed bag of multi colored			
cereal that the top of the bag was just folded over and neither bag was dated after it was opened. -There was a bag of 4 hamburger buns sitting on the third shelf from the bottom in the right side of the pantry after it was opened. -There was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		cereal that had been	loosely twisted closed sitting			
and neither bag was dated after it was opened. -There was a bag of 4 hamburger buns sitting on the third shelf from the bottom in the right side of the pantry after it was opened. -There was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		beside another opene	ed bag of brown flaked			
-There was a bag of 4 hamburger buns sitting on the third shelf from the bottom in the right side of the pantry after it was opened. -There was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		cereal that the top of	the bag was just folded over			
the third shelf from the bottom in the right side of the pantry after it was opened. -There was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		and neither bag was o	dated after it was opened.			
the pantry after it was opened. -There was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		-There was a bag of 4	4 hamburger buns sitting on			
-There was an open loaf of bread and the top of the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		the third shelf from the	e bottom in the right side of			
the bag tied in a knot, not dated, with 4 pieces of bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		the pantry after it was	s opened.			
bread after it was opened. -There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		-There was an open le	oaf of bread and the top of			
-There was another open loaf of bread with the top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was openedA clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was openedA bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		the bag tied in a knot,	, not dated, with 4 pieces of			
top of the bag folded around four pieces of bread that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was openedA clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was openedA bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		bread after it was ope	ened.			
that was not dated after it was opened. Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		-There was another o	pen loaf of bread with the			
Observation on 7/20/17 at 8:42am of the freezer in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		top of the bag folded	around four pieces of bread			
in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was openedA clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was openedA bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		that was not dated aft	ter it was opened.			
in the pantry revealed: -An opened bag of onion rings was tied in a knot that was not dated after it was openedA clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was openedA bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		Observation on 7/20/	17 at 8:42am of the freezer			
-An opened bag of onion rings was tied in a knot that was not dated after it was openedA clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was openedA bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer						
that was not dated after it was opened. -A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer						
-A clear plastic bag with 6 frozen hamburger patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer			•			
patties was not labeled or dated after it was opened. -A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer			•			
openedA bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer						
-A bag with approximately 24 fish fillets was opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer		•	tu oi ualeu ailei il Was			
opened and not dated after it was opened. Observation on 7/20/17 at 8:47am of the freezer			atoly 24 fish fillate was			
Observation on 7/20/17 at 8:47am of the freezer			-			
		opened and not dated	a alter it was opened.			
		Observation on 7/20/	17 at 8:47am of the freezer			
in the kitchen revealed:						

Division of Health Service Regulation

-A form titled "KITCHEN STAFF" on the outside of

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DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					l _	
			D MINO		R	
		hal002004	B. WING		07/2	24/2017
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZID CODE		
NAME OF T	TO VIDER OIL OUT LIER					
ALEXAND	ER ASSISTED LIVING		IIGHWAY 16 S			
		TAYLORS	ILLE, NC 286	81		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ı	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE	DATE
				DEI IOIENOT)		
D 282	Continued From page	e 13	D 282			
	the freezer had "Lahe	and data everything that is				
		el and date everything that is				
	_	g discarded at the right				
	times including ALL b					
		closed with sliced frozen				
	•	p shelf of the freezer and				
	was not dated after it					
	 -A large clear bag with 	h broccoli, cauliflower and				
	carrots had been tied	in a knot at the top of the				
	bag and was not date	ed after it was opened.				
	-Two large clear bags of lima beans had been					
	opened and tied close	ed and not labeled or dated				
	after it was opened.					
		ough bag with green beans				
		d shut and not dated after it				
	was opened.					
	·	th biscuit dough was ¼ full				
		x of 218 count biscuit dough				
	-					
	that was not dated aft	ter it was opened.				
	Observation on 7/20/	19 at 8:48am of the				
	refrigerator in the kitch					
	•	oft drink ½ full not dated after				
		on drink /2 idii flot dated aitei				
	it was opened.	tin foil not labeled or dated				
		till foil flot labeled of dated				
	after it was opened.	/ full with too not dated as				
	-	√₂ full with tea not dated or				
	labeled.					
	•	h a lid ¼ full of applesauce				
	not dated or labeled a					
	-A large container with a lid ¼ full of potato salad					
	•	ed on the second shelf.				
		container of potato salad on				
	the third shelf 3/4 full w	vas not dated after being				
	opened.				ľ	
	Interview on 7/20/17 a	at 8:30am with the Cook				
	revealed:					
	-She had worked for t	the facility for about 5				
		,	1			

Division of Health Service Regulation

-When the delivery truck comes in she dates and

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
		hal002004	B. WING		R 07/24/2017	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALEXAND	ER ASSISTED LIVING		IIGHWAY 16 SC /ILLE, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 282	Continued From page	± 14	D 282			
	-She had been trained label and initial after the were opened but she gets has been very but -She had not put the decause she was the kitchen and had been linterview on 7/24/17 and Administrator revealed -He expected staff to and then label and data-He expected food an after they were opened staff to label and data-the expected food an after they were opened staff to label and data-the expected food an after they were opened staff to label and data-the expected food an after they were opened staff to label and data-the expected food an after they were opened staff to label and	date on the open items only one working in the very busy. at 3:30pm with the d: get out what they needed te it. d drink items to be dated ed. y the staff had not dated				
D 310	Service 10A NCAC 13F .0904 (e) Therapeutic Diets (4) All therapeutic die supplements and thic served as ordered by This Rule is not met TYPE B VIOLATION Based on observation reviews, the facility fa diets for 4 of 4 sample #2, #7 and #9) were services	Nutrition and Food Service In Adult Care Homes: Its, including nutritional kened liquids, shall be the resident's physician. The provided to assure all therapeutic and record as ordered related to trated sweets diet orders.	D 310			

Division of Health Service Regulation

The findings are:

STATE FORM 6899 1XXW11 If continuation sheet 15 of 102

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIDI F	CONSTRUCTION	(X3) DATE SU	ID\/EV
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:			COMPLE	
			A. BUILDING: _			
			D MANO		R	
		hal002004	B. WING		07/24	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3032 N C	HIGHWAY 16 S	OUTH		
ALEXAND	ER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
			+	,		
D 310	Continued From page	: 15	D 310			
	Review of the facility's	s therapeutic menus for No				
	Concentrated Sweets					
	revealed:					
	-There was a column	for daily food items and				
	portion sizes to be se	rved to residents on				
	therapeutic diets.					
		diet should also have				
	received sugar free fr					
	received one serving	e diet should also have				
		diet should have recieved				
	sugar free syrup.	dict should have recieved				
		bottom of each page for				
	"low concentrated sw					
	carbohydrates, no coi	ncentrated sweets and				
	calorie controlled diet	s -all beverages, gelatin,				
		eners except milk should be				
	sugar free".					
	A Daview of Deciden	t #7's El 2 detect 7/20/16				
	revealed:	t #7's FL2 dated 7/29/16				
		ded mental retardation,				
		ase and diabetes mellitus.				
	•	a diabetic puree diet with				
	•	n no clarification for type of				
	thickness).	-				
		finger stick blood sugar				
	checks on Monday, V	Vednesday and Friday.				
	Observed to					
	Observation of the brobetween 7:30 am and	eakfast meal on 7/21/17				
		ding herself independently.				
		ontained pureed scrambled				
	•	ktail, and a finely chopped				
		n it (dried bread crumbs).				
	-	Il of the food together on her				
	plate and put spoonfu	<u>-</u>				
		eal) and thickened orange				
	juice in her food and i	mixed it up together.				

Division of Health Service Regulation

STATE FORM 6899 1XXW11 If continuation sheet 16 of 102

DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
		h-1002004	B. WING		R	
		hal002004			0712	4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	== 40010=== 1 N/N10	3032 N C	HIGHWAY 16 S	OUTH		
ALEXAND	ER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81		
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
D 310	Continued From page	e 16	D 310			
	. •					
		% of her breakfast meal.				
		difficulties with swallowing				
	and no coughing during	ng the meal.				
	Review of the Reside	nt Therapeutic "Diet" List				
		the kitchen on 7/19/17				
		was to be served a" pureed				
	diet and thickened liq					
	dict and unexerica hy	uids offig .				
	-Review of the label on the fruit cocktail can					
		20 grams of sugar per ½				
	cup serving.	_0 g.a 0. daga. pc. /2				
	54p 55g.					
	Review of Resident #	7's July 2017 electronic				
		ation Records revealed:				
		Monday, Wednesday and				
		e initials of the staff who				
	administered the bloo					
	ordered.	0 0				
	-There were no record	dings of what Resident #7's				
	blood sugar actually v	_				
	J ,					
	Interview with the Cod	ok on 7/20/17 at 1:05pm				
	revealed:					
	-She had been with the	ne facility for about 4				
	months.					
		ed in a facility kitchen prior				
	to this but "I have coo					
	•	er how to make a pureed				
	meal other than to che	op it up in the food				
	processor.					
	-The bread did not ma					
	resident's plates for lu					
	-She had poured the	bread crumbs for lunch in				
	the trash as she had t	forgotten to put them on the				
	plate.					
		d in the food processor and				
	chopped it up but doe	esn't add any liquid to it, as				
	that was how she was	s taught to do the pureed				

bread.

Division of Health Service Regulation

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	EIED
					R	1
		hal002004	B. WING		07/2	4/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			HIGHWAY 16 S			
ALEXAND	ER ASSISTED LIVING		VILLE, NC 286			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	AG		TAG	DEFICIENCY)	WAIL	
D 210	Continued From none	. 47	D 310			
D 310	Continued From page	2 17	D 3 10			
	-	et on the wall in the kitchen				
	labeled "Diets" for all					
		not on there she had no way				
	of knowing what diet					
	-She had been taught	#7's drinks except for the				
		lass and to put 1 ½ scoops				
	in it and stir it up.	add and to pat 1 /2 dddopd				
		of any differences between				
	honey or nectar thicke					
	-She was not aware of	of the sugar content in the				
	fruit cocktail.					
		ıld hurt a diabetic or not				
	(referring to the fruit of					
	therapeutic diets and	of the recipe book for the				
		hat something on the menu				
		something she knew how to				
	cook.					
		tary Manager on 7/21/17 at				
	11:15pm revealed:	- f::::::::::::::::::::::::::::::::::				
		e facility for around 2 years. In on a pureed diet since he				
	had started working a	•				
		nce that he liked to make				
		so they had a consistency "a				
	little thicker than motor	or oil".				
		aught the consistency of				
		ed liquids but had always				
	put two scoops of thic					
		ent #7 was a diabetic.				
		or everyone, he did not diet list, he followed what				
	was on the weekly me					
		of things he does different				
	-	insweetened tea, and sugar				
	free puddings but that					

-He does not add anything to the puree bread, he just puts the bread that he cooks in the chopper

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DIVISION	n Health Service Regu	iation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			1		l _	
			5		R	
		hal002004	B. WING		07/2	4/2017
NAME OF D	DOVIDED OD CUDDUED	CTDEET ADI	NDECC CITY CTA	TE 710 CODE		
NAIVIE OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
ΔΙ ΕΧΔΝΩ	ER ASSISTED LIVING	3032 N C I	HIGHWAY 16 S	OUTH		
, (22,0 (1,12	21(710010125 2111110	TAYLORS	/ILLE, NC 286	81		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 310	Continued From page	. 10	D 310			
D 310	Continued From page	÷ 10	5310			
	and then puts it on the	e pureed plates.				
	-"They don't like anyth					
		ed the fruit cocktail to see if				
	it was sugar free or ha					
		Resident #2 applesauce for				
	dessert.					
	-	training at this facility but he				
	had at other facilities					
	-He did not use the recipes book for the menus as he had been cooking for 45 years and knew					
	how to cook most of t	he items on the menu.				
	Refer to interview on	7/21/17 at 5:05pm with the				
	Administrator					
	Refer to interview on	7/24/17 at 10:08am with the				
	Dietary Manager.	772-777 at 10.00am with the				
	Dictary Manager.					
	Defente intensions en	7/04/47 at 40:40 are and				
		7/24/17 at 10:16am and				
		sident Care Coordinator				
	(RCC) and the Admin	istrator.				
	Based on review of R	esident #7's record and				
	attempted interview w	vith Resident #7, it was				
	determined the reside	ent was not interviewable.				
	B. Review of Residen	it #9's current FL2 dated				
	7/29/16 revealed:					
	-Diagnoses included i	mild MR (mental				
	retardation), hyperten	•				
	diabetes.	ision, poyonosio, and				
		er for a no concentrated				
		a no concentrated				
	sweets diet.					
	Davidson af 0 - 6 - 99 4	41				
		s therapeutic menus for a				
		evealed all meats were to				
	·	hopped meats and other				
	foods that make it eas	sier to chew).				

Division of Health Service Regulation

Review of the Resident Therapeutic "Diet" List

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
					R	
		h - 1000004	B. WING		1	
		hal002004	B. WING		07/2	4/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3032 N.C.	HIGHWAY 16 S	OUTH		
ALEXAND	ER ASSISTED LIVING		VILLE, NC 286			
			TILLE, NC 200			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
1,10		,	17.0	DEFICIENCY)		
D 310	Continued From page	e 19	D 310			
	with no date nosted in	n the kitchen on 7/19/17				
	revealed:	Title kitchen on 17 19/17				
		pe served a "chopped diet				
		or hard food due to teeth".				
	-Resident #9 should h					
	mechanical soft break					
	-Resident #9 should have been served sugar free					
	fruit cocktail.					
	Observation on 7/04/	47 at 7:20 are of the				
	Observation on 7/21/					
		led Resident #9 received				
	-	gs, a finely chopped biscuit				
	• • •	reed fruit cocktail in regular				
	syrup.					
	D : ("	6 B : 1 / 1/2				
		for Resident #9 revealed				
	there was no order fo	r a pureed diet.				
	D : ("					
		n the fruit cocktail can				
		20 grams of sugar per ½				
	cup serving.					
		ok on 7/20/17 at 1:05pm				
	revealed:					
	-She had been with the	ne facility for about 4				
	months.					
		ed in a facility kitchen prior				
	to this but "I have coo					
	-She was not aware of	of the sugar content in the				
	fruit cocktail.					
	-"I don't know if it wou	ıld hurt a diabetic or not				
	(referring to the fruit of	cocktail)."				
	-She was not aware o	of the recipe book.				
	-If she did not know w	what something on the menu				
		something she knew how to				
	cook.	Č				
		received a regular diet or a				
	pureed diet.	ŭ				

Division of Health Service Regulation

-She was aware Resident #9 was on the diet list for chopped meats but stated, Resident #9 was

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Division of	Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		R 	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
AI EYAND	ER ASSISTED LIVING	3032 N C	HIGHWAY 16 S	оитн		
ALLXAND	LIVING	TAYLORS	VILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	Continued From page	20	D 310			
		cause she didn't have any				
	Interview on 7/21/17 at 7:39am with Resident #9 revealed: -The facility gave her puree because she didn't have any teethShe would have liked to have had "some					
	sausage" if she could -She "don't eat bread					
		or who knows what we are				
	11:15pm revealed:	Manager on 7/21/17 at				
	-He was aware Resid because she received -He cooks the same f couple of things he do	I an artificial sweetener. or everyone except there a oes different for the diabetics				
	-He had never checked it was sugar free or had	raining at this facility but he				
	as he had been cooki how to cook most of t -He does not add any	ncipes book for the menus ng for 45 years and knew the items on the menu. thing to the puree bread, he				
	and then puts it on the	at he cooks in the chopper e pureed plates. ike anything added to her				

Administrator.

bread.

-The bacon does not puree well so he did not give Resident #9 or the other 2 residents who

Refer to interview on 5/21/17 at 5:05pm with the

received puree any breakfast meat.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		hal002004	B. WING		07/24	4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ALEXANDER ASSISTED LIVING 3032 N C H			HIGHWAY 16 S			
			VILLE, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	Continued From page	21	D 310			
	Refer to interview on Dietary Manager.	7/24/17 at 10:08am with the				
		7/24/17 at 10:16am and sident Care Coordinator istrator.				
	C. Review of Resident #2's FL2 dated 1/11/17 revealed: -Diagnosis included schizophrenia, paranoid type, mild renal insufficiency, insulin dependent diabetic and gastroesophageal reflux diseaseThere was no physician's order for a diet on the					
		o check finger stick blood times a day and as needed				
	-A physician's order for and 8pm (a long actin blood sugar).	or Levemir 55 units at 8am og insulin used to lower				
		th flex pen with sliding scale ily (a rapid-acting insulin				
		1/9/17 on a discharge hospital revealed a No				
	12:40pm revealed: -Resident #2 was ser	on meal on 7/20/17 at wed Salisbury steak, a ash, a roll, fruit cocktail and				
	Review of Resident # signed by the physicia	2's care plan dated and an on 1/11/17 revealed a ependent diabetes and a				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		hal002004	B. WING		07/24/2017	
NAME OF D			DEGG OITY OTA	TE 7/D 000E	1	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	•		
ALEXAND	ER ASSISTED LIVING		IIGHWAY 16 SO /ILLE, NC 286			
			TILLE, NC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 310	Continued From page	e 22	D 310			
	with no date posted in	nt Therapeutic "Diet" List n the kitchen on 7/20/17 was not on the list for a				
		n the fruit cocktail can 20 grams of sugar per ½				
	Review of Resident #2's June 2017 electronic Medication Administration Records revealed: -Entries for FSBS at 6:00am, 11:00am. 4:00pm and 9:00pmFSBS at 6:00am ranged from 114 to 400FSBS at 11:00pm ranged from 74 to 362 -FSBS at 4:00pm ranged from 142 to 434FSBS at 9:00pm ranged from 118 to 370.					
	Review of Resident #2's July 2017 electronic Medication Administration Records revealed: -Entries for FSBS at 6:00am, 11:00am. 4:00pm and 9:00pmFSBS at 6:00am ranged from 116 to 344FSBS at 11:00pm ranged from 146 to 417FSBS at 4:00pm ranged from 173 to 368FSBS at 9:00pm ranged from 132 to 356.					
	revealed: -She was diabetic and the facility gave her "v-She was aware she will diabetic dietShe did not always for would eat what was on hungry.	at 10:00am with Resident #2 d on sliding scale insulin but what everyone else gets". was supposed to be on a collow her diet because she on her plate as she was cually always run high as she et.				

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Interview with the Cook on 7/20/17 at 1:05pm

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		R 07/24/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	re. ZIP CODE		
			HIGHWAY 16 SC			
ALEXAND	DER ASSISTED LIVING	TAYLOR	SVILLE, NC 2868	31		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 310	Continued From page	23	D 310			
	but she received a reg-She goes by the she labeled "Diets" for all -If the correct diet is no for knowing what diet a -She was not aware of fruit cocktail"I don't know if it wou (referring to the fruit of the f	et on the wall in the kitchen therapeutic diets. Not on there she had no way a resident needed. If the sugar content in the suld hurt a diabetic or not cocktail)." If an and 12:35pm with the inator (RCC) and the diade was on sliding scale bey should be doing it (in diet)." If are that Resident #2 was not be that Resident #2 was not be that in the kitchen. If are that is probably why diabetic diet." If 21/17 at 5:05pm with the first of the coordinator is trator. If #1's FL2 dated 7/2/17				

injury, mixed dementia, insulin dependent

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	= IED
					R	
		hal002004	B. WING		1	4/2017
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 S			
		TAYLOR	SVILLE, NC 286	81		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 310	Continued From page	24	D 310			
D 010			5010			
	diabetes, and chronic					
	-There was an order f	· ·				
	Diabetes Association) diet.				
	Intervious with Deside	nt #1 on 7/10/17 at 10:22am				
	revealed:	nt #1 on 7/19/17 at 10:33am				
		pancakes with regular syrup				
	for breakfast.	paneakes with regular syrup				
	-"I can't eat that, I'm a	an insulin dependent				
	diabetic. I ate it beca					
	Interview with the first	t shift medication aide on				
	7/19/17 at 10:47am re					
		capillary blood glucose) was				
	352 after breakfast.					
		d 12 units of Novolog insulin				
	,	igh blood glucose) after his				
	CBG was obtained.					
	-"It's the syrup."	veryone's blood sugar is so				
	high."	veryone's blood sugar is so				
	nign.					
	Review of the facility	kitchen on 7/20/17 at				
		e was no sugar free syrup in				
	the kitchen or pantry	area.				
		oon meal on 7/20/17 at				
	12:40pm revealed:					
		ved Salisbury steak, a				
		ash, a roll, fruit cocktail and				
	sweet tea.					
	Review of the Reside	nt Therapeutic "Diet" List				
		n the kitchen on 7/20/17				
	· ·	was not on the list for a				
	therapeutic diet.	The state of the following the state of the				
	· -					
	Review of the label or	n the fruit cocktail can				

cup serving.

revealed it contained 20 grams of sugar per $1\!\!/_{\!2}$

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR ID PLAN OF CORRECTION IDENTIFICATION NUMBER:					
701012701	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _			
		hal002004	B. WING			⋜ 24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
ALEXAND	DER ASSISTED LIVING		HIGHWAY 16 SC			
	OUR MARK OF		VILLE, NC 2868		-07:01:	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 310	Continued From page	e 25	D 310			
	Refer to interview on Administrator.	7/21/17 at 5:05pm with the				
	Refer to interview on 7/24/17 at 10:08am with the Dietary Manager. Refer to interview on 7/24/17 at 10:16am and 12:35pm with the Resident Care Coordinator (RCC) and the Administrator. Interview on 7/21/17 at 5:05pm with the Administrator revealed: -He was unaware the dietary staff did not have the correct diet orders for each residentHe was unaware the staff were not following the menu for therapeutic dietsHe expected the residents to receive the diet the provider ordered.					
	revealed: -He had not received clarifications, since 7/of Protection, and the receive the same dief-No one had spoken NCS diets nor had he on Resident # 7's thic-He was unfamiliar w-He had not been trait consistency for the pro-	any new diet orders or /21/17as stated in the Plan e residents continued to ts they had last week. with him about the puree, e received any clarification ckened liquids since 7/21/17. ith a mechanical soft diet. ined how to do the ureed meals he just put it in ped it up until it was like				
	Resident Care Coord Administrator reveale					

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PRINTED: 08/11/2017 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		' '	E SURVEY PLETED	
			A. BUILDING:			
		hal002004	B. WING		07	R //24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	•	-
NAME OF T	NOVIDEN ON OUT LIEN		C HIGHWAY 16 SOL			
ALEXAND	DER ASSISTED LIVING		SVILLE, NC 28681			
	CHMMADV CT	ATEMENT OF DEFICIENCIES			CORRECTION	0.70
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From page	e 26	D 310			
	Cooks about the there	apeutic menus. ated a Dietician would be				
	coming in to teach the therapeutic diets.	e dietary stair about				
		had not done an audit of				
		ers as stated in the Plan of				
		because she was waiting				
		me in on 7/27/17 to update				
	everyone's diet order					
	-The dietary staff had not been given an updated list of all residents' diets since 7/21/17 as stated in the Plan of Protection.					
	The facility failed to a	acure proper training of				
	_	ssure proper training of se and knowledge of using				
		sulting in therapeutic diets				
	1	not being served for 4 of 4				
		resident #1, #2, #7 and #9)				
		NCS diet orders. The				
		ve theraputic diets as				
	1	ntal to the health of the				
	residents resulting in	a Type B Violation.				
	The facility provided (a Dian of Protoction on				
	7/21/17 that included	a Plan of Protection on .				
		Il ensure that each cook is				
		rs for the residents and to				
	follow the menu that i					
		II go over the menu to make				
	sure they understand	•				
	understand the menu					
	-The Administrator wi	II make sure the cooks are				
	properly serving the o					
		entinue to monitor closely the				
		vill meet with a Dietician to				
		e and understanding of				
		nd proper serving sizes.				
	-All residents will get	served the proper diets the				

Division of Health Service Regulation

STATE FORM 6899 1XXW11 If continuation sheet 27 of 102

hal002004 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	R 07/24/2017
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
ALEXANDER ASSISTED LIVING 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SH TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPLICATION DEFICIENCY	IOULD BE COMPLETE
D 310 Continued From page 27 provider calls forThe Administrator or designee will audit all resident records to obtain the correct diet and date order posted and update the diet list in the kitchen for all cooksThe RCC will ensure all thickened liquid orders are correct. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 7, 2017	
D 315 10A NCAC 13F .0905(a)(b) Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to develop a program of activities designed to promote the residents' active involvement with each other, their families and the community. The findings are: Observations on 7/19/17 at 10:45am of a large wooden activity calendar hanging on the wall in	

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PRINTED: 08/11/2017

Division	of Health Service Regu	lation			FORM	/ APPROVED
STATEMEN [*]	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	ETED
		hal002004	B. WING	<u></u>	07/2	≺ 24/2017
NAME OF P	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE, ZIP CODE		
ALEXANI	DER ASSISTED LIVING		HIGHWAY 16 SC SVILLE, NC 2868			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 315	month and year and wale legion the sections remaining 31 sections numbered piece of coinches by 5 inches har represent the activity remaining 31 sections numbered piece of coinches by 5 inches har represent the activity remaining 31 sections numbered piece of coinches by 5 inches har represent the activity remaining 31 sections numbered piece of coinches by 5 inches har represent the activity remaining 31 sections numbered piece of coinches by 5 inches har represent the activity remaining 47/3, happy sun 7/5, story time 7/6, wacky sock day 7/10, take a walk outs snack time outside 7/exercise outside toda 7/16, who wants to plant the section of	was labeled July 2017. d year, the board had been ctions, each containing a eek. he week there were 6 had total of 42 sections. his were empty. The is each contained a colored paper approximately 3 had been arranged to calendar for July 2017. he calendar included: make 7/1, color time 7/2, card 4th of July 7/4, fun in the 6, bingo 7/14, silly hat day 7/9, do a good deed day side 7/11, board games 7/12, 13, movie day 7/14, by 7/15, necklace making ay musical chairs 7/17, cise inside or outside 7/19, let's throw Frisbee outside irnal today 7/22, picnic 1/24, take a walk outside ream party 7/26, wacky sock 1/27/28, opposite day (dos) 7/29, necklace making	D 315			

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7/20/17 and 7/21/17 revealed:

outside, did not take place.

did not take place.

-The activity listed on the activity calendar for 7/19/17, exercise inside or out, did not take place. -The activity listed for 7/20/17, scavenger hunt,

-The activity listed for 7/21/17, let's throw Frisbee

-On 7/19/17 and 7/21/17 there were no alternative

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI	
			A. BUILDING: _			
	hal002004		B. WING		07/2	4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•	
		3032 N C	HIGHWAY 16 S	оитн		
ALEXAND	ER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 315	Continued From page	29	D 315			
	activities.	he place of the scheduled				
	Observation in the facility on 7/20/17 between 10:00 am and 11:30 pm revealed approximately 15 to 20 youth from a church group singing with the residents.					
	Interview with a resident on the initial tour on 7/19/17 between 10:30am and 12:15pm revealed: -There were no activities provided for the residents, "You watch TV, smoke or walk the hallsThey would like to have something to doThey sometimes go to the store to shop"There is a bunch of kids come in on Tuesday and Thursday and talk with the residents and sometimes will play games." -"Sometimes the staff will throw out kids pictures to color, but I don't color-I am not a child." -The activity calendar is never followed "we have never done anything on the calendar."					
	on 7/19/17 between 1 revealed: -There used to be a conot seen it in a whileThey did not like to conot they had never been activities they like to conot they do less now that like was pretty boring in	orn hole game, but they had olor pictures like a child. asked what type of do.				
	7/19/17 between 10:3	resident on the initial tour on Oam and 12:15pm revealed: ies but did enjoy sitting on				

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the screened porch when there were no smokers

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DIVISION	i Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					_	
			B. WING		R	
		hal002004	B. WING		07/24	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			HIGHWAY 16 S			
ALEXAND	ER ASSISTED LIVING					
			VILLE, NC 286	61		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		DATE
IAO		,	IAG	DEFICIENCY)		
D 315	Continued From page	e 30	D 315			
	on the porch.					
	•	some kide same from obureh				
	-	some kids came from church				
		ctivities like coloring or				
	playing games.					
	-	ave things to do, so they				
	would not be so bored	d.				
		n and fifth residents during a				
		ween 10:20am and 12:15pm				
	on 7/19/17 revealed t	he facility doesn't do any				
	activities for the resid	ents.				
	Interview with a sixth	resident during a tour of the				
	facility between 10:20	am and 12:15pm on				
	7/19/17 revealed:					
	-The facility doesn't h	ave any activities for the				
	residents.					
	-We used to play bing	go occasionally, but "it's				
	been a long time sinc	e we played bingo."				
	Interview with a sever	nth resident on 7/21/17 at				
	10:15am revealed:					
	-The facility doesn't h	ave many activities.				
		netimes, but "I don't like to				
	play bingo."	,				
	-She mostly watches	her soap operas.				
	Interview with an eigh	nth resident on 7/24/17 at				
	9:00am revealed:					
	-The facility doesn't d	o any activities				
	-	o find something to do."				
		ups come in "about twice a				
	week."	apo domo mi about twice a				
		ave preaching and singing				
		sts "about an hour and a				
	half."	sto about an nour and a				
	iiaii.					
	Interview on 7/20/47	at 11:40am with the Activity				
		at 11:40am with the Activity				
	Coordinator revealed:	•	1			

Division of Health Service Regulation

-She had worked at the facility for about 3 to 4

STATE FORM 6899 1XXW11 If continuation sheet 31 of 102

Division (of Health Service Regu	lation			FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLI	ETED
		hal002004	B. WING		07/2	₹ 24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 SC SVILLE, NC 2868			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 315	weeksShe had been hired to she had done activity residents, but they we she would call her fat to the facilityShe would call her fat to the facilityShe did housekeeping when needed, but wo gets her housekeeping she had not had any she had helped the rescalacesThere was one reside fish" withShe knew how to do 4 childrenShe had put the activity 2017She had not done an calendarShe had not been to activities on the calendar she had done "a few like putting out games for she had taken some to shop.	to do activities. y assessments on the ere at her house. Imily member to bring them ag 2 days per week and uld do activities when she g assignment completed. I activity training. The sidents make bead ent who she would play "go activities because she had wities on the calendar for activity on the July activity do that she had to do the dar. I'' activities for the residents es for them to color, and them to play. To fithe residents to the store at comes into the facility on any to do activities. Id about the activity	D 315			

her house.

about 50 / 50.

member revealed:

activities, but could not get it because it was at

-She divides the housekeeping and activity times

Confidential interview on 7/20/17 with a staff

-The new activity person also does

STATE FORM 6899 1XXW11 If continuation sheet 32 of 102

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
			A. BOILDING.		_	
		hal002004	B. WING		R 07/24/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD!	DRESS, CITY, STA	TE, ZIP CODE		
		3032 N C I	HIGHWAY 16 SO	OUTH		
ALEXAND	ER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 315	Continued From page	e 32	D 315			
D 315	housekeeping. -A couple times a wee sings with the resident. -They had never beer activities with resident. -The new activity pers residents. -Some of the activities were not appropriate. -Most of the residents pictures. -The activity calendar. -The residents went in not on fun outings sud. -"I am sure it is pretty. Interview on 7/21/17 a Administrator reveale. -Staff A was hired to a -The activity coordina activity assessment of -The facility did not have been activities each week. -His expectation was activities when they well activities when th	ek church groups come and hts. In told they needed to do hts. Is on did not do much with the son did not do much with the son the activity calendar for the residents. Is did not want to color If was not used for activities. In the van to shop only, but ch as bowling or to the park. If boring for the residents. If at 10:45am with the ed: It assist with activities. In the van to shop only, but ch as bowling or to the park. If boring for the residents. If at 10:45am with the ed: It assist with activities. If a to an all residents. If a to an all residents are a full time Activity If a to an all residents. If a to an all residents. If a to an all residents are a full time activities scheduled for the analysis and the lineator revealed: If a to a t	D 315			
	 The corn hole game and got out when nee 	is kept in the storage shed eded.				

STATE FORM 6899 1XXW11 If continuation sheet 33 of 102

Division c	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					l R	
			B. WING	D. WING		
		hal002004	B. WING		07/2	4/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3032 N C	HIGHWAY 16 S	OUTH		
ALEXAND	ER ASSISTED LIVING		VILLE, NC 286			
			VILLE, NC 200			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
DEFICIENCY)						
D 315	Continued From page	e 33	D 315			
	-It has been too hot fo	or the residents to do				
	activities outside.	or the residente to de				
		calendar is where the				
		gs the opposite as they				
	normally do.	gs the opposite as they				
	-	o do the "Fun in the Sun"				
	activity.	do the Tull III the Sun				
	•	sock day" is where the				
		ismatched socks, or only				
	wear one sock.	isinatched socks, or only				
		" is just do nothing and				
	relax for that day.	/ is just do nothing and				
	-The activity "scaveng	ar hunt" is where the				
		yroom and the staff say "I				
		', and the residents guess				
	what we are looking a					
	wriat we are looking a	it.				
	Observation on 7/21/	17 at 11:15am of the				
		et revealed board games to				
		uble, sorry, and cards along				
	with some craft suppli					
	with some craft suppli					
	Observation on 7/24/	17 between 8:00am and				
	4:30pm revealed:	Tr between clocall and				
		ty listed on the activity				
	calendar was bingo.	ty noted on the donvity				
	-No activities being do	one in the facility				
	_	ator was on the smoking				
	porch at 9:45am, 10:30am, and 11:45pmThe Activity Coordinator's work day ended at					
	2:00pm.	ator o work day crided at				
	2.50pm.					
	No activity assessme	nt or participation				
		een provided by time of exit				
	on 7/24/17.	co provided by time or one				
D 000	404 NOAC 40E 0000	Desident Diebte	D 200			
D 338	10A NCAC 13F .0909	resident Rights	D 338			

10A NCAC 13F .0909 Resident Rights

STATE FORM 6899 1XXW11 If continuation sheet 34 of 102

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		R
		hal002004	B. WING		07/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 S		
			VILLE, NC 286		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 34	D 338		
	all residents guarante	hall assure that the rights of ed under G.S. 131D-21, ents' Rights, are maintained d without hindrance.			
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure all residents were treated with respect related to extra servings of coffee and treatment of a vegetarian resident (#10) after receiving regular diet plate containing pulled pork.				
	The findings are:				
	door on 7/21/17 at 8: -Coffee at meals only				
	revealed: -Residents could only during meals"We have to beg for you get another." -"You are only allower-"Order is from the board on the say we can ge one cup for dinner."	of 4 residents on 7/21/17 request one cup of coffee a second cup. It's rare that d one cup." less (the Administrator)." let one cup for breakfast and coffee only in the dining			
	revealed:	y cook on 7/21/17 at 8:45am ents can have a single cup (8			

Division of Health Service Regulation

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Division of	<u>of Health Service Regu</u>	lation			
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		hal002004	B. WING		07/24/2017
		110102004			01124/2011
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
ΔΙ ΕΧΔΝΓ	DER ASSISTED LIVING	3032 N C	HIGHWAY 16 SC	DUTH	
ALLXAIL	- LIVING	TAYLOR	SVILLE, NC 286	81	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
IAO		,	IAG	DEFICIENCY)	
7.000	, -	_			
D 338	Continued From page	≥ 35	D 338		
	-"I make two pots and	d fill up the pitcher (1 gallon),			
	and that's it."				
	-"If residents ask for a	a second cup and the pitcher			
	is empty, I tell them the				
		om the Administrator."			
	-"That's the policy."				
		7/04/47 -1			
		ministrator on 7/21/17 at			
	8:55am revealed:	olicy (regarding coffee)."			
) can have what they want".			
	- Triey (life residents)	Call have what they want.			
	R Review of Resider	nt #10's FL2 dated 12/30/16			
	revealed:	100 1 LL dates . L. 55 5			
	-Diagnosis that include	ded anxiety disorder,			
		nia, gastro esophageal reflux			
	disease.				
	-A physician's order for	or a vegetarian diet.			
		17 at 12:45pm in the main			
	dining room revealed				
		ents eating lunch in the main			
	dining room.	(MAA) same out of the			
		e (MA) came out of the ontaining pulled pork, baked			
		its, corn bread and chocolate			
	pudding.	ts, com bread and chocolate			
	ļ ·	nt #10 that "You didn't say			
	you wanted the altern	•			
	brought you the pulle	•			
	-Resident #10 respon	nded "You know I don't eat			
	meat."				
	-MA returned plate to				
		with the plate and spoke to			
		saying "you did not tell him			
	you wanted the altern				
	_	stated "You know I don't eat			
I	meat."				

-The Cook stated, "Sometimes you eat fish and sometimes you don't, sometimes you eat chicken

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Division of Health Service Regulation						
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_		R	
		hal002004	B. WING		07/24/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE		
AL EVAND	SED ASSISTED LIVING	3032 N C	HIGHWAY 16 SO	DUTH		
ALEXAND	ER ASSISTED LIVING	TAYLORS	SVILLE, NC 2868	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 338	Continued From page	÷ 36	D 338			
	and sometimes you do to know what you wan you want in the am." -The Cook asked Resplate with just the vego-Resident #10 looked stated "You know I do -The Cook took the place of the cook took took the place of the cook took took took took took took took	on't, how are we supposed nt if you don't tell us what sident #10 "so you want the letables"? down towards the floor and on't eat meat." ate back to the kitchen. ought a plate with baked ts, corn bread and chocolate of chocolate pudding and 2 of up from the table and left				
	Interview on 7/21/17 at 12:53pm with the cook revealed: -Resident was supposed to let dietary know if she wanted the alternate in the amHe stated he knew Resident #10 was a vegetarian and she was on the dietary list as vegetarian but sometimes she would eat fish or chicken and sometimes she doesn't.					
	revealed: -She did not understathey know she does re-The staff had never ce-They usually just give but the meat on itShe did not usually ee-"That's the way it is he-The Cook "usually stream never put meat on my	done that before. e her a plate with everything eat breakfast. here." miles and is nice to me, they o plate." d why he did that, they				

Interview with the Administrator on 7/24/17 at 5:30pm revealed he was unaware of the issue

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILANC	O CONNECTION	IDENTIFICATION NOIMBEN.	A. BUILDING: _			
		hal002004	B. WING		R 07/24/2017	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
AI FYAND	ER ASSISTED LIVING	3032 N C F	HIGHWAY 16 SO	оитн		
ALLXAID	EN AGGIOTED EIVING	TAYLORS	/ILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLE	ETE
D 338	Continued From page	e 37	D 338			
	with the Resident who was served pulled po	o had a vegetarian diet and rk.				
D 344	10A NCAC 13F .1002	2(a) Medication Orders	D 344			
	the resident's physicial for verification or clari medications and treat (1) if orders for admission admission or readmission admission or readmissions are not the sam The facility shall ensur	ne shall ensure contact with an or prescribing practitioner fication of orders for timents: sion or readmission of the d and signed within 24 hours nission to the facility; ear or complete; or on forms are received upon sion and orders on the				
	This Rule is not met a TYPE B VIOLATION	as evidenced by:				
	facility failed to clarify	and record review, the readmission orders for vere incomplete with a er for 1 of 4 sampled				
	The findings are:					
	revealed: -Diagnoses included i	1's current FL2 dated 7/2/17 insulin dependent diabetes. r Novolog sliding scale				

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insulin (regulates blood glucose levels) subcutaneous injections three times daily.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		07/2	R 4/2017
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAT 3032 N C HIGHWAY 16 SO TAYLORSVILLE, NC 2868				ОИТН	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 344	administer for blood s Review of Resident # summary dated 7/3/1 renal failure. Review of Resident # Medication Administra 7/19/17 and 7/24/17 r -An entry for Novolog before meals and at b blood glucose level): 150-200 give 2u (unit 251-300 give 6u, 301 10u, 401-450 give 12 and recheck in one ha administration times of 4:30pm, and 8:00pmThere was documen scale insulin had bee opportunities from 7/4 11:30am for blood sug -The last documente eMAR was on 7/19/11 documentation of Nov given from 7/20/17-7/ Review of Resident # sheet dated 5/31/17 r -Novolog sliding scale bedtime for CBG 150 4u, 251-300 give 6u, give 10u, 401-450 giv hour.	the dosage of Novolog to sugar ranges. 1's hospital discharge 7 revealed recent acute 1's July 2017 electronic ation Record (eMAR) on revealed: sliding scale insulin, give bedtime for CBG (capillary) s), 201-250 give 4u, -350 give 8u, 351-400 give 12u pur, with scheduled of 6:00am, 11:30am, tation that Novolog sliding 1 given 44 times out of 62 14/17 at 6:00am - 7/19/17 at 1 gar range of 158-417. If a centry on the July 2017 at 11:30am with no rolog sliding scale insulin 23/17. 1's previous physician order evealed: It is previous physician order evealed:	D 344			

Division of Health Service Regulation

revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	hal002004		B. WING		07	R //24/2017
	NAME OF PROVIDER OR SUPPLIER STREET A ALEXANDER ASSISTED LIVING TAYLOR				·	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 344	-The last FL2 for Resifrom the facility was derived and yesterday (7/19/17)." Interview with the Resigner (RCC) on 7/20/17 at a certain and in the resident with the second of the resident with the resident wit	ident #1 they had received lated 2/19/17. Faxed FL2 dated 7/3/17 sident Care Coordinator 10:50am revealed: for to get the sliding scale 7/3/17) clarified." rs and FL2s to the con physician's order for 20/17 revealed an order for insulin for CBG below 200, 50 give 1u, 251-300 give 2u, 400 give 4u, 401-450 give greater than 500 inject 8u gar in one hour, if not below 1's July 2017 electronic ation Record (eMAR) on Novolog insulin were 7 at 6:00am for blood sugar r blood sugar of 179, and ars of 197, with no insulin Novolog insulin was 7 at 4:30pm for blood sugar required. Novolog insulin was /17 at 4:30pm for blood insulin required. Novolog insulin was /17 at 8:00pm for blood insulin required.	D 344			

Division of Health Service Regulation

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		hal002004	B. WING		1	4/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 S			
			VILLE, NC 286		. 1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 344	Continued From page	e 40	D 344			
D 344	sugar of 197 and at 4 188, with no insulin re -An entry of 2units of administered on 7/15 sugar of 181, with no -An entry of 2units of administered on 7/17, sugar of 158, with no -An entry of 2units of administered on 7/18, sugar of 170, with no -Interview with the Adr 10:55am revealed: -The Administrator an and FL2s, and fax the -"We get a monthly re about what has been out." -Changes in medication on the eMAR"We can review and on the eMAR)." -"We don't enter orde We only review for ac -"We don't have an ac Interview with the Exe Services at the presco 7/21/17 at 11:20am a revealed that the Nov doses given were not Interview with Reside revealed:	230pm for blood sugar of equired Novolog insulin was 5/17 at 11:30am for blood insulin required. Novolog insulin was 7/17 at 6:00am for blood insulin required. Novolog insulin was 7/17 at 6:00am for blood insulin required. Novolog insulin was 7/17 at 6:00am for blood insulin required. Ministrator on 7/20/17 at 7/20/17	D 344			
	-"It's not even written	on my chart. They just vith no explanation. That's				

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kind of dangerous I think."

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DIVISION	n nealth Service Regu	iation			_	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_			
					R	
		hal002004	B. WING		07/24/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ALEVAND	ED ACCIOTED I IVINO	3032 N C	HIGHWAY 16 S	OUTH		
ALEXAND	ER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(-1-)	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		
				DEFICIENCY)		
D 344	Continued From page	e 41	D 344			
	-"They checked one t	ime this marning "				
	- They checked one t	ine this morning.				
	Intonious with the Me	dication Aide on 7/24/17 at				
		dication Aide on 7/24/17 at				
	10:35am revealed:	a blood ougoro and siving				
		ig blood sugars and giving				
		ling scale insulin. He has				
		g blood sugars before				
	meals."					
	-"The sliding scale has dropped off the eMAR." -The RCC had the new Novolog sliding scale					
	insulin order written o	n a physician order sheet.				
		own on a piece of paper.				
	When I find it, I will br					
	vviicii i iiila it, i vviii bi	ing it to you.				
	Interview with the RC	C on 7/24/17 at 10:40am				
	revealed:	C 011 7/24/17 at 10.40a111				
		onutan) in dayon !!				
	-"The pharmacy (com					
		clarified Novolog sliding				
		ted 7/20/17) last week."				
	-"The med aides have					
	(Resident #1) blood s	ugars and writing it down on				
	a piece of paper."					
	-The facility did not pr	ovide documentation of				
	Resident #1's blood s	ugars for 7/20/17 - 7/23/17.				
		•				
	Review of Resident #	1's glucometer provided by				
	the facility on 7/24/17					
	-A date and time of 7/					
	-A reading of 235 on 3					
	•					
	-A reading of 318 on 7/6/17 at 4:20am.					
	-A reading of 250 on 1	•				
		readings for July 2017.				
		esident's name in faded print				
	on the back of the me					
	-The facility did not pr	ovide another meter with				
	the resident's name o					
	Review of Resident #	1's July 2017 eMAR on				
	7/24/17 at 3:15pm rev					
				1		

Division of Health Service Regulation

-A CBG of 235 on 7/6/17 at 11:30am.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		hal002004	B. WING		R 07/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
AL EVAND	AED ACCICTED I IVING	3032 N C	HIGHWAY 16 S	оитн	
ALEXANL	PER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 344	Continued From page	e 42	D 344		
	-A CBG of 318 on 7/6 -A CBG of 145 on 7/5				
	Novolog insulin that we prescribing practitioner residents (#1). This far #1 receiving Novolog times from 7/3/17 throinsulin should have be exposed the resident hypoglycemic reaction detrimental to the heat	ailure resulting in Resident sliding scale insulin 11 bugh 7/20/17 when no een administered and to an increased risk of a n. Therefore this failure was			
	facility on 7/21/17 rev -All admission or read will be faxed to the ph care doctor for review -These will be monito when the FL2 is recei -All orders will be mod discontinued and kep CORRECTION DATE	dmission FL2s for residents narmacy and to the onsite and clarification. The red by the Administrator and on a weekly basis. In the red and approved or the to date.			
D 358	10A NCAC 13F .1004 Administration	I(a) Medication	D 358		
	(a) An adult care hor preparation and admi	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with:			

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PRINTED: 08/11/2017 FORM APPROVED

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			D 14/15/10		R	
		hal002004	B. WING		07/24/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALEXAND	ER ASSISTED LIVING		IGHWAY 16 SC			
		TAYLORSV	ILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 43	D 358			
	(1) orders by a licens which are maintained	sed prescribing practitioner in the resident's record; and on and the facility's policies				
	This Rule is not met a TYPE A2 VIOLATION					
	Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered to 4 of 6 sampled residents as evidenced by the failure to administer a pain medication, Percocet, to Resident # 5 when requested due to the facility's electronic medication administration system was not operating; failed to administer readmission medications (furosemide, lisinopril, Novolog, hydroxyzine and lactulose) from a hospitalization to Resident #1 as ordered due to the orders not being sent to the pharmacy until almost 3 weeks later; and failed to administer medications as ordered to 2 other sampled residents (Residents #3 and #9.) (Sertraline, fluticasone nasal spray, cyclobenzaprine.)					
	6/9/17 revealed: -Diagnoses included a hyperplasia of prostat fibrillationMedications included (a narcotic medication take 1 tablet three times.	te, hypertension and atrial Hydromorphone 2mg tablet n used to treat severe pain),				

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		h-1002004	B. WING			_
		hal002004	1		07/24/201	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		3032 N C I	HIGHWAY 16 S	оитн		
ALEXAND	ER ASSISTED LIVING		VILLE, NC 286			
	OLIMANA DV OT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	,	X5) IPLETE
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		ATE
				DEFICIENCY)		
D 358	Continued From page	. 44	D 358			
D 330	Continued From page	, 44	D 330			
		n's order for Resident #5				
	dated 7/21/17 at 2:52					
	-Dilaudid (brand name	e) discontinued.				
	-Norco discontinued.					
	-Start Percocet 10/32	5mg (a pain medication)				
	every 6 hours as need	ded.				
	Interview with a Medication aide on 7/24/17 at					
	9:30am revealed:	-:				
	-"She felt bad that Resident #5 was in so much					
	pain, but could not ha					
	•	pain medication had been				
	discontinued on 7/21/					
		omorphone tablets to the				
	Resident Care Coord	<u>-</u>				
	•	Resident Care Coordinator				
		der for the Percocet was not				
	on the eMAR it could	•				
	-The Percocet was de					
	-She did have the Per	.				
	medication on the car	t. dministrator or RCC had				
	•	lications on the eMAR.				
	discontinued the med	ications on the elviAR.				
	Observation on 7/24/	17 at 9:35am of the				
		iled 30 tablets of Percocet				
	10/325mg available for					
	dispensed on 7/22/17					
	dioperioed on 7722717	•				
	Review of the July 2017 eMAR for Resident #5 on 7/24/17 at 10:45am revealed:					
	-The Hydromorphone	2mg, 1 tablet three times				
	-	R as being discontinued.				
		2mg tablet 1 tablet every 6				
		as on the eMAR as being				
	discontinued.	•				
	-The Norco 10-325mg	g 1 tabled every 12 hours				
	PRN for pain was on					
	discontinued.	-				

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-The Percocet 10/325mg 2 tablets every 6 hours

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		07/2	2 4/2017
ALEXANDER ASSISTED LIVING 3032 N C H			PRESS, CITY, STA	DUTH		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	revealed: -He had not received the weekendHe did tell the medicathat he was hurting, be which medication aidedHe was told by staff, member, that he could linterview on 7/24/17 at Nurse revealed: -The physician had diently the physician had dientl	at 10:30am with Resident #5 any pain medication over ation aide over the weekend aut could not remember the had told. ansure of which staff d not have anything for pain. at 10:35am with the Hospice scontinued the the it did not seem to be thave received the Percocet at the facility. Are the weekend if the facility on about administering the allity pharmacy on 7/21/17 at aputer system was down. If from the facility. The order on the electronic ation record (eMAR). Is sident Care Coordinator ation record (eMAR).	D 358			
	 She did not think the administered if it was 					

Division of Health Service Regulation

-She had discontinued the pain medication on the

STATE FORM 6899 1XXW11 If continuation sheet 46 of 102

NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING SUMMARY STATEMENT OF DEFICIENCES (PATILD RECOLLATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 46 eMARShe could not add medications to the eMAR, the pharmacy had to do that. Interview with the Administrator on 7/24/17 at 11:30am revealed: -The Medication Aide should have administered the Percocet and signed it out on the controlled substance sheetThe Medication Aide should have written the new medications on a blank MAR sheet until the eMARS came back upHe did not know why the RCC told the Medication Aides the medication could not be administeredReview of Resident #1's current FL2 dated 7/2/17 revealed: -Diagnoses included hepatitis C, coronary artery disease, hypertension, history of traumatic brain injury, mixed dementia, insulin dependent diabetes, and chronic painPhysician orders for furosemide (diuretic used to treat elevated blood pressure) 40mg by mouth daily as needed (pm), hydroxyzine 50mg three times daily pan itching, lactulose (laxative given to reduce ammonia levels) 30ml by mouth very six hours, Novolog sliding scale insulin (regulates blood glucose levels) subcutaneous injections		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING ALEXANDER ASSISTED LIVING O(A) ID PREFEIX TAG CONTINUED FROM INC. TAG CROSS REFERENCE OT 10 HE APPROPRIATE DEPICIENCY) D 358 Continued From page 46 eMAR. She could not add medications to the eMAR, the pharmacy had to do that. Interview with the Administrator on 7/24/17 at 11:30am revealed: The Medication Aide could have administered the Percocet and signed it out on the controlled substance sheet. The Medication Aides should have written the new medications on a blank MAR sheet until the eMARs came back up. He did not know why the RCC told the Medication Aides the medication could not be administered. Review of Resident #1's current FL2 dated 77/2/17 revealed: Diagnoses included hepatitis C, coronary artery disease, hypertension, history of traumatic brain injury, mixed dementia, insulin dependent diabetes, and chronic pain. Physician orders for furosemide (diuretic used to treat elevated blood pressure) 40mg by mouth daily as needed (prn), hydroxyzine 50mg three times daily par intining, lactiouse (laxative given to reduce ammonia levels) 30ml by mouth every six hours, Novolog sliding scale insulin (regulates blood glucose levels) subcutaneous injections			hal002004	B. WING		1	1/2017	
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 46 eMARShe could not add medications to the eMAR, the pharmacy had to do that. Interview with the Administrator on 7/24/17 at 11:30am revealed: -The Medication Aide could have administered the Percocet and signed it out on the controlled substance sheetThe Medication Aides should have written the new medications on a blank MAR sheet until the eMARs came back upHe did not know why the RCC told the Medication Aides the medication could not be administered. Review of Resident #1's current FL2 dated 7/2/17 revealed: -Diagnoses included hepatitis C, coronary artery disease, hypertension, history of traumatic brain injury, mixed dementia, insulin dependent diabetes, and chronic painPhysician orders for furosemide (diuretic used to treat elevated blood pressure) 40mg by mouth daily as needed (pm), hydroxyzine 50mg three times daily pm itching, lactulose (laxative given to reduce ammonia levels) 30ml by mouth every six hours, Novolog silding scale insulin (regulates blood glucose levels) subcutaneous injections			STREET ADD	IGHWAY 16 S	DUTH	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
eMARShe could not add medications to the eMAR, the pharmacy had to do that. Interview with the Administrator on 7/24/17 at 11:30am revealed: -The Medication Aide could have administered the Percocet and signed it out on the controlled substance sheetThe Medication Aides should have written the new medications on a blank MAR sheet until the eMARs came back upHe did not know why the RCC told the Medication Aides the medication could not be administered. Review of Resident #1's current FL2 dated 7/2/17 revealed: -Diagnoses included hepatitis C, coronary artery disease, hypertension, history of traumatic brain injury, mixed dementia, insulin dependent diabetes, and chronic painPhysician orders for furosemide (diuretic used to treat elevated blood pressure) 40mg by mouth daily as needed (prn), hydroxyzine 50mg three times daily prn itching, lactulose (laxative given to reduce ammonia levels) 30ml by mouth every six hours, Novolog sliding scale insulin (regulates blood glucose levels) subcutaneous injections	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE	
three times daily. -There was no further documentation or instructions regarding the dosage of Novolog to administer for blood sugar ranges 150-500. -There was no order for lisinopril (used to treat elevated blood pressure) 10mg daily. Review of Resident #1's hospital discharge summary dated 7/3/17 revealed the following: -Change furosemide from 40mg daily to 40mg	D 358	eMARShe could not add mpharmacy had to do to the Interview with the Adr 11:30am revealed: -The Medication Aide the Percocet and sign substance sheetThe Medication Aide new medications on a eMARs came back up. He did not know why Medication Aides the administered. Review of Resident # 7/2/17 revealed: -Diagnoses included disease, hypertension injury, mixed dementi diabetes, and chronic -Physician orders for treat elevated blood paily as needed (prn) times daily prn itching reduce ammonia leve hours, Novolog sliding blood glucose levels) three times dailyThere was no further instructions regarding administer for blood soft the elevated blood pression. Review of Resident # summary dated 7/3/1	redications to the eMAR, the hat. ministrator on 7/24/17 at could have administered hed it out on the controlled as should have written the a blank MAR sheet until the p. the RCC told the medication could not be #1's current FL2 dated hepatitis C, coronary artery h, history of traumatic brain its, insulin dependent apain. furosemide (diuretic used to pressure) 40mg by mouth hydroxyzine 50mg three g, lactulose (laxative given to els) 30ml by mouth every six g scale insulin (regulates subcutaneous injections ar documentation or g the dosage of Novolog to sugar ranges 150-500. for lisinopril (used to treat ure) 10mg daily.	D 358				

Division of Health Service Regulation

daily as needed for swelling because of recent

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	i rieaitii Service Regu		ı		ı	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
					F	,
		h-1002004	B. WING		1	
		hal002004			0712	4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		3032 N.C.E	IIGHWAY 16 S	OUTH		
ALEXAND	ER ASSISTED LIVING		ILLE, NC 286			
		IAILORS	TILLE, NC 200	01		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	KLOOLATOKT OK	ESCIDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	MAIL	57.1.2
				,		
D 358	Continued From page	e 47	D 358			
	. •					
	acute renal failure.					
		from 50mg by mouth three				
		y mouth three times daily as				
	needed for itching.					
		opril because of recent				
	renal failure and conti	rol blood pressure without				
	the medication.					
	-There were lab value	es dated 6/27/17 of a				
	potassium level (an e	lectrolyte) of 4.4 (3.5-5.1				
	reference range), creatinine level of 1.6 (0.9-1.5					
	reference range), and BUN level of 9.1 (7.0-25.0					
	reference range).					
	Review of Resident #	1's record revealed there				
	were no lab values fo					
	Review of the Nationa	al Institute of Health				
	revealed that creatining	ne and BUN blood levels are				
	used to assess kidney					
		,				
	Review of Resident #	1's July 2017 electronic				
		ation Record (eMAR) on				
	7/19/17 and 7/24/17 r	` ,				
		blet, give one tablet daily				
	•	ninistration time of 8:00am.				
		tation that the furosemide				
	had been given daily					
		apsule, give one capsule				
		scheduled administration				
	times of 8:00am, 2:00					
		tation that the hydroxyzine				
	-	ime on 7/3/17, three times				
	_	7, and given one time on				
	7/19/17.	A mine one telelet to the en				
		t, give one tablet two times				
	-	administration times of				
	8:00am and 8:00pm.					
		tation that the lisinopril had				
		on 7/3/17, given twice daily				
	7/4/17-7/18/17, and g	iven one time on 7/19/17.				

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Division of	<u>of Health Service Regu</u>	lation			
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		_
			B. WING		R
		hal002004	B. WING		07/24/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
			HIGHWAY 16 S		
ALEXAND	ER ASSISTED LIVING		SVILLE, NC 286		
			TILLE, NC 200	T	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
IAG		,	IAG	DEFICIENCY)	
D 358	Continued From page	e 48	D 358		
		and the formation of the critical			
		mouth four times daily with			
	scheduled administra				
	12:00pm, 5:00pm, an				
		tation that the lactulose had			
	been given once daily	y on 7/3/17 and 7/19/17,			
	given three times dail	ly 7/5/17 and 7/16/17, and			
	given four times daily	7/6/17 - 7/15/17 and			
	7/17/17 - 7/18/17.				
	-Novolog sliding scale	e insulin, give before meals			
		BG (capillary blood glucose			
	level):				
	150-200 give 2u (unit	s) 201-250 aive 4u.			
		-350 give 8u, 351-400 give			
	_	tu, greater than 450 give 12u			
	and recheck in one he				
	administration times of				
	4:30pm, and 8:00pm.				
		tation that Novolog sliding			
		n given 44 times out of 62			
		4/17 at 6:00am - 7/19/17 at			
		gar ranges 158 - 417.			
	-There was no docum	nentation of Novolog sliding			
	scale insulin given fro	om 7/20/17 - 7/23/17.			
	Review of Resident #	[‡] 1's physician order sheet			
	dated 5/31/17 revealed	ed the following previous			
	physician orders:	• .			
	-Lisinopril 10mg by m	outh twice daily.			
		apsule by mouth three times			
	daily.	.,			
	-Furosemide 40mg ta	ablet by mouth daily			
		nl give 45gm by mouth four			
	times daily.	ii give 40giii by iiiodiii iodi			
		e insulin before meals and at			
		-200 give 2u, 201-250 give			
		301-350 give 8u, 351-400			
	-	ve 12u and recheck in one			
	hour.				

Interview with a pharmacy technician at the

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		hal002004	B. WING		07/24/	2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
AL EVAND	NED ACCIOTED LIVING	3032 N C I	HIGHWAY 16 S	ОИТН		
ALEXANDER ASSISTED LIVING TAYLOR			VILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	2 49	D 358			
	from the facility was c -"We just received a f yesterday (7/19/17)." Interview with the Res (RCC) on 7/20/17 at 2	ident #1 they had received lated 2/19/17. faxed FL2 dated 7/3/17 sident Care Coordinator 10:50am revealed: for to get the sliding scale 7/3/17) clarified."				
	Review of a clarification physician order for Resident #1 dated 7/20/17 revealed: -There was an order for Novolog sliding scale insulin for blood sugar below 200 give no insulin, 200-250 give 1u, 251-300 give 2u, 301-350 give 3u, 351-400 give 4u, 401-450 give 5u, 451-500 give 6u, greater than 500 inject 8u and recheck blood sugar in one hour, if not below 400 call MD.					
	Medication Administra 7/19/17 and 7/24/17 r -An entry of 2units of administered on 7/4/1 of 159, at 11:30am fo 4:30pm for blood sug requiredAn entry of 2units of administered on 7/5/1 of 166, with no insulir -An entry of 2units of administered on 7/10, sugar of 195, with no -An entry of 2units of	Novolog insulin were 7 at 6:00am for blood sugar r blood sugar of 179, and ars of 197, with no insulin Novolog insulin was 7 at 4:30pm for blood sugar r required. Novolog insulin was /17 at 4:30pm for blood insulin required.				

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sugar of 198, with no insulin required.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, AD LANOI OOK		ISENTI IOATION NOWIDER.	A. BUILDING: _		J JOIVII-LI	_,
		hal002004	B. WING		R 07/2	2 4/2017
NAME OF PROVIDE	R OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALEVANDED AG		3032 N C F	IIGHWAY 16 SO	ОИТН		
ALEXANDER AS	ALEXANDER ASSISTED LIVING TAYLOR			81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358 Cont	inued From page	e 50	D 358			
-An e admi suga 188, -An e admi suga -An e admi suga -An e admi suga -An e admi suga Inter 10:58 - The and I - "We about out." -Cha on th - "We on th - "We We o - "We We o - "We Inter Serv 7/21/ revea -The sche -The	entry of 2units of nistered on 7/14, r of 197 and at 4 with no insulin reentry of 2units of nistered on 7/15, r of 181, with no entry of 2units of nistered on 7/17, r of 158, with no entry of 2units of nistered on 7/18, r of 170, with no entry of 2units of nistered on 7/18, r of 170, with no view with the Adriatered on 7/18, r of 170, with no view with the Adriatered and fl.2s, and fax the get a monthly real that has been niges in medicatine eMAR. It can review and the eMAR). It don't enter orde only review for action of the emandal of the emandal end of t	Novolog insulin was /17 at 11:30am for blood :30pm for blood sugar of equired Novolog insulin was 5/17 at 11:30am for blood insulin required. Novolog insulin was /17 at 6:00am for blood insulin required. Novolog insulin was /17 at 6:00am for blood insulin required. Novolog insulin was /17 at 6:00am for blood insulin required. Ministrator on 7/20/17 at and RCC check all new orders are not the pharmacy faxed. Then we just throw it on orders are noted by flags accept (medication orders are. The pharmacy does. Couracy." Could policy and procedure." Decutive Assistant for Clinical ribing physician's office on and 7/24/17 at 9:15am at lactulose medication given estrimental to the resident. Scale insulin doses given				

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was not detrimental but "it could have been".

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMILE	00 22.25	
			P WING		R		
		hal002004	b. WING		07/2	4/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
ALEXAND	ER ASSISTED LIVING		IIGHWAY 16 SC				
	I	TAYLORS	/ILLE, NC 286	81			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 358	Continued From page	e 51	D 358				
	revealed: -"No they are not che Wednesday or Thurse -"It's not even written stopped cold turkey w kind of dangerous I tr -"They checked one t Interview with the Me 10:35am revealed: -"I have been checkir him (Resident #1) slic new orders. Checkin meals." -"The sliding scale ha -The RCC had the ne insulin order written o -"I've been writing it d When I find it, I will br	on my chart. They just with no explanation. That's nink." ime this morning." dication Aide on 7/24/17 at mg blood sugars and giving ding scale insulin. He has g blood sugars before as dropped off the eMAR." we Novolog sliding scale on a physcian's order sheet. Hown on a piece of paper. The provide documentation of sugars or insulin					
	revealed: -"The pharmacy (com-"We sent the order (come scale insulin order data -"The med aides have sugars and writing it of the su	clarified Novolog sliding ted 7/20/17) last week." e been checking his blood down on a piece of paper." E1's personal glucometer om the facility on 7/24/17 at me of 7/24/17 at 10:00am. 7/6/17 at 11:12am. 7/6/17 at 4:20am.					

Division of Health Service Regulation

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DIVISION	Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	= IED
					R	
		h-1002004	B. WING		07/24/2017	
		hal002004			0712	4/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3032 N C	HIGHWAY 16 S	OUTH		
ALEXAND	ER ASSISTED LIVING					
		IAYLORS	VILLE, NC 286	81		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	REGULATORT OR L	LOC IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	NAIE	DATE
				,		
D 358	Continued From page	e 52	D 358			
	-There was another re	esident's name in faded print				
	on the back of the me	eter.				
	-The facility did not pr	ovide another meter with				
	the resident's name o	on it.				
	Review of Resident #	1's July 2017 eMAR on				
	7/24/17 at 3:15pm rev					
	-A CBG of 235 on 7/6					
	-A CBG of 233 on 7/6					
	-A CBG of 145 on 7/5	717 at 6.00pm.				
	C. The medication no					
		ss error rate was 6% as				
	evidenced by 2 medic					
		medication pass observed				
	on 7/20/17 at 8:09am					
	Review of Resident #	9's current FL2 dated				
	7/29/16 revealed:					
	-Diagnoses included i	mild MR (mental				
	retardation), hyperten	ision, psychosis, and				
	diabetes.					
	-A medication order for	or fluticasone nasal spray, 1				
	spray into each nostri	ll once daily. (Fluticasone				
		aled aerosol medication				
	used to treat seasona					
		or sertraline 100mg, 1 and				
		traline is a medication used				
	• .					
	to treat depression and anxiety.)					
	Continued ravious of E	Resident #9's medication				
	orders revealed a sub					
		e dose of sertraline to 175mg				
	daily.					
		#9's prescriber progress				
	note dated 4/10/17 re	ferenced a dosage increase				
	in sertraline to 250mg	g per day.				
		•				

Division of Health Service Regulation

8:09am revealed:

Observation of a medication pass on 7/20/17 at

STATE FORM 6899 1XXW11 If continuation sheet 53 of 102

PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	Division o	of Health Service Regu					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH ALEXANDER ASSISTED LIVING CRAID BY SUMMARY STATEMENT OF DEFICIONES TAYLORS VILLE, NO 25681 DAYLORS VILLE, NO 25681 D PROVIDERS PLAN OF CORRECTION SHOULD BE PRECEDED BY FILL REQULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 53 Resident #9 received 13 oral medications and 1 injection. Resident #9 received 13 oral medications and 1 injection. Resident #9 or to a strain or to a s						· /	
C(4) ID SUMMARY STATEMENT OF DEFICIENCES ID PROVIDER'S PLAN OF CORRECTION C(EACH DEFICIENCY MUST BE PRECEDED BY PULL PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) D PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) D PRETIX CROSS-REFERENCE TO THE APPROPRIATE DAY			hal002004	B. WING			
CA1 D SUMMARY STATEMENT OF DEFICIENCES D PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATA COMPILITY OF THE APPROPRIATE DATA COMPI	NAME OF PE	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
TAYLORSVILLE, NC 29681 SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY DEFICIENCY UNST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY DAYS CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY			3032 N C	HIGHWAY 16 SO	UTH		
EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 358 Continued From page 53 Resident #9 received 13 oral medications and 1 injectionResident #9 did not receive any nasal sprayThe medication cassette slot containing Resident #95 sertraline 100mg for Thursday morning contained 2 100mg tablets and 2 1/2 tablets of a 100mg tabletA count of the number of medications in the medication cup revealed there was an extra 1/2 tablet of sertraline 100mg from the medication cup and gave Resident #9 her medications. Interview with the MA on 7/20/17 at 8:15am revealed: -She normally would not have counted the medications in the cup prior to administering Resident #9's medicationsShe would have given the extra 1/2 tablet of sertraline 100mg to Resident #8 had a count of medications in the cup not been requested by the surveyorOccasionally the pharmacy packs the medications incorrectly and we usually catch those. Interview with the MA on 7/20/17 at 11:55am revealed: -Resident #9 usually refused her fluticasone nasal sprayShe did not ask the resident this morning if she	ALEXAND	ER ASSISTED LIVING	TAYLORS	SVILLE, NC 2868	1		
-Resident #9 received 13 oral medications and 1 injectionResident #9 did not receive any nasal sprayThe medication cassette slot containing Resident #9's sertraline 100mg for Thursday morning contained 2 100mg tablets and 2 1/2 tablets of a 100mg tabletA count of the number of medications in the medication cup revealed there was an extra 1/2 tablet of sertraline for a total dose of 300mgThe medication aide (MA) then pulled the extra 1/2 tablet of sertraline 100mg from the medication cup and gave Resident #9 her medications. Interview with the MA on 7/20/17 at 8:15am revealed: -She normally would not have counted the medications in the cup prior to administering Resident #9's medicationsShe would have given the extra 1/2 tablet of sertraline 100mg to Resident #9 had a count of medications in the cup not been requested by the surveyorOccasionally the pharmacy packs the medications incorrectly and we usually catch those. Interview with the MA on 7/20/17 at 11:55am revealed: -Resident #9 usually refused her fluticasone nasal sprayShe did not ask the resident this morning if she	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLE	ETE
injection. -Resident #9 did not receive any nasal spray. -The medication cassette slot containing Resident #9's sertraline 100mg for Thursday morning contained 2 100mg tablets and 2 1/2 tablets of a 100mg tablet. -A count of the number of medications in the medication cup revealed there was an extra 1/2 tablet of sertraline for a total dose of 300mg. -The medication aide (MA) then pulled the extra 1/2 tablet of sertraline 100mg from the medication cup and gave Resident #9 her medications. Interview with the MA on 7/20/17 at 8:15am revealed: -She normally would not have counted the medications in the cup prior to administering Resident #9's medications. -She would have given the extra 1/2 tablet of sertraline 100mg to Resident #9 had a count of medications in the cup not been requested by the surveyor. -Occasionally the pharmacy packs the medications incorrectly and we usually catch those. Interview with the MA on 7/20/17 at 11:55am revealed: -Resident #9 usually refused her fluticasone nasal spray. -She did not ask the resident this morning if she	D 358	Continued From page		D 358			
Interview with Resident #9 at 12:00pm on 7/20/17 revealed she would have taken her fluticasone nasal spray this morning if it had been offered.		-Resident #9 received injectionResident #9 did not re-The medication cass Resident #9's sertraling morning contained 2 tablets of a 100mg tale. A count of the number medication cup reveatablet of sertraline for emedication aide 1/2 tablet of sertraline cup and gave Resident 1/2 tablet 1/2 tablet of sertraline cup and gave Resident 1/2 tablet of sert	d 13 oral medications and 1 receive any nasal spray. Sette slot containing ne 100mg for Thursday 100mg tablets and 2 1/2 blet. er of medications in the sled there was an extra 1/2 a total dose of 300mg. (MA) then pulled the extra e 100mg from the medication on #9 her medications. A on 7/20/17 at 8:15am not have counted the p prior to administering ations. en the extra 1/2 tablet of Resident #9 had a count of p not been requested by the ermacy packs the tily and we usually catch a on 7/20/17 at 11:55am refused her fluticasone resident this morning if she ay. ent #9 at 12:00pm on 7/20/17 have taken her fluticasone				

Observation of Resident #9's medications available for administration revealed:

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		hal002004	B. WING		1	,
		1101002004			07/24/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		3032 N C	HIGHWAY 16 S	OUTH		
ALEXAND	ER ASSISTED LIVING	TAYLORS	SVILLE, NC 286	81		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X	5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMP	PLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DA ⁻	TE
			1	DEFICIENCY)		
D 358	Continued From page	e 54	D 358			
	-A box containing a b	ottle of fluticasone nasal				
	•	peled 1 spray in each nostril,				
	with a dispense date					
	•	one nasal spray was 90%				
	full.					
	-The fluticasone nasa	al spray, if administered as				
		lasted 2 months, or 60				
	doses.					
	Review of Resident #	9's electronic Medication				
	Administration Record	ds (eMARs) for June and				
	July 2017 revealed:					
		one nasal spray, 1 spray into				
	each nostril once dail					
	administration time of					
		al spray had been initialed as				
	-	om 6/1/17 through 7/20/17				
	doses.	I on 6/9/17 for a total of 49				
	uoses.					
	Interview with the pha	armacy provider on 7/21/17				
	at 8:45am revealed:					
		outer system was down and				
		e information on Resident				
	#9's medications.					
	-They would return th	e call later today.				
	The pharmacy never returned the call.					
	1. (
	-	armacy provider on 7/24/17				
		the pharmacy computer				
	system was still down	1.				
	D. Boyiou of Booids	nt #3's current FL2 dated				
		gnoses included convulsions,				
	and chronic pain.	grioses iriciaaea corruisioris,				
	and chilothic pain.					
	Review of Resident #	3's Resident Register				
		n date to the facility of				

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10/8/2016.

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	hal002004 B. WING		R 07/24/2017			
	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA		1 0772	4/2017
ALLXANDL	IN AGGIOTED LIVING	TAYLORSV	ILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	: 55	D 358			
	needed for muscle spa medication used to Review of Resident # Administration Recordand July 2017 revealed An entry on the eMA cyclobenzaprine 10 mediumes a day as needed In May 2017, Resided was documented as a language July 2017, from 7/ Resident #3's cyclobe as administered 18 times administered 19 times and 19 for the facility for Resident #3's cyclobenzaprine 10 medium for the facility for Resident 6/5/17, 6/15/17, and 19 for the month of July cyclobenzaprine 10 medium for the facility for Resident 7/3/19 and 7/19/17 Interview with the phase	ed 3/14/17 for g, 1 three times a day as asms. (Cyclobenzaprine is treat muscle spasms.) 3's electronic Medication d (eMAR) for May, June, ed: R for all three months for g, 1 tablet by mouth three d for muscle spasms. ent #3's cyclobenzaprine administered 75 times. ent #3's cyclobenzaprine administered 72 times. 1/17 through 7/19/17, enzaprine was documented mes. acy statement summaries y 2017, 120 tablets of g were dispensed and sent dent #3, with 30 tablets sent 19/17, and 5/27/17. e 2017, 90 tablets of g were dispensed and sent dent #3, with 30 tablets sent and 6/19/17. y 2017, 60 tablets of g were dispensed and sent dent #3, with 30 tablets sent and 6/19/17. y 2017, 60 tablets of g were dispensed and sent dent #3, with 30 tablets sent and 6/19/17. y 2017, 60 tablets of g were dispensed and sent dent #3, with 30 tablets sent den				

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STATE FORM 6899 1XXW11 If continuation sheet 56 of 102

Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		hal002004	B. WING		07/24/2017
					1 0112-112011
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
ΔΙ ΕΧΔΝΩ	ER ASSISTED LIVING	3032 N C	HIGHWAY 16 S	OUTH	
ALLAAND	ER AGGIOTED EIVING	TAYLOR	SVILLE, NC 286	81	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
IAG	TREGOLATION ON	iso is a river in the sing of the river of t	IAG	DEFICIENCY)	WIL
D 358	Continued From page	e 56	D 358		
	Observation of Reside	ent #3's medications on			
	hand at 2pm on 7/19/				
	·	clobenzaprine 10mg, 1			
		times a day as needed for			
	muscle spasms, with	a dispense date of 7/19/17.			
	, ,	remained in the cassette			
	from an original dispe	ense quantity of 30.			
		nt #3 on 7/19/17 at 2:11pm			
	revealed:				
		his cyclobenzaprine since			
	the 9th or the 10th of	s missing all the time, he did			
		dication kept going missing."			
	THOURIOW WITH THIS THE	dication kept going missing.			
	Interview with Reside	nt Care Coordinator (RCC)			
	on 7/21/17 at 3:00pm				
	-Medication Aides (M.	A) should report to the RCC			
	when medication is g				
		at Resident #3 was out of his			
		ause he did not ask for it.			
	-The RCC reported th				
		and that was why the			
	cyclobenzaprine appe	eared to be missing.			
	Interview with the MA	on 7/24/17 at 10:35am			
	revealed:	1011 1/24/11 at 10.00am			
		sident #3 "goes through his			
	· -	kly, but is not sure if it is him			
	or if someone is takin				
	-The MA reported tha	t "it seemed that Resident			
	#3 was running out of	f cyclobenzaprine every 5			
	days."				
		sident #3 usually takes the			
	cyclobenzaprine 3 tim	-			
	· -	nen the medication is low			
	_	CC and she is to order the			
	medication."		- 1		['

-The MA reported that within the last three months Resident #3 had been without his

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PRINTED: 08/11/2017 FORM APPROVED

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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	
			A. BUILDING:			
			B. WING			R
		hal002004	B. WING		07	//24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
AL EVANE	NED 40010TED 1 11/11/10	3032 N (C HIGHWAY 16 SOU	ITH		
ALEXANL	DER ASSISTED LIVING	TAYLOR	RSVILLE, NC 28681			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 57	D 358			
	tablets she told the R reorderedThe MA reported tha often Resident #3 wa cyclobenzaprine on the Review of the eMARs pharmacy dispensing cyclobenzaprine reversed to the pharmacy dispensing cyclobenzaprine reversed to the pharmacy dispension of Resident #3 was admitted to the pharmacy dispension of Resident #3 was admitted to the pharmacy dispension of Resident #3 took the pharmacy dispension of Resident #4 took t	en Resident #3's s down to the last 5 or 6 CC" it needed to be t she did not know how s supposed to get his ne original order. s, medications on hand, and records for Resident #3's aled: f May, June, and July 2017, hinistered 165 tablets and				
	administered to 4 of 6 Resident # 5, a hospi a pain medication, or 07/21/17 when the re medications were disruot receive the Perco 07/22/17 to 07/24/17 electronic medication (eMAR) was not work be entered into the ewithout pain medication was in the facility, due implementing another the administration of Readmission orders conspitalization for Resident was in the facility.	ce resident, had Percocet, dered as needed on sident's other pain continued. The resident did cet when requested from due to the facility's administration system sing and the order could not MAR. Resident # 5 went on, although the Percocet et to the facility not method for documenting new medication orders. dated 07/02/2017 from a sident # 1, with a diagnoses diabetes and documentation				

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		hal002004	B. WING		07/24/2017	,
			1		1 0772-472017	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 S			
		TAYLORS	VILLE, NC 286	81		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		
				DEFICIENCY)		
D 358	Continued From page	÷ 58	D 358			
	implemented until ide	ntified during the survey on				
		ns administered incorrectly				
	included lisinopril, fur	<u> </u>				
		yzine. The medication errors				
	•	at risk of renal failure again				
	_	ance that could affect the				
	resident's heart and o	cemia. In addition, the				
	facility failed to admin					
	_	dents (#9) observed during				
		and 1 of 6 other sampled				
		ent #3 failed to receive				
	I	rdered exposing him to an				
	increased risk unrelie	ved pain secondary to				
	muscle spasms. Resi	dent #9 failed to receive				
		one nasal spray as ordered				
	_	of overdose of sertraline and				
	, ,	nptoms. The facility's failure				
	to have a safe and eff					
	administration of med					
	a pain medication tha	ncing pain and not receiving				
	I	esident # 1 not receiving				
	medications as ordere	•				
		I the residents at substantial				
		al harm and serious neglect.				
	This constitutes a Typ					
		Protection provided by the				
	facility on 7/20/17 rev					
		Il have a staff meeting with				
	all MA to ensure they					
	all medications are given	at the MARs, making sure				
	documentation is writt					
		Il ensure all narcotic sheets				
		ectly and turned in to the				
	director when comple					

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-The Personal Care Aide or Nursing Assistant will

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Division of Health Service Regulation						
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	O CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
					F	ا ا
		hal002004	B. WING		1	4/2017
			1		, 0.72	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
AI EYAND	ER ASSISTED LIVING	3032 N C	HIGHWAY 16 S	DUTH		
ALEXAND	ER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
D 358	Continued From page	e 59	D 358			
	witness any narcotics	given until the medication				
	pass is completed.	given until the medication				
	· ·	Professional Support nurse				
		rice on 7/26/17 with all MA to				
		ectly doing their jobs and all				
	documentation is corr					
		e narcotic sheets to the				
	director when comple					
	-The Administrator and director will ensure all medications that are discontinued will be pulled					
		•				
	•	the MA, and and everything				
		ailable to the resident at				
	correct times.					
	-The Administrator/dir					
	understand the impor	tance of all medications.				
		ION FOR THE TYPE A2				
		IOT EXCEED AUGUST 23,				
	2017.					
5.00-			D 00=			
D 367	10A NCAC 13F .1004	I(J) Medication	D 367			
	Administration					
	104 NCAC 40E 4004	Modination Administration				
		Medication Administration				
		dication administration				
		e accurate and include the				
	following: (1) resident's name; (2) name of the medication or treatment order;					
		ge or quantity of medication				
	administered;					
		ministering the medication				
	or treatment;					
		tion for the administration of				
		nents as needed (PRN) and				
	documenting the resu	ulting effect on the resident;				
	(6) date and time of a	dministration;				
	(7) documentation of					

Division of Health Service Regulation

medications or treatments and the reason for the

STATE FORM 6899 1XXW11 If continuation sheet 60 of 102

FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		1, ,	SURVEY PLETED
		A. BUILDING			_
	hal002004	B. WING		07	R // 24/2017
ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
OFR ASSISTED LIVING	3032 N C I	HIGHWAY 16 SC	DUTH		
EN AGGIOTED EIVING	TAYLORS	VILLE, NC 286	81		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Continued From page	e 60	D 367			
omission, including re (8) name or initials of the medication or trea signature equivalent t documented and mail administration record This Rule is not met	efusals; and, the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR). as evidenced by:				
The Type B Violation	was abated.				
Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MARs) for 2 of 6 (#1 and #5) sampled residents related to the medications Percocet and Flonase for Resident #5 and Novolog insulin for Resident #1 not being administered because they were not on the MARs due to the pharmacy					
The findings are:					
6/9/17 revealed: -Diagnoses included a hyperplasia of prostat fibrillationMedications included tablet three times dail tablet 1 tablet every 6-Medications included spray, use 2 sprays in 1. Review of a physic dated 7/21/17 at 2:52	altered mental status, te, hypertension and atrial d Hydromorphone 2mg, 1 by and Hydromorphone 2mg hours PRN. d Flonase 0.05% nasal nto each nostril once daily.				
	Continued From page omission, including re (8) name or initials of the medication or treasignature equivalent documented and mai administration record This Rule is not met FOLLOW UP TO TYF The Type B Violation Non-compliance cont Based on observation interviews, the facility accuracy of the Medica Records (MARs) for 2 residents related to the Flonase for Resident Resident #1 not being were not on the MAR computer system bein The findings are: A. Review of Resident (9/9/17 revealed: -Diagnoses included hyperplasia of prostation fibrillation. -Medications included spray, use 2 sprays in 1. Review of a physic dated 7/21/17 at 2:52	IDENTIFICATION NUMBER: hal002004 ROVIDER OR SUPPLIER STREET ADI 3032 N C I TAYLORS' SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 60 omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MARs) for 2 of 6 (#1 and #5) sampled residents related to the medications Percocet and Flonase for Resident #5 and Novolog insulin for Resident #1 not being administered because they were not on the MARs due to the pharmacy computer system being down for 5 or more days. The findings are: A. Review of Resident #5's current FL-2 dated 6/9/17 revealed: Diagnoses included altered mental status, hyperplasia of prostate, hypertension and atrial fibrillation. Medications included Hydromorphone 2mg tablet 1 tablet every 6 hours PRN. Medications included Flonase 0.05% nasal spray, use 2 sprays into each nostril once daily. 1. Review of a physician's order for Resident #5 dated 7/21/17 at 2:52pm revealed: Dilaudid (brand name) discontinued.	ROVIDER OR SUPPLIER THE ASSISTED LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 60 omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MARs) for 2 of 6 (#1 and #5) sampled residents related to the medications Percocet and Flonase for Resident #5 and Novolog insulin for Resident #1 not being administered because they were not on the MARs due to the pharmacy computer system being down for 5 or more days. The findings are: A. Review of Resident #5's current FL-2 dated 6/9/17 revealed: -Diagnoses included altered mental status, hyperplasia of prostate, hypertension and atrial fibrillationMedications included Hydromorphone 2mg, 1 tablet three times daily and Hydromorphone 2mg tablet 1 tablet every 6 hours PRNMedications included Flonase 0.05% nasal spray, use 2 sprays into each nostril once daily. 1. Review of a physician's order for Resident #5 dated 7/21/17 at 2:52pm revealed: -Dilaudid (brand name) discontinued.	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681 SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 60 omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration for Resident #5 and Novolog insulin for Resident #75 and Novolog insulin for Resident #71 not being administered because they were not on the MARs due to the pharmacy computer system being down for 5 or more days. The findings are: A. Review of Resident #5's current FL-2 dated 6/9/17 revealed: - Diagnoses included altered mental status, hyperplasia of prostate, hypertension and atrial fibrillation. - Medications included Hydromorphone 2mg tablet 1 tablet every 6 hours PRN. - Medications included Flonase 0.05% nasal spray, use 2 sprays into each nostril once daily. 1. Review of a physician's order for Resident #5 dated 7/21/17 at 2:52pm revealed: - Dilaudid (brand name) discontinued.	ROWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3023 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL RESULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 60 omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MARX) for 2 of 6 (#1 and #5) sampled residents related to the medications Percocet and Flonase for Resident #5 and Novolog insulin for Resident #1 not being administred because they were not on the MARs due to the pharmacy computer system being down for 5 or more days. The findings are: A. Review of Resident #5's current FL-2 dated 69/9/17 revealed: -Diagnoses included altered mental status, hyperplasia of prostate, hypertension and atrial fibrillationMedications included Flonase 0.05% nasal spray, use 2 sprays into each nostril once daily. 1. Review of a physician's order for Resident #5 dated 72/17 at 2:5pm revealed: -Diagno, and anely discontinued.

Division of Health Service Regulation

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Division of	of Health Service Regu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		R
		hal002004	B. WING		07/24/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
AL EYAND	ER ASSISTED LIVING	3032 N C	HIGHWAY 16 S	оитн	
ALEXAND	ER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 367	Continued From page	e 61	D 367		
	-Start Percocet 10/32 every 6 hours as need	25mg (a pain medication) ded.			
	7/24/17 at 10:45am re				
		e 2mg, 1 tablet three times AR as being discontinued.			
		e 2mg tablet 1 tablet every 6			
	discontinued.	as on the eMAR as being			
	•	g 1 tabled every 12 hours			
	PRN for pain was on discontinued.	the eMAR as being			
		5mg 2 tablets every 6 hours			
	PRN was not listed or	n the eMAR.			
	Interview with a Medio 9:30am revealed:	cation aide on 7/24/17 at			
		esident #5 was in so much			
	-	pain medication had been			
	discontinued on 7/21/ -She turned in 3 Hydr	romorphone tablets to the			
	Resident Care Coord	linator on Friday.			
		Resident Care Coordinator der for the Percocet was not			
	on the eMAR it could	not be given.			
	-The Percocet was de	elivered on 7/22/17. rcocet 10/325mg pain			
	medication on the car	rt.			
	•	dministrator or RCC had dications on the eMAR.			
	Observation on 7/24/	17 at 9:35am of the aled 30 tablets of Percocet			
	10/325mg available for				
	dispensed on 7/22/17	' .			

revealed:

Interview on 7/24/17 at 10:30am with Resident #5

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMPLETED
hal002004 B. WING	R
hal002004 B. WING	07/24/2017
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
3032 N C HIGHWAY 16 SOUTH	
ALEXANDER ASSISTED LIVING TAYLORSVILLE, NC 28681	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROP	
DEFICIENCY)	
D 007	
D 367 Continued From page 62 D 367	
-He had not received any pain medication over	
the weekend.	
-He did tell the medication aide over the weekend	
that he was hurting, but could not remember	
which medication aide he had told.	
-He was told by staff, unsure of which staff	
member, that he could not have anything for pain.	
Interview on 7/24/17 at 10:35am with the Hospice	
Nurse revealed:	
-The physician had discontinued the	
Hydromorphone since it did not seem to be	
working.	
-The resident should have received the Percocet	
when it was available at the facility.	
-She was available over the weekend if the facility	
had needed clarification about administering the	
Percocet.	
Interview with the Resident Care Coordinator	
(RCC) on 7/24/17 at 11:15pm revealed:	
-She received the order on Friday to discontinue	
the Hydromorphone and to start the Percocet.	
-She sent the remaining Hydromorphone back to	
the pharmacy on Friday.	
-The Percocet arrived in the facility on Saturday.	
-She did not think the medication could be	
administered if it was not on the eMAR.	
-She had discontinued the pain medication on the eMAR.	
-She could not add medications to the eMar, the	
pharmacy had to do that.	
Interview with the Administrator on 7/24/17 at	
11:30am revealed:	
-The Medication Aide could have administered	
the Percocet and signed it out on the controlled	
substance sheet.	
-The Medication Aides should have written the	

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new medications on a blank MAR sheet until the

STATE FORM 6899 1XXW11 If continuation sheet 63 of 102

Division c	<u>of Health Service Regu</u>	ılation				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
					l R	,
		hal002004	B. WING			4/2017
		•			1 0	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	•		
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 SC			
		TAYLORS	SVILLE, NC 2868	81		
(X4) ID		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	`	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
	l			DEFICIENCY)		
D 367	Continued From page		D 367			
			2 00:			
	eMARs came back up					
	-He did not know why					ı
	Medication Aides the administered.	medication could not be				ı
	administered.					
	Refer to interview on	7/21/17 at 9:00am with the				
	facility pharmacy.	772 77 31 31 31 31 31 31 31 31 31 31 31 31 31				ı
	, , , , , , , , , , , , , , , , , , ,					
		7/24/17 at 11:30am with the				
	Administrator.					ı
	O Decidency of the June	COAZ -MAD for Decident				ı
		e 2017 eMAR for Resident				
	#5 on 7/20/17 at 9:25	oam revealed: or Flonase 0.05% nasal				
	spray.	JI FIORASE 0.03% Hasai				
		ach nostril once daily at				
	8:00am.	,				
	-The medication had	been documented as				
	administered the enti-	re month of June 2017.				
	l					
		017 eMAR for Resident #5 on				
	7/20/17 at 9:25am rev					
		or Flonase 0.05% nasal				
	sprayUse 2 sprays into ea	ach nostril once daily at				ı
	8:00am.	on noon once daily at				
	-The medication had	been documented as				
		lly 16, 2017 at 8:00am				ı
	through July 20, 2017					ı
		pray was still on the eMAR				
	as an active order to	be administered.				
	Di	I Maratina realizada				ı
	7/13/17 at 1:57pm rev	n's Medication order dated				ı
	Flonase."	vealed Discontinue				1
	i ionase.					1
	Interview with a Medi	ication aide on 7/20/17 at				I
	9:30pm revealed:					I
	•	Resident #5's Flonase ever				I
Į.			, ,		ļ	ı

being on the medication cart.

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
		hal002004	B. WING		07/24	4/2017
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	on the eMARShe had been told to blank, but could not rethis. Observation on 7/20/medication cart revealed administration. Interview on 7/20/17 arevealed he had not be that he could remember that he discount is a could remember that he could remember that he could remember that he discount is a could remember that he could remember that he discount is a could remember that he discount is a could remember that he could remember that he could remember that he could remembe that he could remember that he could remembe that he could remember that he could remembe that he could remember that he could remember that he could remember that he could remember that he could remembe that	him any Flonase. s administered the Flonase on never leave an entry time emember who had told her at 9:40am of the aled no Flonase available for at 9:45am with Resident #5 peen given a nasal spray per. Sident Care Coordinator 11:15pm revealed: by there was no Flonase on a Resident #5. time she passed is Flonase. Written on 7/13/17 for the inued. It was a medication cart. Indeed to the pharmacy. Interview with a second 1/24/17 at 3:15pm was 1/24/17 at 3:15pm	D 367			

Division of Health Service Regulation

medications were available on the medication

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DIVISION	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		hal002004	B. WING		07/24/2017
		1181002004			07/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
AL EVAND	ED AGGICTED I IVING	3032 N C	HIGHWAY 16 SC	DUTH	
ALEXAND	ER ASSISTED LIVING	TAYLORS	SVILLE, NC 286	81	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
				DEI IOIENCI)	
D 367	Continued From page	e 65	D 367		
	cart for administration	1.			
	Defeate intended	7/04/47 -+ 0.00			
		7/21/17 at 9:00am with the			
	facility pharmacy.				
	Pofor to intensions on	7/24/17 at 11:30am with the			
	Administrator.	7/24/17 at 11.50am with the			
	Administrator.				
	B Review of Residen	t #1's current FL2 dated			
	7/2/17 revealed:	it in 10 daniem 122 dated			
		n dependent diabetes.			
		Novolog sliding scale			
	insulin (regulates bloc				
	subcutaneous injection	,			
		for Novolog sliding scale			
	insulin doses.				
	Review of Resident #	1's July 2017 electronic			
	Medication Administra	ation Record (eMAR) on			
	7/19/17 and 7/24/17 r				
	•	sliding scale insulin, give			
		pedtime for CBG (capillary			
	blood glucose level):				
	150-200 give 2u (unit	-			
	,	-350 give 8u, 351-400 give			
	_	u, greater than 450 give 12u			
	and recheck in one ho				
	administration times of				
	4:30pm, and 8:00pm.	tation that Novolog sliding			
		n given 44 times out of 62			
		1/17 at 6:00am - 7/19/17 at			
	11:30am for blood su				
		nentation of Novolog sliding			
	scale insulin given fro				
	Stare meaning given ne				
	Review of a clarificati	on physician order for			

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Resident #1 dated 7/20/17 revealed:

-There was an order for Novolog sliding scale insulin for CBG below 200 give no insulin,

STATE FORM 6899 1XXW11 If continuation sheet 66 of 102

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		hal002004	B. WING		07/24/201	7
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
ΔΙ ΕΧΔΝΓ	ER ASSISTED LIVING	3032 N C	HIGHWAY 16 SO	итн		
ALLACITE	ZER AGGIGTED EIVING	TAYLOR	SVILLE, NC 2868	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE CON	(X5) MPLETE DATE
D 367	Continued From page	: 66	D 367			
	200-250 give 1u, 251 3u, 351-400 give 4u, give 6u, greater than blood sugar in one ho Interview with a pharr provider pharmacy or revealed: -The last FL2 for Res from the facility was curies -"We just received a factor of yesterday (7/19/17)." Interview with the Res (RCC) on 7/20/17 at 20	-300 give 2u, 301-350 give 401-450 give 5u, 451-500 500 inject 8u and recheck fur, if not below 400 call MD. macy technician at the 17/20/17 at 11:00am ident #1 they had received lated 2/19/17. axed FL2 dated 7/3/17 sident Care Coordinator 10:50am revealed: or to get the sliding scale 7/3/17) clarified."				
	10:55am revealed: -The Administrator an and FL2s, and fax the -"We get a monthly re about what has been out." -Changes in medication the eMAR"We can review and on the eMAR)." -"We don't enter orde We only review for ac-"We don't have an ac-	port from the pharmacy faxed. Then we just throw it on orders are noted by flags accept (medication orders rs. The pharmacy does.				

7/21/17 at 11:20am and 7/24/17 at 9:15am revealed that the Novolog sliding scale insulin doses given were not detrimental to the resident.

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Division of	<u>of Health Service Regu</u>	ılation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLET	ΓED
		h-100004	B. WING		R	/00.4 =
		hal002004	D. WIIVO		07/24	/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3032 N C	HIGHWAY 16 SO	ОИТН		
ALEXAND	ER ASSISTED LIVING		VILLE, NC 286			
	OLUMANA DV OT					
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 367	Cartinual From page	- 07	D 367			
ט טטו	Continued From page	3 67	D 307			
	Interview with Reside	ent #1 on 7/24/17 at 10:32am				
	revealed:					
	-"No they are not che	ecking my blood sugar since				
	Wednesday or Thurso					
		on my chart. They just				
		vith no explanation. That's				
	kind of dangerous I th					
	-"They checked one t	time this morning."				
		edication Aide on 7/24/17 at				
	10:35am revealed:					
		ng blood sugars and giving				
		ing scale insulin. He has				
		ig blood sugars before				
	meals."					
	_	as dropped off the eMAR."				
		ew Novolog sliding scale				
	insulin order.					
		down on a piece of paper.				
	When I find it, I will br	ring it to you."				
		20 7/04/47 1 40-40				
		CC on 7/24/17 at 10:40am				
	revealed:					
	-"The pharmacy (com					
		clarified Novolog sliding				
		ated 7/20/17) last week."				
		e been checking his blood				
		down on a piece of paper." rovide documentation of				
		sugar results for 7/20/17 -				
	7/23/17.	sugar results for 7/20/17 -				
	//23/17.					
	Intonvious with the Adv	ministrator on 7/24/17 at				
		e medication aides had been				
		od sugar results for 7/22/17				
	and 7/23/17 on a piec					
	and 1123/11 on a piec	се от рарет.				
	Review of a naner pro	ovided by the Administrator				
	, iteview of a paper pit	ovided by the Administrator	1			

on 7/24/17 at 10:50am revealed:

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Division of	of Health Service Regu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		R
		hal002004	B. WING		07/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓE, ZIP CODE	
ΔΙ ΕΧΔΝΩ	ER ASSISTED LIVING	3032 N C I	HIGHWAY 16 SC	DUTH	
ALLXAND	ERAGGIOTED LIVING	TAYLORS	VILLE, NC 2868	31	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 367	Continued From page		D 367		
	inches and wrinkledThere was no date o -Resident #1 was not	listed on the paper.			
		t1's glucometer provided by at 11:00am revealed:			
	-A reading of 235 on -A reading of 318 on -A reading of 250 on -There were no other -There was another roon the back of the me	7/6/17 at 11:12am. 7/6/17 at 4:20am. 7/5/17 at 6:51pm. readings for July 2017. esident's name in faded print eter.			
	resident's name on it.	t provide a meter with the			
	Review of Resident # 7/24/17 at 3:15pm rev -A CBG of 235 on 7/6 -A CBG of 318 on 7/6 -A CBG of 145 on 7/5	3/17 at 11:30am. 3/17 at 6:00am.			
	Refer to interview on facility pharmacy.	7/21/17 at 9:00am with the			
	Refer to interview on Administrator.	7/24/17 at 11:30am with the			
	9:00am revealed: -The pharmacy's com -They could fill orders -They could not put the	ne order on the electronic			
	medication administra	ation record (eMAR).			

11:30am revealed:

-The Medication Aides could have used a blank

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: R NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALEXANDER ASSISTED LIVING (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED 3032 N C HIGHWAY 16 SOUTH	
hal002004 B. WING R 07/24/201 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH	7
hal002004 B. WING 07/24/201 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH	7
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH	,
3032 N C HIGHWAY 16 SOUTH	
ALEXANDER ASSISTED LIVING 3032 N C HIGHWAY 16 SOUTH	
ALEXANDER ASSISTED LIVING	
TAYLORSVILLE, NC 28681	
	X5)
	PLETE ATE
DEFICIENCY)	
D 367 Continued From page 69 D 367	
Gontinada From pago 66	
paper MAR to administer the new medications.	
-He did not know why the staff would have been	
signing for medications that were not administered.	
-The RCC was responsible to assure all	
medications were available on the medication	
cart for administration.	
D 392 10A NCAC 13F .1008(a) Controlled Substances D 392	
10A NCAC 13F .1008 Controlled Substances	
(a) An adult care home shall assure a readily retrievable record of controlled substances by	
documenting the receipt, administration and	
disposition of controlled substances. These	
records shall be maintained with the resident's	
record and in such an order that there can be	
accurate reconciliation.	
This Rule is not met as evidenced by:	
FOLLOW-UP TO TYPE B VIOLATION	
Based on these findings, the previous Type B	
Violation was not abated.	
Based on observations, interviews, and record	
reviews, the facility failed to assure readily	
retrievable records were available to account for	
the disposition of controlled substances	
(Hydromorphone and Alprazolam) and to ensure	
an accurate reconciliation of those controlled	
substances for 1 of 4 sampled residents	
(Resident #5) who were administered controlled	
medications.	
The findings are:	

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6/9/17 revealed:

Review of Resident #5's current FL-2 dated

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		R 07/24/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
41 EV411B		3032 N C	HIGHWAY 16 SC	ритн		
ALEXAND	ER ASSISTED LIVING	TAYLORS	SVILLE, NC 286	31		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 392	Continued From page	÷ 70	D 392			
	-Diagnoses included a hyperplasia of prostat fibrillationMedications included (a narcotic medication take 1 tablet three times. Hydromorphone 2mg needed (PRN) for pailed anxiety) 1 tablet every linterview on 7/20/17 arevealed: -"I have a lot of pain." -He was unaware of vitakingHe was in pain even medicationThere were times that oftenHe could not tell if he medications the way lead to 1. Telephone interview on 7/20/17 at 2:15pmThe facility received for Resident #5 on 6/3The facility received for Resident #5 on 7/3. Review of the June 20 Medication Administration.	altered mental status, i.e., hypertension and atrial I Hydromorphone 2mg tablet in used to treat severe pain), i.es per day. If I tablet every 6 hours as incomedication used to treat y 8 hours. In at 2:30pm with Resident #5 What medications he was after taking his pain in it he was pain free, but not it was supposed to. If with the facility pharmacy revealed: If yellow 105 Hydromorphone 2mg 21/17. If yellow 105 Hydromorphone 2mg 25/17. If				
	times daily.	, 132.31 0110 142.01 111100				

-The scheduled administration times were documented as 8:00am, 2:00pm and 8:00pm. -Between 6/9/17 and 6/30/17 documentation

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Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE S COMPLI	
			_		R)
		hal002004	B. WING			4/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
AI EYAND	ER ASSISTED LIVING	3032 N C !	HIGHWAY 16 SC	OUTH		
ALEXAND	ER ASSISTED LIVING	TAYLORS	VILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	Continued From page		D 392			
D 392	showed 66 times admopportunities for the selection of the	ninistered out of 66 scheduled Hydromorphone. In tablet 1 tablet every 6 see 2mg PRN between 6/9/17 and 52 times as see Hydromorphone 2mg tablets in tablets. 17 eMAR for Resident #5 see 18 tablets. 17 eMAR for Resident #5 see 19 se	D 392			
	Review of a second c	controlled substance count				

sheet with a dispense date of 6/21/17 revealed: -Hydromorphone 2mg tablets 1 tablet at 8am,

STATE FORM 6899 1XXW11 If continuation sheet 72 of 102

STATEMENT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004		A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		07/24/2017
NAME OF T	NOVIDEN ON 3011 EIEN		C HIGHWAY 16 SOL		
ALEXAND	DER ASSISTED LIVING		SVILLE, NC 28681		
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLET
D 392	Continued From page	2 72	D 392		
	2pm and 8pm. -The amount dispense tablets. -A hand written quant -Administration docure 2:00pm through 6/14/ -The number docume 60 -The facility received for Resident #5 on 6/2 -The amount of tablet tablets. Review of a third contisheet with a dispense Hydromorphone 2mg 2pm and 8pm. -The amount dispense tablets. -The amount dispense rewritten with the num -A hand written quant -Administration docure 8:00pm through 7/19/ -The number docume 15. -The facility received for Resident #5 on 7/8 -The amount of tablet tablets. Interview with a Medicat 3:00pm revealed: -Resident #5's pain we -She did not recall an	ed to the facility was 105 ity start amount of 60. nentation from 6/24/17 at 17 at 2:00pm. inted as administered was 105 Hydromorphone 2mg 21/17. s unaccounted for was 45 trolled substance count de date of 7/5/17 revealed: g tablets 1 tablet at 8am, ed to the facility was 105 ed was struck through and inber 45. ity start amount of 15. nentation from 7/14/17 at 17 at 2:00pm. inted as administered was 105 Hydromorphone 2mg 5/17. s unaccounted for was 90 cation Aide (MA) on 7/21/17 ould "come and go".			

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on the control sheets as administering medications that she did not give.

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DIVISION	n nealth Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					_
			B. WING		R
		hal002004	B. WING		07/24/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		3032 N C	HIGHWAY 16 S	OUTH	
ALEXAND	ER ASSISTED LIVING				
		IATLORS	VILLE, NC 286	81	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
IAG		,	IAG	DEFICIENCY)	
D 392	Continued From page	e 73	D 392		
	Observation of the Hy	dromorphone 2mg for			
		edication cart on 7/19/17			
	revealed no Hydromo administration.	orpriorie available for			
	administration.				
	O T-1	ith the feetility also and a			
		w with the facility pharmacy			
	on 7/20/17 at 2:15pm				
		58 Alprazolam 2mg tablets			
	for Resident #5 on 6/9				
		60 Alprazolam 2mg tablets			
	for Resident #5 on 6/2				
		60 Alprazolam 2mg tablets			
	for Resident #5 on 7/3				
		42 Alprazolam 2mg tablets			
	for Resident #5 on 7/	17/17.			
		017 electronic generated			
		ation Record (eMAR) for			
	Resident #5 revealed				
		et 1 tablet four times daily.			
	-The scheduled admir				
		am, 12:00pm, 5:00pm and			
	8:00pm.				
		6/30/17 documentation			
	showed 83 times adm				
	opportunities for the s	scheduled Alprazolam.			
		17 eMAR for Resident #5			
	revealed:				
		et 1 tablet four times daily.			
	-The scheduled administration times were				
		am, 12:00pm, 5:00pm and			
	8:00pm.				
	-Between 7/1/17 and				
		ed 72 times administered out			
	of 73 opportunities for	r the scheduled Alprazolam.			
		substance count sheets			
	between 6/9/17 throu	gh 7/19/17 for Alprazolam			

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2mg revealed:

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		hal002004	B. WING		1	4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ALEXANDER ASSISTED LIVING			HIGHWAY 16 SC VILLE, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	Continued From page	e 74	D 392			
	-A total of 69 doses documented as administeredThere were 133 doses which were unaccounted for.					
	Alprazolam 2mg with revealed:	d substance count sheet for a dispense date of 6/9/17				
	-The amount dispensed was 60 tabletsThe amount dispensed was struck through and rewritten with the number 58A hand written quantity start amount of 58Administration documentation from 6/10/17 at					
	8:00am through 6/23/17 at 8:00pm. -The number documented as administered was 57. -The facility had received 58 Alprazolam 2mg					
	tablets for Resident # -The amount of tablet tablet.	s unaccounted for was 1				
	for the 6/21/17 #60 A	provide any control sheets prazolam tablets dispensed razolam tablets dispensed.				
	Alprazolam 2mg with revealed:	d substance count sheet for a dispense date of 7/17/17				
	rewritten with the nun	ed was struck through and nber 30.				
	-Administration docur 5:00am through 7/20/	ity start amount of 30. nentation from 7/17/17 at 17 at 12:00pm. ented as administered was				
	-	orazolam 2mg for Resident cart on 7/19/17 revealed 18 dministration.				

Division of Health Service Regulation

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		R
		hal002004	B. WING		07/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE. ZIP CODE	
			HIGHWAY 16 S		
ALEXAND	ER ASSISTED LIVING				
		IAYLUR	SVILLE, NC 286	81	
(X4) ID			ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	
IAG		200 IDENTIFICATION OF CONTRACTORY	TAG	DEFICIENCY)	MAIL
			 		
D 392	Continued From page	e 75	D 392		
		7/00/47			
		ministrator on 7/20/17 at			
	10:10am revealed:				
	-When the pharmacy				
	medications he assur	res there is at least a week's			
	supply of medication	on the medication cart and			
	the remainder is locke	ed in the safe.			
	-He is the only one th	at had access to the safe			
	where the controlled r	medications were kept.			
	-There were currently	no medications in the safe			
	for Resident #5.				
		nedication is completed the			
		e supposed to turn in the			
	control sign off sheet				
	Coordinator (RCC).	to the resident sais			
		there were missing control			
	sign off sheets were.	thore were importing control.			
		ility of the RCC to assure			
	accountability of the o	control sneets.			
	Intervious with the De	aident Cara Caardinator on			
		sident Care Coordinator on			
	7/24/17 at 11:15am re				
		ng for the missing control			
	sheets, but she could				
		s were supposed to give her			
		en they were completed.			
	She did not always g	get the control sign off			
	sheets.				
		nethod to assure the control			
	sheets were accounted	ed for.			
	-She did not know wh	nere the control sheets were.			
	-She did not have acc	cess to the safe where the			
	extra controlled medic	cations are stored.			
	-If a resident's control	lled medications are low on			
	the medication cart st	he lets the Administrator			
		to the facility and gets them			
	out of the safe.	e the racinty and gote them			

The facility's failure to accurately account for 195

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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	
		hal002004	B. WING		07	R 7 /24/2017
	ROVIDER OR SUPPLIER DER ASSISTED LIVING	3032 N C	DDRESS, CITY, STATE HIGHWAY 16 SO SVILLE, NC 2868	UTH		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 392	medication and 133 A resulted in anxiety me for Resident #5. The accurate controlled so detrimental to the well which constitutes an experience of the Plan of facility on 7/20/17 revente MA will have the Aide/Nursing Assistant administration to make given properly and donarcotic is given. The Administrator and the med cart at any gostarting today. The Administrator with meeting immediately. All narcotic count should be a many control of the PCA/NA-The LHPS nurse will narcotics and how the control of the property of the PCA/NA-The LHPS nurse will narcotics and how the control of the property of the property of the PCA/NA-The LHPS nurse will narcotics and how the control of the property of th	ets resulted in pain relieving Alprazolam tablets which edication being unavailable facility's failure to maintain abstance records was I being of Resident #5, unabated Type B Violation. Protection provided by the ealed: Personal Care Int (PCA/NA) witness narcotic e sure all narcotics are becumented at the time the edicated of the provided by the ealer of the provided by the ealed: If address narcotics in a staff eacts will be documented at the time the early witness. If address narcotics in a staff eacts will be documented at witness. If a documented a staff eacts will be turned in to the director onth to month.	D 392			
D 438	10A NCAC 13F .1205 Registry	6 Health Care Personnel	D 438			
	Registry The facility shall com	Health Care Personnel oly with G.S. 131E-256 and NCAC 13O .0101 and				

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Division of Health Service Regulation

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						,
		1-100004	B. WING		F	
		hal002004	B: Will 5		07/2	4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		3032 N C	HIGHWAY 16 S	OUTH		
ALEXAND	ER ASSISTED LIVING		SVILLE, NC 286			
	OUR MAR DV OT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
D 420	O	- 77	D 438			
D 438	Continued From page	e / /	D 436			
	This Rule is not met	as evidenced by:				
	TYPE B VIOLATION	as evidenced by.				
	THEBVIOLATION					
	Rased on observation	ns and interviews, the facility				
		ensure residents received				
		eded as evidenced by the				
		internal investigation and				
		he Health Care Personnel				
	-					
	Registry for 1 of 1 sta					
	impairment of Staff C					
	•	pervisor was able to perform				
	duties on multiple day	/S.				
	The Conding of					
	The findings are:					
	Observations by a rev					
		oresentative from the county				
	•	Services (DSS) on 7/5/17 at				
	1:00pm revealed:					
		cility, Staff C appeared				
	disoriented and unabl	le to follow simple				
	conversation.					
	-Staff C's speech was					
	-Staff C's gait was un	steady.				
	O					
		oresentative from the county				
	DSS on 7/7/17 at 1:05	•				
		be under the influence with				
	slurred speech and a	n impaired ability to				
	communicate.					
	-Staff C had an unste	ady gait and spilled water				
	while walking down th	ne facility hallway to				
	administer medication					
	Interview with the cou	inty representative on				

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7/19/17 at 9:30am revealed:

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		07/2	2 4/2017
ALEXANDER ASSISTED LIVING 3032 N C			RESS, CITY, STA	DUTH		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 438	the facility Administra about Staff C's condit visits. -On 7/12/17, the cour reported the Administ concerns about Staff looking into it." -On 7/14/17, the cour reported the Administ allergies, and this cor impaired. Confidential interview -"(Named Staff C) is " -Staff C will hold her hold closed and her speed interview with a second the facility on 7/19/17 12:15pm revealed: -She believed Staff C of narcotics." -Staff C would come of and "nod off" with a condition of the interview with a third facility on 7/19/17 from the interview with a third facility on 7/19/17 from revealed: -"She (Staff C) was so high." -"Several times she her in the covers up for home interviews	aty representative contacted for to express concerns ion during her previous 2 aty DSS representative rator also expressed C himself and he would be aty DSS representative rator believed Staff C had atributed to her appearing with a resident revealed: high most of the time. The head down, her eyes are he is slurred. Indeed the taking a tour of between 10:20am and had been taking "some kind fout to the smoking porch igarette in her hand. The other staff about the Staff resident during a tour of the medical them to 12:15pm on high. She has looked as fallen in the halls." Administrator) is involved in	D 438			

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7/21/17 1:34pm and 7/24/17 at 2:15pm revealed:

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1 1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		_	
		hal002004	B. WING		R 07/24	/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 SO /ILLE, NC 286			
(VA) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	<u>, </u>	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 438	Continued From page	2 79	D 438			
D 438	-A nurse practitioner a in the facility on 7/13/ -A facility staff memberThe facility staff member the influence""She was stumbling a "Ethically that needs at the literal was not reported to the end of t	and medical assistant were 17 assessing a resident. er (Staff C) was assisting. her appeared to be "under and even fell at one point." to be reported." o administration. excessary to bring it to his tention since he witnessed dility Administrator on 7/21/17 Staff C to the HCPR observed any behaviors that lieve she was impaired while C's behavior "caused alarm." called staff from the county Services had expressed aff C's impaired behavior	D 438			
	noted by the county re the RCC having a col medication for the syr	ad mentioned any concern				
	The facility failed to convestigation and report Care Personnel Register related to the impairm and questionable if the perform duties on mule exposed residents to unprotected and failure services Therefore,	onduct an internal ort allegations to the Health stry for 1 of 1 staff (C) nent of Staff C, a supervisor, e supervisor was able to Itiple days. This failure				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		h-1003004			R	
		hal002004			07/24	4/2017
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
ALEXANDER ASSISTED LIVING			SHIGHWAY 16 SC SVILLE, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 438	Continued From page	e 80	D 438			
	safety of all residents in the facility and constitutes a Type B Violation.					
	facility on 7/21/17 rev -The Administrator wi on stated staff membe -The Administrator wi with staff and residen -The Administrator wi report with all findings -The Administrator wi staff to ensure she ha checking for narcotics would make this pers sober at all times. DATE OF CORRECT	Il complete a 24 hour report er. Il do a full investigation, talk ts and any providers. Il follow-up with a 5 day				
D 449	10A NCAC 13F .1211 Procedures 10A NCAC 13F .1211 Procedures	(b) Written Policies And Written Policies And	D 449			
	requirements in this S trained within 30 days procedures listed as S	er training and orientation Subchapter, all staff shall be s of hire on the policies and Subparagraphs (3), (4), (6), (11) in Paragraph (a) of this				
	This Rule is not met Based on interviews a	as evidenced by: and record reviews, the				

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING		07/2	R 4/2017
	ROVIDER OR SUPPLIER DER ASSISTED LIVING	STREET ADI	DRESS, CITY, STAHIGHWAY 16 SO	ОТН	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 449	completed training in days of hire. (Staff A, The findings are: 1. Review of Staff A's -Staff A was hired on Coordinator / Housek -There was no docum control training for Staff A revealed she had not training since she sta Observation on 7/19/10:00am and 1:30pm sweeping and mopping facility. Refer to interview with on 7/24/17 at 3:10pm Refer to interview with 3:20pm. 2. Review of Staff D's -Staff D was hired on AideShe started administ -There was no docum control training for Staff D revealed she had not training since working	personnel file revealed: 6/31/17 as a Activity eeper. hentation of any infection aff A. on 7/24/17 at 10:45am had any infection control rted working at the facility. 17 and 7/21/17 between revealed Staff A was had the floors throughout the had Resdent Care Coordinator had Administrator on 7/24/17 at expersonnel file revealed: 1/5/17 as a Personal Care ering medications on 3/1/17. hentation of any infection aff D. on 7/24/17 at 3:00pm had any infection control	D 449			

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on 7/24/17 at 3:10pm.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	1
		hal002004	B. WING		07/2	4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 S VILLE, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 449	Continued From page	e 82	D 449			
	Refer to interview with Administrator on 7/24/17 at 3:20pm.					
		personnel file revealed: 12/15/16 as a Personal				
	-She started administering medications on 3/1/17There was no documentation of infection control training for Staff E.					
	Attempted telephone 7/24/17 at 3:15pm wa	interview with Staff E on is unsuccessful.				
	Refer to interview with on 7/24/17 at 3:10pm	n Resdent Care Coordinator				
	Refer to interview with 3:20pm.	n Administrator on 7/24/17 at				
	7/24/17 at 3:10pm rev -There was no infection completed upon hire. -The state infection connumber once per year.	on control training ontrol training was done				
	3:20pm revealed: -The RCC is responsi staff have all required -There was no other i done.	ninistrator on 7/24/17 at ble for assuring that all new training. nfection control training is completed annually for all				

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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		
		hal002004	B. WING		R 07/24	/2017
NAME OF PE	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIP CODE	1 07724	72017
			IIGHWAY 16 S			
ALEXAND	ER ASSISTED LIVING	TAYLORSV	/ILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D911	Continued From page	: 83	D911			
D911	G.S. 131D-21(1) Decl	aration of Residents' Rights	D911			
	Every resident shall h					
	interviews, the facility residents were treated extra servings of coffe	is, record reviews, and failed to ensure all d with respect related to see and treatment of a fter receiving a regular diet				
	The findings are:					
	reviews, the facility fa were treated with resp servings of coffee and resident (#10) after re	d treatment of a vegetarian receiving regular diet plate c. [Refer to Tag 0338 10A				
D912	G.S. 131D-21(2) Decl	aration of Residents' Rights	D912			
	Every resident shall h 2. To receive care an adequate, appropriate	ation of Residents' Rights ave the following rights: d services which are e, and in compliance with tate laws and rules and				
	This Rule is not met	as evidenced by:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		hal002004	B. WING		R 07/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ALEXAND	ER ASSISTED LIVING		IIGHWAY 16 S		
			/ILLE, NC 286		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D912	Continued From page	e 84	D912		
	interviews, the facility received care and ser appropriate, and in co federal and state laws	ns, record reviews, and failed to assure residents rvices which were adequate, ampliance with relevant and rules and regulations and nutrition, health care, and infection control.			
	The findings are:				
	reviews, the facility fa diets for 4 of 4 sample #2, #7 and #9) were s puree and no concent [Refer to Tag 310 10A Nutrition and Food Se	tions, interviews, and record iled to assure all therapeutic ed residents (Resident #1, served as ordered related to trated sweets diet orders. A NCAC 13F .0904(e)(4) ervice (Type B Violation.)]			
	significant changes the incomplete with a pre 4 sampled residents (insulin.) [Refer to Tag	scribing practitioner for 1 of (#1). (Novolog sliding scale			
	interviews, the facility and appropriate infectimplemented for blood sharing glucose meter disinfection for 2 of 3 #2) and maintaining a meter without proper 932 G.S. 131D- 4.4(A Requirements (Type	sampled residents, (#1 and shared or common glucose disinfection. [Refer to Tag s) ACH Infection Prevention			
	reviews, the facility fa sampled residents (#2	iled to ensure 1 of 1			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE COM			SURVEY LETED	
		hal002004	B. WING		I	R / 24/2017
	ROVIDER OR SUPPLIER PER ASSISTED LIVING	3032 N C	DRESS, CITY, STA HIGHWAY 16 SC VILLE, NC 286	DUTH	•	
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D912	health to administer a medication resulting in the medication for all ensure the resident's medication was not a	ustenna, available for home and failed to try to obtain the in the resident not receiving most 2 months and failed to physician was aware the dministered as ordered. A NCAC 13F .0902(b) Health	D912			
D914	G.S. 131D-21 Declar Every resident shall h 4. To be free of menta neglect, and exploitat This Rule is not met Based observations, i interviews, the facility were free from neglect areas of Health Care reporting, medication	as evidenced by: record reviews, and failed to assure residents and exploitation in the Personnel Registry	D914			
	facility failed to protect received care and set by the failure to condute and report allegations. Personnel Registry for the impairment of Star questionable if the sure duties on multiple day	cions and interviews, the set and ensure residents evices needed as evidenced fuct an internal investigation is to the Health Care for 1 of 1 staff (C) related to ff C, a supervisor, and pervisor was able to perform vs.[Refer to Tag 438 10A alth Care Personnel Registry				

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		A. BUILDING: _		COMPLET	ED
				R	
	hal002004	B. WING		07/24/	/2017
NAME OF PROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STAT	TE, ZIP CODE		
ALEXANDER ASSISTED LIVING		GHWAY 16 SC			
0,000,000,000,000		LLE, NC 2868			
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEI	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D914 Continued From page 86		D914			
B. Based on observations, i reviews, the facility failed to retrievable records were averaged the disposition of controlled (Hydromorphone and Alprazan accurate reconciliation of substances for 1 of 4 sample (Resident #5) who were admedications. [Refer to Tag 3.1008(a) Controlled Substant B Violation.)] C. Based on observations, i reviews, the facility failed to were administered to 4 of 6 evidenced by the failure to a medication, Percocet, to Refer equested due to the facility medication administration soperating; failed to administrations (furosemide, list hydroxyzine and lactulose) to Resident #1 as ordered to Being sent to the pharmacy later; and failed to administrordered to 2 other sampled #3 and #9.) (Sertraline, flutic cyclobenzaprine.) [Refer to 13F.1004(a) Medication Adviolation.) D. Based on observations, i reviews, the Administrator famanagement, operations, a procedures of the facility we maintain each residents' rig the failure to maintain substitute rules and statutes gover homes as related to medical	co assure readily vailable to account for d substances (zolam) and to ensure of those controlled oled residents ministered controlled 392 10A NCAC 13F (unabated Type) interviews, and record of ensure medications of sampled residents as administer a pain esident # 5 when y's electronic eystem was not other readmission sinopril, Novolog, from a hospitalization due to the orders not of until almost 3 weeks for medications as a residents (Residents icasone nasal spray, of Tag D 358 10A NCAC diministration. (Type A2 controlled interviews, and record failed to assure the land policies and ere implemented to ghts as evidenced by stantial compliance with terning adult care	D914			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	בובט
			D WING		R	
		hal002004	B. WING		07/2	4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AI EYAND	ER ASSISTED LIVING	3032 N C H	IGHWAY 16 SC	DUTH		
ALLXAND	EN AGGIOTED EIVING	TAYLORSV	ILLE, NC 286	81		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D914	Continued From page	e 87	D914			
	qualifications, nutrition activities, infection co Registry reporting, an					
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements		D932			
	G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements					
	pathogens, each adulthe following, beginning (1) Implement a writter consistent with the few Control and Prevention control that addresses a. Proper disposal of to puncture skin, much tissues, and proper dispatient care items that residents. b. Sanitation of rooms cleaning procedures, c. Accessibility of infest supplies. d. Blood and bodily flue. Procedures to be for home staff is exposed fluids of another personal control of the supplies.	C, and other bloodborne It care home shall do all of Ing January 1, 2012: In infection control policy Ideral Centers for Disease In guidelines on infection Is at least all of the following: Isingle-use equipment used I ous membranes, and other I sinfection of reusable It are used for multiple Is and equipment, including I agents, and schedules. I ction control devices and I did precautions. I ollowed when adult care I to blood or other body I on in a manner that poses a				
	hepatitis C, or other b f. Procedures to prohi with exudative lesions	smission of HIV, hepatitis B, loodborne pathogens. bit adult care home staff s or weeping dermatitis from ident care that involves the				

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potential for contact between the resident,

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
711272711	or contraction	IDENTIFICATION NO.	A. BUILDING: _		
		hal002004	B. WING		R 07/24/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ALEXAND	ER ASSISTED LIVING		IIGHWAY 16 SO /ILLE, NC 286		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D932	Continued From page	e 88	D932		
	equipment, or devices dermatitis until the co (2) Require and monifacility's infection cont (3) Update the infection necessary to prevent	s and the lesion or ndition resolves. tor compliance with the trol policy.			
	This Rule is not met	as evidenced by:			
	interviews, the facility and appropriate infec- implemented for blood sharing glucose mete disinfection for 2 of 3	sampled residents, (#1 and a shared or common glucose			
	The findings are:				
	11:30am revealed: -A glucose meter stormedication cartThe glucose meter waseThe glucose meter d	edication cart on 7/24/17 at ed on the top shelf of the vas not in a container or id not have a resident's entifying marks anywhere			
	Interview with the Me	dication Aide (MA) on			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) D.		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		hal002004	B. WING		07/24/2017
			<u> </u>		1 0112-112011
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA		
ALEXANDER ASSISTED LIVING			IIGHWAY 16 S		
		IAYLORSV	ILLE, NC 286	81	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D932	Continued From page	e 89	D932		
	7/24/17 at 11:37am re				
	_	se meter on the top shelf of			
		as a "spare" glucose meter,			
	but everyone has the	ır own meter. glucose meter "whenever we			
		ver there was a problem with			
	a resident's own meter				
		are meter, but not every time			
	we use it."				
		meters with "some type of			
	wipe in a plastic conta	ainer with a red top."			
	-"No one ever told me	e we cannot share glucose			
	meters."				
	-She was trained by t	he RCC on diabetic testing.			
		edication room and the			
		24/17 at 11:40am revealed			
		available to disinfect the			
	glucose meters.				
	A. Review of Residen revealed:	nt #2's FL2 dated 1/11/17			
	-Diagnoses included	schizophrenia, paranoid			
		iciency, insulin dependent			
	diabetic and gastroes	ophageal reflux disease.			
		o check finger stick blood			
	sugars (FSBS) three to daily.	times a day and as needed			
		or Levemir 55 units at 8am			
		ng insulin used to lower			
	blood sugar).				
		h sliding scale insulin three			
	times daily (a rapid-ad	cting insulin pen).			
	Review of Resident #	2's care plan dated and			
		an on 1/11/17 revealed a			
		ependent diabetes and a			
	NCS diet.	•			

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Review of Resident #2's personal glucometer on

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		hal002004	B. WING		07/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
AL EVAND	NED ASSISTED LIVING	3032 N C	HIGHWAY 16 SC	ОИТН	
ALEXANL	DER ASSISTED LIVING	TAYLOR	SVILLE, NC 286	81	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D932	Continued From page	e 90	D932		
	7/24/17 at 11:30am re	avoalod:			
		193 on 2/7/17 at 11:12am.			
		318 on 1/30/17 at 4:51am.			
		250 on 1/27/17 at 5:08am.			
	, ,	ch, April, May, June or July			
	2017.	, , , , , , , , , , , , , , , , , , , ,			
		2's June and July 2017			
		Administration Record			
	(eMAR) revealed:	sliding scale insulin, give			
		pedtime for CBG (capillary			
	blood glucose level):	beduine for CDC (capillary			
		s), 201-250 give 4u, 251-300			
		8u, 351-400 give 10u,			
		12u., with scheduled			
	administration times				
	4:30pm, and 8:00pm.				
	Review of Resident #	2's June 2017 eMAR			
	revealed: -FSBS at 6:00am ran	ged from 114 to 400			
	-FSBS at 11:00pm ra				
	-FSBS at 4:00pm ran	<u>o</u>			
	-FSBS at 9:00pm ran				
	l	ies of CBG results from			
	6/2/17 through 6/30/1				
	Paviaw of Posidort #	2's July 2017 electronic			
		ation Records revealed:			
	-FSBS at 6:00am ran				
		nged from 146 to 417.			
	-FSBS at 4:00pm ran				
	-FSBS at 9:00pm ran	•			
		es of CBG results from			
	7/1/17 through 7/24/1				
	Interview with a first s	shift MA on 7/24/17 at			

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12:00am revealed:

-The MA had been checking Resident #2's blood

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			_			
					R	₹
		hal002004	B. WING		07/2	4/2017
NAME OF D	ROVIDER OR SUPPLIER	STREET AS	DRESS, CITY, STA	TE 710 CODE		
NAME OF T	TOVIDER OR SOLT LIER					
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 S			
		TAYLORS	VILLE, NC 286	81		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE	DATE
				DEI IOIENOT)		
D932	Continued From page	91	D932			
	sugar levels daily before					
	-Resident #2 had a pe					
	-There is a glucomete	er in the medication cart that				
	"gets used by everybo	ody. It gets wiped down				
	when we feel it needs	s to with a disinfectant wipe."				
	-"I was not told the sa	me glucometer could not be				
	used on another pers	on."				
	-The RCC had only to	old her moments before this				
	interview to "clean all	the glucometers with Clorox				
	and water".					
	-There was a nurse of	oming on 7/26/17 to "train				
	us on the glucometers					
	•					
	Refer to interview with	h the Administrator on			ľ	
	7/24/17 at 11:50am.					
	B. Review of Residen	it #1's current FL2 dated				
	7/2/17 revealed:					
		hepatitis C, coronary artery				
		n, history of traumatic brain				
	injury, mixed dementi					
	diabetes, and chronic					
		sliding scale insulin three				
	times daily.	onanig source modilin ande				
	unico dany.					
	Review of Resident #	1's personal glucometer on				
	7/24/17 at 11:00am re					
		235 on 7/6/17 at 11:12am.				
	•	318 on 7/6/17 at 4:20am.				
		250 on 7/5/17 at 6:51pm.				
	-No other readings for					
	-No other readings to	1 July 2017.				
	Davious of Davidant #	1's July 2017 electronic				
		•				
		ation Record (eMAR) on			ľ	
	7/19/17 and 7/24/17 r					
		e insulin, give before meals				
		3G (capillary blood glucose			ľ	
	level):	\ 004.0F0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ľ	
		s), 201-250 give 4u, 251-300				
	give 6u, 301-350 give	8u, 351-400 give 10u,			ļ	

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI	
			A. BOILDING.		R	
		hal002004	B. WING		1	4/2017
NAME OF PR	OVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ALEXANDE	ER ASSISTED LIVING		HIGHWAY 16 S			
			/ILLE, NC 286		. 1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D932	Continued From page	92	D932			
	401-450 give 12u, greecheck in one hour, wadministration times of 4:30pm, and 8:00pmEntries of blood sugary -417 sixty-two times for 7/19/17 at 11:30am. Observation of Reside 7/24/17 at 11:05am reresident's name printeresident's name printeresident's name printeresident's name printeresident's name printeresident with a first some 11:35am and 11:50am and 11:50	eater than 450 give 12u and with scheduled of 6:00am, 11:30am, ar results with ranges 158 from 7/3/17 at 8:00pm to ent #1's glucometer on evealed it had another ed in faded ink on the back whift MA on 7/24/17 at an revealed: ecking Resident #1's blood ore meals. ersonal glucometer. er in the medication cart that endy. It gets wiped down to with a disinfectant wipe." ese it (glucometer), I wasn't extensive in the facility with entit. The Administrator on ministrator on 7/24/17 at thappened with the glucose own meter, and they (MA) eposed to share."				

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DIVISION	of Health Service Regu	liation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		IRVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			_		_	
			D 14//10		R	
		hal002004	B. WING		07/24	/2017
NAME OF B	20//DED OD 01/DD1/ED	OTDEET AS	NDDE00 01TV 0TA	TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	I E, ZIP CODE		
AL EVAND	ER ASSISTED LIVING	3032 N C	HIGHWAY 16 S	OUTH		
ALEXAND	EN ASSISTED LIVING	TAYLORS	VILLE, NC 286	81		
0(4) ID	QLIMMADV QT	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
5000			D000			
D932	Continued From page	e 93	D932			
	The facility failed to in	mplement proper infection				
	-	onsistent with Centers for				
		Prevention guidelines on				
		of 3 sampled residents (#1				
		or FSBS monitoring. By				
	allowing the sharing of	of glucose meters between				
	residents, including R	Resident #1 with a diagnosis				
	of hepatitis C, without proper disinfection, the facility exposed residents to the risk of contracting					
		Ilnesses including hepatitis				
	and human immunod	<u> </u>				
	constitutes a Type B	violation.				
	Review of the Plan of	Protection provided by the				
	facility on 7/24/17 rev	realed:				
	•	Il schedule an infection				
		ne next 30 days or as soon				
	as possible.	io none of days of do coon				
	•	nediate staff meeting to				
		_				
		resident has they own				
	•	no time should meters be				
	shared between resid					
) backup meter in the med				
	room in case there is	a malfunction with a meter.				
	-The Administrator an	nd or Director will make sure				
		stands blood glucose meters				
	and the importance o	•				
	•	diabetic training will be				
	strongly enforced.	alazzuo daninig wiii bo				
		entinue to enforce infection				
		ontinue to enforce infection				
	control and make sur					
	understands the impo	ortance.				
	DATE OF CORRECT	TON FOR THE TYPE B				
	VIOLATION SHALL N	NOT EXCEED SEPTEMBER				
	7, 2017.	-				
	., 2011.					

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STATEMEN	OT HEAITN SERVICE REGU TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		hal002004	B. WING		R 07/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
ALEXAND	ER ASSISTED LIVING		C HIGHWAY 16 SO SVILLE, NC 2868		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D935	Continued From page 94		D935		
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency		D935		
	G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.				
	(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the				
	Department that incluin all of the following: a. The key principles administration.	des training and instruction			
	Prevention guidelines applicable, safe inject procedures for monitor	on infection control and, if			
	exists. (2) A clinical skills evan NCAC 13F .0503 and (3) Within 60 days froindividual must have a. An additional 10-hodeveloped by the Dep	aluation consistent with 10A I 10A NCAC 13G .0503. In the date of hire, the completed the following: pur training program partment that includes			
	 The key principles administration. The federal Center 	s of Disease Control and son infection control and, if			

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procedures for monitoring or testing in which bleeding occurs or the potential for bleeding

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		hal002004	B. WING		07/24/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
AI EYAND	ALEXANDER ASSISTED LIVING 3032 N C			ОИТН		
ALLXAND	EN AGGIOTED EIVING	TAYLORS	SVILLE, NC 286	81	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMP	LETE
D935	Continued From page	95	D935			
	exists. b. An examination deby the Division of Hea	veloped and administered alth Service Regulation in section (c) of this section.				
	This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 5 medication aides (Staff E) sampled completed the 15 hour medication training.					
	The findings are:					
	The findings are: Review of Staff E's personnel file revealed: -Staff E was hired on 12/15/16 as a Personal Care AideStaff E had a position change to Medication Aide on 3/1/17She had a medication clinical skills validation completed on 3/1/17She had passed the medication aide test on 10/28/14There was a completed 15 hour medication test worksheet with no scoreThere was no documentation for either the 5 hour or 15 hour medication training signed by an instructor.					
	Attempted telephone 7/24/17 at 3:15pm wa	interview with Staff E on as unsuccessful.				
		017 and July 2017 ation Records revealed Staff nedications to the residents				
	Interview with the Res	sident Care Coordinator on				

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7/24/17 at 3:10pm revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
hal002004 B. WING _		B. WING		R 07/24/2017		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						-1/2011
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 SO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D935	validation did the med-She did not know if a completed on Staff E. Interview with the Adr 3:30pm revealed: -The Resident Care Cresponsible for assurir equired trainingThe pharmacy consumedication training in they done it any longer-He will schedule the medication training for the was not an em Staff E. Attempted telephone	ne medication competency dication training. Any medication training was ministrator on 7/24/17 at Coordinator (RCC) is ng that all new staff have alltant had done the the past, but did not know if er. nurse to do the 15 hour	D935			
D980	this Article shall rest vertical facility. Each facility straining to staff to impresidents' rights included the staff to the staff to impresidents' rights included the staff to the staff to impresidents' rights included the staff to the s	ementation lementing the provisions of with the administrator of the shall provide appropriate element the declaration of ded in G.S. 131D-21. as evidenced by: PE A2 VIOLATION ags, the previous Type A2	D980			

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	
			D WING		R	
		hal002004	B. WING		07/2	4/2017
NAME ∩E P	ROVIDER OR SUPPLIER	STREET AN	ORESS, CITY, STA	TE ZIP CODE		
TO WILL OF T	NOVIBER OR OUT FIER					
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 S			
		TAYLORS	ILLE, NC 286	81		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	٧	(X5)
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DETIGIENCY)		
D980	Continued From page	e 97	D980			
	Based on observation	ns, interviews, and record				
		rator failed to assure the				
	· ·					
	management, operati					
		ility were implemented to				
		nts' rights as evidenced by substantial compliance with				
		•				
	the rules and statutes	nedication administration,				
	medication orders, health care, staff qualifications, nutrition and food service, activities, infection control, Health Care Personnel					
	Registry reporting, an	•				
	rtegistry reporting, an	id residents rights.				
	The findings are:					
	Interview with a resident during a tour of the					
	facility on 7/19/17 bet					
	12:15am revealed:					
	-The Administrator co	mes around "occasionally."				
	-When he's at the fac	ility, "he's always in the				
	office."					
		nd resident during a tour of				
	,	between 10:20am and				
	12:15am revealed:					
	-The Administrator wa					
	-"He never makes rou					
		to 3 times since I've been				
	here."					
		ity since September of last				
	year."					
	Intonious with a thind	regident on 7/24/47 -t				
		resident on 7/24/17 at pelieved the Administrator				
	was here "about twice	з а тюпит.				
	Interview with the Adr	ministrator on 7/24/17 at				
	10:30am revealed:	imiodator on 1/2-7/17 at				
		at least 5 days a week.				
		cility, he checks on the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		SELLI IS MISH HOMBER	A. BUILDING: _			
		hal002004	B. WING		R 07/24/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ALEXAND	ER ASSISTED LIVING		HIGHWAY 16 SO VILLE, NC 286			
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	N (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D980	Continued From page	98	D980			
	overall operation of the facilityHe "reviews new orders for residents."					
	reviews, the facility fadiets for 4 of 4 sample #2, #7 and #9) were spuree and no concent [Refer to Tag 310 10.4 Nutrition and Food Set B. Based on observation facility failed to protect prepared and served contamination. [Refer	to Tag 282 10A NCAC				
	13F.0904(a)(1) Nutrition and Food Service.] C. Based on observations and interviews, the facility failed to develop a program of activities designed to promote the residents' active involvement with each other, their families and the community. [Refer to Tag 315 10A NCAC 13F .0905(a)(b) Activities Program.]					
	facility failed to ensure Activity Director (Staff for the position of Acti	tions and interviews the e the facility had a current f A) that met all qualifications ivity Director. {Refer to 128 I/(1) Qualifications of Activity				
	facility failed to clarify significant changes the incomplete with a pre 4 sampled residents (insulin.) [Refer to Tag .1002(a) Medication (scribing practitioner for 1 of #1). (Novolog sliding scale 344 10A NCAC 13F Orders. (Type B Violation.)]				
	F. Based on observat	ions, interviews, and record				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMPLETED
hal002004 B. WING	R
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, Z	ZIP CODE
ALEXANDER ASSISTED LIVING 3032 N C HIGHWAY 16 SOUT TAYLORSVILLE, NC 28681	п
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
reviews, the facility failed to ensure medications were administered to 4 of 6 sampled residents as evidenced by the failure to administer a pain medication, Percocet, to Resident # 5 when requested due to the facility's electronic medication administration system was not operating; failed to administer readmission medications (furosemide, lisinopril, Novolog, hydroxyzine and lactulose) from a hospitalization to Resident #1 as ordered due to the orders not being sent to the pharmacy until almost 3 weeks later; and failed to administer medications as ordered to 2 other sampled residents (Residents #3 and #9.) (Sertraline, fluticasone nasal spray, cyclobenzaprine.) [Refer to Tag 358 10A NCAC 13F .1004(a) Medication Administration. (Type A2 Violation.)] G. Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MARs) for 2 of 6 (#1 and #5) sampled residents related to the medications Percocet and Flonase for Resident #5 and Novolog insulin for Resident #1 not being administered because they were not on the MARs due to the pharmacy computer system being down for 5 or more days. (Refer to Tag 367 10A NCAC 13F .1004(j) Medication Administration.] H. Based on observations, interviews, and record reviews, the facility failed to assure readily retrievable records were available to account for the disposition of controlled substances (Hydromorphone and Alprazolam) and to ensure an accurate reconciliation of those controlled substances for 1 of 4 sampled residents (Resident #5) who were administered controlled medications. [Refer to Tag 392 10A NCAC 13F .1008(a) Controlled Substances (Unabated Type	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURV		
		A. Bollesino.		R			
		hal002004	B. WING		07/24/20	017	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ALEXAND	ER ASSISTED LIVING		IGHWAY 16 S				
			ILLE, NC 286				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE C	(X5) COMPLETE DATE	
D980	Continued From page	e 100	D980				
	B Violation.)]						
	facility failed to protect received care and set by the failure to condutant report allegations. Personnel Registry for the impairment of State questionable if the sure duties on multiple day NCAC 13F .1205 Heat (Type B Violation.)] J. Based on observation interviews, the facility and appropriate infection places implemented for blood sharing glucose meter disinfection for 2 of 3 #2) and maintaining a meter without proper	r 1 of 1 staff (C) related to ff C, a supervisor, and pervisor was able to perform rs [Refer to Tag 438 10A alth Care Personnel Registry ions, record reviews and failed to assure adequate tion control procedures were d glucose monitoring by rs without proper sampled residents, (#1 and a shared or common glucose disinfection. [Refer to Tag a) ACH Infection Prevention					
	facility failed to assure sampled were tested tuberculosis (TB) dise control measures add	upon employment for ease in compliance with opted by the Commission for er to Tag 131 10A NCAC					
	facility failed to assure diabetic residents was sampled Medication A E) who administer ins	Aides (MA), (Staff C, D, and Julin in the facility. [Refer to 3F .0505 Training on Care					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
			P. WING		R	
		hal002004	B. WING		07/2	4/2017
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	•		
ALEXAND	ER ASSISTED LIVING		IGHWAY 16 SO ILLE, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D980	Continued From page	e 101	D980			
	REGULATORY OR LSC IDENTIFYING INFORMATION)					

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