Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		HAL041052	B. WING		10/2	5/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	VIEW AT IRVING PARK	3200 N ELN				
		GREENSBO	ORO, NC 2740	08		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		sure Section conducted an ober 23, 24 and 25, 2017.				
D 338	10A NCAC 13F .0909	Resident Rights	D 338			
	all residents guarante	hall assure that the rights of red under G.S. 131D-21, rnts' Rights, are maintained				
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure 3 of 47 residents in the Assisted Living Unit were treated with respect and dignity related to non-disposable place settings used for 2 residents (Residents #7 and #8) who received beverages in Styrofoam cups, and 1 resident (#6) who received meals in Styrofoam plate-ware.					
	The findings are:					
	03/08/17 revealed: -Diagnoses of muscle infarction, hypertensic hyperlipidemia and he-Intermittently disorier Review of Resident #	on, heart disease, earing loss. nted and semi-ambulatory. 6's Resident Register				
	pm revealed:	n date of 02/02/17. 6/17 from 11:30 am to 12:50 e (PCA) was carrying a meal				

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
				<u>—</u>		
	HAL041052		B. WING		10/2	5/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MODULE	NATIONAL DATE	3200 N EL	M STREET			
MORNING	SVIEW AT IRVING PARK	GREENSE	30RO, NC 2740	08		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 338	Continued From page	e 1	D 338			
	trayOn top of the tray watwo Styrofoam bowls cups with lids and platureThe PCA took the moreomThe resident receive facility staff. Observation on 10/24 am of the breakfast manderA PCA carrying a metray was a Styrofoam cupsThe PCA took the moreomThe resident receive facility staff. Interview on 10/25/17 revealed: -Resident #6 was the that received all mealThe meal and bevera resident's room in Sty. Interview on 10/25/17 PCA revealed: -She worked the hallShe usually assisted the breakfast mealResident #6 had a caresident with the lunc.	as a Styrofoam plate with lid, with lids, two Styrofoam astic spoon and fork. eal tray to Resident #6's d feeding assistance from 1/17 from 8:00 am to 9:50 heal service revealed: eal tray, and on top of the plate with lid, two Styrofoam eal tray to Resident #6's d feeding assistance from 7 at 8:10 am with the PCA only resident at the facility is in his room. ages were delivered to the profoam containers. 7 at 8:25 am with a second were Resident #6 lived. It the resident with feeding aregiver that assisted the				
	#6's sitter revealed:	at 4:24 pm with Resident				

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or March 2017.

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL041052	B. WING		10/25/2017	
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA		10/20/2017	
	3200 N ELI				
MORNINGVIEW AT IRVING PARK	GREENSB	ORO, NC 2740	98		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D 338 Continued From page 2		D 338			
-The resident did go to to when he was first admitt health began to decline longer able to feed hims -Resident #6 had started room and getting feeding private sitter (her) and fa May 2017Resident #6's meals an served in Styrofoam cornesidentWhen she heated the nother the Styrofoam melted a to fear for the resident's -The sitter had not ment regarding the Styrofoam wanting non-disposable facility charged for "ever afraid non-disposable facility charged for "ever afraid non-disposable facility chargesNo one at the facility has resident was allowed me plateware or beverages containers. Interview on 10/25/17 at Service Manager (FSM) -Resident #6 did not cormealsThe resident received at -All the resident's meals Styrofoam containers with the started in the started resident was allowed at -All the resident's meals Styrofoam containers with the started resident was allowed at -All the resident's meals Styrofoam containers with the started resident's meals Styrofoam containers with the resident was allowed means the started resident was allowed resident.	the dining room for meals ted to the facility, but his and the resident was no self. d receiving meals in his g assistance from a acility staff around April or and beverages were all natainers. Sout the resident meals dit being harmful to the meal using a microwave little and that caused her health. It toned her concern to the facility or her not a plateware because the rything" and she was atware would be an extra and informed her the eals on non-disposable in non-disposable It 8:38 am with the Food or revealed: me to the dining room for all meals in his room. It were served in ith lids, with beverages os, and plastic spoon and but it was the facility's	D 338			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL041052	B. WING		10/25/2017
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
MORNING	VIEW AT IRVING PARK		M STREET ORO, NC 2740	08	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 338	Continued From page	e 3	D 338		
	interview on 10/25/17 determined Resident	n, record review, and attempt at 11:01 am, it was #6 was not interviewable. 10/25/17 at 8:40 am with the			
	Food Service Manage 2. Review of Residen 06/05/17 revealed: -Diagnoses of demen	t #7's current FL2 dated			
	Observation on 10/23/17 from 11:30 am to 12:50 pm of the lunch meal service revealed: -At various times there were 40 residents present for the mealThe residents' beverages were served in tulip shaped glasses and glass coffee cupsResident #7 was also present for the mealResident #7's beverage, tea, was served in a Styrofoam cup.				
	am of the breakfast man of the breakfast man of the meal. The residents' bever shaped glasses and gased man of the man of the meal.	e were 38 residents present ages were served in tulip glass coffee cups. sent for the meal. age was orange juice that			
	Aide reveled: -Resident #7's bevera StyrofoamThe Styrofoam was a	at 12:10 pm with a Dietary ages were always served in a request from the resident's ase she said a glass was too			

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AND PLAN OF CORRECTION INDENTIFICATION NUMBERS		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL041052	B. WING	B. WING		5/2017
	ROVIDER OR SUPPLIER	3200 N ELM	RESS, CITY, STA I Street Dro, NC 2740			
(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 338	revealed: -Resident #7's family Styrofoam because it resident to pick the cu -He thought the reside therapy, but was not s inability to hold glasse Interview on 10/23/17 Physical Therapist rev -Resident #7 did phys unaware the resident -No one had ever me had weakness in her -She felt Resident #7' cognitive process and mentally process pick drinking. Interview on 10/25/17 #7's family member re -Resident #7 tended to drink a lot of liquidsThe resident had a lo resident would drink re pick-up beverages an -The facility served be were heavy weightShe did not want the Resident #7 from drin -She basically wanted and thought Styrofoar -She was unaware the be served in non-disp Based on observation	at 12:48 pm with the FSM member requested would be easier for the up up to drink beverages. ent received physical sure if it was related to her es. at 1:10 pm with the vealed: sical therapy, but she was used Styrofoam cups. ntioned to her the resident hands. s issue was more a I the resident had to ing up the glass and at 10:07 am with Resident evealed: o dehydrate if she did not of hand weakness and the more if she was able to d drink them. everages in glasses that heavy glass to hinder king her beverages. If a cup that was light-weight m was the only option. e resident's beverages could osable plastic cups. In attempt interview on	D 338			
		and record review, it was #7 was not interviewable.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S		
			A. BUILDING:			
		HAL041052	B. WING		10/2	5/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	VIEW AT IRVING PARK	3200 N ELI GREENSB	M STREET ORO, NC 2740	18		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)		COMPLETE DATE
D 338	Continued From page	e 5	D 338			
	Refer to interview on Food Service Manage	10/25/17 at 8:40 am with the er (FSM).				
	09/29/17 revealed:	t #8's current FL2 dated				
	hypothyroidism, and	veakness, hypertension, osteoarthritis. ermittently disoriented and				
	am of the breakfast me. At various times ther for the meal. The residents' bever shaped glasses and general resident #8 was pre-Resident #8's bevera	e were 38 residents present ages were served in tulip glass coffee cups.				
	#8 revealed: -She had received be since she moved into -She did not mind the was lighter in weight?	Styrofoam cups because it				

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	(X3) DATE SURVEY COMPLETED	
HAL041052 B. WING 1	/25/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
MORNINGVIEW AT IRVING PARK 3200 N ELM STREET		
GREENSBORO, NC 27408		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 338 Continued From page 6 D 338		
-When beverages were served in glasses she did not get a straw. -She would not mind non-disposable cups if it was lighter in weight than the facility's current glasses, and she could have a straw, she would be happy. Interview on 10/23/17 at 12:10 pm with a Dietary Aide revealed: -Resident #8 always got two beverages with each meal. -The resident's beverages were always served in Styrofoam cups with lids and straw. -She was not sure why the resident's beverages were served in Styrofoam cups. Interview on 10/23/17 at 12:48 pm with the FSM revealed: -Resident #8 had been getting beverages in Styrofoam cups at the family's request. -The resident was getting physical therapy due to weakness in her hands. -He believed that was why Resident #8 got beverages in Styrofoam cups. Interview on 10/23/17 at 1:10 pm with the Physical Therapist revealed: -Resident #8 was getting physical therapy due to weakness in her hands. -She was unaware that Styrofoam was not allowed. -She had not considered or fitted the resident for non-disposable plastic cups. -She would have the resident fitted for a cup molded to the resident's hand. Refer to interview on 10/25/17 at 8:40 am with the Food Service Manager (FSM).		

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Interview on 10/25/17 at 8:40 am with the FSM

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
, D I LANG		SERVINOR HOMBER.	A. BUILDING: _		00
		HAL041052	B. WING		10/25/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
MODNING	VIEW AT IRVING PARK	3200 N E	ELM STREET		
WORNING	IVIEW AT IKVING PARK	GREENS	SBORO, NC 2740	8	
(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 338	Continued From page	e 7	D 338		
	revealed: -All residents that rechad their meals serve containers/plateware Styrofoam cupsOne reason Styrofoa eliminate residents podishes after the meal -The Styrofoam contaeasier to cover the foresidents's roomsHe also thought Styra resident heated up microwave it could go properly a resident collection. Styrofoam in the microconsidered using non-	eived meals in their rooms and in Styrofoam and beverages served in am was used was to assibly not returning the ainers had lids and made it ad when transporting to the ofoam was safer because if a glass plate in the et hot and if not handled build get burned. ed the breakdown of owave and he had not i-disposable plastic for the			
D 367	residents that ate meals in their rooms. D 367 10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the		D 367		

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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: _		COMPLI	=1ED
		HAL041052	B. WING		10/2	5/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		3200 N EL	M STREET			
MORNING	IVIEW AT IRVING PARK	GREENSB	ORO, NC 2740	08		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	the medication or treat signature equivalent of documented and mai administration record. This Rule is not met Based on observation interviews, the facility accuracy of the Medic Records (MARs) for residents related to dadministration of dust hol 20 mg, latanopros 15 mg, seroquel 50 mmg. The findings are: Review of Resident # 08/28/17 revealed: -Diagnoses included stenosis, unspecified prostate with lower unhearing loss, rhinitis, depressionA physician's order fused to treat urinary of fluoxetine hol (medicated depression) 20 mg at 0.005% (medication of drops instill one drop mirtazapine (medicated to treat schizophrenia, bedtime, and tamsulo treat an enlarged prosection).	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: as, record reviews, and failed to assure the cation Administration of 5 (#1) sampled ocumenting scheduled tasteride 0.5 mg, fluoxetine st 0.005% drops, mirtazapine and, and tamsulosin hcl 0.4 et 's current FL2 dated nonrheumatic aortic glaucoma, enlarged rinary tract symptoms, chronic constipation, and or dustasteride (medication retention) 0.5 mg at bedtime, ation used to treat the bedtime, latanoprost used to treat glaucoma) eye into each eye at bedtime, ion used to treat depression) roquel (medication used to bipolar, depression) 50 mg at besin hcl (medication used to state) 0.4 mg at bedtime.	D 367			
	bedtime, and tamsulo treat an enlarged pro-	osin hcl (medication used to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION IDENTIFICATION NOWIGER.		A. BUILDING:		COMP	PLETED	
	HAL041052	B. WING		10	/25/2017	
NAME OF PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE			
MODNING VIEW AT IDVING DADY	3200 N E	LM STREET				
MORNINGVIEW AT IRVING PARK	GREENS	BORO, NC 27408	;			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
documented as admin MAR from 10/01/17 to mg was not document pm on 10/18/17, 10/1 10/22/17. -An entry for fluoxetin documented as admin MAR from 10/01/17 to mg was not document pm on 10/18/17, 10/1 10/22/17. -An entry for latanoprione drop into each ey documented as admin MAR from 10/01/17 to 0.005% drops was not administered at 8:00 and 10/22/17. -An entry for mirtazap documented as admin MAR from 10/01/17 to mg was not document pm on 10/18/17, 10/1 10/22/17. -An entry for seroque documented as admin MAR from 10/01/17 to was not documented on 10/18/17, 10/19/17. -An entry for tamsulos and documented as a the MAR from 10/01/7 hcl 0.4 mg was not documented as a the MAR from 10/01/7 hcl 0.4 mg was not documented as a the MAR from 10/01/7 hcl 0.4 mg was not document as 300 pm on 10/18/17.	eride 0.5 mg at bedtime and histered for 19 doses on the o 10/23/17. Dustasteride 0.5 sted as administered at 8:00 9/17, 10/21/17, and he hcl 20 mg at bedtime and histered for 19 doses on the o 10/23/17. Fluoxetine hcl 20 sted as administered at 8:00 9/17, 10/21/17, and host 0.005% eye drops instill for at bedtime and histered for 20 doses on the o 10/23/17. Latanoprost of documented as pm on 10/19/17, 10/21/17, hine 15 mg at bedtime and histered for 19 doses on the o 10/23/17. Mirtazapine 15 sted as administered at 8:00	D 367				

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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:		COMPLETED	
		HAL041052	B. WING	 -	10/2	25/2017
NAME OF D	DOVIDED OD CURRUED	OTDEET AS	DDECC CITY CTA	TE 710 CODE		
NAIVIE OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	KIE, ZIP CODE		
MORNING	VIEW AT IRVING PARK		.M STREET			
		GREENSI	BORO, NC 274	08		
(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
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE	DATE
				DEI ICIENCI)		
D 367	Continued From page	e 10	D 367			
	. •					
		dustasteride 0.5 mg was not				
	documented as admir	nistered at 8:00 pm on				
	10/18/17, 10/19/17, 1	0/21/17, and 10/22/17.				
	-She was not aware f	luoxetine hcl 20 mg was not				
	documented as admir	nistered at 8:00 pm on				
		0/21/17, and 10/22/17.				
		atanoprost 0.005% drops				
		as administered at 8:00 pm				
	on 10/19/17, 10/21/17	•				
	· ·	mirtazapine 15 mg was not				
		nistered at 8:00 pm on				
		0/21/17, and 10/22/17.				
		seroquel 50 mg was not				
		nistered at 8:00 pm on				
	10/18/17, 10/19/17, 1	0/21/17, and 10/22/17.				
	-She was not aware t	amsulosin hcl 0.4 mg was				
	not documented as a	dministered at 8:00 pm on				
	10/18/17, 10/19/17, 1	0/21/17, and 10/22/17.				
	-She was not aware t	he MA did not document an				
	explanation for why th	ne medication was not given.				
	-If a medication aide	cannot give medication for				
		to circle initials on the				
	-	n the MAR and write an				
	explanation on the ba					
		report sheet but nothing was				
		y medications were not				
	given on the October	•				
	•	ations were not documented				
	worked second shift.	edication aide and he always				
		lead has a superlayed with				
		had been employed with				
	the facility a couple of	i years.				
	Interview on 40/05/45	of 10.55 are with the				
	Interview on 10/25/17					
	Executive Director (E					
		dustasteride 0.5 mg was not				
		nistered at 8:00 pm on				
		0/21/17, and 10/22/17.				
	-She was not aware f	luoxetine hcl 20 mg was not				
	documented as admir	nistered at 8:00 pm on				

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DIVISION	n nealth Service Regu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	ED
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			B. WING		40,000	
		HAL041052	D. WING		10/25/	2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		3200 N E	LM STREET			
MORNING	VIEW AT IRVING PARK		BORO, NC 2740	18		
	OUR MAR DV OT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROF		DATE
1710		,	17.0	DEFICIENCY)		
			D 007			
D 367	Continued From page	e 11	D 367			
	10/18/17, 10/19/17, 1	0/21/17, and 10/22/17.				
	-She was not aware la	atanoprost 0.005% drops				
		as administered at 8:00 pm				
	on 10/19/17, 10/21/17	•				
		mirtazapine 15 mg was not				
		nistered at 8:00 pm on				
		0/21/17, and 10/22/17.				
		seroquel 50 mg was not				
		nistered at 8:00 pm on				
		0/21/17, and 10/22/17.				
		amsulosin hcl 0.4 mg was				
		dministered at 8:00 pm on				
		0/21/17, and 10/22/17.				
		he MA did not document an				
		ne medication was not given.				
	•	(MA) that did not document				
		ons were administered				
	-	d shift and had been with				
	-	f years. He had worked as a				
	MA for about 9 month					
	_	nedications to a resident,				
		vas expected to try again at				
		e R for refused and circle it				
	in the corresponding					
		the medication was not				
	given on the back of t					
		red Nurse (RN) performed				
	random MAR audits of	daily.				
	Intoniou en 10/05/47	ot 10:50 am with the				
	Interview on 10/25/17					
	second shift MA revea					
		ustasteride 0.5 mg was not				
		nistered at 8:00 pm on				
		0/21/17, and 10/22/17.				
		uoxetine hcl 20 mg was not				
		nistered at 8:00 pm on				
		0/21/17, and 10/22/17.				
		tanoprost 0.005% drops was				
	not documented as a	dministered at 8:00 pm on				

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10/19/17, 10/21/17, and 10/22/17.

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NOWIDER.	A. BUILDING: _		COM	LLILD			
		HAL041052	B. WING		10/	25/2017			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE					
3200 N ELM STREET									
WORNING	VIEW AT IRVING PARK	GREENSI	BORO, NC 2740	08					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE FO THE APPROPRIATE	(X5) COMPLETE DATE			
D 367	Continued From page 12 -He was not aware mirtazapine 15 mg was not documented as administered at 8:00 pm on 10/18/17, 10/19/17, 10/21/17, and 10/22/17. -He was not aware seroquel 50 mg was not documented as administered at 8:00 pm on 10/18/17, 10/19/17, 10/21/17, and 10/22/17. -He was not aware tamsulosin hcl 0.4 mg was not documented as administered at 8:00 pm on 10/18/17, 10/19/17, 10/21/17, and 10/22/17. -The MA was positive he had administered the medications and believed he forgot to write his initials on the MAR when he administered the above medications. Interview on 10/25/17 at 11:05 am with the facility's RN revealed: -She was not aware dustasteride 0.5 mg was not documented as administered at 8:00 pm on 10/18/17, 10/19/17, 10/21/17, and 10/22/17. -She was not aware fluoxetine hcl 20 mg was not documented as administered at 8:00 pm on 10/18/17, 10/19/17, 10/21/17, and 10/22/17. -She was not aware latanoprost 0.005% drops was not documented as administered at 8:00 pm on 10/19/17, 10/21/17, and 10/22/17.		D 367						
	documented as admin 10/18/17, 10/19/17, 1 -She was not aware s documented as admin 10/18/17, 10/19/17, 1 -She was not aware t	mirtazapine 15 mg was not nistered at 8:00 pm on 0/21/17, and 10/22/17. seroquel 50 mg was not nistered at 8:00 pm on 0/21/17, and 10/22/17. amsulosin hcl 0.4 mg was dministered at 8:00 pm on							
	10/18/17, 10/19/17, 1 -She was not aware t explanation for why th -The Wellness Nurse audits and she (the R MAR audits.	oministered at 8.00 pm on 0/21/17, and 10/22/17. he MA did not document an me medication was not given. performed weekly MAR N) performed random daily ys without initials on the							

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408 PROVIDER'S AUMARY STATEMENT OF DEPOSITION (EACH DEPOSITION MIST BE PRECEDED BY FULL PREPRIX TAG D 367 Continued From page 13 MARS, they would contact that MA and give the MA until midnight to document the medication if they were positive they had given the medications. Interview on 10/25/17 at 1:18 pm with Resident #1's physician revealed: -The facility had not made him aware of the missed doses of dustasteride 0.5 mg, fluoxetine had 20 mg, latanoprost 0.005% drops, mirazapine 15 mg, seroquel 50 mg, and tamsulosin had 0.4 mgHe did not feel the resident was in danger by not receiving the missed doses of dustasteride 0.5 mg, fluoxetine had 20 mg, latanoprost 0.005% drops, mirtazapine 15 mg, seroquel 50 mg, and tamsulosin had 0.4 mg. Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
MORNINGVIEW AT IRVING PARK 3200 N ELM STREET GREENSBORO, NC 27408 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 13 MARs, they would contact that MA and give the MA until midnight to document the medication if they were positive they had given the medications. Interview on 10/25/17 at 1:18 pm with Resident #1's physician revealed: -The facility had not made him aware of the missed doses of dustasteride 0.5 mg, fluoxetine hcl 20 mg, latanoprost 0.005% drops, mirtazapine 15 mg, seroquel 50 mg, and tamsulosin hcl 0.4 mg. -He did not feel the resident was in danger by not receiving the missed doses of dustasteride 0.5 mg, fluoxetine hcl 20 mg, latanoprost 0.005% drops, mirtazapine 15 mg, seroquel 50 mg, and tamsulosin hcl 0.4 mg. Based on observations, interviews and record reviews, it was determined Resident #1 was not	HAL041052			B. WING			10/25/2017					
CALC DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY												
PREFIX TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 13 MARs, they would contact that MA and give the MA until midnight to document the medication if they were positive they had given the medications. Interview on 10/25/17 at 1:18 pm with Resident #1's physician revealed: -The facility had not made him aware of the missed doses of dustasteride 0.5 mg, fluoxetine hcl 20 mg, latanoprost 0.005% drops, mirtazapine 15 mg, seroquel 50 mg, and tamsulosin hcl 0.4 mg. -He did not feel the resident was in danger by not receiving the missed doses of dustasteride 0.5 mg, fluoxetine hcl 20 mg, latanoprost 0.005% drops, mirtazapine 15 mg, seroquel 50 mg, and tamsulosin hcl 0.4 mg. Based on observations, interviews and record reviews, it was determined Resident #1 was not	MORNING											
MARs, they would contact that MA and give the MA until midnight to document the medication if they were positive they had given the medications. Interview on 10/25/17 at 1:18 pm with Resident #1's physician revealed: -The facility had not made him aware of the missed doses of dustasteride 0.5 mg, fluoxetine hcl 20 mg, latanoprost 0.005% drops, mirtazapine 15 mg, seroquel 50 mg, and tamsulosin hcl 0.4 mg. -He did not feel the resident was in danger by not receiving the missed doses of dustasteride 0.5 mg, fluoxetine hcl 20 mg, latanoprost 0.005% drops, mirtazapine 15 mg, seroquel 50 mg, and tamsulosin hcl 0.4 mg. Based on observations, interviews and record reviews, it was determined Resident #1 was not	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	COMPLETE					
	D 367	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 MARs, they would contact that MA and give the MA until midnight to document the medication if they were positive they had given the medications. Interview on 10/25/17 at 1:18 pm with Resident #1's physician revealed: -The facility had not made him aware of the missed doses of dustasteride 0.5 mg, fluoxetine hcl 20 mg, latanoprost 0.005% drops, mirtazapine 15 mg, seroquel 50 mg, and tamsulosin hcl 0.4 mgHe did not feel the resident was in danger by not receiving the missed doses of dustasteride 0.5 mg, fluoxetine hcl 20 mg, latanoprost 0.005% drops, mirtazapine 15 mg, seroquel 50 mg, and tamsulosin hcl 0.4 mg. Based on observations, interviews and record reviews, it was determined Resident #1 was not		D 367								

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