	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	AND THE PARTY AND ADDRESS OF THE PARTY AND ADD
	OF CORRECTION	IDENTIFICATION NUMBER:	4 ' '	C O O O O O O O O O O O O O O O O O O O	(X3) DATE SURVEY COMPLETED
	Mak Walliam for the management of the management	HAL013044	B. WING		12/14/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE	
THE LIVII	NG CENTER OF CONCO	RU	REN C. COLEN	IAN BLYD.	
(X4) ID	SUMMARYST	TATEMENT OF DEFICIENCIES	D, NC 28027	PROVIDENCE DI ANI OC COORSELVE	
PRÉFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROTECTION OF PROCESSION OF PR	D SE COMPLETE
D 000	Initial Comments		D 000		3
	conducted an annual	sure Section and the partment of Social Services survey on December 11-13, ference via telephone on		SEE Attached Blom of correct	icřs
D 137	10A NCAC 13F ,0407 Qualifications	7(a)(5) Other Staff	D 137	for all prep	\3
		Other Staff Qualifications at an adult care home		ested on This	eder e e e e e e e e e e e e e e e e e e
		iated findings listed on the cCare Personnel Registry E-256;		SEE Attached  Sion of correct  Son of correct  coted on this  Report.  Pepert.  2/5/2	(S2)
3 3 4 6 1	This Rule is not met of TYPE B VIOLATION	as evidenced by:		1 2/5/2	. 818
3 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	reviews, the facility fail sampled staff (Staff 8	and Staff D) had no on the North Carolina		/	
	The findings are:				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-She was hired on 04/ (MA).				
	Interview on 12/13/17 revealed: -She was not aware of	with Staff B at 2:16 pm f the facility doing a HCPR			
ivision of Hea ABORATORY C	ith Service Regulation NRESTOR'S OF PROVIDERS	UPPASE PERESENTATIVES SIGNATURE	<u>,</u>	FITLE	97AD (2X)
<u></u>	Y. // / 10	7 \	Militar company of the company of th	Ex-centure Dates	2/5/2018
TATE FORM	*		8890	f1H911	If communition sheet 1 of 71

Acknowledged and reviewed 2/7/18

jeanne S Robinson RN

Division (	of Health Service Regu	lation			
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		HAL013044	B. WNG		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	<b>₹T₽₽₽Т</b> Δ	DDRESS, ÇITY, ŞTATE	710 CODE	
7.11 117122 427 1	The state of the s		REN C. COLEMAN		
THE LIVIN	IG CENTER OF CONCOR	₹D	RD, NC 28027	( SEV D,	
	Contract Active Com				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	9E COMPLETE
D 137	Continued From page	÷1	D 137		n ann word
	check on her prior to -She was not aware v	*			A COLUMN A CALLANTA
	-She was hired on 11. Aide (PCA).	s personal record revealed: /30/17 as a Personal Care			
	i e e e e e e e e e e e e e e e e e e e	nentation of a Health Care heck (HCPR) completed			
		interview with Staff D on and on 12/13/17 at 10:00 am	American and American control of the		
	Interview on 12/13/17 3:06 pm revealed:	with the Administrator at	90400 allianteen hauteen		THE PROPERTY OF THE PROPERTY O
	-The Business Office	Manager (BOM) sets up all id he reviews them for			
	-He could not explain	why the previous did not complete the HCPR	A bandouthe distribution (five or		ook can ar arbor opense.
	check on Staff B.	ing to check the HCPR in	Straight and the straig		THE PROPERTY OF THE PROPERTY O
	November 2017 beca		Monatcher Market		er e
		rd a previous allegation in ng before he began working		·	decimal hardest and a second an
		it went after he checked it			a Principala Anniona and anti-
	April 2017 or Novemb	nentation the allegations in oer 2017 in regards to Staff	as a second seco		di addicato con con con con con con con con con co
		ICPR) within 24 hours of			vice desired
	completed within 5 da	nts and an investigation by report to the HCPR. I with the HCPR for the			) } *
	incident in April or in I -He could not locate a	November 2017.			
		ed to be done upon hire on			

STATEMENT OF DEPOSITIONS    OCT   DATE   PROVIDER OF SUPPLIER	Division (	of Health Service Regu	lation			
NAME OF PROVIDER OR SUPPLIER  THE LIVING CENTER OF CONCORD  (AC) IO PRECED RECEDENCY MUST BE PRECEDED OF YULL PREFIX (EACH DEPRODRICATION OF TABLE PROCEDED OF YULL PREFIX (STATE J. P. CO.)  PRECED RECOLATION OF USE IDENTIFYING WORK/ATTON)  D 137  Continued From page 2 all new staff.  -A copy of the HCPR was requested from the Administrator for Staff B and D but not provided.  The facility failed to assure 2 of 6 sampled staff (Staff B and Staff D) had a North Carolina Health Care Personnel Registry check prior to date of hire. The fallure of the facility to know if staff had substantiated findings and after Staff B had 2 previous allegations of abuse was detrimental to the safety of the residents for neglect and abuse and constitutes a Type B Violation.  The facility provided a Plan of Protection as follows:  -Addinistrator/BOM shall conduct audits of employee files to ensure compliance per regulations and facility policy.  -The use of an employee checklist will be implemented and used in each current employee file and employee files to ensure compliance.  Administrator/designee will perform random employee file and employee will perform random employee files a to ensure continued compliance per regulations and residue to ensure compliance.  Administrator/designee will perform random employee file audits to ensure continued compliance per regulation and facility policy.  -The Regional Director will conduct monthly random employee file subtilismonthly x 6 months, then randomly thereafter to ensure continued compliance per regulation and facility policy.  -The Regional Director will conduct monthly random employee files upon the gold to ensure continued compliance per regional Director will conduct monthly random employee files audits to ensure policies are being followed.  CORRECTION DATE FOR THE TYPE 8						
THE LIVING CENTER OF CONCORD    DAY   CONCORD, NO 28027   CONCORD,			HAL013044	B. WING		12/14/2017
CONCORD, NC 28827  (C4)10 SUMMARY STATEMENT OF DEPICIENCIES BY FLAL PREFIX AND CORRECTION SHOULD BE COMPLETED BY FLAT AND COMPLETE	NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION.  D 137  Continued From page 2 all new staff.  -A copy of the HCPR was requested from the Administrator for Staff B and D but not provided.  The facility failed to assure 2 of 6 sampled staff (Staff B and Staff D) had a North Carolina Health Care Personnel Registry check prior to date of hire. The fallure of the facility to know if staff Bhad 2 previous allegations of abuse was detrimental to the safety of the residents for neglect and abuse and constitutes a Type B Violation.  The facility provided a Plan of Protection as follows:  -Administrator/SOM shall conduct audits of employee files to ensure compliance per regulations and facility policy.  -The use of an employee checklist will be implemented and used in each current employee file and employee files upon hire going forward to ensure compliance.  Administrator/Sedignee will perform random employee files and employee file sudits monthly x 6 months, then randomly thereafter to ensure continued compliance per regulation and facility policy.  -The Regional Director will conduct monthly random employee file audits to ensure policies are being followed.  CORRECTION DATE FOR THE TYPE B	THE LIVIN	IG CENTER OF CONCOR	XD		N BLVD.	
all new staff.  A copy of the HCPR was requested from the Administrator for Staff B and D but not provided.  The facility failed to assure 2 of 6 sampled staff (Staff B and Staff D) had a North Carolina Health Care Personnel Registry check prior to date of hire. The failure of the facility k now if staff had substantiated findings and after Staff B had 2 previous allegations of abuse was detrimental to the safety of the residents for neglect and abuse and constitutes a Type B Violation.  The facility provided a Plan of Protection as follows:  -Additional training with managerial staff that are responsible for the HR files regarding other staff qualificationsAdministrator/BOM shall conduct audits of employee files to ensure compliance per regulations and facility policyThe use of an employee checklist will be implemented and used in each current employee file and employee files upon hire going forward to ensure complianceAdministrator/designee will perform random employee files audits monthly x 6 months, then randomly thereafter to ensure continued compliance per regulation and facility policyThe Regional Director will conduct monthly random employee file audits to ensure policies are being followed.  CORRECTION DATE FOR THE TYPE B	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES	D BE COMPLETE
VIOLATION SHALL NOT EXCEED FEBRUARY 1, 2018.	D 137	all new staff.  -A copy of the HCPR Administrator for Staff  The facility failed to a (Staff B and Staff D) It Care Personnel Regishire. The failure of the substantiated findings previous allegations of the safety of the resid and constitutes a Typ.  The facility provided a follows:  -Additional training wiresponsible for the HF qualifications.  -Administrator/BOM semployee files to ensiregulations and facility. The use of an employimplemented and use file and employee files and employee files and employee files audits randomly thereafter to compliance per regulations of the Regional Director and the provided and the compliance per regulations and facility of the Regional Director and the provided and the compliance per regulations of the Regional Director and the provided and the compliance per regulations of the Regional Director and the provided and the Regional Director and the provided and the Regional Director and the provided and the Regional Director and the	was requested from the f B and D but not provided.  ssure 2 of 6 sampled staff had a North Carolina Health stry check prior to date of a facility to know if staff had a had after Staff B had 2 of abuse was detrimental to lents for neglect and abuse a B Violation.  Plan of Protection as the managerial staff that are R files regarding other staff that conduct audits of the compliance per to policy, yee checklist will be d in each current employee is upon hire going forward to the will perform random monthly x 6 months, then the ensure continued ation and facility policy, or will conduct monthly audits to ensure policies  FOR THE TYPE B	D 137		

PRINTED: 01/12/2018 FORM APPROVED

AND PLAN OF CORRECTION I IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			rt. wormen and		
		HAL013044	B. WNG		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE LIVIN	IG CENTER OF CONCOR	RD	REN C. COLEM D, NC 28027	AN BLVD.	
DC 43, 175	TO VEAMMIS	ATEMENT OF DEFICIENCIES	<del></del>		KI
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EAGH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 257	Continued From page	3	D 257		* pro-construct
D 257	10A NCAC 13F .0801	(d) Resident Assessment	D 257		ann amur vocco a
	(d) If a resident experiment as defined in Paragra facility shall refer the approfessional or other approfessional such as a professional, nurse p	actitioner, physician I nurse in a timely manner sident's condition but no rom the significant change,			
	failed to refer 1 of 1 sa day weight loss greate the physician or anoth health professional wi the weight loss (Resident #-	nd record review, the facility ampled resident with a 30 er than 5% of body weight to the appropriate licensed thin 10 days of identifying lent #4).			
	chronic obstructive purosteoarthritis, hyperlip diverticulitis, and historical	ilmonary disease, oidernia, history of			
	Record for 2017 reveal -Resident's recorded was 153 pounds. -Resident's recorded was 143.6 pounds.	4's Monthly Vital Signs aled: weight for October 2017 weight for November 2017 weight for December 2017			

Y1H911

Division of Health Service Regulation					
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL013044	B. WNG		12/14/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE LIVIN	IG CENTER OF CONCOR	<b>3</b> 0	REN C. COLEMA D. NC 28027	AN BLVD.	
(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 COMPLETE
D 257	Continued From page	» 4	D 257		1
;	was 134 pounds.				
	from October to Novelloss from November to Review of Resident # was no documentation had been contacted in loss.  Interview with the Rec Coordinator (RRCC) or revealed:  -She defined significations within 1 month a monthsIt was the facility Res (RCC) responsibility to	4's record revealed there in Resident #4's physician egarding significant weight gional Resident Care on 12/12/17 at 12:13 pm int weight loss as 5% weight and 10% weight loss within 6 sident Care Coordinator's o review monthly weights.			
	-She was made aware Resident #4 had signif Resident #4's monthly a surveyorResident #4's physic and was made aware -She was not aware it communication with Fregarding weight loss -Documentation of an physician should have recordThere was also a segnotes were kept, but so notebookIt was policy for the pof any significant weighted.	e today 12/12/17 that ifficant weight loss after y weights were requested by ian was in the building today of her weight loss. If there had been any prior Resident #4's physician prior to today by contact with Resident #4's been kept in Resident #4's charate notebook where she could not locate the physician to be made aware ght loss. sian Assistant (PA) was in 12/17, and was made aware			

Division of	f Health Service Regu	lation			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	B. WING		12/14/2017
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
THE LIVIN	G CENTER OF CONCOR	<b>(D</b> )	RREN C. COLEMAN RD, NC 28027	BLVD.	
(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 257	Continued From page	5	D 257		
D 257	Interview with Reside 3:52 pm revealed: -She was not aware of since October 2017 uthe facilityShe would expect to ongoing weight loss is Interview with the Adr 4:07 pm revealed: -He was not aware of since October 2017 uthe expected Resided been notified in Nove weight lossThe RCC was responsed in the revealed: -She had been working September 2017She was not aware five with the RC revealed: -She had been working September 2017She was not aware five in the responsibility weights"I try to review them the responsibility occurrently in the rewast o	of Resident #4's weight loss intil today when notified by have been made aware of saues.  Ininistrator on 12/12/17 at Resident #4's weight loss intil today. In the Half should be more 2017 regarding her mostible for contacting an to report weight loss.  C on 12/12/17 at 4:15 pm ing in her position since Resident #4 had significant ober 2017. If you review the monthly every month."  S (MA) were responsible for weights and contacting the significant weight loss. Resident #4's physician had	D 257		
	-It was the MA's response	onsibility to check monthly It them on the vital signs			
:	-The RCC was respon	nsible for reviewing the reporting significant weight	and the state of t		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(XZ) MULTIPLE CO	(X3) DATE SURVEY COMPLETED		
***************************************		HAL013044	5. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER		ORESS, CITY, STATE		
THE LIVIN	IG CENTER OF CONCOR	ID	REN C. COLEMAN D, NC 28027	I BLVD.	
(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 257	loss to the physicianShe was not aware F	Resident #4 had weight loss. nted or reported any weight	D 257		; ; ;
D 273	· ·	` ,	D 273		· · · · · · · · · · · · · · · · · · ·
	reviews, the facility fa follow up with the phy residents (Resident #, physician orders for s medications; (Resider	is, interviews, and record iled to assure referral and sician for 5 of 10 sampled 2, #9, and #8) regarding elf-administration of int #4) regarding a			
	3/7/17 revealed diagning hypertension, stroke, Review of Resident # -There was no order of the Resident #2 to set medicationsThere was a standing Imodium AD 2 mg (missymptoms of diarrhea	#2's record revealed; or evaluation completed for			

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		LETED
	UAI 042044	B. WING			Y 5
	HAL013044			1 12	/14/2017
NAME OF PROVIDER OR SUPPLIER -	STREET AU	DORESS, CITY, STA	ITE, ZIP GODE		
THE LUMBO CENTER OF CONCOR	160 WAR	REN C. COLEM	AN BLVD.		
THE LIVING CENTER OF CONCOR	CONCOR	D, NC 28027			
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN	OF CORRECTION	, (X5)
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE A	ACTION SHOULD BE	COMPLETE
TAG REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED T DEFICIE		DATE
		1	}		
D 273 Continued From page	<del>2</del> 7	D 273			A A STATE OF THE S
nhysician for nersiste	nt diarrhea (24 hours).				
p.//0/0/2017 101 p.s. a.c. t					ALTERNATION OF THE PROPERTY OF
Interview with Reside	nt #2 on 12/12/17 at 10:40	ļ			i i
am revealed:					
-He had some over-th	ne-counter (OTC)	*			
medications in his roo	om that he administered to	•	The street streets		•
himself, purchased by	y his brother and				
sister-în-law.		1			
l i	ber how long he had these	1	To a control of the c		
medications in his roo		1			
-His doctor did not pre					
	lid not make her aware that				
he was taking them.	which the set to a material set of the set				;
	oom that he administered to		1		
colon cancer.	ce he had recovered from	9			
	he rubbed on his body to				E .
help relieve pain whe					}
	medication he administered		1		1
whenever he had a h			OCCUPATION OF THE PROPERTY OF		
	tions in his room because				the proof the same
l I	administer medications.				CART CARTE
	I been removed by staff		Ventile 100 - 100		1
during the evening or					
			***		\$
Telephone interview v	vith Resident #2's		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		\$ \$
Responsible Party (R	P) on 12/12/17 at 9:25 am				
revealed:			**************************************		
!	ons were purchased for				1
Resident #2 because					ž.
administer medication					•
	nber when and exactly what				
	ver remembered purchasing	and the second			
1	#2 to keep in his room for				
diarrhea.	ohne if the femilies had a	Polymorphic Control of	PACA MANAGEMENT		
l	nber if the facility had a	**			
policy on self-adminis		30	To the state of th		
	ian had not been prescribed		The man of the state of the sta		
	cations she purchased. staffshe purchased OTC		* The same of the		
i solie liau liot notilieu	statione purchased QTC	1	E-		

Division c	of Health Service Regu	ılation				4 - 4
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(XZ) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED	)
		HAL013044	B. WNG		47/4 4/7/	047
······································	<del></del>		····		12/14/20	717
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		I
THE LIVIN	IG CENTER OF CONCOR	RD	RREN C. COLEMAN	I BLVD.		I
# 4 Ppm ****	The second secon	CONCOR	RD, NC 28027			
(X4) ID ;			ID :	PROVIDER'S PLAN OF CORRECTION	The second secon	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		OMPLETE DATE
(U/P)	Characteristics of the control of th	settled the man in a set of the man of the m		DEFICIENCY)	IAIE	SOFT I SO
n 272 !		24.				
U 2/3	Continued From page	÷ &	D 273			,
į	medications for reside	ent.			A Continues	
	Review of Resident#					
	administration record	The state of the s	,		·	
i	·	ember 2017 revealed there	ži vietovini.			
		ny of the OTC medications	· ·		t t	
	Resident #2 reported	he was taking.			phonone i s	
	Davious of Davidont #	the record revealed to			* 	
		2's record revealed no sysician had been notified	an income		•	
		ysician nad been notified  medication in his room	and the second		•	
		ministering and no physician	}			
	order's for self-admini	_ , _	1			
:	Older a for action	istering medications.	Action and the second s			
	Observations on 12/1	3/17 at 11:00 am of a box of	And the color		:	
		from resident's rooms by			į	
:	the facility revealed:	ं रहे अपिते हिंदी । जात्राचार भगाज्याहरू केश्व ज्याद । जात्र अन्य प्रशासन हर अस्य स्था द्वा	According to the second		2	
		ich belonged to Resident #2			:	
i		esident #2's name and room	The second secon		ì	
į	number written with a	permanent marker.	1		· •	
į		of ultra-strength muscle rub				
	(medication used to n	nuscle aches and arthritis			<u>.</u>	
	pain).		-		· ·	
	-15 soft gel tablets of	<del>-</del>			, i summer	
	· ·	reat gas pain, pressure, and			V and approximate	
	bloating).		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		. 202	
ļ		num strength thera-gesic				
-	cream (medication us		and the second s	•	t 8	
	· •	fen (medication used to	a the second		;	
	relieve pain, reduce for				•	
	control symptoms of a	n AD (medication used to	American de la companya de la compan			
ļ		Vapor Rub (medication				
-	used as a cough supp	•	- Annother			
-	analgesic).	present and topical				
	anangesto).		And the second			
	Interview with the Nur	rse Practitioner for Resident	a construction			
-	#2 on 12/12/17 at 4:0		and the second s			
	-She was not aware F	•	n de la companya de l			
į	self-administering OT					

Division (	<u>of Health Service Regu</u>	ilation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE Co		(X3) DATE SURVEY COMPLETED
		HAL013044	B. WING		12/14/2017
NAME OF F			masea ara atare	Mark Pro- on the part	1 /
NAMEOFF	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE		
THE LIVIN	NG CENTER OF CONCOR	RD	RREN C. COLEMAN RD, NC 28027	ABLVD.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	Continued From page	<b>9</b>	D 273		: 
	-If Resident #2 contin	ued to take Imodium	37		
		be at risk for an electrolyte			i.
	imbalance.	, ,	T C Committee		900
	-All other OTC medic	ations Resident #2			n
	self-administered wou health.	uld cause no harm to his			Liv o
		cility to notify her so she			man de la companya de
		dent for self-administration			r parameter
	of medication.				3
		otified by anyone at the			
	=	#2 was self-administering			
	OTC medications.				F S 4 L
		dication Aide (MA) on	ALL PROPERTY AND ADMINISTRATION OF THE PROPERTY AND		
	12/12/17 at 3:45 pm r				;
	; -She administered me ; Resident #2.	edications during 1st shift for	Redeadding/Austria		;
	-She had never seen	any OTC medications in			;
	Resident #2's room.				•
	She was not aware t				•
	administering his own			•	• :
	-She administered Re listed on the MAR.	esident #2's medications as			2 2
	-She had never check	ked Resident #2 room for			
	OTC medications.				are two V as a
	Interview with the Per	rsonal Care Assistant (PCA)			To the second se
	on 12/13/17 at 10:58				
		nedications from Resident	all authorized		
	#2's room on 12/11/2	017 because residents did			- Annie Court
	:	self-administer medications.			
	. *	cations, she left them in the	)		, oraș
	office for the Administ				a course
	I .	Resident #2's physician			
	because she was not				- 4
	anyone after removin	g the medications.			<u> </u>
	i Intonvious with the Do	sident Care Coordinator			,
	(RCC) on 12/12/17 at				:
	-MA's were responsib	•			
	LINIUS METO JESPONSIN	ne tot actilitistering	'		

AND BLAN OF OPPOSATION I IDENTIFICATION AND IMPEG.		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			/		
	•	HAL013044	B. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
THE LIVIN	G CENTER OF CONCOR	RD.	EN C. COLEM/ ), NC 28027	AN BLVD.	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	. 10	PROVIDER'S PLAN OF CORRECTION	J. See
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	: 10	D 273		To see the second secon
	Resident #2 medication	ons.	,		
'	-She was not aware F				
	self-administering me		:		
	- She was not aware	ot medications being ident #2 room therefore she	<u> </u>		}
	had not notified the pl				\$ \$
	•	mily or physician if there	\$ } }		
	were any changes wit		100		,
		ninistrator on 12/13/17 at			
	11:35 am revealed:	at Resident #2 had OTC			:
		oom, until a PCA removed	7		·
	medications from rooi		and the second s		;
	-The RCC was respon		20 - South		£ ,
		tration of medications.			ŧ
	-He was unsure if the	doctor or family had been			3
		ent #2 was administering			; ;
:		removed from his room.	<u> </u>		ì
		es were notified during			;
:	admission that the res	sident must give RCC to be administered			
: 		stered without an order.	,		;
i I I	and commot be admin	with the spinite of the state.			
i	2. Review of Resider	it #9's current FL-2 dated			•
		noses included type 2			
		n, hyperlipidemia, anemia,			
į		e, and history of transient	1		•
į	ischemic attack.				
	Review of Resident #	9's record revealed:			
į.		or evaluation completed for			;
 	the Resident #9 to se	· ·			
i !	medications.				
!		g order dated 6/20/17 for			
:	*	ets every 6 hours as needed			
:	,	ysician if fever lasts longer			
;	than 24 hours.				
	Interview with Reside	nt #9 on 12/12/17 at 6:00			

AND BLAN OF CORRECTION INCAMPER.		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	······································	HAL013044	B. WNG		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	IDRESS, CITY, STATE	E, ZIP CODE	
THE LIVIN	IG CENTER OF CONCOR	()	REN C. COLEMA!	N BLVD.	
/V/\ 195	CT VOAMME IS	ATEMENT OF DEFICIENCIES	D, NC 28027	POALSPERIO DI AN DE PARENCE	MAL
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	LD BE COMPLETE
D 273	Continued From page	11	D 273		ς . 1 1
		tions in his room which he			e pri di Commissione
	administered to himse				
		cations which included a			
	needed.	ylenol he used when he			
	-He could not rememb	per exactly how many			ur maron e one
	medications he had in				
	-The medications wer	e removed at 2:00 am on			,
	12/11/17 by 3 staff me				•
		per how long he had these			3
	medications in his roo	m. OTC medication whenever	:		, , , , , , , , , , , , , , , , , , ,
į	he felt that he needed				
! !		s were purchased by his			
į	daughter,	- · · · · · · · · · · · · · · · · · · ·			
į		apable of administering his			
:		ne administered when he			
	lived at home.		Acceptable design		
	Telephone interview w				
	Responsible Party (RI revealed:	P) on 12/13/17 at 11:36 am	distribution of		allows and a second to
	-OTC medications we	re purchased for Resident			
		esident #9 was capable of			La Andrews Andrews
	administering his own				A Police
		medications for Resident			
	-	staff the medications were in			
	the room.  She could not remem	iber when and exactly what			4 L
į	she purchased.	iber witch died exactly what	1 1		
		iber if the facility had a	;		i.
	policy on self-adminis		· · ·		La L
		an had not prescribed any	1		
	of the OTC medication		A de la constante de la consta		
		the physician the resident	A Contraction of the Contraction		
	was self-administering	y UTC medications.	landa de la constante de la co		7
į	Review of Resident #9	3's medication	\$ - 1 to C		; ;
	administration record		200		
			•		·

Division of	of Health Service Regi	ulation			FORM APPROVED
<del></del>	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL013044	B. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE	
		160 WAR	REN C. COLEMAN	I BLVD.	
I HE FIVIN	IG CENTER OF CONCO	CONCO	RD, NC 28027		
(X4) ID		TATEMENT OF DEFICIENCIES	lD	PROVIDER'S PLAN OF CO	DRRECTION (X5)
PREF(X TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE	
Ina	:	and desired the transfer of the section of the section of	TAG	DEFICIENCY)	
F3 272	Continued From pag	o 17	D 273		;
<i></i> , 0				,	;
		ember 2017 revealed there			t 6
		ny of the OTC medications	:		Moontaine
	Resident #9 reported	l.			er manager e
	marian at maridant d	With an amount out on the state of			v statements
		#9's record revealed no			3 5 6
		nysician had been notified  C medication in his room that			normore o
		ering and no physician			Line of the second
	order's for self-admir				Out-the-ring-
		meeting strauteation.			or management
	Observations on 12/	13/17 at 11:00 am of a box of			- Accompany
		d from resident's rooms by			Ammunitary
	the facility revealed:				THE A PARTY
		ich belonged to Resident #9			description of the
	in the box included re	esident's name and room			voce too.
	number written with a	a permanent marker.			no e e e e e e e e e e e e e e e e e e e
		iline nasal spray (medication	'		i i
	used to moisturize na				\$ \
		lets of extra strength 500 mg	1		:
	, ,	lication used to relieve pain).			1
	-A 1.5 oz. of premium				2
		soothe dry nasal passages).	:		\$ 3 L
	I	ng guifenesin and 60 mg			,
	control cough)	lso called Mucinex used to			
		ches containing 0.025%			a bronners se
		menthol (medication used			· manus
	to relieve pain).	Marie Comment of the			Autonomie
		meopathic ear ache drops			na .
	(medication used to r	relieve ear discomfort).	,		minus (Albania)
	-A 4.7 oz. tube of Asp	percreme containing 10%			Authoritory
	irolamine salicylate (i	medication used to treat	and the second s		in and a second
	pain).		works		a a America
		icated with menthol 5%	ni.incettica		a madead
	(medication used to r				ления
		s (medication used to relieve	· ·		i de la companya de l
	pain, reduce fever).				** Proportion
		f Vapor Rub (medication			nonces .
	used as a cough sup	pressant and topical	·		por una
	analgesic).		<u> </u>		- 200

AND BLANDE COMMECTIONS I DESITIE CATION AND MICHOLOGICAL I		(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		HAL013044	B. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	E, ZIP CODE	
THE LIVIN	IG CENTER OF CONCOR	160 WARF	EN C. COLEMA	N BLVD.	
	the months and the manifestation	CONCOR	), NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	Continued From page	: 13	D 273		
	-20 tablets of 125 mg	simethicone (medication	de tricementa.		9. 10.0
	used to treat gas pain	, pressure, and bloating).	- vo		
	Francisco de la constitución de la	from David at 800 and and			Andrew v po
	Interview with a nurse care physician's office	from Resident #9's primary	to the second		· Incomplete and in the control of t
		rsician (PCP) was not aware	the second secon		oce a
	that resident was self-				Leave to stude
	medications.		Automotive and the second		and a second
	-The PCP felt Resider		and the same of		9
	administering his own -The PCP expected to				*
	· · · · · · · · · · · · · · · · · · ·	ns or requests regarding			•
	medications.		:		,
	12/12/17 at 3:45 pm r		- it-do-do-do-do-do-do-do-do-do-do-do-do-do-		ŧ
	Resident #9.	edications during 1st shift for	And District Control of the Annual An		
	Resident #9's room.	any OTC medications in	status in home		
	-She was not aware the				4 - > > > > > > > > > > > > > > > > > >
	administering his own	medications. sident #9's medications as			1
	listed on the MAR.	sident #3 \$ Medications as			a us
		ed Resident#9 room for			, §
	OTC medications.		, , , , , , , , , , , , , , , , , , ,		
	Interview with the Per	sonal Care Assistant (PCA)	A desirable control of		, ) ;
	on 12/13/17 at 10:58	• • •			:
		ledications from Resident			•
		017 because residents did			
		self-administer medications.			
	-After removing medic office for the Administ	ations, she left them in the	Acceptance of the control of the con		
		Resident #2 or Resident	The state of the s		
	#9's physician becaus	e she was not instructed to			
	contact anyone after r	emoving the medications.	To whether the state of the sta		
	danaman dana araba ahii - 199		The state of the s		
		sident Care Coordinator			
	(RCC) on 12/12/17 at	p.pr. revealed:	1		

Division of	of Health Service Regu	lation			
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	B, WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STA	TE ZIP CODE	
		160 WAI	RREN C. COLEMA		
THE LIVIN	IG CENTER OF CONCOR	CONCO	RD, NC 28027		***
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	Continued From page	14	D 273		
}	-MA's were responsib	ole for administering			
	Resident #9 medicati		4		
	-She was not aware F		\$ •		
	self-administering me				
İ	-She was not aware o	or medications being ident #9 room therefore she			
	had not notified the p				
	•	imily or physician if there			
	were any changes wi	· · · -			i
	3 k	STATE OF THE STATE			
	Interview with the Adr 11:35 am revealed:	ministrator on 12/13/17 at	0000		
<b>:</b>		at Resident #9 had OTC	100		
İ		com, until a PCA removed			
	medications from roo				
	-The RCC was respo	nsible for notifying the			
	doctor of self-adminis	tration of medications.			
	-He was unsure if the	doctor or family had been			
		lent #9 was administering	į		
		removed from his room.	,		
		es were notified during			
	admission that the re-	RCC to be administered	\$		
		istered without an order.			
	C. Review of Reside revealed:	nt #8's current FL2 6/26/17			
		dementia, depression, atrial			
	<del></del>	id coronary artery disease.	1		
	*	cation orders for lubricant			
		iotic ointment, antiseptic	· ·		
	wipes, or mentholatur	m ointment.			
	Review of Resident #	8's record on 12/13/17	Control of the Contro		timetiment of a particular
		n's order for artificial tears	}		
	, .	one drop in both eyes four			
		for dry eyes (wait 3-5			•

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL013044	B. WING		12/14/2017
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
THE LIVI	NG CENTER OF CONCOR	D	REN C. COLEMA	AN BLVD.	
		CONCOR	D, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	: 15	D 273		:
O 273	minutes between difference was no order to medication.  There was no docum assessment for self-and the review of Resident was an order for patient to set tears.  There was an order for patient to set tears.  There was no order for antiseptic wipes, or mother medications.  Review of Resident was no order for the medications.  Review of Resident was no order for the medications.  Review of Resident was no order for the medications.  Review of Resident was no order for the was no order for the medications.  Interview of Resident was no order for the was no order for the was no order for the medications.  There was no order for the medications.  Review of Resident was no order for the was no order for the medications.  There was no order for medications.  There was no order for the medications.  There was no order for the medications.  There was no order for the medications.  There was no order for the medications.  There was no order for the medications.	erent eye drops).  o self-administer any  entation of a cognitive dministration of medication.  B's 6 month physician revealed: or artificial tears and an lif-administer the artificial  or triple antibiotic ointment, entholatum ointment. or self-administration of any  B's Medication I (MAR) for October, mber 2017 revealed; tears solution 1.4%, instill 1 ritimes daily as needed. Is for triple antibiotic ipes, or mentholatum  at #8 on 12/13/17 at 9:05  my room and stole my eye  drops and couldn't find o took them." ought the eye drops for her.	D 273		
			et entre en en en en en en en en en en en en en		
	The second secon	manager of mises to wise a McMcSale			vanua vanos

Division of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED
	HAL013044	B. WNG		1 <b>2</b> /14/2017
NAME OF PROVIDER OR SUPPLIER	Cycle of the control	ADDRESS, CITY, STATE	727 2-256	
SAMPLE OF THE PROPERTY CONTRACTOR STEELS		RREN C. COLEMAN		
THE LIVING CENTER OF CONCOR	(D)	RD, NC 28027	DLAD,	
CHAMACOV CT	ATEMENT OF DEFICIENCIES		MOONEMENT TO ALLAND AARTHUR	
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 273 Continued From page	÷ 16	D 273		\ \ \ \ \
Interview with the Adr	ministrator on 12/13/17 at	T. Allan and t.		
9:29 am revealed:				and the same of th
-He had a Medication				ser monarous
'	C) medications from each			
i	a cream was identified în a	,		Li esta de la companya
resident's room.				
	t time we have removed			Actions - Labor
medication from resid	lent's rooms. We do this			i i
	esident #8 had any OTC			}
medication in her room				;
-He was not aware Ro				
l l	ving her eye drops taken			
out of her room.				•
-He assumed that Re	sident #8's family members	Table 1		,
brought the medication	n into the facility for her.	1		j
	esident #8 had an order to			ì
self-administer medic		And the second s		,
	esident #8 had a cognitive	;		
	ed to show that she was	,		;
	istering her medication.			}
-Residents and familie	TC medication must be			:
given to the MA.	C medication most be			
*	Coordinator (RCC) was			
	ng that a physician's order			:
•	dication was in place for			ŕ
residents who kept O'	TC medications in their			,
rooms.				
-The RCC was in the	. —			
•	to notify them of residents	,		
-	OTC medications that were	-		
found in their rooms.		· · · · · · · · · · · · · · · · · · ·		
Observations on 12/1	3/17 at 9:45 am of a box of	S S		
	from residents' rooms by	14-00-00-00-00-00-00-00-00-00-00-00-00-00		; ;
the facility revealed:		***		
<u>-</u>	luid ounce bottles of restore			( !
	ops (used to treat dry eyes)	- I		9 1 1 2 2
in the original packag	ing with Resident #8's name	and the second		nd radination

Division o	of Health Service Regu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O		(X3) DATE SURVEY COMPLETED
			2 by last to 5 ha don'   1 a had )		
		HAL013044	B. WNG		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE	
	and the second control of the second control	160 WAR	REN C. COLEMAN	I BLVD.	
THE LIVIN	IG CENTER OF CONCOR	RD CD	RD, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 17	D 273		
	and room number wri	tten on it.	and a second		<b>:</b>
	-There was a 1 ounce	e tube of triple antibiotic			;
	ointment (used to pre				į
	•	and room number written on			;
	ít.				
	-There was 1 count p	ack of first aide wipes (used			
		with Resident #8's name			
	and room number wri				· ·
	-There two 1 ounce o	ontainers of mentholatum			
	ointment (used to reli	eve minor muscle and joint	a de la companya de l		
	*	8's name and room number			
	written on them.				A A A A A A A A A A A A A A A A A A A
	A second interview wi at 10:16 revealed:	ith Resident #8 on 12/13/17			as democrate vota made can
	-"I'm supposed to take day."	e the eye drops 3 times a	To the second se		elektrishin po
	-The eye drops were of her bedside table.	covered up in the top drawer	Control to Control to		to state states out
	-"I didn't give the eye them."	drops to anyone. They took			nase prima principala
	-"I did have a good bi and got it all out."	t of medicine, but they came			received and the second
		member and told her			es arresta to ma
	•	member told her to tell the			Anadananana
		er physician had written an			· ·
		dminister her medication.			ma and ac a
	Interview with a MA o	n 12/13/17 at 10:23 am	harden de la companya		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	revealed		A		;
	-She was not aware it medication in her roo	f Resident #8 had any OTC	The state of the s		:
İ	-She was not aware in		;		•
				•	
	self-administering any				,
j		elf-administer medication.			•
İ		lave a physician's order for			
	medication to be kept				•
	-n was the RCU's res	ponsibility to ensure that a			:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013044	B. WNG		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	7/0 0005	
MAINE OF L	TO STORM OF A CITY			'	
THE LIVIN	G CENTER OF CONCOR	PD	REN C. COLEMAN ID, NC 28027	BLVD.	
(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 273	Continued From page	: 18	D 273		:
		elf-administer medication OTC medications kept in a			
	12/13/17 at 10:23 am	om Resident #8 stating that			
	-She had purchased to medications for Resid	he eye drops and other ent #8 to keep in her room.			
<ul> <li>-Resident #8 had a "note" from her doctor stating that she could keep her eye drops in her room.</li> <li>-She did not inform the staff she had brought in the other OTC medication for Resident #8.</li> </ul>					
;	-She was not aware Resident #8 needed a physician's order for OTC medication -Facility staff had removed Resident #8's OTC medication from her room in the past.  Interview with a second MA on 12/13/17 at 2:30 pm revealed: -She was not aware Resident #8 had OTC medications in her roomShe did not know if Resident #8 had a physician's order to self-administer medication.				
	resident's room, the M	nedication was found in a  "AA or RCC would take the  resident's room and contact			
	revealed:	C on 12/13/17 at 2:36 pm			,
	<ul> <li>She was not aware F medications in her rod</li> <li>She was not aware if</li> </ul>	om.			12.000
	physician's order to se	elf-administer medication or nent had been completed for			
	Resident #8 to be able medication.	e to safely self-administer	and desired the second of the		To and a special speci
	-She was responsible	for ensuring physician			

HAL013044     B. WING     12/14/2017       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       THE LIVING CENTER OF CONCORD     160 WARREN C. COLEMAN BLVD. CONCORD, NC 28027	ENTIFICATION NUMBER: A. BUILDING:	namanumanusamassumussamussamassamasumussama <sub>mus</sub> u <mark>m<sub>inis</sub>ukihok Mik</mark> ik	(X2) MULTIPLE CI	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		
THE LIVING CENTER OF CONCORD 160 WARREN C. COLEMAN BLVD.	HAL013044 B. WNG		B. WING	HAL013044		
THE LIVING CENTER OF CONCORD					OF PROVIDER OR SUPPLIER	NAME OF F
		AN BLVD.		RD	IVING CENTER OF CONCOR	THE LIVII
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (XS) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE ITIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF	PREFIX	Y MUST BE PRECEDED BY FULL	IX (EACH DEFICIENC)	PREFIX
D 273 Continued From page 19 D 273	D 273		D 273	: 19	273 Continued From page	D 273
orders for self-administration of medication were obtained and for ensuring a cognitive assessment was completed every 8 months for residents who self-administered medications.  -She had not contacted Resident #8's physician to obtain an order to self-administer medication or had a cognitive assessment completed.  Telephone interview with a nurse from Resident #8's physician's office on 12/14/17 at 2:52 pm revealed:  -The physician vas not aware Resident #8 was self-administering medications.  -The physician had not written an order for Resident #8 to self-administer medications.  -The physician id not know Resident #8 needed an order to self-administer medications she kept in her room.  -The facility did not ask for an order for Resident #8 to self-administer medications she kept in her room.  -If the facility would have asked for an order to self-administer medications she kept in her room.  -If the facility would have asked for an order to self-administer the medications Resident #8 tept in her room, the physician would have written the order.  D. Review of Resident #4's current FL2 dated 7/27/17 revealed:  -Diagnoses included hypertension and chronic obstructive pulmonary disease (COPD).  -The medication orders included Ventolin inhaler, inhale 2 puffs via inhalation 4 times daily as needed for shortness of breath.  Review of Resident #4's record revealed a physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order dated 8/31/17 to notify the physician's order	n of medication were cognitive assessment this for residents who is. I ident #8's physician minister medication or completed.  The provided the prov			stration of medication were uring a cognitive assessment 6 months for residents who dications.  ed Resident #8's physician self-administer medication or isment completed.  with a nurse from Resident on 12/14/17 at 2:52 pm of aware Resident #8 was dications.  of written an order for diminister medications.  It know Resident #8 needed hister medications she kept in her aware asked for an order to redications Resident #8 kept in her ave asked for an order to redications Resident #8 kept in her aware asked for an order to redications Resident #8 kept in her asked for an order to redications Resident #8 kept in her asked for an order to redications Resident #8 kept in her asked for an order to redications Resident #8 kept in her asked for an order to redications Resident #8 kept in her asked for an order to redication would have written the mypertension and chronic or disease (COPD).  It is included Ventolin inhaler, alation 4 times daily as of breath.  4's record revealed a red 8/31/17 to notify the #4 needed to use the	orders for self-admini- obtained and for ensu- was completed every self-administered med- She had not contacte to obtain an order to self-administering medication and resident #8 to self-administering medicated to self-administering medicated to self-administering medicated to self-administer resorm.  The physician had not as #8 to self-administer resorm.  If the facility did not as #8 to self-administer resorm.  If the facility would he self-administer the medication order.  D. Review of Resident 7/27/17 revealed: -Diagnoses included to obstructive pulmonary -The medication order inhale 2 puffs via inhal needed for shortness  Review of Resident #4 physician's order date physician if Resident rescue inhaler (Ventor	

AND PLAN OF CORRECTION 1 IDENTIFICATION AND MEER		(XZ) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		HAL013044	B. WING		12/14/2017			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
THE LIVIN	IG CENTER OF CONCOR	PD .	REN C. COLEMAN D, NG 28027	( BLVD.				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENT:FYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE			
D 273	Continued From page	20	· D 273		\ \ \ \ \ \			
	Review of Resident #Administration Record revealed: -An entry for Ventolin 4 times daily as need -Ventolin was docume times during the week 10/14/17Ventolin was docume times during the week 10/21/17Ventolin was docume times during the week 10/28/17Ventolin was docume times from 10/29/17 times from 10/29/17 times daily as need -Ventolin was docume times from 11/1/17 thr -Ventolin was docume times from 11/1/17 thr -Ventolin was docume times during the week 11/18/17Ventolin was docume times during the week 11/18/17Ventolin was docume times during the week 11/18/17.	4's Medication d (MAR) for October 2017 inhaler 2 puffs via inhalation ed. ented as administered 7 t of 10/1/17 through 10/7/17. ented as administered 7 t of 10/8/17 through ented as administered 7 t of 10/15/17 through ented as administered 5 t of 10/22/17 through ented as administered 4 hrough 10/31/17. 4's MAR for November 2017 inhaler 2 puffs via inhalation ed. ented as administered 4 rough 11/4/17. ented as administered 5 t of 11/12/17 through	D 273					
	revealed:	inhaler 2 puffs via inhalation						
	-There were no docur	nented entries where olin exceeded 3 times a						

AND DIAM DE CORRECTION DENTIFICATION NUMBERS		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013044	B. WING		12/14/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	, ZP CODE	
***************	UA APUPAM AS AAUAAN	160 WAR	REN C. COLEMAN	( BLVD.	
) HE LIVII	NG CENTER OF CONCOR	CONCOR	RD, NC 28027		
(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	21	D 273		
	no documentation Rebeen notified that Res Ventolin Inhaler more Interview with Reside am revealed: -She had a diagnosis -She used an inhaler breath, usually in the -She only used one in Interview with a first s 12/12/17 at 9:40 am r-Resident #4 had an eneeded for shortness -She had not administo Resident #4 during -She was not aware thotified if the inhaler vimes a weekIt was Resident Care	of COPD. when she became short of evening. whater.  hift Medication Aide (MA) on evealed: emergency inhaler to use as of breath. tered the emergency inhaler her shift. he physician needed to be was used more than three			
	12:13 pm revealed: -She had been workin 11/13/17She was not aware of physician to be contact to use her Ventolin inlimeteIf a physician needed should have made a reto document the complyisican"There used to be a sestaff notes were kept,	separate notebook where			

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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	
		HAL013044	8. WNG		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	. ZIP CODE	
			REN C. COLEMAN		
THE LIVIN	IG CENTER OF CONCOR	D	RD, NC 28027		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	22	D 273		
	physician regarding a	ny issues with medications.			
		nt #4's Physician Assistant			
	(PA) on 12/12/17 at 3: -Resident #4 had bee	•			:
		if stable. I any phone calls from the			;
	facility regarding med	ications since October			· .
	2017.	formation interest new years to action as			1
	administered more that	/entolin_inhaler was being	-		- 000 c
	Resident #4.	and the Relation of the Control of the			
; :		ected to been notified that			e e
		g Ventolin more than 3			a at a part of the state of the
	times a week.				<u> </u>
:	-Resident #4 needed	to be put on a maintenance			
	inhaler due to her exc	ess need for Ventolin.			
	Interview with the Adn 4:07 pm revealed:	ninistrator on 12/12/17 at	Security and American		
	•	ere was an order for the			
į		cted if Resident #4 needed			
	the Ventolin inhaler m	ore than 3 times a week.			
		sident #4 had used the			,
l i		than 3 times a week and			;
		ysician had been contacted.			
	-The RCC was respon	-			ŕ
	any medication issues	ontacting the physician with s.			•
į į	Interview with the RC	C on 12/12/17 at 4:15 pm			<u> </u>
!	revealed:	·			e sp
	-She had worked in he September 2017.	er current position since			
	•	nat Resident #4 had been	a TOU FREE -		
		inhaler more than 3 times a			
	week.	The second secon			ann Labour
		of the order for the physician	reproductions		
		ident #4 needed Ventolin	and the second s		Compare and the compare and th
	inhaler more than 3 tir	mes a week.			
	-MAs were responsibl	e for contacting the	ar some		

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Division	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING;	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL013044	B. WING		12/14/2017
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
		160 WAR	REN C. COLEMA	N BLVD.	
	NG CENTER OF CONCOR	CONCOR	RD, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PRÉFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	Continued From page	23	D 273		
	physician with medica				
		f the physician had been			
	!	Resident #4 needing Ventolin			
	inhaler more than 3 ti		LEGICATION AND ADDRESS OF THE ADDRES		
		y contact with Resident #4's been kept in the resident	W 14700		
	: * *	ician's communication log			
		y the physician or PA when			
	they were in the build				
		physician communication			;
	log on 12/13/17 revea				;
	than 3 times a week b	se of Ventolin inhaler more	1		<u>;</u>
		y resident <del>n 1</del> .	· ·		,
	E. Review of Resider 8/31/17 revealed:	nt#11's current FL2 dated			
		cerebellar atrophy, seizure iia, anemia, mild mitral valve		,	
	regurgitation, and uns		and the second		·
		en's order for a regular			
	mechanical soft (MS)	diet.			
	La	eutic diet list provided by the ed 8/29/17 revealed Resident			
	#11 was to be served	a regular MS diet.	,		* }
	□ □ Review of Resident #	11's 6 month physician's			- d to
		revealed an order for a	a prima vi		
	regular MS diet.				ma a manufacan manafacan
	Review of the regular	menu for the lunch meal	A STATE OF THE STA		Les Les
	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	evealed the following items	- An execution		4.4
	were to be served:		and a second		LP LES VOI
	One piece of fried ch				,
		ed potatoes with brown			
	∈gravy. One serving of mixed	d vegetables	4		<u>}</u>
	-One wheat dinner ro				ţ.
	-One pat of margarine		Secretary Visions		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING:		
	HAL013044	B. WING		12/14/2017
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
THE LIVING CENTER OF CONC	ORD	REN C. COLEMAN RD, NC 28027	1 BLVD.	,
(X4) ID SUMMARY	STATEMENT OF DEFICIENCIES	; ID	PROVIDER'S FLAN OF	CORRECTION
PREFIX (EACH DEFICIE	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE COMPLETE THE APPROPRIATE DATE
D 273   Continued From pa	ge 24	D 273		:
-One serving of var	nilla ice cream.			÷
-A beverage of cho	ice.			
Review of the thera	peutic diet spreadsheet for			
	ed for the lunch meal service			
	ed the following items were to			,
be served:	A final at which			f .
-One serving of gro	una mea cnicken. shed potatoes with brown			or a section
gravy.	oned potatoes with brown			* * A
-One serving of gre	en beans.			over : ex
-One wheat dinner				an and a same a same and a same and a same and a same and a same and a same and a same and a same a
-One pat of margar				near me
-One serving of var				P. Carlos
-A beverage of cho	ice,	A CONTRACTOR OF THE CONTRACTOR		
Observation of the 12/12/17 at 11:00 a	lunch meal service on m revealed:			Accounts
	offered a meal consisting of			
	n, mashed potatoes, brown			a constant (A)
gravy, green beans ice cream and tea.	, a roll with margarine, vanilla			
	to staff, "What's that? I want			VARIANA
what she has."	and managed and sometimes and desired	;	ı	and a second
-Resident #11 point	ed to a regular plate with a	,		AN THE PARTY AND AND AND AND AND AND AND AND AND AND
grilled chicken brea				***************************************
	neal from Resident #11 and	ř		, executation of the second of
	r meal consisting of a grilled			arous
	shed potatoes, brown gravy, a roll with margarine, vanilla			v tuluntuse
ice cream and tea.	a ros with mangasinto, varima	•		i ;
	up Resident #11's chicken			
	#11 said "no" twice to staff			•
cutting her meat up		(		* :
	bout 50% of her meal and had			:
no difficulty with sw	allowing or choking.	2		į
Interview with the D	etary Manager on 12/12/17 at			:
9:01 am revealed:				,
-He and the dietary	staff were employed by a	-		

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STATEMENT OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	8. WING		12/14/2017
NAME OF PROVID	DER OR SUPPLIER	STREET AC	DRESS, CITY, STATE	, ZIP CODE	
		160 WAR	REN C. COLEMAN	I BLVD.	
THE LIVING C	ENTER OF CONCOR	CONCOR	D, NC 28027		
(X4) ID	SUMMARY STA	NTEMENT OF DEFICIENCIES	; 1D	PROVIDER'S FLAN OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	
D 273 Co	ntinued From page	25	D 273		and the second
preme preme	paring and serving nus. was the responsibi ce food on residen resident's diet ord et orders were liste	ed on a card behind the ed each resident's name			
-Th line -He ord -Re	erapeutic diet food e. e was aware Resid er for a MS diet. esident #11 refused	l items were on the serving ent #11 had a physician's I to eat a MS diet.			
die me -He Re: -It v doc res -He	t and if she refused al. and dietary staff of sident #11 refused was the responsibil curnent, notify the p idents have approperhad notified facility	ity of the facility staff to physician, and to ensure			
pm -Sh told -Th tha -*i t -Sh swa -Sh	revealed:  le was not on a specie had not had a significant of a significant of the following her food.  le was served the served the served.	vallowing test performed or MS diet. 2/12/17 was the first time en chopped meat. stake."  v difficulties with eating or same food as everyone			
ļ	e would not eat he				
inte	erview with a Herso	onal Care Aide (PCA) on			

Y1H911

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL013044	B. WING		12/14/2017
NAME OF P	RÖVIDER ÖR SUPPLIER	STREET AL	DORESS, CITY, STATE	E, ZIP CODE	
TUC I N/IL	io occirco or concor	160 WAR	REN C. COLEMAN	N BLVD.	
I ME LIVIN	IG CENTER OF CONCOR	CONCOR	D, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 273	Continued From page	26	D 273	MANAGEMENT MANAGEMENT AND AND AND AND AND AND AND AND AND AND	
	12/12/17 at 2:56 pm r	revealed:	,		W.C.
		ne facility for 3 weeks.			odenie od od od od od od od od od od od od od
	-She usually served r	neals in the dining hall			
	during her shift.		1		
	-Resident #11 was or				
		ys to Resident #11 that were	;		
	prepared by the dieta	•			1
		r instructed the facility staff			
	w w	nall to put the physician of Resident #11 and if she			
		her what she wanted to eat.	market out of		4 W
		ninistrator, Medication Aides			}
		nt Care Coordinator (RCC)			
		been refusing her MS diet.			}
		ne physician had been			e \ 8
		Resident #11 refusing her	1		;
	MS diet.	*			
	Interview with Reside (PA) on 12/12/17 at 3 -Resident #11 had an	•			
	-She was not very far	niliar with Resident #11.	4		
	-She had not been no	itified Resident #11 had	***		
	been refusing to eat a regular diet.	MS diet and was eating a			
	-The facility may have she was not aware if	e notified the physician, but they had.			
	-There was a concerr order was for MS.	with aspirating if the diet	To the second property of the second property	•	
	-She expected to be i	notified if a resident refused	*		
	a MS diet so that the	diet order could be			ŧ,
	re-evaluated.				į.
		ninistrator on 12/12/17 at	Transfer of the state of the st		ţ
	4:07 pm revealed:				
	-He was not aware R				
	refusing to eat a MS	net as ordered by the	7		
	physician.	antinia tan anatantina tira			:
		nsible for contacting the			
	Resident#11's physic	ian to report she had been			

Division (	of Health Service Regu	lation			
STATEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
		1141 045044	B. WING		
***************************************		HAL013044			12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE	
THEININ	IG CENTER OF CONCOR	160 WAR	REN C. COLEMAI	N BLVD.	
	· · · · · · · · · · · · · · · · · · ·	CONCOR	RD, NC 28027		
(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 APPROPI DEFICIENCY)	BE COMPLETE
D 273	Continued From page	27	D 273		
	noncompliant with the	MS diet order			•
		the physician had been			
		was refusing to eat a MS			
	diet.				
	i	cian should have been			
		ing to eat a MS diet and the			
	resident was eating a				}
		e aware of clinical issues			; ;
	during daily clinical st	and up meetings, but			4
	Resident #11's diet w	as never brought to his	•		
	attention.				
	•				Annual Control
	revealed:	C on 12/12/17 at 4:15 pm			ransa nasaana sa
	2017.	er position since September			near prince of the second
		for updating the therapeutic are that the dietary staff was	•		in antiquation
	aware of any changes				The state of the s
	-Resident #11 was or	dered a MS diet.			ale of the state o
	-She was not aware F	Resident #11 had been			
		liet and was being served a			had the state of t
	regular diet.	ny other staff were aware			Secretary sea
	!	using to eat a MS diet.			Out to control to the
		sed to eat a physician		,	ar manageria de
	ordered diet, the proc	` •			
		ask for recommendations			our pourmous
	from the physician.				
		lity to notify the physician			
		following the ordered diet.			; ; ;
	-She did not contact t	he physician regarding	1		
		der because she was not	:		
		vas not eating the ordered			•
	MS diet.		- ·		
	Daving of the	أحسس سسس عمل المسال عامل و روس موس	E. C. C. C. C. C. C. C. C. C. C. C. C. C.		
		menu for the dinner meal	-		
	service on 12/12/1/ in were to be served:	evealed the following items	·		
	· were to be served. · -One bowl of cabbage	and sausana soon	:		
	-one now or cannade	anu sausaye soup.	-		

Y1H911

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED
	HAL013044	B. WNG		12/14/2017
NAME OF PROVIDER OR SUPPLIES	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE	
THE LIVING CENTER OF COM	ICORD	RENIC, COLEMA: RD, NC 28027	N BLVD,	
(X4) ID SUMMA	RY STATEMENT OF DEFICIENCIES	(0)	PROVIDER'S PLAN OF CORRECTION	V (X5)
PREFIX (EACH DEFIC	HENCY MUST BE PRECEDED BY FULL YOR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273 Continued From	page 28	D 273		
	ch with whole slices of meat. pring mix with dressing. hilled peaches.			
MS diets to be so on 12/12/17 revel be served: -One bowl of cab -Two saltine crad -One turkey sala	I sandwich. hredded lettuce with dressing. hilled peaches.			
Observation of the dinner meal service on 12/12/17 at 4:45 pm revealed: -Resident #11 stopped a dietary staff member and stated, "I want a regular sandwich with wheat bread. I don't want that there (pointing to a turkey salad sandwich)." -The dietary staff served Resident #11 a delí sandwich with whole slices of meat, peaches, and teaA turkey salad sandwich was not offered to Resident #11.				
pm revealed she want the soup th Interview with a I revealed:	PCA on 12/12/17 at 5:23 pm on		•	
2017. -She served residentshift.	orking at the facility since August  dents in the dining hall during her  told them what to serve to each	:		:

Division o	of Health Service Reg	ulation			LOUIN MLLIONES
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	B. WNG		12/14/2017
	ROVIDER OR SUPPLIER	160 WAF	DDRESS, CITY, STATE		
THE LIVIN	G CENTER OF CONCO	מא	RD, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY 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 273	and when she refuse meal." -Resident #11 alway -She told dietary star the MS diet when se -"I didn't know I was RCC, or Administrate -She did not know if been contacted rega physician ordered di- Review of Resident a documentation Resid contacted regarding as ordered.	n a MS diet. put the meal in front of her es, we give her a regular s refused the MS diet. If that Resident #11 refused rved to her. supposed to tell the MT, or." Resident #11's physician had rding her refusal to eat the	D 273		
D 310	log on 12/13/17 reversible physician regarding a MS diet as ordered 10A NCAC 13F .090 Service 10A NCAC 13F .090 (e) Therapeutic Diet (4) All therapeutic discreved as ordered by This Rule is not met Based on observation reviews, the facility for the served as ordered by t	aled no documentation to the Resident #11 refusing to eat I.  4(e)(4) Nutrition and Food  4 Nutrition and Food Service in Adult Care Homes: iets, including nutritional ckened liquids, shall be y the resident's physician.	D 310		

Y1H911

	OF DEPICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	B. WNG		12/14/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	2 ZIP CODE	
		160 WAR	REN C. COLEMAN		
THE LIVIN	G CENTER OF CONCOR	D	D, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	)O PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 310	Continued From page	30	D 310		
	for a Mechanical Soft ordered.	(MS) diet were served as			· ·
	The findings are:				
	8/31/17 revealed:	11's current FL2 dated			
	disorder, schizophren regurgitation, and uns	cerebellar atrophy, seizure ia, anemia, mild mitral valve teady gait. in's order for a regular MS			
	diet.	ins order to: a regular wa			,
	,	utic diet list provided by the d 8/29/17 revealed resident gular MS diet.			· ·
: : :		11's 6 month physician's revealed an order for a			
:		menu for the lunch meal evealed the following items			·
	<ul> <li>One piece of fried ch</li> <li>One serving of mash gravy.</li> </ul>	icken. ed potatoes with brown			
	-One serving of mixed -One wheat dinner rol	l/bread.			v v vide v video vizinina
	<ul> <li>One pat of margarine</li> <li>One serving ofvanilla</li> <li>A beverage of choice</li> </ul>	ice cream.			of yourse the state of the stat
	MS diets to be served	nutic diet spreadsheet for for the lunch meal service the following items were to			
	<ul> <li>One serving of groun</li> <li>One serving of mash gravy.</li> </ul>	d fried chicken. ed potatoes with brown			

Division (	of Health Service Regu	lation			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAYE SURVEY COMPLETED
		HAL013044	6. WNG		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STAT	E, 2P CODE	
		160 WAR	REN C. COLEMA	N BLVD.	
THE LIVIN	IG CENTER OF CONCOR	CONCOR	RD, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 310	Continued From page	31	D 310		
	One serving of greer One wheat dinner ro One pat of margarine One serving of vanill A beverage of choice Observation of the lut 12/12/17 at 11:00 am Resident #11 was of ground fried chicken, gravy, green beans, a ice cream and tea. Resident #11 said to what she has." Resident #11 pointed grilled chicken breast Staff took the MS me served her a regular re chicken breast, mash mixed vegetables, a re ice cream and tea. Staff offered to cut up twice and Resident # cutting her meat up. Resident #11 ate abo no difficulty with swall Interview with the diet 9:01 am revealed: He and the dietary st contracted company of preparing and serving menus. It was the responsibili place food on resident the resident's diet ord	n beans.  Il/bread.  a ice cream.  a.  Inch meal service on revealed: fered a meal consisting of mashed potatoes, brown a roll with margarine, vanilla  staff, "What's that? I want to a regular plate with a sal from Resident #11 and meal consisting of a grilled ed potatoes, brown gravy, roll with margarine, vanilla  b. Resident #11's chicken for the said "no" twice to staff to but 50% of her meal and had lowing or choking.  tary manager on 12/12/17 at the said was only responsible for a food according to the lity of the dietary staff to it's meal trays according to			
	serving line which list and their therapeutic	ed each resident's name			
	A CONTRACTOR OF THE PROPERTY O		ŧ		;

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	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
		HAL013044	B. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STATE	, ZIP CODE	
THE LIVIN	IG CENTER OF CONCOR	(D)	REN C. COLEMAN D, NC 28027	I BLVD.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFE DEFICIENCY)	BE COMPLETE
D 310	order for a MS diet.  -Resident #11 refused  -He instructed staff to diet and if she refused meal.  -He and dietary staff of Resident #11 refused -It was the responsibil document, notify the presidents had appropi -He had notified facilit been refusing her phy  Review of the regular service on 12/12/17 re were to be served: -One serving of cabba -Two saltine crackers -One deli sandwich w -One serving of spring -One serving of chilled -A beverage of choice	ent #11 had a physician's If to eat a MS diet. Serve Resident #11 a MS If to then serve her a regular If to then serve her a regular If the facility staff to object to the facility staff to object to the facility staff to object to the facility staff to object to resure the facility staff to object to resure the facility staff to object to resure the facility staff to object to resure the facility staff to object to resure the facility staff to object to resure the facility staff to object to resure the facility staff to object to resure the facility staff to object the following items are and sausage soup of the facility staff to resure the facility staff to object the following items are and sausage soup of the facility staff to object the facility staff to	D 310		
	on 12/12/17 revealed be served:				
	•	ded lettuce with dressing. d peaches.			
			To the control of the		;

Y1H911

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
A		HAL013044	B. WING		12/14/2017
NAME OF PRO	VIDER OR SUPPLIER	STREETAD	DRESS, CITY, ŞTAT	E, ZIP CODE	
THE LIVING	CENTER OF CONCOR	D	REN C. COLEMA	N BLVD.	
		CONCOR	D, NC 28027		**************************************
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DE COMPLETE
D 310 C	Continued From page	33	D 310		
s: :	alad sandwich)," The dietary staff serv andwich with whole s ea. A turkey salad sandw	at there (pointing to a turkey ed Resident #11 a deli slices of meat, peaches, and rich was not offered to			
ŀ	Resident #11.				
. P		nt #11 on 12/12/17 at 5:12 not like lettuce and did not s served.			; ; ;
Interview with a second PCA on 12/12/17 at 5:23 pm on revealed: -She had been working at the facility since August 2017.					
s	She served residents hift.	in the dining hall during her			
	The dietary staff told esident.	them what to serve to each			·
a'	<ul> <li>-Resident #11 was on a MS diet.</li> <li>-"We're supposed to put the meal in front of her and when she refuses, we give her a regular meal."</li> </ul>				:
	Resident #11 always She told dietary staff //S diet when served	Resident #11 refused her to her.			r
F	RCC, or Administrator	upposed to tell the MT, ." esident #11's physician had	The state of the s		
b		ding her refusal to eat the			
p	m revealed:	nt #11 on 12/12/17 at 2:47			
	She was not on a spe She had not had a sv old that she was on a	vallowing test performed or	· · · · · · · · · · · · · · · · · · ·		The state of the s
I .	The lunch meal on 12 hat she had been give	2/12/17 was the first time en chopped meat.			<b>\</b>

	AND OLAN OF CORRECTION INCENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		HAL013044	B. WNG		12/14/2017	
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STATE	i, ZIP CODE		
THE LIVII	NG CENTER OF CONCOR	RD C	REN C. COLEMAN RD, NC 28027	N BLVD.		
(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 COMPLETE	
D 310	Continued From page	34	D 310		\ - -	
D 310	-"I thought it was a mi-She did not have any swallowing her foodThey gave her what -She would not eat he interview with a Person 12/12/17 at 2:56 pm re-She had worked at the She usually served in during her shiftResident #11 was on She served meal tray prepared by the dietary manager serving in the dining her dietary manager serving in the dining her ordered meal in front refused it to then give She had told the Admits a small product of the product of the serving in the dining her she had told the Admits and the serving in the dining her she had told the Admits and the serving in the dining her serving h	istake."  If difficulties with eating or  Ithey served everyone else.  Ithey served everyone else.  Ithey served everyone else.  Ithey served everyone else.  Ithey served everyone else.  Ithey a Care Aide (PCA) on  Ithey a Weeks.  Ithey a "chopped" diet.  Ithey a "choppe				
	<ul> <li>(MA) and the Resident Care Coordinator (RCC)</li> <li>that Resident #11 had been refusing her MS diet.</li> <li>She did not know if the physician had been contacted regarding Resident #11 refusing her MS diet.</li> </ul>					
	(PA) on 12/12/17 at 3 -Resident #11 had an -She was not very far -She had not been not been refusing to eat a regular dietThe facility may have	order for a MS diet. niliar with Resident #11. tified Resident #11 had I MS diet and was eating a				
	order was for MSShe expected to be r a MS diet so the diet	they had.  I with aspirating if the diet  notified if a resident refused  order could be re-evaluated.  Administrator on 12/12/17				

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	B. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	, ZIP CODE	
THE LINES	IC CENTED OF CONCOR	160 WAR	REN C. COLEMAN	N BLVD.	
I E.C. TIAII	IG CENTER OF CONCOR	CONCOR	RD, NC 28027		
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
D 310	Continued From page	35	D 310		
	at 4:07 pm revealed:		1		•
i	-He was not aware R	esident #11 had been			
	refusing to eat a MS of	diet as ordered by the	the therete to		
	physician.				\$
		Coordinator (RCC) was	•		
	•	cting the Resident #11's			:
	physician to report the				1
	noncompliant with the				1
		the physician had been was refusing to eat a MS			a common vor w
	diet.	was releaning to eat a mic			2
i		cian should have been			
		was refusing to eat a MS			
		was eating a regular diet.			age of the
		e aware of clinical issues			
	during daily clinical st				
	Resident #11's diet w attention.	as never brought to his			
	Interview with the RC revealed:	C on 12/12/17 at 4:15 pm			
	-She had worked in h 2017.	er position since September			*
		for updating the therapeutic	To the second se		;
		ure the dietary staff was			<u>,</u>
	aware of any change:				
	-Resident #11 was on				
		Resident #11 had been	100		
		diet and was being served a			,
	regular dietShe did not know if a	iny other staff was aware			
:		using to eat a MS diet.			is be d
		ised to eat a physician			Parallel Annual Control of the Contr
;	ordered diet, the proc		To the state of th		as processors
;		ask for recommendations			program was a
	from the physician.				
		lity to notify the physician	T Annual Control of the Control of t		and the state of t
		following the ordered diet.			7
		he physician regarding			
	Resident #11's diet or	der because she was not			\$ }

Y1H911

Division c	of Health Service Reg	ulation			- FURWIAPPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL013044	B. WING	***************************************	12/14/2017
	ROVIDER OR SUPPLIER	RD 160 WAI	DDRESS, CITY, STATE		- Marian Caranta Marian Caranta Caranta Caranta Caranta Caranta Caranta Caranta Caranta Caranta Caranta Carant
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	RD, NC 28027 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 310	Continued From pag	e 36	D 310		
	aware Resident #11 MS diet.	was not eating the ordered			
D 338	10A NCAC 13F .090	9 Resident Rights	D 338		:
;	all residents guarant Declaration of Resid	9 Resident Rights shall assure that the rights of eed under G.S. 131D-21, ents' Rights, are maintained at without hindrance.			
	This Rule is not met TYPE A2 VIOLATIO	-	d d		And states from the state of th
	of 13 sampled reside #10, #11, #12, #13 a abusive language, co personal space in a wrists of a resident v insulin injections ago as needed (PRN) me the floor unattended other floors to get the	the facility failed to protect 7 ents (Resident #1, #5, #7, and #14) from verbally ussing, violating a residents' hostile manner, holding both while yelling, administering pressively, not administering edication to residents, leaving causing residents to go to be medications, and Resident I items (money and credit pockable space.			e manu entreprinsipalista de mes mes españos es en explor des españos este explore ( exp. ( exp. ) exp. ( exp.
İ	The findings are:		A BY S S S S S S S S S S S S S S S S S S		;
:	Refer to TAG 914, G Resident Rights (Typ	. S. 131D-21-4 Declaration of the A2 Violation).			
D 375	10A NCAC 13F .100 Medications	5(a) Self-Administration Of	D 375		•
•	10A NCAC 13F .100	5 Self -Administration Of	de la constante de la constant		

Division	of Health Service Reg	ulation			FORM APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL013044	B. WING		12/14/2017
	ROVIDER OR SUPPLIER	RD 160 WAI	ADDRESS, CITY, STAT		
(X4) ID PREPIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	RD, NC 28027 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE
D 375	who are competent a self-administer their requirements are me (1) the self-administr physician or other perescribe medication documented in the re (2) specific instruction.	me shall permit residents and physically able to medications if the following	D 375		
	review, the facility fa order for self-admini 9 sampled residents	on, interview and record illed to obtain a physician stration of medication for 3 of (Residents #2, #9, and #8) ent was physically able to			W. I. W. C. D. W. C.
	The findings are:		no construction and the second		a property of the state of the
		nt #2's current FL-2 dated noses included memory loss, , dyslipidemia.			de planteres voir et s'es et s'es et
	-There was no order the Resident #2 to so medications. -There was a standir Imodium AD 2 mg (1	ng order dated 6/20/17 for ) capsule with each loose n 24 hours, notify physician		•	
	Interview with Resid	lent #2 on 12/12/17 at 10:40			

AND PLAN OF CORRECTION INFORMATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013044	B. WNG		12/14/2017
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
THE LIVING CENTER OF CONCOR	160 WARI	REN C. COLEMA	N BLVD.	
THE DIVING CENTER OF CONCOR	CONCOR	D, NC 28027		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL! CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE
D 375 Continued From page	: 38	D 375		
am revealed:		14.00		
-He had some over-th				
	m that he administered to			
himself, purchased by	his brother and			
sister-in-law.	per how long he had these	ì		
medications in his roo				
-His doctor did not pre				
medications and he d	id not make her aware that	,		
he was taking them.				
	oom that he administered to			
	ce he had recovered from			
colon cancer.	be subbed as his had, to			
help relieve pain wher	he rubbed on his body to	1		Concession of the Concession o
	medication he administered			
whenever he had a he				
	tions in his room because			\$ •
	administer medications.			
-The medications had	been removed by staff			a de la cas
during the evening on	12/11/17.			ner avv v
Observations on 12/1	3/17 at 11:00 am of a box of			
	from the resident's rooms			The same of the sa
by the facility revealed				
	ch belonged to Resident #2	;	•	numes occurs
number written with a	sident's name and room	,		and the second s
	of ultra-strength muscle rub			
	nuscle aches and arthritis			
pain).	the state of the state of the state of the state of the state of the state of			• •
-15 soft gel tablets of	125 mg simethicone	,		
	eat gas pain, pressure, and			
1 2,	num strength thera-gesic			
cream (medication us		,		*
· · · · · · · · · · · · · · · · · · ·	(medication used to relieve			:
pain, reduce fever).				*
	AD (medication used to	,		
control symptoms of c	liarrhea)			

Division of	of Health Service Regu	lation			
1	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	B, WNG		12/14/2017
NAMEOER	RÖVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	719 CODE	
			RREN C. COLEMAN		
THE LIVIN	IG CENTER OF CONCOR	CONCO	RD, NC 28027	4 MAN 104	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 375	Continued From page	∋ 39	D 375		
	-1.76 oz. container of used as a cough suppanalgesic).	Vapor Rub (medication pressant and topical			;
		23 88 24 2 440			
	Telephone interview v Responsible Party (R revealed:	vith Resident #2's P) on 12/12/17 at 9:25 am			
	, m - m - m - m - m -	ons are purchased for			
		staff are slow to administer			- ! !
	medications at times.				is the state of
	-She could not remen	nber when and exactly what			
		ver remembered purchasing			200
		:#2 to keep in room due to			; ; ;
	complications with dia				t :
		nber if the facility had a			;
	policy on self-adminis		1		
	of the OTC medicatio	ian had not prescribed any			
		staff that she purchased	-		•
	OTC medications for	-			
	Review of Resident #	2's medication			1
	administration record	(MAR) for October,			
		mber 2017 revealed there			
		y of the OTC medications	*		
	Resident #2 reported	he was taking.			
	todom imperentials than Alexa	se Practitioner for Resident			
	#2 on 12/12/17 at 4:0		-		- P. C. C. C. C. C. C. C. C. C. C. C. C. C.
	-She was not aware f	*			Line to the
	self-administering OT				According to the Principle Control of the Prin
		leted an evaluation for			one and the second
	Resident #2 to self-ad	dminister medications.			*
	-If Resident #2 contin				Vocanie : .
	imbalance.	be at risk for an electrolyte			**************************************
		ations that Resident #2			,
1		uld cause no harm to his			
1	health.				
	-Sne expected the fac	cility to notify her so that she			

Division (	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		1	(X2) MULTIPLE C	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	COMPLETED
		HAL013044	B. WNG		12/14/2017
		1			1 12/14/2011
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
THE LIVIN	IG CENTER OF CONCOR	RD 160 WA	RREN C. COLEMAN	I BLVD.	
		CONCO	RD, NC 28027		
(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	:
174.0		and the services to the services to the services to	:	DEFICIENCY)	1 W 1 W
n 275	<u> </u>	- AA	: D 375	**************************************	<u>.</u>
D 375	Continued From page	<del>2</del> 40	: D3/5		
	could assess the resi	dent for self-administration	· ·		) 
	of medication.		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
	-She had not been no	otified by anyone at the			( 5 8
	facility that Resident	#2 was self-administering			*
	OTC medications.				( { •
	Interview with pharma	acy representative on			1
	12/13/17 at 11:12 am	revealed:			4
	-Prescriptions orders	were received electronically	To the state of th		
	from the facility or the	physician.			, , ,
	-Resident #2 never h	ad an order Imodium,	1		
	thera-gesic, ibuprofer	n, vapor rub, muscle rub, or	-		
	simethicone to be fille	ed.			area approx
	-OTC medications are	e not typically filled by the			40
	pharmacy.				
	1 4		;		
	Interview with a Medi	• •			C Amount
	12/12/17 at 3:45 pm r		a sy	·	
		any OTC medications in			
	Resident #2's room.	to and Phonosius and also seems			- Ground
	-She was not aware t		are de la companya de		LP LP SECOND
	administering his own				
		sident #2's medications as			4
	tisted on the MAR.	Resident #2 room for OTC	2		
		resident #2 room for OTC	,	•	
	medications.		ì		4.
	Intention with the Da	sident Care Coordinator	:		, }
	(RCC) on 12/12/17 at		*		:
	ı <b>'</b>	dication orders and FL-2s.			
		arcation orders and FL-2s.  In evaluation regarding	•		
		medications if ordered.	,		
	-She had not complet		Í		
	, ,	Iminister medications.			
		is that the resident had to	**		
	have a signed physic		1		
	re-evaluated by physic				b E 1
	-MA's were responsit	**	;		i i
	Resident #2 medicati	<del>-</del>	1		
	-She was not aware f		Processor of		<b>2</b>
	-one was not awate i	Vesidelit #4 Was			Ĺ

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		HAL013044	B. WING		12/14/2017
NAME OF PROVID	ER OR SUPPLIER	STREET AC	DORESS, CITY, STATE	ZIP CODE	
THE LIVING CE	NTER OF CONCOR	D	REN C. COLEMAI D, NC 28027	N BLVD.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 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 DEFIGIENCY)	BE COMPLETE
D 375 Cor	ntinued From page	41	ם 375		`
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6/12 diat chro	2/17 revealed diag setes, hypertension	t #9's current FL-2 dated noses included type 2 noses included type 2 nose included type 2 nose included type 2 nose included type 2 nose included type 2 nose included the contract of the contract included the contract i	Table to the second sec		
Rev	riew of the Resider	nt #9's record revealed:			

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AND BLAN DE CORRECTION INSERT.		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL013044	8. WNG		12/14/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	ZIP CODE	
THE LIVIN	G CENTER OF CONCOR	8D	RENIC, COLEMAN D, NC 28027	BLVD.	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	)D	PROVIDER'S PLAN OF CORRECTE	ON (X3)
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D 375	Continued From page	<del>:</del> 42	D 375		
	the Resident #9 to se medications.				; ·
!	Tylenoi 500 mg 2 tabl	g order dated 6/20/17 for ets every 6 hours as needed lysician if fever lasts longer	- Pro-Pro-Pro-Pro-Pro-Pro-Pro-Pro-Pro-Pro-		
	than 24 hours.		The state of the s	·	
	pm revealed: -He had OTC medica	ent #9 on 12/12/17 at 6:00 tions in his room that he			;
	cough medicine and	art. cations that included a Fylenol that he used when			:
:	medications he had in				: :
: ! !	12/11/17 by 3 staff me	e removed at 2:00 am on embers. per how long he had these			
	medications in his root.  - He administered the he felt that he needed	OTC medication whenever			
	-The OTC medication daughter.	was purchased by his	A CONTRACTOR OF THE CONTRACTOR		
		capable of administering his e administered when he			
		3/17 at 11:00 am of a box of from the resident's rooms	Announce to the state of the st		4 7 -
:	-The medications whi in the box included re number written with a	ch belonged to Resident #9 sident's name and room permanent marker.			, ,
	used to moisturize na	line nasal spray (medication sal passages). ets of extra strength 500 mg			,
		cation used to relieve pain).			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		HAL013044	B. WING		12/14/2017
NAME OF F	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE	
THE LIVII	NG CENTER OF CONCOR	(D)	REN C. COLEMAN	I BLVD.	
		CONCOR	RD, NC 28027		
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	-14 tablets of 1200 m dextromethorphan (A control cough) -3 Salonpas Gel Pato capsaicin and 1.25% to relieve pain)0.33 oz. bottle of hor (medication used to realized to re	cothe dry nasal passages), g guifenesin and 60 mg so called Mucinex used to these containing 0.025% menthol (medication used neopathic ear ache drops elieve ear discomfort), ercreme containing 10% nedication used to treat cated with menthol 5% elieve pain). It is (medication used to relieve vapor rub (medication used ent and topical analgesic), simethicone (medication).			
	revealed: - OTC medications ar	P) on 12/13/17 at 11:36 am e purchased for Resident			
	administering his owr -She purchased OTC	tesident #9 was capable of medications. medications for Resident staff that medications were			
	-She could not remen she purchased. -She could not remen policy on self-adminis	ian had not prescribed any			
		9's MAR for October, mber 2017 revealed there ly of the OTC medications			

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CONCORD, NC 28827  CONCORD, NC 28827  CONCORD, NC 28827  TAG  REPORT TAG  SUMMARY STATEMENT OF DEPICIENCIES  (EACH DEPICIENCY MILES BE RECEDED BY PLUL FRETER TAG  CROSS-REPERRICATION SHOULD BE CROSS-REPERRICATION SHOULD BE CROSS-REPERRICATION SHOULD BE CREPCIENCY)  D 375  Continued From page 44  Resident #3 reported he was taking.  Interview with a representative from Resident #9's primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician's office revealed: - The primary care physician (PCP) was not aware that resident to administer medications PCP text that Resident #9 was capable of administer medications PCP and not been notified by the facility that resident had been administering medications PCP expected to be notified with any changes in medications or requests regarding medications PCP expected to be notified with any changes in medications or requests regarding medications.  Attempted interview with Resident #9 pharmacy on 12/13/17 at 13/45 m revealed: - She had never seen any OTO medications in Resident #9's porm She was not aware that Resident #9's medication as listed on the MAR She never checked Resident #9's medication of the disable of the MAR She never checked Resident #9's medication of the disable of the MAR She never checked Resident #9's medication of the disable of the MAR She would perform an evaluation regarding self-administration of medications it ordered She had not completed an evaluation of Resident #8's to self-administerine medication of the Resident #8's to self-administerine medications.	77177 4 33 /16		160 WARI	REN C. COLEMAN	I BLVD.	
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Interview with a representative from Resident #9's primary care physician's office revealed:  - The primary care physician (PCP) was not aware that resident was self-administering OTC medications.  -PCP felt that Resident #9 was capable of administering his medications.  -PCP did not recall completing a self-administer medications.  -PCP had not been notified by the facility that resident had been administering medications.  -PCP expected to be notified with any changes in medication or requests regarding medications.  Attempted interview with Resident #9 pharmacy on 12/13/17 at 11/35 am was unsuccessful.  Interview with a Medication Aide (MA) on 12/12/17 at 3:45 pm revealed:  -She had never seen any OTC medications in Resident #9's room.  -She was not aware that Resident #9 was administering his own medications.  -She administers Resident #9's medications as listed on the MAR.  -She never checked Resident #9 room for OTC medications.  Interview with the Resident Care Coordinator (RCC) on 12/12/17 at 5:30 pm revealed:  -She reviewed all medication orders and FL-2s.  -She would perform an evaluation regarding self-administer medications if ordered.  -She had not completed an evaluation of Resident #9 to self-administer medications.  -The facility policy was that the resident had to					CROSS-REFERENCED TO THE APPROP	BE COMPLETE
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Resident #9 to self-administer medicationsThe facility policy was that the resident had to						
-The facility policy was that the resident had to		•		•		
have a signed physicians order and be						4
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	
	HAL013044	B. WING		12/14/2017
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE	
THE LIVING CENTER OF CON	CORD	REN C. COLEMAN	N BLVD.	
The state of the s	CONCOR	D, NC 28027		
PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY PULL OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION ( CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE COMPLETE
D 375 Continued From p	age 45	D 375		
re-evaluated by p -MA's were respo Resident #9 medi -She was not awa self-administering - She was not awa confiscated from I had not notified th -She was respons self-administration Interview with the 11:35 am reveale -The facility had a management of re medicationsA doctor's order to obtained for all managementResident #9 did to self-administer medications in the medications in the medications from - The RCC was re doctor of self-administer medications and to -Residents and fa admission that the medications to Management of Management of Residents -Residents must to physician prior to  C. Review of Residents	nysician every 6 months, naible for administering cations.  The Resident #9 was medications being Resident #9 room therefore she ephysician or families, able for verification of orders for h.  Administrator on 12/13/17 at the policy on file regarding the esident self-administration must be edications administered by the mot have an order to edications.  The that Resident #9 had OTC for room, until a PCA removed room, until a PCA removed room.  The doctor or family had been esident #9 was administering were removed from his room, milies were notified during a resident must give the resident	D 375		
fibrillation, anxiety	ed dementia, depression, atrial , and coronary artery disease. edication orders for lubricant	:		:

Y1H911

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL013044	B, WING		12/14/2017
NAME O	FPROVIDER OR SUPPLIER		DDRESS, CITY, STATE		
THE LI	/ING CENTER OF CONCOR	RD .	REN C. COLEMAI RD, NC 28027	N BLVD.	
(X4) IC PREFI TAG	( (EACH DEF)CIENC	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
	wipes, or mentholatur Review of Resident # -There was a physicial solution 1.4 %, instill of times daily as needed minutes between different and order to medicationThere was no docume assessment for self-a	8's record revealed: an's order for artificial tears one drop in both eyes four if for dry eyes (wait 3-5 arent eye drops). o self-administration of metation of a cognitive dministration of medication. B's 6 month physician			
	order for the resident artificial tearsThere was no order f antiseptic wipes, or m -There was no order f other medication.	or artificial tears and an to self-administer the or triple antibiotic ointment, entholatum ointment. or self-administration of any			
	-	f (MAR) for October, mber 2017 revealed: tears solution 1.4%, instill 1 times daily as needed. s for triple antibiotic			
	am revealed: -"Somebody came in drops." -"I looked for my eye them. I don't kлow wh	the eye drops for her.			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	B, WNG		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE		
THE LIVIN	IG CENTER OF CONCOR	D	REN C. COLEMAN D, NC 28027	N BLVD.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	XTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIPYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 375	Continued From page	47	D 375		; ; ; ;
	room.	nother resident came in her	Andrew Company of the American		
	at 9:29 am revealed: -He had a Medication over-the-counter (OT) resident's room after a facility staff in a reside -He was not aware Re medication in her room -He was not aware Re complaining about ha out of her roomHe assumed Resider brought the medicatio -He did not know if Re self-administer medica-	esident #8 had any OTC  n. esident #8 had been ving her eye drops taken  nt #8's family members n into the facility for her. esident #8 had an order to ation. esident #8 had a cognitive			
	capable of self-admin-Residents and familia admission that any O' given to the MA.  The Resident Care C responsible for ensuring self-administer medicates who kept O'-The RCC was in the residents' physicians who had been taking facility staff found in the Cobservations on 12/1 medications confiscate facility revealed:  There were two 0.5 ff	oordinator (RCC) was no a physician's order to ation was in place for C medication in their room. process of contacting the to notify them of residents			

Y1H911

Division o	of Health Service Reg	ulation			FORM APPROVED
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	8. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	, ZIP CODE	
THEININ	IC CENTED OF CONCO	160 WAF	RREN C. COLEMAN	N BLVD.	
1 CIE LIVIN	G CENTER OF CONCO	CONCO	RD, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 375	Continued From pag	e 48	D 375		
	in the original packagand room number we- There was a 1 ounce ointment (used to property to prevent infections) and room number we- There two 1 ounce or ointment (used to relipain) with Resident # written on them.  Second interview with 10:16 revealed: "I'm supposed to take day."  The eye drops were of her bedside table. "I'didn't give the eye them."  Resident #8 did not drops. "I'did have a good be and got it all out."  -She called her family someone took her eye. Resident #8's family staffShe did not know if order for the resident medication.  Interview with a MA orevealed	ging with Resident #8's name rittern on it. The tube of triple antibiotic event infections) with and room number written on coack of first aide wipes (used with Resident #8's name ritten on it. Containers of mentholatum lieve minor muscle and joint #8's name and room number the Resident #8 on 12/13/17 at the the eye drops 3 times a covered up in the top drawer of drops to anyone. They took know who took her eye to member and told her that			
	medication in her roc -She was not aware	om.	to understand the left of the		
		y medications or had a			- du -
Okanian of Har	alth Service Regulation				

Division o	f Health Service Regi	ulation			FORM AFFROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O		(X3) DATE SURVEY COMPLETED
		HAL013044	8, WNG		12/14/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	, ZIP CODE	¥ A.
		160 WAF	RREN C. COLEMAN	BLVD.	
I HE LIVIN	G CENTER OF CONCO	CÓNCO	RD, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 375	Continued From pag	e 49	D 375		,
	physician's order to seresident #8 had to medication to be kep- It was the RCC's resphysician's order to see was in place for any resident's room.  Interview with a familia 12/13/17 at 10:23 and She received a call someone stole her eyshe had purchased medications for Resident #8 had a "she could keep her eyshe did not inform to the other OTC medication's order for Facility staff had commedication in the passes Attempted telephone physician on 12/13/1 unsuccessful.  Interview with a second medications in her rowshe was not aware in medications in her rowshe was not aware in physician's order to self OTC medications.	self-administer medication. have a physician's order for at in her room. sponsibility to ensure a self-administer medication OTC medications kept in a  ly member of Resident #8 on a revealed from Resident #8 stating that ye drops, the eye drops and other dent #8 to keep in her room. note" from her doctor stating eye drops in her room. he staff she had brought in sations for Resident #8. Resident #8 needed a OTC medications. affiscated Resident #8's OTC st.  interview with Resident #8's 7 at 11:15 am was  and MA on 12/13/17 at 2:30  Resident #8 had OTC som. if Resident #8 had a self-administer medication. were found in a resident's C would take the medications			
:		CC on 12/13/17 at 2:36 pm	:		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	~~~	HAL013044	B. WING	**************************************	12/14/2017
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
THE LIVIN	IG CENTER OF CONCOR	D	REN C. COLEMA D, NC 28027	AN BLVD.	
(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
D 375	Continued From page	: 50	D 375		:
	if a cognitive assessm Resident #8 to be able medicationShe was responsible orders for self-adminis obtained and for ensu was completed every self-administered med -She had not contacte to obtain an order to s had a cognitive asses  Telephone interview w Resident #8's physicia 2:52 pm revealed: -The physician was no self-administering med -The physician had no Resident #8 to self-ad -The physician was no needed an order to se she kept in her roomThe facility did not as #8 to self-administer r roomIf the facility would ha	Procession of Resident #8 had a self-administer medication or sent had been completed for se to safely self-administer.  For ensuring physician stration of medication were ring a cognitive assessment 6 months for residents who dication.  Ed Resident #8's physician self-administer medication or sment completed for her.  With a representative from an's office on 12/14/17 at self-administer medication.  Ed ware Resident #8 was dication.  Ed written an order for self-administer medication.  Extra transfer medication of the self-administer medication.  Extra transfer medication self-administer medication self-administer medication.  Extra transfer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer medication self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-administer self-			
D 438	10A NCAC 13F .1205 Registry	Health Care Personnel	D 438		
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Division of	of Health Service Regu	lation			the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL013044	B. WING		12/14/2017
NAME OF P	RÓVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, STATE	ZIP CODE	·
	·	160 WAR	REN C. COLEMAN		
THE LIVIN	IG CENTER OF CONCOR	CONCOR	RD, NC 28027		
(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 438	Continued From page	51	D 438		
		oly with G.S. 131E-256 and NCAC 13O .0101 and			
	This Rule is not met TYPE B VIOLATION	as evidenced by:	consideration of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		
	facility failed assure s verbal and mental ab Health Care Personn to 1 sampled staff (St	ews and interviews, the uspected allegations of use were reported to the el Registry (HCPR) related aff B) a Medication Aide lly and abusively mistreating			
	The findings are:				man production of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the
	accused me of saying	aff B was "very mean to me,			
	ask for an as needed -One residents said "l other floors had giver "does not have to dea	Medication Aide (MA) from medications, so Staff B al with me."			
	her "I was calling the decided to give me m -Other MAs administe				
	-One resident said "I	have seen Staff B have an mate over her medications".	Ann avamma a temperatur		

Division (	of Health Service Regu	lation			
STATEMEN	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL013044	B. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	, ZIP CODE	
		160 WAR	REN C. COLEMAN	I BLVD.	
THE LIVIN	IG CENTER OF CONCOR	CONCOR	ID, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 438	Continued From page	52	D 438		` : :
U 43a	-One resident said "I: I do not want Staff B in the ask for my medicatior -Staff B was not appreher way and do not a: -When Staff B worked the floor when I need: -Staff B would leave t at a time leaving the r -When Staff B admini arm"Staff B had gotten "ir and kept yelling at me jail""I refused medicatior [Staff B] always comp mad." -"I feel like Staff B trie me, getting in my face my medications." -Other facility staff we and verbally abuse to -"I have gone to the A my concerns to him, t -"I do not feel safe as Staff B is working."  Confidential interview -Initially, they were af Resident Care Coord family member and S worked in the facility a	stay out of her way because to be ugly to me".  a hallway cussing so I do not hs."  cachable "so I stay out of sk for help".  d "I could not find anyone on ed my medications or help".  o smoke for 20-30 minutes residents unattended.  stered insulin she "hurts my hit me and you will go to his and insulin shots because plained and tried to get me have aware Staff B was mean residents.  download to give me have aware Staff B was mean residents.  download to give me have aware Staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.  download to give me have aware staff B was mean residents.	D 438		
	RCC was Staff B's fai				
	mouth, yelled and arg harsh words and ever -They had not observ	ued with residents, and sajd n cussed." ed Staff B hit residents, but			* * * * * * * * * * * * * * * * * * *
	they were aware resid	dents did not like the way	,		:

Division o	of Health Service Reg	ulation			FORM APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	8. WNG		12/14/2017
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE	
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I HE LIVIN	G CENTER OF CONCO	CONCO	RD, NC 28027		
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D 438	Continued From pag	e 53	D 438		,
	Administrator in April resident's face while down on the walker.' -In April 2017 Staff B from the resident and law on the residentStaff B was suspend returned to workStaff B would cuss in down to residents shiftedResidents would go medications administed to complements ago Staff B hadministered insulinStaff were sure the	corted to the previous 2017 for "getting in a holding the resident wrists  had to be separated by staff of had threatened to call the ded for a few days and then esidents and would talk e did not like on the third to other floors to have their tered.  ained to a staff person a few purt his arm when she			
	when Staff B had be	en going on since April 2017 an suspended. of a Facility Action form for			
:	-Documented April 2 counseled by a form making disrespectful Staff B had received resident rights, rando	017 Staff B had been er Administrator in regards to comments to residents, additional training on on unannounced resident			; ;
	Residents had not di comments about Sta -Documentation in N	ber and November 2017, sclosed any negative ff B. ovember 2017 another			
·	regards to her frustra were demanding me medication pass, inte	aff B was counseled in ations with residents who dications during the erventions for reducing and stration included walking			

Dívision (	of Health Service Reg	ulation			FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	EZIP CODE	
		160 WA	RREN C. COLEMAI		
THE LIVIN	IG CENTER OF CONCC	167f	RD, NC 28027		
(X4) ID		TATEMENT OF DEFICIENCIES	io .	PROVIDER'S PLAN (	(7,2)
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D 438	Continued From pag	ge 54	D 438	Sect Million Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section S	
	away and asking for	assistance during the	Tagonius III		
		sidents' behaviors did not	A TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF		;
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		them, Staff B would be			\ \ \ \ \
		nd mamangment would			and the
		Resources (HR) further			M. Annototic and
	action if continued b				e Continues a
		mentation the allegations in			Various as a second
	-	ber 2017 in regards to Staff	;		
	B had been reported				
		(HCPR) within 24 hours of ents and an investigation			a management of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract o
		lay report to the HCPR.			
	emilibration ssittilis & c	aby soppice to any cropping,	,		Control
	Telephone interview	with the HCPR on 12/13/17			usa · · · · Anta
	· -	d they had not received a 24			\$ 4 9.
		investigation from the facility			; ;
	regarding Staff B, as	s of yet.	•		: ; }
	Interview on 12/13/1	7 with Staff B at 2:16 pm			•
	revealed:				;
		nd the Regional Director			}
	were present during		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa		•
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	-She was hired on 0	4/12/16.			i.
		nultiple residents and multiple			No.
		about her behaviors and			
	attitude.				1
	-In April 2017, she a	lleged a resident on the third	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		PAR MAR
	floor assaulted her v				1 CARACHON
		aff present during the			COLOR PROPERTY.
	altercation.		anudahan		3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		for a week, put on probation	Express on the		- Constants
		eopardy of losing her job".	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
		over it in April 2017."	of contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of		2.
		a resident "got in my face and			Particular and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco
	ran over my foot with	n nis waiker,"			ţ

Division of Health Service Regu	ulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
	HAL013044	B. WNG	***************************************	12/14/2017
NAME OF PROVIDER OR SUPPLIER	CTDECT A	DDRESS, CITY, STATE	: via čane	······································
MANUE OF FROVIDER OR SUFFCIER				
THE LIVING CENTER OF CONCO	RD	REN C. COLEMAN RD, NC 28027	N BEVU.	
PREFIX (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 SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 438 Continued From page	a 55	D 438	,	) : :
-She was called into	the Administrator's office			
was given verbal war				,
*	ave her instructions to report			
all issues with the res	sident to him because the			,
RCC was a family me	ember.	1		
-One resident did not	: like the way an insulin pen	,		;
"popped when I gave	the insulin" theycomplained			*
•	isor, "I started using a			
regular insulin syring			•	•
She "would never lag" "would hug them".	y a hand on a resident", she			
	d so does everyone else, so i	britan and		
	the time, that's just life."			
	ted the supervisor when she			
	een in a resident's room for	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
an extended period o		- Land		
·	ld be in a resident's room for	As Extended to		
45 minutes giving per	rsonal care, "maybe that's			
	ot find me on the floor."	Localization		
-The Personal Care A	Aide (PCA) would cover the			,
floor when she went t	to smoke or left the floor for	-		;
15 or 20 minutes.		are described in the second		:
-She was aware resid	dents had gone to other	7.A.c.internal		
floors to get the MAs	to give them their	:		e poussa
	she was off of the floor.			water
-She did not cuss in f				i.
	ny residents or staff would	;		a la parecente de
say anything about h		,		outen s
	eat all of the residents the	· ·		Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Property Constant Pro
me."	pecause of how they treat			
	of why she was called into	•	•	-
	7) until the Administrator	:		
	sations from the staff and			
	ehaviors and attitude,			•
	uage, getting in resident's			•
face, painful injection				
	ble to located when needed,			
and "laying hands on				
- <del>-</del>	hat a Health Care Personnel			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA NO PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
***************************************		HAL013044	B. WING		12/14/2017
NAME OF F	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, STA	TE, ZIP CODE	-
		160 WAR	REN C. COLEM	AN BLVD.	
THE LIVII	NG CENTER OF CONCOR	CONCOR	D, NC 28027		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	V (×5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRÉFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 438	Continued From page	: 56	D 438		; ; {
	,	or if the facility had reported ns to the HCPR in April 2017	TO A TO A TO A TO A TO A TO A TO A TO A		
	with the Administrator	at 2:30 pm and at 3:06 pm revealed: inistrator 6 months ago.	Parameter and a Parameter at		
	-He was aware of the	incident that occurred in to Staff B and a resident on			
	the third floor.				;
		117 was initiated by the			
	previous Administrato		) )		
	then returned to work	pended in April 2017, and	· 8		
	1	ted to the HCPR at that	}		
	·	ident report in November aff B behaviors and			
	-	nts during the medication			
	November 2017.	al warning to Staff B in	no comment sometiment		
		the allegation regarding			
	Staff B in November 2 -He was aware any a				
		ported to the HCPR within	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		ļ
	1 -	investigation was to occur.			
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	1	ff B in regards to verbally	NA COLOMBIA		•
		ssing, violating a residents'			
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		le yelling, administering			i .
	medication aggressive				!
	1 7	stering as needed (PRN)	Property of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contr		
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	to get there medication		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		<u>{</u>
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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
		·			
	**************************************	HAL013044	B' MNB		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STATE	R, ZIP CODE	
THE ! TAIN	IC CENTED OF CONCOR	160 WAR	REN C. COLEMA	N BLVD,	
1 C.J.C. 775 A.114	IG CENTER OF CONCOR	CONCOR	D, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 438	Continued From page	: 57	D 438		
	had given during the inThere was as supervishors should never beIt was Staff B's responsion to contact the supervishe had suspended Single would report the second contact the supervishe would report the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contact the second contac	nome of the details Staff B Interview until 12/13/17. Isor on 2nd shift and the Isor on 2nd shift and the Isor on 2nd shift and the Isor on 2nd shift and the Isor on 15/13/17. Isor on 12/13/17. Isor on 16/13/17.			
	abuse related to alleg verbally and mentally violating a residents' pmanner, holding both yelling, administering leaving the floor unatt occasions. The failure HCPR within 24 hours in April 2017 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and November 19 and Novembe	to report Staff B to the s of knowledge of the events ember 2017 was lth, safety and welfare of			
	allegations of resident exploration to the HCI -The Administrator will investigation on all the Immediately, the acc suspended pending the investigationThe Administrator will and staff interviews to	7: ninistrator will report the tabuse, neglect or PR. I begin an internal allegations of abuse. used (Staff B) will be			Complementary of the complementary and the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the complementary of the compleme

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _			
		HAL013044	B. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	JE, ZIP CODE	
THE LIVIN	IG CENTER OF CONCOR	2D	REN C. COLEM, D, NC 28027	AN BLVD.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
D 438	Continued From page	: 58	D 438		
	department will condu- interviews and staff in rights are not being vi- then randomly therea CORRECTION DATE VIOLATION SHALL N 2018.	or and the Human Resource uct random resident terviews to ensure resident olated, monthly times 4 and fter.  FOR THE TYPE B IOT EXCEED, January 28,			
D911	G.S. 131D-21(1) Deci	aration of Residents' Rights	D911		
	<ul> <li>G.S. 131D-21 Declaration of Resident's Rights</li> <li>Every resident shall have the following rights:</li> <li>1. To be treated with respect, consideration,</li> <li>dignity, and full recognition of his or her</li> <li>individuality and right to privacy.</li> </ul>		; ;		
	failed to treat resident full recognition of his	nd record review, the facility is with respect, dignity and or her individuality and the r room while sleeping and ations without proper sampled residents			
! !	The findings are:				,
	am revealed: -He had some over-th medications in his roo himself, purchased by sister-in-law, -He had OTC medicat	m that he administered to			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
***************************************		HAL013044	B. WNG		12/14/2017
NAME OF PROVIDER O	R SUPPLIER	STREET AC	DRESS, CITY, STATE	E. ZIP CODE	
THE LIVING CENTE	R OF CONCOR	RD	REN C. COLEMAI D, NC 28027	N BLVD.	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)N (X5)
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D911 Continu	ed From page	59	: D911		
-The meduring the remove took the remove took the remove the felt of the night. Telephon Respond revealer -She was were talken or -She felt that this interview pm reverse remove the had administly remove -He had administly remove -He had administly remove -He country remove -He country remove -He had administly remove -He country remove -He country remove -He country remove -He country remove -He country remove -He country remove -He country remove -He country remove -He country remove -He was woke his family remove -He was understanger.	edications had be evening on the evening of the evening of the evening of the evening of the evening that the evening of the evening the evening of the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening the evening th	been removed by staff 12/11/17.  ee nurses coming in the lons, they did not ask, they he staff came "in the middle lems that belonged to him". In did why the medications had room "late at night while with Resident #2  P) on 12/12/17 at 9:25 am heat the resident's medication were build have called to notify take place".  Int #9 on 12/12/17 at 6:00 tions in his room that he left, cations that included a Tylenol that he used when the exactly how many his room. The removed at 2:00 am on the embers, aff removed items and the eping to take medications of late at were in his room so late at exactly how so late at the end of hearing" did not were in his room so late at exactly how so late at the end of hearing did not were in his room so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly how so late at exactly ho			
night.	•	were in his room so late at die not have to live like that".			

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		LETED	
		****	B. WING				
		HAL013044	10.74.0	***************************************	12)	14/2017	
NAME OF F	ROVIDER OR SUPPLIER	STREETADO	DRESS, CITY, STA	TE, ZIP CODE			
THEIM	JO OENTED OF COMOOD	160 WARR	EN C. COLEM	AN BLVD.			
I I I C LIVII	NG CENTER OF CONCOR	CONCORE	), NC 28027				
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	)D	PROVIDER'S PLAN (	OF CORRECTION	- /244	
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			i	DEFICIE	INCY)	•	
D911	Continued From page	e 60	D911		-		
	Telephone interview v						
		P) on 12/13/17 at 11:36 am	•			:	
	revealed:						
	· ·	e purchased for Resident					
		nat resident #9 was capable	) )				
	of administering his o		*				
	t contract the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the	that medications were going	*				
	to be removed from re						
	•	e with someone at the					
•	-	why medications were				4	
	removed.					f :	
	•	d with how his sleep was				;	
	interrupted to remove	medications".	and a second				
		014 ml and 44.000 areas are a training	20			and the second	
	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	3/17 at 11:00 am of a box of					
	!	from residents room by the					
	facility revealed: -Medications from Re	nisiaat 440 aast 440	ĺ				
		sident #2 and #9. pelonged to Resident #2 and				-	
	I .	x included resident's name			٠	200	
		tten with a permanent	-				
	marker.	den war a permanent	;			Table 1	
	indiker.		4			number of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	
	   Interview with Person	al Care Assistant (PCA) on	i			No.	
	12/13/17 at 10:58 am	• •				-	
	-She normally worked						
	-She worked until 2 a						
	i	tion from the Administrator				a-constant a second	
		s and Resident #9's room				) (	
		or residents who did not	i				
		administer medications.	1				
	1	sidents in the facility who					
	İ	dminister medications.	: 8 8			;	
	1	nedications from Resident				1	
		the evening on 12/11/2017.	*				
		nber what time she went in	ì			<u>:</u>	
	the rooms to remove					(	
		if she could remove the	ý 2			; ;	
	medications before ta					•	
	-	structed her, if residents				*	
	CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR	en en en el en en en en en el en en en el en en en en en en en en en en en en en		[			

AND BLANDE CODDECTION IDENTIFICATION AND IMPER-		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013044	B. WING		12/14/2017
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STATE		
THE LIVIN	G CENTER OF CONCOR	8D	REN C. COLEMAI ), NC 28027	N BLVD.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENT(FYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D911	Continued From page	61	D911		
	family.  -No resident refused their room.  -After removing medicoffice for the Administ Interview with the Adr 11:35 am revealed:  -Another resident in the medications in the roow with each resident to medication they may -He instructed a 2nd in the building to ask who did not have an only the instructed and the was not aware the OTC medications in the removed medications in the removed medications.  -He had not had a chaprocess to obtain OTC residents.  -He instructed the PC	ministrator on 12/13/17 at the facility had OTC om and he wanted to check see if they had any OTC had been self-administering, shift PCA to go to all rooms for medications of residents order to self-administer, at Resident #2 and #9 had heir room, until a PCA from room.			
	on 12/12/17.				
D912	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate	laration of Residents' Rights ration of Residents' Rights rave the following rights: rid services which are read in compliance with restate laws and rules and	D912		
	This Rule is not met Based on record revie	as evidenced by: ew and interviews, the			

Division of Health Service Re	gulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED
	HAL013044	B. WNG		12/14/2017
NAME OF PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	, ZIP ÇODE	•
	160 WAI	RREN C. COLEMAN	BLVD.	
THE LIVING CENTER OF CONC	CONCO	RD, NC 28027		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D912 Continued From pa	ge 62	D912		į
facility failed to assinght to receive care adequate, appropring relevant federal and regulations as relative health care personal rights.  The findings are:  A. Based on observiews, the facility sampled staff (Staff substantiated finding Health Care Personal 137,10 A NCAC Qualifications (Type B. Based on record facility failed assure mental abuse were Personnel Registry staff (Staff B) a Mementally and abusive residents. [Refer to Health Care Person Violation).]  C. Based on interviporated multiple residents and resident while yellinjections aggressive in a resident while yellinjections aggressive.	ure every resident had the e and services which are ate, and in compliance with d state laws and rules and ed to other staff qualifications, nel registry, and residents vations, interviews, and record failed to assure 2 of 6 f B and Staff D) had no ags on the North Carolina anel Registry (HCPR).[Refer to C 13F.0407(a) (5) Other Staff	D912		
other floors to get t	d causing residents to go to neir medications, and a ersonal items (money and	a construir de la construir de la construir de la construir de la construir de la construir de la construir de		
credit card) stolen t	rom a lockable space,[Refer AC 13F.0909 Resident Rights	ene differente de la constante de la constante de la constante de la constante de la constante de la constante		; ;

Y1H911

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL013044	a. WNG	***************************************	12/14/2017
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
THE LIVIN	G CENTER OF CONCOR	BD .	EN C. COLEM. ), NC 28027	AN BLVD.	
(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
D912	Continued From page	63	D912		E C .
!   	(Type A2 Violation).]		1		Albany saka ar
	G.S. 131D-21(4) Decl	aration of Residents' Rights	D914		
	Every resident shall he 4. To be free of menta neglect, and exploitate. This Rule is not met at TYPE A2 VIOLATION. Based on interviews, multiple residents from language, cussing, vio space in a hostile mana resident while yelling injections aggressively needed (PRN) medical	the facility failed to protect in verbally abusive blating a residents' personal oner, holding both wrists of g, administering insulin y, not administering as ation to residents to go to			
	The findings are:		,		
	-Staff B was a Medica floor and was "very m -Staff B "accused me not say." -Staff B "purposely did and Staff B "gave me PRN medication. -Most days MAs from	with a resident revealed: tion Aide (MA) on the 3rd ean to me." of saying things that I did d not give me medications" an attitude" if I ask for a other floors "gave me my B]did not have to deal with			
	revealed:	with a second resident ve me medications and one			

AND SLAN DE CORRECTION IDENTIFICATION NUMBER		(XZ) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL013044	8. WNG	~~~	12/14/2017
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, STAT		
THE LIV	NG CENTER OF CONCOR	ID .	REN C. COLEMA D, NC 28027	N BLVD,	
(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 COMPLETE
D914	time I told [Staff B] if a medications that I wo -After I made that star give me my medication-Staff B "gives me an answers and abrupt a another floor having to-Staff B "did not want Confidential interview revealed: -"I seen [Staff B] have roommate over her mommate e did not give me my uld call the police." rement Staff B decided to rens. attitude", being short with it times causing a MA from o given me my medications. to help or talk to me."  with a third resident an attitude with my edications." o [Staff B] because I did not right things to me." with a fourth resident aff B] talks to me." ing in the hallway and that meone to help me at night annot find anyone on the e second or first floor to get  with a fifth resident sulin shot really hard", [Staff at administered my insulin e hallway "cussing very	D914	DEFICIENCY)		
	very loudly, I did not f	idents." none "yelling cuss words sel comfortable asking for ent back to my room without			

Division (	of Health Service Regu	ulation			7 W 1 1195 7 ER 9 3 4 WW R DOWNER
STATEMENT	r of deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION ID		IDENTIFICATION NUMBER:	A. BUÍLDING:		COMPLETED
		HAL013044	B. WING	######################################	12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE	
THE 13/16	IG CENTER OF CONCOR	160 WAF	RREN C. COLEMAN	I BLVD.	
# # 1 I iii	IC CENTER OF CONCO	CONCO	RD, NC 28027		
(X4) ID		ATEMENT OF DEFICIENCIES	i)	PROVIDER'S PLAN OF CORRECTION	V
PREFIX TAG	• • • • • • • •	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
				DEFICIENCY)	
D914	Continued From page	e 65	D914		
	-Staff B "is not very a	pproachable."			
		64 1 1) 14 A			;
	Confidential interview	with a sixth resident			
	revealed:   -*I had an incident wit	th [Staff B] about one or 2			;
	months ago.				4 1
		me my medications out in			
	the hallway before I v				worth internation
		sing and yelling at me" while	;		areason's to a
	she was preparing my	y medications. sed my medications then	1		service translation
		ise to give me my insulin	,		and the second second
	shot."	to to give the my module.			
	-"I felt she was purpo	sely yelling and cussing at			
		hings that I really did not			2
	want to say."				E a saco
		face" and I finally said "I feel			and the second
	like killing you."	off and called the police and			4 40 4000
	the ambulance.	on and called the police and			and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
		R and was there for 3 days."			
		provoked me then ( would	er nover		ar con n
		said and I would spent 3			Add to appropriate and
	days in the hospital.				
		taff B continued to "cuss at			
	me daily and get in m	e to the point that "I just	100		
		dications" and then in return			AT COURT
		me my insulin shot rough or			
	refused to give it to m	-			è princese :
		er floors comes and gives			
		o Staff B does not have to			;
	deal with me."	na Clast D for any			4
•	-"I have stopped aski	can avoid an argument,"			
		gone to ask for help on 2nd			
		one to be found for long	Total common to		
	periods of time.				
	•	the Administrator and he		·	
	said that he would ha	indle things but nothing has			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	(XZ) MULTIPLE CONSTRUCTION  A. BUILDING:		
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NAME OF PE	ROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, STATE	ZIP CODE		
			REN C. COLEMAN			
THE LIVIN	G CENTER OF CONCOR	(D)	RD, NC 28027	T derf Jun T terf +		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	lD 4	PROVIDER'S PLAN OF CORRECTION	187	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DIBE COMPLETE	
D914	Continued From page	: 66	D914			
	changed.				1	
	-"I do not feel safe to	ask for help or my			i.	
	medications when [St	• •			Land of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	
	•	-		·	!	
	Confidential interview	with a seventh resident			:	
:	revealed:					
		por on 2nd shift go on break				
	-	over 20 minutes at a times	-			
		loor to help anyone that	as through			
	may need help during	that time. I have to go to 2nd floor or	200			
:		er MA to come to 3rd floor				
:	and give me my medi		`			
		he MA on 3rd floor cannot			ì	
	be found.	The Salar Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	*		3	
		staff to be on the 3rd floor	;		>	
	for such a long period					
!	• •	nd get hurt and no one	,		;	
	would be there to help	them.				
į	Confidential interview	with multiple facility Staff			tonu t a	
!	revealed:					
		aid to talk because the			a	
		nator (RCC) was Staff B's				
		taff B's other family member	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		) 	
	was a MA in the facilit	y as well.			. one	
	-They were afraid of g					
į	-There was an incider				; s	
	months ago with a res					
		embers were called to the			·	
		witnessed [Staff B] with			;	
		ident's wrists, and [Staff B] face". Staff B was yelling at				
		race . Starr B was yelling at ing at him. Staff members				
į		netween them by stepping	•			
		continued to work the rest				
	of the shift that night.	sometimes to main die teet	:			
i	~	ted the incident in April 2017				
;	to the former Administ	•	1			
:		ed for a few days in April				
	1th Candon Downstoine					

Division of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED
	HAL013044	8. WNG	:	12/14/2017
NAME OF PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	ZIP CODE	
		RREN C. COLEMAN	•	
THE LIVING CENTER OF CONCOR	CONCO	RD, NC 28027		
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D914 Continued From page	: 67	D914		
2017 and then she re-Staff members continued to staff B.  -Staff B used inapprojob and disrespected residents continued to other floors to ask for reasons that they can to help them or Staff medications.  -Staff did not feel come about Staff B to admit due to multiple family worked at the facility.  Confidential telephonember revealed:  -"My family member of said the staff on 2nd seed and called her allowed the staff used the "North staff used the "North staff used the "North staff person who we staff person who we staff person who we staff person who we staff used the "Communication is a staff used in the staff on the staff person who we will called two times to administrator, but he -"Communication is a staff used in the staff person who we will called two times to administrator, but he -"Communication is a staff used in the staff person who we will be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be us	turned back at her job. hued to have issues with  priate language while on the authority. come from 3rd floor to their medicines either for not find anyone on 3rd floor 3 refused to give them their  ifortable reporting concerns histration staff at this time members of Staff B who  ce interview with a family ralled one night crying, she shift were trying to get her to (expletive). family member said the 2nd			
	facility it appeared to be a. tainly had changed".	n an included an infrage		
revealed: -Staff B was the Medi floor and worked 2nd -She dispensed medi the 3rd floor. -She was hired on 04	cations for the residents on			

Division of	of Health Service Regu	lation			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE ( A. BUILDING:		(X3) DATE SURVEY COMPLETED
· · ·		HAL013044	B, WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATI	S, ZIP CODE	
			REN C. COLEMA		
THE LIVIN	IG CENTER OF CONCOR	CONCOR	RD, NC 28027	4	
(X4) ID PREFIX YAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D914	Continued From page	<del>9</del> 68	D914		
	her job.  -She denied laying ha -There was only one other MAs to adminis -In November 2017, t and ran over my foot -She was called into t given a verbal warnin November 2017The Administrator ga all issues with resider was her family memb -One resident did not "popped" when "I gav complained about it to using a regular insulir -She was unaware of of the residents or sta -"I have bad days and can't be 100 % all of t -She had not contact left the floor or was in extended period of tin -She was aware resid floors to get the MAs because she was off -She was to report to issuesShe did not cuss in fi -"I am not going to tre same all of the time b me." -She was unaware wi Registry (HCPR) was the alleged accusatio or November 2017.	resident that she asked ter his medications. he resident "got in my face with his walker." he Administrator office and g for the incident in we her instructions to report ats to him because the RCC er. like the way an insulin pen e the insulin and of the Supervisor, "I started a syringe." any other complaints by any off. I so does everyone else" I he time, that's just life", the Supervisor when she a resident's room for an ane. lents had gone to other to administer medications of the floor, the Administrator with any ront of the residents. at all of the resident the ecause of how they treat and a Health Care Personnel or if the facility had reported as to the HCPR in April 2017			
	Interview on 12/13/17 with the Administrator	at 2:30 pm and at 3:06 pm revealed:			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		A DOILDITES.		1	
	HAL013044	B. WING		12/14/2017	
NAME OF PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, STATE	, ZIP CODE		
THE ! NOW OF STREET OF CO.	160 WAR	REN C. COLEMAN	I BLVD.		
THE LIVING CENTER OF CON	CONCOR	RD, NC 28027			
(X4) ID SUMMAR	STATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CO	ORRECTION (X5)	
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D914 Continued From p	age 69	D914			
-He took over as A	Administrator 6 months ago.			1	
	noident report from April 2017			and phose	
in regard to Staff I	3 and a resident on the third	•		\$	
; floar.					
	the incident in November 2017			•	
-	ard to frustrations and				
1	ents during the medication				
pass.	multiple residents had				
	Staff B to the survey team in			Į	
•	abusive language, cussing,			· •	
1 .	ts' personal space in a hostile				
	oth wrists of a resident while				
yelling, administer	ing insulin injections	dia.			
***	administering as needed (PRN)				
	dents, and leaving the floor	Auditoria de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya			
	g residents to go to other floors	all control of			
to get there medic	allons. aff B's family member was the				
RCC.	an D S lantiny member was the	Action			
	es with residents on 2nd shift,	helbookset			
	ort to the Supervisor.	All and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state		· '	
•	ation the Supervisor on 2nd shift	T per super			
was to be called for	or assistance when she was				
needed by the MA				·	
	ervisor on 2nd shift and the	V. Marine V.			
floors should neve	r be left unattended.			6 5	
The facility a the fo	acility failed to protect multiple	**Landaustan		}	
	ff B who used verbally abusive			¢ 2 5 3	
	, violating a residents' personal			3. 1. 1.	
	manner, holding both wrists of			a.e. e.	
	elling, administering insulin	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		1	
injections aggress	ively, not administering as	- Hitter day of the second		, popularia	
	dication to residents, leaving			; :	
	ed causing residents to go to				
<del></del>	their medications, and a	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		;	
	personal items (money and			:	
	from a lockable space. This			f	
failure to assure re	esidents were safe from	!			

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PRINTED: 01/12/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	B. WING		12/14/2017
	ROVIDER OR SUPPLIER	160 WARR	PRESS, CITY, STATE EN C. COLEMAN , NC 28027		
(X4) ID PREFIX TAG	EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D914	interviews with resider Residents rights are brackets and their rights are protect the Regional Ombuds convenience.  The Administrator will today 12/13/17.  The Administrator/de resident interviews to being violated, weekly months and then rand and the resident interviews to being violated, monthly randomly thereafter.  CORRECTION DATE	abuse placed them at intinued abuse and violation.  The following Plan of 7: signee will begin immediate into and staff to determine in being violated. It all staff regarding the importance of ensuring ted will be scheduled with sman at her earliest.  If contact the Ombudsman signee will conduct random ensure their rights are not of for 4 weeks, monthly for 4 domly thereafter.  For will conduct random ensure their rights are not ly times 4 and then	D914		

Y1H911

# February 5, 2018

Dear Ms. Robinson,

Please find attached with this email the signed SOD from the survey completed on December 14, 2017 at the Living Center of Concord and also the Plan of Correction. If you have any questions please contact me.

Respectfully

Kenneth Hinkle Administrator

The Living Center of Concord

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL013044	8. WNG		12/14/2017
	ROVIDER OR SUPPLIER	160 WARR	RESS, CITY, ST.		
		CONCORD	, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	RTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEPICIENCY)	BE COMPLETS
D 000	Initial Comments		D 000		
	conducted an annual	sure Section and the partment of Social Services survey on December 11-13, ference via telephone on		SEE Attracted  Blom of correct w  Gor All BreAd  cited on This	r-s
D 137	10A NCAC 13F .0407 Qualifications	(a)(5) Other Staff	D 137	for All BreAs	•
		Other Staff Qualifications at an adult care home		atted on this	
		ated findings listed on the Care.Personnel Registry E-256;		Report. M. 18 2/5/201	rO
	This Rule is not met a TYPE B-VIOLATION	es evidenced by:		2/5/201	σ.
	Based on observations reviews, the facility fail sampled staff (Staff B substantiated findings Health Care Personne	and Staff D) had no on the North Carolina			
	The findings are:				
	-She was hired on 04/ (MA), -She had no documen Personnel Registry Ch completed prior to 12/	13/17.			
	revealed: -She was not aware of	with Staff B at 2:16 pm f the facility doing a HCPR			
rvision of Heal	ith Service Regulation	south decourses were an arrange		T. C.	

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ficontinuation sheet 1 of 71

## Non-Compliance Identified: 10A NCAC 13F. 0407(a)(5)-Other Staff Qualifications

(d) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the NC HCPR according to G.S. 131E-256

### Facility Interventions:

- Facility shall assure each staff person has no substantiated findings listed on the NC HCPR
   12/15/2017 & on-going
- Additional training with management staff responsible for HR files, hiring and new hire orientation regarding importance of pre-employment NC HCPR checks.
   12/15/2017 & on-going

#### Monitoring System

- Employee file checklists were implemented to ensure compliance with staff qualifications 12/13/2017 & on-going
- Admin/designee will perform random employee file audits monthly x6 months, then randomly thereafter to ensure continued compliance per regulation and facility policy 12/13/2017 & on-going
- Regional Director will perform random employee file audits monthly x6 months, then randomly thereafter to ensure continued compliance per regulation and facility policy 12/13/2017 & on-going

## Non-Compliance Identified: 10A NCAC 13F. 0801(d)-Resident Assessment

(d) If a resident experiences a significant change the facility shall refer the resident to the resident's physician or other appropriate licensed health professional in a timely manner but no longer than 10 days from the significant change.

#### Facility Interventions:

- Facility shall assure that if a resident experiences a significant change, referral will be made to
  resident's physician or other appropriate licensed health professional in a timely manner but no longer
  than 10 days from the significant change.
   01/15/2017 & on-going
- RCC/Designee will review weight documentation at least weekly and report any significant changes to the physician per the Md. order or within 10 days of the significant change 02/09/18 & ongoing
- RCC has daily stand up meetings with the Medication Aides and SIC's to discuss and document resident related issues included but not limited to significant changes in the residents overall being. 2/9/2018
   ongoing.

#### Monitoring System

- Administrator/designee will conduct random chart audits, monitoring for significant changes in residents, weekly x4 weeks, then monthly x4 months and randomly thereafter. 02/10/2018 & on-going
- RCC/Admin/Designee will conduct random resident interviews and assessments, to observe residents
  for significant changes; weekly x4 weeks, then monthly x4 months and randomly thereafter.
   02/10/2018 & on-going
- Corporate Quality Assurance shall randomly request proof of audits from the administrator, regional director and RCC to assure reviews are being completed.
   02/10/2018 & ongoing

## Non-Compliance Identified: 10A NCAC 13F. 0902(b)-Healthcare

(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.

#### Facility Interventions:

- The facility shall assure referral and follow-up meet the routine and acute health care needs of residents.
   02/10/2018 & on-going
- Administrator/designee will review resident records to assure referrals and follow ups are being scheduled and followed through with, in order to meet the routine and acute health care needs of residents.
   02/10/2018 & on-going

### Monitoring System:

- RCC/designee will maintain Referral and Follow-up tracking form to ensure residents are seen by physician in a timely manner.
   02/10/2018 & on-going
- Administrator/designee will conduct random chart audits, monitoring for referral and follow-up, weekly x4 weeks, then monthly x4 months and randomly thereafter.
   02/10/2018 & on-going
- Administrator/designee will conduct random interviews with residents to ensure staff are
  addressing healthcare needs, weekly x4 weeks, then monthly x4 months and randomly thereafter.
  02/10/2018 & on-going

## Non-Compliance Identified: 10A NCAC 13F. 0904(e)(4)-Nutrition and Food Service

(e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.

## Facility Interventions:

- Facility shall assure all therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.
   01/15/2018 & on-going
- 2. Staff will receive additional training on Dietary Policies and Procedures

02/10/2018

3. Implementation of Dietary Communication Form and training on use of form

02/10/2018

## **Monitoring System**

- Administrator/designee shall conduct random resident interviews and meal observations, weekly
  x4 weeks then monthly x4 months and randomly thereafter, to ensure residents are receiving
  meals according to physician's order
   02/10/2018 & on-going
- Administrator/designee shall conduct random staff interviews, weekly x4 weeks then monthly x4
  months and randomly thereafter, to ensure that communication forms are being used and to
  ensure that staff are reporting residents being non-compliant with their diets to the RCC so that
  resident's physician can be contacted.
   02/10/2018 & on-going

#### Non-Compliance Identified: 10A NCAC 13F .0909-Resident Rights

An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21 are maintained and may be exercised without hindrance.

### Facility Interventions:

- Facility staff will receive additional training on Resident's Rights to begin no later than 01/17/2018
- Administrator/designee will begin immediate interviews with residents and staff to determine if Resident Right's are being violated.
   12/14/2017 & on-going
- RCC/Admin shall assure that residents having physician's order to keep medications at bedside and self-administer are permitted to do so and that company policy is being followed.

12/17/2017 & on-going

#### Monitoring System:

 Administrator/designee will conduct random resident interviews to ensure their rights are not being violated, weekly x4 weeks, then monthly x4 months and randomly thereafter.

12/17/2017 & on-going

Regional Director shall conduct random resident interviews to ensure their rights are not being violated, weekly x4 weeks, then monthly x4 months and randomly thereafter.

12/17/2017 & on-going

 Residents will be given the opportunity to discuss concerns regarding violation of their rights during monthly resident councils meetings.
 01/17/2018 & on-going

### Non-Compliance Identified: 10A NCAC 13F .1205-Health Care Personnel Registry

The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 130 .0101 and .0102

### Facility Interventions:

- Administrator shall immediately report allegations of resident abuse, neglect or exploitation to the HCPR according to regulations.
   12/13/2017 & on-going
- Administrator will begin immediately investigation into report allegations of abuse, neglect or exploitation and accused employee will be suspended pending the results of the investigation 12/13/2017 & on-going

#### Monitoring System:

 Administrator/designee will conduct random resident interviews to ensure their rights are not being violated, weekly x4 weeks, then monthly x4 months and randomly thereafter.

12/17/2017 & on-going

Regional Director shall conduct random resident interviews to ensure their rights are not being violated, weekly x4 weeks, then monthly x4 months and randomly thereafter.

12/17/2017 & on-going

#### Non-Compliance Identified: G.S. 131D-31 Declaration of Residents' Rights

Every Resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. (2) To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. (4) To be free of mental and physical abuse, neglect and exploitation.

### Facility Interventions:

Facility staff will receive additional training on Resident's Rights to begin no later than 01/17/2018

 Administrator/designee will begin immediate interviews with residents and staff to determine if Resident Right's are being violated.
 12/14/2017 & on-going

#### Monitoring System:

 Administrator/designee will conduct random resident interviews to ensure their rights are not being violated, weekly x4 weeks, then monthly x4 months and randomly thereafter.

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 Residents will be given the opportunity to discuss concerns regarding violation of their rights during monthly resident councils meetings.
 01/17/2018 & on-going

## Non-Compliance Identified: 10 NCAC 13F .1005 (a) Self- Administration of Medications

- (a) An Adult Care home shall permit residents who are competent and physically able to self- administer their medications if the following requirements are met:
  - (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label.

### Facility Interventions:

- Residents who desire, who are competent and who are physically able to self administer shall have orders to do so.

  2/9/2018 & ongoing
- Implementation of revised self-administration of medication policy to include referral to the resident's physician for self-administration orders and resident monthly compliance checklist.

12/14/2017 & ongoing

3. Training with RCC's and staff on Self-Administration of Medications Police.

12/14/17 & ongoing

- A letter shall be sent to families to remind them of the self- administration policy and will be part of the admission process.
   2/9/2018 & ongoing
- Residents shall be reminded of the self- administration policy at monthly resident council meetings.
   2/5/2018 & ongoing.

## Monitoring System:

1. RCC/designee will conduct random resident audits to assure policy is being followed.

2/5/2018 & on-going

2. Regional Director shall conduct random policy audits and record review to ensure self- administration policy is being followed monthly x4 months and randomly thereafter. 2/5/2018 & ongoing

Administrator Signature

2/5/2018

Date