PRINTED: 06/07/2018 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080020	B. WING		05/11/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	/ING	ITH MAIN STRE ROVE, NC 2802			
(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 APPF DEFICIENCY)	ULD BE COMPLI	ETE
D 000	Initial Comments		D 000			
	The Adult Care Licen. Annual survey on 05/ 05/11/2018.	sure Section conducted an 09/2018 through				
D 137	10A NCAC 13F .0407 Qualifications	7(a)(5) Other Staff	D 137			
	(a) Each staff person shall:(5) have no substant	7 Other Staff Qualifications at an adult care home iated findings listed on the a Care Personnel Registry IE-256;				
	facility failed to ensur substantiated findings Health Care Personn	and record reviews, the				
	The findings are:					
	-Staff C was hired on care aide (PCA). -There was documen Personnel Registry C completed on 05/09/2 findings.					
	05/10/2018 at 10:17 a -Staff C was hired as	am revealed:				

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

for ensuring that the HCPR was checked upon

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL080020	B. WING		05/1	1/2018
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	/ING	TH MAIN STRE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 137	Continued From page	2 1	D 137			
	hire for new staffShe did not know the checked for Staff C urangeShe had expected for Staff C upon hire.					
	05/10/2018 at 10:22 a -She was responsible checks for new staffShe knew the HCPR staff upon hire.	siness office manager on am revealed: e for completing HCPR should be checked for new the HCPR for Staff C until				
	revealed: -She was hired as a F -Her first day of work 04/30/2018She did not work aga Monday, 05/07/2018.	at the facility was on ain until the following				
D 139	10A NCAC 13F .0407 Qualifications	7(a)(7) Other Staff	D 139			
	(a) Each staff person (7) have a criminal ba accordance with G.S.	.114-19.10 and 131D-40;				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
		ews and interviews the e 2 of 3 staff sampled (Staff				

Division of Health Service Regulation

B and C), a medication aide (MA) and a personal

STATE FORM 6899 C80311 If continuation sheet 2 of 78

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 139 Continued From page 2 care aide (PCA), had a criminal background check completed upon hire.	TION ULD BE	11/2018 (X5) COMPLETE DATE
NAME OF PROVIDER OR SUPPLIER ANGELS AT HEART ASSISTED LIVING (X4) ID PROVIDER'S PLAN OF CORRECT PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 139 Continued From page 2 care aide (PCA), had a criminal background STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023 ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPREFIX TAGE) D 139 Continued From page 2 Care aide (PCA), had a criminal background	TION ULD BE	(X5) COMPLETE
ANGELS AT HEART ASSISTED LIVING CHINA GROVE, NC 28023 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 139 Continued From page 2 (Care aide (PCA), had a criminal background)	ULD BE	COMPLETE
ANGELS AT HEART ASSISTED LIVING (X4) ID PREFIX TAG D 139 Continued From page 2 care aide (PCA), had a criminal background CHINA GROVE, NC 28023 CHINA GROVE, NC 28023 ID PREVIDENCE ID PREFIX TAG PREVIDENCE ID PREFIX TAG CHINA GROVE, NC 28023 ID PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETE
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 139 Continued From page 2 care aide (PCA), had a criminal background (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPROPRIATION) D 139 Care aide (PCA), had a criminal background	ULD BE	COMPLETE
care aide (PCA), had a criminal background		
The findings are:		
1. Review of Staff B's personnel record revealed: -The date of hire was 05/03/2018She wwa hired as a MAThere was documentation a statewide criminal background check was requested on 05/09/2018.		
Interview with the business office manager on 05/10/2018 at 10:22 am revealed: -She was responsible for completing criminal background checks for new staffShe knew that criminal background checks should have been completed for new staff upon hireShe had not requested criminal background checks for Staff B until 05/09/2018.		
Attempted interview with Staff B on 05/11/2018 at 5:15 pm was unsuccessful.		
Refer to interview with the Executive Director (ED) on 05/10/2018 at 10:17 am.		
2. Review of Staff C's personnel record revealed: -The date of hire was 04/30/2018. -She was hired as a PCA. -There was documentation a statewide criminal background check was requested on 05/09/2018. Interview with the business office manager on 05/10/2018 at 10:22 am revealed: -She was responsible for completing criminal background checks for new staff. -She knew that criminal background checks		

hire.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL080020	B. WING		05/11/2018	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 00/11/2010	\dashv
		1114 SOU	TH MAIN STRE			
ANGELS	AT HEART ASSISTED LIV	CHINA GI	ROVE, NC 2802	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	:
D 139	Continued From page 3		D 139			
	-She had not requested criminal background checks for Staff C until 05/09/2018.					
	revealed: -Her first day working on 04/30/2018She did not remember	on 05/11/2018 at 4:41 pm at the facility as a MA was er if she had a criminal or to working in the facility.				
	Refer to interview with the ED on 05/10/2018 at 10:17 am. Interview with the ED on 05/10/2018 at 10:17 am revealed: -The business office manager was responsible for ensuring that the criminal background checks were completed upon hire for new staff -She did not know criminal background checks had not been completed for 2 staff until 05/09/2018. -She had expected criminal background checks to be completed for staff upon hire.					
	had a state-wide crim hire resulting in the fa potential criminal bac (a MA) and Staff C (a	nsure 2 of 3 sampled staff inal background check upon icility being unaware of any kground findings for Staff B PCA) which is detrimental fety of the residents and Violation.				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 05/10/18 for				
	CORRECTION DATE VIOLATION SHALL N 2018	FOR THE TYPE B NOT EXCEED JUNE 25,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
		HAL080020	B. WING		05/	11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	/ING	TH MAIN STRE ROVE, NC 2802			
(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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From page	; 4	D 273			
D 273	10A NCAC 13F .0902	(b) Health Care	D 273			
		Health Care assure referral and follow-up and acute health care needs				
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the physician for 2 of 3 sampled residents regarding a renewal order for tramadol for continued complaints of pain (Resident #3), and physician orders for daily weights (Resident #2).					
	The findings are:					
	Review of Resident #3's current FL-2 dated 10/30/17 revealed diagnoses included an unspecified fracture of the upper left humerus, difficulty walking, and muscle weakness.					
	orders dated 02/21/18 included type 2 diabe	tes mellitus with neuropathy, exiety, Chronic Obstructive				
	03/15/18 revealed an	3's physician's orders dated order for tramadol 50 mg nours as needed for pain.				
	Review of pharmacy	dispensing records				
	revealed: -Tramadol 50 mg, 60	tablets were dispensed on				

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STATE FORM 6899 C80311 If continuation sheet 5 of 78

DIVISION	of Fleatin Service Regu	lation				_
		(X3) DATE SURVEY				
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING		0.5/44/0.40	
		HAL080020	D: Wii(0		05/11/2018	_
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1114 SOU	TH MAIN STRE	FT		
ANGELS A	AT HEART ASSISTED LIV	/ING	ROVE, NC 2802			
	OLIMANA DV OT					_
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /	
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF		
				DEFICIENCY)		
D 273	Continued From page	. 5	D 273			٦
D 213	Continued From page	; 5	0273			
	04/04/18.					
	-Oxycodone 5/325 mg	g, 15 tablets were dispensed				
	on 04/30/18.					
	Observation on 05/10)/18 at 2:00 pm of the				
	medications on hand	for Resident #3 revealed:				
	-There was no tramad	dol 50 mg available for				
	administration.					
	-There was no oxycoo	done 5/325 mg available for				
	administration.	J				
	Review of Resident #	3's April 2018 electronic				
	medication administra	ation record (eMAR)				
	revealed:	,				
	-An entry for tramado	l 50 mg, give 1 tablet every				
	6 hours as needed fo					
		nented as administered on				
		4/08/18, 04/09/18, 04/10/18,				
		4/13/18, 04/14/18, 04/15/18,				
		4/18/18, 04/19/18, 04/20/18,				
		4/23/18, 04/24/18, 04/25/18,				
	04/26/18, and 04/27/					
	· ·	ocumented as administered				
	on 04/28/18 at 5:33 a					
		= =				
	Review of Resident #	3's May 2018 electronic				
	medication administra					
	revealed:	,				
		I 50 mg, give 1 tablet every				
	6 hours as needed fo					
		ocumented as administered				
	at all in the month of I					
		ne 5/325 mg, 1 tablet every				
	8 hours as needed fo					
		umented as administered				
	from 05/01/18 to 05/0					
	Interview on 05/11/20	18 at 2:31 pm with Resident				
	#3 revealed:	,				

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-She received tramadol every 6 hours as needed

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
		HAL080020	B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	/ING	TH MAIN STRE	ET		
		CHINA GR	ROVE, NC 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 6	D 273			
D 2/3	for pain in her feet an -She had been out of April 2018She was having a lot -She had to go to the 04/29/18 because she "it caused her blood particle and prescription for oxyco but she finished that particle was now receiving not -She had asked to swin-house physician beget to appointments of -She had not been set -She had told staff the -Tramadol did not contracted pharm -Tramadol 50 mg table 04/04/18 for 60 tablet -They had not received a medication clarification with the contracted pharm -They had received a medication clarification with the contracted pharm -They had not received a medication clarification with the pharm -They had received a medication clarification with the pharm -They had called the because the disconting same provider that provider that provider with the pharm -They had called the because the disconting same provider that provider that provider with the provider that provider with the pharm -They had called the because the disconting same provider that provider with the provider with the provider with the provider with the pharmacological provider with the pharmacological provider with the provider with the pharmacological provider with the pharmacolog	tramadol since the end of to find pain in her feet and legs. emergency room on e was in so much pain that pressure to be high." In had given her a done (used for severe pain) prescription on 05/06/18 and othing for pain. Point doctors back to the ecause it was hard for her to putside the facility. Her by a physician in May. Hat she was in pain. Hor 05/11/18 at 2:36 pm with acy revealed: Het were dispensed on S. Hed a refill request or a new dol for Resident #3. If fax from the facility of a Inform signed by Resident Ing to discontinue tramadol Inher medications on 05/11/18 If acility for clarification Inue order was not from the escribed the tramadol. In at 1:00 pm with the MA In out of tramadol for "a few	D 2/3			
	•	er when she ordered more.				

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Resident #3 had been out of medication.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		, , ,	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL080020	B. WING		05/	/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELO	AT LIEADT ACCIOTED I II	1114 SOU	TH MAIN STRE	ET		
ANGELS	AT HEART ASSISTED LIV	CHINA GE	ROVE, NC 2802	3		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 7	D 273			
	orthopedist discontinual resident #3 complai work. -Resident #3 had recompressed r	ned that the tramadol didn't eived a prescription from the expectation and of pain "all the time," eceive pain medication. ed the physician to report eints of pain. expectation and of pain and of pain. expectation and of pain and of pai				
	a medical assistant fronthopedist office revolution. The orthopedist did reports of the control					
	-They did not receive form from the facility tramadol.	a medication clarification requesting to discontinue				
	-They would fax anothe medication clarification	15/11/18 stating to ped analgesic cream only. her copy of the signed on form that they had sent, only concerning the analgesic				

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Division of	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL080020	B. WING		05/11/2018	
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AS	DDRESS, CITY, STAT	TE 710 000E	•	
NAIVIE OF P	ROVIDER OR SUPPLIER		, ,	,		
ANGELS A	AT HEART ASSISTED LIV	VING	ITH MAIN STREE			
			ROVE, NC 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP	D BE COMPLETE	
				DEFICIENCY)		_
D 273	Continued From page	e 8	D 273			
		d showed an order from the				
	emergency room for oxycodone on 04/30/18, but there was no record of Resident #3 being prescribed tramadol in their system. The outbornedist had prescribed the analysis					
	-The orthopedist had prescribed the analgesic cream for pain but discontinued it because					
	insurance would not cover it.					
	-The orthopedist had also prescribed gabapentin (a nerve pain medication) for pain in the resident's feet and legs but did not know the					
		taking gabapentin, so				
		itional prescription as well.				
	•	not aware that Resident #3 dications for pain other than				
	the gabapentin presc	•				
	physician.	ribed by a previous				
	• •	not been contacted by the				
		ent complaints of pain from				
	Resident #3.					
	Review of the faxed of	copy of the medication				
		eived from the orthopedist				
		cation clarification form.				
	-It was signed by the	MA.				
	-It was a request to d cream.	iscontinue an analgesic				
		medications listed on the				
		d by the orthopedist and				
	dated 05/10/18.					
	Second interview on MA revealed:	05/11/18 at 3:20 pm with the				
	-She had received the	e first faxed medication				
	clarification form off the morning.	he fax machine that				
	_	ng and signature on the form.				
		ry the request to discontinue				

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tramadol was written in pen on the printed copy.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE S COMPLE		
		HAL080020	B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	/ING	TH MAIN STRE			
			OVE, NC 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From page	9	D 273			
	written in pen on the parallel -"I pulled it off the faxureShe did not know wh	machine like that." by the copy sent from the 18 at 2:00 pm did not have				
	the copy discontinuing	vealed: out the medication sting to discontinue d copies, it was clear that g tramadol had been altered				
	the copy discontinuing tramadol had been altered with a pen after being received. -She did not know why any staff would alter a received document. -MA staff were responsible for requesting refills for medications. -The MAs worked with the Resident Care Director (RCD) to coordinate appointments and address concerns for residents, but her RCD was currently on leave. -Resident #3 still had tramadol listed on her eMAR but was out of the medication. -Resident #3 had been receiving oxycodone from 05/01/18 to 05/06/18 for pain. -Resident #3 did not have any medication for pain					
	2. Review of Residen 04/04/2018 revealed: -Diagnoses included disease, congestive h diabetes, obstructive obstructive pulmonary liver disease, and car	y a request for pain een sent to the provider. t #2's current FL-2 dated dementia, chronic kidney neart failure, hypertension, sleep apnea, chronic y disease, cirrhosis, chronic				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING: _		GOIVII ELTEB
		HAL080020	B. WING		05/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
ANGELS	AT HEART ASSISTED LI	/ING	TH MAIN STREE		
	OLIMA A DV. OT		ROVE, NC 2802:		OTION
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
D 273	Continued From page	e 10	D 273		
	Report," printed from	Resident #2's previous Il of Resident #2's current			
	04/03/2018 revealed	ation Review Report" dated an order to obtain weights the physician if there was a within a week.			
	Review of Resident # subsequent orders fo	2's record revealed no r weights.			
	Review of Resident #2's electronic Medication Administration Record (eMAR) for April 2018 revealed:				
		o weigh daily and to contact was a 2-3 pound overnight			
	-There was documen weighed on 04/17/18				
		nentation Resident #2 was I8 through 04/16/18 and 30/18			
	_	tation "Resident Refused"			
	Orders" from 04/25/1	tation "Withheld per Dr/RN 8 through 04/26/18. tation "Physically Unable to			
	Take" on 04/30/18.	tation i hysically offable to			
	Review of Resident # revealed:	2's eMAR for May 2018			
		o weigh daily and to contact was a 2-3 pound overnight			
	-There was no docun weighed from 05/01/	•			
	Take," from 05/01/18	tation, "Physically Unable to through 05/02/18. tation, "Resident Refused,"			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL080020	B. WING		05/11	/2018
	ROVIDER OR SUPPLIER AT HEART ASSISTED LIV	/ING	ORESS, CITY, STA TH MAIN STRE OVE, NC 2802	ET		
(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	(X5) COMPLETE DATE
D 273	Orders," on 05/05/18. -There was documentake," from 05/06/18 Interview with a first s 05/09/2018 at 3:58 propersisted and selection of the s	tation, "Withheld per Dr/RN tation, "Physically Unable to through 05/11/18. shift Medication Aide (MA) on m revealed: sposed to be weighed every but he doesn't have stand and I about dropped dent #2's physician a few know that she was unable to on Resident # cians should be documented d that weights were Orders" and "Physically nere was no physician's y weights. octor's appointment on did not send any ng the physician that daily ained because she forgot. ecutive Director (ED) on m revealed: esident #2 had physician ts and did not know being weighed as ordered. esponsible for obtaining daily	D 273			

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hour nurses notes when Resident #2 refused to

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			·			
			D WING			
		HAL080020	B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE. ZIP CODE		
			JTH MAIN STRE			
ANGELS A	AT HEART ASSISTED LIV	VING				
		CHINA G	ROVE, NC 2802	23		T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
TAG	REGOEATORT GIVE	EGG IDEITTI TING III GIUMMIGIN,	TAG	DEFICIENCY)	W.C.	
D 273	Continued From page	e 12	D 273			
	ho woighod or was no	ot weighed for any reason.				
		orking in the facility this				
	week.					
	latamiaith a muma	a at Daaidant #0la minaan				
		e at Resident #2's primary				
		P) office on 05/11/2018 at				
	9:28 am revealed:					
		between the facility and				
	Resident #2's physici					
		order for daily weights due				
		nosis of congestive heart				
	failure.					
		ontacted by the facility and				
	did not know the facil	-				
	Resident #2's weight					
	-She expected for the	e facility to contact her if				
	Resident #2 was not	being weighed daily as				
	ordered.					
	-Not monitoring Resid	dent #2's daily weights could				
	lead to exacerbation	of congestive heart failure				
	and fluid on the lungs	S.				
	Interview with a clinic	al services representative at				
		n's office on 05/11/2018 at				
	10:38 am revealed:					
	-The facility notified the	he physician's office on				
		dent #2 was new to the				
	facility.					
		en for the first time since				
		facility on 04/25/2018 by a				
	facility physician's ass	•				
	-Resident #2 was also					
	physician's assistant					
	• •	stant was not the physician				
	who wrote the order f					
		taken daily at Resident #2's				
	previous facility.	taken daily at Nesident #25				
	·	veician's assistant had asked				
		ysician's assistant had asked				
		they had been weighing				
	kesident #2 daily and	d was told that the facility did				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL080020	B. WING		05	5/11/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ANGELS	AT HEART ASSISTED L	IVING	UTH MAIN STREET ROVE, NC 28023	•		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	not have the proper #2. -The physician's ass for weights during the visit. Observation of a not room on 05/11/18 at when there were need doctor's orders and for the weighed daily. -The facility was not did not remember the weighed at the facility. Attempted interview 4:20 pm was unsucced. Interview with a second interview. She had not know R weighed daily. -She had not seen a Resident #2. -She had not seen a Resident #2. -She had not seen a Resident #2. -The facility failed to sampled residents returned interview with a second interview.	equipment to weigh Resident sistant did not write any orders to 04/25/2018 or 05/02/2018 dice posted in the medication 4:10 revealed steps to take worders included: clarify all fax orders to the pharmacy. ent #2 on 05/11/2018 at 4:12 the had a physician's order to weighing him daily and he e last time he had been ty. with the RCD on 05/11/18 at tressful. and shift MA on 05/11/2018 at tressful. and shift MA on 05/11/2018 at tresident #2 had an order to be anyone attempt to weigh ghed Resident #2 because he ear weight. Inotify the physician for 2 of 3 regarding a renewal order for ed complaints of pain physician orders for daily	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL080020	B. WING		05/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ANGELS	AT HEART ASSISTED LIV	JING 1114 SOUT	H MAIN STRE	ET	
ANOLLO	TILARI AGGIOTED EN	CHINA GR	OVE, NC 2802	3	
(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	e 14	D 273		
	a Type B Violation.				
	this violation. CORRECTION DATE	131D-34 on 06/07/18 for			
D 296	10A NCAC 13F .0904 Service	(c)(7) Nutrition And Food	D 296		
	10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.				
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure there was a matching therapeutic diet breakfast menu for 2 of 3 sampled residents (#1 and #3) with physician's orders for a No Concentrated Sweets (NCS) diet.				
	The findings are:				
	02/26/2018 revealed: -Diagnoses included imellitusThere was a physicia	insulin dependent diabetes			
	•	ent physician's diet order led an order for a NCS diet.			
	Review of the therape	eutic diet list posted in the			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		HAL080020	B. WING		0:	5/11/2018
	ROVIDER OR SUPPLIER AT HEART ASSISTED LIV	/ING 1114 SO	DDRESS, CITY, STATE UTH MAIN STREET GROVE, NC 28023			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 296	NCS diet. Review of the therape there was a NCS diet but there was not a N Review of the regular 05/10/18 revealed restowl of oatmeal, 1 slike with jelly, 1 cup of juice. Observation of the brought of the properties of the regular of the served cereal with mit toast with jelly, a servorange juice. Review of the regular 05/11/18 revealed restorambled eggs, has with jelly, 1 cup of juice. Observation of the brought of grits slices of toast with jelly. Interview with Reside pm revealed: He did not know if he not. The doctor had told interview with a clinic the facility's physician 9:29 am revealed Resident of the process of toast with gelland to the facility's physician 9:29 am revealed Resident of the process of toast with a clinic the facility's physician 9:29 am revealed Resident of the process of toast with a clinic the facility's physician 9:29 am revealed Resident of the process of the process of toast with a clinic the facility's physician 9:29 am revealed Resident of the process of th	eutic diet menus revealed menu for lunch and dinner, CS diet menu for breakfast. breakfast menu for sidents were to be served 1 ce of bacon, fresh fruit, toast ce, milk, water, or coffee. eakfast meal service on evealed Resident #1 was lk, 1 boiled egg, 1 slice of ing of mixed fruit, milk, and breakfast menu for sidents were to be served 2 in browns, sausage, toast ce, millk, water, or coffee. eakfast meal service on in revealed Resident #1 was in a serving of fruit cocktail, 2	D 296			

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HAL080020 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023	1/2018
ANGELS AT HEART ASSISTED LIVING 1114 SOUTH MAIN STREET	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Refer to interview with the Dietary Manager (DM) on 05/09/2018 at 12:25 pm. Refer to interview with the Executive Director (ED) on 05/09/2018 at 1:10 pm Refer to interview with the facility contracted registered dietician (RD) on 05/09/2018 at 2:16 pm. Refer to interview with the DM on 05/10/2018 at 8:23 am. Refer to interview with the DM on 05/10/2018 at 8:23 am. 2. Review of Resident #3's current FL2 dated 10/30/2017 revealed: -Diagnoses included unspecified fracture of upper left humorous, unspecified fall, muscle weakness, and difficulty walkingThere was a physician's order for a Carbohydrate Controlled Diet (CCD), and a Regular No Added Salt (NAS) diet. Review of signed physician's orders dated 02/21/18 for Resident #3 revealed diagnoses included diabetes type 2. Review of a subsequent physician's diet order dated 11/22/17 revealed an order for a NCS diet. Review of the therapeutic diet list posted in the kitchen revealed Resident #3 was to be served a NCS diet. Observation of the breakfast meal service on 05/10/18 at 8:15 am revealed Resident #3 did not eat breakfast. Review of the regular breakfast menu for 05/11/18 revealed residents were to be served 2	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		HAL080020	B. WING		05/11/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	/ING 1114 SOUT	H MAIN STRE	ET		
ANGELS	AI NEAKI ASSISTED LIV	CHINA GR	OVE, NC 2802	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 296	Continued From page	e 17	D 296			
	with jelly, 1 cup of juic	ce, millk, water, or coffee.				
	05/11/18 at 8:05 am r served a bowl of oath cocktail, 1 slice of toa juice, milk, and water. Interview Resident #3 revealed: -She was diabetic, bu special diet"I don't eat much swell interview with a clinic Interview with a clinic Interview at the facility 05/10/2018 at 9:29 ar should be on a NCS of diagnoses of diabetes.	st with jelly, diet cranberry s on 05/11/2018 at 1:19 pm at did not think she was on a eet stuff." al service representative y's physician's office on m revealed Resident #3 diet for all meals due to				
	pm	n ED on 05/09/2018 at 1:10				
	on 05/09/2018 at 2:16	n the facility contracted RD 5 pm.				
	Refer to interview with 8:23 pm.	n the DM on 05/10/2018 at				
	revealed: -She was responsible all mealsThe facility offered re	vailable for NCS diets for				

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-She has been using the regular breakfast menu

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL080020	B. WING		0:	5/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
		1114 SOI	JTH MAIN STREET			
ANGELS A	AT HEART ASSISTED LI	VING CHINA G	ROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 296	-The registered dietic week and told her to breakfast menu for re-She did not ask the NCS breakfast menu Interview with the ED revealed: -She was responsible therapeutic menus w who were on therape-The facility offered o-She did not know the needed for the break-She was told that sh menu for the lunch at She had been workinglace and would get in place for residents Interview with the fact 05/09/2018 at 2:16 pt preakfast meal servicult was not her intentice.	diets for about 4 months. Sian was in the facility on last continue using the regular egular and NCS diets. ED or the RD about having a available in the facility. On 05/09/2018 at 1:10 pm of for ensuring that ere in place for residents eutic diets. Inly regular and NCS diets. at a NCS diet menu was fast meal service. The only needed a NCS diet and dinner meal services. Ing on getting the menus in a NCS diet breakfast menu on a NCS diet. Sility contracted RD on m revealed: The NCS diet menu for the daily size. The only for residents who were ow the regular menu for the	D 296			
	-Residents who had I NCS menu for breakt	ne. NCS diet orders needed a fast, lunch and dinner. them. I will work on that				
	revealed: -She thought there sl breakfast menu in pla diets, but she did not -She served resident	If on 05/10/2018 at 8:23 am nould have been a separate ace for residents on NCS say anything. s, who had orders for a NCS diet and no sugar added				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080020	B. WING		05/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
ANGELS	AT HEART ASSISTED LIV	/ING	TH MAIN STRE OVE, NC 2802		
(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 296	Continued From page	e 19	D 296		
	juices, and unsweete	ned tea.			
D 310	10A NCAC 13F .0904 Service	e(e)(4) Nutrition and Food	D 310		
	(e) Therapeutic Diets(4) All therapeutic die supplements and thic	Nutrition and Food Service in Adult Care Homes: ets, including nutritional kened liquids, shall be the resident's physician.			
	reviews, the facility fa residents (#1 and #3) therapeutic diet of No	ns, interviews, and record			
	The findings are:				
	02/26/2018 revealed: -Diagnoses included mellitus.	t #1's current FL2 dated insulin dependent diabetes an's order for a diabetic diet.			
		ent physician's diet order led an order for a NCS diet.			
		eutic diet list posted in the ident #3 was to be served a			
	there was a NCS diet	eutic diet menus revealed menu for lunch and dinner, CS diet menu for breakfast.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
74101 2741	or dorace mon	IDENTIFICATION TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TO A TOTAL	A. BUILDING: _			
		HAL080020	B. WING		05	/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	/ING	TH MAIN STRE ROVE, NC 2802			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 310	bowl of oatmeal, 1 sliwithjelly, 1 cup of juice Observation of the broo5/10/18 at 8:15 am reversed cereal with mitoast with jelly, a servorange juice. Revivew of the regula 05/11/18 revealed reservabled eggs, hashwith jelly, 1 cup of juice Observation of the broo5/11/18 at 8:05 am reversed a bowl of grits of fruit cocktail, 2 slice and water. It could not be determined to the did not know if he mot. Interview with Reside pm revealed: He did not know if he not. The doctor had told in the land of the	breakfast menu for sidents were to be served 1 ce of bacon, fresh fruit, toast e, milk, water, or coffee. eakfast meal service on revealed Resident #1 was lk, 1 boiled egg, 1 slice of ring of mixed fruit, milk, and ar breakfast menu for sidents were to be served 2 in browns, sausage, toast ce, millk, water, or coffee. eakfast meal service on revealed Resident #1 was les of toast with jelly, coffee was of toast with jelly, coffee contained if Resident #1 was les meal due to no NCS menu kfast meal for staff ent #1 on 05/09/18 at 3:55 e was on a special diet or him not to eat any sugar. al service representative y's physician's office on merevealed Resident #1 diet for all meals due to signality.	D 310			
	Refer to interview witl	h the Dietary Manager (DM)				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL080020	B. WING		05/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
	1114 SOI			ET	
ANGELS AT HEART ASSISTED LIVING CHINA G			OVE, NC 2802	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 310	Continued From page	21	D 310		
	on 05/09/18 at 12:25	pm.			
	Refer to interview with (ED) on 05/09/18 at 1	n the Executive Director :10 pm			
		n the facility contracted RD) on 05/09/18 at 2:16 pm.			
	Refer to interview with 8:23 am.	n the DM on 05/10/2018 at			
	Review of Resident #3's current FL2 dated 10/30/2017 revealed: -Diagnoses included unspecified fracture of upper left humorous, unspecified fall, muscle weakness, and difficulty walking. -There was a physician's order for a Carbohydrate Controlled Diet (CCD), and a Regular No Added Salt (NAS) diet.				
	Review of the diet order for revealed an order for				
	Review of a signed pr 02/21/18 for Resident included diabetes type	#2 revealed diagnoses			
	=	eutic diet list posted in the ident #3 had an order for a			
		eakfast meal service on n revealed Resident #3 did			
	residents were to be	or breakfast menu revealed served 2 scrambled eggs, e, toast with jelly, 1 cup of coffee.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		1141 00000	B. WING			4/0040
		HAL080020			05/1	1/2018
NAME OF PI	ROVIDER OR SUPPLIER		ORESS, CITY, STA			
ANGELS A	AT HEART ASSISTED LIV	/ING	TH MAIN STRE OVE, NC 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 310	Continued From page	22	D 310			
	Observation of the bro 05/11/2018 at 8:05 ar served a bowl of oath serving of fruit cockta diet cranberry juice, n Interview Resident #3 revealed:	eakfast meal service on n revealed Resident #3 was neal, 1 slice of bacon, a il, 1 slices of toast with jelly,				
	special diet"I don't eat much sweet stuff."					
	Interview at the facility 05/10/2018 at 9:29 ar	al service representative y's physician's office on n revealed Resident #3 diet for all meals due to s mellitus.				
	Refer to interview with 12:25 pm.	n the DM on 05/09/2018 at				
	Refer to interview with 1:10 pm	n the ED on 05/09/2018 at				
	Refer to interview with 05/09/2018 at 2:16 pr					
	Refer to interview with the DM on 05/10/2018 at 8:23 am.					
	revealed: -She was responsible all mealsThe facility offered re-She served residents for NCS diets accordilunch and dinner.	e for preparing and serving egular and NCS diets. So who had physician's orders ng to the NCS diet menu for physician's orders for NCS				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE Co			E SURVEY PLETED	
			7. BOILDING			
		HAL080020	B. WING		0:	5/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
411051.0	AT LIEADT A 0010TED L II	1114 SOU	TH MAIN STREET	-		
ANGELS	AT HEART ASSISTED LIV	OHINA GF	ROVE, NC 28023			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From page	e 23	D 310			
	diet were served regu regular breakfast mer a NCS diet menu for -She did not ask the I	ular breakfast meals from the nu because she did not have				
	revealed: -The facility offered or -She was responsible therapeutic diets were physicianResidents who were served a regular break know a NCS diet mer breakfast meal servicies.	on a NCS diet were being lakfast because she did not have was need for the le. le only needed a NCS diet and dinner meal services for				
	dietician on 05/09/20 -The facility needed a breakfast meal service -It was not her intention on a NCS diet to follodo breakfast meal service -Residents who had NCS menu for breakf	ons for residents who were w the regular menu for the e. NCS diet orders needed a				
	revealed: -She thought Resider orders for a NCS diet NCS diet for the brea lunch and dinner mea-She did not say anyt	nts who had physician's should have been served a kfast meal in addition to the als. hing because she was told o were on a NCS from the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL080020	B. WING		05	5/11/2018
	ROVIDER OR SUPPLIER AT HEART ASSISTED LIV	/ING 1114 SOU	DDRESS, CITY, STATE JTH MAIN STREET ROVE, NC 28023			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 310		nu. s, who had orders for a NCS diet and no sugar added	D 310			
D 358	(a) An adult care hor preparation and admi prescription and nonby staff are in accordance (1) orders by a licens which are maintained	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments	D 358			
	reviews, the facility fa were administered as prescribing practitione residents with orders angiotensin II receptor and an angiotensin co	ns, interviews and record illed to assure medications ordered by a licensed er for 2 of 3 sampled for an antibiotic, an or blocker, a beta blocker, converting enzyme (ACE)); an anxiolytic and pain				
	04/04/2018 revealed: -Diagnoses included	t #2's current FL-2 dated chronic kidney disease, re hypertension diabetes				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					
		HAL080020	B. WING		05/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		1114 SOU	TH MAIN STRE	ET	
ANGELS	AT HEART ASSISTED LIV	/ING	OVE, NC 2802		
	CLIMMADY CT		1		M 9450
(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 APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF T	BE COMPLETE
D 358	358 Continued From page 25		D 358		
	mellitus, cirrhosis of t	he liver, chronic liver			
	disease, and cardiom				
		t #2's hospital discharge			
	summary dated 04/28	nitted to the hospital on			
	04/27/18 and dischar				
	l '	irge diagnosis included			
	healthcare-associated pneumonia. -There was an order to start cefpodoxime 200 mg (an antibiotic) 1 tablet every 12 hours for 7 days. Review of Resident #2's electronic Medication Administration Record (eMAR) for April 2018 revealed: -There was no entry for cefpodoxime 200 mg 1 tablet every 12 hours. -There was no documentation cefpodoxime had been administered as ordered.				
	Review of Resident #	2's eMAR for May 2018			
		or cefpodoxime 200 mg 1			
	tablet every 12 hours				
	-There was no docum	nentation cefpodoxime had			
	been administered as	ordered.			
	for changes in medica medication aides (MA up. -The new order for ce have been faxed or co be filled after the disc	revealed: Director (RCD) was ving discharge summaries ations and then the as) review them as a follow efpodoxime 200 mg should alled into the pharmacy to			
	reviewedShe did not know wh	v cefpodoxime was not			

filled.

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Division of	Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL080020	B. WING		05/11/2018	
NAME OF D		etdeet vi	DDESS CITY STA	TE ZID CODE		
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
ANGELS A	AT HEART ASSISTED LIV	/ING	ITH MAIN STRE			
CHINA GI		ROVE, NC 2802				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		
		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
D 358	58 Continued From page 26		D 358			
	. •					
	-The RCD was not working in the facility this week.					
	lataniaitha a NAA a	- 05/44/40 -t 0:04				
	revealed:	n 05/11/18 at 2:24 pm				
	-The RCD or the MAs	reviewed discharge				
		nts who returned to the				
	facility from the hospi					
		er if she had reviewed the				
	discharge summary d	lated 4/28/18 for Resident				
	#2.					
		new order for medication, the				
		ospital discharge would				
		pharmacy by the MA or				
		on could be filled and added				
	to the eMAR.					
	-Resident #2 was not	currently on an antibiotic.				
	Interview with a secon	nd shift MA on 05/11/18 at				
	4:48 pm revealed:					
	-The RCD was respon	nsible for reviewing				
		for changes in orders				
	including medications	S.				
		ere was an order on the				
	04/28/18 hospital disc					
		aking cefpodoxime 200 mg.				
		g was not on Resident #2's				
	eMAR and she had n					
	cefpodoxime to Resid	ient #2.				
	Interview with the con	ntracted pharmacist on				
	Interview with the contracted pharmacist on 05/11/18 at 11:38 am revealed he had never					
	received or filled a ph					
	cefpodoxime.	•				
		e at Resident #2's Primary				
	•	P) office on 05/11/18 at 2:52				
	pm revealed:	foodovimo had haan				
	-She did not know ce	ipodoxime nad been	1			

ordered for Resident #2.

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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		
			P WING			
		HAL080020	B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS AT HEART ASSISTED LIVING			TH MAIN STRE			
	Т		OVE, NC 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	D 358 Continued From page 27		D 358			
	physician's order for I cefpodoxime and she the discharge summa Interview with Reside PCP on 05/11/18 at 3 never received or fille cefpodoxime. Interview with Reside pm revealed: -He did not know all cadministered to himHe did not know of a for him to start taking April 2018.	nt #2's pharmacy through :33 pm revealed they had id a physician's order for nt #2 on 05/11/18 at 4:12 of the medications that were ny new medications ordered after his hospitalization in again about a week after the				
	Attempted interview v 4:20 pm was unsucce	vith the RCD on 05/11/18 at essful.				
	summary for Resident revealed: -Resident #2 was add 05/02/2018 and disch-Resident #2's dischat acute on chronic systobstructive pulmonary troponin, chronic atriation nonischemic cardiom -There was an order (an angiotensin II reconchronic heart failure) Review of Resident #	to start entresto 24-26 mg eptor blocker used for 2 tablets twice daily.				

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mg, 2 tablets twice daily.

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	PLETED
		HAL080020	B. WING		05	/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
411051.0	AT LIEADT A COLOTED L II	1114 SOL	TH MAIN STRE	ET		
ANGELS	AT HEART ASSISTED LIV	VING CHINA G	ROVE, NC 2802	3		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	THE APPROPRIATE	COMPLETE DATE
D 358	D 358 Continued From page 28		D 358			
	Administration Reconrevealed: -There was no entry fitwice daily on the eM -There was no documadministered from 05 Interview with the Exc 05/11/18 at 12:56 pm -The Resident Care If responsible for review for changes in medication aides (MA upNew medication ordershould have been fax pharmacy to be filled was reviewed.	nentation entresto had been /03/18 through 05/09/18. ecutive Director (ED) on revealed: Director (RCD) was ving discharge summaries ations and then the As) review them as a follow ers on discharge summaries				
	revealed: -The RCD or the MA summaries for reside facility from the hospi-she had reviewed th 05/03/18 from Reside-If there had been an physician's order or have been sent to the RCD so the medication to the MARShe faxed the discharge's Primary Care Ph 05/07/18, but has not-she had not heard from the RCD so the medication to the MAR.	nts who returned to the tal. e discharge summary dated ent #'s2 hospitalization. new order for medication, the abspital discharge would ent pharmacy by the MA or con could be filled and added enterprise summary to Resident sysician's (PCP) office on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDIEAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL080020	B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	/ING	TH MAIN STRE			
		CHINA GR	OVE, NC 2802	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	D 358 Continued From page 29		D 358			
	inform her that Resident #1 had not been taking entresto as ordered on the hospital discharge. She did not fax a copy of the hospital discharge orders to the pharmacy. Interview with a nurse at Resident #2's PCP's office on 05/11/18 at 2:52 pm revealed: -She had not received a copy of the 05/03/18 hospital discharge from the facility for Resident #2She had not received any calls from the facility regarding changes in medications or missed doses of medicationShe requested a copy of the 05/03/18 hospital discharge from the hospital on 05/08/18.					
	-Resident #2's PCP h medication from the 0 and had sent a copy of discharge to Resident	ad reviewed changes in 15/03/18 hospital discharge of the 05/03/18 hospital t #2's cardiologist since treat functions of the heart.				
	Interview with a second shift MA on 05/11/18 at 4:48 pm revealed: -The RCD was responsible for reviewing discharge summaries for changes in orders including medications.					
	Resident #2 after his hospitalizationShe had not seen en	tresto in the medication cart ered entresto since his				
	pm revealed: -He did not know all cadministered to himHe did not know of a	ont #2 on 05/11/18 at 4:12 If the medications that were ny new medications ordered after his hospitalization in				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
		HAL080020	B. WING		05/	11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE,	ZIP CODE	·	
ANGELS	AT HEART ASSISTED LIV	/ING 1114 SOL	JTH MAIN STREET			
ANGLES	AT TILAKT ASSISTED EN	CHINA G	ROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 30	D 358			
	Attempted interview with the RCD on 05/11/18 at 4:20 pm was unsuccessful.					
	04/04/2018 revealed carvedilol 3.125 mg (t #2's current FL-2 dated a physician's order for a beta blocker used to treat and heart failure) 1 tablet				
	twice daily. Review of a subsequent hospital discharge summary for Resident #2 dated 05/03/2018 revealed: -Resident #2 was admitted to the hospital on 05/02/2018 and discharged on 05/03/2018. -Resident #2's discharge diagnosis included acute on chronic systolic heart failure, chronic obstructive pulmonary disease, chronic elevated troponin, chronic atrial fibrillation, and chronic nonischemic cardiomyopathy. -There was a physician's order to increase carvedilol 3.125 mg to carvedilol 6.25 mg 1 tablet twice daily with meals.					
	Review of Resident # prescription dated 05. 1 tablet twice daily wi	/03/18 for carvedilol 6.25 mg				
	Administration Record revealed: -There was an entry for tablet twice dailyCarvedilol 3.125 mg administered at 8:00 05/11/18 and at 8:00 05/10/18There was not an entablet twice daily with	am from 05/04/18 to pm from 05/03/18 to try for carvedilol 6.25 mg 1				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL080020	B. WING		05	11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
			JTH MAIN STREE	ET		
ANGELS A	AT HEART ASSISTED LIV	/ING CHINA G	ROVE, NC 28023	3		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	D 358 Continued From page 31		D 358			
	had been administere 05/11/2018.	ed from 05/03/18 through				
	for changes in medical medication aides (MA up. -New medication order should have been fax pharmacy by the MA discharge summary weaked and the summaries of the medication or the MA or revealed: -The RCD or the MA or revealed: -The RCD or the MA or summaries for resider facility from the hospireshe had reviewed th 05/03/18 from Reside left there had been an physician's order or have been sent to the medication could be freedam. -She faxed the discharge are proposed. -She had not heard from that not followed up we inform her that Reside.	revealed: Director (RCD) was wing discharge summaries ations and then the as) review them as a follow ers on discharge summaries and or called into the or RCD to be filled after the was reviewed. By the change in the order for comitted to the pharmacy. In 05/11/18 at 2:24 pm reviewed discharge ants who returned to the tal. The discharge summary dated ant #2's hospitalization. The discharge would				
	orders to the pharmac					

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
		HAL080020	B. WING		05/1	11/2018
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AF	DRESS, CITY, STA	TE ZID CODE	•	
NAIVIE OF FI	NOVIDER OR SUFFLIER					
ANGELS AT HEART ASSISTED LIVING			TH MAIN STRE			
			ROVE, NC 2802			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR		DATE
				DEFICIENCY)		
D 358	Continued From page	2 32	D 358			
	Physician's nurse on revealed:	05/11/18 at 2:52 pm				
	-She had not received	d a copy of the 05/03/18				
		m the facility for Resident				
		d any calls from the facility				
	regarding changes in	medications or missed				
	doses of medication.	5.11 0.5.100.140.1 11.1				
		y of the 05/03/18 hospital				
	discharge from the ho	ad reviewed changes in				
		05/03/18 hospital discharge				
		changes in carvedilol dosage				
	•	lication list at the PCP's				
	office.					
		nave been administered				
		ice daily as ordered on the				
	hospital discharge.					
		nd shift MA on 05/11/18 at				
	4:48 pm revealed:	a sila la fara a cidación a				
	-The RCD was respon	_				
	including medications	for changes in orders				
		ny changes in medication for				
	Resident #2 after his	,				
	hospitalization.					
	-Resident #2 was cur	rently administered				
	carvedilol 3.125 mg.					
	Interview with Resident #2 on 05/11/18 at 4:12 pm revealed:					
		of the medications that were				
	administered to him.					
		ny new medications ordered				
	_	after his hospitalization in				
	May 2018.					
	Attempted interview v	vith the RCD on 05/11/18 at				

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4:20 pm was unsuccessful.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLE	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPL	EIED
		HAL080020	B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	JING 1114 SOU	TH MAIN STRE	ET		
ANGLES	AT TILAKT ASSISTED LIV	CHINA GI	ROVE, NC 2802	3		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	O 358 Continued From page 33		D 358			
	04/04/2018 revealed order for Lisinopril 2.5 blood pressure) 1 tab Review of a subseque summary for Resident revealed: -Resident #2 was adr 05/02/2018 and disch-Resident #2's discha	t #2's current FL-2 dated there was a physician's 5 mg (used to treat high let every day at 12:00 pm. ent hospital discharge at #2 dated 05/03/2018 mitted to the hospital on harged on 05/03/2018. arge diagnosis included				
	acute on chronic systolic heart failure, chronic obstructive pulmonary disease, chronic elevated troponin, chronic atrial fibrillation, and chronic nonischemic cardiomyopathy. -There was a physician's order to discontinue lisinopril 2.5 mg.					
	Administration Record revealed: -There was an entry findaily at noonThere was documen administered from 05	2's electronic Medication d (eMAR) for May 2018 for lisinopril 2.5 mg 1 tablet tation lisinopril was /04/18 through 05/09/18. en discontinued as ordered.				
	for changes in medical medication aides (MA upNew medication ordershould have been fax pharmacy to be filled was reviewed.	revealed: Director (RCD) was ving discharge summaries ations and then the as) review them as a follow ers on discharge summaries				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL080020	B. WING		05/1	1/2018
	NAME OF PROVIDER OR SUPPLIER ANGELS AT HEART ASSISTED LIVING CHINA GR					
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	discontinued as order summary. Interview with a MA or revealed: -The RCD or the MA summaries for reside facility from the hospi-She had reviewed the 05/03/18 from Reside-She faxed the discharge from the fax machine did of sent and recieved fadministered lisinopribe discontinuedShe did not fax a coporders to the pharmare office on 05/11/18 at 2-She had not received hospital discharge from the condischarge from t	red on the discharge In 05/11/18 at 2:24 pm reviewed discharge Ints who returned to the tal. In discharge summary dated the tal. In discharge summary to Resident the tal. In arge summary to Resident the tal. In gotten a response. In ot print out confirmations faxes. In om the PCP's nurse and with the PCP's nurse to the the tall though it was ordered to the tall though i	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETE	ED
		HAL080020	B. WING		05/11/	2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
		1114 SOUT	TH MAIN STRE	ET		
ANGELS AT HEART ASSISTED LIVING			OVE, NC 2802			
	OUR MAR DV OT					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 35	D 358			
D 358	Interview with a second 4:48 pm revealed: -The RCD was respond discharge summaries including medications -She did not notice arfor Resident #2 after I hospitalizationResident #2 was curt 3.125 mg. Interview with Reside pm revealed: -He did not know all cadministered to himHe did not know of a him to stop taking after 2018. Attempted interview with 4:20 pm was unsucced 2. Review of Resident 10/30/17 revealed dia unspecified fracture of difficulty walking, and Review of Resident # orders dated 02/21/18 included type 2 diabe	nnd shift MA on 05/11/18 at sible for reviewing for changes in orders in the state of the medications has 05/02/18 - 05/03/18 rently administered lisinopril of the medications that were my medications ordered for ear his hospitalization in May with the RCD on 05/11/18 at essful. It #3's current FL-2 dated agnoses included an off the upper left humerus, muscle weakness. It is signed physician's in the signes of the medications ordered for ear his hospitalization in May with the RCD on 05/11/18 at essful.	D 358			
	Review of Resident # revealed there was an	3's physician's orders n order dated 04/17/18 for ake 1 tablet daily as needed				

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Review of Resident #3's April 2018 electronic

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Division	of Health Service Regu	lation			FORM	1 APPROVED
STATEMENT	T OF DEFICIENCIES DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080020	B. WING		05/1	11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	/ING 1114 SOL	JTH MAIN STRE	ET		
ANGLES	AT TILAKT ASSISTED EN	CHINA G	ROVE, NC 2802	3		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
D 358	Continued From page	36	D 358			
	pm on 04/17/18. -Alprazolam was adm am on 04/19/18. -Alprazolam was adm pm on 04/20/18. -Alprazolam was adm am on 04/21/18. -Alprazolam was adm am on 04/22/18. -Alprazolam was adm am on 04/23/18. -Alprazolam was adm am on 04/24/18. -Alprazolam was adm am on 04/25/18. -Alprazolam was adm am on 04/26/18. -Alprazolam was adm am on 04/28/18. -Alprazolam was adm am on 04/28/18. -Alprazolam was adm am on 04/29/18.	ation record (eMAR) sinistered once daily at 8:07 sinistered once daily at 8:33 sinistered once daily at 8:43 sinistered once daily at 8:30 sinistered once daily at 8:31 sinistered once daily at 8:36 sinistered once daily at 8:42 sinistered once daily at 8:42 sinistered once daily at 9:12 sinistered once daily at 8:31 sinistered once daily at 8:31 sinistered once daily at 8:31 sinistered once daily at 7:40 sinistered once daily at 8:05 sinistered once daily at 8:30				

revealed:

am on 05/01/18.

am on 05/02/18.

pm on 05/04/18.

Review of Resident #3's May 2018 eMAR

-Alprazolam was administered once daily at 8:07

- Alprazolam was administered once daily at 8:18

-Alprazolam was administered once daily at 7:46

-Alprazolam was administered twice on 05/05/18,

-Alprazolam was administered twice on 05/06/18,

-Alprazolam was administered once daily at 5:35

at 8:16 am and again at 8:52 pm.

at 8:28 am and again at 11:30 pm.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		HAL080020	B. WING		05/·	11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	/ING	TH MAIN STRE OVE, NC 2802			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	am on 05/09/8Alprazolam was admam on 05/10/18. Observation on 05/10 medications on hand there was no alprazoladministration. Interview on 05/11/20 #3 revealed: -She received alprazoneeded it, which was -She had been out of days." -She did not know ho -She took alprazolam Telephone interview of the facility's contracted -Alprazolam 0.5 mg to 04/17/18 for 30 tabletded -If administered correspondent in the correspondent in	ninistered once daily at 7:45 ninistered once daily at 8:00 2/18 at 2:00 pm of the for Resident #3 revealed lam 0.5 mg available for 2/18 at 2:30 pm with Resident column once a day when she almost every day. alprazolam for "a couple 2/18 at 2:36 pm with 2/19 days exactly. 2/19 for anxiety. 2/19 on 05/11/18 at 2:36 pm with 2/19 days exactly. 2/19 at 2:36 pm with 2/19 days exactly. 2/19 at 2:36 pm with 2/19 days exactly. 2/19 at 3:20 pm with a MA 2/19 at 3:20 pm with a MA 2/19 at 3:20 pm with a MA 2/19 ered alprazolam 0.5 mg 2/19 eredicine as ordered. 2/19 of alprazolam, but she had 2/19 exact day she had 2/19 on 0.5 mg 2/19 exact day she had 2/19 on 0.5 mg 2/19 exact day she had 2/19 on 0.5 mg 2/19 of alprazolam, but she had 2/19 exact day she had 2/19 on 0.5 mg 2/19 of alprazolam, but she had 2/19 exact day she had 2/19 on 0.5 mg 2/19 of alprazolam, but she had 2/19 on 0.5 mg 2/19 of alprazolam, but she had	D 358			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL080020	B. WING		0	5/11/2018
	ANGELS AT HEART ASSISTED LIVING 1114 SOUT		DDRESS, CITY, STATI JTH MAIN STREE ROVE, NC 28023	т		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	-She sometimes work she did not have a My She had worked the weekend of 05/05/18 -She had administere alprazolam to Reside 05/06/18 because she "one tablet daily and the Attempted telephone 3:45 pm with Resider provider was unsucced. 3. Review of Residen 10/30/17 revealed dia unspecified fracture of difficulty walking, and Review of Resident # orders dated 02/21/18 included type 2 diabe myasthenia gravis, ar Pulmonary Disease (6 hypertension. Review of Resident # 03/15/18 revealed an take 1 tablet every 6 like Review of pharmacy 6 tramadol 50 mg 60 ta 04/04/18. Observation on 05/10	D) revealed: professional nurse (LPN). ked night or weekend shifts if A to cover the shift. weekend night shift the and 05/06/18. kid a second dose of nt #3 on 05/05/18 and thought the order said, then as needed for anxiety." interview on 05/11/18 at nt #3's mental health the sesful. It #3's current FL-2 dated agnoses included an off the upper left humerus, muscle weakness. 3's signed physician's the revealed diagnoses tes mellitus with neuropathy, exiety, Chronic Obstructive COPD), epilepsy, and 3's physician's orders dated order for tramadol 50 mg thours as needed for pain. dispensing records revealed blets was dispensed on 1/18 at 2:00 pm of the for Resident #3 revealed	D 358			

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			_			
			B. WING			
		HAL080020			05/1	11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
		1114 SOU	TH MAIN STREE	≘ T		
ANGELS A	AT HEART ASSISTED LIV	/ING CHINA GI	ROVE, NC 28023	3		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIE	DATE
			+	· · · · · · · · · · · · · · · · · · ·		
D 358	Continued From page	∍ 39	D 358			
	Review of Resident #	3's April 2018 electronic				
	medication administra					
	revealed:	ation record (civirally				
		ol 50 mg give 1 tablet every 6				
	hours as needed for p					
		nistered on 04/06/2018 at				
	6:20 pm.	115tered on 04/00/2010 at				
		nistered on 04/07/2018 at				
	4:29 am, 12:11 pm, a					
		nistered on 04/08/2018 at				
	6:39 am, 2:50 pm, an					
	' '	nistered on 04/09/18 at 6:50				
	am and 5:02 pm.	instered on a moon to de alloca				
	•	nistered on 04/10/18 at 2:45				
	am, 11:45 am, and 8:4					
		nistered on 04/11/18 at 8:55				
	am and 5:30 pm.					
	•	nistered on 04/12/18 at 3:40				
	am, 12:01 pm, and 8:					
	· · · · · · · · · · · · · · · · · · ·	nistered on 04/13/18 at 5:33				
	am, 12:51 pm, 1:55 p					
	_ · · · · · · · · · · · · · · · · · · ·	nistered on 04/14/18 at 8:58				
	am and 5:10 pm.					
	-	nistered on 04/15/18 at 11:55				
	am and 9:00 pm.					
		nistered on 04/16/18 at 10:12				
	am and 9:25 pm.					
		nistered on 04/17/18 at 5:57				
	am, 2:10 pm, and 10:	•				
	-Tramadol was admin	nistered on 04/18/18 at 5:03				
	am, 1:07 pm, and 8:0					
	-Tramadol was admin	nistered on 04/19/18 at 8:34				
	am and 6:36 pm.					
	-Tramadol was admin	nistered on 04/20/18 at 12:37				
	am, 10:10 am, and 4:					
	-Tramadol was admin	nistered on 04/21/18 at 5:18				
	am, 1:34 pm, and 7:3	5 pm.				

-Tramadol was administered on 04/22/18 at 1:35

-Tramadol was administered on 04/23/18 at 1:53

am, 2:05 pm, and 8:16 pm.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL080020	B. WING		05/11/2018	
ANGELS AT HEART ASSISTED LIVING 1114 SOUT		DRESS, CITY, STA TH MAIN STRE ROVE, NC 2802	ET		
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
am and 2:31 pm. -Tramadol was administant and 4:04 pm. -Tramadol was administant, 8:32 am, 2:31 pm, -Tramadol was administant am and 1:53 pm. -Tramadol was administant am and 2:58 pm. Review of Resident #3 medication administrate revealed: -An entry for tramadol 6 hours as needed for -Tramadol was not doe at all in the month of M Interview on 05/11/201 #3 revealed: -She received tramador for pain. -She had been out of the April 2018. -She was having a lot -She had to go to the edu/29/18 because she "it caused her blood propersoription for oxycood prescription on 05/06/2 nothing for pain.	estered on 04/24/18 at 3:44 estered on 04/25/18 at 2:51 estered on 04/2618 at 1:09 estered on 04/2618 at 1:09 estered on 04/27/18 at 6:02 estered on 04/28/18 at 5:33 estered on 04/28/18 at 6:02 estered on 04/28/18 este	D 358			

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-They had not received a refill request or a new

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Division (of Health Service Regu	ilation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			7 50.25 10.			
		HAL080020	B. WING	 -	05/1	11/2018
NAME OF D		CTDEET AD	DDESS CITY STA	ATE ZID CODE		
NAIVIE OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
ANGELS	AT HEART ASSISTED LIV	VING	TH MAIN STRE			
		CHINA GE	ROVE, NC 2802	23		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE	DATE
				BEHOLINOT		
D 358	Continued From page	e 41	D 358			
	prescription for trama					
	-They had received a	fax from the facility of a				
	medication clarification	on form signed by Resident				
	#3's orthopedist statir	ng to discontinue tramadol				
	-	ther medications on 05/11/18				
	"after lunch."					
		facility for clarification				
	-	nue order was not from the				
		rescribed the tramadol.				
	Same provider that pr	escribed the trainador.				
	Intoniou on 05/11/19	3 at 1:00 pm with a MA				
		S at 1.00 pm with a MA				
	revealed:					
		en out of tramadol for "a few				
	days" but she had ord					
		e exact day Resident #3 ran				
	out of tramadol.					
	-She did not know the	e exact day she ordered				
	more from the pharm	acy.				
	-She had received a f	fax back from Resident #3's				
	orthopedist discontinu	uing the tramadol.				
	-Resident #3 had reco	eived a prescription from the				
	emergency room for o	oxycodone but was out of				
	that as well.	•				
		ed the physician to report				
	Resident #3's compla					
	•	ined of pain "all the time,"				
		eceive pain medication.				
		out o pain moderation.				
	Review of the faxed of	copy of the medication				
	clarification form reve					
		nue 3 medications, including				
	tramadol.	nas o medications, including				[
	-It was signed by the	MA				
		ontinue the tramadol was				[
	•	n the faxed form in between				
	the printed writing.					
		ontinue" were handwritten in				
		st to discontinue tramadol.				
		signed by the orthopedist				
	and dated 05/10/18.					

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NAME OF PROVIDER OR SUPPLIER ANGELS AT HEART ASSISTED LIVING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER ANGELS AT HEART ASSISTED LIVING THAT SOUTH MAIN STREET CHINA GROVE, NC 28023 PROVIDER'S LEAST DEFICIENCY MAST BE PRECEDED BY JUNE 1700 PRETTY TAX SUMMARY STATEMENT OF DEFICIENCES IN THE PRECEDED BY JUNE 1700 PRETTY TAX D 358 Continued From page 42 D 358 Continued From page 42 Telephone interview on 05/11/18 at 1:40 pm with a representative from Resident #3's orthopedist office revealed: -The orthopedist did not discontinue tramadol for Resident #3'b because he did not prescribe t. -They did not receive a medication clarification form from the facility requesting to discontinue tramadol. -They had faxed over a signed medication clarification form on 05/11/18 stating to discontinue a prescribed analgesic cream only. -They would fax another copy of the signed medication clarification form that they had sent, showing that it was only concerning the analgesic cream and no other medications. -The resident's record showed an order from the emergency room for oxycodone on 04/30/18, but there was no record of Resident #3 being prescribed tramadol in their system. Review of the faxed copy of the medication clarification form received from the orthopedist revealed: -It was a facility medication clarification form. -It was a signed by the MA. -It was a request to discontinue an analgesic cream. -There were no other medications listed on the form. -The form was signed by the orthopedist and dated 05/10/18. Second interview on 05/11/18 at 3:20 pm with the MA revealed:			HAL080020	B. WING		05/11	1/2018
CHINA GROVE, NC 28023 CANDIDATE CHINA GROVE, NC 28023 CHINA GROVE, NC 28023 CHINA GROVE, NC 28023 CANDIDATE CHANDIDATE CHANDIDATE	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST are RECORDED BY TILL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 42 Talephone interview on 05/11/18 at 1:40 pm with a representative from Resident #3's orthopedist office revealed: -The orthopedist did not discontinue tramadol for Resident #3 because he did not prescribe itThey did not receive a medication clarification form from the facility requesting to discontinue tramadolThey had faxed over a signed medication clarification form on 05/11/18 stating to discontinue a prescribed analgesic cream onlyThey would fax another copy of the signed medication clarification form that they had sent, showing that it was only concerning the analgesic cream and no other medicationsThe resident's record showed an order from the emergency room for oxycodone on 04/30/18, but there was no record of Resident #3 being prescribed tramadol in their system. Review of the faxed copy of the medication clarification form received from the orthopedist revealed: -It was a facility medication clarification formIt was signed by the MAIt was a request to discontinue an analgesic creamThere were no other medications listed on the formThe form was signed by the orthopedist and dated 05/10/18. Second interview on 05/11/18 at 3:20 pm with the MA revealed:	ANGELS A	AT HEART ASSISTED LIV	/ING				
TAG TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 42 Telephone interview on 05/11/18 at 1:40 pm with a representative from Resident #3's orthopedist office revealed: -The orthopedist did not discontinue tramadol for Resident #3 because he did not prescribe it. -They did not receive a medication clarification form from the facility requesting to discontinue tramadol. -They had faxed over a signed medication clarification form on 05/11/18 stating to discontinue a tramadol. -They would fax another copy of the signed medication clarification form that they had sent, showing that it was only concerning the analgesic cream and no other medications; -The resident's record showed an order from the emergency room for oxycodone on 04/30/18, but there was no record of Resident #3 being prescribed tranadol in their system. Review of the faxed copy of the medication clarification form received from the orthopedist revealed: -It was a facility medication clarification form. -It was a facility medication slisted on the form. -There were no other medications listed on the form. -The form was signed by the orthopedist and dated 05/10/18. Second interview on 05/11/18 at 3:20 pm with the MA revealed:				OVE, NC 2802	3		
Telephone interview on 05/11/18 at 1:40 pm with a representative from Resident #3's orthopedist office revealed: -The orthopedist did not discontinue tramadol for Resident #3 because he did not prescribe it. -They did not receive a medication clarification form from the facility requesting to discontinue tramadol. -They had faxed over a signed medication clarification form on 05/11/18 stating to discontinue prescribed analgesic cream only. -They would fax another copy of the signed medication clarification form that they had sent, showing that it was only concerning the analgesic cream and no other medications. -The resident's record showed an order from the emergency room for oxycodone on 04/30/18, but there was no record of Resident #3 being prescribed tramadol in their system. Review of the faxed copy of the medication clarification form received from the orthopedist revealed: -It was a facility medication clarification form. -It was a facility medication clarification form. -It was a request to discontinue an analgesic cream. -There were no other medications listed on the form. -The form was signed by the orthopedist and dated 05/10/18. Second interview on 05/11/18 at 3:20 pm with the MA revealed:	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
a representative from Resident #3's orthopedist office revealed: -The orthopedist did not discontinue tramadol for Resident #3 because he did not prescribe it. -They did not receive a medication clarification form from the facility requesting to discontinue tramadol. -They had faxed over a signed medication clarification form on 05/11/18 stating to discontinue a prescribed analgesic cream only. -They would fax another copy of the signed medication clarification form that they had sent, showing that it was only concerning the analgesic cream and no other medications. -The resident's record showed an order from the emergency room for oxycodone on 04/30/18, but there was no record of Resident #3 being prescribed tramadol in their system. Review of the faxed copy of the medication clarification form received from the orthopedist revealed: -It was a facility medication clarification form. -It was a request to discontinue an analgesic cream. -There were no other medications listed on the form. -The form was signed by the orthopedist and dated 05/10/18. Second interview on 05/11/18 at 3:20 pm with the MA revealed:	D 358	Continued From page	e 42	D 358			
clarification form off the fax machine that morningIt was her handwriting and signature on the formShe did not know why the request to discontinue		a representative from office revealed: -The orthopedist did roughling resident #3 because -They did not receive form from the facility roughling roughling receive form from the facility roughling	Resident #3's orthopedist not discontinue tramadol for he did not prescribe it. a medication clarification requesting to discontinue a signed medication 5/11/18 stating to bed analgesic cream only. her copy of the signed on form that they had sent, hely concerning the analgesic hedications. It showed an order from the boxycodone on 04/30/18, but of Resident #3 being in their system. It sopy of the medication from the orthopedist heation clarification form. MA. His continue an analgesic hedications listed on the He by the orthopedist and D5/11/18 at 3:20 pm with the he first faxed medication he fax machine that g and signature on the form.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL080020	B. WING		05	5/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
ANGELS A	AT HEART ASSISTED L	IVING	UTH MAIN STREET	Г		
	CHINA (
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	e 43 in pen on the printed copy.	D 358			
	-She did not know w written in pen on the -"I pulled it off the fax -She did not know w	hy "Ok to discontinue" was printed copy. x machine like that." hy the copy sent from the /18 at 2:00 pm did not have				
	Interview on 05/11/1/1 Executive Director re-She did not know al clarification fax requestramadol.	oout the medication				
	tramadol. -Looking at both faxed copies, it was clear that the copy discontinuing tramadol had been altered with a pen after being received. -She did not know why any staff would alter a received document.					
	eMAR but was out o -Resident #3 had be 05/01/18 to 05/06/18	en receiving oxycodone from 3 for pain.				
	since finishing the ox -She did not know w medication had not b	peen sent to the provider.				
	not been received from	hy a refill for tramadol had om the pharmacy yet. ole for ordering medication nacy.				
	tramadol to Residen entresto, carvedilol, as ordered which res increased pain, and increased risk of wor infection, heart failur	administer alprazolam and t #3; and cefpodoxime, and lisinopril to Resident #2 sulted in Resident #3 having Resident #2 being placed at resening of pneumonia e, heart attack, and bod pressure and constitutes				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	DNSTRUCTION	, , ,	E SURVEY PLETED
	HAL080020	B. WING		05	5/11/2018
OVIDER OR SUPPLIER THEART ASSISTED LI	VING 1114 SC	OUTH MAIN STREET			
(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
a Type A2 Violation. The facility provided accordance with G.S this violation. CORRECTION DATE	a plan of protection in . 131D-34 on 05/11/18 for E FOR THE TYPE A2	D 358			
Administration 10A NCAC 13F .1004 (j) The resident's me record (MAR) shall be following: (1) resident's name; (2) name of the medicas administered; (4) instructions for ador treatment; (5) reason or justifica medications or treatm documenting the result (6) date and time of a (7) documentation of medications or treatm omission, including reason or initials of the medication or treasignature equivalent additional documented and mai administration record	4 Medication Administration dication administration e accurate and include the cation or treatment order; age or quantity of medication diministering the medication tion for the administration of ments as needed (PRN) and culting effect on the resident; any omission of ments and the reason for the efusals; and, if the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR).	D 367			
	SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page a Type A2 Violation. The facility provided a accordance with G.S this violation. CORRECTION DATE VIOLATION SHALL N 2018 10A NCAC 13F .1004 Administration 10A NCAC 13F .1004 Administration 10A NCAC 13F .1004 (j) The resident's merecord (MAR) shall be following: (1) resident's name; (2) name of the medi (3) strength and dosa administered; (4) instructions for add or treatment; (5) reason or justifical medications or treatm documenting the resident and time of a (7) documentation of medications or treatm omission, including re (8) name or initials of the medication or treatm omission, including re (8) name or initials of the medication or treatm omission, including re (8) name or initials of the medication or treatm omission, including re (8) name or initials of the medication or treatm omission, including re (8) name or initials of the medication or treatm omission, including re (8) name or initials of the medication or treatm omission, including re (8) name or initials of the medication or treatm omission, including re (8) name or initials of the medication or treatm omission, including re (9) the resident of the medication or treatm omission, including re (1) the resident of the medication or treatm omission, including re (1) the resident of the medication or treatm omission, including re (1) the resident of the medication or treatm omission, including re (1) the resident of the r	THEART ASSISTED LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/11/18 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 10, 2018 10A NCAC 13F .1004(j) Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication	DOUBER OR SUPPLIER THEART ASSISTED LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/11/18 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 10, 2018 10A NCAC 13F .1004(j) Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administration; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by:	Divider or supplier STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER OR TAG COntinued From page 44 a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/11/18 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 10, 2018 10A NCAC 13F .1004(j) Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of repasses and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by:	DIMIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023 SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY PILL REQULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/11/18 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 10, 2018 10A NCAC 13F .1004(j) Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's medication of reatment order; (3) strength and dosage or quantity of medication administration; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments as needed or medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL080020	B. WING		05	5/11/2018
	ROVIDER OR SUPPLIER AT HEART ASSISTED LIV	VING 1114 SOL	DDRESS, CITY, STATE JTH MAIN STREET ROVE, NC 28023			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	(eMARs) were accurate residents (#2) regard high blood pressure). The findings are: Review of Resident # 04/04/2018 revealed: -Diagnoses included congestive heart failurobstructive sleep appulmonary disease, of disease, and cardiom-There was not an ore FL2. Review of a physician the pharmacy dated (for furosemide 80 mg) Review of Resident # previous orders for furosemide. Review of a copied for to Pharmacy," reveals one bottle of Furose returned to the pharmacy.	railed to assure the Administration Records ate for 1 of 3 sampled ing furosemide (used to treat ing furosemide (used to treat ing furosemide) (used to tre	D 367	BEFIGIENC	11)	
	revealed: -Documentation date	otes for Resident #2 d 04/16/18 "Spoke with an's (PCP) pharmacy in				

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Division of Health Service Regulation						
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED)
			_			
			B. WING			
		HAL080020	B. WING		05/11/20)18
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	ΓΕ. ZIP CODE		
			JTH MAIN STREE	·		
ANGELS /	AT HEART ASSISTED LIV	VING	ROVE, NC 28023			
			TOVE, NC 28023	<u> </u>		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		OMPLETE DATE
IAO	1.25	,	IAO	DEFICIENCY)		
			+ + + + + + + + + + + + + + + + + + + +			
D 367	Continued From page	∍ 46	D 367			
	rogards to [Resident:	#2's] furosemide 80 mg, 1				
		PCP's pharmacy will				
		and it should be arrive in				
		and it should be arrive in				
	the morning."	-1 04/47/40 "Europomido in				
		d 04/17/18 "Furosemide is				
		PCP's pharmacy to see if we				
	_	k-up pharmacy. Pharmacy				
	representative said it was sent out on 04/16/18.					
		d 04/17/18 "Called back to				
	the PCP's pharmacy.					
	furosemide up at the	•				
		d 04/25/18 "Saw facility				
		oday, furosemide 80mg was				
	discontinued."					
	-There were no other	notes regarding				
	furosemide.					
	Review of Resident #	#2's electronic Medication				
	Administration Record	d (eMAR) for April 2018				
	revealed:					
	-An entry for furosem	nide 80 mg 1 tablet twice				
	daily at 8:00 am and					
		the order for furosemide was				
	documented as 04/09					
		cumented as administered				
		7/18 at 8:00 pm to 04/25/18				
	at 8:00 am.	710 dt 0.00 p to 0 5				
	-Documentation for 0	ı4/25/18 at 8⋅00 nm				
	"Withheld per Dr/RN Orders." -Furosemide was documented as administered on 04/26/18 at 8:00 amDocumentation from 04/26/18 at 8:00 pm to					
	04/28/18 at 8:00 am r	•				
	Facility."	esident was Out of				
		cumented as administered				
	on 04/30/18 at 8:00 a					
	on 04/30/18 at 8:00 a	.m.				
	Daview of Davidant #	tola aNAD for May 2010				
		#2's eMAR for May 2018				
	revealed:					

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-An entry for furosemide 80 mg 1 tablet twice

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:			COMPL	ETED
			_			
			B. WING			
		HAL080020	B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1114 SOU	TH MAIN STRE	ET		
ANGELS A	AT HEART ASSISTED LIV	/ING	ROVE, NC 2802			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
TAG	REGULATORT OR I	130 IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	NAIL	5,112
			+			
D 367	Continued From page	e 47	D 367			
	daily at 8:00 am and 8	8:00 nm				
	_	cumented as administered				
	on 05/01/18 at 8:00 a					
		cumented as administered				
	on 05/02/18 at 8:00 a					
		5/03/18 at 8:00 am resident				
	was "Out of Facility."					
	•	cumented as administered				
		1/18 at 8:00 am to 05/07/18				
	at 8:00 am.					
	-Documentation for 0	5/08/18 at 8:00 am				
	"Withheld per Dr/RN					
	-Documentation for 0					
	"Withheld per Dr/RN	Orders."				
	-Documentation for o	n 05/10/18 at 8:00 am				
	"Withheld per Dr/RN	Orders."				
	-Documentation for o	n 05/10/18 at 8:00 pm				
	"Physically Unable to	Take."				
	-Furosemide was doo	cumented as administered				
	on 05/11/18 at 8:00 a	m.				
		/18 at 4:30 pm of Resident				
		nand at the facility revealed				
	furosemide was not a	vailable for administration.				
	1					
		nd shift Medication Aide				
	(MA) on 05/10/18 at 4					
	-Furosemide 80 mg 1 tablet twice daily was on					
	the May 2018 eMAR.	y furosemide was not on				
		r if it had been discontinued.				
		er furosemide to Resident				
		she could not remember if semide to Resident #2 in				
	April 2018.	osemine to resident #2 III				
	•	ster a medication, she left				
		did not document anything.				
	and space cripty and	ara mot accument arrything.	1			1

-There were several days during the month of May that she had not documented that furosemide was not administered.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY PLETED	
		HAL080020	B. WING		0:	5/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ANGELS	AT HEART ASSISTED LI	VING 1114 SO	UTH MAIN STREET			
ANGELS	AI HEART ASSISTED LI	CHINA C	GROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From pag	e 48	D 367			
	not been administered -She did not know who documented as adm sent back to the pharman sent back	AR why a medication had ed. hy furosemide had been inistered when it had been rmacy.				
	Interview with a first shift MA on 05/11/18 at 9:07 am revealed: -Furosemide 80 mg 1 tablet twice daily was on the May 2018 eMARThe contracted pharmacy was responsible for creating and making medication changes to the eMAR.					
	order to discontinue -Furosemide was "pr because the order w pharmacyThe order to discont	robably" still on the eMAR as not sent to the contracted tinue furosemide should have				
	-The order to discontinue furosemide should have been faxed to the contracted pharmacy by the so that it could be taken off of the eMAR. -The MA who received the order to discontinue furosemide was responsible for faxing the order to the facility contracted pharmacy. -She did not know when the last time furosemide was administered.					
	furosemide was adm -She did not know w	is morning, 05/11/18, iinistered to Resident #2. hy she had documented that iinistered when it had not				
	giving furosemide." -The Resident Care were responsible for accuracyShe and the RCD countries and the RCD countries weekly which	tention when I documented Director (RCD) and MAs reviewing the eMARs for ompleted medication cart included comparing what the medication in the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL080020	B. WING		05/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
		1114 SOUT	H MAIN STRE	ET	
ANGELS A	AT HEART ASSISTED LIV	VING CHINA GR	OVE, NC 2802	3	
(V4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	V (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 367	Continued From page	e 49	D 367		
	medication cart.				
		y the eMARs were not			
		ration of furosemide for April			
	and March 2018.	ration of faroconnaction / prin			
		e at Resident #2's PCP's			
	office on 05/11/2018				
	been discontinued.	at furosemide 80 mg had			
		ty contracted physician saw			
	Resident #2 and mad				
	medication.	ic changes in this			
		ontacted by the facility or			
	notified of any change				
	Resident #2.				
	Interview on with the	facility contracted			
		18 at 10:12 am revealed:			
	-He did not fill the ord				
	-He received a return	ed bottle of furosemide from			
	the facility on 04/25/1	8, but did not have an order			
	to discontinue furoser	mide on the eMAR.			
	-He received a phone	e call from facility staff on			
	today, 05/11/18 to dis eMAR.	scontinue furosemide on the			
		erbal or written order from a			
	physician to discontin				
		original date of the order for			
	furosemide.				
	Interview with clinical	services representative at			
		n's office on 05/11/18 at			
	10:38 am revealed:				
	-The physician's assis	stant saw Resident #2 on			
	04/25/17 and disconti	inued furosemide.			
	-There must have bee	en an error in documentation			
	of the date, 04/24/17,	on the order to discontinue			
	furosemide.				

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Interview with Resident #2's pharmacy on

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL080020	B. WING		05/11/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ANGELS	ANGELS AT HEART ASSISTED LIVING 1114 SOU			ET	
CHINA G			OVE, NC 2802	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 367	367 Continued From page 50		D 367		
	05/11/18 at 3:33 pm revealed furosemide was filled and picked up by the facility on 04/17/2018.				
		nt #2 on 05/11/18 at 4:12 ot know if furosemide had			
	Attempted interview v 4:20 pm was unsucce	vith the RCD on 05/11/18 at essful.			
	Interview with the Executive Director (ED) on 05/11/18 at 4:34 pm revealed: -She did not know that furosemide was being documented as administered when it was not in the buildingThe RCD was responsible for reviewing the eMAR for accuracy, but the ED was now responsible due to the RCD's absence in the facilityThe eMARs were reviewed weeklyThe eMARs and medication on the medication cart were audited once a weekThe pharmacy was responsible for making changes to the eMAR when medication orders were sent inShe did not know if the physician's order to discontinue furosemide was sent to the facility contracted pharmacy so that the eMAR could be updatedThe MA or the RCD was responsible for sending physician's orders to the pharmacy.				
D 392	10A NCAC 13F .1008	3(a) Controlled Substances	D 392		
	(a) An adult care hon retrievable record of odocumenting the rece	B Controlled Substances ne shall assure a readily controlled substances by eipt, administration and ed substances. These			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	= IED
		HAL080020	B. WING		05/1	1/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	VING 1114 SOUT	TH MAIN STRE	ET		
ANGLEGA	TIEART AGGIGTED EN	CHINA GR	OVE, NC 2802	23		
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 392	Continued From page	÷ 51	D 392			
		ntained with the resident's n order that there can be n.				
	reviews, the facility fa retrievable records of failed to account for the controlled substances residents (#3), related	ns, interviews, and record illed to assure readily controlled substances and he use and administration of				
	The findings are:					
	10/30/17 revealed dia	of the upper left humerus,				
	Review of Resident #3's signed physician's orders dated 02/21/18 revealed diagnoses included type 2 diabetes mellitus with neuropathy, myasthenia gravis, anxiety, Chronic Obstructive Pulmonary Disease, epilepsy, and hypertension.					
	revealed: -There was an order of alprazolam 0.5 mg, talefor anxietyThere was an order of	dated 04/17/18 for ake 1 tablet daily as needed dated 03/15/18 for tramadol every 6 hours as needed for				
	04/17/18.	dispensing records 30 tablets, was dispensed tablets, was dispensed on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING		
		HAL080020	B. WING		05/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓE, ZIP CODE	
ANCELO	AT LIEADT ACCICTED I IV	1114 SOU	TH MAIN STREE	ĒΤ	
ANGELS	AT HEART ASSISTED LIV	CHINA GI	ROVE, NC 2802	3	
(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 SHOULING CROSS-REFERENCED TO THE APPROFED DEFICIENCY)	D BE COMPLETE
D 392	Continued From page	e 52	D 392		
	04/04/18.				
	medications on hand	/10/18 at 2:00 pm of the for Resident #3 revealed lam 0.5 mg available for			
	Review of Resident # medication administrate revealed:	3's April 2018 electronic ation record (eMAR)			
-Alprazolam was administered once daily at 8:07 pm on 04/17/18.					
	-Alprazolam was adm am on 04/19/18.	ninistered once daily at 8:33			
	-Alprazolam was adm pm on 04/20/18.	ninistered once daily at 8:43			
	-Alprazolam was adm am on 04/21/18.	ninistered once daily at 8:30			
	-Alprazolam was adm am on 04/22/18.	ninistered once daily at 8:31			
	-Alprazolam was adm am on 04/23/18.	ninistered once daily at 8:36			
	-Alprazolam was adm am on 04/24/18.	ninistered once daily at 8:42			
	-Alprazolam was adm am on 04/25/18.	ninistered once daily at 9:12			
	-Alprazolam was adm am on 04/26/18.	ninistered once daily at 8:31			
	-Alprazolam was adm am on 04/28/18.	ninistered once daily at 7:40			
	-Alprazolam was adm am on 04/29/18.	ninistered once daily at 8:05			
	-Alprazolam was adm pm on 04/30/18.	ninistered once daily at 8:30			
	Review of Resident # revealed:	3's May 2018 eMAR			
	-Alprazolam was adm at 8:16 am and 8:52 p	ninistered twice on 05/05/18, om.			
		ninistered twice on 05/06/18,			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
			D MINO			
HAL080020			B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LI	VING	TH MAIN STRE			
		CHINA GF	ROVE, NC 2802	23		ı
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 392	Continued From page	e 53	D 392			
D 392	at 8:28 am and 11:30 -Alprazolam was adm am on 05/01/18 Alprazolam was adm am on 05/02/18Alprazolam was adm pm on 05/04/18Alprazolam was adm pm on 05/08/18Alprazolam was adm am on 05/09/8Alprazolam was adm am on 05/10/18. There was a total of 2 mg documented as a between 04/17/18 an Review of the control (CSCS) #1 for Reside dispensed on 04/17/1 -The prescription labe order with instruction as needed for anxiety -A medication aide si tablets were received -The first entry on the 0.5 mg tablet adminis pmThe last entry on the 0.5 mg administered which left 15 tablets r -On 04/19/18 at 3:00 was documented as 1 MAsOn 04/22/18 at 7:15 was signed by two M	ninistered once daily at 8:07 ministered once daily at 8:18 ministered once daily at 7:46 ministered once daily at 7:46 ministered once daily at 5:35 ministered once daily at 7:45 ministered once daily at 8:00 22 doses of alprazolam 0.5 dministered on the eMAR d 05/10/18. Bled substance count sheet ent #3's alprazolam tablets 18 revealed: el on the CSCS matched the s to take 1 tablet once a day y, gned that 30 alprazolam d on 04/17/18. e CSCS was 1 alprazolam stered on 04/17/18 at 8:08 e CSCS was 1 alprazolam on 04/28/18 at 7:00 am	D 392			
	-On 04/22/18 at 7:15 was signed by two M documented.					

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alprazolam was documented as administered.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SU		
AND PLAN (OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COMPLE	:150
		HAL080020	B. WING		05/1	1/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELO	T LIEART ACCIOTER LIN	1114 SOUT	TH MAIN STRE	ET		
ANGELS /	AT HEART ASSISTED LIV	CHINA GR	OVE, NC 2802	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 392	D 392 Continued From page 54		D 392			
D 392	-On 04/27/18 at 8:30 documenting adminis second entry was ma was written beside it. signature by a second -A total of 15 doses wadministered or discar Review of the CSCS alprazolam tablets disrevealed: -There was no prescribere was no prescribere was no total don the CSCSThe count started at the count started at the first entry on the 0.5 mg tablet administered which left 0 tablets re-Alprazolam 0.5 mg wadministered on 05/05-Alprazolam 0.5 mg wadministered on 05/05-On 05/05/18, documented as a marked through and there was no counter-On 05/05/18 at 8:59 alprazolam 0.5 mg wadministeredA total of 12 doses was documented.	am, there were two entries tration of alprazolam. The rked through and "error" There was no counter d MA. Vere documented as urded on the CSCS #1. #2 for Resident #3's spensed on 04/17/18 iption label on the CSCS. and prescription information in the label section. oses received documented 12 pills available. CSCS was 1 alprazolam of the cere on 04/30/18 at 8:33 CSCS was 1 alprazolam on 05/10/18 at 8:00 am maining on hand. Vas documented as 3/18 at 7:20 am. Vas documented as 5/18 at 8:20 am. Inented at 7:00 am but am dose, a second dose administered and then derror" written beside it. It riginature by a second MA. Inpm, a third dose of as documented as d	D 392			
		27 doses of alprazolam 0.5 dministered or discarded				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL080020	B. WING		05/11/2018	
ANGELS AT HEART ASSISTED LIVING			DRESS, CITY, STA TH MAIN STRE OVE, NC 2802	ET		
(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 COMPLE	ETE
D 392	and #2. By this count have been remaining Based on dispensing correctly, Resident #3 of alprazolam remain Interview on 05/11/20 #3 revealed: -She received alprazoneeded it, which was -She had been out of days." -She took alprazolam Telephone interview of the facility's contracted -Alprazolam 0.5 mg to 04/17/18 for 30 tabletded -If administered correshave had 7 tablets resulting to the end of the email of	records, if administered should have had 7 tablets ing. 18 at 2:30 pm with Resident plam once a day when she almost every day. alprazolam for "a couple for anxiety. 19 10 05/11/18 at 2:36 pm with ad pharmacy revealed: ablets were dispensed on s. ctly, Resident #3 should maining. 19 11 12 12 13 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	D 392	DELINITY (

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-She had administered a second dose of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE COMI	SURVEY	
		HAL080020	B. WING		05	/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	/ING 1114 SOL	JTH MAIN STREE	Т		
ANGELS	AI HEART ASSISTED LIV	CHINA G	ROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 392	Continued From page	e 56	D 392			
	05/06/18 because she "one tablet daily and	nt #3 on 05/05/18 and e thought the order said, then as needed for anxiety." ny the CSCSs and eMAR did				
	Attempted telephone 3:45 pm with Resider provider was unsucce					
	Refer to interview on ED.	05/10/18 at 4:00 pm with the				
		/10/18 at 2:00 pm of the for Resident #3 revealed bl 50 mg available for				
	Review of Resident #3's April 2018 electronic medication administration record (eMAR) revealed: -Tramadol was documented as administered on 04/06/2018 at 6:20 pmTramadol was documented as administered on 04/07/2018 at 4:29 am, 12:11 pm, and 8:15 pmTramadol was documented as administered on					
	04/08/2018 at 6:39 ar -Tramadol was docur 04/09/18 at 6:50 am a -Tramadol was docur 04/10/18 at 2:45 am, -Tramadol was docur 04/11/18 at 8:55 am a -Tramadol was docur 04/12/18 at 3:40 am, -Tramadol was docur 04/13/18 at 5:33 am, 9:00 pm.	m, 2:50 pm, and 10:50 pm. nented as administered on and 5:02 pm. nented as administered on 11:45 am, and 8:43 pm. nented as administered on				
	04/14/18 at 8:58 am a					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMPLETED
	1
	1
HAL080020 B. WING	05/11/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	l
	l
ANGELS AT HEART ASSISTED LIVING	ļ
CHINA GROVE, NC 28023	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORREC	
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHO	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPLICATION DEFICIENCY)	ROPRIATE
D 392 Continued From page 57 D 392	
-Tramadol was documented as administered on	
04/15/18 at 11:55 am and 9:00 pm.	
-Tramadol was documented as administered on	
04/16/18 at 10:12 am and 9:25 pm.	
-Tramadol was documented as administered on	
04/17/18 at 5:57 am, 2:10 pm, and 10:10 pm.	
-Tramadol was documented as administered on	
04/18/18 at 5:03 am, 1:07 pm, and 8:08 pm.	
-Tramadol was documented as administered on	
04/19/18 at 8:34 am and 6:36 pm.	
-Tramadol was documented as administered on	
04/20/18 at 12:37 am, 10:10 am, and 4:40 pm.	
-Tramadol was documented as administered on	
04/21/18 at 5:18 am, 1:34 pm, and 7:35 pm.	
-Tramadol was documented as administered on	
04/22/18 at 1:35 am, 2:05 pm, and 8:16 pm.	
-Tramadol was documented as administered on	
04/23/18 at 1:53 pm and 8:05 pm.	
-Tramadol was documented as administered on	
04/24/18 at 3:44 am and 2:31 pm.	
-Tramadol was documented as administered on	
04/25/18 at 2:51 am and 4:04 pm.	
-Tramadol was documented as administered on	
04/2618 at 1:09 am, 8:32 am, 2:31 pm, and 9:55	
pm.	
-Tramadol was documented as administered on	
04/27/18 at 6:02 am and 1:53 pm.	
-Tramadol was documented as administered on	
04/28/18 at 5:33 am and 2:58 pm.	
There was a total of 58 doses of tramadol 50 mg	
documented as administered on the eMAR	
between 04/06/18 and 04/28/18.	
Review of the controlled substance count sheet	
(CSCS) #1 for Resident #3's tramadol tablets	
dispensed on 04/04/18 revealed:	
-The prescription label on the CSCS matched the	

order with instructions to take 1 tablet every 6

hours as needed for pain.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL080020	B. WING		0:	5/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LI	VING	TH MAIN STREI			
			ROVE, NC 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 392	D 392 Continued From page 58		D 392			
	tablets were received -15 tablets were doct overstock and the CS available. -The first entry on the mg tablet administere. -The last entry on the mg administered on 0 left 15 tablets remain -On 04/16/18 at 8:24 was documented as 3 -On 04/16/18 at 8:25 tramadol was docum same MA. -On 04/19/18 at 2:30	umented as placed in SCS was started at 45 tablets e CSCS was 1 tramadol 50 ed on 04/06/18 at 6:20 pm. e CSCS was 1 tramadol 50 04/28/18 at 3:03 pm which ing on hand. pm, one dose of tramadol administered. pm, another dose of ented as administered by the pm, one dose of tramadol administered which was not i.R. evere documented as				
	-There was no presci -The resident's name had been handwritter -There was no total d on the CSCS. -The count started at -The first entry on the mg tablet administere -The last entry on the mg tablet administere which left 0 tablets re - On 04/24/18 at 8:35	ensed on 04/04/18 revealed: ription label on the CSCS. e and prescription information in in the label section. loses received documented 15 pills available. e CSCS was 1 tramadol 50 ed on 04/23/18 at 1:55 pm. e CSCS was 1 tramadol 50 ed on 04/28/18 at 3:03 pm emaining on hand. 5 pm, one dose of tramadol administered which was not i.R evere documented as				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:			SURVEY PLETED	
		HAL080020	B. WING		05	5/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATI	E, ZIP CODE	·	
ANGELS	AT HEART ASSISTED LIV	/ING	TH MAIN STREE			
		CHINA GE	ROVE, NC 28023			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 392	D 392 Continued From page 59		D 392			
	documented as admit through 04/28/18 on 0 total of 58 doses docu	60 doses of tramadol 50 mg nistered from 04/06/18 CSCSs #1 and #2, and a umented as administered on leaving 2 doses of tramadol				
	Interview on 05/11/2018 at 2:31 pm with Resident #3 revealed: -She received tramadol every 6 hours as needed for pain, but it was not effective. -She had been out of tramadol since the end of April. Telephone interview on 05/11/18 at 2:05 pm with a representative of Resident #3's orthopedist revealed: -He had not prescribed the tramadol and could not renew the prescriptionHe had not received a request to refill any medications from the facility.					
	a representative of Recare physician reveal -She had written the con 03/16/18Resident #3 had tran April and was seeing -They had not receive tramadolThe tramadol was or every 8 hoursThe tramadol was or narcotic pain medicat	esterned out from her care in a different provider. ed a refill request for dered as needed for pain dered to replace the ion oxycodone.				
	the facility's contracte tramadol 50 mg table 04/04/18 for 60 tablet	ts were dispensed on				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
			_			
		HAL080020	B. WING		05/1	1/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	VING	TH MAIN STRE OVE, NC 2802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	Continued From page 60		D 392			
	revealed: -She did not know wh match the eMARsShe always gave the -Resident #3 had bee days" but she had ord -She did not know wh -She did not know ex: Resident #3 had beer Interview on 05/11/18 Executive Director (E -She did not know wh tramadol wasShe did not know wh not match. Refer to interview on ED.	nat day she ordered more. actly how many days n out of tramadol. B at 4:31 pm with the				
	-She had controlled s this resident before. -She thought she had the employees respon					
	each controlled subst each shift and ensure amount of medication -If it did not match, the discrepancy to her or	e MA staff was to report the				
D914	G.S. 131D-21(4) Dec	laration of Residents' Rights	D914			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	COMPLETED	
		HAL080020	B. WING		05/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	
			H MAIN STRE	•	
ANGELS A	AT HEART ASSISTED LIV	/ING	OVE, NC 2802		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D914	Continued From page	e 61	D914		
	G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure residents were free of neglect and exploitation as related to medication administration, infection prevention requirements, criminal background checks and health care referral and follow-up.				
	The findings are:				
	1. Based on observations, interviews and record reviews, the facility failed to assure medications were administered as ordered by a licensed prescribing practitioner for 2 of 3 sampled residents with orders for an antibiotic, an angiotensin II receptor blocker, a beta blocker, and an angiotensin converting enzyme (ACE) inhibitor (Resident #2); an anxiolytic and pain medication (Resident #3). [Refer to Tag 358 10A NCAC 13F .1004(a) Medication Administration (Type A2 Violation)].				
	reviews, the facility fa infection control polici Centers for Disease (Prevention guidelines control procedures fo 3 of 3 diabetic resider #2, #3) with orders fo resulting in sharing of	to assure proper infection r the use of glucometers for nts sampled (Residents #1, r blood sugar monitoring f glucometers and lancing dents. [Refer to Tag 932 ction Prevention			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLE	TIED	
		HAL080020	B. WING		05/11/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
ANGELO	AT LIEADT ACCIOTED I II	1114 SOUT	TH MAIN STRE	ET			
ANGELS A	AT HEART ASSISTED LIV	CHINA GR	OVE, NC 2802	3			
(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	(X5) COMPLETE DATE	
D914	Continued From page	e 62	D914				
	3. Based on record refacility failed to assure B and C) had a crimin completed upon hire. NCAC 13F .0407(a)(7) Check (Type B Violation 4. Based on observative reviews, the facility fator 2 of 3 sampled resorder for tramadol for pain (Resident #3), at	eviews and interviews the e 2 of 3 staff sampled (Staff hal background check [Refer to Tag 139 10A on)]. ions, interviews, and record iled to notify the physician sidents regarding a renewal continued complaints of hd physician orders for daily of [Refer to Tag 273 10A					
D932	G.S. 131D-4.4A (b) A Requirements G.S. 131D-4.4A Adult Prevention Requirem		D932				
	pathogens, each adulthe following, beginning (1) Implement a writter consistent with the feworth of the Control and Prevention control that addresses and Proper disposal of the puncture skin, much tissues, and proper dispatient care items that residents. b. Sanitation of rooms cleaning procedures,	C, and other bloodborne It care home shall do all of Ing January 1, 2012: In infection control policy Ideral Centers for Disease In guidelines on infection Is at least all of the following: Is single-use equipment used In our control policy Identify the same of the following: Identify the foll					

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STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1141 000000	B WING	B. WING			
		HAL080020	<u> </u>		05/	11/2018	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT ITH MAIN STREE				
ANGELS	AT HEART ASSISTED LIV	/ING	ROVE, NC 28023				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
D932	home staff is exposed fluids of another persignificant risk of tran hepatitis C, or other bif. Procedures to prohibit exudative lesions engaging in direct respotential for contact bequipment, or devices dermatitis until the co (2) Require and monifacility's infection con (3) Update the infection eccessary to prevent	uid precautions. collowed when adult care do to blood or other body on in a manner that poses a smission of HIV, hepatitis B, colloodborne pathogens. dibit adult care home staff as or weeping dermatitis from dident care that involves the dietween the resident, as and the lesion or andition resolves. tor compliance with the trol policy.	D932				
	This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to implement a written infection control policy consistent with the federal Centers for Disease Control (CDC) and Prevention guidelines to assure proper infection control procedures for the use of glucometers for 3 of 3 diabetic residents sampled (Residents #1,						

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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	
			A. BUILDING: _			
		HAL080020	B. WING	B. WING		1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	/ING	TH MAIN STRE OVE, NC 2802			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D932	resulting in sharing of devices between residents and Brand E with a resident's name. -The glucometer pour residents' namesThe glucometer pour (Brand A and Brand E with a resident's name)The glucometer pour device pens which we residents' namesThere were 3 lancing contained used lancing devices (green word the CDC green monitoring devices (green word between residual and disinfect instructions. If the madisinfection information to be shared between Review of the manufater of the shared were recommended. Review of the manufater recommended for use should not be shared were recommended.	r blood sugar monitoring figlucometers and lancing dents. 2/18 at 11:05 am revealed: 2/18 at 11:05 am	D932			
	use with multiple residuse					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	COMPLETED	
		HAL080020	B. WING		05/11/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	
ANCELS	AT HEART ASSISTED LIV	1114 SOU ⁻	TH MAIN STRE	ET	
ANGELS	AI HEART ASSISTED LIV	CHINA GR	OVE, NC 2802	3	
(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 APPROP DEFICIENCY)	BE COMPLETE
D932	932 Continued From page 65		D932		
	alcohol; a mixture of water; or a mixture of parts water was recon	on with 70% isopropyl 1 part ammonia, 9 parts 1 part household bleach, 9 mmended. s infection control policy ic information regarding			
	glucometer use or disinfectionThe policy prohibited using needles or syringes on more than one resident.				
	Observation on 05/09/18 at 11:05 am of a fingerstick blood sugar (FSBS) check revealed: -The medication aide (MA) wore gloves for the procedure. -The MA did not clean the glucometer or the lancet pen prior to use. -The lancet pen contained a used lancet needle, which the MA removed and replaced with a new lancet needle before use on the resident. -The MA cleaned the resident's finger with a cotton ball soaked in rubbing alcohol before lancing. -After using the lancet pen, the MA removed the used lancet needle and discarded it in the biohazard container. -After using the Brand A glucometer, the MA placed it back in the glucometer bag without cleaning or disinfecting it.				
	revealed: -The facility had 6 res blood sugar (FSBS) o	at 2:45 pm with a MA sidents receiving finger stick shecks. agnosis of a blood borne			
	Review of Resider	nt #1's current FL2 dated			

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02/26/18 revealed diagnoses included type 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3)			
		HAL080020	B. WING	05	05/11/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATI	E, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	/ING	ITH MAIN STREE ROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D932	Continued From page 66		D932			
	diabetes mellitus.					
	Review of Resident #1's physician orders revealed an order dated 02/28/18 to measure fingerstick blood sugar (FSBS) before meals and at bedtime. Observation on 05/09/18 at 11:05 am of Resident #1's glucometer and pouch revealed: -The pouch was labeled with Resident #1's nameThe Brand A glucometer located in the pouch was not labeled with the resident's nameThe date and time was set correctlyThere was a lancet pen in the glucometer pouch with a used lancet in it and visible blood on the edge of the pen where it came in contact with the skin. Review of Resident #1's May 2018 electronic					
	Medication Administrative revealed: -There was an entry to daily scheduled for 7: and 8:00 pm.	o check FSBS four times 00 am, 11:00 am, 5:00 pm, ocumented four times daily				
	history revealed: -FSBS values records history compared to v Resident #1's May 20 for values documents -FSBS values docum	ed in the glucometer's values documented on 118 eMAR were inconsistent ed on the eMAR. ented on Resident #1's May recorded in Resident #1's				
		1's Brand B glucometer's he eMAR for May 2018				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
			_				
			B. WING			4/0040	
		HAL080020	B. WING		05/1	1/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE			
		1114 SOI	JTH MAIN STRE	ET			
ANGELS A	AT HEART ASSISTED LIV	VING	ROVE, NC 2802				
	OLIMANA DV OT						
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPR		DATE	
				DEFICIENCY)			
D022	Southward From South 67		D932				
D932	Continued From page	Continued From page 67					
	-Resident #1 had 1 FSBS value of 101 recorded						
	in the glucometer's hi	in the glucometer's history on 05/09/18 at 7:20					
	am and not documented on the eMAR.						
		SBS values documented on					
		match the corresponding					
	values in the glucome						
		am the glucometer reading					
		s recorded on the eMAR at					
	7:00 am.						
		5 am the glucometer reading					
		s recorded on the eMAR at					
	11:00 am.	o recorded on the civil at at					
		1 pm the glucometer reading					
		s recorded on the eMAR at					
	11:00 am.	o recorded on the civil at at					
		pm the glucometer reading					
		ecorded on the eMAR at					
	8:00 pm.	corded on the civil at at					
	•	am the glucometer reading					
		s recorded on the eMAR at					
	7:00 am.	o recorded on the civil at at					
		pm the glucometer reading					
		s recorded on the eMAR at					
	8:00 pm.	s recorded on the civilate at					
		am the glucometer reading					
	was 1104 and 118 was recorded on the						
	7:00 am.	as recorded on the elwint at					
		pm the glucometer reading					
	was 154 and 142 was recorded on the eMAR at 5:00 pm.						
		am the glucometer reading					
		s recorded on the eMAR at					
	7:00 am.	3 recorded on the civiAix at					
	7.00 aiii.						
	Interview on 05/00/19	3 at 1:27 pm with Resident					
	#1 revealed:	Jac 1.27 pm with resident					
		at brand of glucometer was					
	used to check his FS	-					

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-He had his own glucometer.

-He did not know if staff used a new needle in the

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
		HAL080020	B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	/ING	H MAIN STRE OVE, NC 2802			
OUR MARK OTATEMENT OF DEFINITIONS			ID ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
D932	Continued From page	e 68	D932			
D932	lancet pen each timeHe did not know if la because they all look -He had never seen s or lancet pensHe had seen staff lea the pen and place it b Refer to interview on Executive Director. Refer to interview on medication aide (MA) Refer to interview on second MA. Refer to observation of at 11:40 am. Refer to second inter am with a second MA 2. Review of Resider 04/04/18 revealed dia diabetes mellitus. Review of Resident # dated 04/03/18 revea unspecified viral hepa Observation on 05/09 #2's glucometer and p -The pouch was label	ncet pens were shared ed the same. Staff clean the glucometers ave a used lancet needle in back in the glucometer bag. 05/09/18 at 4:30 pm with the 05/09/18 at 11:15 am with a according to the same of FSBS check on 05/09/18 view on 05/09/18 at 11:45 according to the same of FSBS check on 05/09/18 view on 05/09/18 at 11:45 according to the same of FSBS check on 05/09/18 according to the same of FSBS check on 05/09/18 according to the same of FSBS check on 05/09/18 according to the same of FSBS check on 05/09/18 according to the same of FSBS check on 05/09/18 according to the same of FSBS check on 05/09/18 accor	D932			
	-There was a lancing glucometer pouch wit	•				

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STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080020	B. WING		05/1	1/2018
					1 03/1	1/2010
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
ANGELS A	AT HEART ASSISTED LIV	VING	TH MAIN STRE ROVE, NC 2802			
	CLIMMADV CT					0.5
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D932	Continued From page 69		D932			
	came in contact with	the skin.				
	Medication Administrative revealed: -There was an entry to FSBS values were do 05/02/18, 05/04/18, 005/07/18FSBS was document and 05/09/18FSBS was not docum 05/03/18 due to the refacility.	to check FSBS daily. locumented at 6:30 am on 15/05/18, 05/06/18, and ted as refused on 05/08/18 mented as administered on esident being out of the				
	Review of Resident #2's Brand B glucometer's history revealed: -FSBS values recorded in the glucometer's history compared to values documented on Resident #2's May 2018 eMAR were inconsistent for values documented on the eMARFSBS values documented on Resident #2's May 2018 eMAR for 05/06/18 was not recorded in Resident #2's glucometer's history. Review of Resident #2's Brand B glucometer's history compared to the eMAR for May 2018 revealed: -Resident #2 had 1 FSBS value of 122 documented on the eMAR and not recorded in the glucometer's history on 05/06/18 at 6:30 amResident #2 had 3 FSBS values documented on the MAR that did not match the corresponding values in the glucometerOn 05/01/18 at 6:08 am the glucometer reading was 140 and 123 was recorded on the eMAR at 6:30 amOn 05/05/18 at 4:54 am the glucometer reading was 107 and 122 was recorded on the eMAR at					

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6:30 am.

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STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080020	B. WING		05/1	1/2018
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
ANGELS	AT HEART ASSISTED LIV	VING	TH MAIN STRE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D932	Continued From page	Continued From page 70				
	-On 05/07/18 at 5:59 am the glucometer reading was 233 and 142 was recorded on the eMAR at 6:30 am.					
	#2 revealed: -He did not know what used to check his FSI-He had his own glucor-Staff used a lancet point of the had never viewed glucometer or lancet point had seen staff lead pen and place the perbag after use. Refer to interview on Executive Director. Refer to interview on medication aide (MA) Refer to interview on second MA. Refer to observation of the result of the second MA. Refer to second interview on with a second MA.	cometer. Seen for his finger sticks. It staff cleaning his pen. It save the needle in the lancet in back in the glucometer. O5/09/18 at 4:30 pm with the O5/09/18 at 11:15 am with a lancet in save the needle in the lancet in back in the glucometer.				
	Review of Resident # revealed an order dat	etes mellitus with neuropathy.				

Observation on 05/09/18 at 11:05 am of Resident

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET (HAN GROVE, NC 28023) PROVIDERS PLAN OF CORRECTION (SUMMARY STATEMENT OF DEFICIENCE) (PAY) ID PREFIX (PAY) ID PROVIDERS PLAN OF CORRECTION (PAY) ID PREFIX (PAY) ID PROVIDERS PLAN OF CORRECTION (PAY) ID PREFIX (PAY) IN THE APPROPRIATE CHINA GROVE, NC 28023 (PAY) ID PREFIX (PAY) IN THE APPROPRIATE CHINA GROVE, NC 28023 (PAY) ID PREFIX (PAY) IN THE APPROPRIATE CHINA GROVE, NC 28023 (PAY) ID PREFIX (PAY) IN THE APPROPRIATE CHINA GROVE, NC 28023 (PAY) ID PREFIX (PAY) IN THE APPROPRIATE CHINA GROVE, NC 28023 (PAY) ID PREFIX (PAY) IN THE APPROPRIATE CHINA GROVE, NC 28023 (PAY) IN THE APPROPRIATE CH	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
SUMMARY STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENCES THAN GROVE, NC 20023 PROVIDER'S PLAN OF CORRECTION (ACT) DEFICE PREEX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR ISC IDENTIFYING INFORMATION) PREEX TAG			HAL080020	B. WING		05/11	/2018
(XI) ID SUMMARY STATEMENT OF DEFICIENCES TAG SUMMARY STATEMENT OF DEFICIENCY BY SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D932 Continued From page 71 #3's glucometer and pouch revealed: -The pouch was labeled with Resident #3's nameThe Brand A glucometer located in the pouch was not labeled with the resident's nameThe date and time was set correctlyThere was a lancing device pen in the glucometer pouch that was unlabeled. Review of Resident #3's April 2018 eMAR revealed: -There was an entry to check FSBS once a week on Mondays at 8:00 amFSBS check on 04/16/18 was documented as 154 at 8:00 amFSBS check on 04/23/18 was documented as 112 at 8:00 amFSBS check on 04/30/18 was documented as 98 at 8:00 am. Review of Resident #3's Brand A glucometer's history crevaled: -FSBS values recorded in the glucometer's history compared to the values and dates documented on Resident #3's April 2018 eMAR was inconsistent for the values documented on the eMARThe glucometer reading for a FSBS value on 04/16/18 at 7:55 am was 151, and 154 on the eMARThe glucometer reading for a FSBS value on 04/16/18 at 7:55 am was 151, and 154 on the eMARThe glucometer reading for a FSBS value on	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D932 Continued From page 71 #3's glucometer and pouch revealed: -The pouch was labeled with Resident #3's nameThe Brand A glucometer located in the pouch was not labeled with the resident's nameThe date and time was set correctlyThere was a lancing device pen in the glucometer pouch that was unlabeled. Review of Resident #3's April 2018 eMAR revealed: -There was an entry to check FSBS once a week on Mondays at 8:00 amFSBS check on 04/18/18 was documented as 154 at 8:00 amFSBS check on 04/30/18 was documented as 112 at 8:00 amFSBS check on 04/30/18 was documented as 112 at 8:00 amFSBS check on 04/30/18 was documented as 98 at 8:00 amFSBS values recorded in the glucometer's history revealed: -FSBS values recorded in the glucometer's history compared to the values and dates documented on the eMARThe glucometer reading for a FSBS value on 04/16/18 at 7:55 am was 151, and 154 on the eMARThe glucometer reading for a FSBS value on	ANGELS A	AT HEART ASSISTED LIV	/ING				
#3's glucometer and pouch revealed: -The pouch was labeled with Resident #3's nameThe Brand A glucometer located in the pouch was not labeled with the resident's nameThe date and time was set correctlyThere was a lancing device pen in the glucometer pouch that was unlabeled. Review of Resident #3's April 2018 eMAR revealed: -There was an entry to check FSBS once a week on Mondays at 8:00 amFSBS check on 04/16/18 was documented as 154 at 8:00 amFSBS check on 04/23/18 was documented as 112 at 8:00 amFSBS check on 04/30/18 was documented as 98 at 8:00 am. Review of Resident #3's Brand A glucometer's history revealed: -FSBS values recorded in the glucometer's history compared to the values and dates documented on Resident #3's April 2018 eMAR was inconsistent for the values documented on the eMARThe glucometer reading for a FSBS value on 04/16/18 at 7:55 am was 151, and 154 on the eMARThe glucometer reading for a FSBS value on	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
-A FSBS result was documented on the eMAR on 04/23/18 at 8:00 am as 112. There was no corresponding glucometer reading for this dateThe glucometer reading for a FSBS value on 04/29/18 at 2:17 pm was 109A FSBS was documented on the eMAR on 04/30/18 at 8:00 am as 98. There was no corresponding glucometer reading for this date.	D932	#3's glucometer and particle. The pouch was label and time was not labeled with the transport of the trevealed: There was a lancing glucometer pouch that revealed: There was an entry the on Mondays at 8:00 and FSBS check on 04/2 at 8:00 am. FSBS check on 04/3 at 8:00 am. FSBS check on 04/3 at 8:00 am. Review of Resident # history revealed: FSBS values recorded history compared to the	ed with Resident #3's name. eter located in the pouch the resident's name. as set correctly. device pen in the t was unlabeled. 3's April 2018 eMAR o check FSBS once a week im. 6/18 was documented as 3/18 was documented as 0/18 was documented as 0/18 was documented as 98 3's Brand A glucometer's the values and dates then the stress and dates then the stress and the stress and the stress the values documented on ting for a FSBS value on the stress and the emate of the stress the stress and the emate of the stress the stress and the emate of the stress the stress and the stress and the stress the stress and the stress and the stress the stress and the stress and the stress and the stress and th	D932			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		' '	TE SURVEY MPLETED	
HAL080020		B. WING		05/11/2018			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
ANGELS	AT HEART ASSISTED LIV	/ING	H MAIN STRE OVE. NC 2802				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
D932	Continued From page	e 72	D932				
	CHINA GRO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						

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Refer to observation on 05/09/18 at 11:40 am.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPLI	
			_			
HAL080020		B. WING		05/1	1/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	VING 1114 SOUT	TH MAIN STRE	ET		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CHINA GR	ROVE, NC 2802	3		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D932	Continued From page 73		D932			
	Refer to second interview on 05/09/18 at 11:45 am with a second MA.					
	Interview on 05/09/18	•				
	Executive Director (E	D) revealed: as one glucometer assigned				
	to a resident and no s	•				
	between residents.	between residents.				
	-The medication aide on duty was responsible to					
	assure each resident had an assigned					
	glucometer and the glucometer was in working order.					ı
	-Staff were supposed to disinfect glucometers					ı
	after use with an approved disinfecting wipe.					
	-Staff were expected to use a new disposable					
		n individual lancet pen with cose of it in a biohazard				
		aff were sharing glucometers				
	-She did not know wh results did not match.	ny the eMAR and glucometer				
	Interview on 05/09/18	3 at 11:15 am with a				
	medication aide (MA) revealed:					
	-She routinely worked the day shift.					
	-She obtained FSBS checks for residents					
	scheduled before breakfast and before lunch.					
	-She wiped residents' glucometers with alcohol wipes when the glucometer was visibly soiled.					
-She was unsure of the facility's exact policy because she was a new employeeShe did not know if there were any approved						
	_	ailable to clean equipment				
	with.					
		cet needle for each FSBS.				1
-She did not share glucometers or lancet pens						

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-She only removed one resident's glucometer

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL080020		B. WING		05/11/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANGELS AT HEART ASSISTED LIVING			H MAIN STRE DVE, NC 2802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D932	Continued From page	e 74	D932			
	equipment from the m	nedication cart at a time.				
	equipment from the medication cart at a time. Interview on 05/09/18 at 11:30 with a second MA revealed: -She worked the day shift from 7:00 am to 3:00 pmDuring that shift, she routinely checked FSBS for residents as scheduledShe did not know of any staff sharing glucometers between residentsShe had not had an occasion to share glucometers between residentsShe did not know why the glucometer readings and eMAR did not matchShe cleaned the glucometers and lancet pens everyday with an approved disinfecting wipeThe disinfecting wipes were kept in the bottom drawer of the medication cart. Observation on 05/09/18 at 11:40 am revealed: -A container of disinfecting wipes was stored in the bottom drawer of the second medication cartThe instructions on the container required					
keeping the disinfectant in contact with the surface to be cleaned for 3 minutes, then allowing to air dry. -The second MA wiped a glucometer with the wipe and then disposed of it in the trashcan.						
	Second interview on 05/09/18 at 11:45 am with a second MA revealed: -She had not read the disinfecting wipe containerShe did not know the disinfectant had to remain in contact with the surface for 3 minutes to be effectiveShe would now wipe down FSBS equipment and then wrap it in the disinfectant wipe for 3 minutes before disposing of the wipe.					

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The facility failed to implement infection control

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		, ,	(X3) DATE SURVEY COMPLETED	
		HAL080020	B. WING		0.9	5/11/2018	
	ROVIDER OR SUPPLIER	VING 1114 SC	ADDRESS, CITY, STATE OUTH MAIN STREET GROVE, NC 28023				
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D932	procedures consister placing residents reconsugar checks with gluat risk due to possible pathogens diseases of This failure resulted in harm to the residents Violation. The facility provided a accordance with G.S.	at with CDC guidelines eiving finger stick blood accometers and lancet pens e exposure of blood borne for Residents #1, #2, and #3. In substantial risk of physical and constitutes a Type A2 a plan of protection in 131D-34 on 05/09/18.	D932				
D992	G.S. § 131D-45. Exal the presence of control for applicants for emphomes. (a) An offer of employ licensed under this Alconditioned on the apexamination and scresubstances. The exal be conducted in according the conducted in according to the Geprocedure that utilize may be used for the Gof applicants and may the results of the appscreening indicate the substance, the adult	mination and screening for olled substances required ployment in adult care home rticle to an applicant is oplicant's consent to an applicant's consent to an applicant of a single-use test device a samination and screening of a department of a controlled of a controlled of a controlled of a controlled of a poplicant first provides to	D992				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
HAL080020		B. WING			05/11/2018		
NAME OF D	DOVIDED OD CLIDDLIED		DDECC CITY CTATE	710.0005	1 00	711/2010	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STATE TH MAIN STREE				
ANGELS	AT HEART ASSISTED LIV	/ING	ROVE, NC 28023				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
D992	Continued From page 76 controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure examination and screening for the presence of controlled substances was performed for 1 of 3 sampled staff (Staff C, a CNA) that was hired after 10/01/2013. The findings are: Review of Staff C's personnel file revealed: -Staff C was hired on 4/30/2018 as a Personal Care Aide (PCA)There was documentation that Staff A had completed a drug screen on 05/09/2018. Interview with the Executive Director on 05/10/2018 at 10:17 am revealed: -Staff C was hired as a PCAThe business office manager was responsible for ensuring that the drug screening was completed upon hire"Drug screens should be completed before hire." -She did not know Staff C's drug screen had not		D992				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	X2) MULTIPLE CONSTRUCTION (X3) DATE COMPI		
HAL080020		B. WING		05/1	11/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS /	AT HEART ASSISTED LIV	/ING	TH MAIN STRE OVE, NC 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D992	05/10/2018 at 10:22 a -She was responsible screening for new sta -Staff C had worked of not work again until 0 -She did not know who was not completed under the staff C revealed: -She was hired as a Formular of the staff C revealed: -She did not work aga Monday, 05/07/2018She did not have a did first day of work -She had not been as	siness office manager on am revealed: for setting up drug ff. on 04/30/2018 and then did 5/07/18. by Staff C's drug screening htil 05/09/2018. on 05/11/2018 at 4:41 pm PCA. was on 04/30/2018. ain until the following rug screening prior to her sked to complete a drug and did not know that she	D992			

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