	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL049030	B. WING		07	7/12/2018
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
UMMIT Р	LACE OF MOORESVIL	LE	WLEY SCHOOL RO SVILLE, NC 28117	DAD		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	The Adult Care Licer Annual survey on Ju	nsure Section conducted an ly 10-12, 2018.				
D 276	10A NCAC 13F .090	2(c)(3-4) Health Care	D 276			
	following in the resid (3) written procedure a physician or other and (4) implementation o	assure documentation of the				
	interviews, the facility treatments as ordered practitioner for 1 of 5 (Resident #3) who we change for a wound	ns, record reviews and y failed to implement d by a licensed prescribing				
	03/20/18 revealed di abnormal posture, ch	¥3's current FL2 dated agnoses included weakness, nronic pain, hyperlipidemia, a, and rhabdomyolysis.				
	order to cleanse left	ed 04/02/18 revealed an lateral foot wound with optifoam gentle border, and				
		¥3's July 2018 MAR revealed: left lateral foot with normal				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
		HAL049030	B. WING		07	7/12/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SUMMIT P	LACE OF MOORESVIL	LE	WLEY SCHOOL RO SVILLE, NC 28117	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From pag	ie 1	D 276			
	dressing every other shift. -The left lateral foot if as provided every of Observation of Resid 07/10/18 at 9:35am i -Resident #3 had a 3 her left lateral foot w "06/30/18". -Both of Resident #3 very dry, and flaky. Interview with Reside revealed: -She was looking for at her left foot to cha -"I am looking for on change my bandage -"I cannot remember came, no one has ch	dent #3 during initial tour on revealed: 3x3 inch optifoam dressing on ith a date handwritten d's legs and feet were pale, ent #3 on 07/10/18 at 9:35am r someone to come and look inge the dressing. e of the nurses to come and on my foot". when the last time the nurse necked on my foot". is the last time they changed				
	07/10/18 at 3:15pm i -She had been empl months as a MA and -She worked with Re to her when she wor -She completed a dr #3's left foot "but it h -She did not know w #3 foot was dated 06 the dressing".	oyed at the facility for 3 I worked primarily 1st shift. esident #3 and provided care ked. essing change to Resident as now healed". hy the dressing on Resident 5/30/18, "I know I changed on the back of Resident #3				
		alth was responsible for e to the left lateral foot".				

STATE FORM

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If continuation sheet 2 of 11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
				BUILDING:		
		HAL049030	B. WING		07	7/12/2018
iame of Pf	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE	, ZIP CODE		
ЗОММІТ Р		F	AWLEY SCHOOL RO SVILLE, NC 28117	DAD		
(X4) ID	SUMMARY S			PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET DATE
D 276	Continued From pag	e 2	D 276			
		she was supposed to be ig on the side of Resident efused care.				
	dated 05/25/18 revea					
	skilled nursing servic being met.	scharged from receiving ses on 05/25/18 due to goals perform care to left lateral				
	foot wound.					
	3:20pm revealed:	dent #3 on 07/10/18 at I the dressing date 06/30/18				
	wound dressing and	t. Resident #3's left lateral foot placed a new optifoam				
		teral foot was dry with a o, there was no opened				
	for Resident #3 on 0 -A box labeled optifo	cation and supplies available 7/10/18 at 3:15pm revealed: am gentle foam dressing with 3 was in Resident #3's room				
		remaining in the box. stock available of 22 normal use.				
	revealed:	ent #3 on 07/10/18 at 2:23pm				
	nurses from a surrou cities]."	was treated by "one of the inding city [named two				
	-Her left foot hurt "so -She could not reme of her foot pain.	metimes". mber if she notified anyone				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL049030	B. WING		07	/12/2018
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
SUMMIT F	LACE OF MOORESVILL	.E	WLEY SCHOOL RO SVILLE, NC 28117	JAD		
(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 AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 276	Continued From page	e 3	D 276			
	-She was told by the look at her foot.	MA that the nurse would				
	Telephone interview physician's nurse on revealed:					
	-Resident #3 was las lateral wound care or	t evaluated for left foot n 04/06/18.				
		are for Resident #3's left re to be completed every				
	-	to be followed as ordered.				
		ot provided as ordered it nd to be "infected or cause it				
	-The wound is healin	g and the foot dressing can eeded beginning 07/11/18 as cian.				
	Interview with Wellne 07/11/18 at 4:11pm re					
	•	#3 had an order to change				
	left lateral foot wound	d dressing every other day. nt Services Director (RSD)				
	-MAs were responsib Resident #3 left later	le for providing care to al foot wound and applying				
		gs and foot daily. • the left lateral wound • the date and their initials.				
	-She did not know sta Resident #3's left late	aff had not changed eral wound since 06/30/18.				
	written and ask ques	to follow physician orders as tions if they don't				
	understand. -Skin assessments w	•				
	residents are admitte -She had not assess she was admitted.	d to the facility. ed Resident #3's skin since				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		HAL049030	B. WING		07	7/12/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
		128 BRA	WLEY SCHOOL RO	DAD		
		MOORE	SVILLE, NC 28117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From pag	e 4	D 276			
	revealed: -She did not know st Resident #3's left late -She knew Resident left lateral foot wound -She expected MAS the physician. -She and WD were resident admission. -There was no procession completed the left late Resident #3 as order Interview with the Ad 9:40am revealed: -He did not know Resident treatment to her left lof 06/30/18. -RSD and WD were MAS and ensuring the -He expected MAS to written. b. Review of Resident and administration record -An entry for Eucering fragrance free lotion bilateral legs and fee and 3pm-11pm shift. -The Eucerin lotion v	eral wound since 06/30/18. #3 had an order to change d dressing every other day. to follow orders as written by esponsible for making sure ere completed upon ess for ensuring that MAs teral wound dressing for red. Iministrator on 07/12/18 at sident #3 had not received lateral foot wound since responsible for supervising for they understood orders. they understood orders as the #3's subsequent ed 03/23/18 revealed an applied bilateral legs and #3's May 2018 medication d (MAR) revealed: 1 (lotion used to treat dry skin) apply to affected areas on et daily during 7am-3pm shift				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		HAL049030			07	/12/2018
IAME OF PR	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, WLEY SCHOOL RO			
SUMMIT P	LACE OF MOORESVILL	E	SVILLE, NC 28117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 5	D 276			
	-An entry for Eucerin fragrance free lotion a bilateral legs and fee and 3pm-11pm shift. -The Eucerin lotion w administered twice da shifts. Review of Resident # -An entry for Eucerin fragrance free lotion a bilateral legs and fee and 3pm-11pm shift. -The Eucerin lotion w administered twice da shifts. Observation of Resid 07/10/18 at 9:35am r	aily, during the 1st and 2nd f3's July 2018 MAR revealed: (lotion used to treat dry skin) apply to affected areas on t daily during 7am-3pm shift vas documented as aily, during the 1st and 2nd lent #3 during initial tour on				
	07/10/18 at 3:15pm r -She worked with Re to her when she work -She applied Eucerin day during 1st shift, r lot of it because it wo greasy". -Resident #3 never re Interview with 2nd sh revealed:	sident #3 and provided care ked. lotion to Resident #3 every nowever she did not use "a build make her skin too efused care. ift MA on 07/10/18 at 3:18pm				
	worked.	o Resident #3 each shift she lotion to Resident #3 feet ach shift.				
	Interview with Reside	ent #3 on 07/10/18 at 2:23pm				

ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
		HAL049030	B. WING		07	/12/2018
AME OF PR	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	LACE OF MOORESVIL	LE	WLEY SCHOOL RO SVILLE, NC 28117	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	ge 6	D 276			
	reve ele du					
		ber staff putting lotion on her day, "no one puts lotion on my				
	-She suffered from apply lotion to her le	dry skin and was unable to egs and feet. neone to come and look at				
	my foot".	neone to come and look at				
		ication and supplies available 0/18 at 3:15pm revealed:				
		) milliliter (mL) bottle of a sticker labeled 03/29/18.				
	-The Eucerin lotion a of lotion remaining in	appeared to have about 90% n the bottle.				
	Telephone interview	with a pharmacy esident #3 contracted				
	•	/18 at 8:35am revealed:				
		250 mL was filled on 03/28/18				
	and there were no o	other fill dates.				
		should only last "about 1				
	month, no more that legs and feet twice p	n two if applying bilateral to per day".				
		ess Director (WD) on				
	07/11/18 at 4:11pm					
		ent Services Director (RSD)				
	were responsible for					
	-	d to follow physician orders as				
	written.	+ #2 had an order for lation to				
		t #3 had an order for lotion to				
	-She requested an o	legs and feet twice daily. order in March 2018 for lotion				
		sident #3's foot because she				
	observed dry skin.	ware completed when				
	residents are admitt	were completed when				
		sed Resident #3's skin since				
		did not know the Eucerin				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL049030	B. WING		07	//12/2018
AME OF PR	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE		/12/2010
		_ 128 BRA	WLEY SCHOOL RO	DAD		
	LACE OF MOORESVILL	E MOORE	SVILLE, NC 28117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 7	D 276			
	lotion was not applied -The Eucerin lotion w	d. vas last ordered on 03/28/18.				
	revealed: -She knew Resident i be applied bilateral le -She expected MAs to the physician.	n 07/12/18 at 9:11am #3 had an order for lotion to egs and feet twice daily. o follow orders as written by esident #3 Eucerin lotion had e 03/29/18.				
	9:40am revealed: -He did not know Res Eucerin Cream to leg -RSD and WD were r MAs and ensuring that	ministrator on 07/12/18 at sident #3 had not received is and feet bilaterally daily. responsible for supervising at they followed orders. follow physician orders as				
D 377	10A NCAC 13F .1006	6(a) Medication Storage	D 377			
	stored in the resident safe and secure man	6 Medication Storage are self-administered and 's room shall be stored in a iner as specified in the adult ion storage policy and				
	residents' medication secure manner for 1	-				
	The findings are:					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			
		HAL049030	B. WING		07	7/12/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
SUMMIT F	LACE OF MOORESVILI	E		DAD		
			SVILLE, NC 28117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 377	Continued From page	e 8	D 377			
	Review of the facility dated 11/14/05 revea self-administer medic medications in a sect apartment.	cations may store				
	03/23/18 revealed -Diagnoses included imbalance, rheumato atrial fibrillation.	#5's current FL-2 dated congestive heart failure, bid arthritis, memory loss, (a medication used to treat 10mg/0.2mL weekly				
	03/27/18 revealed ar	nt physician's order dated order for Resident #5 to vo 10mg/0.2mL injection ay.				
	4:17pm revealed: -The resident's room -The resident was as -There was a box lab 10mg/0.2mL with Re	leep in her chair. beled Rasuvo injection				
	revealed: -She administered he Thursday. -Staff came to her roo her administer the m -She understood she for rheumatoid arthrit	ent #5 on 07/11/18 at 4:20pm er Rasuvo medication every om every Thursday to watch edication. e was taking the medication tis and was to inject it into				
	place medication in h	secure area that she could her room. ken her medications out of				

STATE FORM

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL049030	B. WING		07	//12/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	PLACE OF MOORESVILL	E 128 BRA	WLEY SCHOOL RO	DAD		
		MOORE	SVILLE, NC 28117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 377	Continued From page	e 9	D 377			
	the room.					
	07/11/18 at 4:17pm re -She knew Resident = Rasuvo injection evel- -Resident #5 medical secure and in a locked or the facility. -She didn't realize Resident were responsible for locked box. Interview with the RS revealed: -She and the WD we residents who self-ad -She and the WD we medications are in a resident's bedroom. -"If we know that medications	#5 was self-administering ry Thursday. tions were supposed to be ed box provided by the family esident #5 did not have a her room, "she forgot after				
	resident is ready to s -I didn't realize Resid in a locked box, "I sho more".					
	-Residents who self-a should have them in bedroom. -He did not know Res locked box for medica	sident #5 did not have a ations. uld have been provided				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:	DNSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		HAL049030	B. WING		07	/12/2018
AME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	ACE OF MOORESVIL	IF	AWLEY SCHOOL RO	DAD		
		MOORE	SVILLE, NC 28117			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE