PRINTED: 09/10/2018 FORM APPROVED

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL045126	B. WING		R 08/23/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
CAROLIN	A RESERVE OF LAUREL	PARK	SGAH DRIVE RSONVILLE, NC :	28791		
(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 SHOU CROSS-REFERENCED TO THE APPRODE	JLD BE COMPLETE	
D 000	Initial Comments		D 000			
		sure Section conducted an survey on August 22, 2018				
D 167	10A NCAC 13F .0507 Cardio-Pulmonary Re	•	D 167			
	staff person on the procompleted within the cardio-pulmonary resimanagement, includir provided by the American Red Cross, American Safety and First Aid, or by a train certification as a train from one of these org person trained according	esuscitation e shall have at least one emises at all times who has last 24 months a course on uscitation and choking ng the Heimlich maneuver, ican Heart Association, National Safety Council, Health Institute or Medic er with documented er on these procedures anizations. The staff ling to this Rule shall have the facility to a one-way r use in performing				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	facility failed to assure was on the premises within the past 24 mo Resuscitation (CPR)	and record reviews, the e at least one staff person at all times that had training nths in Cardio-Pulmonary for 3 of 3 sampled staff o worked from 11:00 pm to				
	The findings are:					
	Review of the facility's	s staffing schedule revealed:				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL045126	B. WING		08	R 3/23/2018
	ROVIDER OR SUPPLIER A RESERVE OF LAUREL	PARK 1825 F	raddress, city, stat Pisgah drive Ersonville, nc 2			
(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 167	"updated 08/17/18"Staff C, D and E wer worked 11:00pm to 7 -Staff C, D or E were schedule from 08/01/ 1. Review of Staff C's -Staff A was hired as Aide (MA) on 05/30/1 -There was no docun Telephone interview value of the company of the compa	edule was documented as the the only staff listed who coom. the only staff on the 18 through 08/30/18. The personnel file revealed: a Supervisor/Medication 8. The nentation of CPR training. The with Staff C on 08/23/18 at 18. The had expired. The expiration date. The opy of the expired CPR The with the Business Office 8/22/18 at 3:55pm and on 18. The Resident Care 19.08/23/18 at 2:25pm. The with the Registered Nurse tracted pharmacy on 19. The with the Director of Clinical 19. The with the Director 19	D 167			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or doring of the state of the s	IDENTIFICATION NOWIDER.	A. BUILDING: _		
		HAL045126	B. WING		R 08/23/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE	
CAROLIN	A RESERVE OF LAUREL	PARK	SAH DRIVE SONVILLE, NC	28791	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 167	Continued From page	2	D 167		
	-There was no docum	nentation of CPR training.			
	Attempted telephone 08/23/18 at 2:55pm w	interview with Staff D on as unsuccessful.			
	Refer to the interview at 3:55pm and on 08/	with the BOM on 08/22/18 23/18 at 1:35pm.			
	Refer to interview with 2:25pm.	h the RCC on 08/23/18 at			
	Refer to the interview from the facility's cont 08/23/18 at 2:28pm.	with the Registered Nurse tracted pharmacy on			
	Refer to the interview at 2:10pm.	with the DCS on 08/23/18			
	Refer to the interview 08/23/18 at 2:35pm.	with the Administrator on			
	-Staff E was hired as	personnel file revealed: a PCA on 07/25/18. nentation of CPR training.			
	Attempted telephone 08/23/18 at 2:57pm w	interview with Staff E on as unsuccessful.			
	Refer to the interview at 3:55pm and on 08/	with the BOM on 08/22/18 23/18 at 1:35pm.			
	Refer to interview with 2:25pm.	h the RCC on 08/23/18 at			
	Refer to the interview from the facility's con 08/23/18 at 2:28pm.	with the Registered Nurse tracted pharmacy on			
	Refer to the interview at 2:10pm.	with the DCS on 08/23/18			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
7.1.12 . 2.1.1	5. GG.W.EG.WG.V	is a transfer to the second and the	A. BUILDING: _		
		HAL045126	B. WING		R 08/23/2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 00/10/10
		1825 PISO	SAH DRIVE	,	
CAROLIN	A RESERVE OF LAUREL	. PARK HENDERS	SONVILLE, NC	28791	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 167	Continued From page	e 3	D 167		
	Refer to the interview 08/23/18 at 2:35pm.	with the Administrator on			
	and on 08/23/18 at 1: -About 1-2 weeks ago was CPR certified, ha -She did not know if t CPR trainingThe RCC and DCS of and tracked what state	o one third shift staff, who ad quit working at the facility. he other third shift staff had completed the staff schedule			
	revealed: -She was responsible -She was not aware of	e for scheduling staff. of the CPR rule. nat staff had their CPR			
	facility's contracted pl 2:28pm revealed neit	gistered Nurse from the harmacy on 08/23/18 at her Staff C, D or E were on g completed CPR with him.			
	revealed: -"Ultimately it is my rewas one staff per shift-she did not know if scertifiedShe was not aware co-she would assure the third shift who had the	Staff C, D or E were CPR of the CPR rule. ere was a staff person on eir CPR training.			
	Interview with the Adı 2:35pm revealed: -She was aware of th	ministrator on 08/23/18 at e			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7. BOILBING.		R
		HAL045126	B. WING		08/23/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CAROLIN	A RESERVE OF LAUREL	DARK	SAH DRIVE SONVILLE, NC	28791	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 167	Continued From page	e 4	D 167		
	trained in CPR. -The BOM was resportainings. -The BOM used to traprevious DCS started. -Since the hire of the one has tracked the concentration of the one has tracked the concentration. The RCC and DCS withere was a CPR train. The facility failed to a person on third shift won CPR within the prefailure was detrimentation.	were responsible to assure ned staff on each shift. ssure there was a staff who had completed a course evious 24 months. This all to the health, safety and this by not having adequately in the event of			
D 273	this violation. CORRECTION DATE VIOLATION SHALL N 2018.	a plan of protection in 131D-34 on 08/23/18 for FOR THE TYPE B NOT EXCEED OCTOBER 9, 2(b) Health Care	D 273		
	(b) The facility shall a	assure referral and follow-up nd acute health care needs			

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL045126	B. WING	B. WING		R / 23/2018	
NAME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STA	TE ZIP CODE	1 00	720/2010	
		1825	PISGAH DRIVE	,			
CAROLIN	A RESERVE OF LAUREL	. PARK HENI	DERSONVILLE, NC	28791			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 273	Continued From page	÷ 5	D 273				
	reviews, the facility fa						
	The findings are:						
	disorder, post-trauma	1's current FL2 dated agnoses included mood tic stress disorder, autism, eep apnea, and insomnia.					
	dated 07/26/18 revea	1's psychiatrist's notes led a physician order for solution take 5 ml daily sion).					
	Review of Resident # Medication Administra revealed:	1's July 2018 electronic ation Record (eMAR)					
	every day, okay to mi administered at 8:00a	ke 5ml (20mg) by mouth x in resident's food to be am.					
		documented as refused for om 07/27/18 to 07/31/18.					
	revealed: -A computer generate 20mg/5ml solution tal every day, okay to mi administered at 8:00a - Fluoxetine had beer	ke 5ml (20mg) by mouth x in resident's food to be					
	hand on 08/22/18 at 2	ent #1's medications on 2:14pm revealed a partially ne 20mg/5ml solution					

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DIVISION	or riealin Service Regu				1
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL045126	B. WING		08/23/2018
		HAL045126			00/23/2010
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		1825 PIS	GAH DRIVE		
CAROLIN	A RESERVE OF LAUREL	PARK	SONVILLE, NC	28791	
			JOHTHELE, NO		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
1710		,	,,,,,	DEFICIENCY)	
D 273	Continued From page	e 6	D 273		
	dispensed on 07/26/1	8 available to be			
	administered.	o available to be			
	auministereu.				
	Tolophono intonvious	vith a pharmacy technician			
	from the facility's conf				
	•				
	08/23/18 at 9:47pm re				
		exetine 20mg/5ml was last			
	dispensed to Resider				
		aily, okay to mix in food.			
		ne had a 30 day supply			
	based on the direction				
	-This was the first tim	· · · · · · · · · · · · · · · · · · ·			
	dispensed fluoxetine	solution to Resident #1.			
	Interview with Reside	nt #1 on 08/22/18 at 9:01am			
	revealed:				
	-He did not like taking	a lot of medications so he			
	refused his medicatio	ns sometimes.			
	-"It is terrible here and	d there will be a point that I			
	am going to hang my	self."			
	Review of Resident #	1's Resident Service Notes			
	dated 07/24/18 revea	led:			
	-"Resident refused his	s medication this morning,			
	stated that he just wa				
	-Primary care physicia	an (PCP) was notified at			
		tating that he wanted to die."			
	I	e facility would be doing			
		s knife would need to be			
	removed from his roo				
		t he was not suicidal and			
		noughts of harming himself			
	or others."				
	5. Othoro.				
	Review of Resident #	1's Resident Service Notes			
	dated 07/25/18 revea				
		iatrist was notified regarding			
	the resident making the	ie statement that he			
	wanted to die."	of aNAD was			
	-Sleep log and copy of	or eiviAR was sent to			

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STATE FORM 6899 7NGY11 If continuation sheet 7 of 31

DIVISION	n nealth Service Regu	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
						,
		HAI 045426	B. WING		R	
		HAL045126			08/2	3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1825 PIS	SAH DRIVE			
CAROLINA	A RESERVE OF LAUREL	PARK	SONVILLE, NC	28791		
24.0.15	CLIMMADV CT				NI .	0.450
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI		DATE
				DEFICIENCY)		
D 273	Continued From page	7	D 273			
D 210	Continued From page	5 I	5210			
	Resident #1's psychia	atrist for review.				
		dication Aide (MA) 08/22/18				
	at 2:14pm revealed:					
	-Resident #1 refused					
	"different reasons ead	*** ******				
	"drink or food so he w	t1's fluoxetine solution in				
	about his multiple refu	d Resident #1's psychiatrist				
		niatrist knew that Resident				
		nedications because they				
	•	depressant medication from				
	escitalopram (used to	•				
	fluoxetine.	treat depression) to				
		ician for any resident that				
	refused a medication					
		d Resident #1's psychiatrist				
	because the resident					
	fluoxetine 3 days in a					
	-He documented all re					
		was reviewed by the "RCC				
	or nurse."	•				
	Interview with the Res	sident Care Coordinator				
	(RCC) on 08/23/18 at					
	-She was not aware t	hat Resident #1 was				
	refusing fluoxetine.					
		ed Resident #1's psychiatrist				
	about resident refusin	ng fluoxetine.				
	16					
		ector of Clinical Services				
	(DCS) on 08/23/18 at					
		at Resident #1 was refusing				
	medications.	and the same of th				
		s to notify the physician after				
	a resident refused a r					
	-The MA should be no					
	regarding medication	retusals.				

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STATE FORM 6899 7NGY11 If continuation sheet 8 of 31

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY IPLETED
		HAL045126	B. WING		0:	R 8/23/2018
	ROVIDER OR SUPPLIER A RESERVE OF LAUREL	PARK 1825 PIS	DDRESS, CITY, STATE GAH DRIVE RSONVILLE, NC 28			
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	manager/power of att 1:58pm revealed: -She did not know that refusing his fluoxetine -She had noticed a ch behavior but thought change in pain medic -Resident #1 had pre antidepressant "beca insomnia." Interview with the Adr 2:00pm revealed: -She thought the psycabout Resident #1 ref -She was worried about Resident made a themselves, the staff -The incident would b investigated. Telephone interview was investigated.	with Resident #1's care orney on 08/23/18 at at Resident #1 had been at Resident #1 had been at Resident #1's it was because of a recent ation. Viously refused his use it would not help with his ministrator on 08/23/18 at chiatrist had been notified fusing medications. Out Resident #1's safety in f his past psychiatric history. Claim about harming needed to be notified. We taken seriously and with a Certified Medical Resident #1's Psychiatrist's 12:57pm and 4:08pm contacted the psychiatrist fusing fluoxetine. Switched Resident #1 from etine to stop the resident	D 273			
	08/23/18 revealed: -The MA should conta	act the RCC, DCS or resident missed two doses				

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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 A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		R
		HAL045126	B. WING		08/23/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CAROLINA	A RESERVE OF LAUREL	. PARK 1825 PISG		29704	
	OLIMAN DV OT		ONVILLE, NC		
(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	9	D 273		
		dministrator should notify onsible party for follow up.			
D 358	10A NCAC 13F .1004 Administration	e(a) Medication	D 358		
	(a) An adult care hon preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies			
	This Rule is not met a TYPE B VIOLATION	as evidenced by:			
	Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents (Resident #1) related to medications for depression and mood disorder.				
	The findings are:				
	The findings are: Review of Resident #1's current FL2 dated 04/16/18 revealed: -Diagnoses included mood disorder, post-traumatic stress disorder, autism, chronic back pain, sleep apnea, and insomniaThere was a physician order for escitalopram 10 mg take 1 and a half tablets (15mg) every evening (used to treat depression)There was a physician order for olanzapine oral dissolving tablet (ODT) 5mg every night at				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		, , ,	E SURVEY PLETED	
		HAL045126	B. WING		08	R 3/23/2018
	ROVIDER OR SUPPLIER	PARK 1825 PIS	DDRESS, CITY, STATE		·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	bedtime (used to treat depression and bipolation and bipolation). There was a physiciate 5mg take every 6 hou anxiety/agitation/psycolation. Review of Resident and add 04/15/18 reveat increase escitalopram. Review of Resident and discontinue escitalopram. Review of Resident and Medication Administration and the addition and the administered from 07. Review of Resident and the administered from 07. Review of Resident and the administered at 8:00a - Escitalopram had be administered at 8:00a - Escitalopram had be administered from 08. Observation of Resident and on 08/22/18 at 2 used medication card dispensed on 05/31/1 tablets and 38 half tal	t mood disorders, including ar). In order for olanzapine ODT ars as needed for hosis. It #1's psychiatrist's notes led a physician order to a to 20mg daily. It's psychiatrist's notes led a physician order to am. It's July 2018 electronic ation Record (eMAR) It's and half tablets (30mg) ed at 8:00am. It's August 2018 eMAR It's August 201	D 358			

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL045126	B. WING		08/23/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	ATE, ZIP CODE	
		1825 PIS	GAH DRIVE		
CAROLIN	A RESERVE OF LAUREL	. PARK HENDER	SONVILLE, NC	28791	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
D 358	Continued From page		D 358		
		st dispensed to Resident #1 directions 20mg daily for a			
	30 day supply.	directions zonig daily for a			
		Resident #1 dated 04/15/18			
		g daily had been faxed to			
	the pharmacy by the	facility on 08/08/18.			
	-The pharmacy had p	* · · ·			
	•	lent #1 on 06/23/18 with the			
	directions 30mg daily				
	05/01/18 for a 30 day	ent a clarification request to			
		8 to determine the correct			
		for Resident #1 but had not			
	received a response.				
	-	onsible for clarifying all			
	medication orders wit				
	-The facility had faxed				
	pharmacy had missed	alopram on 07/26/18 but the			
		der remained on the eMAR			
		ocessed the order for facility			
	approval.	,			
		P. P. A.L. (BAA)			
		dication Aide (MA) on nd 08/23/18 at 11:00am			
	revealed:	na ouzu io al II.oualii			
		the escitalopram had been			
	discontinued by the p				
		discontinuation order for			
	escitalopram.				
		stering the escitalopram to			
	Resident #1 as direct				
	-	are Coordinator (RCC), or ervices (DCS) would fax new			
	medication or discont	, ,			
	pharmacy.	madaon orders to the			
		approved by a MA, RCC, or			
		ge occurred on the eMAR.			
	-He never looked at ti				
		rders if the label on the new			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		R	
		HAL045126	B. WING		08/23/	/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAROLIN	A RESERVE OF LAUREL	. PARK				
			ONVILLE, NC			
(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 358	Continued From page	e 12	D 358			
	medication matched t	he order in the computer."				
	Interview with the RCC on 08/22/18 at 2:25pm and 08/23/18 at 11:35am revealed: -She faxed the order dated 04/15/18 for escitalopram to the pharmacy on 08/08/18 because she had found it in Resident #1's record during an auditShe had not faxed the discontinuation order for escitalopram to the pharmacy, but it was noted on the order in Resident #1's record that someone from the facility had faxed the orderShe did not know why no one from the facility had followed up on the discontinuation order for escitalopram with the pharmacyShe had faxed the discontinuation order to the pharmacy on 08/23/18The discontinued order had to be approved by a MA, RCC, or DCS before the changes were made on the eMAR. Telephone interview with a Certified Medical Assistant (CMA) from Resident #1's Psychiatrist's Office on 08/23/18 at 4:08pm revealed the resident could have increased anxiety and insomnia from taking escitalopram and fluoxetine together.					
	Refer to interview with 9:01am.	n Resident #1 on 08/22/18 at				
	Refer to interview with 11:22am.	n the DCS on 08/23/18 at				
	dated 07/26/18 revea	t #1's psychiatrist's notes led a physician order to start solution 5ml daily (used to				

Division of Health Service Regulation

Review of Resident #1's July 2018 electronic

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		HAL045126	B. WING		08	R 3/23/2018
	PROVIDER OR SUPPLIER	PARK 1825 PIS	ADDRESS, CITY, STATE GGAH DRIVE RSONVILLE, NC 28			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Medication Administratevealed: -There was a comput fluoxetine 20mg/5ml smouth every day (oka administered at 8:00a-Fluoxetine had been administered on 07/2 07/30/18 and docume 07/29/18 and 07/31/1 Review of Resident #revealed: -There was a comput fluoxetine 20mg/5ml smouth every day (oka administered at 8:00a-Fluoxetine had been 9 of 24 opportunities Observation of Residhand on 08/22/18 at 2-A partially used bottle solution dispensed of administered. -The pharmacy had of the Resident #1. Telephone interview of the facility's com 08/23/18 at 9:47am re-A 150ml bottle of fluoxetine based on the direction-This was the first tim dispensed fluoxetine	er generated entry for solution take 5ml (20mg) by ay to mix in food) to be am. documented as 7/18, 07/28/18, and ented as refused on 8. er generated entry for solution take 5ml (20mg) by ay to mix in food) to be am. for generated entry for solution take 5ml (20mg) by ay to mix in food) to be am. for documented as refused for from 08/01/18 to 08/24/18. ent #1's medications on 2:14pm revealed e of fluoxetine 20mg/5ml 7/26/18 was available to be dispensed 150ml of solution with a pharmacy technician tracted pharmacy on evealed: exetine 20mg/5ml was last at #1 on 07/26/18 with aily okay to mix in food. ne had a 30 day supply ns on the order.	D 358			

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STATE FORM 6899 7NGY11 If continuation sheet 14 of 31

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			A. BOILBING.			R
		HAL045126	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
CAPOLIN	A RESERVE OF LAUREL	1825 PIS	SGAH DRIVE			
CAROLIN	A RESERVE OF LAUREI	HENDE	RSONVILLE, NC 28	3791		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 14	D 358			
	08/22/18 at 2:14pm a revealed: -He had been admini escitalopram to Resid-The MA, Resident C Director of Clinical Semedication or discontipharmacyThe order had to be DCS before the chander He never looked at the He approved "new of medication matched to the medication matched to the medication matched to the secitalopram to the properties of the order that someone the orderShe did not know who had followed up on the scitalopram to the properties of the orderShe had faxed the descitalopram to the properties of the propert	stering fluoxetine and dent #1 since 07/27/18. are Coordinator (RCC), or ervices (DCS) would fax new cinuation orders to the approved by a MA, RCC, or ge occurred on the eMAR. The original orders. It is record the order in the computer. The order in the computer. The order in the computer of the discontinuation order for the discontinuation order for the facility had faxed the discontinuation order for the discontinuation				
	Telephone interview v #1's Psychiatrist's Of revealed:	with a CMA from Resident fice on 08/23/18 at 4:08pm ave increased anxiety and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL045126	B. WING		I	R 23/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
CAROLIN	A RESERVE OF LAUREL	PARK	GAH DRIVE	00704		
	CLIMMADY CT		SONVILLE, NC		CTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 15	D 358			
	togetherThe psychiatrist offic	side effects from taking				
	Refer to interview with 9:01am.	n Resident #1 on 08/22/18 at				
	Refer to interview with 11:22am.	n the DCS on 08/23/18 at				
	c. Review of Resident #1's psychiatrist's notes dated 08/23/18 revealed a clarification order for olanzapine 5mg every night scheduled along with olanzapine 5mg every six hours as needed.					
		1's psychiatrist's notes led a physician order to o 7.5mg every night.				
	Review of Resident #1's July 2018 electronic Medication Administration Record (eMAR) revealed: -There was a computer generated entry for					
	bedtime to be administrational simple of the color of the	documented as				
	-The olanzapine orde discontinued on 07/18					
	not documented as act to 07/31/18.	dministered from 07/18/18				
	revealed: -There was a compute	1's August 2018 eMAR er generated entry for tablet take 1 and half				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION			
			A. BUILDING: _			PLETED
HAL045126		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STAT	E, ZIP CODE		
CAROLIN	A DESERVE OF LAURE	DARK 1825	PISGAH DRIVE			
CAROLIN	A RESERVE OF LAUREL	HEN	DERSONVILLE, NC 2	28791		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 16	D 358			
	08/10/18Olanzapine 7.5mg w administered from 08 8:00pmA scheduled olanzap					
	Observation of Resident #1's medications on hand on 08/22/18 at 2:14am revealed: -A medication card containing olanzapine 5mg with 1 and half tablets in every bubble with the directions 7.5mg at bedtime available to be administered. -A medication card containing olanzapine 5mg with the directions 1 tablet every six hours as needed available to be administered. Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 08/23/18 at 9:47am revealed: -Olanzapine was last dispensed to Resident #1 on 08/08/18 with the directions 7.5mg every night. -The original order was dated 04/15/18. -Resident #1 had an order for olanzapine 5mg every six hours as needed. -The pharmacy dispensed 90 tablets of olanzapine 7.5mg to Resident #1 on 08/08/18 for a 17 day supply, including the scheduled and as needed orders. -The pharmacy dispensed 90 tablets of olanzapine 5mg to Resident #1 on 04/26/18 and 07/13/18 for a 17 day supply, including the scheduled and as needed orders. Telephone interview with Resident #1 on 04/26/18 at 1:58pm revealed: -She did not know that Resident #1 had missed					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
	HAL045126		A. BUILDING:			PLETED
			B. WING		08	R //23/2018
NAME OF D			ADDDESS SITV STAT	E 710 000E	, ,	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	E, ZIP CODE		
CAROLIN	A RESERVE OF LAUREL	PARK	SGAH DRIVE RSONVILLE, NC 2	9704		
(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 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 17	D 358			
	behavior but thought change in pain medic -Resident #1 was mo begun to use a walke	nange in Resident #1's it was because of a recent ation. re agitated recently and had r.				
	Interview with the MA on 08/23/18 at 11:00am revealed: -He did not know why Resident #1 had not received a scheduled daily dose of olanzapine from 07/18/18 to 08/09/18He did not know who had discontinued the scheduled olanzapine order on the eMARHe did not know if a new order was written for olanzapine in AugustNo information was documented in the eMAR software to explain the missed doses of medication.					
	(RCC) on 08/23/18 at -She had faxed an or increase olanzapine to pharmacy on 08/08/1 -She had found the or auditShe did not know where every his schedule from 07/18/18 to 08/0 -She was not aware of dated 07/18/18 for a solanzapine.	der dated 04/15/18 to o 7.5mg daily to the 8. rder in the chart during an ay Resident #1 did not daily dose of olanzapine 9/18. of a discontinuation order scheduled daily dose of				
	olanzapineShe had recently stopped monitoring "missed dose reports" because it was now the responsibility of the DCSThe missed doses of olanzapine for Resident #1 were not "showing up on the missed dose report." -Reports were reviewed weekly for all medications that were not administered to a					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL045126	B. WING		08	R 3/23/2018
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CAPOLIN	A RESERVE OF LAUREL	1825 PIS	GAH DRIVE			
CAROLIN	A RESERVE OF LAUREL	HENDER	RSONVILLE, NC 28	791		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 18	D 358			
	resident at the approp	oriate time.				
	Telephone interview with 1's Psychiatrist's Officevealed: -The psychiatrist had olanzapine to help with 1-the resident could hincreased insomnia frolanzapineThe resident complained regular basis but the resident was sleeping. Refer to interview with 9:01am.	with a CMA from Resident fice on 08/23/18 at 4:08pm added a bedtime dose of th sleep. ave mood changes and from missing his scheduled ined of not sleeping on a facility would report that the				
	revealed: -He did not like taking -He had been having	trouble sleeping. d there will be a point that I				
	revealed: -The RCC was respo to the pharmacyThe MA or DCS was not in the facilityThe medication orde medication was delived 5:00pm or 11:00pm p on dutyThe MA would "doubt	S on 08/23/18 at 11:22am Insible for faxing new orders responsible if the RCC was r				

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PRINTED: 09/10/2018 FORM APPROVED

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			A. BOILDING		R	
		HAL045126	B. WING	B. WING		18
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE, ZIP CODE		
CAPOLIN	A RESERVE OF LAUREL	1825 PIS	GAH DRIVE			
CAROLIN	A RESERVE OF LAUREE	HENDER	SONVILLE, NC	28791		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE CO	(X5) MPLETE DATE
D 358	Continued From page	e 19	D 358			
	sentA new procedure wa order was attached to make sure each orde and processed.	s started recently that a new o a "follow up checklist" to r was faxed to the pharmacy out specific order changes				
	The failure of the facility to administer medications as ordered, related to taking escitalopram, fluoxetine, and olanzapine to Resident #1 placed him at risk for increased anxiety and insomnia, which was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation.					
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 08/23/18 for				
		THE TYPE B VIOLATION O OCTOBER 9, 2018.TYPE				
	reviews, the facility fa medications as order	ed for 1 of 5 sampled 1) related to medications for				
	The findings are:					
	back pain, sleep apne	mood disorder, disorder, autism, chronic				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						R	
		HAL045126	B. WING		08	8/23/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
CAROLIN	A RESERVE OF LAURE	_ PARK	SGAH DRIVE	7704			
	OU IN AN A DIV OT		RSONVILLE, NC 28		ODDECTION		
(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 E APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 20	D 358				
D 358	mg take 1 and a half evening (used to treat-There was a physicial dissolving tablet (OD bedtime (used to treat depression and bipolathere was a physicial form take every 6 hou anxiety/agitation/psycolor a. Review of Resident dated 04/15/18 reveatincrease escitaloprant Review of Resident dated 07/26/18 reveatincrease escitaloprant Review of Resident dated 07/26/18 reveatincrease escitaloprant Review of Resident dated 07/26/18 reveating revealed: There was a compute escitaloprant 20mg take daily to be administered from 07 Review of Resident dated revealed: A computer generated 20mg take 1 and half administered at 8:00a-Escitalopram had be administered from 08 Observation of Resident on 08/22/18 at 20 Deservation of Resident on 08/22/1	tablets (15mg) every at depression). an order for olanzapine oral T) 5mg every night at at mood disorders, including ar). an order for olanzapine ODT ars as needed for chosis. at #1's psychiatrist's notes aled a physician order to an to 20mg daily. at 's psychiatrist's notes aled a physician order to aram. at 's July 2018 electronic ation Record (eMAR) are generated entry for ake 1 and half tablets (30mg) are dat 8:00am. are documented as at 26/18 to 07/31/18. at 's August 2018 eMAR and entry for escitalopram at tablets (30mg) daily to be arm. are documented as are documented as are documented as	D 358				
		18 containing 38 whole blets to be administered					

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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: _		COMPLE	TED
					R	
		HAL045126	B. WING		08/23/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
TO THE OTHER	NOVIDEN ON OUT FIELD		SAH DRIVE	III., Zii GGBE		
CAROLIN	A RESERVE OF LAUREL	. PARK	SONVILLE, NC	28791		
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)N	(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 APPROP) BE	(X5) COMPLETE DATE
D 358	Continued From page	e 21	D 358			
	from the facility's com 08/23/18 at 9:47am re-Escitalopram was last on 08/08/18 with the 30 day supply. A physician order for for escitalopram 20m the pharmacy by the The pharmacy had pescitalopram to Residurections 30mg daily 05/01/18 for a 30 day The pharmacy had set the facility on 08/08/1 dose of escitalopram received a response. The facility was respondication orders with The facility had faxed discontinue the escital pharmacy had missed.	evealed: st dispensed to Resident #1 directions 20mg daily for a Resident #1 dated 04/15/18 g daily had been faxed to facility on 08/08/18. previously dispensed dent #1 on 06/23/18 with the from an order dated supply. ent a clarification request to 8 to determine the correct for Resident #1 but had not onsible for clarifying all the physician. d over the order to alopram on 07/26/18 but the				
		dication Aide (MA) on nd 08/23/18 at 11:00am				
	discontinued by the p -He had not seen the	the escitalopram had been sychiatrist. discontinuation order for				
	Resident #1 as direct -The MA, Resident C	are Coordinator (RCC), or ervices (DCS) would fax new				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		, , ,	(X3) DATE SURVEY COMPLETED	
		HAL045126	B. WING		08	R 8/ 23/2018	
	ROVIDER OR SUPPLIER A RESERVE OF LAUREL	PARK 1825 PIS	DDRESS, CITY, STATE GAH DRIVE RSONVILLE, NC 28	,			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	-The order had to be DCS before the chan -He never looked at t -He approved "new o medication matched of the approved "new of medication matched of the approved "new of medication matched of the approved "new of medication matched of the approved of the	approved by a MA, RCC, or ge occurred on the eMAR. he original orders. rders if the label on the new the order in the computer." C on 08/22/18 at 2:25pm 5am revealed: dated 04/15/18 for harmacy on 08/08/18 and it in Resident #1's record the discontinuation order for harmacy, but it was noted on #1's record that someone axed the order. by no one from the facility he discontinuation order for pharmacy. discontinuation order to the 8. der had to be approved by a fore the changes were with a Certified Medical a Resident #1's Psychiatrist's 4:08pm revealed the	D 358				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL045126	B. WING		08	R 8/ 23/2018
	ROVIDER OR SUPPLIER A RESERVE OF LAUREL	PARK 1825 PIS	ADDRESS, CITY, STATE SGAH DRIVE RSONVILLE, NC 28			
(X4) ID PREFIX TAG	EIX (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 THE APPROPRIATE	(X5) COMPLETE DATE
D 358	fluoxetine 20mg/5ml streat depression). Review of Resident # Medication Administrate revealed: -There was a comput fluoxetine 20mg/5ml smouth every day (oka administered at 8:00a-Fluoxetine had been administered on 07/2 07/30/18 and docume 07/29/18 and 07/31/1 Review of Resident # revealed: -There was a comput fluoxetine 20mg/5ml smouth every day (oka administered at 8:00a-Fluoxetine had been 9 of 24 opportunities Observation of Resid hand on 08/22/18 at 2-A partially used bottl solution dispensed 07 administeredThe pharmacy had of to Resident #1. Telephone interview of the facility's com 08/23/18 at 9:47am re-A 150ml bottle of fluodispensed to Resider directions take 5ml day and the facility of the fac	er generated entry for solution take 5ml (20mg) by ay to mix in food) to be am. documented as 7/18, 07/28/18, and ented as refused on 8. er generated entry for solution take 5ml (20mg) by ay to mix in food) to be am. documented as 7/18, 07/28/18, and ented as refused on 8. er generated entry for solution take 5ml (20mg) by ay to mix in food) to be am. In documented as refused for from 08/01/18 to 08/24/18. ent #1's medications on 2:14pm revealed er of fluoxetine 20mg/5ml 7/26/18 was available to be dispensed 150ml of solution with a pharmacy technician tracted pharmacy on everaled: exetine 20mg/5ml was last at #1 on 07/26/18 with aily okay to mix in food. In e had a 30 day supply	D 358			

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	URVEY ETED	
			7. BOILBING.			,
		HAL045126	B. WING		R 08/23/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAROLIN	A DECEDVE OF LAUDEL	1825 PISG	AH DRIVE			
CAROLIN	A RESERVE OF LAUREL	HENDERS	ONVILLE, NC	28791		
(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 358	Continued From page	e 24	D 358			
	Interview with the Me	solution to Resident #1. dication Aide (MA) on				
	08/22/18 at 2:14pm and 08/23/18 at 11:00am revealed: -He had been administering fluoxetine and escitalopram to Resident #1 since 07/27/18. -The MA, Resident Care Coordinator (RCC), or Director of Clinical Services (DCS) would fax new medication or discontinuation orders to the pharmacy. -The order had to be approved by a MA, RCC, or DCS before the change occurred on the eMARHe never looked at the original ordersHe approved "new orders if the label on the new medication matched the order in the computer." Interview with the RCC on 08/22/18 at 2:25pm and 08/23/18 at 11:35am revealed: -She faxed the order dated 04/15/18 for escitalopram to the pharmacy on 08/08/18					
	during an auditShe had not faxed the escitalopram to the pithe order that someone the orderShe did not know who had followed up on the escitalopram with the she had faxed the diescitalopram to the pithe order.	scontinuation order for harmacy on 08/23/18. der had to be approved by a fore the changes were hat Resident #1 was nd escitalopram from				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1828 PISCAH DRIVE 1829 PISCAH D	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
CAROLINA RESERVE OF LAUREL PARK MAI ID PREPIX SUMMARY STATEMENT OF DEFICIENCES ID PROVIDERS PLAN OF CORRECTION (CACH COMPACTIVE ACTION SHOULD BE PRECOLATION OF COMPACTIVE ACTION SHOULD BE PRECOLATION OF CACH COMPACTIVE ACTION SHOULD BE PRECOLATION OF CACH COMPACTIVE ACTION SHOULD BE PRECOLATION OF CACH COMPACTIVE ACTION SHOULD BE CHARLED TO A PROVIDERS PLAN OF CORRECTION (CACH COMPACTIVE ACTION SHOULD BE CHARLED OF CACH CACH CACH CACH CACH CACH CACH CAC			HAL045126	B. WING		
CAROLINA RESERVE OF LAUREL PARK HENDERSONVILLE, NC 28791	NAME OF PI	ROVIDER OR SUPPLIER			TE, ZIP CODE	<u> </u>
PREFIX TAG D 368 Continued From page 25 Telephone interview with a CMA from Resident #1's Psychiatrist's Office on 08/23/18 at 4:08pm revealed: - The resident could have increased anxiety and insomnia from taking escitalopram and fluoxetine together The psychiatrist office was not aware that Resident #1 and y side effects from taking medications together The psychiatrist office was not aware that Resident #1 that pays yield effects from taking medications together. Refer to interview with the DCS on 08/23/18 at 11:22am. C. Review of Resident #1's psychiatrist's notes dated 08/23/18 revealed a clarification order for olanzapine 5mg every six hours as needed. Review of Resident #1's psychiatrist's notes dated 04/16/18 revealed a physician order to increase olanzapine 5 ng every six hours as needed. Review of Resident #1's July 2018 electronic Medication Administration Record (eMAR) revealed: - There was a computer generated entry for olanzapine 5mg every finght. Review of Resident #1's July 2018 electronic Medication Administration Record (eMAR) revealed: - There was a computer generated entry for olanzapine 5mg was documented as administered from 07/01/18 to 07/17/18 at 8:00pm Clanzapine order was documented as administered as administered as administered from 07/18/18 A scheduled dose of olanzapine at bedtime was not documented as administered from 07/18/18.	CAROLINA	A RESERVE OF LAUREL	PARK		28791	
Telephone interview with a CMA from Resident #1's Psychiatrist's Office on 08/23/18 at 4:08pm revealed: -The resident could have increased anxiety and insomnia from taking escitalopram and fluoxetine together. -The psychiatrist office was not aware that Resident #1 had any side effects from taking medications together. Refer to interview with Resident #1 on 08/22/18 at 9:01am. Refer to interview with the DCS on 08/23/18 at 11:22am. c. Review of Resident #1's psychiatrist's notes dated 08/23/18 revealed a clarification order for olanzapine 5mg every night scheduled along with olanzapine 6mg every six hours as needed. Review of Resident #1's psychiatrist's notes dated 04/15/18 revealed a physician order to increase olanzapine to 7.5mg every night. Review of Resident #1's puly 2018 electronic Medication Administration Record (eMAR) revealed: -There was a computer generated entry for olanzapine ODT 5mg tablet take 1 tablet at bedtime to be administered from 07/11/8 to 07/17/18 at 8:00pm. -Olanzapine 5mg was documented as administered from 07/11/8/18 -A scheduled dose of olanzapine at bedtime was not documented a administered from 07/18/18	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE
	D 358	Telephone interview w #1's Psychiatrist's Off revealed: -The resident could ha insomnia from taking togetherThe psychiatrist office Resident #1 had any medications together. Refer to interview with 9:01am. Refer to interview with 11:22am. c. Review of Resident dated 08/23/18 revea olanzapine 5mg every olanzapine 5mg every olanzapine 5mg every olanzapine 5mg every olanzapine to Review of Resident # dated 04/15/18 revea increase olanzapine to Review of Resident # Medication Administrate revealed: -There was a compute olanzapine ODT 5mg bedtime to be adminis -Olanzapine 5mg was administered from 07/18:00pmThe olanzapine orde discontinued on 07/18 -A scheduled dose of	with a CMA from Resident ice on 08/23/18 at 4:08pm ave increased anxiety and escitalopram and fluoxetine e was not aware that side effects from taking a Resident #1 on 08/22/18 at a the DCS on 08/23/18 at a the DCS on 08/	D 358		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
					R
		HAL045126	B. WING		08/23/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CAROLIN	A RESERVE OF LAUREL	PARK	SAH DRIVE		
		HENDERS	SONVILLE, NC	28791	
(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 358	Continued From page	26	D 358		
D 358	Review of Resident # revealed: -There was a compute olanzapine ODT 5mg tablets (7.5mg) at bed 08/10/18Olanzapine 7.5mg wadministered from 08/8:00pmA scheduled olanzap documented as admin 08/09/18. Observation of Reside hand on 08/22/18 at 2-A medication card cowith 1 and half tablets directions 7.5mg at bed administeredA medication card cowith the directions 1 taneeded available to b Telephone interview was from the facility's conto 08/23/18 at 9:47am re-Olanzapine was last on 08/08/18 with the complete or of the pharmacy dispersion of the phar	er generated entry for tablet take 1 and half attime with a start date of as documented as (10/18 to 08/21/18 at ine dose at bedtime was not histered from 08/01/18 to 08/21/18 at ine dose at bedtime was not histered from 08/01/18 to 08/21/18 at ine dose at bedtime was not histered from 08/01/18 to 08/21/18 at ine dose at bedtime was not histered from 08/01/18 to 08/21/18 medications on 08/21/18 and in every bubble with the editime available to be ontaining olanzapine 5mg ablet every six hours as a administered. With a pharmacy technician tracted pharmacy on evealed: dispensed to Resident #1 directions 7.5mg every night. As dated 04/15/18. Forder for olanzapine 5mg eded. In sed 90 tablets of Resident #1 on 08/08/18 for ding the scheduled and as onsed 90 tablets of esident #1 on 04/26/18 and	D 358		
	needed ordersThe pharmacy disper	nsed 90 tablets of esident #1 on 04/26/18 and supply, including the			

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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. DUILDING:			
		HAL045126	B. WING		R 08/23/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAROLIN	A RESERVE OF LAUREL	1825 PISC	GAH DRIVE			
CAROLIN	A RESERVE OF LAUREL	HENDER	SONVILLE, NC	28791		
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 27	D 358			
	Telephone interview of manager/power of att 1:58pm revealed: -She did not know that multiple doses of olar -She had noticed a character behavior but thought change in pain medicing-resident #1 was mobegun to use a walket Interview with the MA revealed: -He did not know why received a scheduled from 07/18/18 to 08/0-He did not know who scheduled olanzapine -He did not know if a olanzapine in August.	with Resident #1's care orney on 08/23/18 at at Resident #1 had missed nzapine. The nange in Resident #1's it was because of a recent ation. The agitated recently and had not daily dose of olanzapine 19/18. The had discontinued the recently and the recently and had discontinued the recently and the recently and had a				
	Interview with the Resident Care Coordinator (RCC) on 08/23/18 at 11:35am revealed: -She had faxed an order dated 04/15/18 to increase olanzapine to 7.5mg daily to the pharmacy on 08/08/18She had found the order in the chart during an auditShe did not know why Resident #1 did not receive his schedule daily dose of olanzapine from 07/18/18 to 08/09/18She was not aware of a discontinuation order dated 07/18/18 for a scheduled daily dose of olanzapineShe had recently stopped monitoring "missed dose reports" because it was now the responsibility of the DCS.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7 BOILBING			R	
		HAL045126	B. WING	 	08	8/23/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
CAROLIN	A DECEDVE OF LAUDE	1825 PI	SGAH DRIVE				
CAROLIN	A RESERVE OF LAURE	L PARK HENDEI	RSONVILLE, NC 28	3791			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From pag	e 28	D 358				
	-The missed doses of olanzapine for Resident #1 were not "showing up on the missed dose report." -Reports were reviewed weekly for all medications that were not administered to a resident at the appropriate time. Telephone interview with a CMA from Resident #1's Psychiatrist's Office on 08/23/18 at 4:08pm revealed: -The psychiatrist had added a bedtime dose of olanzapine to help with sleepThe resident could have mood changes and increased insomnia from missing his scheduled olanzapineThe resident complained of not sleeping on a regular basis but the facility would report that the resident was sleeping.						
	Refer to interview wi 9:01am.	th Resident #1 on 08/22/18 at					
	Refer to interview wi 11:22am.	th the DCS on 08/23/18 at					
	Interview with Resident #1 on 08/22/18 at 9:01am revealed: -He did not like taking a lot of medicationsHe had been having trouble sleeping"It is terrible here and there will be a point that I am going to hang myself."						
	revealed: -The RCC was responsible to the pharmacyThe MA or DCS was not in the facilityThe medication order	CS on 08/23/18 at 11:22am onsible for faxing new orders as responsible if the RCC was ers were approved when the tered to the facility after the					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) DATE SUF COMPLET				
						R	
		HAL045126	B. WING		08	/23/2018	
NAME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STA	TE, ZIP CODE			
CAROLIN	A RESERVE OF LAUREL	PARK	PISGAH DRIVE DERSONVILLE, NC	28791			
(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 S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 358	Continued From page	29	D 358				
	on dutyThe MA would "doub computer" with the mosentA new procedure was order was attached to make sure each order and processed.	ed, related to taking					
	Resident #1 placed his anxiety and insomnia the health, safety, and constitutes a Type B North facility provided a accordance with G.S. this violation.	im at risk for increased, which was detrimental to d welfare of the resident and violation. a plan of protection in 131D-34 on 08/23/18 for					
D912	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate	laration of Residents' Rights ration of Residents' Rights ave the following rights: d services which are e, and in compliance with state laws and rules and	D912				

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PRINTED: 09/10/2018 FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER CAROLINA RESERVE OF LAUREL PARK STREET ADDRESS, CITY, STATE, ZIP CODE 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH CORRECTION SHOULD BE COME) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COME)			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	Y
NAME OF PROVIDER OR SUPPLIER CAROLINA RESERVE OF LAUREL PARK STREET ADDRESS, CITY, STATE, ZIP CODE 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791 DPROVIDER'S PLAN OF CORRECTION (CACHE COMPANY OF COMP	AND PLAN OF	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
CAROLINA RESERVE OF LAUREL PARK 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMING TAGE OF COMING TAG			HAL045126	B. WING		1	18
CAROLINA RESERVE OF LAUREL PARK HENDERSONVILLE, NC 28791 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) HENDERSONVILLE, NC 28791 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE: The company of	NAME OF PRO	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HENDERSONVILLE, NC 28791 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMING TAG (EACH CORRECTIVE ACTION SHOULD BE COMING TAG (EACH CORRECTIVE ACTION SHOULD BE COMING TAG (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)	CAROLINA	A RESERVE OF LAUREI	PARK 1825 PISG	AH DRIVE			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	OAROZINA	- ANEOLINE OF LAONEL	HENDERS	ONVILLE, NC	28791		
D912 Continued From page 30 D912	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE CO	(X5) DMPLETE DATE
	D912 (Continued From page	e 30	D912			
This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to cardio-pulmonary resuscitation training and medication administration. The findings are: 1. Based on interviews and record reviews, the facility failed to assure at least one staff person was on the premises at all times that had training within the past 24 months in Cardio-Pulmonary Resuscitation (CPR) for 3 of 3 sampled staff (Staff C, D, and B) who worked from 11:00pm to 7:00am. [Refer to Tag D167, 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation (Type B Violation).] 2. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents (Resident #1) related to medications for depression and mood disorder. [Refer to Tag D358, 10A NCAC 13F .1004(a) Medication Administration (Type B Violation).]	1	This Rule is not met Based on observation reviews, the facility fareceived care and set appropriate, and in confederal and state laws related to cardio-pulmand medication adminibration are: 1. Based on interview facility failed to assure was on the premises within the past 24 mo Resuscitation (CPR) (Staff C, D, and E) who are administration and confederation as order reviews, the facility failed and the facility failed to assure the failed and the facility failed to assure the failed and the facility failed to assure the failed and the failed a	as evidenced by: ns, interviews, and record iiled to ensure residents rvices which were adequate, compliance with relevant is and rules and regulations nonary resuscitation training inistration. It is and record reviews, the e at least one staff person at all times that had training inths in Cardio-Pulmonary for 3 of 3 sampled staff no worked from 11:00pm to ig D167, 10A NCAC 13F irdio-Pulmonary is Violation).] Itions, interviews, and record iiled to administer ed for 1 of 5 sampled iiled to medications for it disorder. [Refer to Tag F. 1004(a) Medication				

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