Division (of Health Service Regu					PRINTED: 09/07/2018 FORM APPROVED
STATEMENT AND PLAN (TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	26 5 E 2016	(X3) DATE SURVEY COMPLETED
		HAL032132	B. WNG			R 08/16/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	No.	
CAROLIN	A RESERVE OF DURHA		PE VALLEY RO. 1, NC 27707	AD		
(X4) ID PREF.X TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD FERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 000	Initial Comments		D 000			
	The Adult Care Licens annual and follow-up	sure Section conducted an survey on 08/15-16/18.				
D 299	10A NCAC 13F .0904 Service	(d)(3)(A) Nutrition And Food	D 299	Please	sce attached	
	(d) Food Requirement (3) Daily menus for refollowing: (A) Homogenized who milk or buttermilk: On pasteurized milk at least Reconstituted dry milk may be used in cooking purposes due to risk of during mixing and the the product if too muc. This Rule is not met a Based on observation interviews, the facility	ast twice a day. To rediluted evaporated milking only and not for drinking of bacterial contamination lower nutritional value of h water is used.				
1	The findings are: The census on the sec	cured unit was 14.				(1) (1) (2)
2	Review of the menu fo	or 08/15/18 revealed 8				
	secured unit between ! revealed:	ner meal services in the 5:15pm and 6:05pm nts seated in the dining		2		
	The residents were no	ot offered or served milk.				
ision of Healt	h Service Regulation					
a	Jenn Line	UPPLIER REPRESENTATIVE S SIGNATURE	Exer.		ne Marx	(X6) DATE
TE FORM			5699 X	60S11	ELIA	If continuation sheet 1 of 1:

POC "Reviewed and Accepted"

09/25/18

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Division	of Health Service Reg	ulation			FO	RM APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	OMETIMENTON	 _	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY
1			TO SOLEDING,		CON	APLETED .
		HAL032132	B. WING		2	R
NAME OF D		10000000	U. VIII.CO		0	8/16/2018
I NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
CAROLIN	A RESERVE OF DURHA	M 4523 HC	PE VALLEY ROAD			
		DURHA	M, NC 27707			
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID.	PROVIDER'S PLAN OF CO	ORRECTION	1
TAG	REGULATORY OR	LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO	N SHOULD BE	(X5) COMPLETE
			Ind	CROSS-REPERENCED TO THE DEFICIENCY	E APPROPRIATE	DATE
D 299	Continued From pag	e 1	2 200			
			D 299			
	- The residents were	served water and tea.			79	
1	Review of the menu	for 08/16/18 revealed 8				1
	ounce of 2% percent	milk was to be served for				
	the breakfast and din	ner meal				1 1
	Observation of the re	frigerator in the kitchen area				İ
	of the secured unit of	n 08/16/18 at 7:45am		27 8 MILL		
;	revealed there was n	o milk available to be served			19 W W W	
	to the residents.					
	Observation of the di-	nner meal services in the				
	secured unit between	7:40am and 8:40am				,
	revealed	todiii diid otodiii		8		
	-There were 14 reside	ents seated in the dining				
1	room.					
	-The residents were r	not offered or served milk				
İ	-The residents were s	served water and tea.				
l	Interview with a nemo	onal care aide (PCA) on				1
į	08/16/18 at 8:37am re	ous case side (LCV) ou				1 J
i	-Milk was not offered	or served to the residents				
al a	for breakfast on 08/16	3/18.				1
	 No milk had been se: 	nt from the kitchen to be				[
	served to the resident					i l
	all three meals.	ь be given to residents for				
		milk had not been served to				
į	the residents.	THIN Had Hot been selved to	18			
ĺ	-She did not know the	last time milk had been	4			
İ	given to the residents.					
	r. y					
	Interview with the second 8:54am revealed:	and PCA on 08/16/18 at				j 1
		The second section of the second seco				
	for breakfast on 08/16	or served to the residents				
		nt from the kitchen to be				
	served to the residents	S				
	Milk was not served d	laily.				1
	There was no milk in	the secured unit	Į.			
vision of Healt	h Service Regulation			- 14 - 1 - 1 - 1		

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIF: CATION NUMBER: A BUILDING: COMPLETED HAL032132 B. WING 08/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD CAROLINA RESERVE OF DURHAM DURHAM, NC 27707 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECT: VE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMP. FTF. DEFICIENCY) D 299 Continued From page 2 D 299 refrigerator. -It had been about a week ago since milk had been served to the residents. -She did not recall which meal. Interview with a medication aide (MA) on 08/16/18 at 10:00am revealed: -Milk was not offered or served to the residents for breakfast on 08/16/18. -No milk had been sent from the kitchen to be served to the residents. -Milk should be served to the residents two times a day. -She did not know the last time milk had been offered or served to the residents. Interview with the Resident Care Coordinator (RCC) (secured unit) on 08/16/18 at 3:30 pm revealed: -Milk was not offered or served to the residents on 8/15/18. -There was no reason why milk was not offered or served to the residents on 08/15/18 for dinner. -Milk was not offered or served to the residents for breakfast on 08/16/18. -The staff would be serving smoothies to the residents for a snack on 08/16/18 at 10:00am. -Milk was usually offered to the residents for breakfast and lunch. -The staff was responsible for serving milk to the residents. Interview with the Administrator on 08/16/18 at 4:30pm revealed she was not aware that the residents on the secured unit had not been offered or served milk on 08/15/18 for dinner and 08/16/18 for breakfast. Division of Health Service Regulation STATE FORM

Division -	of Health Service Regi	ulation			FOF	RM APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		
WAND ELMY	OF CORRECTION	IDENTIFICATION NUMBER:				SURVEY PLETED
1		}	İ			
		HAL032132	B. WING	- <u></u>	785000	R
NAME OF P	ROVIDER OR SUPPLIER	STORE .			08	/16/2018
			DDRESS, CITY, ST			
CAROLIN	A RESERVE OF DURHA	- control of the cont	PE VALLEY RO	AD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	/I, NC 27707			- E
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO	CTION	(X5)
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP	ROPRIATE	COMPLETE DATE
				DEFICIENCY)		
D 310	Continued From page	∍ 3	D 310			
D 310	10A NCAC 13F ,0904	(e)(4) Nutrition and Food	D 310	11	1	
	Service	(),() () () () () () ()	D 010	Pliase see attached	A	
	Taxaban ana disamban atawa sacawan sa					
	10A NCAC 13F .0904	Nutrition and Food Service				i i
	(4) All the service diete	in Adult Care Homes:				
	supplements and this	ets, including nutritional kened liquids, shall be	1			
	served as ordered by	the resident's physician.	Ì			
		the resident's physician.			IN N NOW YOUR	4c
						i
				×		1
d a						
ì	This Rule is not met a	a and decompositions				
	Based on observation	as evidenced by: is, interviews, and record				·
	reviews, the facility fa	ied to assure 1 of 5	10			
3	sampled residents (#1) with physician's orders for				1
I	a low fat/low cholester	rol diet was served as				1
	ordered.					
	TL_E "					1
	The findings are:					, ,
	Review of Resident#	Le current El 2 detect				j
	02/20/18 revealed:	A COLLECT LES DESERVED				
	-Diagnoses included o	oronary artery disease,				!
	hyperlipidemia, hypoth	tyroidism, chronic kidney	İ			
	disease stage III, and	metabolic encephalopathy.				1
	-There was a physicia	n's order for a regular diet.	1			
	Raviou of Books	Sa Disease and a second			9	
	Orders (Addendum to	's Physician's Admissions				1
	revealed a physiciante	order for a low fat/low				[
	cholesterol diet.	O'GO: 101 G IOM ISTIOM				
			1			
J.	Review of Resident #1	's physician's orders			1	
1	revealed there was a p	hysician's order dated			I.	
1,	07/27/18 for a low fat/	low cholesterol diet.				
	Review of the thoras	tro diet liett	1			
ivision of Healt	h Service Regulation	atic diet list posted in the	1		İ	

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BLILDING:	CONSTRUCTION		E SURVEY IPLETED
<u> </u>		HAL032132	B. WING		0.0	R
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E ZIR CODE		3/16/2018
CAROLIN	A DECEMBER OF BURNES		PE VALLEY ROAL			
OAROLRI	A RESERVE OF DURHAI		M, NC 27707	•		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID I	PROMOTE TO THE PARTY OF THE PAR		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	INA RESERVE OF DURHAM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	e 4	D 310			
	kitchen revealed Resi	dent #1 was to be served a				
į	low fat/low cholestero	I diet.				18
	Review of the lunch m	nenu for 08/15/18 revealed	180] .
	residents ordered a lo	w fat/low cholesterol diet	T			
	nad the choice of bee	f tips in gravy with rice or				
	neasted turkey with gr	avy and stuffing, green				
	margarine spread	vriite/wheat roll and				t) 8 (
	opious.		8)			
	Observation of the jur	nch meal service in the				
	Assisted Living (AL) d	ining hall on 08/15/18 at	i			
	12:30 pm revealed:					1
	-Resident #1 was serv	ed turkey, gravy, stuffing,				
1	green peas, slice of sy	weet potato pie, a roll and				
0.0		-d 50 07 -51				
]	included 100% of swe	et notate aig				Î
		er potato pie.				ļ
	Review of the breakfa	st menu for 08/16/18				
	revealed residents ord	lered a low fat/low				
	cholesterol diet were t	o be served Vitamin C				İ
l d	fortified juice, cereal, e	egg substitute, no meat,				
	toasted bread, jelly, ar	id skim milk.				
	Observation of the hre	akfast meal service in the				
	AL dining hall on 08/16	3/18 at 7:30 am revealed:				
	 Resident #1 declined 	cereal and milk				
1	-Resident #1 was serv	ed orange juice, coffee,			**	
	grits, 3 slices of bacon	, eggs, 1 slice of toast, and				
	jelly,					Ì
	-Resident #1 consume	d 100% of the meal.				
	Review of the lunch me	enu for 08/16/18 revealed				
	residents ordered a low	enu for 08/16/18 revealed v fat/low cholesterol diet				1
	had a choice of meat n	ot pie with green beans or				
ļ	grilled chicken aifredo	tossed lettuce salad, fruit				ļ.
	of choice, and a garlic	bread stick.				
ĺ						
1	Observation of the lunc	n meal service on				

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Division (of Health Service Reg	ulation			FO	RM APPROVE
STATEMEN	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT PLE C	CONSTRUCTION		
	DE GOKKEC-10:N	IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
				· · · · · · · · · · · · · · · · · · ·		
		HAL032132	B. WING	- \$40000 ve		R
NAME OF P	ROVIDER OR SUPPLIER	43 803			08	3/16/2018
			ADDRESS, CITY, STATE			
CAROLIN.	A RESERVE OF DURHA		PE VALLEY ROAD)		
0.00			M, NC 27707	_4		
(X4) ID PREFIX	SUMMARY ST (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	, al	PROVIDER'S PLAN OF COR	RRECTION	(X5)
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETE
				DEFICIENCY)	APPROPRIATE	DATE
D 310	Continued From page	e 5	D 310			
1			1 5 3 10			
	08/16/18 at 12:30 pm	revealed:				ļ
	Ceasar solod whoot	rved grilled chicken alfredo,				1
1	food cake with which	bread, and a slice of angel				A.
	strawberry.	ed cream and a slice of	1			
	-Resident #1 consum	ed 75% of the mast				ĺ
	rigorabile in a confadir	red 75% of the fileal.				
	Interview with Reside	ent #1's family member on				
	08/16/18 at 12:52 rev	/ealed:			9539 400 W W WW	
į		sident #1 was on a special				
	diet.	300V				
	-She visited frequent	y during mealtime and	1			-
9	Resident #1 was serv	ved the same meals as				
	everyone else.					
	Interview with a cook	on 08/16/18 at 1:07 pm				
	revealed:	on deritario at nor pill				
	-She was responsible	for cooking and plating				1
	food for residents dur	ing her shift.				
	-She used the therape	eutic diet list and the				
	therapeutic diet menu	is to plate the food.				
	 She and other dietar 	y staff told the personal care		9		
	aides (PCA) which pla	ate to serve each resident	T			
	-She did not know Re	sident #1 was on a low				
	therapeutic diet list.	t without looking at the				1
		145				
	regular diets.	the same food as the	į l			
		#1's food for the breakfast				1
f	meal and included one	gs and bacon on Resident				246
	#1's plate.	gs and bacon on Resident		*		8
		sident #1 should not have				
	had bacon and should	have had an eng	1			
	substitute for breakfas	it on 08/16/17.	i i			
	Interview with a sa	d and an pour	Î			
	om revealed:	d cook on 08/16/18 at 1:27				
	and the same and a same a same a same a same and a same a same a same a same a same a same a same a same a sam	and folling the DCA				1
1,	which plate was to be	, and telling the PCAs served to each resident	8			
1,	were a part of her job	responsibilities			.00	†
ion of Healt	h Service Regulation	coportaionnies,				

Division	of Health Service Rec	gulation			FOR	M APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	O(2) MINTIPLE	CONSTRUCTION	The second second second	<u>-</u>
NAND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	1 20 20	CONSTRUCTION	(X3) DATE	SURVEY
			A. Duico: NG.		COMP	CELED
		1551 000400	D MANAGE		12	R
		HAL032132	B. WING	<u></u>	1	16/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	F ZIP CODE	7	
CAROLIN	I BEOFFILE AT THE		OPE VALLEY ROAL			
CARULIN	A RESERVE OF DURHA	TITI	M, NC 27707	,		
(X4) ID	SUMMARYS	TATEMENT OF DEFICIENCIES				
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT	ON	(X5)
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	DBE PRIATE	COMPLETE DATE
			_	DEFICIENCY)	NOTE	LAIL
D 310	Continued From pag	ae 6	D 310			-
	9) 90		1 5 3 10			
	-She did not know R	lesident #1 was on a low				
	fat/low cholesterol di					
	menu.	ed meals from the regular				J
		F. 15 D. 11	1			
1.0	the therapeutic meni	food for Resident #1 using				
105		own her how to read the				
200 200 000 000	therapeutic menu.	lown her now to read the			47	
	therapeane menu.			NA C 31 II MAN MAN O MAN N O	o a sur	
	Interview the Dietan	Manager (DM) on 08/16/18				
2	at 1:36 pm revealed:	Manager (DM) 011 00/10/18				
	-Residents were sen					
	therapeutic menus a	ccording to the therapeutic				•
1	diet list	ocording to the therapeutic				
İ	-Whichever dietary s	taff cooked the food was				
	responsible for platin	ng the food according to the				
	regular and therapeu	rtic menus.				
	-The therapeutic mer	nus were taken down from				
Ì	the wall and placed a	at the serving line for staff				1
ļ	guidance prior to pla	iting food for each meal.				1
	-Resident #1 was on	a low fat/low cholesterol				1
,	diet.					
	-He did not know Res	sident #1 had not been				J
İ	served according to h	ner low fat/low cholesterol	1			1
	therapeutic menu.					
ĺ	Interview in the control of the cont					
	Interview with a medi	ication aide (MA) on			19	
	08/16/18 at 2:56 pm i	revealed:		4		
	hor shift by see deep in	dining hall at times during				
	The dietary staff total	lates and drinks to residents.				ĺ
	each resident.	her which plate to serve			8	
		therapeutic diet list and did			33	
	not know which diet o	inerapeutic diet list and did alf residents were ordered.				
	-She thought Recider	nt #1 was on a regular diet				1
	because she received	d the same meals as most		4	j	
İ	other residents.	a the sathe meals as most				
		d had not been told by the				ĺ
	dietary staff Resident	#1 was on a low fat/low	!			l,
	cholesterol diet.	WOLVING OUT & TOW IST/IOW				ŀ
	th Service Regulation		_1		1	

Division	of Health Service Reg	ulation			FO	RM APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	OVOLUNI TYPU E			and the second s
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION		ESURVEY
1			A. BUILDING: _		COM	PLETED
		LIAI 000400	D IANG			R
		HAL032132	B. WING		30	3/16/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E. ZIP CODE		
CAROLIN	A RESERVE OF DURHA		PE VALLEY ROAD			
CAROLIN	A RESERVE OF DURHA	A S S S S S S S S S S S S S S S S S S S	W, NC 27707	,		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES				- E
PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	ΠON	(X5)
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR	OPRIATE	COMPLETE DATE
				DEFICIENCY		
D 310	Continued From pag	e 7	D 310			
1			- 0.0			
	Interview with a BCA	on 08/16/18 at 3:04 pm	1 1			
	revealed:	. 011 06/16/18 at 3:04 pm				ľ
		residents during her shift.				
i	-The dietary staff told	her which plate should be				i
İ	served to each reside	ent which plate should be	1			
	-She did not know wh		1			
M 380 0000 W 730	Resident #1 was order	ered.				i l
	-Resident #1 was ser	ved the same meals and		TO SECURITY OF SECURITY ME		de a se
89	desserts as other res	idents who had regular				
	meals.	Total Wile Had regular				8
2						
	Interview with Reside	ent #1 on 08/16/18 at 3:12				
	pm revealed:	1. 10, 15, 10 0, 12				1
ļ	-She did not think she	was on a special diet.			2	1
	 She was served and 	ate the same meals and				
	desserts as everyone	else at her dining table.				i l
;	Interview with the AL	Resident Care Coordinator				1
	(RCC) on 08/16/18 at	: 3:12 pm revealed:				
	-Resident #1 was on	a low fat/low cholesterol	į			
	diet.	8				1
	-Sne did not know Re	sident #1 was not being	8			
*	served a low tarriow of	holesterol diet as ordered	Ø.	•		
	by her physician.	that a few and a				ļ
i	-The DM was respons therapeutic diets were	sible for ensuring				
ě	a let abeatic diet? Mete	served as ordered.	ļ			
X	Interview with the Adn	ninistrator on 08/16/18 at				
	3:42 pm revealed:	missilator on oo/16/18 at				
		he dining hall by serving				
	plates.	ne daming hall by setving	Ť .			
		her which resident to serve				1
	the plates to.	····· ··· ··· ··· ·· ·· ·· ·· ·· ·· ··		39		1
		uld have been using the	Î			1
	therapeutic menu as a	guide to plate the food for	1			ļ !
	residents.					
		low fat/low cholesterol	l _s			ļ !
1	diet.	- Grotesteror				
i.	-She did not know the	Resident #1 was not being	1			
lvision of Healt	h Service Regulation	not boing	<u></u>			

D PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	FORM APPROV	
- 1 UNIN (PERMENTION	IDENTIFICATION NUMBER:		OCHOTADONO	(X3) DATE COM	SURVEY PLETED
		HAL032132	B. WING	——————————————————————————————————————		R
ME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	E 710 0005	1 00	/16/2018
ROLINA	A RESERVE OF DURHA		PE VALLEY ROA			
		DURHAM	W, NC 27707	*		
X4) ID REFIX	SUMMARY ST	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CONDICATE)		PROVIDER'S PLAN OF COF	PECTION	1
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
D 310	Continued From page	e 8	D 310			
	served according to t menu as ordered by I	he low fat/low cholestero! her physician.				
	Attempted interview von 08/16/18 at 12:22	with Resident #1's physician pm was unsuccessful.				
D 344	10A NCAC 13F .1002	2(a) Medication Orders	D 344	Dee attacked.		
1	10A NCAC 13F .1002	Medication Orders		C	20 20 20	
1	(a) An adult care hor	ne shall ensure contact with				
	the resident's physicia	an or prescribing practitioner				
	for verification or clari	fication of orders for				ł
	medications and treat	ments:				
	(1) if orders for admis resident are not dated	sion or readmission of the fand signed within 24 hours				
	of admission or readm	nission to the facility:	,			1
ļ	(2) if orders are not cl	ear or complete: or				
	(3) if multiple admission	on forms are received upon				
	admission or readmis:	sion and orders on the				
] !	forms are not the sam	e.				
	I ne facility shall ensu	re that this verification or				1
	clarification is docume record.	ented in the resident's				
'	ecoru.					
1		*				
-	This mail	500				r D
1	This Rule is not met a TYPE B VIOLATION	s evidenced by:	1			Ü
	THE D VIOLATION					
E	Based on observations	s, record reviews, and				
11	nterviews, the facility	failed to clarify medication] [
0	orders for 1 of 5 sample	ed residents (#3) with a				
p	nysician order for two	extended release			i	
יו	nedications which wer	e crushed prior to				
a	dministration without	orders to crush all		<i>B</i>	I	
"	nedications.				1	
1 T	he findings are:					

X60S11

TATEMEN'	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(VO) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		HAI 022422	B. WING			R
ALIE 00 0		HAL032132	B. WING		08	/16/2018
AIME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
AROLIN	A RESERVE OF DURHA		PE VALLEY ROAD			
(X4) .D	SUMMARYS	STATEMENT OF DEFICIENCIES	M, NC 27707			
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 344	Continued From pag	je 9	D 344			
	03/27/18 revealed: -Diagnoses included pacemakerThere was a medical	#3's current FL-2 dated I hypertension, and cardiac ation order for alfuzosin ER v retention) 10 mg one tablet		P.		
	daily.	m	i	F 8 1700		
	(used to treat hypertidaily.	ation order for metoprolol ER ension) 100 mg one tablet signed by the resident's				
	01/01/09/18 revealed					
i	indicated "medication	s included a statement that ns that are appropriate to ed for this resident and				
	placed in applesauce	e, pudding, yogurt, or juice." signed by the resident's			,	
	orders dated 08/09/1	#3's six month physician 8 revealed:				
1	one tablet daily, do no	for alfuzosin ER 10 mg take ot crush.				
į	take one tablet daily,	for metoprolol ER 100 mg do not crush. for a standing order that		٠		
!	indicated "may crush	meds unless the choice of yes or no				
	beside the entry.	mark beside the yes or the				
		signed by the resident's				
	Observation of the se medication pass on 0	cure unit 8:00 am				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL032132 B. WING 08/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4523 HOPE VALLEY ROAD** CAROLINA RESERVE OF DURHAM DURHAM, NC 27707 (X4):D SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE DATE CROSS-REFERENCED TO THE APPROPRIATE AG DEFICIENCY) D 344 Continued From page 10 D 344 -Resident #3 received the 8:00 am medications in the dining room at the dining room table. -The medication aide (MA) removed nine different medication blister packets which included alfuzosin ER 10 mg one tablet, and metoproloi ER 100 mg one tablet. -The MA placed eight of the nine tablets in a small plastic bag, placed the plastic bag in the pill crusher and crushed the tablets. -The MA placed the crushed tablets into applesauce and blended the two with a spoon. -The crushed medication and applesauce mixture was administered to Resident #3 at 7:56 am. Review of Resident #3's June 2018 electronic medication administration record (eMAR) revealed: -There was an entry for alfuzosin ER 10 mg take one tablet daily at 8:00 am with the instructions do not crush. -There was an entry for metoprolol ER 100 mg take one tablet daily at 8:00 am with the instructions do not crush. -There were no entries that indicated to crush the medications. Review of Resident #3's July 2018 eMAR revealed: -There was an entry for alfuzosin ER 10 mg take one tablet daily at 8:00 am with the instructions do not crush. -There was an entry for metoproio! ER 100 mg take one tablet daily at 8:00 am with the instructions do not crush. -There were no entries that indicated to crush the medications. Review of Resident #'s August 2018 eMAR -There was an entry for alfuzosin ER 10 mg take Division of Health Service Regulation

(EVCH DEFICIENC)		(X2) MULTIPLE C A. BUILDING: B. WING ADDRESS, CITY, STATE		СОМ	E SURVEY IPLETED
SUMMARY ST.	HAL032132 STREET A 4523 HO	B. WNG		СОМ	PLETED
SUMMARY ST.	STREET A	ADDRESS, CITY, STATE			R
SUMMARY ST.	STREET A	ADDRESS, CITY, STATE			ĸ
SUMMARY ST.	4523 HO				
SUMMARY ST. (EACH DEFICIENC)	4523 HO				8/16/2018
SUMMARY ST. (EACH DEFICIENC)					
(EVCH DEFICIENC)	ואחטטט	PE VALLEY ROAD			
(EVCH DEFICIENC)	ATEMENT OF DEFICIENCIES	VI, NC 27707			
EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX AG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		ID OPERIN	PROVIDER'S PLAN OF CORE	RECTION	(X5)
			(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	COMPLE
			DEFICIENCY	FNORRIALE	DATE
ntinued From page	: 11	D 344			 -
e talidat dailu at R:0	O com with the treet				
not crush.	0 am with the instructions				
	DE CONTROL OF THE SECOND				
ia one tablet doile a	or metoprolol ER 100 mg				
tructions do not on	n o.o∪ aiii wiin the				
Tere were no entric	s that indicated to account	1			ĺ
dications	s that mulcated to crush the				
view of Resident #:	3's contract pharmacy	2 0 0 00 00			
arterly reviews reve	aled:	}			
ere was a pharmad	CV review completed on				
17/18 without recor	mmendations concerning				
alfuzosin ER and r	metoprolol ER				
ere was a pharmac	v review completed on				
13/18 without recor	mmendations concerning	3,			l.
alfuzozin ER and r	netoproiol ER.				
servation of the ma	dia at a second				C
em em to monavisc	dications on hand for				
ere was a blister of	o at 7.53 am revealed:				
tablets with a dispe	ackage for affuzosin ER 10				8
of thirty tablets rem	rained in the positions				
ere was a label on	the alteracin ED blisses				
kage that indicated	do not cruch				
ere was a blister na	ickage for metoprotol ED				
mg tablets with a	dispensed date of 07/23/19				
ten of thirty tablets	remained in the package				
ere was a label on t	the metoprolol FR blister				
kage that indicated	do not crush.				
ed on observation—	ture of				
ews it was datases:	, milerviews, and record			#	
viewahle	ieu resident #3 was not				
TICWADIC.					İ
view with the MA v	the completed the				
ication pass on OR	16/18 at 7:54 am and				
0 am revealed:	corro acrion and and				
ident #3 received 6	eight tablets crushed and	1			1
ed in applesauce fo	or administration				1
ident #3 could not	august and the same of				
	tructions do not crulere were no entriedications. view of Resident #3 arterly reviews reverse was a pharmace affuzosin ER and rere was a pharmace affuzozin ER and rere was a pharmace affuzozin ER and resident #3 on 8/16/1 are was a blister part tablets with a disperse was a blister part tablets with a disperse was a blister part tablets with a disperse was a blister part tablets with a disperse was a label on the was a blister part tablets with a control	view of Resident #3's contract pharmacy arterly reviews revealed: ere was a pharmacy review completed on 17/18 without recommendations concerning alfuzosin ER and metoprolol ER. ere was a pharmacy review completed on 13/18 without recommendations concerning alfuzozin ER and metoprolol ER. ere was a pharmacy review completed on 13/18 without recommendations concerning alfuzozin ER and metoprolol ER. erevation of the medications on hand for sident #3 on 8/16/18 at 7:53 am revealed: ere was a blister package for alfuzosin ER 10 tablets with a dispensed date of 07/26/18 and of thirty tablets remained in the package. ere was a label on the alfuzosin ER blister kage that indicated do not crush. ere was a blister package for metoprolol ER mg tablets with a dispensed date of 07/23/18 ten of thirty tablets remained in the package. ere was a label on the metoprolol ER blister kage that indicated do not crush. ed on observations, interviews, and record ews it was determined Resident #3 was not viewable. view with the MA who completed the ication pass on 08/16/18 at 7:54 am and	tructions do not crush. leire were no entries that indicated to crush the dications. view of Resident #3's contract pharmacy arterly reviews revealed: ere was a pharmacy review completed on 17/18 without recommendations concerning aifuzosin ER and metoprolol ER. ere was a pharmacy review completed on 13/18 without recommendations concerning aifuzozin ER and metoprolol ER. eservation of the medications on hand for sident #3 on 8/16/18 at 7:53 am revealed: ere was a blister package for alfuzosin ER 10 tablets with a dispensed date of 07/26/18 and of thirty tablets remained in the package. ere was a label on the alfuzosin ER blister kage that indicated do not crush. ere was a blister package for metoprolol ER mg tablets with a dispensed date of 07/23/18 ten of thirty tablets remained in the package. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush. ere was a label on the metoprolol ER blister kage that indicated do not crush.	tructions do not crush, eiere were no entries that indicated to crush the dications. view of Resident #3's contract pharmacy arterly reviews revealed: ere was a pharmacy review completed on 17/18 without recommendations concerning aifuzosin ER and metoprolol ER. ere was a pharmacy review completed on 13/18 without recommendations concerning aifuzosin ER and metoprolol ER. servation of the medications on hand for sident #3 on 8/16/18 at 7:53 am revealed: ere was a blister package for alfuzosin ER 10 tablets with a dispensed date of 07/26/18 and of thirty tablets remained in the package. ere was a label on the alfuzosin ER blister kage that indicated do not crush. ere was a blister package for metoprolol ER mg tablets with a dispensed date of 07/23/18 ten of thirty tablets remained in the package. ere was a label on the metoprolol ER blister was	tructions do not crush, leview of Resident #3's contract pharmacy arterly reviews revealed: ere was a pharmacy review completed on 17/18 without recommendations concerning affuzosin ER and metoprolol ER, ere was a pharmacy review completed on 13/18 without recommendations concerning affuzozin ER and metoprolol ER. ere was a pharmacy review completed on 13/18 without recommendations concerning affuzozin ER and metoprolol ER. servation of the medications on hand for sident #3 on 8/16/18 at 7:53 am revealed: ere was a bilister package for alfuzosin ER 10 tablets with a dispensed date of 07/26/18 and of thirty tablets remained in the package. ere was a label on the alfuzosin ER bilister kage that indicated do not crush. ere was a label on the metoprolol ER mg tablets with a dispensed date of 07/23/18 ten of thirty tablets remained in the package. ere was a label on the metoprolol ER bilister was a bable on the metoprolol ER bilister was a label on the metoprolol ER bilister was a date on other metoprolol ER bilister was a label on the metoprolol ER bilister was a label on the metoprolol ER bilister was a date on other metoprolol ER bilister was a date on on other was also on other was an other was determined Resident #3 was not viewable. View with the MA who completed the ication pass on 08/16/18 at 7:54 am and 0 am revealed: ident #3 received eight tablets crushed and and in applessauce for administration.

Division	of Health Service Reg	ulation			FOi	RM APPROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CHA	(X2) MULTIPLE C	ONSTRUCTION		
AND FLAM	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
1		Į			18.830	
	9	HAL032132	B. WING			R
NAME OF B	ROVIDER OR SUPPLIER				08	/16/2018
MANE OF P.	HONDER ON SOPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
CAROLIN	A RESERVE OF DURHA	M 4523 HC	PE VALLEY ROAD	<u>C</u>		
		DURHA	M, NC 27707			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF	CORRECTION	 _
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTI	ON SHOULD BE	(X5) COMPLETE
		and the state of t	TAG	CROSS-REFERENCED TO T DEFICIENCE	HE APPROPRIATE	DATE
D 344	Continued From pag	- 40		22 10/210	· 	<u> </u>
			D 344			-
	tablets had to be cru	shed for administration.				
ĺ	 There was a physici 	an's order to crush all of				
	Resident #3's medica	ations in the record.				
	-She had not seen th	ne order to crush all of	1			
	Resident #3's medica	ations in the record.	}			
	Provious contract to	all medications was on the				
	previous contract phase	armacy medication	ļ			
	-She did not see the	same order on the current			n n n o	
	eMARs.	agine order out the crittett				i
	-She continued to cri	ush the medications for				
	Resident #3, because	e he was on a pureed diet.				
	-She did not call the	physician to clarify or obtain				
	an order to crush all	medications for Resident #3				
8	-She did not call the	pharmacy to clarify if the				Ĭ
4	extended release me	dications were safe to crush				
	for administration.	\$1				İ
	-She did not know the	effects of the extended				
-	release medications	when crushed.				
	Intendew with a poco	nd day shift secure unit MA				
	on 08/16/18 at 9:00 a	im ravealed:				
	-She was told by her	supervisor to crush all				
	medications for Resid	ient #3 because he could				
1	not swallow pills and	was ordered a pureed diet				
	 She had not seen ar 	order to crush at the				
į.	medications for Resid	lent #3.				
	-She had not seen an	entry on Resident #3's				
	eMAR to crush all the	medications.				
	-She did know that Re	esident #3 had medications				ĺ
	She had not selled with	do not crush by pharmacy.				
	medications could be	ne physician to clarify if the				ĺ
	-She had not called #	crushed. he pharmacy to clarify the do				
I a	not crush instructions	on the medication label.				į
	-She did not notice an	y changes with Resident				
3	#3's health.	2				
-					**	: :
1	Interview with the con	tract pharmacy technician				
	on 08/16/18 at 10:17 a	am revealed;	1			

Division	of Health Service Reg	ulation			FOR	M APPROVE
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		
, AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE COMP	
3					COLAR	-6160
		HAL032132	B. WING			₹
MANACOCK	DOUBER OF SURE				08/	16/2018
MAINE OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
CAROLIN	A RESERVE OF DURHA	M 4523 HC	OPE VALLEY ROAD			
		DURHA	M, NC 27707			
(X4) ID PREFIX	SUMMARY ST	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRI	ECTION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SH	OULD BF	(X5) COMPLETE
		and statement of the st	TAG !	CROSS-REFERENCED TO THE API DEFICIENCY)	PROPRIATE	DATE
D 344	Continued From page	e 13	500	007 007 007 007		
			D 344			
	- There were no order	rs within the computer				
	system for crushing a	all medications.				
	- There was no docum	nentation indicating the				İ
	racility notified the ph	armacy concerning crushing				
	medications.					J I
	-vviteri extended reie	ase medications were				
	than intended by mere a	bsorbed at a different rate				
	medication.	nufacture preparation of the		A 4 1 100 1 1 1 1		stat to seem
		ou to abolista a Maria i				5450 54, 8500,00
	the effects of crushing	acy technician did not know				
	metoprolol ER.	g anuzosin ER and		22		
	metoproloi Ett.					
	Interview with the nev	w contract pharmacist who				
	would complete the n	uarterly pharmacy reviews				
Î	on 08/16/18 at 10:40	am revealed:				
		cosin ER was an alpha				
1	blocker.	200 an alpha				
1	-When alfuzosin ER v	vas crushed it may cause				
İ	the blood pressure to	decrease.				
ļ	-When metoprolol ER	was crushed it may cause				
	the blood pressure to	decrease.				
	-The length of time fo	r the effects of crushed				
1	alfuzosin ER and met	oprofol ER to be noticed in		28		
	Resident #3 was one-	half hour to one hour.	1			
	-He had not complete	d a quarterly review for the				
İ	facility because he wa	as recently hired.	1			
	-He did not know all o	f Resident #3's medications				
	were crushed for adm	inistration.				
İ	-He planned to review	, observe administration,				
		dations for Resident #3's				
j	medications.				j	
	- Here were other me	dications and dosing that				
1	alfuzacio EC +++ -	of metoprolol ER and			1	
	alfuzosin ER, due to R swallowing solids.	cesiaent #3's difficulty			†	
1	awallowing Solids.		i		1	
ļ	Observation of Posido	ent #3 on 08/16/18 at 11:18	1			
İ	am revealed a blood -	oressure was taken in the	1			
	left arm by the day shi	ft MA and the reading was				
ion of Hoal	th Service Redulation	it wo and the reading was				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIF CATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL032132 B. WING 08/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CAROLINA RESERVE OF DURHAM **4523 HOPE VALLEY ROAD** DURHAM, NC 27707 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY D 344 Continued From page 14 D 344 100/47. Interview with the Registered Nurse (RN) at Resident #3's physician's office on 08/16/18 at 2:50 pm and 08/17/18 at 9:42 am revealed: -The facility called the physician's office on 08/16/18 to request an order to crush all Resident #3's medications. -The physician provided the order to the facility on 08/16/18. -The physician notes did not indicate metoprolol ER but did note metoproloi succinate. -The physician notes did not indicate alfuzosin ER but did note alfuzosin. -She did not know the reason the physician prescribed the alfuzosin and metoproiol. -Resident #3 did not have physician notes documenting concerns with low blood pressure. Interview with the secure unit Resident Care Coordinator (SURCC) on 08/16/18 at 3:31 pm -Because she knew Resident #3 was on a pureed diet and had previous orders to crush the medications, she assumed all the medications could be crushed. -She did not know the physician did not indicate yes or no on the six month physician orders until 08/16/18 and she was responsible for reviewing the six month physician orders. -She did not know the effects of crushing Resident #3's two extended release medications. -She had not noticed any significant changes in Resident #3. -She did not contact the physician when the pharmacy placed do not crush on the medication labels of Resident #3's metoprolol ER and alfuzosin ER. -She did not contact the pharmacy when the labels do not crush were placed on Resident #3's

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED HAL032132 B. WING 08/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD CAROLINA RESERVE OF DURHAM DURHAM, NC 27707 (X4) (D SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY D 344 Continued From page 15 D 344 metoprolol ER and alfuzosin ER. -She and the MAs were responsible for reviewing the medication orders. -The facility RN reviewed the eMARs. -She expected the MAs to notify the physician to clarify whether or not a medication labeled with do not crush could still be crushed. -She expected the MAs to notify her if there was a discrepancy with any medication order. Interview with the RN on 08/16/18 at 4:55 pm revealed: -She did not know all the medications for Resident #3 were crushed. -The MAs and the SURCC were expected to follow the physician orders. -She expected the MAs to notify the physician when there were unclear instructions for administering a medication and the physician orders. Interview with the Administrator on 08/16/18 at 4:33 pm revealed: -The RN was responsible for clinical operations on the locked assisted living unit. -The MAs and the SURCC were expected to follow the physician orders and clarify all inconsistent orders between the physician orders and the MAR. -She expected the RN to be notified about any inconsistencies to ensure there were no trends developing and to prevent any problems with other residents with the same issues. Attempted interview with family member on 08/16/18 at 2:57 pm was unsuccessful. The failure of the facility to clarify the medication orders for alfuzosin ER and metoprolol ER labeled with "do not crush" and continued Division of Health Service Regulation

Division	of Health Service Reg	ulation			FO	RM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 08/16/2018		
		HAL032132	B. WING	· · · · · · · · · · · · · · · · · · ·			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		71072010	
CAROLIN	A RESERVE OF DURHA		OPE VALLEY RO	AD			
		DURHA	M, NC 27707				
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					
D 344	Continued From pag	e 16	D 344				
	resulted in low blood Resident #3. This fail medication orders an instructions was detri	ded release medications pressure readings for lure of the facility to clarify d clarify pharmacy mental to the safety and hts and constitutes a Type B					
	this violation. CORRECTION DATE	. 131D-34 on 08/16/18 for			State was		
	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 tate laws and rules and	D912	See attached.			
	reviews, the facility fai had the right to receive were adequate, appro with relevant state law medication orders.	s, interviews and record led to assure every resident e care and services which priate, and in compliance					
	The findings are: Based on observation: nterviews, the facility:	s, record reviews, and failed to clarify medication					

ATEMEN	of Health Service Regi TOF DEFICIENCIES				. 0	RM APPRO	
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (CONSTRUCTION	(X3) DAT	E SURVEY		
		THOMBER,	A BUILDING:		COMPLETED		
		Mai onne	B. 1180 -			P	
HAL032132		HAL032132	B. WING	l n	R 08/16/2018		
ME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		91 10/AU 10	
ROLIN,	A RESERVE OF DURHA		PE VALLEY ROAD				
		DURHAI	M, NC 27707	•			
X4) ID REFIX	SUMMARY STATEMENT OF DEFICIENCIES		QI	PROVIDER'S PLAN OF	200000000000000000000000000000000000000	PECTION 1	
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING :NFORMATION)		PREFIX	E CONTRECTIVE ACTION SHOULD BE		(X5) COMPLE	
			TAG	CROSS-REFERENCED TO THE DEFICIENCY	HE APPROPRIATE	DATE	
D912	Continued From page	e 17	Dota				
			D912			1	
l	orders for 1 of 5 sampled residents (#3) with a						
	pureed diet regarding two extended release medications which were crushed prior to						
1	administration without	t orders to crush all					
ĺ	medications. [Refer to Tag D 344 104 NCAC 13E						
	.1002 Medication Orders (Type B Violation)].					1	
		on all the state of the state o		e e			
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