If continuation sheet 1 of 31

| ND PLAN C | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE (| ONISTOLIOTION | | |
|-------------------|----------------------------------|---|--|-------------------------------------|----------------------|----------------|
| | CONNECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | (X3) DATE | SURVEY |
| | | | der bereit in a service of the servi | | | |
| | | HAL045126 | B. WING | | | R |
| ME OF PR | ROVIDER OR SUPPLIER | STREET | ODRESS, CITY, STATE | ZIP CODE | 1 08 | /23/2018 |
| ROLINA | RESERVE OF LAURE | | GAH DRIVE | ., ar duye | | |
| | | HENDER | RSONVILLE, NC 28 | 3791 | | |
| (X4) ID PREFIX | SUMMARY ST (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF | COPPECTION | |
| TAG | REGULATORY OR | LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT | TON SHOULD BE | (X5) COMPLE |
| - | | | iAG | CROSS-REFERENCED TO T DEFICIENCE | THE APPROPRIATE (Y) | DATE |
| D 000 | 00 Initial Comments | | D 000 | | | + |
| | The Adult Core III | 41 | | | | 1 |
| | annual and follow-up | sure Section conducted an | | | | Ì |
| 1 | to August 23, 2018. | survey on August 22, 2018 | 1 | | | |
| | | | | | | |
| D 167 | 10A NCAC 13F .0507 | Training On | D 167 | | | |
| (| Cardio-Pulmonary Re | suscitation | 10,00 | | | |
| | 10A NCAC 13F .0507 | Training On | | | | |
| | Jardio-Pulmonary Res | Suscitation | | | | |
| € | each adult care home | shall have at least one | 1 | | | |
| 8 | tall person on the pre | mises at all times who has | | | | |
| 0 | completed within the la | ast 24 months a course on | | | | |
| ľ | nanagement, including | scitation and choking g the Heimlich maneuver, | | | | |
| ĮΡ | INVICED BY THE AMERIC | an Heart Association | | | | |
| ^ | imerican Red Cross, I | National Safety Council | | | | |
| _ A | merican Safety and F | ealth Institute or Medic | 1 1 | | | |
| Ce | irst Aid, or by a traine | r with documented r on these procedures | | | | |
| fre | om one of these orga | nizations The staff | 1 | | } | |
| μe | erson trained according | of to this Rule shall have | | | 75 | |
| a | cess at all times in th | 8 facility to a one way | | | | |
| Vo | ive pucket mask for t | ISB in performing | 1 | | | |
| | ardio-pulmonary resus | citation. |] | | | |
| Th | nis Rule is not met as | evidenced by: | | | İ | |
| 1 | PE B VIOLATION | som - A.C. | | | ļ | |
| Ba | sed on interviews and | d | ļ | | , | |
| fac | cility failed to assure a | record reviews, the it least one staff person | 1 | | 8 | |
| **** | is on the biguilses at | all times that had training | | | | |
| 4410 | """ " " Past 24 Month | S ID Cardio-Pulmonos | } | | | |
| 1,10 | ouschauon (CPR) for | 3 Of 3 sampled stoff | | | 1 | |
| 7:0 | on C, Dang E) who y | vorked from 11:00 pm to | | | | |
| | | | | | 1 | |
| The | e findings are: | | | | | |
| Rev | View of the feethers | | | | | |
| | | affing schedule revealed: | | | İ | |
| RY DIREC | CTOR'S OR PROVIDER/SUP | PLIER REPRESENTATIVE'S SIGNATURE | | | | |
| w | ne sair | nmana / | 7 | TITLE | (Xe |) DATE |
| RM | | 1.10100 18 | V 101 | 112018 | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | ONSTRUCTION | (X3) DATE | |
|---------------|---|--|---------------------|---|-----------|-------------------------|
| | | THE TOTAL POPULATION OF THE PROPERTY OF THE PR | A. BUILDING: | <u></u> | COMPI | .ETED |
| | | HAL045126 | B. WING | | | ₹ 23/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | ODRESS, CITY, STATE | ZIP CODE | | |
| CAROLIN | A RESERVE OF LAURE | | GAH DRIVE | · | | |
| | THE OF EACHE | LIAKK | RSONVILLE, NC 28 | 791 | | |
| (X4) ID | SUMMARY ST | FATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTI | ON | 17.5 |
| PREFIX TAG | AG REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | O BE | (X6) COMPLET DATE |
| D 167 | Continued From page | | D 167 | | | |
| | -The date on the sch | edule was documented as | | | | |
| i | "updated 08/17/18", | an Han and State of the State o | | | | |
| | worked 11:00pm to 7 | re the only staff listed who | | | | ļ |
| | -Staff C, D or E were the only staff on the | | | | | |
| | schedule from 08/01/ | 18 through 08/30/18. | | | | |
| | 1. Review of Staff C's | s personnel file revealed: | | | |] |
| | -Staff A was hired as | a Supervisor/Medication | | | | |
| | Aide (MA) on 05/30/1 | | | | | |
| | - mere was no docum | nentation of CPR training. | | | | |
| 100 | Telephone interview with Staff C on 08/23/18 at | | | | | |
| ļ | 3:08 pm revealed: | | | | | |
| | -She worked third shi -Her CPR certification | | | | | |
| İ | -She did not know the | expired. | 1 | | | |
| | -She did not have a coard. | copy of the expired CPR | | | | |
| | Refer to the interview Manager (BOM) on 0 | with the Business Office 8/22/18 at 3:55pm and on | | | | |
| | 08/23/18 at 1:35pm. | and off | | | | i |
| | Refer to interview with | h the Resident Care | | | | |
| | Coordinator (RCC) or | n 08/23/18 at 2:25pm. | | | |) E |
| } | Refer to the interview | with the Registered Nurse | | | | |
| | from the facility's cont 08/23/18 at 2:28pm. | tracted pharmacy on | | | | |
| | Refer to the interview Services (DCS) on 08 | with the Director of Clinical 3/23/18 at 2:10pm. | | | | |
| | Refer to the interview 08/23/18 at 2:35pm. | with the Administrator on | | | | |
| Ť | 2. Review of Staff D's -Staff D was hired as on 05/22/18. | personnel file revealed: a personal care aide (PCA) | | | | |

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 31

Dherrie Dimmons, ED 10/1/2018

| AND PLAN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|---|----------------------|---|-------------------------------|
| 10 | HAL045126 | | B. WING | | R |
| NAME OF P | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | 21P CODE | 08/23/2018 |
| CAROLIN | IA RESERVE OF LAUREI | L PARK 1825 PI | SGAH DRIVE | | |
| | | HENDE | RSONVILLE, NC 28 | 3791 | |
| (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 CORREC (EACH CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE COMPLE |
| D 167 | Continued From page | e 2 | D 167 | | |
| | -There was no docum | nentation of CPR training. | | | |
| | Attempted telephone interview with Staff D on 08/23/18 at 2:55pm was unsuccessful. | | | | |
| | Refer to the interview at 3:55pm and on 08/ | with the BOM on 08/22/18 23/18 at 1:35pm. | | | |
| 2: | 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 | | | |
| ĺ | 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. entation 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. | n 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 racted pharmacy on | | | |
| 8 | Refer to the interview | with the DCS on 08/23/18 | | | |

Division of Health Service Regulation STATE FORM

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If continuation sheet 3 of 31

Aherrie Dimmons, ED 10/1/2018

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED R HAL045126 8. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CAROLINA RESERVE OF LAUREL PARK 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **PEFICIENCY**) D 167 Continued From page 3 D 167 Refer to the interview with the Administrator on 08/23/18 at 2:35pm. Interview with the BOM on 08/22/18 at 3:55pm and on 08/23/18 at 1:35pm revealed: -About 1-2 weeks ago one third shift staff, who was CPR certified, had quit working at the facility. -She did not know if the other third shift staff had CPR training. -The RCC and DCS completed the staff schedule and tracked what staff were CPR certified. Interview with the RCC on 08/23/18 at 2:25pm revealed: -She was responsible for scheduling staff. -She was not aware of the CPR rule. -She did not know what staff had their CPR certification. -It was the former DCS who tracked staff certifications. Interview with the Registered Nurse from the facility's contracted pharmacy on 08/23/18 at 2:28pm revealed neither Staff C, D or E were on his records for having completed CPR with him. Interview with the DCS on 08/23/18 at 2:10pm revealed: -"Ultimately it is my responsibility" to assure there was one staff per shift with CPR training. -She did not know if Staff C, D or E were CPR certified. -She was not aware of the CPR rule. -She would assure there was a staff person on third shift who had their CPR training. Interview with the Administrator on 08/23/18 at 2:35pm revealed: -She was aware of the CPR rule. Division of Health Service Regulation

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If continuation sheet 4 of 31

| Division of | of Health Service Regu | <u>llation</u> | | | FOR | M APPROVE |
|---------------|--|--|----------------------|---|-----------|--------------------------|
| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE C | ONSTRUCTION | /V3) DATE | District |
| rate i Engli | or correction | IDENTIFICATION NUMBER: | A. BUILDING: | F-13.5 | (X3) DATE | PLETED |
| | | HAL045126 | B. WING | | | R /23/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | STREETA | ADDRESS, CITY, STATE | - 718 CODE | | 20,20,0 |
| CAROLIN. | A RESERVE OF LAUREI | | GAH DRIVE | LI GOBA | | |
| | | HENDER | RSONVILLE, NC 28 | 1791 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID. | PROVIDER'S PLAN OF CORR | CCTION | |
| PREFIX TAG | REGULATORY OR I | Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION) | PREFIX TAG | (FACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | IOULD BE | (X5) COMPLETE DATE |
| D 167 | Continued From page | 4 | D 167 | | - | |
| | -She did not know if Strained in CPR. | Staff C, D or E had been | | | | |
| | -The BOM was respo | nsible for tracking staff | | | | |
| | trainings. | | | | | |
| | -The BOM used to tra | ick the certifications until the | | | | |
| | Since the bire of the | tracking staff trainings. | | | | |
| 8 | one has tracked the c | current DCS and RCC, no | | | | Ì |
| - | -The RCC and DCS v | vere responsible to assure | | | | |
| | there was a CPR train | ned staff on each shift. | | | | |
| | The facility failed to a | ssure there was a staff | | | | |
| | person on third shift w | ho had completed a course | | | | |
| - | on CPR within the pre | vious 24 months. This | 6 | | | |
| | railure was detrimenta | al to the health, safety and | | | | |
| | trained staff available | ts by not having adequately | | | | |
| | cardiopulmonary arre | st or cheking which | | | | |
| | constitutes a Type B \ | /iolation. | | | | |
| | The facility provided a accordance with G.S. this violation. | plan of protection in 131D-34 on 08/23/18 for | | | | |
| | CORRECTION | | | | | |
| | CORRECTION DATE VIOLATION SHALL N 2018. | FOR THE TYPE B OT EXCEED OCTOBER 9, | | | | |
| D 273 | 10A NCAC 13F .0902 | (b) Health Care | D 273 | | | |
| | 10A NCAC 13F .0902 | Health Care | | | | |
| ļ | | ssure referral and follow-up | | | | |
| 1 | to meet the routine an | d acute health care needs | | | | |
| | of residents. | | | | | |
| | | | | | | |
| | This Rule is not made | og gyddau a d b | | | | |
| | This Rule is not met a | is evidenced by: | | | | |
| on of Heal | th Service Regulation | | | | | |

If continuation sheet 5 of 31

Alerie Limmons, El 10/1/2018

| AND PLAN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE (A. BUILDING: | CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
|--|---|--|---------------------------------|---|-----------------------------------|--------------------------|
| | | HAL045126 | 8. WING | | | R |
| NAME OF P | PROVIDER OR SUPPLIER | STREET A | DORESS, CITY, STAT | E 7(P.CODE | 08/ | 23/2018 |
| CAROLIN | A RESERVE OF LAUREL | | GAH DRIVE | L, ZIF CODE | | |
| | | HENDER | SONVILLE, NC 2 | 8791 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 273 | Continued From page | 5 | D 273 | | | |
| | Based on observation | s, interviews and record | | | | |
| ĺ | reviews, the facility fall | led to notify the physician of | | | | |
| | of 5 sampled resider | nts (Resident #1) related to | | | | 1 |
| | refusal of antidepress: | ant medication, who | | | | ()(1 |
| } | expressed suicidal ide | ation. | | | | |
| Review of Re 04/16/18 reve disorder, pos | The findings are: | | | | | |
| | Review of Resident #1 | 's current El 2 dated | | | | 1 00 |
| | 04/16/18 revealed diag | noses included mond | | | | |
| | disorder, post-traumati | C Stress disprder autiem | | | | |
| | chronic back pain, slee | ep apnea, and insomnia. | | | | |
| | Review of Resident #1 | 's psychiatrist's notes | | | | |
| 1 | dated 07/26/18 reveale | ed a physician order for |] [| | | |
| - | fluoxetine 20mg/5ml so (used to treat depression | olution take 5 ml daily on). | | | | |
| | Review of Resident #1' | s July 2018 electronic | | | | |
| | wedication Administrati | on Record (eMAR) | 1 | | ° | |
| | revealed: | | | | | |
| 1. | -A computer generated | entry for fluoxetine | 1 | | 1 | |
| | 20mg/5ml solution take | 5ml (20mg) by mouth | j | | İ | |
| | every day, okay to mix a administered at 8:00am | in resident's food to be | | | | |
| - | Fluoxetine had been de | ocumented as refused for | i í | | | |
| 2 | of 5 opportunities from | n 07/27/18 to 07/31/18. | | | Ì | |
| 1 1 | Review of Resident #1's evealed: | | | | | |
| -A comput | A computer generated | entry for fluoxetine | | | | |
| | corng/omi solution take | 5m! (20mg) by mouth | | | ļ | |
| 10 | every day, okay to mix indexing the day, okay to mix indexing the day of the | n resident's food to be | | | | |
| _ | Fluoxetine had been de | ocumented as refused for | } | | | |
| 9 | of 24 apportunities from | m 08/01/18 to 08/24/18. | | | 1 | |
| C | bservation of Resident | #1's medications on | | | | |
| [1] | and on 08/22/18 at 2:14 | anm revealed a newfall. | | | | |
| U: | sed bottle of fluoxetine | 20mg/5ml solution | | | | |

Aherie Simmon, ED 10/1/2018

STATE FORM

If continuation sheet 6 of 31

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|---|----------------------|--|-------------------------------|
| | | HAL045126 | B. WING | | R 08/23/2018 |
| NAME OF F | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATI | E, ZIP GODE | |
| CAROLIN | A RESERVE OF LAURE | | SGAH DRIVE | | |
| | The state of the s | | RSONVILLE, NC 2 | 8791 | |
| (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 APPROPRICIENCY) | DBE COMPLETE |
| D 273 | Continued From page | e 6 | D 273 | | |
| | dispensed on 07/26/18 available to be administered. Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 08/23/18 at 9:47pm revealed: -A 150ml bottle of fluoxetine 20mg/5ml was last | | | | |
| | | | | | |
| | dispensed to Resider | oxedine 20mg/sml was last of #1 on 07/26/18 with aily, okay to mix in food. | | | |
| | -The bottle of fluoxeti based on the direction | ne had a 30 day supply ns on the order. | | | |
| Si . | -This was the first time dispensed fluoxetine | e the pharmacy had solution to Resident #1. | | | |
| | Interview with Reside revealed: | nt #1 on 08/22/18 at 9:01am | | | |
| | refused his medicatio | a lot of medications so he ns sometimes. | | | |
| 8 | -"It is terrible here and am going to hang my | d there will be a point that I seif." | | | |
| | Review of Resident # dated 07/24/18 revea | 1's Resident Service Notes led: | | | |
| í | stated that he just wa | s medication this morning, nted to die," | | | |
| | 3:10pm "of resident si -Resident was told the | an (PCP) was notified at tating that he wanted to die." e facility would be doing | | | |
| | hourly checks and his removed from his roo | knife would need to be m. | | | |
| | was not having any the or others." | the was not suicidal and noughts of harming himself | | | |
| | dated 07/25/18 reveal | | | | |
| | -The resident's psych the resident making the wanted to die." | iatrist was notifled regarding ne statement "that he | | | |
| į | -Sleep log and convin | If AMAR was sont to | 1 1 | | |

Division of Health Service Regulation

If continuation sheet 7 of 31

Aherrie Dimmons, ED 10/1/2018

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL045126 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1825 PISGAH DRIVE CAROLINA RESERVE OF LAUREL PARK HENDERSONVILLE, NC 28791 SUMMARY STATEMENT OF DEFICIENCIES (X4) IQ PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 7 D 273 Resident #1's psychiatrist for review. Interview with the Medication Aide (MA) 08/22/18 at 2:14pm revealed: -Resident #1 refused his medications for "different reasons each time." -He mixed Resident #1's fluoxetine solution in "drink or food so he will take it." -He had not contacted Resident #1's psychiatrist about his multiple refusals of fluoxetine. -He thought the psychiatrist knew that Resident #1 was refusing his medications because they had changed his antidepressant medication from escitalopram (used to treat depression) to fluoxetine. -He contacted a physician for any resident that refused a medication for 3 days in a row. -He had not contacted Resident #1's psychiatrist because the resident had not refused the fluoxetine 3 days in a row. -He documented all refusals on a 24 hour summary report that was reviewed by the "RCC or nurse," Interview with the Resident Care Coordinator (RCC) on 08/23/18 at 11:32am revealed: -She was not aware that Resident #1 was refusing fluoxetine. -She had not contacted Resident #1's psychiatrist about resident refusing fluoxetine. Interview with the Director of Clinical Services (DCS) on 08/23/18 at 11:22am revealed: -She did not know that Resident #1 was refusing medications. -The facility policy was to notify the physician after a resident refused a medication 3 times. -The MA should be notifying the physician regarding medication refusals.

Division of Health Service Regulation STATE FORM

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NGY11

If continuation sheet 8 of 31

| AND PLAN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING; | CONSTRUCTION | | E SURVEY |
|-------------------|--|---|------------------------------------|--|-----------------------------------|-----------------------|
| | | HAL045126 | B. WNG | | | APLETED R |
| NAME OF P | ROVIDER OR SUPPLIER | | | | 0 | 8/23/2018 |
| CAROLIN | A RESERVE OF LAURI | | ADDRESS, CITY, STATE SGAH DRIVE | E, ZIP CODE | | |
| | A RESERVE OF LAURI | EL PARK HENDE | RSONVILLE, NC 28 | 3791 | | |
| (X4) ID PREFIX | SUMMARY S | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL | l al | PROVIDER'S PLAN OF | F CORRECTION | |
| TAG | REGULATORY OF | R LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | COMPL COMPL DAT |
| D 273 | Continued From pag | ge 8 | D 273 | | | _ |
| | Telephone interview with Resident #1's care manager/power of attorney on 08/23/18 at 1:58pm revealed: -She did not know that Resident #1 had been refusing his fluoxetineShe had noticed a change in Resident #1's | | | | | |
| t - a | change in pain medic- Resident #1 had pre | it was because of a recent cation. | | | | |
| | Interview with the Administrator on 08/23/18 at 2:00pm revealed: -She thought the psychiatrist had been notified about Resident #1 refusing medicationsShe was worried about Resident #1's safety in the facility because of his past psychiatric historyIf a resident made a claim about harming themselves, the staff needed to be notifiedThe incident would be taken seriously and investigated. | | | | | |
| | Assistant (CMA) from Office on 08/23/18 at revealed: The facility had not cabout Resident #1 refunds the psychiatrist had assistatopram to fluoxed from refusing his antical. | switched Resident #1 from tine to stop the resident | | | | |
| A | dr23/16 levealed: The MA should contai | sident missed two doses | | | | |

Alerie Armon, ED 10/1/2018

if continuation sheet 9 of 31

| Division of | of Health Service Regu | lation | | | FORM APPRO |
|--------------------------|---|---|---------------------------------|---|-------------------------------|
| | TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING: | ONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| | | HAL045126 | B. WING | | R 08/23/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | 71º CODE | 20072372018 |
| CAROLIN | A RESERVE OF LAUREL | 4000 04 | SGAH DRIVE | , In Cobe | |
| OAROLIII | A RESERVE OF LAURE | - FARR | RSONVILLE, NC 28 | 3791 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC [DENTIFYING INFORMATION] | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPL |
| D 273 | Continued From page 9 | | D 273 | | |
| | -The RCC, DCS, or Administrator should notify the prescriber or responsible party for follow up. | | | | |
| D 358 | 10A NCAC 13F .1004 Administration | i(a) Medication | D 358 | | |
| | (a) An adult care horn preparation and admit prescription and non-by staff are in accordance (1) orders by a licens which are maintained | Medication Administration ne shall assure that the nistration of medications, prescription, and treatments 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: | | | |
| | reviews, the facility fa medications as ordere | ed for 1 of 5 sampled 1) related to medications for | | | |
| | The findings are: | | | | |
| | back pain, sleep apne -There was a physicia mg take 1 and a half t evening (used to treat | mood disorder, disorder, autism, chronic a, and insomnia. In order for escitalopram 10 ablets (15mg) every depression). In order for planzapine oral | | | |

If continuation sheet 10 of 31

Aleme Ammons, ED 10/1/2018

| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MIRTIDIE C | ONISTRUCTION | Table 1 | _ |
|------------|------------------------|--|--------------------------------|---|-----------------|----------------|
| AND PLAN C | FCORRECTION | IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | SURVEY |
| | | | A, BUILDING: | | COM | PLETED |
| | | HAL045126 | B. WING _ | | | R |
| AME OF PR | OVIDER OR SUPPLIER | OTOCCT. | | | 80 | /23/2018 |
| ABOUNG | brown | | ADDRESS, CITY, STATE | E, ZIP CODE | | |
| AKOLINA | RESERVE OF LAUR | EL PARK HENDE | SGAH DRIVE RSONVILLE, NC 28 | 2701 | | |
| (X4) (D | SUMMARY | STATEMENT OF DEFICIENCIES | ID ID | | | |
| PREFIX TAG | (EACH DELICIE) | NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLE |
| | | TO LOC TO ENTIFY ING INFORMATION) | TAG | CROSS-REFERENCED TO | THE APPROPRIATE | DATE |
| D 358 | Continued From pa | ge 10 | | DEFICIEN | CY) | <u> </u> |
| | | | D 358 | | | |
| | begtime (used to tre | eat mood disorders, including | 1 1 | | | ŝ |
| 1 | depression and bipo | olar). | | | | |
| | - i nere was a physic | cian order for olanzapine ODT | | | | |
| | 5mg take every 6 ho | ours as needed for | | | | 1 |
| | anxiety/agitation/psy | ychosis. | | | | |
|]. | a. Review of Reside | ent #1's psychiatrist's notes | | | | |
| | dated 04/15/18 reve | aled a physician order to | | | | |
| į i | ncrease escitalopra | im to 20mg daily. | | | | |
| | Review of Resident | #1's psychiatrist's notes | | | | |
| | dated 07/26/18 reve | aled a physician order to | | | | |
| | discontinue escitalo | bram | | | | |
| | | | | | | |
| | Review of Resident | #1's July 2018 electronic | | | | 1 |
| 1 6 | Medication Administ | ration Record (eMAR) | | | | |
| l r | evealed: | * ** | | | | 1 |
| | inere was a compu | iter generated entry for | | | | |
| [5 | scitalopram 20mg t | ake 1 and half tablets (30mg) | 1 | | | - |
| 0 | laily to be administe | red at 8:00am. | 1 1 | | | |
| - | Escitalopram had be | een documented as | | | | ľ |
| a | aministered from 07 | 7/26/18 to 07/31/18. | | | | |
| F | leview of Resident# | #1's August 2018 eMAR | | | | |
| T | evealed: | | | | | 2 |
| -/ | A computer generate | ed entry for escitalopram | | | | |
| 2 | Umg take 1 and half | f tablets (30mg) daily to be | | | | ĺ |
| a | uministered at 8:00a | am. | | | | |
| -6 | scitalopram had be | en documented as | | | | |
| a | aministered from 08 | 1/01/18 to 08/22/18. | | | | |
| 0 | bservation of Resid | ent #1's medications on | | | | |
| h | and on 08/22/18 at : | 2:14pm revealed a partially | | | | |
| į u | sed medication card | of escitatopram 20mg | | | | |
| Gi | spensed on U5/31/1 | 8 containing 38 whole | | | | |
| ta | blets and 38 half tal | blets to be administered | | | | |
| Te | elephone interview u | With a pharmony to the | | | 8 | |
| fre | om the facility's cont | vith a pharmacy technician tracted pharmacy on | | | | |
| 08 | 3/23/18 at 9:47am re | naced histinach of | | | 3 | |
| of Hantib | Service Regulation | realeu. | | | | |

STATE FORM

If continuation sheet 11 of 31

Aherie Simmons, ED 10/1/2018

| ND PLAN C | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING: | ONSTRUCTION | (X3) DATE | SURVEY |
|-------------------|-------------------------------|---|---------------------------------|--|--------------------------------------|-----------------------|
| | | | | | | |
| | | HAL045126 | B. WING | | 08. | R / 23/2018 |
| IAME OF PR | ROVIDER OR SUPPLIER | STREETA | DDRESS, CITY, STATE | , ZIP CODE | | |
| AROLIN/ | A RESERVE OF LAUREL | PARK 1825 PIS | GAH DRIVE | | | |
| | | HENDER | RSONVILLE, NC 28 | 791 | | |
| (X4) ID PREFIX | SUMMARY ST. | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN (| OF CORRECTION | (X5) |
| TAG | REGULATORY OR I | LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE A GROSS-REFERENCED TO DEFICIE | CTION SHOULD BE O THE APPROPRIATE | COMPLE DATE |
| D 358 | Continued From page | 11 | D 358 | | | <u> </u> |
| i | -Escitalopram was las | st dispensed to Resident #1 | | | | |
| | on 08/08/18 with the | directions 20mg daily for a | | | | |
| | 30 day supply. | | | | | |
| 1 | -A physician order for | Resident #1 dated 04/15/18 | | | | |
| 88 | for escitalopram 20mg | g daily had been faxed to | | | | 1 |
| 4 | the pharmacy by the | facility on 08/08/18, | | | | 1 |
| | -The pharmacy had p | reviously dispensed | | | | 1 |
| | escitalopram to Resid | lent #1 on 06/23/18 with the | | | | Ì |
| | directions 30mg daily | from an order dated | | | | |
| | 05/01/18 for a 30 day | supply. | | | | |
| | - The pharmacy had se | ent a clarification request to | | | | 1 |
| | dose of equital answers | 8 to determine the correct | | | | } |
| | received a response. | for Resident #1 but had not | | | | |
| 1 | -The facility was con- | omethic for the state of | | | | |
| | medication orders with | onsible for clarifying all | 1 | | | |
| - 1 | -The facility had faxed | tower the order to | | | | - |
| į | discontinue the escita | lopram on 07/26/18 but the | | | | |
| - | pharmacy had missed | the order | | | | |
| | -The escitalogram ord | er remained on the eMAR | | | | |
| İ | until the pharmacy pro | ocessed the order for facility | | | | |
| | approval. | occord the order for facility | | | | |
| | Interview with the Med | lication Aide (MA) on | | | | |
| | 08/22/18 at 2:14pm ar | nd 08/23/18 at 11:00am | | | | |
| | revealed: | | | | | |
| - | -He did not know that | the escitalopram had been | | | | |
| 1 | discontinued by the ps | sychiatrist. | | | | 10 |
| | -He had not seen the d | discontinuation order for | | | | |
| | escitalopram. | | | | | |
| | ri re nau been adminis | tering the escitalopram to | | | | |
| | Resident #1 as directe | on emak, | | | | |
| | Director of Clinical Ca | re Coordinator (RCC), or | | | | |
| | medication or disconti | vices (DCS) would fax new | | | | |
| J, | pharmacy. | luation orders to the | | | | } |
| | | pproved by a MA, RCC, or | | | | |
| | DCS before the chang | e occurred on the eMAR. | | | | Į |
| 1. | He never looked at the | e original orders | | | | İ |
| | | | | | | |

Shevie Dimmons, ED 10/1/2018

If continuation sheet 12 of 31

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: HAL045126 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1825 PISGAH DRIVE CAROLINA RESERVE OF LAUREL PARK HENDERSONVILLE, NC 28791 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 12 D 358 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 because she had found it in Resident #1's record during an audit. -She 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 order. -She did not know why no one from the facility had followed up on the discontinuation order for escitalopram with the pharmacy. -She had faxed the discontinuation order to the pharmacy on 08/23/18. -The 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 Resident #1 on 08/22/18 at 9:01am. Refer to interview with the DCS on 08/23/18 at 11:22am. Review of Resident #1's psychiatrist's notes dated 07/26/18 revealed a physician order to start fluoxetine 20mg/5ml solution 5ml daily (used to treat depression). Review of Resident #1's July 2018 electronic

Division of Health Service Regulation STATE FORM

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7NGY11

If continuation sheet 13 of 31

Dhenie Summons, ED 10/1/2018

| Division of | of Health Service Regi | | | | FOF | RM APPROV |
|---------------|--|------------------------------|----------------------|-------------------------------------|-------------|---------------|
| STATEMENT | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE C | CONSTRUCTION | (X3) DATE | SURVEY |
| THE PURE | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | | PLETED |
| | | HAL045126 | B. WING | | 0.0 | R /23/2019 |
| AME OF P | ROVIDER OR SUPPLIER | STORET | ADDRESS, CITY, STATE | - TID 0005 | | /23/2018 |
| | | | BGAH DRIVE | a, ZIP CODE | | |
| AROLIN. | A RESERVE OF LAURE | LIMAR | RSONVILLE, NC 2 | R791 | | |
| (X4) JD | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID I | PROVIDER'S PLAN OF CO | PRECTION | |
| PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION | | (X5) |
| ind | NEGODATOR! OR | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE DEFICIENCY) | APPROPRIATE | DATE |
| D 358 | Continued From page | e 13 | D 358 | | | + |
| | Medication Administra | ation Record (eMAR) | | | | |
| | revealed: | | | | | |
| | -There was a comput | ter generated entry for | | | | |
| } | fluoxetine 20mg/5ml | solution take 5ml (20mg) by | 2 | | | |
| 1 | mouth every day (oka | ay to mix in food) to be | 1 1 | | | |
| - 1 | administered at 8:00a | | | | | |
| 1 | -Fluoxetine had been | documented as | 8 | | | |
| ļ | administered on 07/2 | 7/18, 07/28/18, and | 1 1 | | | |
| [| 07/30/18 and docume | ented as refused on | | | | |
| ļ | 07/29/18 and 07/31/1 | 8. | | | | |
| | Review of Resident # | 1's August 2018 eMAR | | | | |
| | revealed: | | | | | |
| | There was a comput | er generated entry for | 1 | | | |
| | fluoxetine 20mg/5ml s | solution take 5ml (20mg) by | | | | |
| | mouth every day (oka | y to mix in food) to be | | | | |
| | administered at 8:00a | | 1 | | | i |
| | - Fluoxetine had been | documented as refused for | | | | |
| | 9 of 24 opportunities | from 08/01/18 to 08/24/18. | | | | |
| | Observation of Reside | ent #1's medications on | | | | |
| | hand on 08/22/18 at 2 | 2:14pm revealed | | | | |
| | -A partially used bottle | e of fluoxetine 20mg/5ml | | | | |
| | solution dispensed 07 administered. | 7/26/18 was available to be | | | | |
| | -The pharmacy had d | ispensed 150ml of solution | | | | 1 |
| | to Resident #1. | | | | | 1 |
| ř | Telephone interview w | vith a pharmacy technician | | | | |
| | from the facility's cont | racted pharmacy on | | | | |
| | 08/23/18 at 9:47am re | vealed: | | | | |
| | -A 150ml bottle of fluo | xetine 20mg/5ml was last | | | | |
| 1 | dispensed to Residen | t #1 on 07/26/18 with | | | | |
| j | directions take 5ml da | illy okay to mix in food. | | | | |
| | The bottle of fluoxeting | ne had a 30 day supply | | | | |
| | based on the direction | is on the order. | | | | |
| | -This was the first time | the pharmacy had | | | | |
| | dispensed fluoxetine s | solution to Resident #1. | | | | |
| | Interview with the Med | lication Alde (MA) on | | | | |
| on of Heal | th Service Regulation | | | | | 1 |

STATE FORM

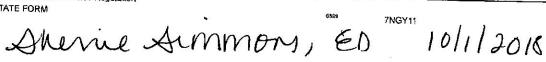
SHAPPINE AMMON, ED 10/1/2018

If continuation sheet 14 of 31

| The same of the sa | of Health Service Regu | | | | TORWATEROVE | ١ |
|--|---|--|--------------------|--|------------------|---|
| STATEMEN AND PLAN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | _ |
| | | DENTIFICATION NUMBER: | A. BUILDING; | | COMPLETED | |
| | | | | | R | |
| | | HAL045126 | B. WING | | 08/23/2018 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET | DDRESS, CITY, STAT | E. ZIP CODE | W | _ |
| CAROLIN | A RESERVE OF LAURE | | GAH DRIVE | | | 8 |
| OAROEIR | A RESERVE OF LAURE | FARA | RSONVILLE, NC 2 | 8791 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTIO | N NE | - |
| PREFIX TAG | REGULATORY OR | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX | (EACH CORRECTIVE ACTION SHOULD | BE COMPLETE | |
| | | | TAG | CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | RIATE DATE | |
| D 358 | Continued From page | 14 | D 050 | | | 4 |
| | | | D 358 | | 3 | 1 |
| | 08/22/18 at 2:14pm a revealed: | nd 08/23/18 at 11:00am | | | | |
| | | stering fluoxetine and | | | | 1 |
| 8 | escitalopram to Resid | lent #1 since 07/27/18. | | | | 1 |
| i | -The MA, Resident Ca | are Coordinator (RCC), or | | | | 1 |
| | Director of Clinical Se | rvices (DCS) would fax new | | | | 1 |
| | medication or discont | inuation orders to the | | | | İ |
| | pharmacy. The order had to be | annequal by a MA DOG | 1 | | | ı |
| | DCS before the chang | approved by a MA, RCC, or | | | | 1 |
| | DCS before the change occurred on the eMAR. -He never looked at the original orders. | | | | | ı |
| | -He approved "new or | ders if the label on the new | | | | |
| | medication matched t | he order in the computer." | | | | ŀ |
| | Interview with the Fro- | | | | | ١ |
| | and 08/23/18 at 11:35 | C on 08/22/18 at 2:25pm | | | | |
| 9 | -She faxed the order of | an revealed; tated 04/15/18 for | | | | ı |
| | escitalopram to the ph | armacy on 08/08/18 | 1 | | ! | |
| | because she had four | d it in Resident #1's record | 1 1 | | | Į |
| | during an audit. | | | | | |
| | -She had not faxed the | e discontinuation order for | | | | l |
| | the order that someon | armacy, but it was noted on e from the facility had faxed | | | g . | |
| | the order. | e from the facility had faxed | | | | |
| | -She did not know why | no one from the facility | | | | 1 |
| | had followed up on the | discontinuation order for | 1 | | | I |
| | escitalopram with the | pharmacy. | 1 | | | l |
| | -She had faxed the dis | scontinuation order for | | | | ı |
| | escitalopram to the ph | armacy on 08/23/18. or had to be approved by a | | | | ı |
| | MA, RCC, or DCS before | ore the changes were | | | | ł |
| | made on the eMAR. | | | | | I |
| | -She was not aware th | at Resident #1 was | [] | | | 1 |
| | receiving fluoxetine an | d escitalopram from | | | | - |
| | 07/27/18 to 08/23/18. | | | | | |
| - | Telephone interview wi | ith a CMA from Resident | | | | |
| - | #1's Psychiatrist's Office | ce on 08/23/18 at 4:08pm | | | | |
| 1 | revealed: | 4- 3000 | | | | |
| | -The resident could have increased anxiety and | | | | | |

Division of Health Service Regulation

If continuation sheet 15 of 31



Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-A. BUILDING: COMPLETED HAL045126 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1825 PISGAH DRIVE CAROLINA RESERVE OF LAUREL PARK HENDERSONVILLE, NC 28791 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY D 358 Continued From page 15 D 358 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 5mg 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 July 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 at 8:00pm. -Olanzapine 5mg was documented as administered from 07/01/18 to 07/17/18 at 8:00pm. -The olanzapine order was documented as discontinued on 07/18/18. -A scheduled dose of olanzapine at bedtime was not documented as administered from 07/18/18 to 07/31/18. Review of Resident #1's August 2018 eMAR revealed: -There was a computer generated entry for olanzapine ODT 5mg tablet take 1 and half

Division of Health Service Regulation

STATE FORM

If continuation sheet 16 of 31

Dherine Ammons, ED 10/1/2018

| STATEMEN AND PLAN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE C | CONSTRUCTION | (X3) DATE SURVEY | | |
|---|--|---|----------------------|--|------------------------------|------------------------|--|
| | OF SORREGION | IDENTIFICATION NUMBER: | A. BUILDING: | | | E SURVEY IPLETED | |
| | | HAL045126 | B, WING | | | R | |
| IAME OF P | ROVIDER OR SUPPLIER | STREET | NDORESS, CITY, STATE | i in conf | | 8/23/2018 | |
| AROLIN | A RESERVE OF LAURE | | GAH DRIVE | E, ZIP COOE | | | |
| | | L PARK | RSONVILLE, NC 28 | 3791 | | | |
| (X4) ID PREFIX | SUMMARY S | STATEMENT OF DEFICIENCIES | ID I | PROVIDER'S PLAN OF C | ODDECTION | - | |
| TAG | REGULATORY OF | CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLE DATE | |
| D 358 | Continued From pag | je 16 | D 358 | | - | | |
| | tablets (7.5mg) at bedtime with a start date of 08/10/18. | | | | | 31 | |
| 8 | -Olanzapine 7.5mg v | Nas documented on | | | | ł | |
| | administered from 08 | 8/10/18 to 08/21/18 at | | | | | |
| -A sch docum 08/09/ Obser- hand d | Tara Salara de Caracada de Car | pine dose at bedtime was not | 1 | | | | |
| | documented as adm 08/09/18. | inistered from 08/01/18 to | | | | | |
| | Observation of Resid | lent #1's medications on | | | | ļ | |
| | nand on 08/22/18 at | 2:14am revealed: | | | | | |
| - | with 1 and half tablet | ontaining olanzapine 5mg | | | | | |
| | directions 7.5mg at h | s in every bubble with the edtime available to be | | | | , | |
| | administered. | edurie available to be | | | | | |
| | A medication card co | ontaining olanzapine 5mg | | | | | |
| | with the directions 1 t needed available to b | ablet every six hours as | | | | | |
| | Telephone interview v | vith a pharmacy technician | | | | | |
| 1.7 | from the facility's conf | racted pharmacy on | *** | | | | |
| | 08/23/18 at 9:47am re | evealed: dispensed to Resident #1 | | | | | |
| 10 | on 08/08/18 with the o | dispensed to Resident #1 directions 7,5mg every night. | | | | | |
| 10.7 | rine oliginal order wa | S dated 04/15/18 | | | | 18 | |
| - | Resident #1 had an c | order for clanzanine 5mg | | | | | |
| 5 | avery six nours as nee | eded. | | | | 1 | |
| - | The pharmacy disper | ised 90 tablets of | | | | | |
| a | 17 day supply include | Resident #1 on 08/08/18 for ding the scheduled and as | | | | | |
| n | needed orders. | and as | | | | | |
| - | The pharmacy dispen | sed 90 tablets of |] | | | | |
| 10 | lanzapine 5mg to Res | sident #1 on 04/26/19 and | <u> </u> | | | | |
| ١,٠ | 7/13/18 for a 17 day : cheduled and as neel | SUDDIV. including the | | | | | |
| | | | | | | | |
| 14 | elephone interview wi | th Resident #1's care | | | | | |
| 1 ''' | ranager/power of atto | rney on 08/23/18 at | | | | | |
| 1 1. | pohiii tevesled; | | | | Į | | |
| of Health | Service Regulation | Resident #1 had missed | | | ĺ | | |

STATE FORM

Ahmie Ammons, ED 10/1/2018

If continuation sheet 17 of 31

| STATEMEN | T OF DEFICIENCIES | The second secon | | | TON | AFFRUVE |
|---------------|--|--|---------------------------------|--|-------------------|--------------------------|
| AND PLAN | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: | (X2) MULTIPLE (A. BUILDING: | CONSTRUCTION | (X3) DATE COMP | SURVEY |
| | HAL0451 | | B. WING | | | R |
| NAME OF P | ROVIDER OR SUPPLIER | STHEET | ODRESS, CITY, STATE | 7.700.000 | | 23/2018 |
| CAROLIN | A BECCONC OF LAURES | | GAH DRIVE | E, ZIP GODE | | |
| OAROLIN | A RESERVE OF LAUREL | . PARK HENDER | RSONVILLE, NC 2 | B764 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | 270,000 | | | |
| PREFIX TAG | {EACH DEFICIENC | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | 17 | D 358 | | | |
| | multiple doses of olan | | 0 550 | | | |
| | -She had noticed a sh | zapine. | 4 | | | |
| | behavior but thought : | ange in Resident #1's | ļ | | | |
| | change in pain medica | t was because of a recent | | | | Ì |
| | -Resident #1 was mor | e agitated recently and had | | | | |
| | begun to use a walker | e agnated recently and had | | | | |
| | Interview with the MA on 08/23/18 at 11:00am revealed: | | | | | 2 |
| | | Desire the same | | | | |
| | -He did not know why | Resident #1 had not | | | | |
| } | from 07/18/18 to 08/09 | daily dose of olanzapine | | 6.5 | | 1 |
| | -He did not know who had discontinued the | | | | | |
| | scheduled olanzapine order on the eMAR | | | | | ĺ |
| | -He did not know if a n | ew order was written for | | | | |
| 1 | olanzapine in August. | | | | | |
| | -No information was do | ocumented in the eMAR | | | ļ | |
| | software to explain the medication. | missed doses of | | | ļ | |
| | Interview with the Resid | dent Care Coordinator | | | | |
| | (RCC) on 08/23/18 at 1 | 11:35am revealed: | 1 | | Ì | |
| | She had faxed an order | er dated 04/15/18 to | | | | |
| - 1 | increase olanzapine to pharmacy on 08/08/18. | 7.5mg daily to the | | | | |
| | She had found the ord | er in the chart during an | | | , | |
|]. | She did not know why | Resident #1 did not | | | ĺ | |
| | eceive his schedule da rom 07/18/18 to 08/09/ | ily dose of alenzanian | | | | |
|] - | She was not aware of a | discontinuation order | | | ŀ | į |
| 1 | rated U//18/18 for a sch | neduled daily dose of | | | | |
| | nanzapine. | | | | | |
| - | She had recently stopp | ed monitoring "missed | | | | |
| " | iose reports" because i | t was now the | | | | |
| l r | esponsibility of the DCS | 3. | | | Į. | |
|] - | The missed doses of al | anzapine for Resident #1 | | | 1 | |
| 1 * | Leie Lint Strowing rib OL | I the missed dose report " | | | ļ | |
| 7 | vehours mete teniemed | weekly for all | | | İ | |
| ion of Vicett | nedications that were no Service Regulation | ot administered to a | | | | |

Dív Alerie Ammons, ED 10/1/2018

STATE FORM

If continuation sheet 18 of 31

| Division | of Health Service Regu | ulation | | | FOR | MAPPROVED |
|-------------------|--|--|--------------------------------|--|---------------|--------------------------|
| STATEMEN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE O | | (X3) DATE | |
| | |] | A. BUILDING: | | COMP | PLETED |
| | | HAL045126 | B. WNG | | 1188 | R /23/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | STORET | DODES SITY OFFI | | Į <u>00</u> , | 23/20 6 |
| | | | ADDRESS, CITY, STATE | z, ZIP CODE | | |
| CAROLIN | A RESERVE OF LAURE | L PARK HENDEI | SGAH DRIVE RSONVILLE, NC 28 | 3791 | | |
| (X4) ID PREFIX | SUMMARY ST | ATEMENT OF OFFICIENCIES | ID I | PROVIDER'S PLAN OF COR | RECTION | 146) |
| TAG | REGULATORY OR | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A | SHOULD BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | . 10 | | DEFICIENCY) | | |
| | made i tem page | | D 358 | | | |
| | resident at the approp | oriate time. | | | | |
| | Telephone interview v | vith a CMA from Resident | | | | |
| | #1's Psychiatrist's Off | fice on 08/23/18 at 4:08pm | | | | |
| | revealed: -The psychiatrist had | added a bedtime dose of | | | | |
| | olanzapine to help will | th sleep. | | | | |
| | -The resident could ha | ave mood changes and | 1 | | | |
| ĺ | Increased insomnia fro | om missing his scheduled | | | | |
| | | ined of not sleeping on a | | | | |
| | regular basis but the f | acility would report that the | | | | |
| | resident was sleeping | | | | | |
| 5 | Refer to interview with | Resident #1 on 08/22/18 at | | | | |
| | 9:01am, | 1 (Cesident #1 011 08/22/18 at | | | | |
| | Refer to interview with | the DCS on 08/23/18 at | | | | |
| 1 | 11:22am. | title DC3 011 06/23/18 at | | | | |
| | Interview itt. D | | | | | |
| | revealed: | nt #1 on 08/22/18 at 9:01am | | | | |
| | -He did not like taking | a lot of medications. | | | | |
| 2 | He had been having t | rouble sleening | 1 | | | |
| | am going to hang mys | there will be a point that I | | | | |
| | | | | | | |
| | Interview with the DCS | on 08/23/18 at 11:22am | | | | |
| | revealed: | | | | | ! |
| | to the pharmacy. | sible for faxing new orders | | | | |
| 1 | -The MA or DCS was r | esponsible if the RCC was | | | | |
| 1 | not in the facility. | | | | | |
| 1 | The medication orders | s were approved when the | | | | |
| | 5:00pm or 11:00nm ph | red to the facility after the armacy delivery by the MA | | | | |
| - 19 | on auty. | | | | i | |
| 1. | The MA would "double | check the order in the | | | | |
| (| computer" with the med | dication the pharmacy | | | | |
| AT OF Healt | h Service Regulation | | -! | | 10 N N N | |

Aherrie Dimmon, ED 10/1/2018

If continuation sheet 19 of 31

| AND PLAN | T OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | (X3) DATE SURVEY COMPLETED | |
|---------------|------------------------------------|---|---------------------|---|--------|-------------------------------|--|
| | | HAL045126 | B. WING | | 28 | R /23/2018 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DORESS, CITY, STATE | ZIR CODE | | WA1 WA 10 | |
| CAROLIN. | A RESERVE OF LAUREL | | GAH DRIVE | -, 11 CODE | | | |
| | - MCDERVE OF LAUREL | HENDER | SONVILLE, NC 28 | 1791 | | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | | | | | |
| PREFIX TAG | (EACH DEFICIENCY | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | ULD BE | (X5) COMPLETE DATE | |
| D 358 | Continued From page | 19 | D 358 | | | | |
| | sent. | | | | | | |
| | | started recently that a new | | | | | |
| Ĭ | order was attached to | a "follow up checklist" to | 1 1 | | | | |
| 9 | make sure each order | was faxed to the pharmacy | | | | | |
| 9 | and processed. | was raxed to the pharmacy | 1 | | | ì | |
| | | out specific order changes | 1 | | | | |
| | for Resident #1 | at specific order changes | | | | | |
| 1 | | | | | | | |
| | | | 1 | | | | |
| | The failure of the facili | ty to administer | | | | | |
| 1 | medications as ordere | d, related to taking | | | | | |
| 6 | escitalopram, fluoxetin | e, and clanzapine to | | | | | |
| 3 | Resident #1 placed hir | n at risk for increased | | | | | |
| 3 | anxiety and insomnia, | Which was detrimental to | | | | 1 | |
| | the health, safety, and | welfare of the resident and | | | | | |
| | constitutes a Type B V | iolation. | | | | | |
| 3 | | | | | | | |
| | The facility provided a | nian of protection in | | | | | |
| | accordance with G.S. | 131D-34 on 08/23/18 for | 8 | | | | |
| | this violation. | 10 10-54 011 00/23/18 for | | | | | |
| į | | | | | | | |
| | CORRECTION FOR T | HE TYPE B VIOLATION | | | | , | |
|) ; | SHALL NOT EXCEED | OCTOBER 9, 2018. TYPE | | | | | |
| į į | B VIOLATION | | 1 | | | | |
| | طعة | | | | | | |
| [| Based on observations | , interviews, and record | | | | | |
| 1 | eviews, the facility faile | ed to administer | | | | | |
| r | nedications as ordered | for 1 of 5 sampled | 1 | | | | |
| l l | esidents (Resident #1) | related to medications for | | | | | |
| ١٥ | depression and mood o | lisorder. | | | 8 | | |
| , | ho findings | | | | | | |
| ' | he findings are: | | | | | | |
| F | Review of Resident #1's | CONTRACT CO. 1 | | | | | |
| l a | 4/16/18 revealed: | S Current FL2 dated | | | | | |
| | Diagnoses included mo | and diseases | | | | | |
| | Ost-traumatic etrees di | pou disorder, | | | Ì | | |
| h | ack pain, sleep apnea, | sorder, autism, chronic | | | | | |
| - | There was a physician | order for an electrical | | | | | |
| | Service Regulation | order for escitalopram 10 | 1 | | - 1 | | |

If continuation sheet 20 of 31

| AND PLAN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (XZ) MULTIPLE CO A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|-------------------|---|--|----------------------------------|--|--------------------------------|------------------------|
| | | HAL045126 | B. WING | | | R |
| VAME OF P | ROVIDER OR SUPPLIER | | 100 | | 08 | /23/2018 |
| | | | DDRESS, CITY, STATE, | , ZIP CODE | | |
| -ANOLIN | A RESERVE OF LAURE | - PARK HENDER | IGAH DRIVE RSONVILLE, NC 28 | 791 | | |
| (X4) ID PREFIX | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID ID | PROVIDER'S PLAN OF C | ODDECTION | - |
| TAG | REGULATORY OR | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLE DATE |
| D 358 | Continued From page | 20 | D 358 | <u> </u> | | - |
| | mg take 1 and a half tablets (15mg) every | | | | | İ |
| 1 | evening (used to treat | t depression) | | | | |
| | -There was a physicia | in order for olanzanine oral | | | | |
| 1 | dissolving tablet (OD) | 5mg every night at | 1 1 | | | |
| | depression and bipole | t mood disorders, including | | | | |
| £. | -There was a physicia | ar). in order for olanzapine ODT | | | | |
| | 5mg take every 6 hou | rs as needed for | | | | |
| | anxiety/agitation/psyc | hosis. | | | | } |
| | a. Review of Resident | #1's psychiatrist's notes | | | | |
| - 1 | dated 04/15/18 reveal | ed a physician order to | | | | |
| | increase escitalopram | to 20mg daily. | | | | |
| | Review of Resident #1 | 's psychiatrist's notes | | | | } |
| I | dated 07/26/18 revealed discontinue escitalopra | ed a physician order to | | | | |
| | | | | | | |
| | Medication Administra | 's July 2018 electronic | | | | |
| | Medication Administrative revealed: | tion Record (eMAR) | | | | |
| | -There was a compute | r generated entry for | | | | |
| | escitaiopram 20mg tak | e 1 and half tablets (30mg) | | | | |
| | dally to be administere | d at 8:00am | | | | |
| | -Escitalopram had bee | n documented as | | | | |
| | administered from 07/2 | to/18 to U//31/18, | | | | |
| | Review of Resident #1 revealed: | 's August 2018 eMAR | | | | ľ |
| - | A computer generated | entry for escitalopram | | | | |
| 4 | 20mg take 1 and half to | ablets (30mg) daily to be | | | | 2 |
| 1 4 | acministered at 8:00an | 1. | | | | 2 |
|] | Escitalopram had been | 1 documented as | 1 | | | |
| ' | administered from 08/0 | 1/18 to 08/22/18. | | | | |
| C | Observation of Resider | it #1's medications on | 1 | | | 8 |
| of a | nand on 08/22/18 at 2:1 | 4pm revealed a partially | | | | |
| 4 | ised medication card o | f escitalogram 20mg | | | | |
| l a | ispensed on 05/31/18 | containing 38 whole | | | | |
| | ablets and 38 half table Service Regulation | ets to be administered | | | | |

STATE FORM

Almmon, Et 10/1/2018

If continuation sheet 21 of 31

| Division | of Health Service Rec | gulation | | | FO | RM APPROVED |
|----------------------|--|---|----------------------|---|--------------------------------|--------------------------|
| STATEMEN AND PLAN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE (| | | E SURVEY |
| | | TO THE WORLDEN. | A. BUILDING: | | COM | PLETED |
| | | HAL045126 | B. WING | | n | R 8/23/2018 |
| NAME OF F | PROVIDER OR SUPPLIER | SIREETA | ADDRESS, CITY, STATE | 710 0000 | | 012312010 |
| CAROLIN | IA RESERVE OF LAURE | | GAH DRIVE | I ZIF CODE | | |
| | THE SERVE OF EMBRE | : M () () | RSONVILLE, NC 2 | 3791 | | |
| (X4) ID PREFIX | SUMMARY S | TATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | /VE) |
| TAG | REGULATORY OF | CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCE | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From pag | ge 21 | D 358 | | | |
| | from the facility's cor 08/23/18 at 9:47am -Escitalopram was la on 08/08/18 with the 30 day supply. -A physician order for for escitalopram 20m the pharmacy by the -The pharmacy had escitalopram to Resi directions 30mg daily 05/01/18 for a 30 day -The pharmacy had set the facility on 08/08/16 dose of escitalopram received a response. -The facility was responsedication orders will -The facility had faxed discontinue the escitalopram orders had missed. | ast dispensed to Resident #1 directions 20mg daily for a r Resident #1 dated 04/15/18 ag daily had been faxed to facility on 08/08/18. previously dispensed dent #1 on 06/23/18 with the r from an order dated r supply. sent a clarification request to 18 to determine the correct for Resident #1 but had not remains the physician. d over the order to allopram on 07/26/18 but the | | | | |
| | 08/22/18 at 2:14pm a revealed: | dication Aide (MA) on nd 08/23/18 at 11:00am | | | | |
| 3. | discontinued by the p | the escitalopram had been sychiatrist. discontinuation order for | | | | |
| | escitalopram. -He had been adminis | stering the escitatopram to | | | | |
| 1.0 | Resident #1 as directe | ed on eMAR. | | , | | |
| 1 | Director of Clinical Se medication or disconti pharmacy. | are Coordinator (RCC), or rvices (DCS) would fax new nuation orders to the | | * | | |
| | h Senice Provider | <u> </u> | 1 | | | 1 |

If continuation sheet 22 of 31

STATE FORM

SHEWIL SIMMONS, ED 10/1/2018

| | of Health Service Regu | lation | | | FOR | M APPROVED |
|--------------------------|--|---|---------------------------------|--|--------------------------------|--------------------------|
| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING: | | (X3) DATE | SURVEY LETED |
| | | HAL045126 | B. WING | | | R /23/2018 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | 710 CODE | 1 06/ | 2312010 |
| CAROLIN | IA RESERVE OF LAUREL | | SGAH DRIVE | , Lit OOOL | | |
| | | HENDE | RSONVILLE, NÇ 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 THE DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From page | 22 | D 358 | | | |
| | -The order had to be DCS before the chand-He never looked at the He approved "new or medication matched the Interview with the RC and 08/23/18 at 11:35. She faxed the order descitalopram to the photoscuse she had four during an audit. -She had not faxed the escitalopram to the photoscuse she had four during an audit. -She had not faxed the escitalopram to the photoscuse of the order in Resident in From the facility had followed up on the escitalopram with the escitalopram with the scitalopram with the shad faxed the dispharmacy on 08/23/18 at 4 Telephone interview when the escitalopram interview w | approved by a MA, RCC, or ge occurred on the eMAR. The original orders. In orders if the label on the new the order in the computer." Con 08/22/18 at 2:25pm from the revealed: chated 04/15/18 for the new the order of the discontinuation order for the discontinuation order for the discontinuation order for the the order. If y no one from the facility of discontinuation order for pharmacy, the discontinuation order to the pharmacy. The discontinuation order to the secontinuation order to the second order. | D 358 | | | |
| | 9:01am. Refer to interview with | Resident #1 on 08/22/18 at the DCS on 08/23/18 at | | | | |
| | 11:22am. b. Review of Residenta | #1's psychiatrist's notes | | | | 5 |

Division of Health Service Regulation

If continuation sheet 23 of 31

Akerie Armmons, ED 10/1/2018

| Division | of Health Service Regu | | | | FOR | RM APPROVE |
|---------------|---|--|----------------------|---|-----------------------|------------------|
| AND PLAN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE (| CONSTRUCTION | (X3) DATE | SURVEY |
| | | INCIDENCE CALIDIA MONHELS: | A. BUILDING: | | | PLETED |
| | | 324020-34000 Belle | | | ŀ | Б |
| | | HAL045126 | B, WING | | | R //33/3048 |
| NAME OF F | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | | | /23/2018 |
| CAROLIN | IA RESERVE OF LAURE | 1825 01 | SGAH DRIVE | E, ZIP CODE | | |
| | THESERVE OF LAURE | L PARK HENDEI | RSONVILLE, NC 2 | Ř7 0 4 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | | | | W <u> </u> |
| PREFIX TAG | { EACH DEFICIENC | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX | PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION | RRECTION SHOULD BE | (X5) |
| 0.180,000 | | COO IDEATH HING INFORMATION) | TAG | CROSS-REFERENCED TO THE | APPROPRIATE | COMPLETE DATE |
| D 358 | Continued From page | 20 | | DEFICIENCY) | | |
| | - + minuod i rom page | | D 358 | | | |
| | fluoxetine 20mg/5ml s | solution 5ml daily (used to | | | | |
| | treat depression). | | | | | |
| | Review of Posidows 4 | 41-14-2 | | | | |
| | Medication Administra | 1's July 2018 electronic | 1 | | | |
| - 1 | revealed: | MON RECOID (BIVIAR) | | | | 1 |
| - 1 | -There was a compute | er generated entry for | 1 | | | |
| | riuoxetine 20mg/5ml s | olution take 5ml (20mg) by | | | | 1 |
| | mouth every day (okar | V to mix in food) to be | | | | |
| | administered at 8:00ai | m. | 1 | | | |
| ļ | -Fluoxetine had been administered on 07/27 | documented as | | | | 1 |
| | administered on 07/27/18, 07/28/18, and 07/30/18 and documented as refused on | | | | | |
| | 07/29/18 and 07/31/18. | | 1 1 | | | |
| | Review of Resident #1 | 'n August 2040, saan | | | | |
| i i | revealed: | | | | | |
| | -There was a compute | r generated entry for | 1 | | | |
| | nuoxetine 20mg/5ml so | plution take 5ml (20mg) by | 1 | | | |
| | mouth every day (okay administered at 8:00an | to mix in food) to be | 1 | | | |
| | - Fluoxetine had been | n. documented as refused for | 1 | | | |
| | 9 of 24 opportunities from | om 08/01/18 to 08/24/18. | | | | |
| | | | | | | |
| | Observation of Resider | nt #1's medications on | | | ļ | |
| 1 1 | ially oil 00/22/18 at 2: | 140m revealed | | | | |
| 8 | Solution dispensed 07/2 | of fluoxetine 20mg/5ml 26/18 was available to be | | | | |
| a | administered. | cor to was available to be | | | | |
| _ | The pharmacy had disa | pensed 150ml of solution | | | 1 | |
| t | o Resident #1. | or dolidadij | 1 | | 1 | |
| 1 | elephone intontion | 6 1 | | | | |
| fr | rom the facility's contra | h a pharmacy technician | | | | |
| 10 | WASHID BLUE 4/am rave | aalod: | 1 | | | •2 |
| -/ | A 150ml bottle of fluoxe | tine 20mg/5ml was look | | | | |
| , ~: | TOPCIOSCU TO MESIGENT # | F1 On Ω7/26/19 with | | | | |
| [4 | rections take 5ml daily | Okay to miy in food | | | | |
| 1.7 | THE DULLE OF FLUOXETINE | had a 30 day supply | | | 1 | 3 |
| n of Health | aseu on the directions | on the order. | | | | |

STATE FORM

7NGY11

If continuation sheet 24 of 31

Alemie Ainmons, ED

10/1/2018

| | of Health Service Red | | | | FOR | RM APPROVE |
|--|------------------------------------|--|----------------------|--------------------------------------|-----------|------------|
| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | CONSTRUCTION | (X3) DATE | SURVEY |
| | | MANUAL MONBER. | A. BUILDING: | | COM | PLETED |
| | | HAL045126 | B. WING | | | R |
| | | | D. FINO | | 08 | //23/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| CAROLIN | A RESERVE OF LAUR | | SGAH DRIVE | | | |
| DESCRIPTION OF THE PARTY OF THE | | HENDEI | RSONVILLE, NC 28 | 3791 | | |
| (X4) ID PREFIX | SUMMARY : | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL | al | PROVIDER'S PLAN OF C | ORRECTION | (X5) |
| TAG | REGULATORY O | R LSC IDENTIFYING INFORMATION) | PREFIX TAG | (FACH CORRECTIVE ACTIO | | COMPLETE |
| | <u> </u> | | I IAG | CROSS-REFERENCED TO TH DEFICIENCY | | OATE |
| D 358 | Continued From page | ge 24 | D 358 | | | |
| | | · · | 2 000 | | | ļ |
| 25 | dispensed fluoretime | me the pharmacy had | | | | |
| | dispensed nuoxemi | solution to Resident #1. | 1 1 | | | |
| | Interview with the M | edication Aide (MA) on | | | | |
| | 08/22/18 at 2:14pm | and 08/23/18 at 11:00am | | | | |
| | revealed | The state of the s | | | | |
| 1 | -He had been admir | nistering fluoxetine and | | | | |
| | escitalopram to Res | ident #1 since 07/27/18. | | | | 0 |
| 1 | -The MA, Resident (| Care Coordinator (RCC) or | | | | |
| | Director of Clinical S | Services (DCS) would fax new | | | | |
| - 1 | medication or discor | ntinuation orders to the | | | | ſ |
| - | pharmacy. | | | | | |
| | DCS before the above | approved by a MA, RCC, or | | | | |
| | -He never looked at | nge occurred on the eMAR. | 1 1 | | | 6 |
| | -He approved "new a | orders if the label on the new | | | | 1 |
| | medication matched | the order in the computer." | | | | |
| | Interview with the RO | CC on 08/22/18 at 2:25pm | | | | |
| 1 | and 08/23/18 at 11:3 | 5am revealed: | | | | |
| | -She faxed the order | dated 04/15/18 for | | | | |
| | because the had for | pharmacy on 08/08/18 | | | | |
| | during an audit. | ind it in Resident #1's record | | | | |
| | -She had not faxed to | he discontinuation order for | 3 P | | | 1 |
| | escitalopram to the p | harmacy, but it was noted on | | | | ł |
| 1 | tne order that someo | ne from the facility had faxed | | | | |
| 1 | tne order. | | 1 | | | |
| | -She did not know wi | ny no one from the facility | | | | |
| | had followed up on th | ne discontinuation order for | | | | |
| ' | escitalopram with the | pharmacy, | 1 | | | |
| | -one had taxed the c | iscontinuation order for | | | | |
| | The discontinued on | harmacy ол 08/23/18. | | | | |
| | MA, RCC, or DCS he | der had to be approved by a fore the changes were | | | | |
| | made on the eMAR. | ore the changes were | | | | |
| | | hat Resident #1 was | | | | |
| r | eceiving fluoxetine a | nd escitalopram from | | | | |
| [(| 07/27/18 to 08/23/18. | | | | | Ì |
| | | | 1 | | | |
| on of Healti | h Service Regulation | | <u>_</u> | | | |

Alenie Ammons, ED 10/1/2018

If continuation sheet 25 of 31

| AND PLAN | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | SURVEY |
|-----------|--|---|----------------------|-------------------------------------|-------------|----------|
| | | 1 | A. BUILDING: | | COM | PLETED |
| | | HAL045126 | B. WING | | | R |
| NAME OF F | PROVIDER OR SUPPLIER | | | | | /23/2018 |
| | | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| GAROLIN | IA RESERVE OF LAUR | EL PARK 1825 PJS | SGAH DRIVE | | | |
| (X4) ID | CI HALAA DA | HENDE | RSONVILLE, NC 28 | 1791 | | |
| PREFIX | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL | ID. | PROVIDER'S PLAN OF CO | RRECTION | T |
| TAG | REGULATORY OF | R LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION | SHOULD BE | COMP |
| | | | IAG | CROSS-REFERENCED TO THE DEFICIENCY) | APPROPRIATE | DA' |
| D 358 | Continued From pag | ne 25 | | | | |
| | 10 100 | | D 358 | | | |
| 1 | Telephone interview with a CMA from Resident | | | | | |
| | #T's Psychiatrist's O | ffice on 08/23/18 at 4:08pm | | | | |
| | revealed. | | | | | |
| - 1 | insomnia from total | have increased anxiety and | 1 1 | | | |
| ĺ | together. | escitalopram and fluoxetine | 1 | | | |
| - | | | | | | 1 |
| | Resident #1 had an | ce was not aware that | | | | |
| | medications together | side effects from taking | 1 1 | | | |
| | modifications together | • | 1 | | | 1 |
| 1 | Refer to interview with | h Resident #1 on 08/22/18 at | | | | Į. |
| - 1 | 9:01am. | in Nesident #1 on 08/22/18 at | | | | ļ |
| ľ | | | | | | |
| 0.00 | Refer to interview wit | h the DCS on 08/23/18 at | İ | | | |
| 8 | 11:22am, | the 500 of 00/23/16 at | | | | Ì |
| | | | | | | |
| 1 | Review of Residen | t #1's psychiatrist's notes | 1 | | | |
| 9.2 | uated 00/23/18 (evea | ed a clarification and a tax | 8 | | | |
| J 1 | Algorithm Stud 6A6U | / Dight scheduled slope with | | | | |
| 1' | pianzapine 5mg every | six hours as needed. | | | | |
| f. | | | | | | |
| | tated 04/15/19 ****** | 1's psychiatrist's notes | | | | |
| | ncrease clanzaria - 4 | ed a physician order to | 1 | | | |
|] " | ncrease olanzapine to | 7.5mg every night. | 1 | | | |
| F | Review of Resident # | 's July 2018 electronic | | | | |
| | Medication Administra | tion Record (-444 P) | | | | |
| . ∤n | evealed: | MON Record (BMAR) | 1 | | | |
| - | There was a compute | r generated entry for | | | 1 | |
| 10 | rankapine UD I 5mg i | ablet take 1 tablet at | i i | | ł | |
| Į D | edume to be administ | ered at 8:00nm | ic . | | | |
| 1 - | Jianzapine 5mg was | documented on | | | | |
| a | uministered from 07/0 | 01/18 to 07/17/18 at | | | 1 | |
| O. | oopin, | NO - O1 | | | | |
| -] | he olanzapine order | was documented as | | | ļ | |
| 1 40 | SCOTHINGO OF C//TR/ | 78 1 | | | 1 | |
| -A | scheduled dose of o | lanzanine at hedtime | | | ļ | |
| 1 | v andramented as sol | ninistered from 07/18/18 | | | 1 | |
| to | 07/31/18. | | | | ľ | |
| 1 | | | 1 | | | |

Aherie Aimmon, ED 10/1/2018

If continuation sheet 26 of 31

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING: | | (X3) DATE | SURVEY |
|-------------------|--|---|---|---|-----------|----------|
| | | | And and a control of the control of | , | | R |
| | | HAL045126 | B. WING | | | /23/2018 |
| AME OF P | ROVIDER OR SUPPLIER | STREET | DORESS, CITY, STATE | , ZIP CODE | | |
| AROLIN | A RESERVE OF LAUR | EL PARR | GAH DRIVE | | | |
| 20 | | HENDER | RSONVILLE, NC 2 | 3791 | | |
| (X4) ID PREFIX | SUMMARY : (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN (| | (X5) |
| TAG | REGULATORY OF | R LSC IDENTIFYING INFORMATION) | TAG | (EACH CORRECTIVE A CROSS-REFERENCED TO | | COMPLI |
| | | | | DEFICIE | | |
| D 358 | Continued From page | ge 26 | D 358 | | 35 4007 | |
| | Review of Resident #1's August 2018 eMAR revealed: | | | | | |
| Į | | uter generated entry for | | | | |
| | olanzapine ODT 5m | g tablet take 1 and half | | | | |
| | tablets (7.5mg) at bi 08/10/18. | edtime with a start date of | | | | |
| | -Olanzapine 7.5mg | was documented as | 1 | | | |
| | administered from 0 8:00pm. | 8/10/18 to 08/21/18 at | | | | |
| | -A scheduled olanza | pine dose at bedtime was not | | | | |
| | documented as adm 08/09/18. | inistered from 08/01/18 to | | | | |
| | Observation of Resident on 08/22/18 at | dent #1's medications on | | | | |
| | -A medication card of | containing clanzapine 5mg | | | | |
| 1 | with 1 and half table | ts in every bubble with the | | | | |
| Ì | directions 7.5mg at t | pedtime available to be | [| | | |
| 20 | administered. | | | | | Ì |
| 1 | -A medication card o | ontaining olanzapine 5mg | | | | |
| | meeded available to | tablet every six hours as be administered. | | | | } |
| i | Telephone interview | with a pharmacy technician | | | | |
| 1 | from the facility's cor | tracted pharmacy on | | | | |
| | 08/23/18 at 9:47am i | evealed: | | | | |
| | -Ulanzapine was las | t dispensed to Resident #1 | | | | |
| | The original and a | directions 7.5mg every night. | | | | |
| | -The original order w -Resident #1 had an | as dated 04/15/18. order for olanzapine 5mg | | | | |
| Ì | every six hours as ne | eded | | | | • |
| | -The pharmacy dispe | ensed 90 tablets of | | | | |
| 773 | olanzapine 7.5mg to | Resident #1 on 08/08/18 for | | | | |
| | a 17 day supply, incli | uding the scheduled and as | | | | |
| [1] | needed orders. | | | | | |
| 1 | The pharmacy dispe | insed 90 tablets of | | | | |
| | oranzapine 5mg to R | esident #1 on 04/26/18 and | | | | |
| | scheduled and as ne | supply, including the | | | | |
| 1. | wantou anu as ne | aueu orgers, | | | | |

HARMIN Service Regulation
TATE FORM

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FORM

TO/1/2018

If continuation sheet 27 of 31

| STATEMEN | of Health Service Regu | | | | FO | RM APPROVE |
|-------------------|---|--|----------------------|---|----------------------------------|------------------|
| AND PLAN | NT OF DEFICIENCIES I OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE | CONSTRUCTION | (X3) DAT | 'E SURVEY |
| | | | A. BUILDING: | | COM | MPLETED |
| | | HAL045126 | B. WING | 2 | | R |
| NAME OF F | PROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STAT. | E 710 0005 | 0 | B/23/2018 |
| CAROLIN | NA RESERVE OF LAUREL | | SGAH DRIVE | E, ZIP CODE | | |
| | | HENDER | RSONVILLE, NC 2 | 8791 | | |
| (X4) ID PREFIX | SUMMARY ST. | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF | CORRECTION | |
| TAG | REGULATORY OR I | LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE | TON SHOULD BE THE APPROPRIATE | COMPLETE OATE |
| D 358 | Continued From page | 27 | D 358 | | | |
| | Telephone interview w | vith Resident #1's care | | | | |
| | manager/power of atti | orney on 08/23/18 at | | | | |
| | 1:58pm revealed: | | | | | le. |
| | -She did not know that | t Resident #1 had missed | | | | ļ |
| j | multiple doses of olan | zapine. lange in Resident #1's | 1 1 | | | |
| | behavior but thought in | t was because of a recent | | | | |
| | change in pain medica | ation. | | | | |
| 13 | -Resident #1 was more | e agitated recently and had | | | | |
| | begun to use a walker | , | | | | |
| } | Interview with the MA on 08/23/18 at 11 | on 08/23/18 at 11:00am | | | | |
| | revealed; | Davids, 1 gr | 1 1 | | | |
| | -He did not know why received a scheduled | daily dose of olanzapine | | | | |
| i k | from 07/18/18 to 08/09 | vally dose of clanzapine | | | | ** |
| ļ | -He did not know who ! | had discontinued the | 1 | | | |
| 1 | scheduled olanzapine | Order on the eMAR | | | | |
| l d | -He did not know if a ne | ew order was written for | | | | 9. |
| | olanzapine in August. | The state of the s | | | | |
| | software to explain the | ocumented in the eMAR | | | | |
| | medication. | mased doses of | | | | |
| j | Interview with the Resid | dent Care Coordinator | | | | |
| | (RCC) on 08/23/18 at 1 | 1:35am revealed: | | | | |
| | -Sne had taxed an orde | er dated 04/15/18 to | | | | |
| 1 | increase clanzapine to | 7.5mg daily to the | 1 | | | |
| 1. | pharmacy on 08/08/18She had found the order | or i- # | | | | [|
| 8 | audit. | er in the chart during an | | | | |
| - | She did not know why | Resident #1 did not | 1 | | | } |
| 1 1 | eceive his schedule da | ily dose of planzaning | | | | |
| ' | 10m 07/18/18 to 08/09/ | 18. | | | | |
| - | She was not aware of a | a discontinuation order | | | | |
| | lated 07/18/18 for a sch planzapine. | neduled daily dose of | | | I | |
| | She had recently stopp | Od mositovia - II- 1 | | | | |
| ļ u | lose lebouts because if | Was now the | | | | |
| re | esponsibility of the DCS | S. | | | | |

Division of Health Service Regulation

STATE FORM

If continuation sheet 28 of 31

Aterie Dimmons, ED 10/1/2018

| | of Health Service Regu | lation | | | FOR | RM APPROVI | |
|---|---|-------------------------------|----------------------------|------------|-----------------|------------------|--|
| STATEMENT OF DEFICIENCIES (X1) PROVID AND PLAN OF CORRECTION IDENTIFI | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY | |
| | 7/1 | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED | |
| | HAL045126 | | B. WING | 06 | R 08/23/2018 | | |
| NAME OF P | ROVIDER OR SUPPLIER | STREETA | DURESS, CITY, STATE | . ZIP CODE | | | |
| CAPOLIN | A RESERVE OF LAURE | V | GAH DRIVE | 7 211 0000 | | | |
| UNNOLIN | A RESERVE OF LAURE | PARK | RSONVILLE, NC 28 | 3791 | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID PROVIDER'S PLAN OF COR | | CORRECTION | DRRECTION (X5) | |
| PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | | | THE APPROPRIATE | COMPLET DATE | |
| D 358 | Continued From page 28 | | D 358 | | | | |
| | -The missed doses of clanzapine for Resident #1 | | | | | | |
| | were not "showing up | on the missed dose report." | | | | | |
| | -Reports were review | ed weekly for all | | | | | |
| | medications that were | not administered to a | | | | | |
| | resident at the approp | oriate time. | | | | | |
| | Telephone interview v | vith a CMA from Resident | | | | | |
| : | #1's Psychiatrist's Off | ice on 08/23/18 at 4:08pm | | | | | |
| | revealed: | | | | | | |
| | -The psychiatrist had added a bedtime dose of | | | | | | |
| | olanzapine to help with sleep. | | 1 | | | | |
| | -The resident could have mood changes and | | | | | 1 | |
| | increased insomnia fr | om missing his scheduled | | | | 1 | |
| | olanzapineThe resident complained of not sleeping on a | | | | | Î | |
| | regular basis but the facility would report that the | | 1 | | | | |
| | resident was sleeping | i. | | | | | |
| | Refer to interview with Resident #1 on 08/22/18 at 9:01am. | | | | | | |
| | Refer to interview with 11:22am. | the DCS on 08/23/18 at | | | | | |
| | revealed: | nt #1 on 08/22/18 at 9:01am | | | | | |
| | -He did not like taking a lot of medications. | | 35 | | | | |
| | -He had been having trouble sleeping. | | | | | | |
| | -"It is terrible here and there will be a point that! am going to hang myself." | | | | | | |
| | 25 | | | | | | |
| | Interview with the DCS on 08/23/18 at 11:22am revealed: | | | | | | |
| | -The RCC was responsible for faxing new orders | | | | | 9 | |
| | to the pharmacy. | | | | | | |
| | -The MA or DCS was | responsible if the RCC was | | | | | |
| - 1 | not in the facility. | | | | | | |
| 1 | -The medication order | s were approved when the | | | | | |
| | medication was delive | red to the facility after the | | | | | |

Division of Health Service Regulation

STATE FORM

if continuation sheet 29 of 31

Alexie Ammon, Eb 10/1/2018

| AND PLAN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE (| CONSTRUCTION | (23) 047 | C 01 151 151 1 | |
|-------------------|--|---|----------------------|--|----------|-------------------------|--|
| | | IDENTIFICATION NUMBER: | A. BUILDING: | | CON | COMPLETED R 08/23/2018 | |
| - 4 | | HAL045126 | | | 0.0 | | |
| NAME OF | PROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATI | Tig copr | | <u> </u> | |
| CAROLII | NA RESERVE OF LAUR | | SGAH DRIVE | L, AF GUUE | | | |
| | T TAUR | HENDE | RSONVILLE, NO 2 | 8791 | | | |
| (X4) ID PREFIX | SUMMARY STATEMENT OF DEFICIENCIES | | ID | | | | |
| TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | COMPI | |
| D 358 | Continued From page 29 | | D 358 | | | | |
| | The MA would "doucomputer" with the resent. A new procedure woorder was attached it make sure each order and processed. She did not know all for Resident #1. The failure of the fact medications as order escitalopram, fluoxet Resident #1 placed it anxiety and insomnie | red, related to taking ine, and olanzapine to immat risk for increased which was detrimental to divellare of the resident and | | | | | |
| | this violation. | a plan of protection in 131D-34 on 08/23/18 for THE TYPE B VIOLATION O OCTOBER 9, 2018. | | | | | |
| D912 | G.S. 131D-21(2) Decl | aration of Residents' Rights | D912 | | | | |
| | To receive care and adequate, appropriate | ation of Residents' Rights ave the following rights: d services which are , and in compliance with ate laws and rules and | | | | | |

If continuation sheet 30 of 31

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|------------|-----------|-------------------------------|--|
| | | HAL045126 | B. WING | | 08 | R /23/2018 | |
| NAME OF F | ROVIDER OR SUPPLIER | STREET | DORESS, CITY, STATE | , ZIP CODE | | * * | |
| CAROLIN | A RESERVE OF LAUREL | | GAH DRIVE | | | | |
| | The state of the s | HENDER | RSONVILLE, NC 28 | 791 | # | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | SHOULD BE | (X6) COMPLETE DATE | |
| D912 | Continued From page | 30 | D912 | A | 335 in 1 | | |
| | reviews, the facility fal received care and ser appropriate, and in co federal and state laws related to cardio-pulm and medication administrate findings are: 1. Based on interviews facility failed to assure was on the premises a within the past 24 mor Resuscitation (CPR) from (Staff C, D, and E) wh 7:00am. [Refer to Tag. 0.507 Training On Car Resuscitation (Type B 2. Based on observative reviews, the facility fail medications as ordere | is, interviews, and record fled to ensure residents vices which were adequate, impliance with relevant and rules and regulations onary resuscitation training histration. Is and record reviews, the set least one staff person at all times that had training on this in Cardio-Pulmonary or 3 of 3 sampled staff to worked from 11:00pm to D167, 10A NCAC 13F redio-Pulmonary Violation).] In the views, and record led to administer d for 1 of 5 sampled to related to medications for disorder. [Refer to Tag. 1004(a) Medication | | | | | |

Aherie Simmon, ED 10/1/2018

If continuation sheet 31 of 31

The following is a summary of the Plan of Correction for Carolina Reserve of Laurel Park. This Plan of Correction is in regard to the Corrective Action Report dated September 10, 2018. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation

Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.

- Current associates were contacted requesting that they bring in a current copy of their CPR Certification by the Executive Director/ Designee.
- The schedule was reviewed for the presence of someone being in the community with a current CPR Certification all 3 shifts by the Director of Clinical Services/ Resident Care Coordinator.
- There were 2 subsequent CPR Trainings offered, on 8/23/18 & 8/31/18, with a total of 13 current associates becoming CPR Certified at that time.
- Going forward, the Executive Director/ Director of Clinical Services/ Resident Care Coordinator will have routine scheduled CPR Trainings being offered throughout the year.
- A tracker was developed for tracking the date CPR Certification was obtained, as well as the expiration date of that certification.
- Going forward, the tracker will be reviewed on a regular basis for compliance by the Executive Director/ Director of Clinical Services/ Designee reviewing for compliance.

10A NCAC 13F .0902 HEALTH CARE

- (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.
 - The eMAR will be reviewed for refusal of meds on at least a weekly basis for the next 30 days by the Executive Director/Director of Clinical Services/Resident Care Coordinator/Designee assuring proper follow up notification.
 - Any frequent refusals noted will be followed up on with notification of the physician for further instructions by the Executive Director/Director of Clinical Services/Resident Care Coordinator/Designee
 - Thereafter, the eMAR will be reviewed randomly, but at least on a bimonthly basis for refusal of meds, to include appropriate follow through.
 - Appropriate associates were retrained regarding notification of the MD for meds that have been refused by the resident on 8/29/18.

10A NCAC 13F .1004 Medication Administration

- (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:
- (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.

- Current resident charts have been reviewed for any order changes since 7/1/18 and completed by the Health and Wellness Director/Executive Director/Resident Care Coordination/ Designee.
- Any discrepancies noted during the review were clarified with the resident physician at that time with appropriate follow up and documentation by the Health and Wellness Director/Executive Director/Resident Care Coordination/ Designee.
- Re-training of appropriate associates on the use of the "New Order Tracking" form was completed on 8/29/18 by the Health and Wellness Director/Executive Director.
- Going forward, any new/changed order will have a "New Order Tracking" form completed at the time it
 was received by the person receiving the order.
- Each "New Order Tracking" form will be reviewed by the Health and Wellness Director/Executive Director/Designee daily for next 30 days, then minimally on a weekly basis thereafter.

G.S. 131D-21(2) Declaration of Resident Rights

- 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.
 - Associates were retrained no later than 9/21/18 regarding resident rights with receiving care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.

Above items will be ready for review no later than 10/1/18.