STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL068028	B. WING		11/21/2018	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
IVEWELL	ASSISTED LIVING		ULINE DRIVE . HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
C 000	Initial Comments		C 000			
		sure Section conducted an vember 20, 2018 through				
C 174	10A NCAC 13G .050 Diabetic Residents	5(1)(2) Training On Care Of	C 174			
	Diabetic Residents A family care home s the care of residents unlicensed staff prior insulin as follows: (1) Training shall be nurse, registered pha practitioner. (2) Training shall incl (a) basic facts about in the management of (b) insulin action; (c) insulin storage; (d) mixing, measuring for insulin administra (e) treatment and pre hyperglycemia, inclus (f) blood glucose mot	g and injection techniques tion; evention of hypoglycemia and ding signs and symptoms; nitoring; universal iate administration times;				
	facility failed to ensur A and Staff B) had co	as evidenced by: and record reviews, the re 2 of 3 sampled staff (Staff ompleted training on the care nt prior to the administration				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED	
			B. WING			11/01/0010	
	ROVIDER OR SUPPLIER	FCL068028	ADDRESS, CITY, STATE,	11	1/21/2018		
IVEWELL	ASSISTED LIVING		HILL, NC 27514				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
C 174	Continued From page	e 1	C 174				
	The findings are:						
	Personnel record rev -There was no hire d -There was no docum	/medication aide's (SIC/MA) ealed:					
	Record for September November 2018 rever -The resident's blood times daily. -There was document sliding scale insulin 7	s Medication Administration er 2018, October 2018, and ealed: I sugar was checked two ntation Staff A administered 7 times in September 2018, 5 8, and 0 times in November					
	revealed: -She was the house if SIC/MA. -There was one resid orders for fingerstick and insulin. -She had checked FS to the resident. -She completed diab -She did not receive training. -The Administrator with the diabetic training with Refer to interview with	on 11/21/18 at 6:57 pm manager and worked as a lent in the facility who had blood sugar (FSBS) checks SBS and administered insulin etic training in 2013 or 2014. a certificate for the diabetic as responsible for ensuring was completed.					
	11/21/18 at 6:23 pm2. Review of Staff B, personnel record rev	medication aide's (MA)					

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If continuation sheet 2 of 19

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL068028	B. WING		11/21/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
LIVEWELI	L ASSISTED LIVING		ULINE DRIVE			
	1		HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 174	Continued From page	e 2	C 174			
		03/29/18. nentation of training on the esident found in the Staff A's				
	Record for September November 2018 rever -The resident's blood times daily. -There was document sliding scale insulin 5	s Medication Administration er 2018, October 2018, and ealed: I sugar was checked two ntation Staff B administered times in September 2018, 7 8, and 4 times in November				
	revealed: -She was hired at the MA/Personal Care Ai -There was one resid blood sugar (FSBS) of administered insuling -She had checked FS during her shift. -She thought she had was hired with the nu facility during that tim -She did know if she not for the diabetic tra	lent who had fingerstick checks twice daily and once daily. SBS and administered insulin d diabetic training when she urse who was working at the ne. was provided a certificate or aining.				
	11/21/18 at 6:23 pm. Interview with the Ad	h the Administrator on ministrator on 11/21/18 at				
	longer emplyed at the	ng sure the diabetic care ed.				

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If continuation sheet 3 of 19

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 11/21/2018	
	FCL068028	B. WING			
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	6720 PA	ULINE DRIVE			
ASSISTED LIVING	CHAPEL	HILL, NC 27514			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 3	C 174			
training specific to dia -She did not know the	abetic care. ere needed to be separate				
10A NCAC 13G .0904 Service	4 (c-7) Nutrition And Food	C 270			
10A NCAC 13G .0904	4 Nutrition And Food Service				
Menus in Family Care	e Homes:				
diet menu for all phys	ician-ordered therapeutic				
Based on observation reviews, the facility fa therapeutic diet menu sampled residents (R	ns, interviews, and record iled to have a matching u for staff guidance for 1 of 1 esident #2) who had an				
The findings are:					
dated 04/05/18 revea -Diagnoses included thyroid disease, hype gastroesophageal ref lymphocytic thyroiditis	led: dementia, hypertension, rlipidemia, lux disease, and chronic s.				
04/05/18 revealed: -Resident #2 had a he of fecal impaction in t	ospital admitting diagnoses he rectum and aspiration				
	ROVIDER OR SUPPLIER ASSISTED LIVING SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page trainings, but there ha training specific to dia -She did not know the training for diabetic ca 10A NCAC 13G .0904 Service 10A NCAC 13G .0904 Menus in Family Card (7) The facility shall diet menu for all phys diets for guidance of This Rule is not met Based on observation reviews, the facility fa therapeutic diet menu sampled residents (R order for a high fiber The findings are: Review of Resident # dated 04/05/18 reveal -Diagnoses included thyroid disease, hype gastroesophageal ref lymphocytic thyroidita -There was no diet or Review of a hospital 0 04/05/18 revealed: -Resident #2 had a ho of fecal impaction in t pneumonia due to vo	PECORRECTION IDENTIFICATION NUMBER: FCL068028 ROVIDER OR SUPPLIER ASSISTED LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 trainings, but there had not been a separate training specific to diabetic care. -She did not know there needed to be separate training for diabetic care. -She did not know there needed to be separate training for diabetic care. 10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have a matching therapeutic diet menu for staff guidance for 1 of 1 sampled residents (Resident #2) who had an order for a high fiber diet. The findings are: Review of Resident #2's current hospital FL2 dated 04/05/18 revealed: -Diagnoses included dementia, hypertension, thyroid disease, hyperlipidemia, gastroesophageal reflux disease, and chronic lymphocytic thyroiditis. -There was no diet order indicated. Review of a hospital discha	IDENTIFICATION NUMBER: A. BUILDING: FCL068028 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ASSISTED LIVING SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX Continued From page 3 C 174 trainings, but there had not been a separate training specific to diabetic care. She did not know there needed to be separate training for diabetic care. -She did not know there needed to be separate training for diabetic care. C 270 10A NCAC 13G .0904 (c-7) Nutrition And Food Service C 270 10A NCAC 13G .0904 (c-7) Nutrition And Food Service C 270 Menus in Family Care Homes: This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have a matching therapeutic diet menu for staff guidance for 1 of 1 sampled residents (Resident #2) who had an order for a high fiber diet. The findings are: Review of Resident #2's current hospital FL2 dated 04/05/18 revealed: -Diagnoses included dementia, hypertension, thyroid disease, hyperlipidemia, gastroesophageal reflux disease, and chronic lymphocytic thyroiditis. There was no diet order indicated. Review of a hospital discharge summary dated 04/05/18 revealed: -Resident #2 had a hospital admitting diagnoses of fecal impaction in the re	OF CORRECTION DENTIFICATION NUMBER: A BUILDING: FOLO88028 8 WING CONDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CONTRET OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES IEAD DEFICIENCY MIST BE PRECEDED FULL REGULATORY ON LSC DENTIFYING INFORMATION) PREFIX PREFIX Continued From page 3 C 174 trainings, but there had not been a separate training specific to diabetic care. C 174 -She did not know there needed to be separate training for diabetic care. C 270 10A NCAC 13G. 0904 (c-7) Nutrition And Food Service C 270 10A NCAC 13G. 0904 (c-7) Nutrition And Food Service C 270 10A NCAC 13G. 0904 (c-7) Nutrition And Food Service C 270 Menus in Family Care Homes: C (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have a matching therapeutic diet menu for staff guidance for 1 of 1 sampled resident (Resident #2) who had an order for a high fiber diet. The findings are: Review of Resident #2's current hospital FL2 dated 04/05/18 revealed: -Diagnoses included dementia, hypertension, thyroid disease, hyperlipidemia, gastroesophageal reflux disease, and chronic lymphrcytic thyroiditis. -There was no diet orde	FCORRECTION IDENTIFICATION NUMBER: A BUILDING: COMF FCL068028 INVING 11. NOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE 41. ASSISTED LIVINO 6720 PAULINE DRIVE CHAPEL HILL, NC 27514 11. RECULATORY OR LSC DENTFYING INFORMATION) PREFIX PROVIDER'S FLAN OF CORRECTION (CACH CORRECTIVE ADTON SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 10. Continued From page 3 C 174 C 174 COMF training specific to diabetic care. -She did not know there needed to be separate training specific to diabetic care. -She did not know there needed to be separate training for diabetic care. C 270 10A NCAC 13G .0904 (vc-7) Nutrition And Food Service C 270 C 270 10A NCAC 13G .0904 Nutrition And Food Service Kenus in Family Care Homes: C 174 This Rule is not met as evidenced by: Based on observatored therapeutic diets for guidance of food services taff. Kenus in Family Care Homes: C 270 The findings are: Review of Resident #20 woh had an order for a high fiber diet. Kenue a matching therapeutic diet menu for staff guidance for 1 of 1 sampled residents (Resident #20 who had an order for a high fiber diet. Kenue A motion the resture of Care or a nogen reliabel of Core: -Diagnoses included dementia, hypertension, thymbocytic thyrolibits. -There was no diet order indicated. Kenue

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL068028	B. WING		11/21/2018	
AME OF PI	ROVIDER OR SUPPLIER	I	ADDRESS, CITY, STATE	, ZIP CODE		/21/2010
			ULINE DRIVE			
	L ASSISTED LIVING	CHAPEI	L HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
C 270	Continued From pag	e 4	C 270			
	order indicated.					
		n's order for Resident #2 aled an order for a regular				
	9:00 am and 10:00 a -There was no therap -There was a regular concentrated sweets refrigerator.	peutic diet list posted.				
	11:20 am revealed: -There was a census -Four residents were resident was on a the -The NCS diet was th facility.	on a regular diet and one erapeutic (NCS) diet. ne only therapeutic diet in the o menus in the facility for staff				
	chicken skillet, potate					
		2:30 pm and 1:30 pm 2 was served fish sticks, oll, baked apple bread,				
	served the appropria	nined if Resident #2 was te meals due to no ailable for staff guidance.				

	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL068028	B. WING		11	/21/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		6720 PAI	ULINE DRIVE			
LIVEWEL	L ASSISTED LIVING	CHAPEL	HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 270	Continued From page	e 5	C 270			
	care aid (PCA) on 11 -She was responsible meals during her shif -All residents were or one resident who was -Resident #2 was on served him a regular -There was only a reg available in the facilit -She did not know Re order for a high fiber Telephone interview of primary care physicia at 12:48 pm revealed information regarding Based on observation determined Resident 11/21/18 at 12:55 pm -She thought Residen -Resident #2 ate the residents. -She did not know if H provider (PCP) order Interview with the hot 2:55 pm revealed: -Staff used a list creat contracted nurse, Ad provide fiber to Reside -She did not know hot Resident #2's PCP et have. -Resident #2 ate shree	n a regular diet except for s on a NCS diet. a regular diet and she diet. gular menu and a NCS menu y. esident #2 had a physician's diet. with a nurse at Resident #2's an's (PCP) office on 11/21/18 I she did not see any g diet orders for Resident #2. ns and record reviews, it was #2 was not interviewable. ent #2's family member on a revealed: nt #2 was on a regular diet. same meals as the other Resident #2's primary care ed a high fiber diet for him. use manager on 11/21/18 at tted by the facility's ministrator, and herself to				

Division of Health Service Regulation STATE FORM

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If continuation sheet 6 of 19

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
		FCL068028			11	/21/2018
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
IVEWELI	ASSISTED LIVING		ULINE DRIVE L HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 270	Continued From page	e 6	C 270			
	 #2's high fiber diet aff received. -She, the facility cont Administrator decided fiber diet guide. -The facility had not of dietician regarding a Review of the high fib the house manager m -Resident #2 should b brown rice, fiber cere snacks per day, whol strawberries, grapes, pistachios, spinach, p -There were no servin Interview with the fac 11/21/18 at 3:20 pm r -She had not assisted diet guide. -She did not know Recorder for a high fiber Interview with the fac dietician on 11/21/18 -He had not created a regular high fiber diet -He had not been ask high fiber diet menu. -He could work on created of the facility, but he 	racted nurse, and the d it was okay to use the high contacted a registered high fiber diet. Der diet guide provided by evealed: have whole grain pasta, al, may have 1-2 fiber e grain bread, pears, apples, almonds, walnuts, beas, carrots, and broccoli. ng sizes specified. ility contracted nurse on revealed: d with residents' diets or d with creating the high fiber esident #2 had a physician's diet. ility contracted registered at 4:44 pm revealed: a menu for the facility for a to create a eating a high fiber diet menu				
	considered to be high					

	of Health Service Regu TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY
		FCL068028	B. WING		11	/21/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	LASSISTED LIVING		ULINE DRIVE L HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
C 270	Continued From page	e 7	C 270			
	fiber diet, but she tho discontinued by the F -There was not a me a high fiber diet. -She would be in con	PCP. nu available in the facility for				
C 284	10A NCAC 13G .090 Service	4(e)(4) Nutrition and Food	C 284			
	Service (e) Therapeutic Diets (4) All therapeutic di supplements and thic	4 Nutrition and Food s in Family Care Homes: ets, including nutritional ckened liquids, shall be v the resident's physician.				
	reviews, the facility fa diets were served as	as evidenced by: ns, interviews and record ailed to assure therapeutic ordered for 1 of 1 residents ad an order for a high fiber				
	The findings are:					
	dated 04/05/18 revea -Diagnoses included thyroid disease, hype	dementia, hypertension, erlipidemia, flux disease, and chronic s.				
	04/05/18 revealed: -Resident #2 had a h	discharge summary dated ospital admitting diagnoses the rectum and aspiration				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			FCL068028 B. WING				
		FCL068028			11	/21/2018	
IAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, .ULINE DRIVE	ZIP CODE			
IVEWELL	ASSISTED LIVING		L HILL, NC 27514				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 284	Continued From pag	e 8	C 284				
	pneumonia due to vo -There were no spec order indicated.	omit. ial nutritional needs or diet					
	Review of a physician's order for Resident #2 dated 05/15/18 revealed an order for a regular high fiber diet.						
	9:00 am and 10:00 a -There was no therap -There was a regular concentrated sweets refrigerator.	peutic diet list posted.					
	11:20 am revealed: -There was a census -Four residents were resident was on a the -The NCS diet was the facility.	on a regular diet and one erapeutic (NCS) diet. ne only therapeutic diet in the o menus in the facility for staff					
	between 12:26 pm a Resident #2 2as serv	/ed barbeque chicken skillet, w, garlic toast, chocolate ice					
	between 12:30 pm a Resident #2 was ser	nch meal on 11/21/18 nd 1:30 pm revealed ved fish sticks, potatoes, apple bread, sweet tea, and					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		FCL068028	B. WING		11	/21/2018	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
IVEWELI	ASSISTED LIVING						
			HILL, NC 27514				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
C 284	Continued From page	e 9	C 284				
	-She was responsible meals during her shif -All residents were or one resident who was -Resident #2 was on served him a regular -There was no a high the facility. -She did not know Re order for a high fiber Telephone interview of primary care physicia at 12:48 pm revealed information regarding Based on observation determined Resident Interview with Resider -Resident #2 ate the residents. -She did not know if F high fiber diet for him Interview with the hou 2:55 pm revealed:	n a regular diet except for s on a NCS diet. a regular diet and she diet. n fiber diet menu available in esident #2 had a physician's diet. with a nurse at Resident #2's an's (PCP) office on 11/21/18 d she did not see any g diet orders for Resident #2. ns and record review, it was #2 was not interviewable. ent #2's family member on n revealed: nt #2 was on a regular diet. same meals as the other Resident #2's PCP ordered a					
	nurse, Administrator, to Resident #2. -She did not know ho Resident #2's PCP ex have.	and herself to provide fiber w many grams of fiber xpected for Resident #2 to					
	brown rice, whole gra -She spoke to Reside	edded wheat for breakfast, ain breads, and peanuts. ent #2's PCP on 05/15/18 #2 could receive a regular					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL068028	B. WING		11	/21/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IVEWELI	ASSISTED LIVING		ULINE DRIVE HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 284	on 05/15/18 a regula -She had not called I ask why the order wa -She had started cre #2's high fiber diet. -She, the facility com Administrator decide fiber diet guide. Review of the high fi the house manager of -Resident #2 should brown rice, fiber cere snacks per day, who strawberries, grapes pistachios, spinach, -There was no indicate each food item. Interview with the fact 11/21/18 at 3:20 pm -She was not involve meal planning.	der from Resident #2's PCP ir high fiber diet. Resident #2's PCP back to as written for a high fiber diet. ating a menu for Resident tracted nurse, and the d it was okay to use the high ber diet guide provided by revealed: have whole grain pasta, eal, may have 1-2 fiber le grain bread, pears, apples, , almonds, walnuts, peas, carrots, and broccoli. ing sizes specified. ation of grams of fiber for cility's contracted nurse on revealed: ed with residents' diets or	C 284			
	diet guide.	d with creating the high fiber esident #2 had a physician's diet.				
	dietician on 11/21/18 -He had not created regular high fiber die	cility contracted registered a at 4:44 pm revealed: a menu for the facility for a t. ked by the facility to create a				
	high fiber diet menu. -He could work on cr for the facility, but he					

STATE FORM

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STATEMEN	of Health Service Regure FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		FCL068028	B. WING		11	/21/2018
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
LIVEWELI	LASSISTED LIVING		JLINE DRIVE HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 284	Continued From page		C 284			
	11/21/18 at 6:23 pm r -She knew Resident a fiber diet, but she thou discontinued by the P -The house manager contacting the PCP re order. The Administrator sub provided by Resident the PCP wanted Resi	with the Administrator on evealed: #2 had an order for a high ught it had been PCP. was responsible for egarding Resident #2's diet pomitted a communication log #2's PCP which revealed				
C 330	 (a) A family care hom preparation and admi prescription and non- by staff are in accorda (1) orders by a license which are maintained (2) rules in this Section and procedures. This Rule is not met Based on observation reviews, the facility far were administered as prescribing practitioner residents (Resident # 	A Medication Administration he shall assure that the nistration of medications, prescription and treatments ance with: ed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: hs, interviews and record illed to assure medications ordered by a licensed er for 1 of 3 sampled (2) related to a medication used	C 330			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		FCL068028	B. WING		11	/21/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		6720 PA	ULINE DRIVE			
	L ASSISTED LIVING	CHAPEL	HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE CO TO THE APPROPRIATE	
C 330	Continued From page	e 12	C 330			
	The findings are:					
	dated 04/05/18 revea -Diagnoses included thyroid disease, hype gastroesophageal re- lymphocytic thyroiditi -There was an order tablet every day. (Us -There was an order tablet every day as n drooling) a. Review of an after Resident #2's primar 10/17/18 revealed: -Instructions from the glycopyrrolate was ta -Glycopyrrolate 2mg (2mg) once daily as n mg 1 tablet evey day from the order. -Instructions were to	dementia, hypertension, erlipidemia, flux disease, and chronic s. for glycopyrrolate 2 mg 1 ed to treat drooling) for glycopyrrolate 1 mg 1 eeded. (Used to treat visit summary from y care physician (PCP) dated				
	revealed: -There was an entry tablet every day for of scheduled for admini -Glycopyrrolate 2 mg administered 31 time -There was an entry tablet once daily as r separately).	d (MAR) for October 2018 for glycopyrrolate 2 mg 1 lrooling (give separately) and stration at 9:00 am. was documented as from 10/01/18 to10/31/18. for glycopyrrolate 1 mg 1 needed for drooling (give				

Division of Health Service Regulation STATE FORM

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			E SURVEY PLETED
	S CONTECTION		A. BUILDING:			
		FCL068028	B. WING		11	/21/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
LIVEWELI	ASSISTED LIVING					
	STIMMADA S		HILL, NC 27514	PROVIDER'S PLAN C		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
C 330	Continued From pag	je 13	C 330			
	-There was no enrty for glycopyrrolate 2mg 1 tablet once daily as needed on the MAR.					
		#2's MAR for November 2018				
	revealed: -There was an entry for glycopyrrolate 2 mg 1					
	tablet every day for drooling (give separately) and					
	scheduled for administration					
	at 9:00 am.	a was desumanted				
	-Glycopyrrolate 2 mg was documented administered 19 times from 11/01/18 to 11/20/18.					
	-There was an entry for glycopyrrolate 1 mg 1					
	tablet once daily as needed for drooling (give					
	separately).					
	-Glycopyrrolate 1 mg was not documented as					
	administered in November 2018.					
	-There was no enrty for glycopyrrolate 2mg 1 tablet once daily as needed on the MAR.					
	Observation of medi at 5:28 pm revealed	cations on hand on 11/21/18				
	-Glycopyrrolate 2 mg					
		nister 1 tablet every day.				
	-Glycopyrrolate 1 mg					
	instruction1 tablet ev hand.	very day as needed was on				
	Interview with a nurs	e at Resident #2's primary				
	care provider's (PCF pm revealed:	P) office on 11/21/18 at 12:48				
	•	ian's order on 10/17/18 to				
	discontinue glycopyrrolate 1 mg as needed.					
	-The current physician's order dated 10/17/18					
		2 mg daily as needed.				
		notes which indicated the PCP's office to clarify				
	•	rm Resident #2 was not				
		glycopyrrolate 2mg according				
	to the new orders.					
	-Resident #2 should alth Service Regulation	take glycopyrrolate 2mg daily				

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:				SURVEY PLETED
		FCL068028	B. WING		11	/21/2018
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
		6720 PA	ULINE DRIVE			
	L ASSISTED LIVING	CHAPEL	HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE CO O THE APPROPRIATE	
C 330	Continued From pag	e 14	C 330			
	as needed as ordere	d by the physician.				
		ns and record reviews, it was t #2 was not interviewable.				
	 2:55 pm revealed: She, the Administration nurse were responsilic physician visit summing medication orders. She had tried contact change of orders for difficult to speak to the shead not gotten a she had not gotten a She had not docume Resident #2's PCP. The order dated 10/ the pharmacy. Interview with the fact 11/21/18 at 3:20 pm -She reviewed resider medication orders. She did not know at glycopyrrolate orders 	aries for changes in cting Resident #2's PCP for glycopyrrolate, but it was ne physician. ges for Resident #2's PCP, response. ented her attempts to contact '17/18 had not been sent in to cility's contracted nurse on revealed: ent records for changes in				
	care aide (PCA) on 1 -She administered m -She administered gl -The house manager responsible for makin were sent to the pha and for making sure administered as order	ication aide (MA)/personal 11/21/18 at 5:55 pm revealed: nedication during her shift. lycopyrrolate during her shift. r or the Administrator were ng that medication orders rmacy to be put on the FL2 that medication was				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		FCL068028	B. WING		11	/21/2018
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	ASSISTED LIVING	6720 PA	ULINE DRIVE			
		CHAPEL	HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE ⁻ DATE
C 330	Continued From pag	e 15	C 330			
	#2's medications.					
	11/21/18 at 6:23 pm					
	-	r was responsible for				
	reviewing new medication orders and making sure new orders were sent to the pharmacy to					
	update the MAR.					
	The house manager has had problems					
	communicating with Resident #2's physician by					
	phone. -She expected for medications to be administered					
	as ordered by the physician.					
	b. Review of Resident #2's current hospital FL2					
	dated 04/05/18 revea risperidone 0.5 mg 1	aled there was an order for tablet twice a day.				
		n's order for Resident #2 aled an order for risperidone				
		ng) twice daily and one-half				
		sit summary from Resident ysician (PCP) dated 10/17/18				
		e PCP were to change how m.				
	-Risperidone 0.5 mg	was changed to one-half a e morning and 1 tablet (0.5				
	mg) in the evening.	- · ·				
	Review of Resident					
	revealed:	rd (MAR) for October 2018				
		for risperidone 0.5 mg 1				
	tablet twice a day an administration 12:00					
		was documented as				
		es from 10/01/18 to10/31/18.				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		FCL068028	FCL068028 B. WING		- 11/21/20	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	L ASSISTED LIVING		ULINE DRIVE HILL, NC 27514			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	ECORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	COMPLET DATE
C 330	Continued From page	e 16	C 330			
	tablet every morning administration 9:00 a -Risperidone 0.25 mg					
	revealed: -There was an entry fit tablet twice a day and administration 12:00 -Risperidone 0.5 mg administered 39 time -There was an entry fit tablet every morning administration 9:00 a -Risperidone 0.25 mg	pm and 7:00 pm. was documented as s 11/01/18 to 11/20/18. for risperidone 0.25 mg 1 and scheduled for				
	Observation of medic at 5:28 pm revealed: -Risperidone 0.5 mg instructions to admini and 8:00 pm. -Risperidone 0.25 mg	ations on hand on 11/21/18 was on hand with ster 1 tablet at 12:00 pm				
	care provider's (PCP) pm revealed: -There was a physicial change the order for mg) once daily in the (0.25 mg) once daily -She did not see any facility contacted the medication or to infor	notes which indicated the PCP's office to clarify m Resident #2 was not speridone according to the				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		FCL068028	B. WING		11	/21/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	ASSISTED LIVING	6720 PA	ULINE DRIVE			
		CHAPEL	HILL, NC 27514			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
C 330	Continued From pag	e 17	C 330			
	ordered by the physic	cian.				
		ns and record reviews, it was #2 was not interviewable.				
	Interview with the house manager on 11/21/18 at 2:55 pm revealed:					
	-She, the Administrator or the facility contracted nurse were responsible for reviewing the physician visit summaries for changes in medication orders.					
	-She had tried contacting Resident #2's PCP about the change in orders for risperidone, but it was difficult to speak to the physician. -She had left messages for Resident #2's PCP,					
	-She had not gotten a response. -She had not documented her attempts to contact Resident #2's PCP.					
	the pharmacy.	17/18 had not been sent in to strator were responsible for				
		s were administered as				
	11/21/18 at 3:20 pm					
	medication orders. -She did not know at					
	-	ecause the PCP changed the ter her last review on #2's record.				
	care aide (PCA) on 1	ication aide (MA)/personal I1/21/18 at 5:55 pm revealed:				
	-She administered ris during her shift.	edication during her shift. speridone to Resident #2				
		r or the Administrator were ng sure that orders were sent				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		FCL068028	B. WING		11	/21/2018	
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE			
IVEWEL	L ASSISTED LIVING		ULINE DRIVE . HILL, NC 27514				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
C 330	Continued From page	e 18	C 330				
	to the pharmacy to be sure medication was the physician. -She did not know of #2's medications. Telephone interview 11/21/18 at 6:23 pm -The house manager reviewing new medic sure new orders were update the MAR. -The house manager communicating with I phone.	e put on the FL2 and making administered as ordered by any changes in Resident with the Administrator on revealed: was responsible for tration orders and making e sent to the pharmacy to has had problems Resident #2's physician by edications to be administered					