	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		SURVEY
		HAL060077	B. WING		12/2	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	, STATE, ZIP CODE		
EAST TO	ÓWNE		RTH SHARC TTE, NC 28	ON AMITY ROAD 3205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	rement of deficiencies Must be preceded by full 30 identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X6) COMPLE DATE
D 000	Initial Comments		D 000			
	Mecklenburg Count Services conducted complaint investigat with an exit conferen 12/21/18. The comp	nsure Section and the y Department of Social an annual survey and ion on 12/17/18 to 12/20/18 nce via telephone on plaint investigation was tenburg County Department n 11/06/18.		Responses to the cited deficient not constitute an admission of agreement by the facility of the the facts alleged or conclusion forth in the Statement of Deficient or Corrective Action Report; the of Correction is prepared sole matter of compliance with Statement	r e truth of ns set ciencies he Plan ly as a	
D 167	staff person on the p completed within the cardio-pulmonary re- management, includ provided by the Ame American Red Cross American Safety and First Aid, or by a train certification as a train from one of these or person trained accor access at all times in valve pocket mask for cardio-pulmonary res This Rule is not met TYPE B VIOLATION Based on record revi facility failed to assur was on the premises	resuscitation 7 Training On esuscitation he shall have at least one oremises at all times who has last 24 months a course on suscitation and choking ing the Heimlich maneuver, rican Heart Association, rican Heart Association, National Safety Council, Health Institute or Medic her with documented her on these procedures ganizations. The staff ding to this Rule shall have the facility to a one-way or use in performing suscitation.	D 167	Community Management immed reviewed all care staff files to ide required CPR training All shifts were reviewed to assure CPR certified staff was scheduled CPR training held on for MTs,C. Staff,Dietary,Life Enrichment Coo Transporter,and RCM-12/21/18, 1/30/19 Staff Tracking/Tickler was create monitor for CPR compliance qual which will be maintained by the En quarterly.	ntify ⇒ one d. are odinator, 12/28/19 d to rterly SOM	2/8/20
sion of He ORATORY	Resuscitation (CPR) alth Service Regulation DIRECTOR'S OR PROVIDEN	USUPPHER REPRESENTATIVE'S SIGN	ATURE	TITLE		X6) DATE
TE FORM	- fin		Kleen	EPP11	lf continuation	<u>· 7 .</u>

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Reviewed and accepted 02/14/19

TATEMEN ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL060077	B, WING		12/2	1/2018
iame of f	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, SI	ATE, ZIP CODE	······	
AST TO	WNE		RTH SHARON TTE, NC 2820	AMITY ROAD 95		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) Comple Date
D 167	Continued From pa	ge 1	D 167		, <u></u>	
	The findings are:					
	12/21/18 revealed: -There were three 8 7:00am-3:00pm; the 3:00pm-11:00pm at 11:00pm-7:00am. -On the first shift, 8 staff scheduled who CPR certification. -On the second shift no staff scheduled who CPR certification. -On the third shift, 2 staff scheduled who CPR certification. 1. Review of Staff E -Staff B was hired at on 09/01/16. -He was employed 08/22/18. -Staff B worked full -There was no door	ng schedule dated 12/01/18 to 3 hour shifts: the first shift was e second shift was nd the third shift was of 20 days, there were no b had any documentation of ft, 20 of 20 days, there were who had any documentation of 20 of 20 days, there were no b had any documentation of 20 of 20 days, there were no b had any documentation of 20 spersonnel file revealed: as a personal care aide (PCA) as a medication aide (MA) on time as a MA on third shift, umentation in Staff B's PR training within the last 24				
	months. Review of Staff B's to 12/17/18 reveale -On 12/02/18, Staff as a MA. There we documented CPR t -On 12/04/18-12/07 to 7:00am as a MA. with documented C -On 12/10/18-12/17 7:00am as a MA. T	shift schedule from 12/02/18 d: B worked 11:00pm to 7:00am re no other staff with				

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Division	of Health Service R	egulation			FORM	1APPROVE[
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		e survey Pleted
		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
EACT T	STRINE.			AMITY ROAD		
EAST TO	AANE		OTTE, NC 282			
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETE DATE
D 167	Continued From pa	age 2	D 167			
	-Staff C was hired f the residents on 11. -There was no doct personnel file of CF months. Interview with Staff revealed: -He was hired on 17 driver. -His responsibilities residents in the faci -Personal care staff residents in the van -Management did n when he was hired. -He thought he had years and would try 3. Review of Staff E -Staff E was hired a -She worked as a M	C on 12/19/18 at 10:14am 1/09/18 as a transportation included transportation did not accompany the during transport. ot request CPR verification CPR training in the past 2 to locate his card. CPR training in the past 2 to locate his card. CPR training in the past 2 to locate his card.				
	months.	R training within the last 24				
	to 12/18/18 revealed	E worked 11:00pm to 7:00am e no other staff with				
	-On 12/08/18 and 12 11:00pm to 7:00am staff with documente	2/09/18, Staff E worked as a MA. There were no other ed CPR training on this shift. E worked 11:00pm to 7:00am				
	as a MA. There were documented CPR tr -On 12/18/18, 12/19	e no other staff with aining on this shift. /18 and 12/20/18, Staff E				
	worked 11:00pm to '	7:00am as a MA. There were			•	J

Division of Health Service Regulation STATE FORM

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If continuation sheet 3 of 195

Division	of Health Service Re	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:	· ·	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060077	B. WING		12/2	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TH SHARON	NAMITY ROAD 105		
(X4) ID PREF IX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 167	Continued From pa	ge 3	D 167			
	no other staff with d this shift.	ocumented CPR training on				
	 2:03pm revealed: Reviewing the scheperson with a current on each shift. The Executive Direct schedule a class for year. The current ED was off site. She thought there if year but could not whave copies of any scheperson of any scheperson of a structure with the facility. Interview with the R revealed: Her responsibilities staff to cover all three staff to cover all three schedulable to work the schedulable to work the schedulable to corresche had never see certified The facility failed to person on duty for 4 completed a course management, within This failure was det 	schedule by "whoever is				
8. T. T. 271		staff available in the event of rest or choking, which Violation.				

Division of Health Service Regulation STATE FORM

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If continuation sheet 4 of 195

HAL0600 OR SUPPLIER SUMMARY STATEMENT OF DEFIC EN DEFICIENCY MUST BE PRECED JLATORY OR LSC IDENTIFYING IN ed From page 4 lity provided a Plan of Prot nce with G.S. 131D-34 on ation. CTION DATE FOR THE T ION SHALL NOT EXCEED AC 13F .0603(a) Management apacity or Census of 81 or ts udult care home with a capa more residents shall be un of an administrator, who shall be for the operation, admin ment and supervision of th basis to assure that all car onts are provided in accord	STREET AD 4815 NOF CHARLOT CIENCIES DED BY FULL NFORMATION) tection in 12/19/18 for TYPE B D FEBRUARY ment of nt of Facilities r More pacity or census nder the direct nall be inistration, ne facility on a		, STATE, ZIP COD≝ ON AMITY ROAD	1/2018 (X8) COMPLET DATE
SUMMARY STATEMENT OF DEFIC H DEFICIENCY MUST BE PRECED JATORY OR LSC IDENTIFYING IN ed From page 4 lity provided a Plan of Prot nce with G.S. 131D-34 on ation. CTION DATE FOR THE T ION SHALL NOT EXCEED AC 13F .0603(a) Management s With A Capacity Or AC 13F .0603 Management apacity or Census of 81 or ts idult care home with a capa more residents shall be un of an administrator, who shall ble for the operation, administrator, who shall be un of an administrator, who shall be under the operation of the operation of the operation of the basis to assure that all car	4815 NOF CHARLOT CHENCIES DED BY FULL NFORMATION) Attection in 12/19/18 for TYPE B D FEBRUARY ment of nt of Facilities r More pacity or census nder the direct nall be inistration, ne facility on a	TTE, NC 21	An Executive Director (ED) has been hired for the community 12/17/19 The ED has meet with residents in groups and individually to introduce himself and make them aware of his accessability/availability.	
H DEFICIENCY MUST BE PRECED JLATORY OR LSC IDENTIFYING IN ed From page 4 lity provided a Plan of Prot nce with G.S. 131D-34 on ation. CTION DATE FOR THE T ION SHALL NOT EXCEED AC 13F .0603(a) Managemen s With A Capacity Or AC 13F .0603 Managemen apacity or Census of 81 or ts idult care home with a cap more residents shall be un of an administrator, who shi ble for the operation, admi ment and supervision of th basis to assure that all car	CIENCIES IDED BY FULL NFORMATION) tection in 1 12/19/18 for TYPE B D FEBRUARY ment of ment of acity or census nder the direct nall be inistration, me facility on a	D 167	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) An Executive Director (ED) has been hired for the community 12/17/19 The ED has meet with residents in groups and individually to introduce himself and make them aware of his accessability/availability. A new Business Office Manager was	
lity provided a Plan of Prot nce with G.S. 131D-34 on ation. CTION DATE FOR THE T ION SHALL NOT EXCEED AC 13F .0603(a) Managemen a With A Capacity Or AC 13F .0603 Managemen apacity or Census of 81 or ts udult care home with a capa more residents shall be un of an administrator, who shi ble for the operation, admi ment and supervision of th basis to assure that all car	12/19/18 for TYPE B D FEBRUARY ment of nt of Facilities r More pacity or census nder the direct nall be ninistration, ne facility on a		hired for the community 12/17/19 The ED has meet with residents in groups and individually to introduce himself and make them aware of his accessability/availability. A new Business Office Manager was	
nce with G.S. 131D-34 on ation. CTION DATE FOR THE T ION SHALL NOT EXCEED AC 13F .0603(a) Management with A Capacity Or AC 13F .0603 Management apacity or Census of 81 or ts udult care home with a capa more residents shall be un of an administrator, who sha ble for the operation, admi ment and supervision of th basis to assure that all car	12/19/18 for TYPE B D FEBRUARY ment of nt of Facilities r More pacity or census nder the direct nall be ninistration, ne facility on a	D 183	hired for the community 12/17/19 The ED has meet with residents in groups and individually to introduce himself and make them aware of his accessability/availability. A new Business Office Manager was	
ION SHALL NOT EXCEED AC 13F .0603(a) Managem With A Capacity Or AC 13F .0603 Managemen apacity or Census of 81 or ts idult care home with a capa more residents shall be un of an administrator, who shall ble for the operation, admi ment and supervision of th basis to assure that all car	D FEBRUARY ment of nt of Facilities r More pacity or census nder the direct nall be ninistration, ne facility on a	D 183	hired for the community 12/17/19 The ED has meet with residents in groups and individually to introduce himself and make them aware of his accessability/availability. A new Business Office Manager was	
With A Capacity Or AC 13F ,0603 Managemen apacity or Census of 81 or ts idult care home with a capa more residents shall be un of an administrator, who sha ble for the operation, admi ment and supervision of th basis to assure that all car	nt of Facilities r More pacity or census nder the direct nall be ninistration, ne facility on a	D 183	hired for the community 12/17/19 The ED has meet with residents in groups and individually to introduce himself and make them aware of his accessability/availability. A new Business Office Manager was	
apacity or Census of 81 or ts idult care home with a capa more residents shall be un if an administrator, who sh ble for the operation, admi ment and supervision of th basis to assure that all car	r More bacity or census nder the direct nall be inistration, he facility on a		groups and individually to introduce himself and make them aware of his accessability/availability. A new Business Office Manager was	
ble for the operation, admi ment and supervision of th basis to assure that all car	inistration, ne facility on a			
le local, state and federal r The administrator shall be	lance with all regulations and		A Director of Resident Care has been hired for the community and will start on 1/28/2019	
: least eight hours per day, d shall not serve simultane care aide supervisor or ot ffing requirements while or	, five days per eously as a ther staff to on duty as an		A lead Supervisor in Charge was established immediately to assist the Resident Care Manager.	
e home except as follows. In one facility on a contiguo ampus setting, and the cor	. If there is ous parcel of embined		The Management Staff has been intro- duced to the residents and residents are aware of their availabiliity and accessability.	
re may be one administrate cilities on the campus. The	tor on duty for be administrator a personal care ting. For		Manager on Duty(MOD) duties reviewed with RCM and Lead SIC to assure staff and	1/26/20
	ffing requirements while c rator or be an administrate e home except as follows in one facility on a contigu- ampus setting, and the co- capacity of the facilities is re may be one administrat cilities on the campus. The serve simultaneously as a ervisor in this campus set	ffing requirements while on duty as an rator or be an administrator for another e home except as follows. If there is in one facility on a contiguous parcel of ampus setting, and the combined capacity of the facilities is 200 beds or re may be one administrator on duty for cilities on the campus. The administrator serve simultaneously as a personal care	ffing requirements while on duty as an rator or be an administrator for another e home except as follows. If there is in one facility on a contiguous parcel of ampus setting, and the combined capacity of the facilities is 200 beds or re may be one administrator on duty for cillities on the campus. The administrator	ffing requirements while on duty as an rator or be an administrator for another e home except as follows. If there is an one facility on a contiguous parcel of ampus setting, and the combined capacity of the facilities is 200 beds or re may be one administrator on duty for cilities on the campus. The administrator serve simultaneously as a personal care

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Division	of Health Service Re	egulation			I QINNI	
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
· ·		·		· <u></u>		
1		HAL060077	B. WING		12/2	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY.	STATE, ZIP CODE	-	
				N AMITY ROAD		
EAST TO	OWNE		TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X8) COMPLETE DATE
D 183	Continued From pa	ge 5	D 183			
Division of H	reviews, the Admini time and consistent operation, administ supervision of the fa significant non com regulations related to care, medication ac implementation of co- plans, resident func- food services, trans Confidential telephone residents' family me -There was no man- address concerns. -"It has been nothin -The room was filth, moved the resident myself." -"I see no managen weekends." -"You cannot find th -Transportation was residents, but other transportation. -One resident called because "the facility of her monthly mon- -If the staff were pro- administering medic	ons, interviews, and record strator failed to assure full responsibility for the ration, management and acility which resulted in pliance with state rules and to infection control, health liministration, supervision, orders, resident records, care is, CPR training, nutrition and portation and resident rights. one interviews with two embers revealed: agement in the facility to g but a headache." y when the family member in; "I had to mop the floor ment in the facility on e staff on the weekends." a provided for dialysis residents must find their own d their family member crying y only gave her 10.00 dollars				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	ECONSTRUCTION	(X3) DAT	E SURVEY
NU PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		HAL060077	B. WING	······	12/	21/2018
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
AST TO	NANE	4815 NO	RTH SHARON	AMITY ROAD		
			DTTE, NC 282	05		
(X4) ID Prefix	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO		COMPLE DATE
		at the second		DEFICIENC	ΣY)	
D 183	Continued From pa	age 6	D 183			
	Interview with a first	st shift medication aide (MA) or				
	12/19/18 at 10:00a					
	-She had served a	s the Resident Care				
	Coordinator (RCC)	until October 2018.				
		back down to the position of 8 because "it was just too				
	much,"					ļ
	-Work had been di	fficult due to staff turnover and				
	lack of manageme	nt without an Administrator.				
	-The former Admin	istrator had resigned on				
	12/06/18,					
1	Interview with the E	Dietary Manager (DM) on				
	12/19/18 at 10:45a	m revealed:				
		loyed with this facility for two				
	weeks.		1			
	while."	en without a DM for "quite a				
		itchen staff, prior to him				
		he facility, no one had been				
	responsible for clea	aning the dining room after				
	supper and there w	as no management oversight	f i			
	for cleanliness of th	e kitchen and dining room.				
	 He had to develop was working to train 	a new cleaning schedule and				ļ
	way working to trail					ľ
	Interview with Admi	nistrator on 12/19/18 at				
	11:11am revealed:					
		octor resigned on 12/06/18.				
		cecutive Director would start				1
	on 12/24/18. -''It has been hard ti	hese past 90 days."				
		nese past 90 days. on (Resident Care Director)				
	had been vacant for]			
	-The Resident Care	Coordinator (RCC) was				
	newly hired and was	s responsible for staffing,				
		perwork and had been				
		ical duties in the absence of a				
	nurse.					

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If continuation sheet 7 of 195

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		e Survey Pleted
		HAL060077	B. WING		12/	21/2018
AME OF I	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, S	TATE, ZIP CODE		
				AMITY ROAD		
AST TO	OWNE		TTE, NC 2820			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
Préfix Tag		(must be preceded by full SC (dentifying information)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE
D 183	Continued From pa	ge 7	D 183		****	
	had not been filled -If there was no ma during the first shift responsible person -The personal care notify the MAs with -The MAs should no shift. -The supervisor sho -There was no supe -The MA would be in RCC if there were a third shift. -The RCC should be shifts "24/7". -The staff should kn those who were the report to on each sl -She and the region building at least twi -The RCC had require the need for assistant additional duties in -The supervisor on as her support person duties, had been re- frequently. -She and the RCC transportation to a na appointments while -"We have prioritized has been serviced."	anagement in the building , the supervisor was the assistants (PCAs) should any resident concerns. otify the supervisor on first puld notify the RCC. ervisor on second or third shift. responsible for contacting the any concerns on second and be available by phone to all now the "chain of command", e responsible supervisors to hift hal support staff were in the ce a week. uested from the Administrator, ance in performing the the absence of a nurse. first shift who was identified son, assisting with the RCC equired to function as the MA had been providing resident for her dialysis of the van was being repaired. ad appointments while the van "				
	-His responsibilities residents to their ap	included transporting the				

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Division	of Health	Service	Regulation
DIVISION	OL LIGSIIII	Service	Regulation

		NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY PLETED
ų.				A. BUILDING		00111	
Ì			HAL060077	B, WING		12/	21/2018
	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	EAST TO	OWNE			N AMITY ROAD		
ļ			CHARLO	TTE, NC 282	205		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	JD PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN(TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
ſ	D 183	Continued From pa	ge 8	D 183		<i>//</i>	
		-The RCC notified h informed the resider -The facility van had weeks. -The management s sister communities, available. -The borrowed vans accessible, so he co non-ambulatory resi -The RCC had requ	him of appointments and he nts of the departure time. I been out for repairs for 2-3 staff borrowed vans from their when their vans were were not wheelchair build not transport idents to appointments. ested staff to transport pointments in their private				
		revealed: -There had been a le had been employed -The facility's nurse started working at the they did not have an -She had not been the and procedures and fall policy. -Many documents we residents' records be filling in several years from 2017 that need	had left five days after she nis facility (mid October) and other nurse on staff. rained on the facility's policies so was not aware of a facility rere missing from the ecause no one had done any s. "I'm still finding orders to be filed."				
		medication administ assure orders were facility did not have a fallen on her. -She had not audited had been "too overw -The Executive Direct	ctor (ED) had resigned on rrent Administrator had been				

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STATEMEN	of Health Service R IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, S	TATE, ZIP CODE		
		4815 NO	RTH SHARON	AMITY ROAD		
EAST TO	WNE	CHARLO	TTE, NC 2820	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTK CROSS-REFERENCED TO TH DEFICIENCY	on should be Ie appropriate	(X5) Complet Date
D 183	Continued From pa	age 9	D 183	· · · · · · · · · · · · · · · · · · ·		-
	-The Administrator	d to the Administrator. was responsible for other not in the building every day.				
	at 4:10pm revealed -If there was a prol	second shift PCA on 12/20/18 d: blem with a resident, she would				
	evening.	nagement in the building in the who the MA reported to at				
	Interview with the I 11:04am revealed: -"I would report to issue I could not re -If the supervisor w report to the RCC. -If the RCC was not would have to wait -She did not know was in the building -She did not go to an issue.	the supervisor if there was an esolve." was not working, she would ot in the building, "I guess I or maybe call her." how often the Administrator the Administrator if there was				
	10:45am revealed: -She had been ask appointments in he -She took the resid	ed to transport residents to				
	-She did not feel co her private vehicle -She was the only building at times. -She did not have	management staff in the any clinical experience. If there				
taion af l	was a concern with would request the ealth Service Regulation					

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060077	B. WING		12/2	1/2018
	PROVIDER OR SUPPLIER		DRESS CITY	STATE, ZIP CODE		114010
			, ,			
EAST TO	OWNE		TE, NC 28			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S		(X5) COMPLE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)		DATE
D 183	Continued From pa	ge 10	D 183			
	Non-compliance wa the following rule ar	as identified at violation level in eas:	ţ			
	reviews, the facility infection control pro glucometers for 5 o (Residents #3, 9, 10 blood sugar monitol residents in the faci [Refer to tag 932 G.	rations, interviews, and record failed to assure proper cedures for the use of f 7 residents sampled 0, 11, and 12) with orders for ring. 2 of the diabetic lity had blood borne diseases. S. 131D 4.4 A(b) ACH Requirements (TYPE B		A. Inservice Review of 3 Hour I Control by LHPS which inclu on correct cleaning and sani meters, training on Glucome tation of Blood Sugars,Parar PCP notification which also emphasis on correct cleanin of glucometers.	ided emphas tizing of gluc iters, Documi neters,and included	o- en-
	reviews, the facility i follow up for 5 of 7 s physician notification (FSBS) checks and before meals to treat administered for 19 hospitalization with a (Resident #2); physic blood pressure meat parameters and me including Buspar (us chlorhexidine glucon treat gingivitis) (Resident pharmacy and physic medications including treat high blood pressure preventative for strochigh blood pressure (used to treat clinicat (used to treat high blood pressure)	ations, interviews, and record failed to assure referral and sampled residents regarding n of fingerstick blood sugar scheduled Humalog insulin it hyperglycemia were not days, resulting in a a blood sugar of 1200 ician notification regarding surements outside of ordered dications not administered sed to treat anxiety) and hate (a mouthwash used to ident #5); follow-up with the cian related to 8 missed ig metoprolol tartrate (used to ssure), atorvastatin (used to oil), clonidine (used to treat and heart failure), sertraline I depression), amlodipine lood pressure and chest amin (Resident #3); a scratch		B. All charts and EMARs were re audited by qualified professior medication reconciliation,PCP for blood pressures,and finger outside of parameters, missed and any refusals.	oper ngoing for rained on glucometers 12.18.18 ng and ekly and the DRC, d and trained 2.19.2018 viewed and hals for notification -sticks	Ē

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	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060077	B. WING		12/2	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
		4815 NOF	TH SHARC	N AMITY ROAD		
EAST TO	JANNE	CHARLO	ITE, NC 28	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) Complet Date
D 183	the wound clinic (Re appointments due t resident who requir radiation treatment cancer (Resident # NCAC 13F .0902 (k VIOLATION)]. C. Based on observer reviews, the facility were administered a prescribing practition residents including and chlorhexidine g to treat gingivitis) (f insulin (used to treat amlodipine (used to chest pain) (Reside (prescribed for pain hydralazine (used to and Januvia (used to and Januvia (used to chest pain) (Reside (prescribed for pain hydralazine (used to and Januvia (used to chest pain) (Reside (Resident #9). [Refer to tag 0358, Medication Adminis VIOLATION)]. D. Based on observer reviews, the facility implementation of o residents including breast cancer unab the facility for chem treatments, an apport for an echocardiogr her oncologist, resu- negative outcome f (Resident #1); and	vound requiring treatment at esident #13); and missed o a lack of transportation for a ed chemotherapy and for a diagnosis of breast 1). [Refer to tag 0273, 10A b) Health Care (TYPE A1 vations, interviews, and record failed to assure medications as ordered by a licensed oner for 3 of 7 sampled Buspar (used to treat anxiety) luconate (a mouthwash used Resident #5); Novolin 70/30 th high blood sugar) and b treat high blood pressure and nt #3); acetaminophen) (Resident #6); and related to b treat high blood pressure) to treat high blood sugar) 10A NCAC 13F .1004 (a) tration (TYPE A2 vations, interviews, and record failed to assure orders for 2 of 7 sampled a resident diagnosed with le to get transportation from otherapy and radiation bintment with her cardiologist am and an appointment with uiting in the potential for a or her cancer diagnosis a resident who had a c obstructive pulmonary	D 183	 B. continued Community Management reviewed Code policy which included fingern RCM will observe staff for correct did code daily to include fingernails. The Nurse also reviewed Hand Hygiener tion Control A system was created to address transportation and scheduled appoint 1. The Transportation Aide will sched appointments. 2. RCM will calendarized all appoint electronically and the calendar will shared for tracking and monitoring by the DRC. 3. The transportation aide and the formulation for tracking and monitoring by the DRC. 3. The transportation aide and the formulation of the DRC of any appoint refusals, appointments rescheduled celled by resident or provider. C. C. Review training of Medication Carr completed with RCM and lead SIC and identify medications not avait administration. Medication Cart audition completed weekly. Pharmacy Review was completed residents by the contracted pharm Medication Aide training was completed contracted pharmacy Southerr on Medication Administration. LHPS will conduct in-service on Madministration. DRC will review EMARs daily for ravailability and for any missed medication for any missed medication. 	ails. The ress re LHPS and Infec- intments. dule all ments be RCM ment d or can- t Audits was to address lable for dits are for all acy. bleted by n Pharmacy edication ifications to le for nedication	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL060077	B. WING		12/2	1/2018
IAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
EAST TO	NANE	4815 NOF	RTH SHARO	N AMITY ROAD		
		CHARLO	TTE, NC 28	205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD 8E	(X5) COMPLET DATE
D 183	Continued From pa	ge 12	D 183	D.		
	treatment 4 times a day, who did not receive the medication potentially contributing to the exacerbation of their respiratory condition.			A system was created to addres transportation and scheduled ap	s pointments.	
1	[Refer to tag 0276,	f their respiratory condition. 276, 10A NCAC 13F .0902 (c) (4) YPE A1 VIOLATION)].		1.The Transportation Aide will se appointments.	chedule all	
	E. Based on interviews and record reviews the facility failed to provide documentation of cardiopulmonary resuscitation training (CPR)for 22 of 23 employees in a 2 week scheduling			2.RCM will calendarized all apport electronically and the calendar we shared for tracking and monitori by the DRC.	vill be ng	
	period. [Refer to tac Training on CPR (T	vations, record reviews, and		3. The transportation aide and the must notify the DRC of any apportence of any appointments rescheduted by resident or provider.	bintment	
	interviews, the facili according to the res plan and current syn residents with a hist [Refer to tag 0270 1	ty falled to provide supervision sident's assessed needs, care mptoms for 1 of 2 sampled tory of falls (Resident #5). IOA NCAC 13F .0901(b) Supervision (TYPE B		 E. Refer to Plan of Correction Tay 10A NCAC 13f .0507 F. LHPS conducted training on Per- and Supervision and Falls Manag documentation, observing, record reporting. 	sonal Care gement	
		, , , , , , , , , , , , , , , , , , , ,		LHPS review of Falls Managem all care staff including documen fication to family, provider and Refer to		h
	appointments in reg vascular appointme physician appointme physician appointme	ard to Resident #7 heart and nts, primary care medical ents, and the digestive health ents after hospital admissions 12/11/18, Resident #1		DRC will review incident reports documented to immediately add follow up for MD notification and referral and follow as needed	dress and	
	chemotherapy appo Oncologist's office a no transportation pro	intments and multiple appointments missed due to ovided by the facility. [Refer to C 13F .0906 (a) Other		G. Refer to Plan of Correction Tag 10 NCAC 13F .603 (a)		
		ices (Type B Violation)].		Refer to Plan of Correction Tag 10A NCAC 13F .0906 (a)	321	
	H. Based on observ reviews, the facility f	ations, interviews, and record		H. The ED and DRC have identified	and	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMPI	
		HAL060077	B. WING		12/2	1/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
	N. # / A. J ==	4815 NOR	TH SHARO	N AMITY ROAD		
EAST TO	JAANE	CHARLOT	TE, NC 28	205		
(X4) ID Prefix Tag	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) Complet Date
D 183	record for 5 of 7 sa emergency departm office visits with the (Resident # 5); phy subsequent orders treatment and servi visit summaries and physician requested medication adminis chemotherapy and oncologist visit sum	ge 13 maintained in the resident's mpled residents including nent discharge summaries and mental health provider sician visit summaries and (Resident #6); home health ces (Resident #13); physician d follow up notes in addition to d consult with pharmacist on tration (Resident #2); and radiation treatment results and maries (Resident #1). [Refer CAC 13F .1201 (a) (6)	D 183	H. Continued created a process for assuring a documentation to include ER dis summaries, office visits and any medical documentation is filed in charts weekly The community will follow up with providers and obtain any residen is available and filed in the reside The DRC will monitor this proces All resident charts have been thir filing is up to date.	charge other related the residents all community documentation nt chart. s weekly.)
	reviews, the facility individualized care sampled residents with the resident as days following admit	plan was developed for 1 of 7 (Resident #7) in conjunction sessment to be completed 30 ission. 10A NCAC 13F .0802 (a)		I. The community has implemented to monitor all resident charts for o which will be monitored routinely The resident tickler was implented Regional Clinical Support has trai on the Resident Tickler and mana- the tickler.	ompliance 3 on 1/18/2019 ned the DRC	
	reviews, the facility residents' funds we dispersed as requir resulting in the pote tag 0423, 10A NCA for Resident Persor K. Based on obser facility failed to assi food storage areas floors in the dining i and chairs in the dii protected from conf	vations and interviews, the ure the kitchen, dining and including kitchen appliances, room and kitchen, and tables ning room were clean and		 DRC will be responsible for main tickler to assure all care plans are completed within 30 days of admit J. J. The BOM was trained on resider disbursement of funds using the form which requires the resident BOM signature and date. K. Regional Dining Services Director Assistant will conduct training on cleaning and sanitizing for the kit 	developed and ssion It correct signature and r and or proper	

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE S COMPL	
<u></u>		HAL060077	B. WING		12/2	/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
				N AMITY ROAD		
EAST TC	WNE		TE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDEN'TIFYING INFORMATION)	ld Prefix Tag	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) Comple Date
D 183	Continued From pa	ge 14	D 183	· · · · · · · · · · · · · · · · · · ·		
	 L. Based on obserreviews, the facility therapeutic menu for with physician's ordevidenced by no more residents #5, #14, for Residents #5, #14, for Residents #15 a [Refer to tag 0296 for Nutrition and Food for Nutrition and Food for the second facility failed to assure the bree [Refer to tag 0306 for (H) Nutrition and Food for N. Based on record facility failed to assure the second facility failed to assure	vations, interviews, and record failed to have a matching or 5 of 5 sampled residents lers for therapeutic diets as echanical soft menu for and #17 and no puree menu and #16. IOA NCAC 13F .0904 (c) (7) Service]. vations and interviews, the ure water was served to 35 of the lunch meal and 40 of 78 akfast meal. IOA NCAC 13F .0904 (d) (3) ood Service]. reviews and interviews the ure a record of each g use of a resident's personal		Regional Dining Services Director Assistant will conduct training on p and sanitizing of the kitchen, food diningroom to include tables, chain The Kitchen and diningroom was d The ED and Dietary Manager will o cleaning schedule for the tables at the dining room to maintain proper control. The Dietary Manager/designee will log to monitor this process daily for and then randomly weekly. The ED and or designee will rando this process weekly ongoing L. ED and Regional Dining Servi reviewed all menus to include	roper cleaning storage, and s and floors. leep cleaned develop a nd chairs in infection Il create a r 30 days mly monitor ce Director therapeutic	
	Accounting for Reso O. Based on intervie facility failed to ensu	dient's Personal Funds]. www.and.record.reviews, the are 3 of 7 sampled residents and 13) were treated with		menus for all textured diets to mechanical soft and puree die The Dietrary Manager will train staff on therapeutic diets and a	n all dietary assure	
-	consideration, respe by delayed treatmer chemotherapy appo	ect and dignity as evidenced		posting of therapeutic menus. or designee will monitor this p randomly weekly and then ran M.	rocess	g
	evaluation by a wou #13); and a schedul before meals and th	nd clinic specialist (Resident ed dose of Humalog insulin e fingerstick blood sugar 4 nistered for 19 days leading		The ED reviewed with the Diet and all dietary staff water must at each meal.		
	him to a hospitalizat	ion with a blood sugar of 911, GS 131 D 21 (1)		ED, DRC and or designee will process randomly weekly.for 3		

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		LE CONSTRUCTION	(X3) DATE S COMPLI	URVEY ETED
		HAL060077	B. WING		12/21	/2018
NAME OF I	PROVIDER OR SUPPLIEF	street AD	DRESS, CITY,	STATE, ZIP CODE		-
EAST TO		4815 NOR	TH SHARO	N AMITY ROAD		
	/ ¥ ¥ I 4)	CHARLOI	FTE, NC 28	205		
(X4) {D PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) Comple Date
D 183	Continued From p	age 15	D 183	M. continued		
		ervations, interviews and record y failed to assure 3 of 7		The ED, DRC and or designee will this process randomly monthly ong		
	residents (Resider with respect and c personal funds dis consideration for r related to heart an	nt # 4, #10, and #13) treated consideration and related to stribution and Resident #7 with missed physician appointments d vascular, gastroenterology hysician. [Refer to tag 911, GS		N. A new Business Ofifice Manager (E was hired and trained by the Regio Business Office Manager on disburs of resident funds, accounting of resi funds, and obtaining resident conse signature, and witness for disburse of funds.	nal sement ident nt,	
	responsibility for the facility resulted in a state rules and reg control protocol; m implementation and resulting in the hose supervision of resi	e to assure consistent ne overall operation of the significant noncompliance with gulations related to infection: nedication administration; nd clarification of medications spitalization of a resident; dents with falls; insufficient resident records resulting in an		The BOM was trained on recording transaction involving use of resident personal funds and obtaining signat the resident, responible party and o guardian. The BOM will assure funds are avail for disbursement.	t's ture of r legal	
	exacerbation of a blood sugar of 120 in a timely and suf staff person on ea dirty environment; resident's appointr radiation and wour	wound and a resident with a 00; resident funds not dispersed ficient manner; CPR trained ch shift; dining services in a transportation πot provided for ments, including chemotherapy,		O. ED conducted review of Declaration Resident Rights with all staff. The Ombudsman has a reschedule Resident Rights training for 2/5/20	ed)19.	
	supervision of the	tration, management and facility resulted in serious neglect of other residents and A1 Violation.		Note: This training was reschedule Ombudsman from an earlier date. P. ED conducted review of Declara Resident Rights with all staff.		
		ed a Plan of Protection in S.S. 131D-34 on 12/19/18 for		The Ombudsman has a reschedule Resident Rights training for 2/5/20		1/26/20
		ATE FOR THE TYPE A1				

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<u>Division</u>	of Health Service Re	egulation			1 0130	APPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL060077	B. WING		12/2	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
EAST TO	WNE			N AMITY ROAD		
	1		TE, NC 28	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	JEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) Complete Date
D 183	Continued From pa	ge 16	D 183			
	26, 2019.					
D 259	10A NCAC 13F .080 (a) An adult care ho	02(a) Resident Care Plan 02 Resident Care Plan me shall assure a care plan is resident in conjunction with	D 259	Refer to Plan of Correction for T 10A NCAC 13F .0603 (a)	ag D183	1/26/2019
	the resident assess 30 days following ac .0801 of this Section	ment to be completed within dmission according to Rule n. The care plan is an an program of personal care				• •
	interviews, the facilit was developed for 1	t as evidenced by: ons, record reviews and ty failed to assure a care plan of 7 sampled residents 30 days following admission.				
	The findings are:					
	10/04/18 revealed d hypertension, renal i	#7's current FL2 dated iagnoses included insufficiency, Alzheimer's obstructive pulmonary				
		#7's Resident Register t was admitted to the facility me.				
	Review of Residents was no care plan co	#7's record revealed there mpleted.			-	
	Interview on 12/18/1 Resident Care Coord -Resident #7 was ad 11/05/18 not on 11/0	dinator (RCC) revealed: mitted to the facility on				
l Division of He	alth Service Regulation					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL060077			12/	21/2018
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE		TH SHARON	AMITY ROAD 05		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) Comple Date
D 259	Continued From pa	age 17	D 259	er i surgener med de defre		
	completed for Res -The facility nurse assessments, but a months ago. -She thought Resid could feed himself. -She thought staff and meeting his pe -Resident #7 had to currently used a wil- -Resident #7 had to twice in 30 days of Review of Residen 11/25/18 to 11/28/1 -A diagnosis of a g bleed. -Documentation Re- swelling and comp month. -Documentation Re- was semi-ambulate personal care assis Review of another Resident #7 dated a diagnosis of another -He was in his roor head covered with -He stated "my leg -Resident #7 had to extremities.	completed the care plan she had resigned about 3 dent #7 was total care but were caring for Resident #7 ersonal care needs. used a cane on admission but neelchair for ambulation. been admitted to the hospital admission to the facility. t #7's hospital admission from 8 revealed: astrointestinal bleed (GI) esident #7 had lower extremity laints of black stools for 1 esident #7's functional status bry (cane) and he required stance with bathing. hospital admission from for 12/07/18 to 12/11/18 revealed ther GI bleed. sident #7 on 12/18/18 at n laying in the bed with his a blanket.				
	Interview with a pe	rsonal care aide (PCA) on				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted	
		HAL060077	B. WING	B. WING		12/21/2018	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
AST TO	OWNE		RTH SHARON	AMITY ROAD			
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLE	
D 259	Continued From pa	ge 18	D 259				
	12/19/18 at 9:35am -She was never told could not do for him -Resident #7 neede and getting out of b -Resident #7 was in bladder. -Resident #7 was w was first admitted b always wanted to ge -Resident #7 was no could "keep an eye -The wheelchair bel who was no longer i Interview with a mee 12/19/18 at 9:40am -Resident #7 had de to the facility. -Resident #7 had de to the facility. -Resident #7 had Al to watch him all the -Resident #7 tried to occasions, "He said Observation of Resi 10:53am revealed h sleeping in a wheelo	revealed: what Resident #7 could or iself. d assistance with dressing ed. continent of bowel and alking with a cane when he ut, "he is a wanderer and et out and go home." ow in a wheelchair so they on him." onged to another resident in the facility. dication aide (MA) on revealed: eclined since he was admitted the hospital two times since facility. o much for the staff to watch." zheimer's and required staff time. b leave the facility on several he wanted to go home."					
	-She had been a PC how to take care of t	wheelchair for ambulation,					
	-The wheelchair belo that resident was no	onged to another resident, but t in the facility anymore. d her what personal care					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SI COMPLE	
		HAL060077	B. WING		12/21	/2018
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
EAST TO	WNE		TH SHARO	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) Complet Date
D 259	Continued From pa	-	D 259			
	tasks Resident #7 -"He is total care, b	out can feed himself."				
	1:35pm revealed: -Resident #7 was s common area.	sident #7 on 12/19/18 at sitting in a wheelchair in the to go see my family."				
	on 12/19/18 at 11:3 -Resident #7 was r -She could not reca Resident #7 since -"Each time I've se in the bed,"	new to her services. all signing a care plan for				
	Administrator revea -The RCC was response residents' care plans -The care plans we days of admission -The RCC was response -The RCC	ponsible for completing ns. are to be completed within 7		LHPS will review the Falls Management Program with all sta ensure follow up documentation i completed per the Falls Manager Program to include 72hour follow documentation, and provider not further orders. Review will also a safety measures for fall reduction supervision.	is ment v up ification for iddress	
D 270	Supervision 10A NCAC 13F .09 Supervision (b) Staff shall prov	001(b) Personal Care and 001 Personal Care and ide supervision of residents in ach resident's assessed needs, ent symptoms.	D 270	The ED and RCM will review all incident reports for any falls to as timely referral and follow up The newly hired DRC (1/25/19) w trained on the Falls Management and the required follow up as wel The ED will conduct Falls Manag meetings monthly to review and i	<i>i</i> ill be program I	

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If continuation sheet 20 of 195

		of Health Service Re	egulation				MIFINOVED
(NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
۱ ا			HAL060077	B. WING		12/2	1/2018
	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	EAPT TO		4815 NOF	RTH SHARO	N AMITY ROAD		
	EAST TO	AANG .	CHARLO	TTE, NC 28	205		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EAGH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) Complete Date
	D 270	Continued From pa	ge 20	D 270			
		This Rule is not me TYPE B VIOLATIO					
		interviews, the facili according to the res plan, and current sy	ons, record reviews, and ty failed to provide supervision ident's assessed needs, care mptoms for 1 of 2 sampled tory of falls (Resident #5).				
		The findings are:					
		Program" revealed:	y's "Falls Management ent tool was to be completed				
		for all residents adm may contribute to po	nitted to determine factors that				
		follow-up on residen circumstances conti	ible for completing a 72 hour It falls to investigate possible ributing to the fall and ons for the period of 72 hours				
		period, the physiciar	o falls within a four week would be contacted				
		evaluation or other t -For any fall, the res	for physical therapy (PT) reatment/interventions. ident was placed on the				
		follow-up and monite	arting" for 72 hours for oring. m would review incident				
		reports on a monthly				-	
		09/14/18 revealed:	#5's current FL-2 dated				
	ivision of Lio	-Diagnoses included intellectual disability afth Service Regulation					
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If continuation sheet 21 of 195

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF F	PROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, S	TATE, ZIP CODE		
				AMITY ROAD		
AST TO	WNE	CHARLO	TTE, NC 2820	05		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) Comple Date
D 270	Continued From p	age 21	D 270		""	
	-The resident was semi-ambulatory.	documented as being				
	Review of Resider 01/19/18 revealed:	t #5's Care Plan dated				
	-The resident was walker.	ambulatory with the use of a				
	ambulation.	ired supervision with ired limited assistance with				
		ired extensive assistance with				
	toileting. -The resident was dressing.	fully dependent on staff for				
		it #5's record revealed: 47am, the resident was seen				
	by a personal care beside his bed with	aide (PCA) sitting on the floor no apparent injury, but the articulate what happened.				
	-On the morning of	f 09/21/18 (exact time was not resident lost his balance and				
	the Administrator's	ing his back on the counter in office; he was assessed by				
	injurles,	ner (NP) and found to have no 45pm, the resident fell getting				
	cut on his right eye	of the facility; he had a small lid and scrapes to his right X-ray was obtained and				
	showed no evidence -On 10/02/18 at 3:	ce of fracture or dislocation. 11am, the resident was found				
	attempting to get to	his bed and stated he was the bathroom when he fell. umentation as to whether any				
	injuries were susta On 10/17/18 at 1:4	ined. 46am, the resident was found				
		oom; he complained of pain n aide (MA) administered				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DAT COM	e survey Pleted	
		HAL060077	B. WING		12/	12/21/2018	
NAME OF (PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
EAST TO		4815 NO	RTH SHARON	I AMITY ROAD			
		CHARLO	TTE, NC 282	05			
(X4) ID Prefix Tag	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE	(X5) COMPLET DATE	
D 270	Continued From pa	de 22	D 270				
0270	Tylenol. -On 10/28/18 at 11: observed lying on the stated he fell off complained of knee was sit to the Emery diagnosed with acci without injury and ki -Resident #5 had si 10/28/18, one of whithe ED and no docu Interview on 12/18/7 revealed: -He had fallen on 12 his dining room chat to the ED. -"My leg just gave o -"I hurt my elbow and Review of incident r staff for Resident #5 printed on 12/20/18 Resident #5's fall or Confidential intervie at 9:49am revealed: -Resident #5 "falls a -The MAs and PCAs	09am, the resident was ne floor in the television room; his walker chair and pain and hitting his head; he gency Department (ED) and ident due to mechanical fall nee pain. x falls from 08/28/18 to sich resulted in admission to umentation of interventions. 18 at 8:40am with Resident #5 2/17/18 while standing up from ir during dinner and was sent ut." d head, but I'm okay now." eports provided by facility 5 and staff charting notes revealed no documentation of n 12/17/18. w with a resident on 12/17/18					
	revealed:	P) on 12/18/18 at 2:48pm lipped and fallen" on 12/17/18					
		ned and Resident #5 was				-	

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INTERDENT OF DEFICIENCIES AND FLAN OF GORRECTION (x) PROVIDER ON EMPRESSION IDENTIFICATION NUMBER: A JULIONS: (x) OP MULTIPLE CONSTRUCTION A JULIONS: <t< th=""><th>Division</th><th>of Health Service Re</th><th>egulation</th><th></th><th></th><th></th><th></th></t<>	Division	of Health Service Re	egulation				
NME OF PROVIDER OR SUPPLIER STREET ADDRESS, OTY, STATE, ZP CODE EAST TOWNE ARIS NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 FROM DEPCISION WE STATEMENT OF DEFICIENCES TRO PROVERTS PLAN OF CORRECTION (2004) DEPCISION AND TE PROCEEDED BY FILL PROVE CORRECTION AND TE PROCEEDED BY FILL CROSS-METER DEPCISION AND TE PROCEEDED BY FILL PROVE DEPCISION AND TE PROVE DEPCISION (2004) DEPCISION AND TE PROCEEDED BY FILL PROVE DEPCISION (2004) DEPCISION AND TE PROVE DEPCISION (2004) DEPCISION (2004) DEPCISION AND TE PROCEEDED BY FILL PROVE DEPCISION (2004) DEPCISION	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1			
Att 5 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205 Mark of the process			HAL060077	B. WING		12/2	1/2018
Batt NORTH SHARON AMITY ROAD CHARLOTTE, NC 2820 Main Colspan="2">CHARLOTTE, NC 2820 Present TX8 Statement of DeFiciencies (CAC) Concentric Action SHOLD BE DEFICIENT ACTION ACTION (CAC) ACCENT ACTION (CAC) ACCENT (CAC) ACCENT ACTION (CAC) ACCENT (CAC) ACCENT (CAC) ACCENT (CAC) ACCENT (CAC) ACCENT (CAC) ACCENT (CAC) (CAC) ACCENT (CAC) (NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, 8	STATE, ZIP CODE		
CHARLOTTE, NC 2205 PROVIDERS PLAN OF CORRECTION PREVENT STATEMENT OF DEFICIENCIES Decomposition Provide Provide Status of Deprovements of Provide Status of Correction and Control Status of Correction Provide Status of Correction Status of Correction and Co			4815 NOR	TH SHARON	AMITY ROAD		
PAGE READIATIONY NOLISE BE PROCEEDED BY FULL REQUARTORY OR LSD EXTINYING INFORMATION) PAGE Continued From page 23 Continued From page 23 D 270 On 12/17/18, he was waaring flip-flop shoes which caused him to fall. -The RP had spoken to the MAs and PCAs about not allowing Resident #5 to wear flip-flop shoes or slippers after a previous fall (she could not recall when). She had removed slippers from his room at one time. -The RP had requested a hospital bed for Resident #5 after he had fallen out of bed several times and he was provided one "last month" -She did not think the staft fad increased supervision for Resident #5 to help prevent his falls. -They need to watch him more, and make sure he's not wearing shoes that Will make him fall." Interview with a PCA on 12/19/18 at 9:30em revealed: -She vaas never working when Resident #6 fell, but she was aware that he was a fall tisk. -Resident #5 fell requested to check on Resident #5 fell frequently due to his poor vision. -She checked on all residents every two hours, -She had nevere ben instructed to check on Resident #5 fell frequently due to his poor vision. -She checked on all residents every two hours and documented the checks on a reporting form. -She had not been instructed to check on Resident #5 fell frequently due to his poor vision. -She checked on all residents every two hours and documented the checks on a reporting form. -She had not been instructed to check on Resident #5 fell frequent falls at 10:00am revealed: -Resident #5 had frequent falls at 10:00am revealed.				TTE, NC 282			
 On 12/17/18, he was wearing flip-flop shoes which caused him to fall. The RP had spoken to the MAs and PCAs about not allowing Resident #5 to wear flip-flop shoes or slippers after a previous fall (she could not recall when.). She had removed slippers from his room at one time. The RP had requested a hospital bed for Resident #6 after he had fallen out of bed several times and he was provided one "last month" She had not kith the staff had increased supervision for Resident #5 to help prevent his falls. "They need to watch him more, and make sure he's not wearing the A is 30am revealed: She was never working when Resident #5 fell, but she was aware that he was a fall risk. Resident #5 was "clumsy" which contributed to his falls. She had never been instructed to check on Resident #5 fell, but falls. She had never often or provide increased supervision. She had not been instructed to check on Resident #5 fell frequently due to his poor vision. She had not been instructed to check on Resident #5 fell frequently due to his poor vision. She had not been instructed to check on Resident #5 fell frequently for help prevent his falls. Interview with a So on a reporting form. She had not been instructed to check on a reporting form. She had not been instructed to check on a reporting form. She had not been instructed to check on a reporting form. She had not been instructed to check on a reporting falls. Interview with a AA on 12	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	DBE	
 which caused him to fall. -The RP had spoken to the MAs and PCAs about not allowing Resident #5 to wear flip-flop shoes or slippers after a previous fall (she could not recall when). She had removed slippers from his room at one time. -The RP had requested a hospital bed for Resident #5 after he had fallen out of bed several fitnes and he was provided ore "tast month" -She did not think the staff had increased supervision for Resident #5 to help prevent his fails. -They need to watch him more, and make sure he's not wearing shoes that will make him fall." Interview with a PCA on 12/19/18 at 9:30am revealed: -She was never working when Resident #5 fell, but she was aware that he was a fall risk. -Resident #6 was "clumsy" which contributed to his fails. -She checked on all residents every two hours. -She had nevel been instructed to check on Resident #5 more often or provide increased supervision. Interview with a second PCA on 12/19/18 at 9:40am revealed: -Resident #5 fell frequently due to his poor vision. -She checked on all residents every two hours and documented the check on a reporting form. -She had nover often or provide increased supervision. Interview with a second PCA on 12/19/18 at 9:40am revealed: -Resident #5 fall frequently due to his poor vision. -She had nover often than two hours or do anything any differently to help prevent his falls. Interview with a MA on 12/19/18 at 10:00am revealed: -Resident #6 had frequent falls and most falls occurred on second shift most likely because he 	D 270	Continued From pa	ge 23	D 270			
		-On 12/17/18, he we which caused him t -The RP had spoke not allowing Reside slippers after a preve when). She had request Resident #5 after he times and he was p -She did not think the supervision for Res falls. -"They need to watch he's not wearing she interview with a PC, revealed: -She was never wore but she was aware -Resident #5 was "of his falls. -She checked on al -She had never bee Resident #5 more of supervision. Interview with a sec 9:40am revealed: -Resident #5 fell fre -She had not been in Resident #5 any more anything any differe Interview with a MA revealed: -Resident #5 had fro	as wearing flip-flop shoes o fall. In to the MAs and PCAs about int #5 to wear flip-flop shoes or vious fall (she could not recall moved slippers from his room sted a hospital bed for e had fallen out of bed several rovided one "last month" he staff had increased ident #5 to help prevent his ch him more, and make sure oes that will make him fall." A on 12/19/18 at 9:30am rking when Resident #5 fell, that he was a fall risk. clumsy" which contributed to I residents every two hours. en instructed to check on often or provide increased cond PCA on 12/19/18 at equently due to his poor vision. I residents every two hours e checks on a reporting form. instructed to check on ore often than two hours or do ently to help prevent his falls.				
		A second provide the second prov	a shift most likely because he				

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Division of Health						APPROVE
STATEMENT OF DEFIC AND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060077	B. WING		12/	21/2018
NAME OF PROVIDER O	R SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TOWNE		4815 NOF	RTH SHARON	AMITY ROAD		
EAOT FORME		CHARLO	TTE, NC 2820	05		
PRÉFIX (EAC)	I 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 T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270 Continue	d From pa	age 24	D 270			
-Residen balance. -He had a aware. -A hospit "a couple falling ou -Residen his room him to fal -All reside	t #5 often never rece of month t of bed. t #5's fam at one tim I. ents were ad been n	ity most days during first shift, fell because he would lose his elved PT services that she was I been provided to Resident #5 s ago" to prevent him from ily had removed slippers from he because they were causing checked on every two hours. b increase in supervision for		· · · · · · · · · · · · · · · · · · ·		
(RCC) on -She had mid-Octo -She was falls man supposed every fall. -Staff we notify the Provider of -If a resid to be sen -The incid reviewed position w to sending departme -All falls s	12/19/18 been emp ber 2018. not award agement p to complete responsib (PCP) after ent hit the to the EE lent report by the num vas vacam g them to nt.	ts were supposed to be rse (or herself while the nurse t) and the Administrator prior their corporate "protocol" reported to her (the RCC), but				

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Division	of Health Service R	egulation			1 01 00	
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
L		HAL060077	B, WING	<u></u>	12/2	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNF			N AMITY ROAD		
			TE, NC 282			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) Complete Date
D 270	Continued From pa	age 25	D 270			
	being employed at -She did not think I PT services. -Staff checked on a -Supervision had n #5 to help prevent -She had considered closer to the nurse was "so far away," most of the rooms were occupied by f -She was only able for Resident #5 sin on 12/05/17. -She did not know documentation of F Interview with Resi 11:00am revealed: -Resident #5 frequ medications and hi -He had ordered a "recently" and it has falling out of bed. -Resident #5 shoul he could not recall Resident #5 had re -Typically the facilit could benefit from an order from him. -To help prevent Re- future, the staff shoul frequently and con- room closer to the -If Resident #5 con at risk for injuries s	this facility. Resident #5 had ever received all residents every two hours, ot been increased for Resident his falls. ed moving Resident #5's room 's station because his room but had not done so due to close to the nurse's station 'emales. to locate one incident report ce his admission to the facility why there was no Resident #5's fall on 12/17/18. dent #5's PCP on 12/18/18 at ently fell due to gait instability, s age. hospital bed for Resident #5 d helped to prevent him from d have had PT services, but if he had ordered it or if received services. y would identify residents who PT services and would request esident #5 from falling in the buld monitor him more sider moving the resident's				
	-If a resident had a	pattern of falls as Resident #5		·····		
Division of H	eaith Service Regulation					

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ND PLAN	VT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			A DOLDING			
		HAL.060077	B. WING		12/	21/2018
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
EAST TO	OWNE			N AMITY ROAD		
040 15	OLUMBADY OT		TTE, NC 28			
(X4) ID Prefix Tag	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE	(X8) COMPLET DATE
D 270	Continued From pa	lge 26	D 270			
	-She did not know i put into place to pre -All resident were c but she did not know	d involve PT and refer the to rule out anything "clinical." f any interventions had been event Resident #5 from falling. hecked on every two hours, w if Resident #5 was checked than other residents.				
	for 1 of 2 sampled r related to Resident who had 6 falls in tw emergency departm detrimental to the re	provide adequate supervision residents with a history of falls #5 with a recent history of falls wo months with 2 local hent visits. This failure was esident's health, safety and utes a Type B Violation.				
	The facility provided accordance with G. this violation.	a Plan of Protection in S. 131D-34 on 01/16/19 for				
		TE FOR THE TYPE B NOT EXCEED FEBRUARY				
D 273	10A NCAC 13F .090 10A NCAC 13F .090 (b) The facility shall to meet the routine a of residents.		D 273	Refer to Plan of Correct 10A NCAC 13F .0603	ion Tag D183	1/26/201
ļ	This Dula is not as	t as evidenced by:				

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If continuation sheet 27 of 195

Division	of Health Service R	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE (COMPL	
<u></u>		HAL060077	B. WING		12/2	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARO	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X6) Complete Date
	REGULATORY OR L Continued From pa TYPE A1 VIOLATIC Based on observati reviews, the facility follow-up for 5 of 7 #2, #3, #4, #5, and notification for Resi not notified that his (FSBS) four times of Humalog Insulin be electronic medicatio (eMAR) for the mor 11/01/18-11/19/18, a blood sugar (BS) deficiency and dehy missed 6 medicatio tartrate (used to tre atorvastatin (used to tre clonidine (used to tre atorvastatin (used to tre clonidine (used to tre clonidine (used to tre clonidine (used to tre atorvastatin (used to treat clinical depr Respimat inhaler (u ups) refusals; Resic pressure measuren parameters and mea including Buspar (u chlorhexidine gluco treat gingivitis) and appointments with t	SC IDENTIFYING INFORMATION) age 27 DN ions, interviews and record failed to assure referral and sampled residents (Resident #7) regarding physician dent #2 whose physician was finger stick blood sugar daily and his scheduled fore meals was not on the on administration record of 1200 causing an insulin ydration; Resident #3 who ons including metoprolol at high blood pressure), o treat high cholesterol), reat high blood pressure), s a blood thinner to prevent sed to treat high blood failure), and sertraline (used ression); Resident #4's used to treat respiratory flare dent #5 regarding blood nents outside of ordered dications not administered sed to treat anxlety) and nate (a mouthwash used to Resident #7 related to missed he gastroenterologist, heart sian and the primary care		CROSS-REFERENCED TO THE APPRO		
Division of H	1. Review of Reside 09/14/18 revealed: -Diagnoses include uncontrolled, hypert disease.	ent #2's current FL2 dated d type 2 diabetes mellitus tension, and chronic kidney ed Humalog insulin, (a long				:

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If continuation sheet 28 of 195

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060077	B. WING		12/	21/2018
iame of i	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
AST TO	WNE					
(VA) ID		TEMENT OF DEFICIENCIES	TE, NC 2820		000000000000000000000000000000000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	(MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) Comple Date
D 273	Continued From pa	ge 28	D 273			· ·
	in diabetics), 100un subcutaneously (SC insulin 100units/ml Humalog 100units/ml Lantus Solostar, (a control blood sugar diabetics),100units/ bedtime. -There was an order meals and at bedtin Review of Resident orders dated 10/11/ -There was a physic discontinue sliding s discontinue 8 units of increase Humalog in meal from 10/11/18- times daily from 10/	m inject 65 units SQ at er for FSBS checks before ne. #2's subsequent physician's 18 revealed: cian's order on 10/11/18 to scale insulin (SSI) and of Humalog with snacks; nsulin to 20 units before each -10/25/18; check FSBS four 11/18-10/25/18 and increase units at bedtime - follow up in				
	-There was no docu in 2 weeks with the -There were no new period in the resider -There was no reco	#2's record revealed: mentation of a follow up visit primary care physician (PCP). orders following this 2 week nt's record. rd of a follow up visit by the tion in the month of October.				
	Medication Administ revealed: -There was an entry -FSBS values were with a FSBS range f	documented daily at 11:30am rom 99-563 .				

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STATEMEN	of Health Service Read of the service Read of the service of the s	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		HAL060077	B. WING		12/	21/2018
AME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
			RTH SHARON			
AST TO	WNE		TTE, NC 2820			
		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE
D 273	Confinued From no	are 29	D 273			
02/3	Continued From pa	-	D213			
	with a FSBS range					
		documented daily at 8:00pm				
	with a FSBS range	y from 10/01/18-10/16/18 for				
		100unit/ml to be administered				
		and at bedtime, after the FSBS				
-The docu units -The docu	check, per sliding s					
		lumalog insulin was				
		at 7:00am with a range of 0-14				
		from 10/01/18-10/16/18.				
		lumalog insulin was				
		at 11:30am with a range of				
		ered from 10/01/18-10/16/18.				
		lumalog insulin was				
		at 4:30pm with a range of 0-8 from 10/01/18-10/16/18,				
		lumalog insulin was				
		at 8:00pm with a range of 0-8				
		from 10/01/18-10/16/18.				
	-There was an entry	y from 10/01/18-10/16/18 for				
		100unit/ml, 15 units,				
		ministered before each meal.				
		y from 10/01/18-10/16/18 for				
		8 units, scheduled to be				
		nacks at 3:00pm and 8:00pm. y from 10/01/18-10/16/18 for				
		ulin, inject 65 units at bedtime.				
		y on 10/17/18 to discontinue				
		per sliding scale parameters.				
		y on 10/17/18 to discontinue				
		15 units, scheduled to be				
	administered before					1
		y on 10/17/18 to discontinue				
		8 units, scheduled to be				
		nacks at 3:00pm and 8:00pm.			•	
		y on 10/17/18 to discontinue units, scheduled to be				
	administered at bec					
		y on 10/17/18 for Humalog				
		cheduled to be administered				
	Contraction of Autoreo of					1

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
AST TO	OWNE			AMITY ROAD		
			TE, NC 2820			
(X4) ID Prefix Tag	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE	(X5) COMPLE DATE
D 273	Continued From pa	ge 30	D 273			
	before meals for 2 v 10/17/18-10/30/18,. -There was an entry and at bedtime for 1 10/17/18-10/30/18.	/ to check FSBS before meals				
	revealed: -There was no entry -There was no entry administered before	#2's November 2018 eMAR to check FSBS 4 times daily, for Humalog insulin to be each meal. for Lantus insulin 70 units at				
, and the second se	the facility contracte 9:43am revealed: -Physician orders we staff to discontinue I insulin with snacks of -There was a physic to check the FSBS 4 to increase the Hum meals for 2 weeks. -No further orders w care physician (PCP FSBS 4 times daily of before meals. -Without any new or before meals and the not entered on the N -The pharmacy log of	ian's order, dated 10/11/18, I times a day for 2 weeks and alog insulin to 20 units before ere received from the primary or facility regarding the or Humalog insulin 20 units ders, the Humalog insulin e FSBS 4 times a day was lovember eMAR. fid not shave documentation unication from the facility				
	summary on 10/31/1 record, and requeste -The PCP had reque	contracted pharmacist's visit 8, not in Resident #2's of by surveyor revealed: sted a pharmaceutical sident #2's medication				

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Division g	of <u>Health Service Re</u>	egulation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL060077	B. WING		12/2	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO		4815 NOR	TH SHARON	NAMITY ROAD		
		CHARLOI	TE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) Complete Date
D 273	Continued From pa	ge 31	D 273			
	regiment. -The pharmacist as "worsening-Type 2 uncontrolled". -Resident #2 may h from Lantus insulin half life, and may ac sugars. -The Humalog insul recommended for c -She would review a recommendations f Telephone interview pharmacist on 12/2 -She did not know t four times a day we November. -She saw the order weeks. -She did not recomm before meals and th an uncontrolled dial -She had not had a since she submitted the 10/31/18 visit or Review of the physi in Resident #2's rec -PCP ordered a rep determine the 3 mo levels for Resident a -The optimal baselin of the A1C was less -Resident #2's A1C -No medication or tr ordered at this visit.	sessment of Resident #2 was diabetes mellitus ave benefited from changing to Tresiba, which has a longer ddress low morning blood lin and FSBS were not hange. and discuss with the provider or changes. / with the physician contracted 0/18 at 5:10pm revealed: he Humatog insulin and FSBS re not being administered in for the PCP to evaluate in 2 mend the Humatog insulin he FSBS be discontinued on betic. conversation with the PCP d her recommendations from h 11/02/18. cian visit summary report not for the PCP set for the results of the PCP set for the results than 7.0. results were 8.6. reatment changes were	D 273			
		d visit was in 2 weeks.				
	Review of Resident alth Service Regulation	#2's progress notes dated				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted		
		HAL060077	B. WING		12/	12/21/2018		
AME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE					
107 70	N1 & IA 100			AMITY ROAD				
AST TO	JWINE		TTE, NC 2820					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C		(X5) COMPLET		
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	IE APPROPRIATE	COMPLET DATE		
	A <i>H</i> A			DEFICIENCY	}			
D 273		-	D 273					
		for 2:09pm revealed:						
		ying to open the door to the						
		he yelled "Help" and fell to the						
	floor.	assisted to a chair and was						
	observed drooling.	assisted to a chair and was						
		is FSBS with his glucometer	1		•	1		
	and it registered "H		1 1					
	-The PCP was cont				•			
		ecked in 30 minutes a second	[.					
	time and continued		1					
		ere called and checked						
		S-the reading was "Hi".						
		ansported the resident to the						
	hospital.							
ĺ		CP on 12/18/18 at 10:30am						
	revealed:							
		oncompliant with his diet. He						
	ate frequently from							
Ì		npliance, the PCP was in the resident's insulin.						
		e sliding scale insulin and						
		ent's insulin at bedtime						
	(Lantus 70 units).							
ļ		eased the resident's insulin						
1	before meals (Huma							
		vhat effect that would have on						
		readings over the next 2						
	weeks.	tod phannaaist was sant to						
		ted pharmacist was sent to s medications, as part of the						
	protocol of his clinic							
		he A1C results and the						
		endations when he visited						
		11/07/18 at the facility.						
	-He did not know the	e Humalog Insulin 20 units						
		ot administered until the						
		ted to the hospital on						
	11/19/18.		1 1			1		

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Division	of Health Service Re	egulation	. ,		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL060077	B. WING		12/21/2018
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE	
EAST TO	OWNE		TH SHARO	N AMITY ROAD 205	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 273	-He did not know th day were not admin 11/19/18. -"If I do not have the come into the facilit been changes or or -He would have wa the Humalog insulin 4 times a day were -It was not his inten units before meals be discontinued. -He does not know #2's hospitalization admitting diagnosis Interview with the 11:40am revealed: -Resident #2 was co -He seemed a bit sl -He seemed a bit sl -She did notice his I on the November el was admitted to the -She questioned the why he was not gett before meals. -She did not report fa administer the medie eMAR." Interview with the st am revealed: -She had not notice -She observed the fivere not on the Nov-	e FSBS checks four times a listered from 10/30/18 through e eMAR in front of me when I y I do not know if there have missions." Inted the facility to inform him before meals and the FSBS not on the November eMAR. tion to have the Humalog 20 and the FSBS 4 times a day to if this contributed to Resident since he did not know the first shift MA on 12/19/18 at ompliant and pleasant. ower and less engaged lately. fore unsteady on his feet. that would have been ay he was sent to the hospital. Humalog and FSBS were not MAR, from 11/01/18 until he hospital on 11/19/18 e resident but he did not know ing FSBS checks or Humalog this to anyone. "I just cations as listed on the upervisor on 12/19/18 at 10:46 d any change in Resident #2. Humalog insulin and FSBS rember eMAR. e the eMARs.	D 273		
		consible for verifying orders			
Division of He STATE FORM	ealth Service Regulation	6	:699 	EPP11 If	continuation sheet 34 of 195

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e survey Pleted
·		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
AST TO	OWNE	4815 NO		AMITY ROAD		
(X4) ID Prefix Tag	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI.L SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X8) COMPLE DATE
D 273	on the eMAR. -In the absence of t responsibility of the (RCC) to review the -If it was a physician it. -She administered n eMAR. Interview with Resid 12/20/18 at 1:15pm -The PCP never cond the changes in insul -She did not know F his Humalog before times a day until the for the month of Nov -Before his hospital with a walker, eating mostly independent -In the hospital was hyperglycemia with he arrived to the em -Now he was bedrid on a feeding tube. -He was totally dependent Review of the hospit Resident #2 dated 1 -Resident #2 was ac diagnoses of diabetis from type 2 diabetes -He was experiencin with a blood sugar le examination. -During the course of suffered a stroke. -He was assessed a	he nurse, it was the Resident Care Coordinator orders and the eMAR. Its order she did not question medications as shown on the lent #2's family member on revealed: intacted the family regarding in. Resident #2 was not getting meals and FSBS checks 4 hospital requested his eMAR vember. zation, he was ambulating g a regular diet, talking and with his grooming. diagnosed with a blood sugar of 1200 when ergency room. den, could not speak and was endent for care at this time. tal admission records for 1/19/18 revealed: imitted to the hospital with the c ketoacidosis without coma a mellitus. g extreme hyperglycemia evel of 1200 upon of his hospitalization, he had is a maximum assistance of 2 afer and for bed mobility,	D 273	DEFICIENCY		

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/21/2018		
		HAL060077					
			ADDRESS, CITY, STATE, ZIP CODE				
EAST TO		4815 NO	RTH SHARON	AMITY ROAD			
EASTIN		CHARLO	TTE, NC 282	05			
(X4) ID Prefix Tag	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ACTION SHOULD BE COMP TO THE APPROPRIATE DA		
D 273	Continued From pa	ge 35	D 273				
	10/02/18 revealed: -Diagnoses include vascular accident, I kidney disease stag -An order for atorva bedtime (used to tra- -An order for clopid daily (used to preve- -An order for clonid times daily (used to -An order for Lisino (used to treat high I -An order for sertra- daily (used to treat high I -An order for sertra- daily (used to treat of Review of Resident electronic Medicatio (eMAR) revealed: -An entry for atorva daily at 8:00pm, wit documented as not in facility" and "out of documented. -An entry for clopided daily at 8:00am, wit documented. -An entry for clopided documented. -An entry for metop at 8:00am and 8:00	istatin 80mg one half tablet at eat high cholesterol). ogrel 75mg one tablet once ent heart attack or stroke). ine 0.2mg one tablet three treat high blood pressure). pril 40mg one tablet daily blood pressure). proloi tartrate 50mg one tablet treat high blood pressure). line 50mg one half tablet once depression). ##3's November 2018 on Administration Record statin 80 mg one half tablet h 26 out of 30 doses administered, with "med not of facility/appointment" ogrel 75 mg one tablet daily at h 12 out of 30 doses administered, with "med not of facility/appointment" ne 0.2mg one tablet three m, 12:00pm, and 8:00pm, with cumented as not administered ility" and "out of					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY	
				······································			
		HAL060077	B. WING		12/	12/21/2018	
iame of i	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE			
AST TO	DWNE		RTH SHARON TTE, NC 2820	I AMITY ROAD 05			
(X4) ID Prefix Tag	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From pa	ge 36	D 273				
	at 8:00am with 11 o not administered wi facility/appointment -Biood pressure rea 157/84-209/123. Review of Resident revealed: -An entry for atorva: daily at 8:00pm, with documented as not in facility" and "out of documented. -An entry for clopido daily at 8:00am, with documented as not in facility" and "out of documented. -An entry for metopi at 8:00am and 8:00 documented. -An entry for metopi at 8:00am and 8:00 documented. -An entry for Lisinop 8:00pm with 7 out o not administered wif facility/appointment" -An entry for sertrali at 8:00am with 11 out	ine 50mg one half tablet daily out 30 doses documented as th "med not in facility, out of " documented. adings ranged from #3's December 2018 eMAR statin 80 mg one half tablet h 15 out of 16 doses administered, with "med not of facility/appointment" ogrel 75 mg one tablet daily at h 3 out of 17 doses administered, with "med not of facility/appointment" rolol tartrate 50mg one tablet om, with 7 out of 33 doses administered, with "med not of facility/appointment" rolol tartrate 50mg one tablet om, with 7 out of 33 doses administered, with "med not of facility/appointment" rol tartrate 50mg one tablet om, with 7 out of 33 doses administered, with "med not of facility/appointment" of a doses documented as th "med not in facility, out of ' documented. ne 50mg one half tablet daily ut 16 doses documented as th "med not in facility, out of ' documented.					
	sent to the emergen	#3's record revealed he was cy room for hypertension, re reading of 178/88 on					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATI COM	E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		21/2010
				AMITY ROAD		
EAST TO		CHARLO	TTE, NC 282	05		
(X4) ID Préfix Tag	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ld PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) Complet Date
D 273	Continued From pa	ige 37	D 273	1999 - 1999		
	10/16/18.					
	revealed: -There were times medications becau- time. -He relied on the fa when he ran out. -He experienced hi missed his blood pri- "several days". -"I didn't feel too go medications were n -He ran out of depn "down and depress Interview with Resid revealed: -He felt "dizzy and s blood pressure med- He used a machin company to check I was very high".	ession medication and felt ed". dent #3 on 12/18/18 at 3:20pm aluggish" last month when his dications were missed. e provided by his insurance blood pressure daily and "it				
	-He also experience medication was mis	ed "light chest pain" when seed, and he had notified staff, t sure if his physician was				
	12/18/18 at 9:50am -There were some #3's medications de	t shift Medication Aide (MA) on revealed: Issues with getting Resident elivered from his contracted				
	ordered and malled -She could not rem	ays for medications to be to the facility. ember who called the sident #3's medications				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY IPLETED
		HAL060077	B. WING		12/	21/2018
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
AOT TO				AMITY ROAD		
AST TO	JYYNE		TTE, NC 2820			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
D 273	Continued From pa	ge 38	D 273			
D 273	MA that the contract to get medications of when or the specific -She did not remem have Resident #3's delivered, -She did not notify th was missing several medications "I forgo -All MAs were respondent medications." Interview with a sec 3:33pm revealed: -She knew that Res pressure, heart, dep medications, and sh Coordinator (RCC). -She could not reme RCC and did not do anywhere. -She communicated shift that medication Resident #3. -She did not notify th pressure, heart, or d -She did not know w notifying the physicia missed.	ted pharmacy was contacted delivered but did not know a medications. her calling the pharmacy to blood pressure medications he physician that Resident #3 I doses of his blood pressure at". onsible for ordering refill of ond shift MA on 12/18/18 at ident #2 was out of his blood pression and cholesterol he notified the Resident Care ember when she notified the curnent the communication I with the MA when changing he physician of missed blood lepression medications. who was responsible for an when medications were who to follow-up with when	D 273			
	12/18/18 at 3:40pm -She knew Resident medications in Nove	#3 was out of some of his mber 2018.				
	#3's blood pressure if they were delivered	macy "once" about Resident medication, but was not sure d. esentative informed her that				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e survey Pleted
		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	AMITY ROAD 05		
(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 DEFICIENC	TON SHOULD BE	(X5) Comple Date
D 273	Continued From pa	age 39	D 273			
	metoprolol, and set -She thought the pi delivery of Residen -She had not follow regarding Resident don't know why I di physician". -"It has been a mes responsible for follo the physician". -There had been a thought the previou -She requested a " but it had not been Telephone interview Resident #3's prime 10:39am revealed: -The resident did n his medications; the have medications r -He did not see any calling to request re Lisinopril, atorvasta -Most refills for Res medical appointme Telephone interview care physician on 1 -She was not aware blood pressure, hea medications. -She would expect medications. -She would expect medications so that	ved up with the pharmacy #3's missed medications, "I dn't contact the pharmacy or as, I am not sure who is powing up with the pharmacy or "communication failure", "I as RCC ordered medications". 24 hour communication book", implemented. w with a representative from any pharmacy on 12/18/18 at ot receive automatic refills of e facility would need to call to effilled. v documentation of the staff affills for sertraline, metoprolol, itin, clonidine, or clopidogrel. sident #3 occurred following nts with physiclans. v with Resident #3's primary 2/19/18 at 2:47pm revealed; a Resident #3 was missing art, cholesterol, or depression to be notified about missed medications had not been filled				

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STATEMEN	IT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED	
		HAL060077	B. WING		19/	12/21/2018	
iame of f	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE. ZIP CODE		4114010	
				AMITY ROAD			
EAST TO	WANE		TTE, NC 2820				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	CI	PROVIDER'S PLAN OF		(X6) COMPLE	
Prefix Tag		SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	DATE	
D 273	Continued From pa	age 40	D 273 ·	••••••••••••••••••••••••••••••••••••••			
	-Resident #3 was a	at risk for a heart attack or					
		ic blood pressure is over 160					
	due to his past me						
ļ	Review of the facili	ty's emergency and after hour					
	medications policy						
		s a need to obtain medications					
		ions not available from be obtain on an emergency or					
	after hour basis".	be obtain on an entergency of					
		-charge/med tech should					
	contact the pharma	icy or on-call pharmacist and					
	communicate to hir	n/her the medication order in					
	its entirety".						
	-"If all attempts to c	ontact the pharmacist fail the					
(sic should take wh	atever steps necessary to I medications, including					
		-up pharmacy directly".					
		ay need to pick up the					
		ne back-up pharmacy or other	§				
	alternate source of	supply.				[
	Interview with the R revealed:	CC on 12/19/18 at 2:31pm					
	-The process for or	dering medications had been					
	"a challenge".						
		to be ordered 5-7 days in					
		t medication from running out.					
		e responsible for contacting fills and checking daily until it					
	arrived.	and one of the unit of the terms of					
	-All MAs were respo	onsible for notifying the					
	physician when a m	edication is missed after 3					
	days.						
		f missed clonidine doses by] [
		contracted home health					
	agency. -She contacted the	pharmacy about having the					
	clonidine sent to the					-	
	-She thought she se	· · · · · · · · · · · · · · · · · · ·	1 1			1	

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON OTTE, NC 2820	I AMITY ROAD 95		
(X4) ID PREFIX TAQ	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
D 273	physician of the mis- She did not know a Lisinopril, metoprol atorvastatin and wo physician to be noti -She was not sure medications were r Interview with the A 10:28am revealed: -She did not know I pharmacy was not medications in the -She expected the pharmacy and the -MAs should also b medication was not	ssed medications. about missed doses of ol, sertraline, clopidogrel, or build have expected the ified. why so many of the nissed for Resident #3. administrator on 12/19/18 at Resident #3's contracted contacted to get Resident #3's facility. RCC to follow-up with the ohysician. to notifying the RCC when t available and when it was ne physician was notified and	D 273			
	9/4/18, revealed: -Diagnoses include pervious myocardia history of stroke, hy type 2, congestive I osteoarthritis, schiz -An order for tiotrop Respimat - indicate in patients with chro disease, including o emphysema), 2,5m Review of Resident Medication Adminis revealed:	#4's October 2018 stration Records (MAR) o Respimat 2.5/2/5 AER -				

Division of Health Service Regulation STATE FORM

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	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		HAL060077	B. WING		12/	12/21/2018	
NAME OF I	PROVIDER OR SUPPLIEF	street a	DDRESS, CITY, S	TATE, ZIP CODE			
EAST TO	OWNE		RTH SHARON DTTE, NC 282	I AMITY ROAD 05			
(X4) id Prefix Tag	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORREC REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFEREN			PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE	
D 273	Continued From p	age 42	D 273				
	opportunities in Oc -Documentation or aide (MA): "resider with her other mec asked resident if s but she just refuse Review of Resider revealed: -An entry for "Stioli 2 puffs twice a day -Documentation re administered to Re opportunities in No	n 10/1/18, by the medication nt does not like this medication lications at night, med tech he would like it at another time id the medication." It #4's November 2018 MAR to Respimat 2.5/2/5 AER Inhale (shake well)." flected that Respimat was not esident #4 on 42 out of 60					
	facility". -All other doses of were documented	8 that "medication was not in Respimat missed in November as "resident refused."	•				
	(12/1/18 - 12/17/18 -An entry for "Stiolt Inhale 2 puffs twice -Documentation re administered to Re	t #4's December 2018 MAR i) revealed; to Respimat 2.5/2/5 AER - e a day (shake well)." flected Respimat was not ssident #4 on 28 out of 33 use "resident refused."					
	on 10/4/18 a MA de refuses Stiolto Res	t #4's charting notes revealed ocumented that "resident pimat 2.5/2.5 AER v with [physician's name].					
	10:40am revealed: -She saw her prima week because she	dent #4 on 12/18/18 at ary care physician (PCP) last was sick with a cough and s not breathing as well as she					

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STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED	
						•	
		HAL060077	B. WING		12/	12/21/2018	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
EAST TO	DWNE		TTE, NC 282	NAMITY ROAD 105			
(X4) ID Préfix Tag	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	on should be Heappropriate	(X5) COMPLE DATE	
D 273	Continued From pa	age 43	D 273	· · · · · · · · · · · · · · · · · · ·			
	-She often refused because she felt lik prevented her from -The MAs no longe would use the inha offered to her. She supposed to be get -She had told the F (RCC) that she wat this week since she -The RCC told her of residents to be s -She was wearing f normally only wore breathing as well a Interview with a Me 12/18/18 at 11:30at -Resident #4 freque inhaler in the morn inhaler to Resident administering her c -It was the RCC's r from the MAR syste communicate with refusals. Interview with a sec 2:20pm revealed: -Resident #4 "almo Respimat inhaler.	her Respimat inhaler at night the it "hyped her up" and a going to sleep. For offered her the inhaler. She ler in the morning if it were was not aware she was tting the inhaler twice a day. Resident Care Coordinator inted to see the physician again a was not feeling any better. she would "add her to the list" seen by the doctor this week, her oxygen today, which she at night, because she was not s she usually did. For revealed: ently refused her Respimat ing. She always offered the			·		
	MAR and the RCC refusals and notify	was supposed to review the physician.					
lalan af 1	revealed: -She was aware the refused her Respin	RCC on 12/18/18 at 4pm at Resident #4 frequently nat inhaler from MAs. d her that Resident #4 was					

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Division	of Health Service Re	egulation		· ·	1 01 01	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COME	SURVEY
			A, BUILDING	·		
		HAL060077	B. WING		12/:	21/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 4	STATE, ZIP CODE	*	
EAST TO		4815 NOF	TH SHARO	N AMITY ROAD		
	WINE	CHARLO	TTE, NC 282	205	·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X6) COMPLETE DATE
D 273	Continued From pa	ge 44	D 273			
D 273	refusing the inhaler it herself, and Resid inhaler from her, ho notify her of refusals -She tried to review electronic MAR sys patterns of refusals -She was "not sure" with Resident #4's p her Respimat inhale Interview with Resid Physician (PCP) on revealed: -He last saw Reside -Resident #4 had ar twice daily, to treat I pulmonary disease having shortness of -He did not know Respimat inhaler. -If he had known sh he would have coun of using Respimat a disease progression -The potential outco Respimat as ordere breath. -He expected the st refusals of medicati- appropriate action to were met. Interview with Resid Physician on 12/19/ -She had not been r Resident #4's Respi -She had seen Resi	 , she attempted to administer lent #4 "always" took the owever; MAs did not always s. the "refusal report" from the tem routinely to look for ' if she had communicated obysician regarding refusals of er. lent #4's former Primary Care 12/18/18 at 11:45am ent #4 on 11/21/18. h order for Respimat inhaler, her chronic obstructive (COPD), to prevent her from breath. esident #4's had refused her e was refusing her Respimat, beld her on the importance as directed, to slow her me of Resident #4 not using d was increased shortness of aff would inform him of on so that he could take o assure his patients needs lent #4's current Primary Care 18 at 11:23am revealed: notified of the refusals of imat inhaler. dent #4 last week because 	D 2/3			
		well and was congested. sident #4 again today and				
Distantana afilia	alth Service Regulation			· · · · · · · · · · · · · · · · · · ·		I

Division of Health Service Regulation STATE FORM

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEP/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		SURVEY	
		HAL060077	B. WING		12/:	12/21/2018	
VAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE			
EAST TO	WNE						
			TTE, NC 2820	PROVIDER'S PLAN OF	CORRECTION	(7/15)	
(X4) ID Prefix Tag	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) Complet Date	
D 273	Continued From pa	uge 45	D 273				
	would talk with her using the Respinat	regarding the importance of t inhaler as directed. nat could result in worsening					
	 Review of Resident #5's current FL-2 dated 09/14/18 revealed diagnoses included schizophrenia and intellectual disability. 						
	physician's orders of	lent #5's subsequent dated 10/11/18 revealed an ng three times daily (a treat anxiety).					
		t #5's October 2018 electronic stration Record (eMAR)					
	administered at 8:0 with a start date of -There was docume	y for Buspar 5mg to be 0am, 12:00pm and 8:00pm 10/11/18. entation Buspar was not ur of twenty opportunities at					
		it of facility/appointment."					
	Review of Resident revealed:	#5's November 2018 eMAR					
	administered at 8:0 -There was docume administered for thi	y for Buspar 5mg to be 0am, 12:00pm and 8:00pm. entation Buspar was not rteen of thirty opportunities at it of facility/appointment."					
	revealed:	#5's December 2018 eMAR					
	administered at 8:0 -There was docum	y for Buspar 5mg to be 0am, 12:00pm and 8:00pm. entation Buspar was not ne of seventeen opportunities					
		out of facility/appointment."					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE COMF	SURVEY PLETED	
(HAL060077	B. WING		12/2	12/21/2018	
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
- 1 0 7 7 0				AMITY ROAD			
EAST TO	YYYNC:	CHARLO	TTE, NC 282	05			
(X4) ID		TEMENT OF DEFICIENCIES	CI	PROVIDER'S PLAN OF		(X6) COMPLE	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
D 273	Continued From pa	nge 46	D 273		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	12/19/18 at 10:00al -She often worked medications to Res -Resident #5 attend three days each we 9:00am and returni -She did not admin Resident #5 when h rehab and would do facility/appointment -She had not consid Resident #5's Prima mental health provia about him missing i should have" so the dosing schedule.	day shift and administered ident #5. led psychosocial rehabilitation eek leaving the facility around ng around 2:30pm. ister 12:00pm medications to ne was out of the facility at ocument "out of			`		
	(RCC) on 12/19/18 -She sometimes wo administered medic -If Resident #5 was 12:00pm medication would not administe would document he facility/appointment -She knew Residen 12:00pm medication rehab program, but speak with his PCP to see if the timing of changed.	at 2:00pm revealed: orked as an MA and vations to Resident #5. out of the facility during the n pass, she and the other MAs or medications to him and was "out of " t #5 routinely missed his ns when he attended the "it never registered to me to or mental health provider PA" of his medications could be					
		iding psychosocial therapy to flarch 2018.					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060077	B. WING		12/	21/2018
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
-	NA/NET:	4815 NOF	RTH SHARON	AMITY ROAD		
EAST TO	VYINE	CHARLO	TTE, NC 2820	05		
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pa	age 47	D 273			
	-Resident #5 was of health provider's Pl his diagnosis of an -At times, Resident that it affected his k -Resident #5's over when his anxiety w -It was important for psychosocial rehat appropriate social s anxiety, but due to hide in the facility's would arrive to take -She did not know 12:00pm dose of B psychosocial rehat -She expected the was not receiving the medications. -She expected facil regarding Resident so the PA could defineeded to be made -She did not think F notified because the the information to h Telephone interview health provider's P/ revealed: -He visited Resider monthly. -He had ordered Bi	ordered Buspar by the mental hysician's Assistant (PA) due to xiety. t #5's anxiety was so severe breathing. rall functioning was better as well controlled. or Resident #5 to attend bilitation meetings to teach him skills and reduce his social his anxiety, he would often bathroom when the van driver a him to the meetings. Resident #5 was missing his suspar when attending the bilitation meetings. facility to notify her if a resident heir mental health lity staff to notify the PA t #5 missing doses of Buspar termine any changes that e. Resident #5's PA had been te PA had not communicated her. w with Resident #5's mental A on 12/19/18 at 11:00am ht #5 at the facility once uspar 5mg three times daily for				
:	-He had last visited and he continued to	11/18 to treat his anxiety. I with Resident #5 on 11/08/18 o have complaints of anxiety. tesident #5 was routinely m dose of Buspar.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e survey Pleted		
		HAL060077	B. WING		12/	21/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE					
EAST TO	WNE		RTH SHARON TTE, NC 2820	AMITY ROAD 05				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
D 273	Continued From pa	ıge 48	D 273					
	timing of the medic	ation could be adjusted.						
	11:00am revealed: -Resident #5 was o	dent #5's PCP on 12/18/18 at rdered Buspar 5mg three						
	dose was not being the facility.	esident #5's Buspar 12:00pm administered if he was out of						
	routinely missing a timing of the medica	be notified if a resident was medication so the dose or ation could be adjusted. with Resident #5's mental continuity of care.	~					
	Interview with the A 4:00pm: -She did not know F	dministrator on 12/20/18 at Resident #5's PCP had not ding him missing medications						
	-She expected the I	WAs to notify the resident's missed a medication.						
	09/14/18 revealed n chlorhexidine glucor treat gingivitis), rins-	ent #5's current FL-2 dated nedication orders included nate (a mouthwash used to e with 15 milliliters (mls) three am, 12:00pm and 8:00pm.						
	Medication Administ revealed:	#5's October 2018 electronic tration Record (eMAR)						
	15 mis to be admini and 8:00pm.	/ for chlorhexidine gluconate stered at 8:00am, 12:00pm entation chlorhexidine						
		administered for seven of ties at 12:00pm due to "out of "						

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			e survey Pleted
		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 282	AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
D 273	Continued From pa	ge 49	D 273			
	Review of Resident revealed: -There was an entry 15 mls to be admin and 8:00pm. -There was docume gluconate was not a thirty opportunities facility/appointment Review of Resident revealed: -There was an entry 15 mls to be admin and 8:00pm. -There was an entry 15 mls to be admin and 8:00pm. -There was docume gluconate was not a seventeen opportur facility/appointment Interview with a me 12/19/18 at 10:00ar -She often worked of medications to Res -Resident #5 attend three days each we 9:00am and returnin -She did not adminint Resident #5 when 1 rehab and would do facility/appointment -She had not consider Resident #5's PCP medications, but "I could adjust his dos Interview with the R (RCC) on 12/19/18 -She sometimes wo	*#5's November 2018 eMAR y for chlorhexidine gluconate istered at 8:00am, 12:00pm entation chlorhexidine administered for thirteen of at 12:00pm due to "out of ." #5's December 2018 eMAR y for chlorhexidine gluconate istered at 8:00am, 12:00pm entation chlorhexidine administered for nine of hities at 12:00pm due to "out of ." dication aide (MA) on n revealed: day shift and administered ident #5. led psychosocial rehabilitation ek leaving the facility around ng around 2:30pm. ster 12:00pm medications to be was out of the facility at be und thim missing probably should have" so he be or dosing schedule. esident Care Coordinator at 2:00pm revealed:				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION	(X3) DAT	E SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		HAL060077	B. WING		401	01/0010
					12/	21/2018
AIVIE OF	PROVIDER OR SUPPLIER					
AST TO	OWNE		TTE, NC 282	I AMITY ROAD 05		
(X4) IĎ		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		SC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	HE APPROPRIATE	COMPLE
D 273	Continued From pa	ge 50	D 273	•		
	12:00pm medicatio would not administe would document he facility/appointment -She knew Residen 12:00pm medicatio rehab program, but speak with his PCP medications could to Interview with Resid 11:00am revealed: -He did not know Re gluconate 12:00pm administered if he w -He would expect to routinely missing a to timing of the medication timing of the medication could be a set to the the Au 4:00pm: -She did not know F been notified regard while at the rehab p	" t #5 routinely missed his ns when he attended the "it never registered to me to " to see if the timing of his be changed. dent #5's PCP on 12/18/18 at esident #5's chlorhexidine dose was not being vas cut of the facility. b be notified if a resident was medication so the dose or ation could be adjusted. dministrator on 12/20/18 at Resident #5's PCP had not fing him missing medications				
	c. Review of Reside 09/14/18 revealed n	missed a medication. ent #5's current FL-2 dated nedication orders included				
	morning and metop	50mg one tablet every rolol tartrate 50mg one half medication used to treat high)].				no contra de la contra de
	orders dated 09/23/ "metoprolol 50mg, o Primary Care Provid	#5's subsequent physician's 18 revealed an order for heck BP and pulse." Notify ter (PCP) if systolic pressure 0 or less than 90 or if diastolic				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI COM	e survey Pleted
		HAL060077	B. WING		401	21/2018
	PROVIDER OR SUPPLIER		DDRESS, CITY, S	······································	12	21/2010
	-ROVIDER OR SUFFLIER			AMITY ROAD		
EAST TO	WNE		OTTE, NC 2820			
(X4) ID		TEMENT OF DEFICIENCIES	ID DDGGW	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLE
Préfix Tag		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	DATE
D 273	Continued From pa	ıge 51	D 273	and the state of t		,
	pressure was great	er than 110 or less than 60.				
		t #5's October 2018 electronic				
	revealed:	stration Record (eMAR)				
	- There was an entr checked daily at 8:0	y for BP and pulse to be 00am and 8:00pm.				
	-Resident #5's BP r	eading was documented as				1
	98/45 on 10/11/18 a	at 8:00pm. reading was documented as				·
	115/55 on 10/16/18					
	-There was docum	entation Resident #5's pulse				
		om 60 to 89 at 8:00am.				
		entation Resident #5's pulse om 56 to 87 at 8:00pm.				
		umentation regarding BP				
	parameters or whe					
		y for metoprolol tartrate 50mg				
		ministered at 8:00am and 50mg one half tablet to be				
	administered at 8:0					
	-There was docum	entation metoprolol tartrate				
		as administered daily at				
	8:00am for 29 of 31	entation metoprolol tartrate				
		et was administered daily at				
	8:00pm for 27 of 31					
	Review of Resident revealed:	#5's November 2018 eMAR				
		y for BP and pulse to be				
	checked daily at 8:0	00am and 8:00pm.				
		eading was documented as				
i	102/58 on 11/06/18	at 8:00pm. reading was documented as				
	-Resident #5's BP r 120/54 on 11/07/18					
		eading was documented as				
	185/114 on 11/28/1	8 at 8:00pm.				
		eading was documented as				
	77/53 on 11/29/18 a	at 8:00am.				

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If continuation sheet 52 of 195

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA . IDENTIFICATION NUMBER:				e survey Pleted
		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIEF	R STREET AD	DRESS, CITY, S	TATE. ZIP CODE		
EAST TO				AMITY ROAD		
	ANNE	CHARLO	TTE, NC 2820)5		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X8) COMPLE DATE
D 273	Continued From p	age 52	D 273			
	readings ranged fr -There was docum readings ranged fr -There was no doo parameters or whe -There was docum 50mg one tablet w 8:00am for 17 of 3 -There was docum 50mg one half tab 8:00pm for 20 of 3 Review of Resider revealed: -There was an ent checked daily at 8 -Resident #5's doo from 120/61 to 144 -There was docum readings ranged fr -There was docum readings ranged fr -There was docum readings ranged fr -There was docum 50mg one tablet w 8:00am for 17 of 1 -There was docum 50mg one half tabl 8:00pm for 16 of 16 Review of Residen October, Novembe contained no docu	tentation metoprolol tartrate let was administered daily at 1 opportunities. It #5's December 2018 eMAR ry for BP and pulse to be 00am and 8:00pm. cumented BP readings ranged 5/91. Intentation Resident #5's pulse om 59 to 137 at 8:00am. Intentation Resident #5's pulse om 62 to 89 at 8:00pm. cumentation regarding BP on to notify the PCP. Intentation metoprolol tartrate as administered daily at 7 opportunities. Intentation metoprolol tartrate let was administered daily at			· · ·	
		edication aide (MA) on				

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1/2018
(X5) Comple Date

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STATEMEN AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED
	n n managerikken	HAL060077	B. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE		TH SHARON	AMITY ROAD		
(X4) ID Prefix Tag	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) Comple Date
D 273	Continued From pa	ge 54	D 273			
	the eMARs and comphysician's orders. -The facility did not was responsible for -She had not audite	was responsible for auditing nparing them to the currently have a nurse so she auditing the eMARs. d the eMARs because she vhelmed with work."				
	facility's contracted 8:21am revealed: -The pharmacy was orders onto the eMA facility. -The pharmacy had metoprolol 50mg on metoprolol 50mg on Resident #5 on 08/1	eived the order for BP				
	11:00am revealed: -He had given the or #5's systolic BP was 90 or if his diastolic I less than 60 becaus of high BP and was medication to lower -He expected the fac notify him if Residen ordered parameters. -He had not been no readings had been d ordered parameters November 2018. -He expected the fac with him in the reside	cility to follow his orders and t #5's BP was outside the otified Resident #5's BP locumented outside of six times in October and cility to document all contacts ent's record at the facility.				
1	Interview with the Ad	ministrator on 12/20/18 at				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE COM	E SURVE PLETED
		HAL060077	B. WING		12/	21/201
NAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON	I AMITY ROAD 05		
(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	(COM D
D 273	new orders to the f -The pharmacy wa orders into the eM/ responsible for the order. -The MAs had bee eMARs, but they w "because the proce 5. Review of Resid 10/04/18 revealed: -Diagnoses include hypertension, chro disease and Alzhei -Resident #7's leve Review of a discha hospital for Reside -Resident #7 was a 11/25/18 and discha 11/28/18. -Resident #7 had a disease (a heredita disorder), cardiac a beat) and chronic f -Resident #7 was a emergency room w gastrointestinal ble -There was an order with the heart and 10:30am. -There was an order with the primary cardiac after discharge and regarding hemoglor -There was an order with the primary cardiac after discharge and regarding hemoglor -There was an order	were responsible for faxing facility's contracted pharmacy. Is responsible for entering the AR system and the RCC was in verifying and approving the in trained on how to audit rould need to be retrained ess was failing." Thent #7's current FL2 dated ed renal insufficiency, nic obstructive pulmonary mer's disease. If of care was total care. Inge summary from a local int #7 dated 11/28/18 revealed: admitted to the hospital on larged back to the facility on a history of Osler Weber Rendo arrhythmia (an irregular heart heart failure. admitted through the with a diagnosis of red (GI). ar for Resident #7 to follow-up vascular center on 12/05/18 at er for Resident #7 to follow-up ire medical physician in 5 days d obtain laboratory studies bin level. ar for Resident #7 to follow-up	1			
delon of H	with the primary ca after discharge and regarding hemoglo -There was an orde	are medical physician in 5 days d obtain laboratory studies bin level. er for Resident #7 to follow-up erology and hematology				

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	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
		HAL060077	B. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		, .,
e 1 or 70	\\d/bd/=	4815 NOF	TH SHARON	AMITY ROAD		
EAST TO	JAAIUE	CHARLO	"TE, NC 2826	95		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5) COMPLI
PRÉFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	DATE
		-		DEFICIENCY)		
D 273	Continued From pa	age 56	D 273			
		•				
	Review of a secon	d discharge summary from a				
		esident #7 dated 12/11/18				
	revealed:					
	-Resident #7 was a	admitted to the hospital again				
		agnoses that included GI				
	bleed and chronic	discharged back to the facility				}
	on 12/11/18,	uscharged back to the facility				
		er for a follow up appointment				
		erology and hematology				
	physician in 1 weel	κ.				
		er for a follow up appointment	1			-
		vascular center on 12/18/18 at				ĺ
	3:30pm. -There was an orde	er for a follow up appointment				
		re medical physician office on				
	12/19/18 at 11:00a					
	Review of the facili	ty appointment book calendar				
	for November 2018	3 and December 2018 revealed				
		ician appointments entered for				
	Resident #7.					
	Telephone interview	w with Resident #7's heart and				
		Istant on 12/18/18 at 2:48pm				ļ
	revealed:					Ì
		n appointment on 12/05/18 at				
	10:30am made by	the hospital, but did not show				
}	up for the appointm	nent. ever called the office to				
	reschedule the mis					
		ited to see Resident #7 for a				
	follow- up visit from	a recent hospital visit on				
	11/28/18.					
		nother follow up appointment				
1	another hospital vis	B/18 at 3:30pm because of sit on 12/11/18				
	ωτουτοι ποσρικαι νις	n. vit 14/11/10.				ļ
	Observation of Res	ident #7 on 12/18/18 at				1

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TATEMEN	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:		· · · · · · · · · · ·		PLETED
		HAL060077	B, WING		12/	21/2018
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE. ZIP CODE		
			• •			
AST TO		CHARLO	TTE, NC 282)6		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / 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) COMPLE DATE
D 273	Continued From pa	ge 57	D 273	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	4:07pm revealed: -He was in his room head covered with -He stated "my legs	n laying in the bed with his a blanket.				
	health associates o -Resident #7 was to to a recent hospital -There was never a Resident #7 for a fo -Resident #7 was n November 2018 or -"It is very important appointment to enst treatment of his ble	In appointment made for Now-up visit. It seen in the office in December 2018. t [Resident #7] kept his ure the best therapy and				
		e interview with Resident #7's al center on 12/18/18 at cessful.				
	Attorney (POA) on -She knew Residen hospitalizations with -The facility never of Resident #7's heart medical physician, physician appointm -She was not aware	nin one month. contacted her in regards to and vascular, primary or the digestive health				
	Nurse Practitioner f	18 at 11:30am with the facility or Resident #7 revealed: new patient to her services.				

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If continuation sheet 58 of 195

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DAT COM	e Survey Pleted
		HAL060077	B. WING		12/	<u>21/2018</u>
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE		RTH SHARON	AMITY ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PRÉFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLET DATE
D 273	Continued From pa	ige 58	D 273			
	ordered laboratory something she did -She had known Re hospital recently on -She did not know I up appointments w primary care physic physician appointm -When the result of came back, she cal Resident #7 sent or low hemoglobin. -She did not know F discharge order on the primary medica days after discharge -The staff did not m had missed any of t Interview on 12/18/1 medication aide (M/ -She was responsib for residents and re from the hospital. -She did not know F with the heart and v care physician, or tt -She was not sure v appointments were Interview with the R (RCC) on 12/18/18 -She was responsib staff. -She knew Residen hospital two times ir	Resident #7 had missed follow ith the heart and vascular, itan, or the digestive health ents. Resident #7's lab findings led the facility and had at to the hospital because of a Resident #7's hospital 11/28/18 was to follow up with l physician for lab work in 5 e. ake her aware Resident #7 he physicians' appointments. 18 at 3:30pm with a A) revealed: le for reviewing new orders viewing discharge summaries Resident #7 had appointments ascular center, the primary ne digestive health physician. why the physician missed for Resident #7. esident Care Coordinator at 4:15pm revealed: le for overseeing the clinical t #7 had been admitted to the n the past month.				
	physician appointme	Resident #7 had ordered ents from the two hospital es that were not on the				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL060077			12/	21/2018
	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	(2)	2112010
				AMITY ROAD		
EAST TO	DAANE	CHARLC	DTTE, NC 2820	05		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 273	Continued From pa	age 59	D 273			1
	the appointments. "If I see or know o resident, I will put it -She did not know I appointment on 12, and vascular cents -She did not know I on 12/18/18 at 3:30 and had edema bits -She had not conta in regards to any m Observation of the 12/20/18 revealed I facility. Interview with the F revealed Resident a hospital on 12/19/1 admitted to the inte diagnoses of chest	why Resident #7 had missed f an appointment for a t on the appointment calendar. Resident #7 had an /18/18 at 3:30pm with the hear r. Resident #7 was in the facility 0pm complaining his legs hurt ateral to his lower legs. Incted Resident #7's physician hissed appointments. facility census report for Resident #7 was in not in the RCC on 12/20/18 at 10:20am #7 was transported to the 8 around 11:00pm and was insive care unit with a	1		·	
	follow-up for Reside not notified that his Humalog before me eMAR for the mont the hospital for BS	Falled to assure referrar and ent #2 whose physician was FSBS 4 times daily and his eals scheduled was not on the h of November leading him to 1200; Resident #3 who ons including metoprolol				
	tartrate, atorvastatii Lisinopril, and sertr inhaler refusals; Re pressure measurer parameters and me including Buspar (u	n, clonidine, clopidogrel, aline, Resident #4's Respimat esident #5 regarding blood nents outside of ordered edications not administered used to treat anxiety) and onate (a mouthwash used to				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: ,	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL060077	B. WING		12/2	12/21/2018	
NAME OF .	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
EAST TO	DWNE		TH SHARON	AMITY ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLET DATE	
D 273	Continued From pa	ge 60	D 273	· · · · · · · · · · · · · · · · · · ·			
	heart and vascular physician after hosp 12/12/18 and was of 12/20/18 diagnosed to assure referral ar resident's needs res harm and neglect ar Violation. The facility provided accordance with G.S this violation.	ts with the gastroenterologist, ohysician and the primary care bital visits on 11/28/18 and on urrently in the hospital with chest pain. This failure ad follow up to meet the sulted in serious physical and constitutes a Type A1 a Plan of Protection in S. 131D-34 on 12/19/18 for TE FOR THE TYPE A1 NOT EXCEED JANUARY		· · ·			
D 276	10A NCAC 13F .090 (c) The facility shall following in the resid (3) written procedure a physician or other and (4) implementation of	assure documentation of the	D 276	Refer to Plan of Correction 10A NCAC 13F .0603	n for Tag 183	1/26/20	
	This Rule is not me TYPE A1 VIOLATIO Based on interviews						

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		HAL060077	B. WING	B. WING		12/21/2018	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
EAST TO	NAINI E		RTH SHARON				
		CHARLO	OTTE, NC 2820)5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 276	Continued From pa	ge 61	D 276				
	resident's orders we (Resident #1, #4 ar multiple appointment	cility failed to assure 2 are implemented, for 3 of 7 id #7) related to Resident #1 nts radiation, chemotherapy, d for nebulizer treatments and ations ordered.					
	The findings are:						
	9/25/18 revealed di	ent #1's current FL-2,dated agnoses of right breast s, hypertension, seizure, and					
	she was admitted to Review of Resident -An "After Visit Sum on 10/4/18, docume seen for "malignant quadrant of right bro chemotherapy appo 10/25/18 at 12pm a	#1's register revealed that b the facility on 10/11/18. #1's record revealed: mary" from an appointment ented that Resident #1 was neoplasm of upper-outer east" and she had a bintment scheduled for nd a physician's visit with her bind for 11/6/18 at 10:20am,					
		#1's charting notes revealed pentation regarding medical					
	#1's Oncologist's of revealed: -Resident #1 was st chemotherapy "even -Resident #1 had la treatment on 10/4/1 -Resident #1 had m	ry 3 weeks," st received a chemotherapy 8. issed a total of 3					
ľ	and 11/19/18. -Resident #1 also m auth Service Regulation	ments on 10/25/18, 10/29/18, iissed an office visit					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e Survey Pleted
		HAL060077	B. WING			21/2018
NAME OF PF	NOVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	MALE?	4815 NO	RTH SHARON	AMITY ROAD		
EAST TOV		CHARLO	TTE, NC 282)5		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE	(X6) COMPLET DATE
D 276 (Continued From pa	ge 62	D 276	· · · · · · · · · · · · · · · · · · ·	<u> </u>	*
8	scheduled for 11/5/	18.				
F1 - t - 01 - 1 - e - 01 e n ~ p0 fi n w wir a F a - v - ir tr	Resident #1's Onco I1:18am revealed: Resident #1 had m reatments since sh Resident #1 had m chemotherapy appo I0/29/18, 11/19/18 a Resident #1 had m I1/5/18. Resident #1 misse schocardiogram on Resident #1 was st chemotherapy direc 2/10/18, however, echocardiogram on eccive chemothera At the time of the v chysician's office co Coordinator (RCC) a acility aware of app escheduled, which was rescheduled for was rescheduled for pointments. The I Resident #1 would h appointments. The I Resident #1 would h appointments. The I Resident #1 was re decrease the risk o Per Resident #1 on including not attendi	bintments, on 10/25/18, and 12/17/18. bissed an office visit on d an appointment for an 12/4/18. upposed to have stly after an office visit on due to missing the 12/4/18, she could not upy as scheduled. isit on 12/10/18, the ontacted the Resident Care at the facility to make the bointments that were being included: An echocardiogram r 12/11/18, and chemotherapy r 12/17/18. She stressed the lent #1 attending the RCC assured her that have transportation to the ecciving chemotherapy to f recurrent disease." incologist, "Sub-optimal care, ing necessary cancer radiation, chemotherapy,				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e Survey Pleted	
		HAL060077	B. WING	B. WING		12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE			
EAST TO	OWNE		RTH SHARON	AMITY ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) Comple Date	
D 276	Continued From pa	ge 63	D 276	<u>на селото се </u>	••••••••••••••••••••••••••••••••••••••		
	3:01pm revealed: -Resident #1 had m 11/18/18 and 11/27. -Any missed appoint to the end of series -Resident #1 finishe 12/3/18. Review of the trans calendar on 12/18/ -In October, Reside appointments, note 10/25/18, 10/26/18 -In November, Reside appointments, note 11/5/18, 11/19/18, a appointment listed of -On 12/17/18, Reside noted as "Radiation -On 12/4/18, Reside	atments were generally added of daily radiation treatments. ad her radiation treatments on portation appointment i8 at 3:11pm revealed: ont #1 had the following d as "Radiation/Oncology": and 10/29/18. dent #1 had the following d as "Radiation/Oncology": und 11/27/18. There was no on 11/18/18 for radiation. dent #1 had an appointment,					
	revealed: -At the time of movi facility, he provided her upcoming medi her dally radiation a provided the facility her last doctor's ap appointments listed scheduled chemoth -He became aware some of her radiation	RP) on 12/6/18 at 3:10pm ng Resident #1 into the the facility with information on cal appointments, including ppointments. He had also a copy of the paperwork from pointment that had upcoming on it, including her next erapy treatment. that Resident #1 missed on and chemotherapy use he received a call from					

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	of Health Service R					APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
		HAL060077	B, WING		12/	21/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE			AMITY ROAD		
			TTE, NC 2820	·····	····	-
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From pa	age 64	D 276			
	-He went to the fac missed multiple ap "someone" who as make sure she got chemotherapy app Interview with the t 9:15am revealed: -Resident #1's RP and was concerned call from the reside that she had misse appointment. -Prior to the RP con been aware that Re attending any chen -She thought Resid chemotherapy ever -She recalled recer the former busines: call to the radiation an appointment for the radiation office radiations treatment -She was supposed scheduled appointr needed to be sched admission by the R or Resident Care C -The facility nurse f very soon after Resident revise	illity after learning that she had pointments and spoke with sured him that they would to her radiation and ointments. ransporter on 11/7/18 at came to the facility yesterday d because he had received a ent's physician's office stating d a chemotherapy ming to the facility, she had not esident #1 was supposed to be notherapy treatments. lent #1 was only receiving y 3 weeks. tily receiving a message from s office manager to return a treatment office to schedule Resident #1. She had called and set up Resident #1's ts, which began on 10/22/18. I to be notified in writing of any nents or treatments that duled for new residents upon esident Care Director (RCD)	D 276			
	be on the transport					
	revealed: -Since 11/7/18, Res	ident #1 had missed two more ents, of which she was aware.				
		she was out sick and staff did				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·			e survey Pleted	
		HAL060077	B. WING		12/	12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, S	TATE, ZIP CODE			
EAST TO	<u> ԴИЛИЕ</u>	4815 NO	RTH SHARON	AMITY ROAD			
		CHARLO	TTE, NC 282	05			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) Comple Date	
D 276	Continued From pa	nge 65	D 276				
	not get anyone else radiation appointme exact date. -The second appoint missed was on 11/ that day but had any member to assure radiation appointme day before to make about the appoint again to make sure found out staff had her appointment. -She called Reside was about to close to wait for her to any radiation office was come in late for her understanding a sta -She later learned to to call and resched Interview with Reside moved into the faci -He had been Reside moved into the faci -He could tell that " Resident #1 and was some treatment set breast cancer. -He had stressed to Resident #1 attend -There was a potent cancer progressing Interview with the Fa-	e to transport Resident #1 to ent. She was unsure of the ntment Resident #1 had 18/18. She was not working ranged for another staff Resident #1 attended her ent. She called the facility the e sure staff hadn't forgotten nent. The next day, about the ment, she called the facility someone was taking her and not transported the resident to nt #1's radiation office, which for the day, and they offered rive. She notified staff the waiting for Resident #1 to appointment, and it was her aff was taking her. hat the Administrator told staff ule the appointment. dent #1's Primary Care 12/18/18 at 11:45am dent #1's PCP since she had					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		e Survey Pleted	
	· · · · · · · · · · · · · · · · · · ·	HAL060077	B. WING		12/	12/21/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
EAST TO	NAME	4815 NO	RTH SHARON	AMITY ROAD			
		CHARLO	TTE, NC 282	05			
(X4) ID Prefix	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		D	PROVIDER'S PLAN OF		(X5) COMPLE	
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE	
D 276	Continued From pa	age 66	D 276	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Services notifying h -She had discovered confusion about wh Resident #1 to her 11/18/18. -She spoke with Res who informed her th radiation treatment: -Resident #1 was a week that she had she was not familia of her appointments -She was not award any chemotherapy -The RCD normally admissions to the fa transportation was medical appointments been without an RCD had been admitted, without an RCD, sh for new admissions were in place, include	ed that there was some no would be transporting radiation appointment on esident #1's responsible party he resident had missed 2 is since living in the facility. Idmitted to the facility the same started working the facility, so r with her and was not aware is for her cancer treatments.					
	-She was not aware another chemothera 12/17/18. -She was aware tha shop for service yes appointments had to not aware that Resi- one of them. -Previously, the acti as the transport driv appointments in the -She recalled speak	on 12/18/18 at 4pm revealed: that Resident #1 had missed apy treatment yesterday, at the facility's van was in the storday and that some b be rescheduled, but she was dent #1's appointment was vity director who was filling in rer was responsible for writing transportation calendar. ing to the nurse from the n 12/11/18 regarding					

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STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL060077	D077 B. WING		12/21/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE		RTH SHARON TTE, NC 282	AMITY ROAD		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X6) Complet Date
D 276	Continued From pa	ige 67	D 276	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	scheduled, includin 12/11/18 and chem -She would have gi transportation drive calendar. Interview with trans revealed: -Resident #1 did no appointment yester the shop for repairs would be ready yes a delay, which caus appointments. -Usually, when the facility borrowed sister facility borrowed sister facility borrowed sister facility borrowed sister facility borrowed sister facility had not arrangements with vehicle for yesterda supposed to have b resident appointme residents had misse -When the RCC no appointment, he wo the transportation c	t previously made a sister facility to borrow a been repaired in time for nts. This caused a few ad appointments. tified him of an upcoming build add the appointment to alendar.		·		
	revealed:	nistrator on 12/6/18 at 3:50pm e aware that Resident #1 had				
	missed any medica Protective Services -When a new reside it was the nurse's re- record to assure an appointments was s	l appointments until Adult inquired about it on 11/7/18, ent was admitted to the facility, esponsibility to review the				,
	or by the facility. -The facility's nurse alth Service Regulation	had quit about the time that				

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ITATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE .A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
	HAL060077	B. WING		12/	21/2018
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	ÎATE, ZIP CODE		
AST TOWNE		RTH SHARON TTE, NC 2820	AMITY ROAD 05		
PRÉFIX 🕴 🛛 (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
one looking thorous documentation the information about a -She and the RCC with reviewing reco had not revealed R -She was not awar Resident #1's char upcoming medical 12pm for chemothe for an appointment 2. Review of Resid 9/4/18 revealed dia artery disease with hypertension, histo diabetes mellitus ty morbid obesity, his status post right ad osteoarthritis, schiz Review of Residem -An ordered dated 2.5mg/3ML nebuliz "around the clock - days. Review of Resident electronic Medication (eMAR) revealed: -An entry dated 12/ 2.5 MG/3ML NEB (airways in your lung - use 1 vial via nebulis and clock - hold while si	dmitted, which resulted in no ghly at the record to see the family had provided with apcoming appointments. had also been trying to assist ords for new residents, but they tesident #1's record. e there was documentation in t with information about appointments on 10/25/18 at erapy and 11/5/18 at 10:20am with her oncologist. ent #4's current FL-2 dated ignoses included coronary pervious myocardial infarction, ry of stroke, hyperlipidemia, rep 2, congestive heart failure, tory of right adrenal mass renalectomy 2014, cophrenia, and dementia. t #4's record revealed: 12/12/18 for albuterol 0.083% er treatments every 4 hours hold while sleeping" for 2 t #4's December 2018 on Administration Record 12/18 for "albuterol 0.083% used to help open up the gs to make it easier to breathe) ulizer every 4 hours around the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		HAL060077	B. WING		12/	21/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	ADDRESS, CITY, STATE, ZIP CODE				
EAST TO	OWNE			AMITY ROAD			
			TTE, NC 2820				
(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 DEFICIENC	TION SHOULD BE	(X5) Comple Date	
D 276	Continued From pa	age 69	D 276				
	documented as "no 8:00am with a reas administered" on 1 reason of "med not machine"; "not adu 4:00pm with a reas "not administered" reason of "resident Review of Residen	Iterol nebulizer treatment was of administered" on 12/14/18 at 201 of "resident refused"; "not 2/14/18 at 12:00pm with a t in facility - no nebulizer ministered" on 12/14/18 at on of "med not in facility"; and on 12/14/18 at 8:00pm with a refused." t #4's charting notes revealed regarding nebulizer treatments.					
	revealed: -She saw her PCP with a cough and c breathing as well a -She had not received since she had lived -She was not award received any nebul her PCP last week -She had told the F (RCC) that she wan this week since she The RCC told her so of residents to be s -She was wearing h	ved any nebulizer treatments I in the facility. e she was supposed to have lzer treatments since seeing Resident Care Coordinator inted to see the physician again a was not feeling any better. she would "add her to the list" een by her PCP this week. her oxygen today, which she at night, because she was not					
	12/18/18 at 11:30ar -Resident #4 had n in the facility, so ne have been adminis -She had not curren #4's medications re	ever had a nebulizer machine bulizer treatments could not tered to her. ntly administered Resident					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	······································	HAL060077	B. WING		12/	<u>21/2018</u>
IAME OF I	PROVIDER OR SUPPLIER	STREETAD	ORESS, CITY, S	TATE, ZIP CODE		
AST TO	WANE	4815 NOF	RTH SHARON	AMITY ROAD		
		CHARLO	TTE, NC 2820	05		
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From pa	nge 70	D 276			
	be receiving nebulit for 2 days. -It was the RCC's m necessary equipment nebulizer machine. Interview with anoth revealed: -Resident #4 had no in the facility. -On 12/14/18 she h that Resident #4's m administered becaut machine." -She thought she "p Resident #4 needed time she entered the she was not certain	the time she was supposed to zer treatments every 4 hours esponsibility to order ent for new orders, such as a her MA on 12/18/18 at 2:20pm ever had a nebulizer machine ad documented on the eMAR nebulizer treatments were not use she had "no nebulizer probably told" the RCC that d a nebulizer machine at the e note into on the eMAR, but CC on 12/18/18 at 4pm				
	revealed: -When a resident ne such as a nebulizer healthcare equipme order. The equipme -She was not aware a nebulizer machine received any nebuliz	eeded medical equipment, machine, she contacted the int company and put in an nt usually arrived within a day. that Resident #4 did not have and that she had not zer treatments that had been				
	needed a nebulizer	d her that Resident #4 machine.				
	Physician on 12/19/ -She assessed Resi she was not feeling -Due to Resident #4	ent #4's Primary Care 18 at 11:23am revealed: Ident #4 last week because well. sounding very congested, bulizer treatments for "a few				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION		A. BUILDING:	1	COM	PLETED
		HAL060077	B, WING		12/	21/2018
AME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE		
EAST TO	MARIE	4815 NO	RTH SHARON	AMITY ROAD		
-AST TU		CHARLO	DTTE, NC 2820	5		
(X4) ID		TEMENT OF DEFICIENCIES	lD	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		y must be preceded by full .sc identifying information)	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO		COMPLET DATE
				DEFICIENC)Y)	
D 276	Continued From pa	age 71	D 276			
	forward.					
		gen saturation at the time of				
	the visit last week v					
		e that Resident #4 never				
	received any of the	nebulizer treatments she had				
	ordered for her last	week.				
		r for nebulizer treatments not				
		as ordered could potentially				
		of her respiratory symptoms.				
		d to see her again today, as				
		ed since last week's visit.				
		as that her orders for				
	resident's healthcar implemented imme					ł
	implemented inime	dialely by stall.				
	3. Review of Reside	ent #7's current FL2 dated				
	10/04/18 revealed:					
		d renal insufficiency,				
		nic obstructive pulmonary				
ŀ	disease and Alzheir Medication and are					
	medications:	included the following				
		treat osteoporosis) 70 mg				
	once weekly	a bat obtoop of coldy 10 mg				
		iron supplement used to treat	t l			
	anemia) 324mg twi					
	-CVS vitamin (helps	s to prevent bone disorders)				
	D3 2000 units daily					
		le relaxant) 2mg daily as				
	needed for pain/spa					
		ungal) 1%-0.05% topical				
	cream apply two tin	es dally to rash. eat Alzheimer disease) 5mg				
	every evening.	ar manerner diseasey only				
		to treat fluid retention) 0.5mg				1
	take every one table					
		treat high blood pressure)				
	25mg daily.					}
	-Prilosec (used to tr					
	anatropeophogoal r	eflux) 40mg take two times	1			1

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TATEMEN	of Health Service F	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DAT	E SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:			COM	PLETED
•		HAL060077	B. WING		12/	21/2018
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WINE		OTTE, NC 282			
(X4) ID		ATEMENT OF DEFICIENCIES	01	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From p	age 72	D 276			
	daily.					
		at Register revealed the tted to the facility on 11/01/18				
ㅋ ㅋ	Resident Care Cod	/18 at 2:30pm with the ordinator (RCC) revealed dmitted to the facility on /01/18.			•	
	subsequent physic compression stock QHS (every night). Review of Residen electronic medicati (eMAR) revealed: -There was an entr compression stock morning and off at and 8:00pm.	Ident #7's record revealed a ian order dated 12/06/18 for tings knee high-on in the AM off t #7's December 2018 on administration record ry "Jobst hose (a brand of ings) need size" on in the bedtime scheduled for 8:00am umentation the Jobst				
		ings had been applied during				
	revealed: -On 11/24/18 at 1:0	t #7's facility charting notes)7pm Resident #7 was using a e he was having a difficult time is legs hurt.				
	-On 11/25/18 at 6:0 complained of diffic noted to face and k	11pm Resident #7 had culty breathing, swelling was ower extremities. Resident was Room (ER) for evaluation "per				
	medication aide (M	18 at 3:30pm with a A) revealed: cluded reviewing new orders				

Division of Health Service Regulation STATE FORM

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STATE PLANY OF CORRECTION (M) PROVIDER/RUPPLIER (A) DUDNO (A) DUDNO (A) DUDNO AND PLANY OF CORRECTION (A) DUDNO (A) DUDNO (A) DUDNO (A) DUDNO MARE OF PROVIDER OR SUPPLIER BYREIFERADUSES, CITY, STATE, 2P CODE 12/21/2018 MARE OF PROVIDER OR SUPPLIER BYREIFERADUSES, CITY, STATE, 2P CODE 12/21/2018 CASING TOWNE STAMEWAY STATEMENT OF DEPICIENCES (B) PROVIDERS FLAND CORRECTION (C) CONTENT SHARED OF CORRECTION PAST SUMMARY STATEMENT OF DEPICIENCES (D) PROVIDERS FLAND CORRECTION (C) CONTENT SHARED OF CORRECTION PAST SUMMARY STATEMENT OF DEPICIENCES (D) PROVIDERS FLAND CORRECTION (C) CONTENT SHARED OF CORRECTION PAST SUMMARY STATEMENT OF DEPICIENCES (D) CONTENT SHARED OF CORRECTION (C) CONTENT SHARED OF CORRECTION F160 SUMMARY STATEMENT OF DEPICIENCES (D) CONTENT SHARED OF CORRECTION (C) CONTENT SHARED OF CORRECTION F160 SUMMARY STATEMENT OF DEPICIENCES (D) CONTENSING INCOMINTON (D) CONTENSING INCOMINTON F160 Continued From page 73 (D) C) CONTENSING INCOMINTON (D) C) CONTENSING INCOMINTON (D) C) C) CONTENSING INCOMINTON F160 Chane made of C) CONTENSION INCOMINTON (D) C) C) C) C) C) C) C) C) C)	D	vision	of Health Service Re	egulation					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE EAST TOWNIE 4015 NORTH SHARON ANITY ROAD CM0 ID SUMMARY STATEMENT OF DEFICIENCIES PREDIX (2AO) ID ERICENCY MUST GE PREDIEDU P FULL TAC (2AO) ID ERICENCY MUST GE PREDIEDU P FULL PREDIX (2AO) ID COMPRETING INFORMATION PREDIX Continued From page 73 for residents and faxing the order to the pharmacy. J -If he fixed orders to the pharmacy she would made a copy for the Resident 2 recordinator (RCC) to review. D -She filed the new order. The adorder for compression stockings written on 12/06/18. -The CC was responsible faxing orders to the pharmacy. -She did not know Resident #7 had an order for compression stockings and never "popped up" on the 4MAR when she administered medications in the mornings to Resident #7. -She did not know Resident #7 had an order for compression stockings on. -The RCC was responsible faxing orders to the pharmacy. -She had never seen Resident #7 with compression stockings on. -She had never seen Resident #7 on 12/18/18 at 4:07/07 revealed: -He stated "my legs hurt". -As he had never seen the body was present in the resonn admocyreed his legs. -Resident #7 had no compression stockings on from Resident #7 on 12/18/18 at 4:07/07 revealed: -He stated "my legs hurt". -As estant #7 had no compression stocking on norm and uncovered his le									
4815 NORTH SHARON ANITY ROAD CHARLOTTE, NO 28205 CMU ID PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG PREFX (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG DEFICIENCY (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG DEFICIENCY (EACH DEPICENCY (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG DEFICIENCY (EACH DEPICENCY (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG DEFICIENCY (EACH DEPICENCY (EACH DEPICENCY		-	· . ·	HAL060077	B. WING		12/2	1/2018	
EAST TOWNE CHARLOTTE, NO 28205 CHARLOTTE, NO 28205 PROVIDERS PLANOE CORRECTION (EACH DERICIENCY MUST BE PRECIEDED AT NULL TWS PROVIDERS PLANOE CORRECTION (EACH DERICIENCY MUST BE PRECIEDED AT NULL TWS PROVIDERS PLANOE CORRECTION (EACH DERICIENCY MUST BE PRECIEDED AT NULL TWS PROVIDERS PLANOE CORRECTION (EACH DERICIENCY MUST BE PRECIEDED AT NULL TWS PROVIDERS PLANOE CORRECTION (EACH DERICENCY MUST BE PRECIEDED AT NULL TWS D 276 Continued From page 73 for residents and faxing the order to the pharmacy. D 276 D 276 D 276 D 276 Continued From page 73 for resident and faxing the order to the pharmacy. D 276 - Hold the new order in the resident S record after the RCC hardwared the new order in the resident for compression stocking written on 12/06/18. D 276 - The dMAR when she administered modications in the mornings to Resident #7. - She did not know Resident #7. - She did not know Resident #7 and an order dated 12/06/18 at 3.45pm with a second MA revealed: - The RCC was responsible faxing orders to the pharmacy. - She did never seen Resident #7 and an order dated 12/06/18 at at beditme. - She had never seen Resident #7 at beditme. - She had never seen Resident #7 at beditme. <td cols<="" td=""><td>NA</td><td>ME OF F</td><td>PROVIDER OR SUPPLIER</td><td>STREET AD</td><td>DRESS, CITY,</td><td>STATE, ZIP CODE</td><td></td><td></td></td>	<td>NA</td> <td>ME OF F</td> <td>PROVIDER OR SUPPLIER</td> <td>STREET AD</td> <td>DRESS, CITY,</td> <td>STATE, ZIP CODE</td> <td></td> <td></td>	NA	ME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WD D TAG SUMMARY Statement Of Deficiences p. (EACH DEFiciency Must are Arrows and the arrows and th	E/	AST TO	WNE	4815 NOR	TH SHARO	N AMITY ROAD			
Pride/X read/units ERAPTION OF INCLINCY MUST BE PRECEDED BY FULL TAG Precent And Antice Antis antice Antis antice Antice Antis antice Antice Antice			A10.11.11.00.000		····				
for residents and faxing the order to the pharmacy. -If she faxed orders to the pharmacy she would made a copy for the Resident Care Coordinator (RCC) to review. -She filed the new order in the resident's record after the RCC had reviewed the new order. -She filed the new order in the resident's record after the RCC had reviewed the new order. -She filed the new order with the an order for compression stocking written on 12/06/18. -The compression stocking written on 12/06/18. -The compression stockings had never "popped up" on the eMAR when she administered medications in the mornings to Resident #7. -She never contracted the physician concerning Resident #7's order for compression stockings. Interview on 12/18/18 at 3:45pm with a second MA revealed: -The RCC was responsible faxing orders to the pharmacy. -She had never Resident #7 had an order dated 12/06/18 for compression stockings. -She had never seen Resident #7 with compression stockings on Resident #7 with compression stockings on Resident #7 with compression stockings on Resident #7 is eMAR for December 2018. Observation of Resident #7 on 12/18/18 at 4/37pm revealed: -He was in his room laying in the bed with his head covered with a blanket. -He stated "my legs hurt". -A personal care alde (PCA) was present in the room and uncovered his legs. -Resident #7 had bilateral edema lower extremities.	ļ Ρ́	RÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE		
 pharmacy. If she faxed orders to the pharmacy she would made a copy for the Resident Care Coordinator (RCC) to review. She filed the new order in the resident's record after the RCC had reviewed the new order. She filed the new order in the resident's record after the RCC had reviewed the new order. She filed the new order in the resident #7 had an order for compression stocking written on 12/06/18. The compression stocking written on 12/06/18. The compression stocking written on 12/06/18. The order for compression stockings. Resident #7's order for compression stockings. Interview on 12/18/18 at 3.45pm with a second MA revealed: The RCC was responsible faxing orders to the pharmacy. She had never seen Resident #7 had an order dated 12/06/18 for compression stockings. She had never seen Resident #7 had an order dated 12/06/18 for compression stockings. She had never seen Resident #7 with compression stockings from Resident #7 at bedime. She had never seen Resident #7 with compression stockings from Resident #7 on 12/18/18 at 4:07pm revealed: He was in his room laying in the bed with his head covered with a blanket. He was in his room laying in the bed with his head covered with a blanket. He was in his room laying in the bed with his head covered with a blanket. He stated "my legs hurt". A personal care alde (PCA) was present in the room and uncovered his legs. Resident #7 had bilateral edema lower extremelies. 		D 276	Continued From pa	ge 73	D 276				
			for residents and fa pharmacy. -If she faxed orders made a copy for the (RCC) to review. -She filed the new of after the RCC had re- -She did not know F compression stocki -The compression stocki -The compression stocki -The compression stocki -The never contacter Resident #7's order Interview on 12/18/* MA revealed: -The RCC was resp pharmacy. -She did not know F dated 12/06/18 for of -She had never see compression stocki -She had never see compression stocki of December 2018. Observation of Resi 4:07pm revealed: -He was in his room head covered with a -He stated "my legs -A personal care ald room and uncoverer -Resident #7 had no legs. -Resident #7 had bil	xing the order to the to the pharmacy she would e Resident Care Coordinator order in the resident's record reviewed the new order. Resident #7 had an order for ng written on 12/06/18. stockings had never "popped hen she administered mornings to Resident #7, ed the physician concerning for compression stockings. 18 at 3:45pm with a second ponsible faxing orders to the Resident #7 had an order compression stockings. In Resident #7 with ngs on. roved compression stockings bedtime. In the order or noticed the ngs on Resident #7's eMAR ident #7 on 12/18/18 at haying in the bed with his a blanket. hurt". le (PCA) was present in the d his legs. is compression stocking on his					
	Divisi.	on of He							

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED
•		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EAST TO	MARIE	4815 NO	RTH SHARON	AMITY ROAD		
		CHARLC	TTE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	IN SHOULD BE	(X5) COMPLET DATE
D 276	Continued From pa	ge 74	D 276			
	room on 12/18/18 a -She told the Reside and the MA Resider his legs were hurtin -She had never see except for the "non- -She never seen Res stocking.	ent Care Coordinator (RCC) nt #7 was not feeling well and g on 12/18/18. n Resident #7 wear any socks skid socks from the hospital." sident #7 wear compression s wore flip flops because his				
	revealed: -She was not told R or that he was not fe -She knew Resident his lower extremities -Resident #7 was ac "swelling in his legs" -She did not know R written on 12/06/18 -The MAs were resp the pharmacy and fe orders.	mitted to the hospital with				
	revealed: -Her responsibilities pharmacy and review -She did not know R compression stockin to his legs. -She did not know his compression stockin Nurse would do that	ig, "probably a home health				

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TATEMEN	of Health Service Ru IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIDUE	CONSTRUCTION	(Y3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		HAL060077	B. WING		12/	21/2018
iame of F	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	TATE, ZIP CODE		
AST TO	MARE	4815 NO	RTH SHARON	AMITY ROAD		
		CHARLO	OTTE, NC 2820)5		
(X4) ID Prefix		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE
D 276	Continued From no	vac 75	D 276			
DZIQ	Continued From pa	ige / p	0.276			
	hurt all the time."					
		are on 12/18/18 Resident #7 I and his legs were hurting.				
		had reported to her Resident				
	#7's was lying in be					
ĺ	-She had obtained	Resident #7's vital signs on				
	12/18/18.	-				
	-"Resident #7's legs	s were swelled and hurting."				
1	Telephone interview	v with a pharmacist at the				
		pharmacy on 12/19/18 at				
8	8:10am revealed:					
		se Practitioner faxed an order				
		12/06/18 for compression				
	night).	1-on in the AM off QHS (every				
		ced the ordered for the				
	compression stocki	ngs (Jobst) on in the morning				
		scheduled for 8:00am and				
		it #7 profile on the December				
:	2018 eMAR.	stocking required proper sizing				
	of Resident #7's leg		1			
		ntacted the pharmacy with the				ļ
	size of the compres					
		sponsible to obtain Resident	-			
		pression stockings so they ork to reduce edema.				
	would adequately w	or to reduce edema.			-	
		18 at 11:30am with Resident				
	#7 Nurse Practition					
		ew to her services and she				
	had first seen Resid 12/05/18.	lent #7 in the facility on	1			
		ested she see Resident #7 on				
	12/19/18.					
		edema bilateral to his legs on				
		had seen him in the facility.				
	 She had written an compression stocki 	order for Resident #7 to have				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATI COM	e surve' Pleted
	·····	HAL060077	B. WING		12/	21/201
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE					
(X4) ID	SI MMARY ST	ATEMENT OF DEFICIENCIES	TTE, NC 282			-1
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	Tion Should be The Appropriate	(X COMF DA
D 276	Continued From pa	age 76	D 276		· · · · · · · · · · · · · · · · · · ·	
	compression stock fitted for the compr -The MAs or the R Resident #7 did no stocking on. -She expected the she had written. Review of the facilit revealed Resident a hospital on 12/19/1 admitted to intensiv of chest pain. Review of the facilit equipment orders r -Medication staff with	CC had never mentioned t have the compression facility to follow her orders as ty census report for 12/20/18 #7 was in not in the facility. RCC on 12/20/18 at 10:20am #7 was transported to the 8 around 11:00pm and was re care unit with a diagnoses by policy on therapy and evealed: no receives order for physical nal therapy, speech therapy, or				
	 Fax the order for durable medical eq Date and initial this Document receip chart. Place the order in 	home health, wound clinic or uipment provider.				
	order of services/ec 6. Date and initial th confirmation that th processed. 7. After completion	opriate agency to confirm the juipment has been received. le order only after e order has been properly of all steps above, the order				
	should be filed in th	e resident chart.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL060077	B. WING		401	24/2040
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	1	12/	21/2018
EAST TO						
		CHARLC	TTE, NC 2820	D6		
(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 DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) Complet Date
D 276	Continued From pa	age 77	D 276			
	dated 12/11/18 reversion for Carafate (a mean esophageal reflux) with meals and at a Telephone interview facility's contracted 8:10am revealed: -There was no order Carafate 1 gram/ 1 and at bedtime. -The staff were res to the pharmacy so medication on the r eMAR. -The Carafate was Resident #7's Dece	w with a pharmacist at the pharmacy on 12/19/18 at ar on file for Resident #7's 0ml four times daily with meals ponsible for faxing new orders the pharmacy could place the residents profile and on the never profiled or placed on omber 2018 eMAR. I to treat stomach ulcers and				
	electronic medication (eMAR) revealed the	t #7's December 2018 on administration record here was no entry for Carafate imes daily with meals and at				
	medication aide (M -Her responsibly ind for residents and fa pharmacy. -If she faxed orders made a copy for the (RCC) to review. -She filed the new of after the RCC had in -She did not know f	cluded reviewing new orders ixing the order to the to the pharmacy she would e Resident Care Coordinator order in the resident's record reviewed the new order. Resident #7 had an order from ge on 12/11/18 for Carafate.				

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AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION	(X3) DAT COM	e survey Pleted
		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	AMITY ROAD		
(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 T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
D 276	Continued From pa	age 78	D 276		- r 	
	hospital discharge returned to the faci	for new orders when a resident lity.				
	Interview with the RCC on 12/18/18 at 4:20pm revealed: -She did not know Resident #7 had an order for Carafate. -She had not reviewed Resident #7's hospital discharge summary date 12/11/18. -The MAs were responsible for faxing orders to the pharmacy and following through the orders.					
1						
	-She relied on the N by the physician.	MAs to complete orders written				
	#7 Nurse Practition -Resident #7 was n	18 at 11:30am with Resident er revealed: ew to her services and she dent #7 in the facility on				*
	-The MAs or the RC Resident #7 had an -She expected the f orders from the hos	CC had never mentioned order for Carafate. acility to follow the discharge pital physician, or if the facility about the order to contact				
	her.	ent #7's November 2018	-			
-	electronic medicatio (eMAR) revealed: -There was an entry	n administration record / for Fosamax 70mg weekly at				
	date of 11/05/18 to 1 administered.	mentation from the admission 11/12/18 Fosamax had been				
	administered on Mo -There was docume	entation the Fosamax was nday, 11/19/18. entation on 11/26/18 Fosamax ed reason "resident in the				

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TATEMEN ND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY
•		HAL060077	B. WING		12/	21/2018
AME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
AST TO	OWNE		RTH SHARON			
	CI MANA DV CTA	CHARLC	OTTE, NC 2820	····· ····	- AOBBEATION	
(X4) ID Prefix Tag	(EACH DEFICIENCY	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) Complet Date
D 276	Continued From pa	ige 79	D 276			
		t #7's December 2018 eMAR was administered as ordered.				
		interview with a pharmacist at sted pharmacy on 12/19/18 at				
	Refer to interview on 12/19/18 at 11:30am with Resident #7's Nurse Practitioner.					
	Refer to interview c medication aide (M	on 12/18/18 at 3:30pm with a A).				
	Refer to interview o second MA.	n 12/18/18 at 3:45pm with a				
		/ith the Resident Care on 12/18/18 at 11:32am.				
	Refer to interview working on 12/20/18 at 3:40	/ith the interim Administrator pm.				
	Refer to review of the medication orders.	he facility policy on new				
	eMAR revealed:	ent #7's November 2018 y for ferrous sulfate 324mg				
	twice weekly at 8:00 -There was no docu					
	had been administe -There was docume had been administe					
	was not administered	entation the ferrous sulfate ad on 11/26/18 "resident in the				
	hospital."					
ł	Review of Resident	#7's December 2018 eMAR				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DAT COM	E SURVEY · PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF I	PRÓVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S			
				AMITY ROAD		
EAST TO	DWNE		TTE, NC 282			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5) COMPLE
PRÉFIX TAG	REGULATORY OR L	SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO		COMPLE
		· · · · · · · · · · · · · · · · · · ·		DEFICIEN	CY)	
D 276	Continued From pa	ge 80	D 276			
	revealed ferrous su	lfate was administered as				
	ordered.					
			ſ			
	Refer to telephone	interview with a pharmacist at				
	8:10am.	ted pharmacy on 12/19/18 at				
	Refer to interview o	n 12/19/18 at 11:30am with	1			
	Resident #7's Nurse					
	then of the 2 of					
	Refer to interview o medication aide (M	n 12/18/18 at 3:30pm with a				
		л у.				
ŀ	Refer to interview o	n 12/18/18 at 3:45pm with a				
	second MA.	,				
	Refer to interview w	ith the Resident Care				
		on 12/18/18 at 11:32am.				{
1						
		Ith the Interim Administrator				
	on 12/20/18 at 3:40	om.				
	Refer to review of th	e facility policy on new				1
	medication orders,					
		· ····				
	e. Review of Reside eMAR revealed:	nt #7's November 2018				
		for vitamin D3 2000 units				
]	daily at 8:00am.					
		mentation from the admission				
		1/12/18 the vitamin D3 2000				
		inistered as ordered.				
	11/14/18 "resident re	ntation on 11/13/18 and on				
Į.		ntation on 11/15/18 through		,		
		D3 was administered.				
	-There was docume	ntation on 11/26/18 through				
	11/29/18 "resident o					
		ntation on 11/30/18 vitamin				
	D3 was administered alth Service Regulation	a. 🔰				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-	CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
		HAL.060077	B. WING		12/	<u>21/2018</u>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, Si	rate, zip code		
EAST TO	DWNE :		RTH SHARON TTE, NC 2820	AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIK CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X6) COMPLE DATE
D 276	Continued From p	age 81	D 276		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
		nt #7's December 2018 eMAR 03 was administered as				
	Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 12/19/18 at 8:10am.					
	Refer to interview Resident #7's Nurs	on 12/19/18 at 11:30am with se Practitioner.				
	Refer to interview medication aide (M	on 12/18/18 at 3:30pm with a /IA).				
	Refer to interview second MA.	on 12/18/18 at 3:45pm with a				i
		with the Resident Care) on 12/18/18 at 11:32am.				
	Refer to interview on 12/20/18 at 3:4	with the interim Administrator 0pm.				
	Refer to review of medication orders.	the facility policy on new				
	revealed:	ent #7's November 2018 eMAR ry for Tizanidine 2mg daily as resms				
	-There was no doo	umentation from the admission izanidine 2mg had been				
		at #7's December 2018 eMAR e was on the eMAR at a "PRN" red in December.				
	Refer to telephone	interview with a pharmacist at	1			

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STATEMEI ND Plan	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL060077	B. WING	· · · · · · · · · · · · · · · · · · ·	12/	21/2018
AME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE		RTH SHARON TTE, NC 282	AMITY ROAD		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF (ORRECTION	4(5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) Complet Date
D 276	Continued From pa	ge 82	D 276			
	the facility's contrac 8:10am.	ted pharmacy on 12/19/18 at				
	Refer to interview o Resident #7's Nurse	n 12/19/18 at 11:30am with ə Practitioner,				
	Refer to interview o medication aide (M/	n 12/18/18 at 3:30pm with a 4).				
	Refer to interview o second MA,	n 12/18/18 at 3:45pm with a				
		ith the Resident Care on 12/18/18 at 11:32am,				
	Refer to interview w on 12/20/18 at 3:40	ith the interim Administrator pm.				
	Refer to review of the medication orders.	e facility policy on new				
	eMAR revealed ther	nt #7's November 2018 e was not an entry for topical cream apply two				
		#7's December 2018 eMAR vas not on the eMAR.				
	#7 on 12/18/18 at 3: medications were av	cations on hand for Resident 45pm revealed all the above /ailable for administration one 1%-0.05% topical cream.				
		nterview with a pharmacist at ed pharmacy on 12/19/18 at				
	Refer to interview or Resident #7's Nurse	12/19/18 at 11:30am with Practitioner.				

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	T OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060077	B. WING		12/	21/2018
VAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		-
EAST TO	DWNE		RTH SHARON TTE, NC 2820	AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION}	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFIGIENC	TION SHOULD BE	(X5) COMPLE DATE
D 276	Continued From pa	age 83	D 276		<u></u> In	-
	Refer to interview (medication aide (N	on 12/18/18 at 3:30pm with a IA).				
	Refer to interview esecond MA.	on 12/18/18 at 3:45pm with a				
		with the Resident Care on 12/18/18 at 11:32am.				,
	Refer to interview t on 12/20/18 at 3:40	with the interim Administrator Opm,				
	Refer to review of t medication orders.	the facility policy on new				
	eMAR revealed:	ent #7's November 2018				
	evening at 5:00pm -There was no doo	umentation from the admission				
	administered as or -There was docum	entation on 11/12/18 and on				
	-There was docum 11/24/18 Aricept 5r	ng "resident refused". entation on 11/14/18 through ng was administered. entation on 11/25/18 through				
	11/29/18 "resident	out of facility". entation on 11/30/18 Aricept				
		interview with a pharmacist at cted pharmacy on 12/19/18 at				
	Refer to interview of Resident #7's Nurs	on 12/19/18 at 11:30am with e Practitioner.				
	Refer to interview of	on 12/18/18 at 3:30pm with a				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DAT COM	e survey Pleted	
		HAL060077	B. WING		12/	12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE			
EAST TO	OWNE		RTH SHARON TTE, NC 282				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	- <u> -</u>	
PRÉFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(X5) Comple Date	
D 276	Continued From pa	age 84	D 276				
	medication aide (M	IA).					
	Refer to interview of second MA.	on 12/18/18 at 3:45pm with a					
		vith the Resident Care on 12/18/18 at 11:32am.					
	Refer to interview v on 12/20/18 at 3:40	vith the interim AdminIstrator Jpm.					
	Refer to review of t medication orders.	he facility policy on new					
	revealed: -There was an entr every one tablet ev- -There was no doce date of 11/05/18 to been administered -There was docume administered on 11, -There was docume 11/24/18 bumetanic -There was docume 11/291/8 bumetanic "resident in the hos -There was docume bumetanide was ad	entation bumetanide was not /14/18 "resident refused." entation on 11/16/18 through le was administered. entation on 11/26/18 through le was not administered pital." entation on 11/30/18 ministered.					
	revealed Burnetanic ordered. Interview on 12/19/ #7's Nurse Practitio -There were severa	#7's December 2018 eMAR de was administered as 18 at 11:30am with Resident nor revealed: I medications Resident #7 I her if missed for more than a					

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<u>Divisior</u>	of Health Service Re	egulation				
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060077	B. WING		12/2	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, 8	STATE, ZIP CODE		
EAST TO	OWNE		TH SHARON TE, NC 282	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
D 276	Continued From pa	ge 85	D 276			
	was documentation to the hospital adm "The missed bumet	as used for edema and there Resident #7 had edema prior ission on 11/25/18. canide could possibly ospital visit on 11/25/18."				
		interview with a pharmacist at ted pharmacy on 12/19/18 at				
	Refer to interview o Resident #7's Nurse	n 12/19/18 at 11:30am with e Practitioner.				
	Refer to interview o medication aide (M/	n 12/18/18 at 3:30pm with a A).				
	Refer to interview o second MA.	n 12/18/18 at 3:45pm with a				
		rith the Resident Care on 12/18/18 at 11:32am.				
	Refer to interview w on 12/20/18 at 3:40	ith the interim Administrator pm,				
	Refer to review of the medication orders.	ne facility policy on new				
	revealed:	nt #7's November 2018 eMAR / for Toprol XL 25mg daily at				
	8:00am. -There was no docu	mentation from the admission				
	administered as ord	12/18 Toprol XL had been lered. entation on 11/13/18 and on				
		XL was not administered				
		entation on 11/15/18 through was administered.				

Division of Health Service Regulation STATE FORM

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	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		e survey Pleted	
		HAL060077	B. WING	. WING		12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	, <u>, , , , , , , , , , , , , , , , , , </u>		
EAST TO	DWNE		RTH SHARON TTE, NC 2821	AMITY ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORREC'TIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE	(X5) COMPLET DATE	
D 276	Continued From pa	ige 86	D 276	to a state of the	. <u>,, ,,,,,,,,,,,,,,,,,,,,,,,</u> ,,,,,,,,,,		
	11/29/18 "resident of	entation on 11/26/18 through out of facility". entation on 11/30/18 Toprol XL					
l	revealed Toprol XL	#7's December 2018 eMAR was administered as ordered.					
	#7's Nurse Practitio -There were severa took that concerned few days. -The Toprol was use	I medications Resident #7 I her if missed for more than a ed for blood pressure and blood pressures if not					
		interview with a pharmacist at ted pharmacy on 12/19/18 at					
	Refer to interview o Resident #7's Nurse	n 12/19/18 at 11:30am with e Practitioner.					
	Refer to interview o medication aide (M/	n 12/18/18 at 3:30pm with a A).					
	Refer to interview of second MA.	n 12/18/18 at 3:45pm with a					
		ith the Resident Care on 12/18/18 at 11:32am.					
	Refer to interview w on 12/20/18 at 3:40	ith the interim Administrator om.					
	Refer to review of the medication orders	e facility policy on new					
ĺ.	k. Review of Reside	nt #7's November 2018					

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_Division	of Health Service R	egulation			1 01 101	AFFNOVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY PLETED
[HAL060077	B. WING		12/:	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, 8	STATE, ZIP CODE		
EAST TO	WNE			N AMITY ROAD		
		· · · · · · · · · · · · · · · · · · ·	TTE, NC 282			-p
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 276	Continued From pa	age 87	D 276			
	eMAR revealed: -There was an entr times daily at 7:00a -There was no doc date 11/05/18 to 11 administered as or -There was docum 11/14/18 at 7:00an administered "resid -There was docum through 11/25/18 a administered. -There was docum through 11/29/18 "r -There was docum was administered a Review of Residen revealed Prilosec v Refer to telephone the facility's contract 8:10am. Refer to interview of Resident #7's Nurs Refer to interview of medication aide (M Refer to interview of second MA. Refer to interview v Coordinator (RCC)	ry for Prilosec 40mg take two am and at 5:00pm. umentation from the admission /12/18 the Prilosec had been dered. entation on 11/12/18 and on in the Prilosec was not dent refused". entation on 11/14/18 at 5:00pm t 7:00am Prilosec was entation on 11/25/18 at 5:00pm resident out of facility". entation on 11/25/18 at 5:00pm. t 7:00am and at 5:00pm. t #7's December 2018 eMAR vas administered as ordered. interview with a pharmacist at cted pharmacy on 12/19/18 at to 12/19/18 at 11:30am with the Practitioner. on 12/18/18 at 3:30pm with a IA). on 12/18/18 at 3:45pm with a with the Resident Care on 12/18/18 at 11:32am. with the interim Administrator				
	Refer to review of t	he facility policy on new				

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Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY PLETED
		HAL060077	B. WING		12/2	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
EAST TO	NUNG	4815 NO	RTH SHARON	NAMITY ROAD		
		CHARLO	TTE, NC 282	05		
(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 T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From pa	ige 88	D 276			
	medication orders.					
	facility's contracted 8:10am revealed: -The staff faxed Re 10/04/18 to the pha -The pharmacy had Resident #7's medi 11/12/18 which inclu- sulfate, vitamin D3 Bumetanide, Toprol -She was not aware the facility on 11/05, -It was the staff's re orders for new resid -The pharmacy had refills again for Res Interview on 12/19/ #7's Nurse Practitio -Resident #7 was n had first seen Resid 12/05/18. -She did not know F administered medic date of 11/05/18 to FL2. -There were several took that concerned few days. -The staff had a res administer medicati -"I would like to kno	 Resident #7 was admitted to /18. asponsibility to fax over FL2 dents. I dispensed all medication ident #7 on 12/07/18. 18 at 11:30am with Resident oner revealed: ew to her services and she dent #7 in the facility on Resident #7 was not eations from his admission 11/12/18 as ordered on the al medications Resident #7 d her if missed for more than a eponsibly to follow orders and ions as ordered. w when a resident missed sed medications, the facility 				
	medication aide (M/ ~Resident #7 was no	A) revealed: ew to the facility he was			. .	

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Division	of Health Service Re	egulation	•	,		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060077	B. WING		12/2	1/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	DWNE		TH SHARON TE, NC 282	I AMITY ROAD 05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	Continued From pa	-	D 276			
	-She was responsit for residents and re- from the hospital. -She faxed orders to for the Resident Ca- review. -She filed the new of after the RCC had re- -She did not know we was not faxed until. -The RCC was resp admissions and fax -She never contactor Resident #7's misse to 11/12/18. Interview on 12/18/* MA revealed: -Resident #7 had be months. -The RCC was resp and faxing orders to -She could not reca administering medic -She never contactor Resident #7's misse to 11/12/18, "Why we about them." Interview with the R (RCC) on 12/18/18 -Her duties included -She was responsib reviewing the FL2. -Resident #7 was ar- she was not aware faxed to the pharma interview on 12/18/18	esident Care Coordinator at 11:32am revealed: 4 overseeing the clinical staff. be for new admissions be the physician concerning ad medications from 11/05/18 18 at 3:45pm with a second een in the facility for about 2 ponsible for new admissions be the pharmacy. Il when she started cations to Resident #7. ad the physician concerning ad medications from 11/05/18 would I call if I do not know esident Care Coordinator at 11:32am revealed: to verseeing the clinical staff. be for new admissions and dmitted on 11/05/18. the FL2 orders were not acy for Resident #7 until this 18.				
Judalon of H	-She had given the	FL2 to a MA to fax to the				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		E CONSTRUCTION		E SURVEY PLETED
			/	· ·		
		HAL060077	B. WING	· · · · · · · · · · · · · · · · · · ·	12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNF			AMITY ROAD		
	·····	CHARLO	TTE, NC 282)5		
(X4) ID Prefix Tag	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(X5) Complet Date
D 276	Continued From pa	ge 90	D 276			
	pharmacy. -She did not know I administered his ma 11/12/18. -The MAs could fax	Resident #7 was not edications from 11/05/18 to corders to the pharmacy, "I am				
	[Resident #7]." -She never contacte	id not fax the FL2 for ed the physician concerning ed medications from 11/05/18				-
	3:40pm revealed: -The RCC was resp clinical staff which in -She relied on the R admissions and FL2	CC to complete new				
	orders revealed: -When a medication prescribing provider who receives the or 1. Verify the order is 2. Fax the order to t					
	 Bate and initial th Call the pharmacy Enter the order or Document receipt chart. Place the order in 	y to verify receipt of the order.				
		and compare it to the order in ssure that it has been				

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	of Health Service R IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		e survey Pleted	
	-	HAL060077	B. WING		12/	12/21/2018	
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
		4815 NOF	RTH SHARON	AMITY ROAD			
EAST TO		CHARLO	TTE, NC 282(05			
(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 T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
	<u> </u>	lin farran		DEFICIENC*			
D 276	Continued From pa	age 91	D 276				
	after it has been re have been properly 10. After completio medication order si chart. 11. Discontinue the entered into the Qu	n of all steps above, the hould be filed in the resident medication order that was lick MAR by the medication pharmacy has entered the					
	observations the fa orders were implem had breast cancer for her cancer treat chemotherapy, an appointment with h potential for negativ breast cancer diag diagnosis of chroni disorder had an ord treatments every 4 was never obtained administered, poter worsening of her n her COPD diagnos ordered from the F days after admissio used for reducing e medication used fo never implemented Resident #7 had tw than one month aft and was currently i	s, record reviews, and icility failed to assure resident's mented, for Resident #1 who missed multiple appointments tments including: radiation, echocardiogram and an er oncologist, resulting in the ve outcome related to her nosis; Resident #4 who had a c obstructive pulmonary der for nebulizer treatments for hours, however, the nebulizer d and treatments were never ntially contributing to the espiratory symptoms related to is; Resident #7 medication L2 were not implemented for 5 on, compression stockings edema and Carafate a r gastro-intestinal reflux were I as ordered by the physician; /o hospital admissions in less er being admitted to the facility n the hospital 12/20/18					
	implementation of o	orders resulted resulted in Irm and neglect of residents					

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COME	SURVEY
			A. BUILDING:) 	000	
		HAL060077	B. WING		12/2	21/2018
NAME OF I	PROVIDER OR SUPPLIEF	R STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		ORTH SHAROI OTTE, NC 282	N AMITY ROAD		
(X4) ID		ATEMENT OF DEFICIENCIES	a	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	i should be Appropriate	COMPLET DATE
D 276	Continued From p	age 92	D 276			
		ed a Plan of Protection in S.S. 131D-34 on 12/19/18 for				
		ATE FOR THE TYPE A1 IL NOT EXCEED JANUARY 26				
D 282	10A NCAC 13F .09 Service	904(a)(1) Nutrition and Food	D 282	Refer to Plan of Correct 10A NCAC 13F .0603 (
	(a) Food ProcuremHomes:(1) The kitchen, dir	904 Nutrition and Food Service nent and Safety in Adult Care ning and food storage areas erly and protected from				1/26/20
	Based on observat review the facility fa dining and food sto appliances, floors i and tables and cha	et as evidenced by: tions, interviews, and record ailed to assure the kitchen, orage areas including kitchen in the dining room and kitchen, airs in the dining room were d from contamination.				
	The findings are:					
	kitchen on 12/17/14 -The floor was cow -There was a plast unopened packs of -Cardboard boxes	dry food storage area of the 8 at 9:28am revealed: ered in food crumbs and dirt. ic spoon, plastic lid and f crackers on the floor. containing food were being including cookies and				
}	Observation of the	main kitchen area on 12/17/18				

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Divisio	on of Health Service R	egulation		· · · · · · · · · · · · · · · · · · ·		
STATEN	IENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
	· ·	HAL060077	B. WING		12/2	21/2018
NAMEC	F PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		•
EAST	TOWNE		TH SHARON	N AMITY ROAD		
(X4) II PREFI TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) Complete Date
D 28	2 Continued From pa	age 93	D 282	· · · · · · · · · · · · · · · · · · ·		
	at 9:35am revealed -The sides of the s built up grease. -The bottom shelf covered in food cru -The floors undern covered in crumbs -The inside of the i substance covering Observation of the 11:56am revealed: -There were no res -The lunch meal se -The lunch meal se -The vere 86 pla drinks on the table -The chairs at each crumbs built up in the back connected -The chairs were no entering the dining Observation of the 7:33am revealed: -There were no res -The breakfast mea- -There were 78 pla drinks on the tables -The chairs at each food crumbs built u where the back con- -Many chairs had fi liquids spread acro -Every table had for both on its surface -The floor of the din crumbs, dirt, straw	d: tove and oven were covered in of a food prep table was umbs and built up grease, eath the food prep sink were and dirt. ce machine had a black g the area where the lid closed. dining room on 12/17/18 at sidents in the dining room. ervice had not begun. the settings of utensils and s. n of the place settings had food the crease of the chair where d to the seat. ot cleaned prior to residents room at 12:00pm. dining room on 12/18/18 at sidents in the dining room. al service had not begun. the settings of utensils and s. n of the place settings still had p in the crease of the chair nnected to the seat. ood crumbs and spots of dried ss the seat. od crumbs, sticky spots or	U 282			
	inches) sticky oran	ge substance with smaller it dried to the floor underneath				
Division of	Health Service Regulation			• ,		

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted	
		HAL060077	B. WING		12/	12/21/2018	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
AST TO	WNE			AMITY ROAD			
			TTE, NC 2820				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIN CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE	
D 282	Continued From pa	ge 94	D 282				
ţ		ras not cleaned prior to the for their breakfast meal at					
	the kitchen on 12/1 -The floors should be every meal.	ry cleaning schedule posted in 8/18 revealed: be swept and mopped after bles should be wiped and					
	sanitized daily. -The dining room cl after every meal.	nairs should be wiped down uld be swept and mopped					
	-The ice machine s	hould be cleaned monthly.					
	various times revea -One resident was t	e residents on 12/19/18 at led: pothered by the dining room a dirty floors bother me the					
	-A second resident often dirty. She sor napkin and dip it in	reported the dining room was netimes had to use her own her water glass to clean off complained to the dietary "it's still dirty a lot."					
	-A third resident rep dirty at most meals.	orted the dining room was The dirty floors did not tables being dirty did." He					
	1:57pm revealed: -Two housekeepers	worked Monday through					
	Sundays from 7:00a	worked on Saturdays and am to 2:30pm.					
		staff was responsible for room every day after the				1	

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		SURVEY
AND PCAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		HAL060077	B. WING	·····	12/	21/2018
	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	DRESS, CITY, S			
EAST TO	WNE		TTE, NC 282			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5) COMPLE
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		DATE
	O sufficient Factors in		D 000			
D 282	Continued From pa	•	D 282			
	breakfast and lunc					
		t and lunch meal services, the				
		f would sweep, mop, wipe				
		nd wipe down the walls (if there				
		them) in the dining room.				
		vas responsible for clearing				
		he dining room tables. who cleaned the dining room				
		al service because the				
		f left at 2:30pm every day.				
	nouseneeping star	non aczioopin ovory day.				
	Interview with a co	ok on 12/18/18 at 3:45pm				
	revealed:	· ·				
		orked as a cook and other				
	days she worked a					
		the day prior on 12/17/18.				
ł		esponsible for wiping down				
		kitchen" including the food prep				
		es, oven and fryer daily. Iso responsible for sweeping				
	and mopping the k					
		were responsible for cleaning				
		ter the dinner meal service.				
		cleaning schedule posted in the	,			
	kitchen.	<u> </u>				
	Intoniow with a dia	etary aide on 12/18/18 at 3:47				
	pm revealed:	aary alve on 12/10/10 at 0/4/				
		orked as a cook and other				1
	days she worked a		ļ			
		worked as a cook and another				
		staff worked as the dietary	ļ			
	aide.					
		only had time to clean food				
		d not have time to clean the				
		oven. "We have to be out of	1			
	here between 7:30					
		were responsible for clearing				
		from the dining room tables				
	and sanitizing the talth Service Regulation	tables after the meal service.	1			

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S'IATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		e survey Pleted	
		HAL060077	B. WING		12/	12/21/2018	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, S	TATE. ZIP CODE			
	\\ # #k 1			AMITY ROAD			
EAST TO			TTE, NC 282				
(X4) ID		TEMENT OF DEFICIENCIES	CI	PROVIDER'S PLAN OF		(X5)	
Prefix Tag		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLE	
D 282	Continued From pa	ge 96	D 282		Nerro		
	-The dietary aides v	vere also responsible for					
		opping "whichever was					
	needed" in the dinir	ig room after the dinner meal	1				
	service.						
	-She did not know y	why the dining room was not					
		nner meal service on					
	12/17/18.						
	Interview with the D	ietary Manager (DM) on					
	12/19/18 at 10:45ar						
		staff was responsible for					
		bing the dining room after the				Ē	
	breakfast and lunch						
	-The kitchen staff w	as responsible for clearing the					
		ping down the tables and					
	chairs after every m						
		e for the oversight of the					
	kitchen staff.	nto work at 7:30am, but on	1 1				
		into work around 8:16am after					
	the breakfast meal						
		tchen staff, prior to him					
	coming to work at th	he facility, no one had been					
		ning the dining room after the					
	dinner meal service					1	
		ght for cleanliness of the	l l				
	kitchen and dining n						
	an old one.	lule posted in the kitchen was					
		ew cleaning schedule, and					
		posted it yet, he had verbally					
	communicated it to						
	-He had made it the	responsibility of the cook to					
	clean the kitchen are	eas and the responsibility of					
		ither "spot sweep or spot				1	
		n after the dinner meal					
	service.	a noom woo diete op hath					
		ng room was dirty on both					
	on those mornings.	18 when he came into work					
	alth Service Regulation						

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If continuation sheet 97 of 195

STATEME AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	SURVEY LETED
		HAL060077	B. WING		12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		•••••
EAST TO	OWNE		RTH SHARO TTE, NC 28:	N AMITY ROAD 205		
(X4) ID Prefix Tag	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULI. SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTK CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) Complet Date
D 282	-The dietary aide w cleaning the dining services on 12/16/1 to work today (12/1 him about it. -He was also workink kitchen areas clean Interview with the A 4:20pm revealed: -The DM was respond cleaning schedule f and assuring the ta dietary staff. -The housekeeping cleaning the floors i breakfast and lunch -The dietary staff w dining room after th -She had noticed the kitchen and dining r	ho was responsible for room after the dinner meal 8 and 12/17/18 was returning 9/18) and he would speak to ng with the cooks to get the red up. dministrator on 12/20/18 at onsible for creating the for the kitchen and dining room sks were completed by the staff was responsible for in the dining room after the n meal services. as responsible for cleaning the re dinner meal service, re lack of cleanliness in the room and planned to begin usekeepers rather than a and planned to do "some	1			
D 296	Service 10A NCAC 13F .09 (c) Menus in Adult (7) The facility shal diet menu for all ph diets for guidance c This Rule is not me Based on observati	Il have a matching therapeutic ysician-ordered therapeutic of food service staff.		The Regional Food Ser or designee will review Service Manager Thera posting of therapeutic of Dining Services Manag all dietary staff on thera posting of therapeutic of The ED or designee wi process randomly week and then randomly more	with the Dining apeutic Diets, ar liets. er will review/tra apeutic diets and liets Il monitor this kly for 30 days	ain

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ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT COM	E SURVEY PLETED	
		HAL060077	B. WING		12/21/2018		
AME OF I	PROVIDER OR SUPPLIER	STREET AD	ADDRESS, CITY, STATE, ZIP CODE				
EAST TO				AMITY ROAD			
		CHARLO	TTE, NC 2820)5			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE	
D 296	Continued From pa	ge 98	D 296				
	with physician's ord evidenced by no me	or 5 of 5 sampled residents ers for therapeutic diets as echanical soft (MS) menu for and #17 and no pureed menu nd #16.					
}	The findings are:						
	on 12/17/18 and 12. -There was one me guidance of the food foods for residents of -The menu did not I	nu ("weekly menu") posted for d service staff, and It listed					
·	09/14/18 revealed:	ent #15's current FL-2 dated I Alzheimer's dementia. regular.					
		#15's diet order dated n order for a pureed diet.					
		peutic diet list posted in the revealed Resident #15 was ed diet.					
	Review of the facility no therapeutic menu	/ menus revealed there was I for a pureed diet.					
	12/17/18 between 12 -Resident #15 was s mashed potatoes, p	Inch meal service on 2:00pm and 1:10pm revealed: served pureed stuff cabbage, ureed mixed vegetables, pped cream, unsweetened					

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STATEMEN	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	Pleted
		HAL060077	B. WING		12/:	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE		RTH SHARON			
(V 4) 10	SUMMARY ST	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF (CORRECTION	(YB)
(X4) ID Prefix Tag	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ión should be He appropriate	(X8) COMPLE DATE
D 296	Continued From pa	nge 99	D 296			
:	12/18/18 from 7:45 -Resident #15 was pureed eggs, grits, -Resident #15 cons	breakfast meal service on am to 8:35am revealed: served pureed sausage, apple juice and water. sumed 100% of the meal. with the Dietary Manager (DM) Юат.				
	Refer to interview v 12/17/18 at 11:45pi	with a first shift cook on m.				
	Refer to interview v 12/18/18 at 3:45pm	vith a second shift cook on).				
	Refer to the second 12/19/18 at 10:45a	d interview with the DM on m.				
	Refer to interview v 12/20/18 at 4:20pm	vith the Administrator on n.				
	03/12/18 revealed: -Diagnoses include	lent #16's current FL-2 dated ed senile dementia, late scular accident and seizure s pureed.				
		apeutic diet list posted in the 3 revealed Resident #16 was aed diet.				
		ty menus revealed there was hu for a pureed diet.				
	12/17/18 between ⁻ -Resident #16 was	lunch meal service on 12:00pm and 1:10pm revealed served pureed stuff cabbage, pureed mixed vegetables,				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI COM	e Survey Pleted
	- 	HAL060077	B. WING		12/	<u>21/2018</u>
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON	AMITY ROAD		
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 296	Continued From pa	age 100	D 296			-/
	tea and water	hipped cream, unsweetened sumed 100% of the meal.				
	12/18/18 from 7:45 -Resident #16 was pureed eggs, grits, -Resident #16 cons	breakfast meal service on am to 8:35am revealed: served pureed sausage, apple juice and water. sumed 100% of the grits, apple d 50% of the sausage and				f
	Refer to interview v on 12/17/18 at 10:4	vith the Dietary Manager (DM) l0am.				
1	Refer to interview v 12/17/18 at 11:45pr	vith a first shift cook on m.				
	Refer to interview v 12/18/18 at 3:45pm	vith a second shift cook on				
	Refer to the second 12/19/18 at 10:45ai	d interview with the DM on m.				
	Refer to interview w 12/20/18 at 4:20pm	vith the Administrator on 1.				
	09/14/18 revealed: -Diagnoses include disability and gastro	mechanical soft (MS) with				
	kitchen on 12/17/18	peutic diet list posted in the revealed Resident #5 was to ed entire meal" diet.				•
	Review of the facilit no therapeutic men	y menus revealed there was u for a MS diet.				-

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	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED	
:		HAL060077	B. WING		12/	12/21/2018	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
AST TO	WNE		RTH SHARON	AMITY ROAD 05			
(X4) ID Prefix Tag	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) Complet Date	
D 296	Continued From pa	ge 101	D 296		···		
	12/17/18 between 1	lunch meal service on 2:00pm and 1:10pm revealed It of the facility and did not eat room.					
	12/18/18 from 7:45a -Resident #5 was se scrambled eggs, ch nectar thick milk an	breakfast meal service on am to 8:35am revealed: erved ground sausage, lopped hashbrown, grits, d nectar thick water. med 100% of the meal.			·		
	Refer to interview w on 12/17/18 at 10:4	rith the Dietary Manager (DM) 0am.					
	Refer to interview w 12/17/18 at 11:45pr	rith a first shift cook on n.					
	Refer to interview w 12/18/18 at 3:45pm	rith a second shift cook on					
	Refer to the second 12/19/18 at 10:45ar	l interview with the DM on n.					
	Refer to interview w 12/20/18 at 4:20pm	vith the Administrator on					
	10/10/18 revealed: -Diagnoses included	ent #14's current FL-2 dated d depression and diabetes, mechanical soft (MS) with					
		peutic diet list posted in the revealed Resident #14 was					
	Review of the facilit no therapeutic men alth Service Regulation	y menus revealed there was u for a MS diet.					

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AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT COM	e Survey Pleted
		HAL060077	B. WING		12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 2820	AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(X5) Comple Date
D 296	Continued From pa	ge 102	D 296		<u> </u>	
	12/17/18 between 1 -Resident #14 was potatoes, chopped with whipped cream juice. -Resident #14 cons Observation of the I 12/18/18 from 7:45a -Resident #14 was scrambled eggs, ch cereal, nectar thick -Resident #14 cons Refer to interview w on 12/17/18 at 10:45 Refer to interview w 12/17/18 at 11:45pm Refer to interview w 12/18/18 at 3:45pm. Refer to the second 12/19/18 at 10:45am Refer to interview w 12/19/18 at 10:45am Refer to interview w 12/20/18 at 4:20pm. 5. Review of Reside 09/14/18 revealed: -Diagnoses included -The diet order was Review of the therag kitchen on 12/17/18	ith a first shift cook on n. ith a second shift cook on interview with the DM on n. ith the Administrator on ent #17's current FL-2 dated		·		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060077	7 B. WING		12/	12/21/2018	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE			
EAST TO	OWNE		TTE, NC 2820				
(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 DEFICIENC	TION SHOULD BE	(X6) COMPLE DATE	
D 296	Continued From pa	age 103	D 296	· • • • • • • • • • • • • • • • • • • •			
	Review of the facili no therapeutic mer	ty menus revealed there was nu for a MS diet.					
	12/17/18 between -Resident #17 was potatoes, chopped with whipped crean	lunch meal service on 12:00pm and 1:10pm revealed served pulled pork, mashed mixed vegetables, applesauce n and unsweetened tea. sumed 100% of the meal.					
	12/18/18 from 7:45 -Resident #17 was scrambled eggs, ch juice and water. -Resident #17 cons	breakfast meal service on am to 8:35am revealed: served ground sausage, nopped hashbrown, grits, apple sumed 100% of the sausage, vn and 50% of the grits.	3				
	Refer to interview v on 12/17/18 at 10:4	vith the Dietary Manager (DM) 0am.					
	Refer to interview v 12/17/18 at 11:45pr	vith a first shift cook on n.					
	Refer to interview v 12/18/18 at 3:45pm	vith a second shift cook on I.					
	Refer to the second 12/19/18 at 10:45a	d interview with the DM on m.					
	Refer to interview w 12/20/18 at 4:20pm	vith the Administrator on 1.					
	12/17/18 at 10:40ar used to prepare and	Dietary Manager (DM) on m revealed the only menu d serve food to the residents enu" containing only menu on a regular diet.					

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	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e Survey Pleted
				<u>, , , , , , , , , , , , , , , , , , , </u>		
		HAL060077	B. WING		12/	21/2018
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO				AMITY ROAD		
		CHARLO	TTE, NC 282	05		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5) COMPLE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	THE APPROPRIATE	COMPLE DATE
				DEFICIENC	CY)	
D 296	Continued From pa	ige 104	D 296			}
		t shift cook on 12/17/18 at				
1	11:45pm revealed:	e used to serve food to the	1			
	residents was the "	weekly menu" for regular				
	diets. -All current resident	is were on either a regular				
	diet, a pureed diet,	a "chop entire meal" diet or a				
	"chop only meats d					
		l on the therapeutic diet list pureed all the food on the				
ł	"weekly menu" in th	e food processor				
		e "chop entire meal" diet, she				
	chopped all the food	d on the "weekly menu" in the				
	food processor.					
		ond shift cook on 12/18/18 at				
	3:45pm revealed:					
	 The only menu she residents was the "u 	e used to serve food to the weekly menu" for regular diets				
	because it was the				-	
		en without a DM for some				
		ormer DM was there, she				
		diet menus, therapeutic diet			,	
	menus and recipes	in a notebook. had started about one week				
		the "weekly menu" for regular				
		line and she could no longer				
[locate the therapeut	ic diet menus or recipes.				
		e DM she could not locate the				
	therapeutic diet mer					
		pureed diet, she pureed all ekly menu'' to a baby food				
	consistency in the fo	od processor.				
	-For residents on a '	"chopped entire meal" diet				i
	she chopped all the	food on the "weekly menu"				
	either with a knife or	the food processor,				
		repare pureed diets and				
	in a hospital.	use she had formerly worked				
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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	·,	HAL060077	0077 B. WING			
iame of i	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE		
EAST TO	WNE		TH SHARO	N AMITY ROAD 205		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLET DATE
D 296	A second interview 10:45am revealed: -He had therapeuti notebook, but not p service staff. -Staff had never be notebook. -He had only been one week and was dietary staff. Interview with the A 4:20pm revealed: -She thought the d therapeutic diet me -She knew they ha Administrator was -The former Admin	with the DM on 12/19/18 at c diet menus filed in a posted for guidance of food een made aware of the employed at this facility for in the process of training Administrator on 12/20/18 at ietary staff were using enus for guidance. d used them when the former	D 296			
D 306	Service 10A NCAC 13F .09 (d) Food Requirem (3) Daily menus for following: (H) Water and Other served to each resist to other beverages This Rule is not m Based on observat failed to assure wa	904(d)(3)(H) Nutrition and Food 904 Nutrition and Food Service nents in Adult Care Homes: or regular diets shall include the er Beverages: Water shall be ident at each meal, in addition et as evidenced by: ions and interviews, the facility ter was served to residents ad breakfast meals.	D 306	ED reviewed with Dining Servi Manager and dietary staff wate served at each meal. ED/DRC and or Dining Servic will ensure water is served at e and monitor this randomly wee days then randomly monthly.	er is e Manage each mea	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		e survey Pleted	
. ·	•	HAL060077	B. WING		12/	12/21/2018	
iame of 1	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, S	TATE, ZIP CODE			
AST TO	WNF	4815 NO	RTH SHARON	AMITY ROAD			
		CHARLO	TTE, NC 282	05			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) Comple Date	
D 306	Continued From pa	ge 106	D 306		······································		
	12/19/18 at various -He was never serv was served, he wou -He was only served would like water at o -He was served water would drink water if requested water ber bring it." -She was not served When water was se tasted good and so water tasted good, s -She was not offere was given two glass was provided, she w	ed water at meals, but if water ild drink it. d water occasionally. He every meal. ter at meals "sometimes." He it were served. He had never cause "staff were too busy to d water with every meal. erved to her, sometimes it metimes it did not. If the she would drink it. d water at meals, but instead ses of tea at lunch. If water					
	-A dietary aide place the dining tables prid dining room.	opm to 1:10pm revealed: ad pre-poured beverages on or to residents entering the asked what they wanted to					
	water.	to residents included tea and idents were not served water.					
	12/18/18 from 7:30a -All beverages were tables prior to reside	reakfast meal service on im to 8:35am revealed: pre-poured and on the dining ents entering the dining room. asked what they wanted to					
	-Beverages served t milk and water.	o residents included juice, s were not served water.					
	Interview with the dia	etary aide who pre-poured the					

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
		HAL060077	B, WING		12/21/2018	
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	ل منه ۵ <u>است حربین به بندین ا</u>	2172010
EAST TO	OWNE	4815 NO		AMITY ROAD		
(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 T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(X5) COMPLE DATE
D 306	Continued From pa	age 107	D 306	4. 49.4 ACCESS		
	-The dietary aides beverages during r -The residents sat meal. -He would pre-poun prior to residents ei -He did not ask res drink each time a n automatically serve -He pre-poured bev residents told him t started working at t Interview with the D 12/19/18 at 11:15ar -Residents were to on what was listed typically juice, milk and water for lunch for dinner. -Beverages were p ten minutes before dining room for eve -The dietary aides v and serving the bev -Dietary aides did n resident because th residents did not lik -Within his two wee discussed with the water in addition to meal. Interview with the A 4:20pm revealed: -She knew water sh resident at each me beverages.	at the same place for every r and serve the beverages idents what they wanted to heal was served and did not water to every resident. verages based on what hey liked to drink when he first he facility eight months ago. Dietary Manager (DM) on m revealed: be served beverages based on the menu which was and water for breakfast, tea , orange drink, milk and water re-poured and served five to residents came into to the ery meal. were responsible for pouring verages. not serve water to every hey thought some of the				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL060077	B. WING		12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, 1	STATE, ZIP CODE		
EAST TO	NAME			N AMITY ROAD		
			TTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) Complet Date
D 306	Continued From pa	ge 108	D 306		····	
	-The dietary staff wo -The dietary staff wo -It was the DM's res staff and ensure wa	ould need to be retrained, ponsibility to train the dietary ter was served at all meals. bility as the Administrator to				
D 321	10A NCAC 13F .090 And Services	06(a) Other Resident Care	D 321	Refer to Plan of Correctio 10A NCAC 13F0603 (a		
	Services (a) Transportation, assure the provision residents of adult ca resources and activi to the nearest appro services agencies, s facilities, and religion choice. The residen additional fee for this transportation may in	06 Other Resident Care And The administrator shall of transportation for the ire homes to necessary ties, including transportation priate health facilities, social shopping and recreational us activities of the resident's it shall not be charged any s service. Sources of nclude community resources, nteer programs, family facility vehicles.				1/26/20
	This Rule is not me TYPE B VIOLATION					
	facility failed to ensure (Resident #1 and #7) transportation to sch appointments in rega vascular appointment appointments, and the appointments after h					

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<u>Division</u>	of Health Service Re	egulation					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·	E CONSTRUCTION	(X3) DATE COMF	SURVEY	
		HAL060077	B. WING		12/2	21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
EAST TO	WANE	4815 NOF	TH SHARO	N AMITY ROAD			
	· · · · · · · · · · · · · · · · · · ·	CHARLO	TTE, NC 282	205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 321	Continued From pa	ge 109	D 321				
		ents for Resident #1 who had st cancer resulting in delays in					
	The findings are:						
	10/04/18 revealed: -Diagnoses include hypertension, chror disease and Alzheir	ent #7's current FL2 dated d renal insufficiency, nic obstructive pulmonary ner. I of care was documented total					
	Review of Resident was no care plan as	#7's record revealed there ssessment.					
	hospital for Resider -Resident #7 was a 11/25/18 and discha 11/28/18. -There was an order with the heart and w 10:30am. -There was an order with the primary car after discharge and regarding hemoglos There was an order	rge summary from a local at #7 dated 11/28/18 revealed: dmitted to the hospital on arged back to the facility on er for Resident #7 to follow-up vascular center on 12/05/18 at or for Resident #7 to follow-up re medical physician in 5 days obtain laboratory studies bin level. for Resident #7 to follow-up rology and hematology					
	physician.						
		discharge summary from a sident #7 dated 12/11/18					
	revealed: -Resident #7 was a 12/07/18 with diagn and chronic heart fa	dmitted to the hospital on oses which included GI bleed					
Division of He	alth Service Regulation		ł	- <u></u>		I	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
		HAL060077	B. WING		12/21/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	NAME	4815 NO	RTH SHARON	AMITY ROAD	·	
		CHARLO	TTE, NC 282	05		
(X4) ID Prefix Tag	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF {EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY}	SHOULD BE	(X5) Complet Date
	on 12/11/18. -There was an order with the gastroenter physician in 1 week -There was an order with the heart and v 3:30pm. -There was an order with the primary car 12/19/18 at 11:00an Review of the facility for November and I there were no physic Resident #7. Telephone interview vascular office on 12 -Resident #7 had ar but did not show up -The facility never car the missed appointrin -The physician was follow- up from a ho -Resident #7 had ar for 12/18/18 at 3:30 on 12/11/18. -The physician office transportation to appresponsible for obta Resident #7. Telephone interview gastroenterology off -Resident #7 was no November 2018 or I	er for a follow up appointment rology and hematology ar for a follow- up appointment rascular center on 12/18/18 at r for a follow up appointment e medical physician office on n. y appointment book calendar December 2018 revealed cian appointments made for with Resident #7's heart and 2/18/18 at 2:48pm revealed: n appointment for 12/05/18, for the appointment. alled the office to reschedule nent. seeing Resident #7 for a spital visit on 11/28/18, nother appointment scheduled om from another hospital visit e did not provide pointments, the facility was ining transportation for with Resident #7's ice Nurse revealed: of seen in the office in December 2018. be seen by the physician due	D 321	DEFICIENCY)		
		nt [Resident #7] kept his are the best therapy and				

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted	
	HAL060077			12/	12/21/2018	
IAME OF PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	TADDRESS, CITY, STATE, ZIP CODE				
AST TOWNE		RTH SHARON TTE, NC 282	AMITY ROAD			
PREFIX (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	(X5) Comple Date	
D 321 Continued From pa	age 111	D 321	······································			
 05/28/17. The physician offic transportation to appresponsibility for traphysician office. Attempted telephor primary care provid unsuccessful. Telephone interview Attorney (POA) on -When resident #7 she was told the fat transportation. -The Resident Care her it would be hard physician appointm come first." -She knew Resider within one month. -The facility never of Resident #7's he was not aware physician appointm -She was not aware physician's appoint visits. -She worked a full the facility to transport appointments. 	ast seen in the office on lice did not provide opointments, the facility was ansporting Resident #7 to the me interview with Resident #7's lier on 12/18/18 at 1:45pm was with Resident #7 Power of 12/19/18 at 11:00am revealed: was admitted to the facility cility had a van for e Coordinator (RCC) had told d to transport Resident #7 to tents due to "dialysis residents at #7 had 2 recent hospital visit contacted her in regards to t and vascular, primary or the gastroenterology ents. e Resident #7 had missed the ments after the two hospital time job and relied on the Resident #7 to physician's dication aide (MA) on revealed:					

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	of Health Service Re NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION		
	OF CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING:		e Survey Pleted
			. B. WING			
		HAL060077			12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
EAST TO	DWNE	•	RTH SHARON TTE, NC 282	I AMITY ROAD 05		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX		sc identifying information)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
D 321	Continued From pa	ge 112	D 321	· · · · · · · · · · · · · · · · · · ·		<u> </u>
		le for reviewing new orders				
		viewing discharge summaries				
	from the hospital.	Deptember 117 hand where the				
	-one ald not know I	Resident #7 had physician e hospital discharge summary				ſ
		e nospital discharge summary 2/12/18 with the heart and				
		primary care physician, or				
	the gastroenterolog					
	-There was a facility	y van used for transportation				
		the physiclan appointments,				
		ten for about 2 weeks.				
		other facility's van to to physician appointments				
	during that time.	to physician appointments				
	-She was not sure v	why the physician				
		missed for Resident #7.				
		ctivity Director (AD) on				
	12/18/18 at 4:00pm					
	-She did not handle					1
	transportation for re appointments.	sidents to physician				
		hire schedule resident's				
	transportation, but s					
	-The transporter wa		1			
	transportation and s	cheduling all appointments.				
		esident Care Coordinator				
	(RCC) on 12/18/18	at 4:15pm revealed: I "broken down" about 2				
		had used another facilities				
	van for transportatio					
		the Activity Director were to				
	work together to tra	nsport residents to physician				
	appointments.					
		an appointment for a resident				
		pointment calendar."				
٢Į		Resident #7 had ordered ents from the two hospital				
Ì		that were not on the				
	ealth Service Regulation		<u> </u>		<u></u>	<u> </u>

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TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
	HAL060077	B. WING		12/21/2018	
IAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
AST TOWNE		RTH SHARON TTE, NC 2820			
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLET DATE
D 321 Continued From page	ge 113	D 321			
 appointment calend She did not know with appointments. She did not know Fappointment on 12/and vascular center time complaining of The transportation residents aware of to on the morning of the ready to go on the morning of the had been hired transportation. He had been hired transportation. He was the only on to appointments. He had never transphysician appointments. He was not in charge appointments; "The to go." "The MA never ask. The RCC or the M/ appointments in the end of the ready appointments. Interview with the Ry revealed Resident # hospital on 12/19/18 at 11:30 and the revealed Resident # hospital on 12/19/18 at 11:30 and resident #7 was a 	ar. why Resident #7 had missed Resident #7 had an 18/18 at 3:30pm with the hear and was in the facility at that leg pain and swelling. person was to make the heir physician appointments the appointment so they could me. could the transporter on 12/19/18 d: about a month ago for the who transported residents about a month ago for the who transported residents the transport [Resident #7 to any ents, ge of scheduling MA tells me who and where the transport [Resident #7]." A put the resident's transportation book calendar. Resident #7 had missed ants. CC on 12/20/18 at 10:20am 67 was transported to the B around 11:00pm and was the care unit with a diagnoses holity Nurse Practitioner on	t			

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	<u>Division</u>	of Health Service Re	egulation			TOTAN	AFFROVED
		NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION		e Survey Pleted
Ì			HAL060077	B. WING		12/2	21/2018
	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY.	STATE, ZIP CODE	(
					N AMITY ROAD		
	EAST TO	JWNE		TTE, NC 28			
	(X4) ID Prefix Tag	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	D 321	Continued From pa	ge 114	D 321			1
J. A A A A A A A A A A A A A A A A A A A		something she did f -She had known Re hospital recently on -She did not know F follow-up appointme vascular, primary ca gastroenterology ph -When the result of came back she call Resident #7 sent ou hemoglobin. -She did not know F discharge order on the primary medical days after discharge -The facility did not Resident #7's misse -The physician appo follow-up care from -The facility was res Resident #7 to the p	for all new patients". asident #7 had been in the 11/28/18. Resident #7 had missed are physician, and the hysician appointments. Resident #7's lab findings ed the facility and had at to the hospital for a low Resident #7's hospital 11/28/18 was to follow-up with hysician for lab work in 5 ed. make her aware of any of ed physician's appointments. bintments were important for the hospital visits. ponsible for transportation of ohysician's appointments.				
		2. Review of Resident #1's current FL-2, dated 9/25/18 revealed diagnoses included breast cancer, prediabetes, hypertension, seizure, and hyperlipidemia.	ignoses included breast				
		Review of Resident was admitted to the	#1's register revealed she facility on 10/11/18.				
		upper-outer quadrar had a chemotherapy 10/25/18 at 12pm ar oncologist scheduled	1/18 revealed: een for malignant neoplasm of nt of the right breast and she / appointment scheduled for nd a physician's visit with her d for 11/5/18 at 10:20am.				
	vision of He	Review of the transp alth Service Regulation	portation appointment				

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	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted	
		HAL060077	B. WING		12/	12/21/2018	
JAME OF I	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	DRESS, CITY, S		I Lant	2112010	
EAST TO	JWNE		TTE, NC 2820				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X6) COMPLE DATE	
D [°] 321	Continued From pa	ige 115	D 321		•		
	-In October 2018, F appointments listed "Radiation/Oncolog 10/29/18. -In November 2018 following appointment noted as "Radiation 11/19/18, and 11/27 appointment listed -On 12/17/18, Resid listed in the transpo "Radiation/Oncolog -On 12/4/18, Resid listed on the calend it had been marked Review of Resident	on 11/18/18 for radiation. dent #1 had an appointment ortation calendar, noted as y". ent #1 had an appointment lar for "radiation/oncology", but I through. : #1's charting notes revealed					
	appointments. Telephone interview on 12/7/18 at 10:18 -Resident #1 was s chemotherapy "eve -Resident #1 had la treatment on 10/4/1 -Resident #1 had m chemotherapy treat and 11/19/18. -Resident #1 also n scheduled for 11/5/ -Due to Resident #7 treatment due to mi treatments would have	upposed to receive ry 3 weeks." ist received a chemotherapy 8. nissed a total of 3 ments on 10/25/18, 10/29/18, nissed an office visit					
	Telephone Interview Oncologist office nu ealth Service Regulation	/ with Resident #1's urse on 12/18/18 at 11:18am					

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If continuation sheet 116 of 196

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL060077	B. WING		40	21/2018
AME OF I	PROVIDER OR SUPPLIER		- <u> </u>	TATE, ZIP CODE	14	21/2018
AST TO	WNE		TTE, NC 282			
(X4) ID PREFJX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE	(X5) COMPLE DATE
D 321	Continued From pa	age 116	D 321			
	treatments since s -Resident #1 had r chemotherapy app 10/29/18, 11/19/18 -Resident #1 had r 11/5/18. -Resident #1 misse echocardiogram or -Resident #1 was s chemotherapy dire 12/10/18, however, echocardiogram or receive chemother -At the time of the physician's office c Coordinator (RCC) facility aware of app rescheduled, which was rescheduled for importance of Resi appointments. -Resident #1 would appointments. -Resident #1 would appointments. -Resident #1 would appointments. -Per Resident #1 of including not attend treatments such as tests and appointm negatively impact h diagnosis of breast Telephone interview office representativ revealed:	ointments, on 10/25/18, and 12/17/18. Inissed an office visit on ed an appointment for an in 12/4/18. Supposed to have ctly after an office visit on , due to missing the in 12/4/18, she could not apy as scheduled. visit on 12/10/18, the ontacted the Resident Care at the facility to make the pointments that were being included: An echocardiogram or 12/11/18, and chemotherapy or 12/17/18. She stressed the dent #1 attending the RCC assured her that have transportation to the ecciving chemotherapy to of recurrent disease." incologist, "Sub-optimal care, ling necessary cancer radiation, chemotherapy, ents with her physicians, could er outcome regarding her cancer."				
ł	-Resident #1 had m 11/18/18 and 11/27,	issed 2 appointments, on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMI	SURVEY
		HAL060077	B. WING		12/21/2018	
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE			AMITY ROAD		
			TTE, NC 2820	PROVIDER'S PLAN OF (OPPEOTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) Comple Date
D 321	Continued From pa	age 117	D 321			
	to the end of series -Resident #1 finish 12/3/18, which is w completed the trea	ntments were generally added s of daily radiation treatments. ed her radiation treatments on then she would have tments originally. She was not ts had not been added.				
	Responsible Party revealed: -At the time of mov facility, he provided her upcoming med her daily radiation a provided the facility her last doctor's ap appointments listed	w with Resident #1's (RP) on 12/6/18 at 3:10pm ring Resident #1 into the I the facility with information on ical appointments, including appointments. He had also / a copy of the paperwork from pointment that had upcoming d on it, including her next				
	some of her radiati appointments beca the physician's offic appointment, -He went to the fac missed multiple ap "someone" who as	 that Resident #1 missed on and chemotherapy use he received a call from ce to reschedule an ility after learning that she had pointments and spoke with sured him that they would to her radiation and 				
	9:15am revealed: -She had been wor transporter for abo -Resident #1's RP and was concerned call from the reside that she had misse appointment. -Prior to the RP con	came to the facility yesterday d because he had received a ent's physician's office stating				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060077	B. WING		12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	AMITY ROAD 05		
(X4) ID Prefix Taq	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIX CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X6) COMPLE DATE
D 321	attending chernoth -After talking with t understanding that receiving chernothe -She recalled recei- the former Busines return a call to the schedule an appoint had called the radia Resident #1's radia -She began transpo- radiation treatment -She was supposed scheduled appointr needed to be sched admission by the R or Resident Care C -The facility nurse h very soon after Res so no one had revia her of Resident#1's be on the transport Interview with the tr 2:45pm revealed: -Since 11/7/18, Res radiation appointme One of those days of facility did not get a Resident #1 to radia unsure of the exact -The second appoint missed was on 11/1 that day but had arr	erapy treatment appointments, he RP, It was her Resident #1 was only erapy every 3 weeks. httly receiving a message from is Office Manager (BOM) to radiation treatment office to other the receivent and set up those the reatments. orting Resident #1 to daily is on 10/22/18. d to be notified in writing of any ments or treatments that duled for new residents upon esident Care Director (RCD) coordinator (RCC). had quit working in the facility sident #1 had been admitted, ewed the record and informed appointments that needed to calendar. ansporter on 12/6/18 at sident #1 had missed two more ents, of which she was aware, she was out sick and the nyone else to transport ation appointment. She was	D 321			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	CONSTRUCTION	(X3) DAT COM	E SURVEY PLETED
	· · · ·	HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
" A OT TO	NAINE	4815 NOR	TH SHARON	AMITY ROAD		
EAST TO	2801ME	CHARLO	TTE, NC 2820)5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) Complet Date
D 321	Continued From pa	de 119	D 321			
	found out staff had her appointment. S radiation office, whi day, and they offere notified the facility t for Resident #1 to o appointment, and it member was taking the Executive Direct reschedule the app Interview with Resid physician (PCP) on revealed: -He had been Resid	not transported the resident to he called Resident #1's ch was about to close for the ed to wait for her to arrive. She he radiation office was waiting come in late for her was her understanding a staff ther. She later learned that itor told staff to call and ointment. dent #1's primary care 12/18/18 at 11:45am dent #1's PCP since she had				
	Resident #1 and wa some treatment see breast cancer. -He had stressed to Resident #1 attendi -There was a poten cancer progressing	something was not right" with as aware that she had missed solons for her diagnosis of the RCC the importance of ng her cancer treatments. tial outcome of Resident #1's due to missing treatments.				
	revealed: -She did not know t some appointments -She had discovere about who would be her radiation appoir -She spoke with Re her the resident had treatments since liv -Resident #1 was a week that she had s she was not familia of her appointments	d there was some confusion transporting Resident #1 to strment on 11/18/18. sident #1's RP who informed missed 2 radiation				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY PLETED
		HAL060077	B, WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 282	I AMITY ROAD 06		
(X4) ID PREFIX T'AG	(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 T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(X6) Comple Date
D 321	Continued From pa	age 120	D 321	<u> </u>		
	admissions to the f transportation was medical appointme been without an RC had been admitted without an RCD, sh for new admissions were in place, inclu as she could with h Interview with RCC -She did not know I chemotherapy treat -The facility's van w yesterday (12/17/18 to be rescheduled, Resident #1's appo -Previously, the act as the transporter v appointments in the -She recalled speat oncologist's office of upcoming appointm scheduled, including 12/11/18 and chemwas certain that she the activity director time. Interview with transi revealed: -Resident #1 did no appointment yester van was in the shop supposed to be reat for appointments, b caused there to be	appointments. / reviewed any records for new acility to assure that scheduled for any upcoming ints; however, the facility had D since just after Resident #1 . Since the facility had been he was trying to review records is to assure all needed services iding transportation, as much her other responsibilities. I on 12/18/18 at 4pm revealed: Resident #1 had missed tment yesterday, 12/17/18. /as in the shop for service B) and some appointments had but she was not aware that intment was one of them. ivity director who was filling in vas responsible for writing transportation calendar. King to the nurse from the on 12/11/18 regarding hents that had been g an echocardiogram on otherapy on 12/17/18, and a had given this information to to put on the calendar at that porter on 12/18/18 at 3:23pm t attend her chemotherapy day (12/17/18) because the o for repairs. The van was dy yesterday morning in time ut there was a delay, which missed appointments. facility van was not working,				

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Division	of Health Service Re	egulation			
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	· · · · · · · · · · · · · · · · · · ·	HAL060077	B. WING		12/21/2018
NAME OF #	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
		4815 NOF	RTH SHARO	N AMITY ROAD	
EAST TO		CHARLO	ITE, NC 28	205	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 321	Continued From pa	ige 121 d a vehicle from a nearby	D 321		
		t residents could attend			
	appointments as so	heduled.			
	-The facility had not				
		a sister facility to borrow a ay, because the van was			
		been repaired in time for			
		nts. This caused a few			
		hissed appointments.			
		tified him of an upcoming buid add the appointment to		· · · ·	
	the transportation c				
	Interview with Exec 3:50pm revealed:	utive Director on 12/6/18 at			
1		e aware that Resident #1 had			
		l appointments until Adult			
		inquired about it on 11/7/18.			
		ent was admitted to the facility, esponsibility to review the			
	record to assure an				
		set up either through the family			
	or by the facility.				
		had quit about the time that			
	ope looking thoroug	imitted, which resulted in no physical in the record to see the			
		family had provided with			
	information about u	pcoming appointments.			
		had also been trying to assist			
	had not revealed Re	rds for new residents, but they			
		here was documentation in			
	Resident #1's chart	with information about			
		appointments on 10/25/18 at			
		rapy and 11/5/18 at 10:20am			•
	for an appointment	with the oncologist.			
	The facility failed to	assure coordination of the			
	provision of transpo	ortation for Resident #1 who			
		breast cancer to oncology			
	ealth Service Regulation				
STATE FORM	41		6890	PEPP11 if	continuation sheet 122 of 196

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		e survey Pleted	
		HAL060077	B. WING		12/:	12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE			
EAST TO	OWNE			N AMITY ROAD			
A/ 0 10	OF IB 45 AA 1354 CITA		TTE, NC 28		-		
(X4) ID Prefix Tag	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X6) COMPLE DATE	
D 321	Continued From pa	ge 122	D 321				
	in treatment and for vascular appointme hospitalization for cl to ensure transport potential risk for dis residents and was c	ointments, resulting in a delay Resident #7 to cardiac and nts, resulting in a hest pain. The facility's failure was in place resulted in ease progression for both letrimental to their health, constituting a Type B					
	accordance with G.	a Plan of Protection in 5. 131D-34 on 01/16/19.					
		E FOR THE TYPE B NOT EXCEED FEBUARY					
D 338	10A NCAC 13F .090)9 Resident Rights	D 338	Refer to Plan of Correction 10A NCAC 13F .0603 (a)	Tag D 183	1/26/20	
	all residents guarant Declaration of Resid	shall assure that the rights of teed under G.S. 131D-21, lents' Rights, are maintained ed without hindrance.		Refer to Plan of Correction 10A NCAC 13F 0909	Tag D 338		
						2/8/201	
-	This Rule is not me TYPE B VIOLATION						
	reviews, the facility r providing personal c	ons, interviews and record neglected to assure staff are were in compliance with arding fingernails resulting in					

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If continuation sheet 123 of 195

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		e Survey Pleted
		HAL060077	B. WING		12/	21/2018
AME OF I	ROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE	4815 NC	RTH SHARON	I AMITY ROAD		
			OTTE, NC 282	05		
(X4) ID Prefix Tag	(EACH DEFICIENC)	atément 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) Complet Date
D 338	Continued From pa	age 123	D 338	, <u>,,,,,,,,,,,,,,,,,,,,,,,,</u> ,,,	, <u>,</u> , , , , , , , , , , , , , , , , ,	
	a trauma wound to	one resident (#13).				
	The findings are:					
	personal appearance handbook revealed -The ED/ superviso adherence to this p authority in determination been met.	or was responsible for assuring folicy and he or she is the final ining whether the policy has nd false fingernails that could				
	07/10/18 revealed: -Diagnoses include wasting. -Ambulatory status -Personal care assi dressing and toiletin	t #13's current FL2 dated d bipolar, anxiety, and muscle was non ambulatory. istance required were bathing, ng. ntinent of bowel and bladder.				
	12:53pm revealed: -She had a dressing -The wound had oc months ago. -A staff person had pulling her pajamas -The staff person had -"The staff person v -"The wound is real -"I went to the hosp hurt so bad." -She had told the H family member whe	ad on "long artificial nails." vas not wearing gloves."				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060077	B. WING		12/	21/2018
NAME OF	Provider or Supplier	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	AMITY ROAD 95		
(X4) ÍD PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLE DATE
D 338		age 124 ay are not to have those	D 338			
	revealed: -On 10/26/18 at 11 tear on her left leg had placed a band -On 11/29/18 at 11 complained of pain dressing changed I was redness and s extremity. The Res changed the dress of the resident leg -On 12/02/18 at 2:0 today. Is currently f antibiotic used to th TID [three times a -On 12/14/18 at 11	19am, the resident and requested to have her leg because it was leaking. There welling to the right lower ident Care Coordinator (RCC) ing and notified the physician pain/swelling. D4pm, "Resident doing well taking clindamycin (an teat bacterial infections) 300mg				
	(RCC) on 12/19/18 -She first knew Res when a family mem 2018. -The family member the RCC to look at skin tear. -"It was like a small -Resident #13 neve with long fake nails assisting with pullin -She looked at Res 11/29/18 because f her leg hurt and the	ar told the RCC a staff person had scratched her leg while				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
	· .	HAL060077	B, WING		12/	21/2018
iame of F	ROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE		
AST TO	WNE		RTH SHARON	AMITY ROAD		
(X4) ID Prefix Tag	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ÓN SHOULD BE HE APPROPRIATE	(XS) COMPLET DATE
D 338	the redness and sw Review of an emerg 12/09/18 for Reside -The diagnosis was infection/leg pain. -The ER had reque primary physician. Review of the facilit note dated 11/07/18 -Resident #13 had i wound on her leg. -The NP noted to gr leg wound. -Diagnoses include encounter wound. -Plans were for HH treat accordingly. Review of the facilit 11/28/18 for Reside -Resident #13 was ulcer follow up." -The HH nurse had -"The wound looks -Resident #13 was antibiotic until the cr -HH wound continu- The NP would cons the wound clinic net	In the second revealed in the physician of velling. gency room (ER) visit dated ent #13's record revealed: a documented as a wound is ted she follow up with her by Nurse Practitioner (NP) visit is for Resident #13 revealed: indicated she had an open indicated she had an open et HH to evaluate and treat the indicated she had an open et HH to evaluate and treat the indicated she had an open is the treat the wound and in the indicated she had an open is the indicated is the indicated she had an open is the indicated she had an open is back. Is the is back is the indicated she is back is the indicated she is back is the indicated she is back. Is the is back is the indicated she is the indicated she is the is the is the indicated she is the i	D 338	DEFICIENC	0	
	daily for 10 days. Review of the facilit for Resident #13 rev	mycin 300mg three times y NP visit note dated 12/18/18 vealed: seen on 12/18/18 for a				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING;			E SURVEY PLETED	
	-	HAL060077	B. WING		12/	12/21/2018	
iame of i	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
			•	AMITY ROAD			
AST TO	AND AND		TTE, NC 282				
(X4) ID PRÉFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE	
D 338	Continued From pa	ge 126	D 338	······································			
	"chronic leg uicer fo -Resident #13 was a was concerned with -Home Health was a -Resident #13 had a antibiotics. -Resident #13 had a for wound clinic this -Diagnoses Included encounter, primary o -There was an order rule out osteomyeliti Telephone interview 12/20/18 at 10:47an -The HH nurse had that Resident #13 ha leg. -He could not recall wound as a "trauma -The HH nurse cont obtaining a wound c October 2018. -He ordered a board Resident #13 after ti -Resident #13 never	billow up." sent to the ER for pain and the leg wound. still following patient. completed a course of an appointment scheduled a week, d injury unspecified, initial diagnosis wound. r for an X-ray of tibia / fibula to is. with Resident #13's NP n revealed: informed him on 10/30/18 ad a wound to the right lower the RH nurse referring to the wound." acted him in regards to ulture around the middle of I spectrum antibiotic for he culture was obtained. told him a staff person al nails had scratched her leg		·			
	-He referred to Resi notes as an ulcer, "T notes was due to La was." -He ordered a wound	dent #13's leg wound in his The reason I used ulcer in my ctually did not know what it d clinic consult for Resident					
	Resident #13 on 12/ -She talked with Res and was in the facilit	with a family member of 19/18 at 5:30pm revealed: sldent #13 three times weekly					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	· /	CONSTRUCTION		e Survey Pleted
		HAL060077	B. WING		12/	21/2018
AME OF F	PROVIDER OR SUPPLIER		L DDRESS, CITY, SI	TATE, ZIP CODE		
		4815 NO	RTH SHARON	AMITY ROAD		
AST TO	WINE	CHARLO	TTE, NC 2820)5		
(X4) ID Prefix Tag	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) Comple Date
D 338	Continued From pa	age 127	D 338			
	a staff person had her pajamas bottom -The staff person h -She called the RC what had happened RCC was to look at -Resident #13 calle later and told her th bad." -Resident #13 had the visits had to be -Resident #13 had with leg pain and in -"I keep asking how not bad." -"If the wound is no wound clinic."	scratched her leg while pulling ns up. ad "long fake nails" on. C on 10/30/18 and told her to Resident #13, and the t Resident #13's leg. ad her again about 2 weeks he wound was "looking real HH following the wound but increased to every day. been sent to the ER 12/12/18	5			
	(RCC) on 12/20/18 -Resident #13 had person with fake na resulting in the trau -The RCC said Res when the incident h	at 8:10am revealed: told her on 12/19/18 a staff alls scratched her right leg				
	calling her on 10/30 family member men fake nails scratcher -The HH nurse nev had scratched Resi diagnosis of a traur -She had never see	en the HH nurse visits notes				
	-She was not sure t Resident #13 was s -"I have talked seve	ot keep them in the record." the physician was aware acratched by a staff person. aral times to the girls about not allowed to have them."				

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If continuation sheet 128 of 195

	NT OF DEFICIENCIES I OF CORRECTION	(X1) FROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:		E CONSTRUCTION		e survey IPleted	
	····	HAL060077	B. WING		12/	12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
EAOT TO	``\	4815 NO	RTH SHARON	AMITY ROAD			
EAST TO		CHARLO	TTE, NC 2820	05			
(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 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
D 338	Continued From pa	age 128	D 338		<u> </u>		
	knew a staff person #13's leg, especiall and requiring woun -The staff were to r an injury to a reside Observation of Res HH Nurse present revealed: -The leg wound wa lower right leg abou -When the dressing was saturated with drainage. -The wound was ap and approximately -The wound center whitish-yellow sloug impedes healing). -The outer wound b	report any incidents resulting in ent to the RCC. sident #13 leg wound with the on 12/20/18 at 8:45am s located on the top of the it 4 inches below the knee, g was removed the dressing a purulent yellowish-green oproximately 2.5 inches long					
	Interview with the H 8:45am revealed: -Resident #13 had on 10/30/18, a staff Resident #13's leg pajamas. -She told the RCC a wound on 10/30/18 evaluate and treat t -She had document wound due to a nail -The RCC and the p the trauma wound of sure they were awa scratched Resident	IH Nurse on 12/20/18 at told her about the leg wound person had scratched while assisting with her and the physician about the and received an order to he wound. ted in her initial notes "trauma scratch from staff." obysician were both aware of diagnosis, but she was not re a staff person had #13. treating the wound it was 0.5					

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Divisior	of Health Service Ro	agulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
[HAL060077	B. WING		12/2	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	STATE, ZIP CODE		
EAST T	OWNE	4815 NOR		NAMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X6) Complete Date
D 338	Continued From pa -"It was like a small area." -She measured the measured 5cm x 44 -She contacted the when the wound ap and worse. -She obtained a wo ordered an antibioti -Resident #13 had 12/18/18, but she w -"The wound looks -The physician orde for Resident #13 ar Interview with the R 8:00am revealed: -The RCC had spot the leg wound. -She had told the R had scratched her I fake nails. -The RCC told her I fake nails. -The RCC told her I nails. Review of Resident dated 12/21/18 reve -The wound was ca -The wound was or measured 7cm in lei in depth. -There is a medium (a thin, blood tingeo the wound. -There is a large are	ge 129 scratch with an open center wound last week and it cm. physician in November 2018 peared to be getting bigger und culture and the physician c for 10 days. an X-ray of the leg ordered on vas not sure it had been done. pretty bad." ared a wound clinic evaluation id was scheduled for 12/21/18. tesident #13 on 12/20/18 at ken to her on 12/19/18 about CC on 12/19/18 a staff person eg and the staff was wearing the staff were not to wear fake #13's wound care clinic noted ealed:	D 338			
	wound bed including yellowish or white in	g slough (dead tissue that is				
Division of I-	ealth Service Regulation					

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	DLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
1.1	, . <u></u>	HAL060077	B, WING		12/21/2018	
NAME OF I	provider or supplier D wne	4815 NOF		STATE, ZIP CODE ON AMITY ROAD 3205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLE DATE
D 338	area, therefore no o dead tissue) could Based on observati reviews, the facility providing personal the facility policy re- a trauma wound to medical evaluation treatment. The facili the health and safe constitutes a Type f The facility provided accordance with G. CORRECTION DA	debridement (the removal of be performed. ons, interviews and record neglected to assure staff care were in compliance with garding fingernails resulting in one resident (#13) requiring at the wound clinic for lity's failure was detrimental to ty of the residents and	D 338			
D 358	 (a) An adult care he preparation and adriprescription and not by staff are in accord (1) orders by a lice which are maintained 	04 Medication Administration ome shall assure that the ninistration of medications, n-prescription, and treatments	D 358	The DRC will create a curren Diabetics to assure residents appointments scheduled are i day before the appointment, Techs are notified to confirm thas eaten prior to administratishort acting insulin. If resident refuses to eat it will documented and the DRC /RC supervisor will be notified, the contacted for further orders to This process will be monitored DRC or RCM weekly to ensur are administer according to pl orders	with dentified the and Med resident ting any be CM / Lead PCP hold insuli d by the e medicatio	٦

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATI COM	e survey Pleted
• .		HAL060077	B. WING		12/	21/2018
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	I ////	4 11 40 10
AST TO		4815 NO	RTH SHARON	AMITY ROAD		
(X4) ID	SUMMARY ST		DTTE, NC 282	PROVIDER'S PLAN OF	CORRECTION	(MB)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X8) Comple Date
D 358	Continued From pa	age 131	D 358			
	This Rule is not m TYPE A2 VIOLATIO	et as evidenced by: DN				
	reviews, the facility were administered prescribing practitic (Resident #3, #5, # insulin and amlodip	ions, interviews, and record failed to assure medications as ordered by a licensed oner for 3 of 7 residents 6) including Novolin 70/30 bine (Resident #3), Buspar and onate (Resident #5), and esident #6).				
	The Findings are:					
	revealed diagnoses	ent #3's FL2 dated 10/02/18 s included type 2 diabetes, ular accident, and diabetic				
	revealed: -There was a medi Flexpen 100 units (lower blood sugar), (FSBS) before each scale: 150-200=2 u 251-300=6 units, 30 units, if greater that or urgent care. -There was a media (a combination of 7	ent #3's FL-2 dated 10/02/18 ication order for Novolog a rapid acting insulin used to check finger stick blood sugar h meal and inject per sliding inits, 201-250=4 units, 01-350=8 units, 351-400=10 n 401 go the emergency room cation order for Novolin 70/30 '0% intermediate acting insulin ng insulin used to lower blood				
	sugar), inject 100 u breakfast. Review of Resident	t #3's August 2018 electronic				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIF:CATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	· · · · · · · · · · · · · · · · · · ·	HAL060077	B. WING			12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
EAST TO	NAME	4815 NOR	TH SHARON	AMITY ROAD			
		CHARLO	TTE, NC 2820)5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE	(X5) COMPLET DATE	
D 358	Continued From pa	ge 132	D 358		Marth		
	-There was an entry FSBS before each i sliding scale at 7:30 -The resident's FSE 7:30am was 252, he insulin. -There was an entry units every morning -On 08/03/18, the re Novolin 70/30 insuli Review of progress appointment with the revealed: -Resident #3 was la appointment at 8:00 rescheduled for 1:00 -Resident #3 arrived attempted to be wei was "unsteady on hi slurred". -The resident report eat prior to coming to -After receiving food the blood glucose el -The resident was u appointment and wa Review of Resident revealed: -The resident was u appointment and wa Review of Resident revealed: -The resident's FSB 7:30am was 108, he insulin.	y for Novolog 100 units, check meal and administer per Dam, 11:30am, and 4:30pm. BS reading on 08/03/18 at e received 6 units of Novolog / for Novolin 70/30 inject 100 before breakfast at 7:00am. esident received 100 units of n. note regarding Resident #3's e Nephrologist on 08/02/18 te to his scheduled eam and was therefore 0pm. I at 1:00pm appointment and ghed, however the resident is feet and his speech was red he had not had anything to to the appointment. was 27, "normal range is ". I, juice, and sugar packets, levated to 98.					

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Division	of Health Service Re	egulation				
STATEME	VT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
L		HAL060077	B, WING		12/2	1/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	NA/KIE	4815 NOR	TH SHARO	NAMITY ROAD		
EAGTIC		CHARLOT	FTE, NC 282	205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X6) COMPLETE DATE
D 358	Continued From pa	ige 133	D 358			
	-On 10/23/18, the r Novolin 70/30 insul	esident received 100 units of in.				
	primary care physic 10/23/18 revealed: -Resident #3 arrive	note regarding Resident 3's sian (PCP) appointment on d at follow-up appointment , sweaty, and his blood sugar				
	was 35". -Resident #3 report	ed to staff that he gets insulin get breakfast because he had				
	revealed: -He knew he was o sugar. -He received insulir -He remembered g and his blood sugar -He did not eat on t and his blood sugar -He was going out f forgot that I needed -The staff did not as prior to administerir -The insulin was still he had not eaten bir doctor's appointment	hose days he received insulin r dropped. to his appointment and, "I I to eat". sk him if he was going to eat ng his insulin. Il administered even though reakfast before going to his nt.				· · ·
Division of H	12/19/18 at 2:00pm -She had administer "sometimes". -She always checke administering insuli -She tried to make going to appointme	red insulin to Resident #3 ed the blood sugar before n. sure residents ate before nts. istered insulin before residents				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT COM	E SURVEY PLETED
		HAL060077	B. WING	<u> </u>	12/	21/2018
iame of i	PROVIDER OR SUPPLIER	STREETAI	DRESS, CITY, S	TATE, ZIP CODE		
				AMITY ROAD		
AST TO			TTE, NC 2820			
(X4) ID Prefix Tag	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	on should be He appropriate	(X5) COMPLET DATE
D 358	Continued From pa	ge 134	D 358	···· ··· ·····························		
	dining room to eat l	ent #3 always went to the preakfast after insulin was ver check on him, he always			·	
	1:50pm revealed; -She administered I according to the ord -She knew resident receiving insulin. -She did not admini not plan to eat.	t shift MA on 12/19/18 at Resident #3's medications der. s were supposed to eat after ster insulin if the resident did ninister insulin if blood sugar				
	on 12/19/18 at 2:47 -She expected Resi ordered. -Resident #3 neede administered. -Insulin should not k was not planning to -If the resident did n his blood sugar wou	dent #3 to receive insulin as d to eat after insulin was be administered if Resident #3				
	(RCC) on 12/19/18 - -She did not know a Resident #3's blood -She expected medi ordered. -Insulin should not b eating.	bout the incidents regarding sugars. ications to be administered as e administered without /hat training the MAs had				
	Interview with the Ac					

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If continuation sheet 136 of 195

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	·	
EAST TO	WNE			AMITY ROAD		
			TTE, NC 2820			
(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	(X5) COMPLE DATE
D 358	Continued From pa	age 135	D 358			
	ordered and followi -All MAs receive dia administering insult administer. -There was no nurse MAs to consult. b. Review of a physe for Resident #3 rev 10mg (used to treat chest pain), 1 table Review of Resident electronic Medicath (eMAR) revealed: -There was an entr	f to administer medications as ing instructions of physician, abetes training before in and should know how to se available in the facility for sician's order dated 11/01/18 realed an order for amlodipine it high blood pressure and it every morning for heart. t #3's November 2018 on Administration Record by for amlodipine 10 mg, one ig for heart at 8:00am entered				
	amlodipine. "Amlodipine was do	ed 27 out of 30 doses of ocumented as administered m on 11/28/18-11/30/18. adings ranged from				
	revealed: -He felt "dizzy and a blood pressure mea- He also experience medication was mis- however he was no notified. -There was a proble- contracted pharma- -He could not reme- without amlodipine.	mber how long he went				

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If continuation sheet 137 of 195

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	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
	HAL060077 B. WING		······································	12/	21/2018	
IAME OF F	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, SI	ATE, ZIP CODE		
AST TO	WNE		RTH SHARON TTE, NC 2820			
(X4) ID Prefix Tag	(EACH DEFIC)ENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
	Coordinator (RCC) -She did not know i amłodipine on 11/0 -She administered on the eMAR. Interview with anoth revealed: -She knew Resider medications in Nov -She was not sure #2's amłodipine. -"It has been a mea responsible for folk Telephone interview care physician on 1	Resident #3 was ordered 1/18. medications as they appeared her MA on 12/18/18 at 3:40pm at #3 was out of some of his ember. what happened with Resident as, I am not sure who is owing up with orders". v with Resident #3's primary 2/19/18 at 2:47pm revealed: e Resident #3 missed 27				
	medications. -She would want to medications so tha if needed. -Resident #3 was a	to be notified about missed know about missed t she could adjust medications It risk for chest pain and asure when the amlodipine				
	revealed: -She worked at the months. -She did not know amlodipine and wo medication order to pharmacy.	RCC on 12/19/18 at 2:31pm facility as the RCC for 2 about missed doses of uld have expected the ble faxed immediately to the s to fax orders to the pharmacy				

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If continuation sheet 138 of 195

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT	E SURVEY
			A. BUILDING:		CON	PLETED
		HAL060077		B. WING		21/2018
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		4112010
AST TO				AMITY ROAD		
ASTIC			TTE, NC 2820			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	D	PROVIDER'S PLAN OF	CORRECTION	(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	ION SHOULD BE	(X5) COMPLE DATE
		· · · · · · · · · · · · · · · · · · ·		DEFICIENC	Y)	
D 358	Continued From pa	ge 138	D 358		· · · · · ·	
	the facility pharmac	y to be added to the eMAR.				
	-She did not know v	vhy Resident #3 missed 27	1			
	doses of amlodipine	€.				
	Interview with the A	dministrator on 12/19/18 at				
	10:28am revealed:					
		Resident #3 missed 27 doses				
	of amlodipine.	RCC to follow physician orders				
	and fax orders when	received.				ļ
	-The RCC was resp	onsible to ensure all orders				1
	were faxed to the pr	narmacy when received.				
		nt #6's current FL2 dated				
	08/14/18 revealed: -Diagnoses included	l acute osteomyelitis, right				
	fibula fracture, and s	stress fracture.	İ İ			
	-There was a medic					
	acetaminophen 100	0mg every 6 hours.				
1	Review of a subsequ	uent physician order dated				
	10/05/18 revealed ad	cetaminophen was				
Í	discontinued.					
	Review of Resident:	#6's October 2018 electronic				ļ.
	Medication Administ	ration Record (eMAR)				
	revealed:	* • • • • • • • •				
	- There was an entry to be administered a	for acetaminophen 1000mg				
	12:00pm, and 6:00pr	n.				
1	Acetaminophen 100	00mg was documented as	Í			
	administered daily at	12:00am, 6:00am, 12:00pm,				
	anu o:uupm from 10/ excention of 2 doses	/01/18-10/31/18 with the on 10/21/18 at 6:00pm with				
	"resident refused" an	id 10/24/18 at 6:00pm with				
1	out of facility/appoin	tment" documented as				
	exceptions.					
	Review of Resident ±	/6's November 2018 eMAR				l
- I -	evealed:		1			

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STATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1		HAL060077	B. WING		12/21/2018
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
				N AMITY ROAD	
EAST 1	OWNE	CHARLO"	TTE, NC 28:	205	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 35	-There was an entr to be administered 12:00pm, and 6:00 -Acetaminophen 10 administered daily and 6:00pm from 1 exception of 3 dose 11/23/18 at 6:00pm documented as the Review of Residen revealed: -There was an entr to be administered 12:00pm, and 6:00 -Acetaminophen 11 administered daily and 6:00pm from 1 Based on review o November, and De resident continued 1000mg every 6 ho on 10/05/18 due to not being the recor Interview with Resi revealed: -He thought he wa ordered by his prin -He received aceta for pain. -He did not know if had been discontin Observation of Res hand on 12/20/18 a -There were 2 med	y for acetaminophen 1000mg at 12:00am, 6:00am, pm. 000mg was documented as at 12:00am, 6:00am, 12:00pm, 1/01/18-11/30/18 with the es on 11/11/18, 11/15/18, and n with "resident refused" exception. t #6's December 2018 eMAR ty for acetaminophen 1000mg at 12:00am, 6:00am, pm. 000mg was documented as at 12:00am, 6:00am, 12:00pm, 2/01/18-12/19/18. f Resident #6's October, ecember 2018 eMARs , the to receive acetaminophen burs after it was discontinued ophysician visit notes/orders rd. ident #6 on 12/20/18 at 3:15pm is receiving his medications as hary care provider (PCP), aminophen four times per day cany of his pain medications nued. sident #6's medications on at 2:57pm revealed: dication cards with 56 bubbles		DEFICIENCY	
DMsion of	of acetaminophen administered.	500mg available to be			
STATE FC			6629	PEPP11	continuation sheet 140 of 195

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		e Survey Pleted	
		HAL060077			12/	12/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
EAST TO	WAR			AMITY ROAD			
	**************************************	CHARLO	ITE, NC 2820	05			
(X4) ID Prefix Tag	(EACH DEFIC!ENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IĎ PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X6) COMPLE DATE	
D 358	Continued From page	ge 140	D 358		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	
	bubbles of acetamir	e pack that contained 24 hophen 500mg tablets. e medication card contained 2 0mg per dose.					
	facility's contracted p 10:18am revealed: -The order for Resid 1000mg every hours -The acetaminopher discontinue order ha -The pharmacy disp	with a pharmacist from the pharmacy on 12/20/18 at lent #6's acetaminophen was received on 08/14/18. n order was still current and a ad not been received, ensed 224 pills (a 28 day					
	Interview with a first 12/19/18 at 3:40pm -She administered R according to the eM/ -She did not know R had been discontinue -Physician orders we physician and provid the facility. -The facility was goin Resident Care Coord missed the order to c -The MAs were respo	tesident #6's medications AR system. esident #6's acetaminophen ed on 10/05/18. are normally written by the ed to the RCC before he left of through a transition and dinator (RCC) may have discontinue acetaminophen.					
	revealed: -She worked at the fa -The order for Reside changed when she fi facility. -The order should ha pharmacy.	ent #6's acetaminophen rst starting working at the		-			

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STATEMEN	of Health Service R	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE COMPI	
		HAL060077 B. WING			12/21/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	I AMITY ROAD 05		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 368	for removing order -She was respons had entered all new eMAR correctly. Interview with Res 3:00pm revealed: -The resident's ac- be discontinued in -He did not want the too much of this pa- effect the resident -He expected the to written. Interview with the 10:28am revealed -Residents were to as ordered. -The RCC was res- orders were review -The RCC and MA orders to the phan accurate. -The pharmacy wa discontinued medi -The RCC and MA removing discontin medication cart. 3. Review of Resi	the pharmacy was responsible is for the eMAR. Ible for making sure the MAs w medication orders into the ident #6's PCP on 12/19/18 at etaminophen was supposed to October 2018. The resident to be administered ain medication because it would is liver over a period of time. facility to follow his orders as Administrator on 12/19/18 at to be administered medication sponsible for making sure	D 358			
	 a. Review of Resi dated 10/11/18 rev	l intellectual disability. dent #5's physician's orders vealed an order for Buspar 5mg a medication used to treat				

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION	1) PROVIDER/SUPPLIER/CLIA			the second second second second second second second second second second second second second second second s	
ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1			E SURVEY PLETED
·	HAL060077	B. WING		12/2	21/2018
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE		
EAST TOWNE		TH SHARON			
PREFIX (EACH DEFICIENCY MU	AENT OF DEFICIENCIES JST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358 Continued From page	142	D 358		· · · · · ·	
Review of Resident #5 notes revealed: -Resident #5 was evalue psychotherapy for mod disorder on 06/06/18, 0 07/04/18, 07/18/18, 08, 08/22/18, 09/05/18, 09, -Resident #5 was seen physician's assistant (F management on 06/07, 08/30/18, and 10/11/18 -On 10/11/18, the PA of times daily due to patie anxious and not safe. Review of Resident #5' Medication Administration revealed: -There was an entry for administered at 8:00am with a start date of 10/1 -There was documenta administered on 10/13/ and 10/29/18 at 12:00p opportunities due to "ou Review of Resident #5's revealed: -There was an entry for administered at 8:00am with a start date of 10/1/ -There was an entry for administered on 11/01/ intere was an entry for administered at 8:00am -There was an entry for administered on 11/01/ 11/05/18, 11/06/18, 11/1 11/22/18, 11/24/18, 11/2 at 12:00pm for thirteen to "out of facility/appoint	"s mental health provider's uated and provided lerate generalized anxiety 06/13/18, 06/20/18, /01/18, 08/08/18, 08/15/18, /26/18, and 10/03/18, n by the mental health PA) for medication /18, 06/21/18, 08/02/18, rdered Buspar 5mg three ent reports of feeling 's October 2018 electronic ion Record (eMAR) r Buspar 5mg to be n, 12:00pm and 8:00pm 11/18. tion Buspar was not 18, 10/14/18, 10/25/18 im for four of twenty ut of facility/appointment." s November 2018 eMAR Buspar 5mg to be n, 12:00pm and 8:00pm. tion Buspar was not 18, 11/03/18, 11/04/18, 12/18, 11/13/18, 11/20/18, 27/18, 11/28/18, 11/29/18 of thirty opportunities due				

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	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		E SÜRVEY PLETED
		HAL060077	B, WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, ST	TATE, ZIP CODE		
EAST TO	WNE		RTH SHARON TTE, NC 2820	AMITY ROAD 95		
(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	(X6) COMPLET DATE
D 358	administered at 8:0 -There was docume administered on 12 12/05/18, 12/06/18 and 12/17/18 at 12 opportunities due to Observation of Res available for admin 4:29pm revealed B administration. Telephone interview facility's contracted 1:24pm revealed: -Resident #5's Bus refill cycle. -The pharmacy had Buspar 5mg for Re tablets on 10/30/18 84 tablets on 12/07 Interview with Resid revealed: -He went to "schoo -He did not carry at him. Telephone interview support specialist of revealed: -Resident #5 had p and stress.	10am, 12:00pm and 8:00pm. entation Buspar was not 2/01/18, 12/03/18, 12/04/18, , 12/07/18, 12/11/18, 12/14/18, ;00pm for nine of seventeen o "out of facility/appointment." sident #5's medications istration on 12/17/18 at uspar 5mg was available for w with a pharmacist from the pharmacy on 12/18/18 at par was on a 28 day automatic d dispensed 24 tablets of sident #5 on 10/11/18, 48 5, 84 tablets on 11/11/18 and				
	coping skills, encou peers and encoura rehabilitation (rehal -Resident #5 usual meetings around 9	urage him to socialize with ge him to attend psychosocial				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e survey Pleted	
		HAL060077	B. WING		12/	12/21/2018	
IAME OF I	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE			
- A (5) TF - TF -	XI I I I I			AMITY ROAD			
EAST TO	MANE .	CHARLO	TTE, NC 282	05			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE	(X5) COMPLE DATE	
D 358	Continued From pa	ge 144	D 358				
	attending the meeti so high. -She had not obser facility with any mee psychosocial rehab Interview with a me 12/19/18 at 10:00ar -Resident #5 attend three days each we and returning aroun -She did not admini Resident #5 when h rehab and would do facility/appointment -She had not consid Resident #5's Prima mental health provis about him missing r should have" so he	had to be coaxed into ings because his anxlety was ved Resident #5 leaving the dications to be taken at the facility. dication aide (MA) on m revealed: led psychosocial rehabilitation lek leaving around 9:00am id 2:30pm. ster 12:00pm medications to ne was out of the facility at boument "out of			· · · · · · · · · · · · · · · · · · ·		
	(RCC) on 12/19/18 -She sometimes wo administered medic -If Resident #5 was 12:00pm medication would not administe would document he facility/appointment. -The psychosocial r take on the respons medications to resid -She knew Residen 12:00pm medication rehab program, but	ations to Resident #5. out of the facility during the n pass, she and the other MAs er medications to him and was "out of " ehabilitation facility would not ibility of administering					

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TATEMEN	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATI	E SURVEY
nd plan	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		HAL060077	B, WING		12/	21/2018
ame of i	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
AST TO	MAINE	4815 NOF	RTH SHARON	AMITY ROAD		
A31 10	AAAAAC	CHARLO'	TTE, NC 2820	D5		
(X4) ID REFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF		(X6) COMPLE
TAG		SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO		DATE
-				DEFICIEN	СҮ)	
D 358	Continued From pa	age 145	D 358			
	PA to see if the timi	ing of his medications could be				
	changed."					
	_,					
		w with Resident #5's				
	revealed:	oist on 12/19/18 at 8:50am				
		viding psychosocial therapy to	ļ ;			
	Resident #5 since f					
		rdered Buspar by the mental				
	health provider's Pt	hysician's Assistant (PA) due to				
	his diagnosis of any					
		#5's anxiety was so severe				
	that it affected his b					
	when his anxiety wa	all functioning was better				1
		r Resident #5 to attend				
		meetings to teach him				
		kills and reduce his social				
		his anxiety, he would often				
		bathroom when the van driver				
		him to the meetings. Resident #5 was missing his				
Î		uspar when attending the				
		ilitation meetings, but it was				
	the policy of the reh	ab facility to not administer				
	medications to resid					
		ity staff to notify the PA				
		#5 missing doses of Buspar				
	needed to be made	ermine any changes that				
		≀esident #5's PA had been				
		PA had not communicated				
	the information to h	er.				
		ng doses of Buspar would				
		ue to have symptoms of				
	anxiety and would in	mpede his treatment goals.				
	Telephone interview	/ with Resident #5's mental				
		/ with Resident #5's mental \ on 12/19/18 at 11:00am				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		e survey IPLETED
		HAL060077	B, WING	B. WING		21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE			AMITY ROAD		
		CHARLC	OTTE, NC 282	05		
(X4) ID Prefix Tag	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From pa	ige 146	D 358			
	monthly. -He had ordered Bu Resident #6 on 10/ -He did not know R of Buspar. -He had last visited and he continued to -Missing doses of E #5 to have increase -He would expect to routinely missing a timing of the medical Interview with Resid 11:00am revealed: -Resident #5 was o times daily to treat H -He did not know Re dose was not being the facility. -Missing doses of B Resident #5's conth	b be notified if a resident was medication so the dose or ation could be adjusted. dent #5's PCP on 12/18/18 at rdered Buspar 5mg three his anxiety. esident #5's Buspar 12:00pm administered if he was out of suspar could be contributing to hued anxiety.		· · · · · · · · · · · · · · · · · · ·		
	4:00pm: -She did not know F administered his 12 was routinely out of -She expected the F Resident #5's PCP order to change the	VIAs to discuss the issue with and ideally he would give an dosing schedule of his v for Resident #5 to have all				
	09/14/18 revealed a chlorhexidine glucov treat gingivitis), rinse	ent #5's current FL-2 dated medication order for nate (a mouthwash used to ə with 15 milliliters (mLs) 8:00am, 12:00pm and				

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	of Health Service R	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MURTIPLE	CONSTRUCTION	/X3) DATE	E SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED	
		HAL060077	B, WING		12/	12/21/2018	
iame of i	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
AST TO	WNE						
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID 10	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	COMPLE	
D 358	Continued From pa	age 147	D 358				
	8:00pm,						
	Medication Adminis revealed: -There was an entr 15 mLs to be admin and 8:00pm. -There was docume gluconate was not a thirty-one opportuni facility/appointment Review of Resident revealed: -There was an entr 15 mLs to be admin and 8:00pm. -There was docume gluconate was not a	t #5's November 2018 eMAR y for chlorhexidine gluconate histered at 8:00am, 12:00pm entation chlorhexidine administered for thirteen of at 12:00pm due to "out of					
	revealed: -There was an entry 15 mLs to be admir and 8:00pm. -There was docume gluconate was not a	t #5's December 2018 eMAR y for chlorhexidine gluconate histered at 8:00am, 12:00pm entation chlorhexidine administered for nine of hities at 12:00pm due to "out of	4				
	available for admini	ident #5's medications istration on 12/17/18 at ere was no chlorhexidine for administration.					
		dication aide (MA) on I revealed she had placed a					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted	
		HAL060077	B. WING		12/	12/21/2018	
IAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
T T				AMITY ROAD			
AST TO	WANE		TTE, NC 282				
(X4) ID Prefix Tag	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE 'HE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From pa	ge 148	D 358				
		Resident #5's chlorhexidine uld be available for					
	facility's contracted 1:24pm revealed:	/ with a pharmacist from the pharmacy on 12/18/18 at dispensed a 473 milliliter					
	(mL) container (10 gluconate for Resid and 11/30/18.	day supply) of chlorhexidine ent #5 on 07/17/18, 10/09/18					
	facility on 12/17/18 473 mL container to -Resident #5's chlor	hexidine gluconate was not ill cycle so facility staff had to					
	revealed: -He went to "school	lent #5 on 12/18/18 at 8:40am " a few times each week. y medications to "school" with					
	12/19/18 at 10:00an -Resident #5 attend (rehab) three days e around 9:00am and -She did not adminis	ed psychosocial rehabilitation each week leaving the facility returning around 2:30pm. ster 12:00pm medications to e was out of the facility at cument "out of			v		
	(RCC) on 12/19/18 - If Resident #5 was 12:00pm medication	out of the facility during the pass, she and the other MAs r medications to him and					

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STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A, BUILDING:			
		HAL060077	B. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
AST TO	WNE		RTH SHARON TTE, NC 2820	AMITY ROAD		
(X4) ID PRÉFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) Complet Date
D 358	take on the respon- medications to resi -She knew Resider 12:00pm medicatio rehab program, but speak with his PCF medications could Interview with Resid 11:00am revealed: -He did not know R gluconate 12:00pm administered if he v -He expected all mand for facility staff needed to be made administered all mand	t." rehabilitation facility would not sibility of administering dents. In #5 routinely missed his ins when he attended the the timing of his be changed." dent #5's PCP on 12/18/18 at esident #5's chlorhexidine dose was not being was out of the facility. edication orders to be followed to notify him if any changes to assure the residents were	D 358	DEMCIENC	· .	
	administered his 12 was routinely out of -She expected the Resident #5's PCP order to change the medications to allow ordered doses adm Based on observati reviews, the facility	MAs to discuss the issue with and ideally he would give an o dosing schedule of his w for Resident #5 to have all			,	
	prescribing practitic 100 units of Novolir breakfast or lunch a appointment and ar dizziness and weak	as ordered by a licensed oner for Resident #3 received 70/30 insulin without eating and was sent to a physician rived with symptom of iness and a blood sugar of 27 issed 27 out of 30 doses of				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		E SURVEY	
NU PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3:	СОМ	PLETED	
	·	HAL060077	B. WING		12/	12/21/2018	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE			
AST TO	OWNE		RTH SHARC TTE, NC-28	ON AMITY ROAD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(145)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULI. SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) Comple Date	
D 358	Continued From pa	ge 150	D 358				
	including Buspar (u chlorhexidine gluco treat gingivitis), Rec acetaminophen witt and Resident #9 re control blood press times out of 49 time Januvia (used to tre 12 times out of 17 tf failure to assure me resulted in substant harm of residents w Type A2 Violation.	ember 2018, Resident #5 ised to treat anxiety) and inate (a mouthwash used to sident #6 administered nout an order for 3 months lated to hydralazine (used to ure) was not administered 27 es in December 2018 and eat diabetes) not administered imes in December 2018. This edication administration tial risk that serious physical vill occur and constitutes a					
D 404	CORRECTION DA VIOLATION SHALL 2019.	TE FOR THE TYPE A2 NOT EXCEED JANUARY 26,					
D 421	10A NCAC 13F .110 Resident's Persona	04(c) Accounting For I Funds	D 421	Refer to Plan of Correction 1 10A NCAC 13F .0603 (a)	ag D 183		
	Personal Funds (c) A record of each of the resident's per Paragraph (b) of thi resident, legal repre- by the resident, if no with two witnesses' verifying the accura	D4 Accounting For Resident's In transaction involving the use isonal funds according to is Rule shall be signed by the esentative or payee or marked of adjudicated incompetent, signatures at least monthly cy of the disbursement of e record shall be maintained				2/8/201	
	This Rule is not me	t as evidenced by:					

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		HAL060077	B. WING		12/	21/2018	
AME OF	PROVIDER OR SUPPLIER	STREET AD	T ADDRESS, CITY, STATE, ZIP CODE				
AST TO	DWNE		TH SHARON TE, NC 2820	AMITY ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL, SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE The Appropriate	(X5) COMPLE DATE	
D 421	Continued From pa	ge 151	D 421				
	transaction involvin funds was signed b representative, or p	assure a record of each g use of a resident's personal y the resident, legal ayee at least monthly for 5 of ents #1, #3, #4, #5, and #10).					
	The findings are:						
	Manager (BOM) on revealed: -Since she had bee absence of a BOM, pharmacy bills for r -She had not discus the residents prior t not had them sign a much would be paid account. -She had instructed longer employed, n \$40.00" per residen She had not paid m resident since she l	assed their pharmacy bills with o paying on them and she had a statement reflecting how d to the pharmacy from their the new BOM, who was no ot to pay more than "around at toward their pharmacy bill. fore than "around \$40.00" per had been assisting in the t provided a copy of their					
	account ledger reve -On 11/09/18 the pt	ent #1's personal fund trust ealed: narmacy was paid \$3.51. narmacy was paid \$39.05.					
	transaction log did i	#1's personal fund cash not reflect the resident had nacy transactions on 11/09/18					
	Review of Resident Agreement - Reside	#1's "Addendum to Resident					

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STATEMEN	of Health Service R IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e Survey Pleted
		HAL060077	B. WING	B. WING		21/2018
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	IATE, ZIP CODE		
EAST TO	WNE		RTH SHARON			
		CHARLO	DTTE, NC 2820)6		
(X4) ID Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE	(X5) COMPLET DATE
D 421	Continued From p	age 152	D 421			
	10/11/18 Resident own personal fund portion required fo drug expense whic Party authorizes th	tion" document revealed on #1 elected to "manage his/her s, with the exception of that r payment of medication and the Resident or Responsible e Community to deduct from hthly personal funds				
	Refer to the intervi 12/06/18 at 3:50pn	ew with the Administrator on n.				
	-On 11/01/18, the p -On 11/09/18, the p	ent #5's personal fund trust ealed: oharmacy was paid \$7.00. oharmacy was paid \$48.00. oharmacy was paid \$25.00.				
	transaction log did	nt #5's personal fund cash not reflect the resident had macy transactions on or 12/09/18.				
	Agreement - Resid Management Elect 12/01/17 Resident own personal fund- portion required for drug expense whic Party authorizes th	t #5's "Addendum to Resident ent's Personal Funds ion" document revealed on #5 elected to "manage his/her s, with the exception of that payment of medication and h the Resident or Responsible e Community to deduct from thly personal funds				
	Refer to the intervie 12/06/18 at 3:50pm	ew with the Administrator on 1.				
	account ledger reve	ent #4's personal fund trust ealed: oharmacy was paid \$6.10.				

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If continuation sheet 153 of 195

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED	
		HAL060077	HAL060077 B, WING		12/	12/21/2018	
VAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S				
EAST TO	OWNE			AMITY ROAD			
	·		TTE, NC 282		<u> </u>		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) Complet Date	
D 421	Continued From pa	age 153	D 421				
	-On 12/09/18, the p	bharmacy was paid \$60.18.					
	transaction log did	t #4's personal fund cash not reflect the resident had macy transactions on 11/09/18					
	Agreement - Resid Management Elect 09/04/18 Resident own personal funds portion required for drug expense whic	t #4's "Addendum to Resident ent's Personal Funds ion" document revealed on #4 elected to "manage his/her s, with the exception of that payment of medication and h the Resident or Responsible e Community to deduct from tthly personal funds					
	revealed: -Last month, she w \$40.00 from her per the facility "made h -This month, the Ex- the residents that "h this month because bills." -She had asked the complaint and she -The prior business review her pharman sign on the agreed her pharmacy bill. -Since the old busin months ago, she no her pharmacy bill o	dent #4 on 12/17/18 at 3:35pm ras only able to withdraw resonal funds account because er pay on her pharmacy bill." kecutive Director (ED) had told no one was getting any money a it was all going to pharmacy a it was all going to pharmacy e ED for a number to call in a "looked at her and walked off." s office manager used to cy bill with her and have her upon amount to pay toward hess office manager left a few o longer even saw a copy of r had a say in how much was		· · ·			
	pharmacy bill from	ed to pay \$60,18 toward her her account this month and no is is how much had been paid.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e Survey Pleted
		HAL060077	B. WING		12/	21/2018
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
AST TO	NA/NE		RTH SHARON			
MOT IC		CHARLO	DTTE, NC 2820)5		
(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) Comple Date
D 421	Continued From pa	age 154	D 421			
	Refer to the interview with the Administrator on 12/06/18 at 3:50pm.					
	account ledger rev -On 11/09/18, the p	ent #3's personal fund trust ealed: bharmacy was paid \$7.65. bharmacy was paid \$7.65.				
	transaction log did	t #3's personal fund cash not reflect the resident had cy transactions on 11/09/18 or				
	Agreement - Resid Management Elect 09/01/16 Resident manage the Reside procedures outline and by State regula or Responsible Par monies due to the b	t #3's "Addendum to Resident ent's Personal Funds ion" document revealed on #3 elected "the community wil ent's personal funds following d in the Resident Agreement ation and will pay the Resident rty all personal spending Resident on a regular monthly iate collections and	f			
	Refer to the intervie 12/06/18 at 3:50pm	ew with the Administrator on 1.				
:	-On 11/01/18, the p -On 11/09/18, the p	ent #10's personal fund trust ealed: harmacy was paid \$50.00 harmacy was paid \$3.05. harmacy was paid \$115.00,				
	transaction log did	t #10's personal fund cash not reflect the resident had macy transactions on or 12/09/18.				

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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_ HAL060077 12/21/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD EAST TOWNE CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 421 Continued From page 155 D 421 Review of Resident #10's "Addendum to Resident Agreement - Resident's Personal Funds Management Election" document revealed it was incorrectly completed by Resident #10 on 08/18/17, who chose all options on the form, when only one should have been selected. Interview with Resident #10 on 12/20/18 at 3:15pm revealed: -The facility had never had her sign her pharmacy statement or discussed how much she wanted to pay toward her pharmacy bill from her personal funds account. -She only signed documentation regarding her personal funds to acknowledge she was withdrawing cash from her personal funds account. -She had not agreed to pay \$115.00 toward her pharmacy bill in December 2018. No one had informed her this amount would be paid from her account. Refer to the interview with the Administrator on 12/06/18 at 3:50pm. Interview with another resident on 12/20/18 at 3:25pm revealed: -The facility had not shown her a pharmacy bill or discussed with her the amount to be paid out of her personal funds account toward her pharmacy bill. She did not have a say in how much was paid toward her pharmacy bill. -She only signed documentation regarding her personal funds to acknowledge she was withdrawing cash from her personal funds account. Interview with the Administrator on 12/06/18 at 3:50pm revealed: -The facility did not have a one-on-one discussion

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
· · ·		HAL060077	B. WING		12/21/2018	
IAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY,	STATE, ZIP CODE		
AST TO	OWNE		RTH SHARC	N AMITY ROAD 205		
(X4) ID PREFIX TAG	(EACH DEFIC;ENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETI DATE
D 421	Continued From pa	ge 156	D 421			·
	and how much wou -The facility "gave n some money and th pharmacy bill." -The facility did not pharmacy bills shou funds accounts. -Resident's or RPs admission related to pharmacy bills. As lareflected that the "fa the portion of the fu pharmacy payments needed to pay the p communication with amount paid was re -Residents often did everyone's money v the same time. The "about half" the resident of the fuel money was received be paid and then the	I not understand that not vas received by the facility at facility had received funds for dents last week. Once the d, their room and board had to e facility had to "look at their e money from their personal				
D 423	10A NCAC 13F .110 Resident's Personal	Funds	D 423	Refer to Plan of Correction Tag 10A NCAC 13F .0603 (a)	D 183	1/26/20
	Personal Funds (e) All or any portion funds shall be availa legal representative	Accounting For Resident's n of a resident's personal able to the resident or his or payee upon request during except as provided in Rule apter.				
	This Rule is not me Based on interviews	t as evidenced by: , record reviews, and				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
EAST TO	WNE		RTH SHARON OTTE, NC 2820	AMITY ROAD)5		
(X4) ID Prefix Tag	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE 'HE APPROPRIATE	(X5) COMPLE DATE
D 423	Continued From pa	age 157	D 423			
	7 residents' (Reside accounted for and a accounted for and a account log on 12/ of 12/19/18" was \$ Interview with Resid 3:15pm revealed: -She went to the of \$40.00 and was tol \$25.00 because "if had requested, the hand out to other p requesting funds." her account at the she could only get than the \$40.00 she not be able to buy f planned to. -The facility often re banking hours and time was just "out o -Banking days at the	dent #10 on 12/20/18 at fice yesterday to request d that she could only have they had given her what she y wouldn't have enough left to eople in line who were She had more than \$40.00 in time she made the request. o purchase a few Christmas amily members, but because \$25 from her account, rather e had requested, she would for everyone that she'd an out of money during anyone who was in line at that of luck" for that day. the facility were frequently				
	as well. -The facility frequer from what was pos -Recently, she had	requested funds and was				
	asked what the fun that she should hav her personal funds staff. She was then funds for that beca the recent trip to the	ds were for. She did not agree ve to disclose why she wanted but reluctantly told the office told that she could not have use "she should have gone to e store to purchase what she not given any money that day.				

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<u>Division</u>	of Health Service Re	egulation			T QIAM	APPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
		HAL060077	B. WING		12/:	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY.	STATE, ZIP CODE		
	~~~		• •	N AMITY ROAD		
EAST TO	JWNE		TE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 423	Continued From pa	ge 158	D 423			
	2.) Review of Residuce account log on 12/1 of 12/19/18" was \$8	dent #4's personal funds 9/18 revealed her balance "as 50.72.				
	revealed: -This month she was personal funds to per- family and to get a f -She had not yet be personal funds this been any banking h been open. -Last month, she was because the facility pharmacy bill." -The facility just tool the pharmacy and I -December 2018, the the residents that "n	tent #4 on 12/17/18 at 3:35pm inted to get her \$66.00 urchase Christmas gifts for ew things she needed. en able to get any of her month because there had not ours in which the office had as only able to get \$40.00 "made her pay on her k money from me from to pay had no choice." e Executive Director (ED) told o one was getting any money it was all going to pharmacy				
	Interview with Resid 3:25pm revealed: -Banking days were Thursday from 11:00 was rarely open for -Yesterday, she tried but she was only giv why she could not hive were "too many peo- be enough for every her more." She had account. -It was a common of less than the amoun she should have had -Residents were free	uently asked what they				
	needed money for. L					
Division of He	alth Service Regulation					

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TATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATI	E SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
	· · · · · · · · · · · · · · · · · · ·	HAL060077	B, WING		12/	21/2018
AME OF I	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
107 70	1.1.1.1.	4815 NO	RTH SHARON	AMITY ROAD		
AST TO	TANK	CHARLO	DTTE, NC 2820	)5		
(X4) ID		TEMENT OF DEFICIENCIES	D	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THEAPPROPRIATE	COMPLE DATE
D 423	Continued From pa	ge 159	D 423			
	purchase Christma which she was told \$10,00 to spend on it was right that the could have to spend Telephone interview member revealed: -The resident was f her when there was -The resident called facility only gave he money. -She wanted to purch another resident in -The resident has to ran out of money."	old the family member "they is fair to the residents when				
	on 12/06/18 at 2:00 -She was aware that when residents were funds as scheduled on staff and she wat -She had not yet dist and was currently re- information to assure that they had mone -She was currently learned how the bat was replenished. -She was not sure of schedule for the fact	ness Office Manager (BOM) pm revealed: at there was a gap in time e not getting their personal because there was no BOM is just recently hired. abursed any personal funds evlewing resident's account re there was no balance and y to request in their accounts. in training and had not yet nk account for personal funds of the specific banking sitity, but she was planning to ds as scheduled to residents			· · · · ·	
		xecutive Director on 12/06/18				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATI	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	1 · ·			PLETED
		HAL060077	B. WING		407	21/2018
	ME OF PROVIDER OR SUPPLIER STREET ADDRESS.				14/	21/2018
WWE OF 1	PROVIDEN ON SUPPLIER			TATE, ZIP CODE		
EAST TO	WNE		TTE, NC 2820	AMITY ROAD		
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HEAPPROPRIATE	COMPLET DATE
D 423	Continued From pa	ige 160	D 423		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	at 3:50pm revealed	:				
	-There was "about	a week" in the past few weeks				
	that residents were	not able to request personal				
		previous BOM had left				
ļ		facility. She was not sure of				
	the exact dates this	might have happened.				
	<ul> <li>The facility had jus</li> </ul>	t hired a new BOM that	Í			
:   - 	started this week ar	nd was being trained.				
	-Due to the new BC	M being trained and currently				
	reviewing resident f	unds accounts, next Tuesday				
	(12/11/18) would be	the nest scheduled banking				Í
	day that residents w	ould be able to request their				
	funds.					
		not understand that not				ļ
	everyone's money v	vas received by the facility at				ĺ
	the same time. The	facility had received funds for				
	"about half" the resi	dents last week. Once the				ļ
	money was received	d, their room and board had to				
1	be paid and then the	e facility had to "look at their				
	pharmacy bill" befor	e money from their personal				
	funds account can b	be disbursed.				{
	Interview with the R	egional BOM on 12/20/18 at				
•	10:15am revealed:					
	-Last week the facili	ty had disbursed personal				
	funds to residents.					
		ity did not have sufficient	ł			1
		all residents who wanted				
		BOM did not follow the				
		assure the account was				
	replenished. The BC	DM failed to enter the amount				l
[	aispursed in into a c	orporate tracking system,				
·	which resulted in the	personal funds account not				
	being replenished w	ith funds to disburse personal				
1	funds to residents th					
		account was not replenished				
	this week, the facility	was short on the amount of	ļ			
		burse to residents requesting				
		hey were waiting on their				
1	corporate óffice to di	eposit more money into the	1			

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPLE CONSTRUCTION       (X3) DATE SURVEY         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:       (X3) DATE SURVEY         HAL066077       E. WING       12/21/2018         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         EAST TOWNE         AND PLAN OF CORSUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         EAST TOWNE         CHARLOTE, NC 28205         (CACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY)         PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY)       COMPLETE DEFICIENCY)       COMPLETE (CACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY)       COMPLETE (CACH CORRECTIVE ACTION SHOULD BE (CACH CORRECTIV
HAL060077     B. WING     12/21/2018       NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP GODE       EAST TOWNE       CONTRET OF DEPICIENCIES       (X4) ID       SUMMARY STATEMENT OF DEPICIENCIES       (EACH DEPICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)       D 423       Continued From page 161       account.       -She was not sure why the BOM had not followed the process. The BOM had only worked in the facility a few weeks and was still learning.       -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account.       -Prior to the former BOM leaving in October, she had posted banking hours on the days she
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       EAST TOWNE     4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205       (X4) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     (X6) COMPLETE DATE       D 423     Continued From page 161 account. -She was not sure why the BOM had not followed the process. The BOM had only worked in the facility a few weeks and was still learning. -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she     D 423
4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (X6) COMPLETE DATE         D 423       Continued From page 161       D 423         account. -She was not sure why the BOM had not followed the process. The BOM had only worked in the facility a few weeks and was still learning. -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she       D 423
4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (X6) COMPLETE DATE         D 423       Continued From page 161       D 423         account. -She was not sure why the BOM had not followed the process. The BOM had only worked in the facility a few weeks and was still learning. -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she       D 423
EAST TOWNE       CHARLOTTE, NC 28205         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (ACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         D 423       Continued From page 161       D 423         account. -She was not sure why the BOM had not foilowed the process. The BOM had only worked in the facility a few weeks and was still learning. -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she       D 423
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLETE DATE         D 423       Continued From page 161       D 423       D 423       D 423         Scount. -She was not sure why the BOM had not followed the process. The BOM had only worked in the facility a few weeks and was still learning. -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she       D 423
account. -She was not sure why the BOM had not followed the process. The BOM had only worked in the facility a few weeks and was still learning. -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she
account. -She was not sure why the BOM had not followed the process. The BOM had only worked in the facility a few weeks and was still learning. -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she
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the process. The BOM had only worked in the facility a few weeks and was still learning. -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she
facility a few weeks and was still learning. -She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she
-She was unable to disburse cash to resident's yesterday during banking hours because there were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she
were no funds in the account. -Prior to the former BOM leaving in October, she had posted banking hours on the days she
-Prior to the former BOM leaving in October, she had posted banking hours on the days she
had posted banking hours on the days she
thought she would be in the facility to assist until
a new BOM was hired. The Executive Director
was responsible for assuring funds were
disbursed if she was not in the facility, until a
BOM was hired.
-The facility did not keep enough cash on hand to
cover all resident's personal funds at all times
upon request of the residents as it would be a risk to have that amount of cash in the facility.
Observation on 12/20/18 at 11:20am revealed:
-Regional Director informed a resident that
Resident Funds were not being disbursed
because they had to "get files."
Interview with the Administrator on 12/20/18 at
3:28pm revealed:
-Some of the residents were in a negative
balance and do not have money to receive. -We had conversations with residents about
personal funds.
-"Yes, residents can ask for all their money."
-Room and board came out of the resident's
personal funds as well as their pharmacy bill.
-There was not currently enough cash on hand to
disburse personal funds to residents.
-"Our funds are off this week due to the
distribution of previous funds."
-"The previous BOM distributed too much funds
to residents the last time money was reimbursed."
Division of Health Service Regulation

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		DLE CONSTRUCTION		E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
EAST TO		4815 NO	RTH SHARC	N AMITY ROAD		
EASTIC		CHARLO	TTE, NC 28	205		
(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 CORI (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 423	Continued From pa	ige 162	D 423			
	replenished by the -Yesterday the BOM the bank , but it wa -The process that w required entering at into a corporate tra- personal fund bank by the corporate off scheduled to be dis	A went to get the money from s already closed. vas supposed to be followed Il funds that were disbursed cking system so that the account could be replenished ice before funds were bursed again.				
D 433	10A NCAC 13F .12 (a) The following s resident in an order record in the adult of for review by repress Health Service Reg departments of soc (1) FL-2 or MR-2 fo form or hospital disc applicable; (2) Resident Regist (3) receipt for the fo .0704 of this Subcha (A) contract for serv rates; (B) house rules as a of this Subchapter; (C) Declaration of R 131D-21); (D) the home's griev (E) civil rights stater (4) resident assess (5) contacts with the physician service or	ial services; rms and the patient transfer charge summary, when er; illowing as required in Rule apter: rices, accommodations and specified in Rule .0704(a)(2) Residents' Rights (G.S. vance procedures; and ment;	D 433	Refer to Plan of CorrectionT 13F NCAC .0603 (a)	ag D 183	1/26/2019

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QUIation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·			E SURVEY PLETED
HAL060077	B. WING		12/	21/2018
STREETAL	DRESS, CITY, S	TATE, ZIP CODE		
MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLE DATE
a treatments or procedures other licensed health eir implementation; of immunizations against pneumococcal disease 31D-9 or the reason the eive the immunizations based tome Notice of Discharge and learing Request Form if the has been discharged. aves the facility for a medical necessary for that medical Subparagraphs (1), (4), (5), hay be sent with the resident. et as evidenced by: ons, record reviews and ity failed to assure resident ained in an orderly manner by aining current documentation (Resident #13, #6, and #5).	D 433			
	IDENTIFICATION NUMBER: HAL060077 STREET AL 4815 NO	IDENTIFICATION NUMBER:       A. BUILDING:         HAL060077       B. WING         STREET ADDRESS, CITY, S'         4815 NORTH SHARON CHARLOTTE, NC 2820         TEMENT OF DEFICIENCIES SC IDENTIFYING INFORMATION)       ID PREFIX TAG         Ige 163       D 433         In treatments or procedures other licensed health eir implementation; of immunizations against pneumococcal disease 31D-9 or the reason the eive the immunizations based         Home Notice of Discharge and learing Request Form if the has been discharged. aves the facility for a medical necessary for that medical Subparagraphs (1), (4), (5), nay be sent with the resident.         et as evidenced by: ions, record reviews and ity failed to assure resident ained in an orderly manner by alning current documentation (Resident #13, #6, and #5).         t #13's current FL2 dated diagnoses included bipolar, e wasting.         dent #13 on 12/19/18 at g to her lower right leg. curred about one and half         Iy bad." Iome Health (HH) Nurse and a on it happened that a staff	DENTIFICATION NUMBER:       A. BUILDING:         HAL060077       B. WING         STREET ADDRESS, CITY, STATE, ZIP CODE         4816 NORTH SHARON AMITY ROAD         CHARLOTTE, NC 28205         TEMENT OF DEFICIENCIES       ID         PREFIX       PROVIDERS PLAN OF         SC IDENTIFYING INFORMATION)       TAG         If reatments or procedures       ID         other licensed health       ID         eir implementation;       D         of immunizations against       pneumococcal disease         31D-9 or the reason the       elve the immunizations based         tome Notice of Discharge and       learing Request Form if the         has been discharged.       aves the facility for a medical         necessary for that medical       necessary for that medical         set as evidenced by:       ions, record reviews and         ty failed to assure resident       aining current documentation         (Resident #13, #6, and #5).       t#13's current FL2 dated         tiagnoses included bipolar,       a wasting.         dent #13 on 12/19/18 at       g to her lower right leg.         curred about one and half       umating         ly bad."       ome Health (HH) Nurse and a         ome Health (HH) Nurse and a       nin thappe	DENTFICATION NUMBER:     A. BUILDING:     COM       HAL060077     B. WING     12/       STREET ADDRESS, CITY, STATE, ZIP CODE     4615 NORTH SHARON AMITY ROAD     CHARLOTTE, NC 28205       TEMENT OF DEFICIENCIES     D     PROVIDER'S PLAN OF CORRECTION       WINST BE PRECEDED BY FULL     D     PROVIDER'S PLAN OF CORRECTION STATE       SCIDENTIFYING INFORMATION     PREPIX     PROVIDER'S PLAN OF CORRECTION STATE       Ige 163     D     433     D       Ige 163     D     433     D       If reatments or procedures other licensed health earling Request Form if the has been discharge and learing Request Form if the has been discharged.     D       Aves the facility for a medical necessary for that medical subparagraphs (1), (4), (5), (ay be sent with the resident.     D       at as evidenced by:     ions, record reviews and thy failed to assure resident sained in an orderty manner by alining current documentation (Resident #13, #6, and #5).     E#13's current FL2 dated diagnoses included bipolar, e wasting.       tent #13 on 12/19/18 at g to her lower right leg. curred about one and half     Iy bad."       type alw "Orne Health (HH) Nurse and a in it happened that a staff     Image Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Alago Al

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	VIT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e survey Pleted
		HAL060077	B. WING	······································	12/	21/2018
IAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
AST TO	OWNE		TH SHARON	AMITY ROAD		
(X4) ID Prefix Tag	(EACH DEFICIENC)	VIEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
D 433	Continued From pa	ge 164	D 433			
	subsequent physici HH wound care cor Interview with the R (RCC) on 12/20/18 -Resident #13 had person with fake na resulting in the trau -The HH nurse new had scratched Resi diagnosis of a traun -She had never see because "We do no -The HH nurse only -She was not sure t Resident #13 was s Interview with the H revealed: -On 10/30/18 Resid had scratched her c -She told the RCC a wound on 10/30/18 evaluate and treat ti -The RCC and the p the trauma wound d sure they were awai scratched Resident -The facility could re time for Resident #1 Refer to interview w 3:36pm.	er told the RCC a staff person dent #13's leg resulting in a na wound. In the HH nurse visits notes to keep them in the record." documents a short narrative. he physician was aware cratched by a staff person. H Nurse on 12/20/18 at 8:45 ent #13 told her a staff person on the leg. and the physician about the and received an order to ne wound. bhysician were both aware of lagnosis, but she was not re a staff person had #13's leg. equest her HH notes at any			·	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		e survey Pleted
		HAL060077	B. WING		12/	21/2018
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
AST TO	WNE		RTH SHARON	AMITY ROAD		
(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) COMPLE DATE
D 433	Continued From pa	age 165	D 433			
	08/14/18 revealed: -Diagnoses include fracture, and right i -There was an order every 6 hours. Review of Resident -There were a no g primary care provid Review of addition: PCP's office on 12 facility records revea documented on the discontinue acetant hours. Based on review o	ed acute osteomyelitis, stress				
	1000mg every 6 hd on 10/05/18 due to not beingin the rec Interview with Resi 3:00pm revealed:	ident #6's PCP on 12/19/18 at etaminophen was supposed to				
	-He did not want th too much pain med resident's liver ove -He expected the f written.	ne resident to be administered dication which would affect				
	,	with Administrator on 12/20/18				

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ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		4815 NO	RTH SHARON	AMITY ROAD		
EAST TO	WNE		OTTE, NC 282			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
D 433	Continued From pa	ge 166	D 433			
	09/14/18 revealed of schizophrenia and i Review of Resident #5's mental health p Review of Resident notes printed by the (RCC) on 12/19/18 -Resident #5 was er psychotherapy for n disorder on 06/06/1 07/04/18, 07/18/18, 08/22/18, 09/05/18, -Resident #5 was so physician's assistant management on 06/	ntellectual disability. #5's record on 12/17/18 nentation note from Resident provider dated 07/18/18. #5's mental health provider's Resident Care Coordinator revealed: valuated and provided noderate generalized anxiety 8, 06/13/18, 06/20/18, 08/01/18, 08/08/18, 08/15/18, 09/26/18, and 10/03/18. Seen by the mental health the (PA) for medication /07/18, 06/21/18, 08/02/18,				
	health provider's PA revealed: -He visited Resident monthly with his last -He did not know wh records of his or the visits with Resident : -He securely emaile and the Administrato -If the mental health resident's record, the aware of his continu	with Resident #5's mental on 12/19/18 at 11:00am t #5 at the facility once t visit being on 11/08/18. hy the facility did not have e psychosocial therapist's #5. d all visit notes to the RCC or the day after each visit. notes had been in the e staff would have been red anxiety and could have histration of his anxiety				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
		HAL060077	B. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		TH SHARON	AMITY ROAD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	GI	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HEAPPROPRIATE	COMPLETE DATE
D 433	Continued From pa	age 167	D 433	· · · · · · · · · · · · · · · · · · ·		
	3:36pm.		-			
	Refer to interview v at 4:00pm.	with Administrator on 12/20/18				
		RCC on 12/20/18 at 3:36pm				
		the medication aides (MA)				
		or filing documents in				
	residents' records.	ind "several years."				
		ng physicians' orders from				
	2017 that needed t	o be filed.				
		cently brought an MA over				
	from a sister facility a new nurse could	/ to help her with the filing until he hired				
		ed helping her to file on				
	12/17/18.	the terms and the terms of the terms				
	-The MA had shad	owed other MAs at the facility				
		to 12/17/18 in case she				
	needed to "fill in foi medications."	r them and administer				
		y be helping her part-time and				
		rking at both this facility and				
	Interview with the A 4:00pm revealed:	Administrator on 12/20/18 at				
		n for filing alphabetically by				
	resident's name.					
	-"We do not have t records."	ime to file in residents'				1
		ind we have a regional support				
	person helping with	the residents' records and the				
	filing system.					
		nsible for filing the orders in				
	the resident's reco					
		CC to stay on top of the filing." nsibility of the whole staff to file				
	in resident's record					
deion of H	ealth Service Regulation		I,,,,,,, .		·····	<u></u>

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If continuation sheet 188 of 195

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			(X3) DATE COMP	SURVEY
		HAL060077	B. WING		12/2	1/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
EAST TO	WNE		TH SHARO	N AMITY ROAD 205		
(X4) ID PREF <del>I</del> X TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	iould be	(X5) COMPLET DATE
D 433	Continued From pa	age 168	D 433			
ſ	-"The system has y	worked well in other facilities."				
D911		eclaration of Residents' Rights claration of Resident's Rights	D911	Refer to Plan of Correction 10A NCAC 13F0603 (a)	Tag D183	1/26/20
	Every resident sha 1. To be treated w	Il have the following rights: ith respect, consideration, ognition of his or her		Refer to Plan of Correction 10A NCAC 13F .0909	1 Tag D 338	2/8/2019
	Based on observat reviews, the facility residents were trea consideration relate	et as evidenced by: ions, interviews and record failed to assure 1 of 7 ated with respect and ed to (Resident # 7) requiring a n but was placed in another air.				
	The findings are:					
	10/04/18 revealed of hypertension, renal	t #7's current FL2 dated diagnoses which included insufficiency, Alzheimer and pulmonary disease.				
		t#7's Resident Register nt was admitted to the facility ome.				
	Review of Resident was no care plan co	t#7's record revealed there ompleted.	ζ.			
	Resident Care Coo -Resident #7 was a 11/05/18 not on 11/	18 at 2:30pm with the rdinator (RCC) revealed: dmitted to the facility on 01/18. ent #7 was total care but				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		CONSTRUCTION		e Survey Pleted
		HAL060077	B. WING		12/	21/2018
AME OF I	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE		
A 6 T T C	NA76112	4815 NOF	RTH SHARON	AMITY ROAD		
AST TO	////NC	CHARLO	TTE, NC 2820	)5		
(X4) ID Prefix Tag	(EACH DEFICIENC)	NTEMENT 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	(X6) COMPLE DATE
D911	Continued From pa	ge 169	D911		une a defension de e	
	currently used a wh -Resident #7 had b twice in 30 days of -Resident #7's legs he was using the w	sed a cane on admission but neelchair for ambulation. een admitted to the hospital admission to the facility. hurt all the time that was why heelchair. of have an order for a				
	-A hospital admissi diagnosed with a g bleed, -Documentation Re semi-ambulatory (c assistance with bat	#7's record revealed: on from 11/25/18 to 11/28/18 astrointestinal bleed (GI) esident functional status was ane) and personal care hing. sician order for a wheelchair.		·		
	Telephone interview w Attorney (POA) on 12/ -She knew Resident # within one month. -Resident #7 had used ambulation prior to the	v with Resident #7 Power of 12/19/18 at 11:00am revealed: at #7 had 2 recent hospital visit sed a cane at home for the admission to the facility. hy he was using a wheelchair				
	4:07pm revealed: -He was in his roon head covered with	ident #7's on 12/18/18 at n laying in the bed with his a blanket. Ichair located in the room near				
	12/19/18 at 9:35am -Resident #7 needs and getting out of b -Resident #7 was v	ed assistance with dressing				

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	t of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DAT COM	E SURVEY
<b></b>		HAL060077	B, WING			21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE	4815 NO	RTH SHARON	AMITY ROAD		
	· · · · · · · · · · · · · · · · · · ·		DTTE, NC 282	05		
(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 T DEFICIENC	ION SHOULD BE	(X5) COMPLE DATE
D911	Continued From pa	nge 170	D911			
	always wanted to g -He is now in a whe eye on him." -The wheelchair be who was no longer Interview with a me 12/19/18 at 9:40am -Resident #7 had d to the facility. -Resident #7 had A watch him all the tim -Resident #7 tried to occasions, "He said	et out and go home." belchair so we can "keep an longed to another resident in the facility. dication aide (MA) on revealed: eclined since he was admitted o much for the staff to watch." Izheimer and required staff to ne. o leave the facility on several I he wanted to go home."				
	12/19/18 at 3:40am -She had been a PC how to take care of -Resident #7 used a but he had to be wa -The wheelchair bel that resident was no	CA for "a long time and knew the residents." a wheelchair for ambulation,				
	1:35pm revealed: -Resident #7 was si common area.	dent #7's on 12/19/18 at tting in a wheelchair in the where he was or know what o go see my family."				
	12/19/18 at 11:30am -Resident #7 was a	acility Nurse Practitioner on n revealed: new patient to her services. d a wheelchair for Resident				

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Division	of Health Service Re	equiation			FURMA	PPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION	(X3) DATE S COMPLI	
		HAL060077	B. WING		12/21	/2018
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE N AMITY ROAD		
EAST TO	WNE		"TE, NG 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D. BE	(X5) Complete Date
D911	-"Each time I've se in the bed." Interview with a see 3:22pm revelaed: -She was walking i Resident #7 was no -Resident #7 was no	en him [Resident #7] he's been cond shift MA on 12/19/18 at nto the facility and noticed ear the front door exit. not in his wheelchair. not to be near the front door by. Izheimer and was a wanderer.	D911			
D912	G.S. 131D-21(2) D G.S. 131D-21 Dec Every resident sha 2. To receive care adequate, appropri	eclaration of Residents' Rights laration of Residents' Rights II have the following rights: and services which are late, and in compliance with d state laws and rules and	D912	Refer to Plan of Correction Tag 10A NCAC 13F0603 (a) Refer to Plan of Correction Tag 10A NCAC 13F .0909		1/26/2019 2/8/2019
	Based on observat reviews, the facility received care and appropriate, and in federal and state la related to health ca management of fa administration, infe health care implem records, distributio	et as evidenced by: tions, interviews, and record failed to ensure residents services which were adequate, compliance with relevant aws and rules and regulations are referral and follow-up, cility, medication ection prevention requirements, nentation of orders, resident n of resident funds, and resuscitation (CPR)				
Division of H STATE FOR	  ealth Service Regulation :M		6900	PEPP11	f continuation a	heet 172 of 19

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Division	of Health Service Ro	egulation			TONW	APPROVED
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMF	<b>LETED</b>
		Í				
<u> </u>		HAL060077	B. WING		12/2	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON .	(175)
PREFIX TAG		( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	DBE	(X5) COMPLETE DATE
170			TAĠ	DEFICIENCY)		DAIE
D912	Continued From pa	ao 172	D912	· · · · · · · · · · · · · · · · · · ·	. <u></u>	
0012			0912			
	The findings are:					
	1 Record on observ	ations, interviews, and record				
		strator failed to assure fulltime				
		onsibility for the operation,				
		agement and supervision of				
		sulted in significant non				1
		te rules and regulations				
1	related to infection					
	medication adminis					
		orders, resident records, care ls, CPR training, nutrition and				
		portation and resident rights.				
		IOA NCAC 13F .0603				
		cilities with a Capacity or				
		re Residents (a) (Type A1				
,	Violation)].					
1	2 Boood on observe	otional interviewal and record				
		ations, interviews, and record failed to assure referral and				
		sampled residents regarding				
		n of fingerstick blood sugar				
		scheduled Humalog insulin				
		at hyperglycemia were not				
	administered for 19	days, resulting in a				
		a blood sugar of 1200				
		ician notification regarding				
		surements outside of ordered dications not administered	ĺ			
		sed to treat anxiety) and				
		nate (a mouthwash used to				
		ident #5); follow-up with the				
	pharmacy and phys	ician related to 8 missed				
		ng metoprolol tartrate (used to				
		ssure), atorvastatin (used to				
		oi), clonidine (used to treat				
		), clopidogrel (used as a kees), lisinopril (used to treat				
		and heart failure), sertraline				
		depression), amlodipine	ł			
L Division of He	alth Service Regulation					

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Division	of Health Service R	egulation				01/16/2019 APPROVED
STATEMEN	T' OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
L	·	HAL060077	B, WING		12/2	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO		4815 NOR	TH SHARON	AMITY ROAD		
	AAINC	CHARLOT	TE, NC 282	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	pain), and a multivi to the lower right le nails resulting in a v the wound clinic (R appointments due f resident who requir radiation treatment cancer (Resident # NCAC 13F .0902 (I Followup (Type A1 3. Based on observ reviews, the facility were administered prescribing practitic residents including and chlorhexidine g to treat gingivitis) ( insulin (used to treat amlodipine (used to chest pain) (Reside (prescribed for pair hydralazine (used t and Januvia (used (Resident #9). [(Re 13F .1004 (a) Medi Violation)]. 4. Based on observ reviews, the facility implementation of o residents including breast cancer unab the facility for chem treatments, an app- for an echocardiogu	blood pressure and chest tamin (Resident #3); a scratch g from a staff person's long wound requiring treatment at esident #13); and missed to a lack of transportation for a red chemotherapy and for a diagnosis of breast 1). [(Refer to tag 0273, 10A b) Healthcare Referral and Violation)]. vations, interviews, and record failed to assure medications as ordered by a licensed oner for 3 of 7 sampled Buspar (used to treat anxiety) gluconate (a mouthwash used Resident #5); Novolin 70/30 at high blood sugar) and b treat high blood pressure and ont #3); acetaminophen n) (Resident #6); and related to o treat high blood sugar) fer to tag 0358, 10A NCAC cation Administration (Type A2	D912			
Division of Lo	negative outcome f	or her cancer diagnosis a resident who had a		· · · · · · · · · · · · · · · · · · ·		}

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		G:	3) DATE SURVEY COMPLETED
,	· · · · · · · · · · · · · · · · · · ·	HAL060077	B. WING		12/21/2018
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY	, STATE, ZIP CODE	
EAST TO	WNE			ON AMITY ROAD	
			TTE, NC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X8) IE COMPLE ATE DATE
D912	Continued From pa	age 174	D912		
	disorder (COPD) w treatment 4 times a medication potentia exacerbation of the to tag 0276, 10A NG	c obstructive pulmonary ith orders for a nebulizer a day, who did not receive the ally contributing to the ir respiratory condition. [(Refer CAC 13F .0902 (c) (4) entation of Orders (Type A1			
	facility failed to prov cardiopulmonary re 22 of 23 employees	ews and record reviews the vide documentation of suscitation training (CPR)for in a 2 week scheduilng g 0167, 10A NCAC 13F .0507 ype B Violation)].			
	reviews, the facility infection control pro glucometers for 5 or (Residents #3, #9, # for blood sugar mor residents in the facil [(Refer to tag 932, 0	ations, interviews, and record failed to assure proper cedures for the use of f 7 residents sampled \$10, #11, and #12) with orders hitoring. 2 of the diabetic lity had blood borne diseases. 3.S. 131D 4.4 A Infection ments (Type B Violation)].			
	G.S. 131D-21 Deck	eclaration of Residents' Rights aration of Residents' Rights have the following rights:	D914	Refer to Plan of Correction Tag D 1 10A NCAC 13F .0603 (a)	
	<ol> <li>To be free of men neglect, and exploita</li> </ol>	tal and physical abuse,		Refer to Plan of Correction Tag D 2 10A NCAC 13F .0902 (c) (3-4)	0
				Refer to Plan of Correction Tag D 3 10A NCAC 13F .0909	38
	reviews, the facility f	t as evidenced by: ons, interviews and record ailed to assure residents are npliance with federal and		Refer to Plan of Correction Tag D 2 10A NCAC 13F .0902(b)	73

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AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:	Division	of Health Service Re					
Nome of provider or supplex     Add.060077     A BULDING       INAL 060077     B.VIMS     12/21/2018       INAL 060077     STREET AUNCESS, CITY, SINTE, ZP CODE     4916 NORTH SHARON MAIL 7 ROAD       CARL OTTE, NC 28205     CHARLOTTE, NC 28205     PROVIDER'S FLAN OF CORRECTION, (EACH DERICENTLY WAY SER PRICEMBED BY FULL TWO     PREVIDENT CORRECTION, (CARL OF CORRECTION, (EACH DERICENTLY WAY SER PRICEMBED BY FULL TWO     PREVIDENT CORRECTION, (CARL OF CORRECTION, (EACH DERICENTLY WAY SER PRICEMBED BY FULL TWO     PREVIDENT CORRECTION, (CARL OF CORRECTION, (EACH DERICENTLY WAY SER PRICEMBED BY FULL TWO     PREVIDENT CORRECTION, (CARL OF CORRECTION, (CARL OF CORRECTION, CORRECTION, (EACH DERICENTLY, WAY SER PRICEMBED BY FULL TWO     PREVIDENT CORRECTION, (CARL OF CORRECTION, (CARL OF CORRECTION, CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORRECTION, CARL OF CORRECTION, (CARL OF CORREC			(X1) PROVIDER/SUPPLIER/CLIA				
NME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STWE, ZP CODE         EAST TOWNE	AND PLAN		IDENTITION FOR NOW DUR.	A. BUILDING:			
NME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STWE, ZP CODE         EAST TOWNE						4.0/0	t innd h
EAST TOWNE  Alt SNORTH SHARON AMITY ROAD CHARLOTTE, NC 28205			HAL060077			1 12/2	1/2010
EAST TOWNE     CHARLOTTE, NC 28205       MOID PRETX TX3     SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY NUSTEE PRECEDED STIFUL (ESCH DEFICIENCY NUSTEE PRECEDED STIFUL (ESCH DEFICIENCY)     D PRETX (ESCH DEFICIENCY)     <	NAME OF F	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE		
OP 10 PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REQUARTORY OR LIS (DENTIFYING INFORMATION)     INC. 2209     PROVIDERS PLAN OF CORRECTION (EACH CORRECTLY CONTINUE INFORMATION)     COMPLETE DEFICIENCY       D914     Continued From page 175     D914     D914       1015     State lays and rules and regulations related to staff providing personal care were in compliance with the facility policy regarding fingenails resulting in a trauma wound to one resident (#13); proper infection control procedures for the use of glucometers for 4 of 7 diabetic residents sampled (Residents #1, #2, #3, #5, and #12); methodents #1, #2, #3, #5, and #13); implementation of orders (Resident #1 and #4       The findings are:       1. Based on observations, interviews and record reviews, the facility neglected to assure staff providing personal care were compliance with the facility policy regarding fingernails resulting in a trauma wound to one resident (#13). (Type B Viciation).]       2. Based on observations, interviews, and record reviews, the facility failed to assure staff providing personal care were compliance with the facility policy regarding fingernails resulting in a trauma wound to one resident (#13). (Type B Viciation).]       2. Based on observations, interviews, and record reviews, the facility failed to assure staff providing personal care were compliance with the facility policy regarding fingernails residents in the facility had blood borne diseases. [Refer to tag 332, CA, T310 4.4 A(b) ACH Infection Preventions, interviews, and record reviews, the facility failed to assure referral and tollow up for 5 of 7 sampled residents regarding physitian notification of fingerstick blood sugar (FSB3) checks and schedulod Humalog insuin physitian notification of	EAST TO	WINE					
Head         Record procession was the proceeding procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procession of the procesion of the procesis precession of the procesion of	EA31 10		CHARLOI	TE, NC 282			
PHOTO     RESULTATORY OR LISE IDENTIFYING INFORMATION     TXG     CROSS-REFERENCIED TO THE APPROPRIATE     DATE       D914     Continued From page 175     D914     D914 <t< td=""><td>(X4) ID</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(X4) ID						
Deficiency     Deficiency       Deficiency     Deficiency       Deficiency     State laws and rules and regulations related to state providing personal care ware in compliance with the facility policy regarding fingemails resulting in a trauma wound to one resident (#13); proper infection control procedures for the use of glucometers for 4 of 7 diabetic resident's sampled (Residents #3, #10, #11 and #12); medications and treatments not administered or followed up with prescribing physician for clarification (Residents #1, #2, #3, #5, and #13); implementation of orders (Resident #1 and #4       The findings are:       1. Based on observations, interviews and record reviews, the facility neglected to assure staff providing personal care were compliance with the facility policy regarding fingernalis resulting in a trauma wound to one resident (#13). (Refor to Tag 338, 104 NCAC 13Fr. 0909 Resident Rights (Type B Violation).]       2. Based on observations, interviews, and record reviews, the facility failed to assure proper infection control procedures for the use of glucometers for 5 of 7 residents sampled (Residents #3, 9, 10, 11, and 12) with orders for blood sugar monitoring. 2 of the diabetic residents in the facility failed to assure referral and rolicwy, the facility failed to assure referral and rolicwy, the facility failed to assure referral and rolicwy to for 5 of 7 sampled residents regarding physician notification of fingerstick blood sugar (FSBS) checks and scheduled Humalog insulin before meals to treat typerglycemis were not administered for 16 days, resulting in a theory.					CROSS-REFERENCED TO THE APPRO		
<ul> <li>state laws and rules and regulations related to staff providing personal care were in compliance with the facility policy regarding fingemails resulting in a trauma wound to one resident (#13); proper infection control procedures for the use of glucometers for 4 of 7 diabetir cresidents sampled (Residents #3, #10, #11 and #12); medications and treatments not administered or followed up with prescribing physician for clarification (Residents #1, #2, #3, #5, and #13); implementation of orders (Resident #1 and #4</li> <li>The findings are: <ol> <li>Based on observations, interviews and record reviews, the facility neglected to assure staff providing personal care were compliance with the facility policy regarding fingermalis resulting in a trauma wound to one resident (#13). (Refer to Tag 338, 10A NCAC 13F. 0909 Resident Rights (Type B Violation.)]</li> <li>Based on observations, interviews, and record reviews, the facility failed to assure proper infection control procedures for the use of glucometers for 5 of 7 residents sampled (Residents #3, 9, 10, 11, and 12) with orders for blood sugar monitoring. 2 of the diabatic residents are proper infection control procedures for the use of glucometers for 5 of 7 residents sampled (Residents #3, 9, 10, 11, and 12) with orders for blood sugar monitoring. 2 of the diabatic residents are (A 4 A (A) A CH Infection Prevention Requirements (TYPE B VIOLATION)].</li> <li>Based on observations, Interviews, and record reviews, the facility failed to assure proper infection control procedures for the use of glucometers for 5 of 7 residents sampled (Residents #3, 9, 10, 11, and 12) with orders for blood sugar monitoring. 2 of the diabatic residents are for the use of plucometers for 5 of 7 residents sampled (Residents #3, 9, 10, 11, and 12) with orders for blood sugar monitoring. 2 of the diabatic residents are for the use of reviews, the facility failed to assure referral and follow up for 5 of 7 sampled residents regarding flogstramostresidents and the prevention Require</li></ol></li></ul>	_				DEFICIENCY)		<b></b>
<ul> <li>state laws and rules and regulations related to staff providing personal care were in compliance with the facility policy regarding fingemails resulting in a trauma wound to one resident (#13); proper infection control procedures for the use of glucometers for 4 of 7 diabetic residents sampled (Residents #3, #10, #11 and #12); medications and treatments not administered or followed up with prescribing physician for clarification (Residents #1, #2, #3, #5, and #13); implementation of orders (Resident #1 and #4</li> <li>The findings are: <ol> <li>Based on observations, interviews and record reviews, the facility neglected to assure staff providing personal care were compliance with the facility policy regarding fingermalis resulting in a trauma wound to one resident (#13). [Refer to Tag 38, 104 NACAC 13F. 0909 Resident Rights (Type B Violation).]</li> <li>Based on observations, interviews, and record reviews, the facility field vasure proper infection control procedures for the use of glucometers for 5 of 7 residents sampled (Residents #3, 9, 10, 11, and 12) with orders for blood sugar monitoring. 2 of the diabetic residents in the facility had blood bome diseases. [Refer to tag 326, S. 310 LA 4A (b) ACH infection Prevention Requirements (TYPE B VIOLATION)].</li> <li>Based on observations, interviews, and record reviews, the facility failed to assure proper infectutes for 5 of 7 residents sampled (Residents #3, 9, 10, 11, and 12) with orders for blood sugar monitoring. 2 of the diabetic residents in the facility had blood bome diseases. [Refer to tag 323, S. S. 310 LA 4A (b) ACH Infection Prevention Requirements (TYPE B VIOLATION)].</li> <li>Based on observations, interviews, and record reviews, the facility failed to assure referral and follow up for 5 of 7 sampled residents regarding physician ontification of fingers to the diabetic residents in the facility had blood bome diseases. [Refer to tag 323, S. S. 310 LA 4A (b) ACH Infection Prevention Requirements (TYPE B VIOLATION)].</li> </ol></li></ul>	D914	Continued From pa	ge 175	D914			
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PEPP11

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ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		HAL060077	B. WING		12/	21/2018
IAME OF F	PROVIDER OR SUPPLIER	STREETAC	DRESS, CITY, S			
	· · · · · ·					
AST TO	WNE		TTE, NC 2820		· · ·	
(X4) ID		ATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	(EACH DEFICIENC REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	'ION SHOULD BE I'HE APPROPRIATE	COMPLETE DATE
D914	Continued From pa	age 176	D914			
	hospitalization with	a blood sugar of 1200				
	(Resident #2): nhv	sician notification regarding				
		asurements outside of ordered	{			
		edications not administered				
		used to treat anxiety) and				
	chlorhexidine gluco	onate (a mouthwash used to				
	treat gingivitis) (Re	sident #5); follow-up with the				
	pharmacy and phys	sician related to 8 missed				
	medications includi	ing metoprolol tartrate (used to	!			
	treat high blood pre	essure), atorvastatin (used to				
	treat high cholester	ol), clonidine (used to treat	1			
ĺ	high blood pressure	e), clopidogrel (used as a				
	preventative for stru	okes), lisinopril (used to treat				
	high blood pressure	e and heart failure), sertraline				
	(used to treat clinic	al depression), amlodipine				ļ
		blood pressure and chest				
	pain), and a multivi	tamin (Resident #3); a scratch	Í			
	to the lower right le	g from a staff person's long				
	halls resulting in a v	wound requiring treatment at				
	the wound clinic (Re	esident #13); and missed				
1	appointments que t	o a lack of transportation for a				
	resident who requir	ed chemotherapy and for a diagnosis of breast				
		1). [Refer to tag 0273 10A				-
		b) Health Care (TYPE A1				
	VIOLATION)].	y nealth Oale (FIF⊯A)				
	4. Based on observ	ations, interviews, and record				
		failed to assure medications	ļ			
		as ordered by a licensed	ĺ			
	prescribing practitio	ner for 3 of 7 sampled				
	residents including l	Buspar (used to treat anxiety)				
	and chlorhexidine g	luconate (a mouthwash used				
1	to treat gingivitis) (F	Resident #5); Novolin 70/30	ĺ			
	insulin (used to trea	t high blood sugar) and				
;	amlodipine (used to	treat high blood pressure and				
,	chest pain) (Resider	nt #3); acetaminophen			Í	
· · ·			1			
	(prescribed for pain)	) (Resident #6); and related to				
	hydralazine (used to	) (Resident #6); and related to b treat high blood pressure) o treat high blood sugar)				

Division of Health Service Regulation STATE FORM

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATI COM	e Survey Pleted
		HAL060077	B. WING	<del>الله من المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحم </del>	12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	WNE					
			TE, NC 282			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLI DATE
D914	Continued From pa	age 177	D914			
	(Resident #9). [Refer to tag 0358 Medication Adminis VIOLATION)].	10A NCAC 13F .1004 (a) stration (TYPE A2				
	reviews, the facility implementation of or residents including breast cancer unals the facility for chem treatments, an app for an echocardiog her oncologist, resident (Resident #1); and diagnosis of chroni disorder (COPD) we treatment 4 times a medication potential exacerbation of the (Resident #4).	orders for 2 of 7 sampled a resident diagnosed with ble to get transportation from notherapy and radiation ointment with her cardiologist ram and an appointment with ulting in the potential for a for her cancer diagnosis a resident who had a c obstructive pulmonary with orders for a nebulizer a day, who did not receive the ally contributing to the sir respiratory condition 10A NCAC 13F .0902 (c)(3)(4)				
	facility failed to pro- cardiopulmonary re 22 of 23 employees period. [Refer to ta	ews and record reviews the vide documentation of esuscitation training (CPR)for s in a 2 week scheduling g 0167 10A NCAC 13F .0507 oulmonary Resuscitation DN)].				
	interviews, the facil according to the re plan and current sy residents with a his	vations, record reviews, and lity failed to provide supervision sident's assessed needs, care imptoms for 1 of 2 sampled story of falls (Resident #5). 10A NCAC 13F .0901(b)				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT COM	e Survey Ipleted
	M	HAL060077	B. WING		12	/21/2018
NAME OF I	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		-
EAST TO	WNE	4815 NO		N AMITY ROAD		
(X4) ID Prefix Tag	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D914	Continued From pa	ge 178	D914			
	VIOLATION)].					
D932	G.S. 131D-4.4A (b) Requirements	ACH Infection Prevention	D932	Refer to Plan of Correctio 10A NCAC 13F .0603 (a)	n Tag D183	2/8/201
	Prevention Require			Refer to Plan of Correctio 10A NCAC 13F .0902 (b)	n Tag D 273	
	hepatitis B, hepatiti pathogens, each ac the following, begin (1) Implement a wri consistent with the Control and Preven	ent transmission of HIV, s C, and other bloodborne dult care home shall do all of ning January 1, 2012: tten infection control policy federal Centers for Disease tion guidelines on infection ses at least all of the following:				2/8/20
	a. Proper disposal of to puncture skin, m tissues, and proper patient care items to residents.	of single-use equipment used ucous membranes, and other disinfection of reusable nat are used for multiple ns and equipment, including				
	cleaning procedures c. Accessibility of in supplies. d. Blood and bodily	s, agents, and schedules. fection control devices and				
	home staff is expos fluids of another per significant risk of tra hepatitis C, or other f. Procedures to pro	ed to blood or other body son in a manner that poses a insmission of HIV, hepatitis B, bloodborne pathogens. hibit adult care home staff				
	engaging in direct re					
		nitor compliance with the				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL060077	B. WING		12/2	21/2018
AME OF I	PROVIDER OR SUPPLIER	······································	DDRESS, CITY, S	TATE, ZIP CODE		
AST TO		4815 NC	ORTH SHARON	AMITY ROAD		
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D932	Continued From pa	age 179	D932	· · · · · · · · · · · · · · · · · · ·	- 	
	necessary to preve	ction control policy as nt the transmission of HIV, s C, and other bloodborne				
	This Rule is not m TYPE B VIOLATIO	et as evidenced by: N				
	reviews, the facility Federal Center for Prevention guidelin control procedures 4 of 7 diabetic resid #10, #11 and #12)	ions, interviews and record falled, consistent with the Disease Control and es, to assure proper infection for the use of glucometers for lents sampled (Residents #3, with orders for blood sugar g in sharing of glucometers esidents.				
	The findings are:					
	-The facility had 1 r containing 10 resid plastic containers.	2/17/18 at 10:00am revealed: nedication cart for the A hall ents' glucometers stored in				
	resident's name an labeled with the res	re each labeled with the d included black pouches ident's name and each Brand A glucometer, labeled				

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	<b>Division</b>	of Health Service Re	egulation	· .			
		IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	
I	AND PLAN	OF CORRECTION	. IDENTIFICATION NUMBER;	A, BUILDING:	• •	COMP	LETED
-	·		HAL060077	B, WING		12/2	1/2018
	NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
	EAST TO	MAINE	4815 NO	RTH SHARO	N AMITY ROAD		
			CHARLO	TTE, NC 282	205		
	(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
F	D932	Continued From pa	ge 180	D932		· · · · ·	
		with the resident's r	name.				
		Observation on 12/ -The facility had 1 m containing 10 reside plastic containers, -The containers we resident's name and labeled with the resident's m Observations on 12 -The facility had 1 m containing 11 reside plastic containers we resident's name and labeled with the resident's m Review of the CDC and Prevention) gui revealed blood gluc (glucometers) shoul residents. If the gluc more than one pers disinfected per the r	17/18 at 10:18am revealed: nedication cart for the B hall ents' glucometers stored in re each labeled with the d included black pouches ident's name and each Brand A glucometer, labeled name /17/18 at 10:25am revealed: nedication cart for the C hall ents' glucometers stored in re each labeled with the d included black pouches ident's name and each Brand A glucometer, labeled				
			r's manual for Brand A				
		glucometer revealed	a: is "intended to be used by a				
			hould not be shared."				
ĺ		-The glucometer "sh	nould be cleaned whenever it				
			ing the outside of the meter				
Ľ	Malan et L	using a cloth dampe alth Service Regulation	ened with either mild detergent				
11	VISIULIULIE						

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e survey Pleted	
		HAL060077	B. WING		12/	21/2018	
NAME OF 1	PROVIDER OR SUPPLIER		ET ADDRESS, CITY, STATE, ZIP CODE				
EAST TO	WNE		TTE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D932	Continued From pa	ge 181	D932	*********	**************************************		
	mixed with water or -"If the glucometer i person, who is prov	70% isopropyl alcohol." s being operated by a second iding testing assistance to the ould be decontaminated prior					
	representative of th 12/17/18 at 10:08ar -The Brand A glucor for use by more tha be shared. -The use of alcohol would not kill all bac	meter was not recommended n one person, and should not to wipe the glucometers sterial germs. IIV virus would stay on surface					
	shift medication aid -The MA put on disp glucometer for a res resident's name and labeled with the resi -The MA used an al- resident's left middle sample using a sing device. -The MA used stand techniques for obtai disposing of the FSI -The MA did not wip after use with any ci -There were no Env	adaption of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second					
	blood sugar on 12/1	A who performed the resident 7/18 at 11:50am revealed; ucometers on the weekends					

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If continuation sheet 182 of 195

Statemei Nd Plan	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey IPleted
	• • • • • • • • • • • • • • • • • • •	HAL060077	B. WING		12/	21/2018
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	, <u></u>	
				AMITY ROAD		
AST TO	JWINE		TTE, NC 282			
(X4) ID		ATEMENT OF DEFICIENCIES	a	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION	V SHOULD BE	COMPL
12.10			TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
D932	Continued From pa	ane 182	D932			
		-	0002			1
	-She used alcohol	to clean the glucometers.				
	glucometers.	nent when she cleaned the				
	-The lead MA told the MAs when the glucometers were to be cleaned.					
	Interview with the Administrator on 12/17/18 at 3:45pm revealed:					1
	-The facility policy	was for the single use of				
		residents with FSBS orders.				
		ned to perform FSBS on				
	glucometers.	individually labeled				1
ł		use glucometers on the				
	medication carts.					1
		tant for the facility provided				
ļ	training to the MAs	regarding the single use of				
		ing the glucometers and				
		eters of readings weekly.				
		idents receiving FSBS				
ł	diagnosed with bloc	od borne diseases.				
	Record review of re	sidents diagnosed with				
	diabetes in the facil	ity revealed 2 residents				
	receiving FSBS che	ecks were also diagnosed with	}			
	blood borne infectio	ins.				
						1
		inical consultant for the facility				
	on 12/18/18 at 8:00					
		MAs to clean the glucometers				
		e and erase the blood sugar lucometer history once a				
	week.					
		ere for single resident use				
	only.					
	-He had instructed t	he facility to label all				
		e residents' names as well as				
		and plastic containers the				
	glucometers were s					
	-ne provided staff fr	aining quarterly, or as				1

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Division of Health Service Regulation						MERNOVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	•	HAL060077	B. WING		12/2	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EAST TO	WNE		TH SHARON	N AMITY ROAD 105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	id Prefix Tag	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) Complete Date
D932	Continued From pa	ge 183	D932			
	and the importance monitoring for the h -Bleach should be u there was any evide glucometer itself. Interview with the fin 9:30am revealed: -There was no blea glucometers. -She does not recal the medication room glucometers. 1. Review of Reside 10/12/18 revealed: -The diagnoses incl -There was a physic blood sugar checks meals, and 2 hours	the MAs on infection control of coumadin and blood sugar ealth of the residents. used to clean the glucometer if ence of blood on the rst shift MA on 12/18/18 at ch in the facility to clean the I any bleach being stocked in n for cleaning blood from ent #12's current FL2 dated uded diabetes mellitus. cian's order for fingerstick three times a day before after meals, scheduled at :30am, 2:30pm, 4:30pm and				
Didalon of U	Observation on 12/7 #12's glucometer re -The glucometer wa medication cart in a -The black pouch w container with Resid the lid of the contair -The black pouch w #12's name. -The Brand A glucon pouch and was labe name. -There was a dark r the glucometer.	is located on the C hall black pouch. as contained in a plastic lent #12's name labeled on				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/21/2018	
	·····	HAL060077	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
	N14/4 IT		RTH SHARON			
EAST TO	DAAIUE		TTE, NC 2820			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE	COMPLE
D932	Continued From pa	age 184	D932			-
	revealed:					
		istory was recorded from				
	12/13/18-12/17/18.					1
Í	-robo values reco	orded in the glucometer's				
	Resident #3's eMA	o values documented on R dated 12/13/18 -12/17/18				
	were inconsistent.	12/10/10 +12/17/16	1			
		:30am, there was no FSBS				
	value recorded in th	he glucometer history. The				
		d on the eMAR was 365.				
	-On 12/15/18 at 4:5	30pm, the FSBS result				
		cometer history was 437. The don the eMAR was 401.				
		30am, there was no FSBS				
		he glucometer history. The				
		d on the eMAR was 395.				
	-On 12/16/18 at 4:3	0pm, there was no FSBS				
		ne glucometer history. The d on the eMAR was 279.				
		Opm, there was no FSBS				
		he glucometer history. The				
	results documented	I on the eMAR was 213.				
	-On 12/17/18 at 9:3	0am, there was no FSBS				
		ne glucometer history. The				
	results documented	l on the eMAR was 396.				
	Review of Resident	#12's December electronic				ļ
		tration record (eMAR)				
		/ to check FSBS 6 times daily,				
	scheduled for 7:30a	am, 9:30am, 11:30am,				
	2:30pm, 4:30pm an	d 6:30pm.				
		documented daily at 7:30am	1			
	with a FSBS range t					}
	with a FSBS range t	documented daily at 9:30am				
		documented daily at 11:30am			•	l
	with a FSBS range t					
		documented daily at 2:30pm	1 1			1

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	IT.OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COM	E SURVEY PLETED
		HAL060077	8. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
EAST TO	WNF			AMITY ROAD		
		CHARLO	TTE, NC 2820	05		
(X4) ID Prefix Tag	(EACH DEFICIENC	Atement of deficiencies Y Must be preceded by full LSC Identifying information)	id Prefix Tag	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) Complet Date
D932	Continued From p	age 185	D932			
	with a FSBS range	e documented daily at 4:30pm from 236-415 . e documented daily at 6:30pm				
	compared to Resid 12/14/18-12/17/18 recorded in the glu	nt#12's glucometer history dent #12's eMAR from , 6 of the 17 FSBS results icometer's history were ne documentation on the				
		ne interview with Resident #12 5pm was unsuccessful.				
	Refer to interview at 9:30am.	with a first shift MA on 12/18/18				
	Refer to interview 12/18/18 at 10:35a	with a second first shift MA on am.				
	Refer to interview on 12/17/18 at 4:18	with another second shift MA 8pm.				
	Refer to interview v 3:05pm.	with the lead MA on 12/18/18 at				
		with the Resident Care ) on 12/17/18 at 11:32am.				
	Refer to interview Consultant on 12/1	with the facility's Clinical 8/18 at 8:35am.				
	10/04/18 revealed: -Diagnoses include -There was a phys	lent #3's current FL2 dated ed diabetes mellitus. ician's order to to measure the ugar (FSBS) three times a day				
		eduled at 7:30am, 11:30am and		•		

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		IDENTIFICATION NUMBER:	A. BUILDING:	· · · · · · · · · · · · · · · · · · ·	COM	PLETED
		HAL060077	B. WING		12/	21/2018
iame of Pi	ROVIDER OR SUPPLIER		DRESS, CITY, SI			
EAST TO\	WNE		RTH SHARON TTE, NC 2820	AMITY ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(X6)
PRÉFIX TAG		'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTK CROSS-REFERENCED TO TH DEFICIENCY	(EAPPROPRIATE	COMPLET DATE
D932	Continued From pa	ge 186	D932			
	4:30pm.					
1	#3's glucometer rev	is located on the C hall				
	-The black pouch w container with Resid lid of the container.	as contained in a plastic dent #3's name labeled on the				
	name. -The Brand A glucor	as labeled with Resident #3's neter was located in the black led with Resident #3's name.				
r	revealed:	#3's glucometer history				
	12/10/18-12/17/18. -The FSBS values r	tory was recorded from ecorded in the glucometer's				
F		values documented on R dated 12/10/18 -12/17/18				
-   r   V	-On 12/10/18 at 4:30 recorded in the gluc value documented c	Opm, the FSBS value ometer history was 296. The on the eMAR was 267. Oam, the FSBS value				
[ r	recorded in the gluc	ometer history was 270. The in the eMAR was 180.				
r	revealed:	#3's December eMAR to check FSBS 3 times daily,				
S   -   V	scheduled for 7:30ai FSBS values were ( with a FSBS range fi	m, 11:30am and 4:30pm. documented daily at 7:30am rom 158-298.				
N	with a FSBS range f	documented daily at 4:30pm				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	DWNE		RTH SHARON TTE, NC 2820	AMITY ROAD		
(X4) ID PREFIX TAG	EACH DEFICIENCY	STATEMENT OF DEFICIENCIES         ID         PROVIDER'S PLAN OF CORRECTION           NCY MUST BE PRECEDED BY FULL         PREFIX         (EACH CORRECTIVE ACTION SHOULD OR LSC IDENTIFYING INFORMATION)           TAG         CROSS-REFERENCED TO THE APPROFIDENCY		ON SHOULD BE	(X5) COMPLET DATE	
D932	Continued From pa	ge 187	D932			
	compared to Reside 12/10/18-12/17/18, recorded in the gluo	#3's glucometer history ent #3's eMAR from 2 of the 20 FSBS values cometer's history were e documentation on the				
	revealed: -He did not know wi perform the FSBS.	18 at 4:07pm with Resident #3 nat glucometer the MA used to is glucometer but he did not to the process.				
	at 9:30am.	ith a first shift MA on 12/18/18				
	Refer to interview w 12/18/18 at 10:35an	ith a second first shift MA on n.				
	Refer to interview w on 12/17/18 at 4:18	ith another second shift MA om.				
	Refer to interview w 3:05pm.	ith the lead MA on 12/18/18 at				
		ith the Resident Care on 12/17/18 at 11:32am.				
	Refer to interview w Consultant on 12/18	ith the facility's Clinical /18 at 8:35am.				
		nt #10's current FL2 dated ne diagnoses included				
	physician order date	#10's record revealed a d 11/16/18 for Finger Stick every morning and at				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
		HAL060077	B. WING			<b>21/2018</b>
AME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE		
				AMITY ROAD		
AST TO			TTE, NC 2820			
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH		COMPLE
				DEFICIENCY		
D932	Continued From pa	uge 188	D932	·	·	
DUCE	dominaed i form pe	ige 100	0902			1
	01		[ [			
		17/18 at 10:08am of Resident				
	#10's black glucometer pouch revealed: -The black glucometer pouch was located on the B hall medication cart. -The black pouch was contained in a plastic					
			1			
	container with the resident's name labeled on the					
Ì	lid of the container.					
	-The black pouch was labeled with Resident					
	#10's name.					
	-The Brand A gluco	meter was located in the black				
	pouch and was labeled with Resident #10's					
	name.					
ľ	-The Brand A glucometer labeled with Resident					
		reddish dried blood smeared				
	on the back of the g	jlucometer.				
•	Review of Regident	10's glucometer history:				
		story was recorded from				
		8 and was not set to current				
	date or time.					
		story had 20 FSBS readings				
	recorded.					
	-FSBS results recor	ded in the glucometer's	ļ ļ			
	history compared to	results documented on	f			
1		R were inconsistent.				
		in the glucometers history				
		10"s December eMAR.				-
		4am the FSBS result recorded				
	in the glucometer hi	story was 136. The result was				
	not documented on					
		1pm the FSBS result recorded				
	not documented on	story was 232. The result was				
		37pm the FSBS result				
		ometer history was 204, The			,	
		mented on the eMAR.				
		1pm the FSBS result recorded	[			
		story was 205. The result was				
						1

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Statemei And Plan	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 282(	AMITY ROAD		
(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 DEFICIENC	TON SHOULD BE	(X5) Comple Date
D932	Continued From pa	age 189	D932		<u>,                                     </u>	
	medication adminis revealed: -There was an entr scheduled for 8:00 -FSBS checks rang Review of Residem compared to Resid eMAR revealed 4 c	ged from 119-393. t#10's glucometer history ent #10's December 2018 if 20 FSBS values recorded in story were inconsistent with				
	8:52am revealed: -The MAs took her -She had never not glucometer or the p	ident #10 on 12/19/18 at blood sugar two times a day. iced her name on the ouch. air glucometer, I don't have my				
	Refer to interview w at 9:30am.	vith a first shift MA on 12/18/18				
	Refer to interview w 12/18/18 at 10:35ar	vith a second first shift MA on n.				
	Refer to interview w on 12/17/18 at 4:18	rith another second shift MA pm,				
	Refer to interview w 3:05pm.	rith the lead MA on 12/18/18 at				
		rith the Resident Care on 12/17/18 at 11:32am.				
	Refer to interview w Consultant on 12/18	/ith the facility's Clinical 3/18 at 8:35am.				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ECONSTRUCTION		e Survey Pleted
	· · · · · · · · · · · · · · · · · · ·	HAL060077	B. WING		12/	21/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		- <b>- -</b>
EAST TO	DWNE		RTH SHARON TTE, NC 282	AMITY ROAD		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE
D932	Continued From pa	ge 190	D932			
	09/14/18 revealed: -A diagnoses includ -There was an orde Blood Sugar (FSBS Observation on 12/ ⁻ #11's glucometer re -The glucometer wa medication cart in a -The black pouch w container with Resid the lid of the contain -The black pouch w name. -The Brand A glucor	17/18 at 10:40am of Resident vealed: is located on the A hall black pouch. as contained in a plastic lent #11's name labeled on	{			
	revealed: -The glucometer his date and time 12/14 -The glucometer his recorded. -The FSBS results r history compared to Resident #11's eMA -On 12/12/18 at 8:00 documented on the was not recorded in -On 12/09/18 at 8:00 documented on the was not recorded in Review of Resident = medication administ revealed:	tory had 8 FSBS readings ecorded in the glucometer's results documented on R were inconsistent. Dam the FSBS result eMAR was 140. The result the glucometer. Dam the FSBS result eMAR was 201. The result				

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If continuation sheet 191 of 195

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060077	B. WING		12/	21/2018
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE		
EAST TO	OWNE		RTH SHARON TTE, NC 2820	AMITY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 3 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D932	Continued From pa	ae 191	D932			
•	-	s ranged from 140-299.				
	compared to Reside eMAR revealed 2 o	#11's glucometer history ent #11's December 2018 f 8 FSBS values recorded in story were inconsistent with on the eMAR.				
	9:30am revealed: -The MAs took hør morning.	dent #11 on 12/19/18 at blood sugar once in the ame was on the glucometer.				
	Refer to interview w at 9:30am.	/ith a first shift MA on 12/18/18				
	Refer to interview w 12/18/18 at 10:35ar	rith a second first shift MA on n.				
	Refer to interview w on 12/17/18 at 4:18	rith another second shift MA pm.				
	Refer to interview w 3:05pm.	ith the lead MA on 12/18/18 at				
		ith the Resident Care on 12/17/18 at 11:32am.				
	Refer to interview w Consultant on 12/18	ith the facility's Clinical 3/18 at 8:35am.				
	9:30am revealed: -The MAs cleaned t the history weekly.					

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION	(X3) DAT	E SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		HAL060077	B. WING		19	12/21/2018	
		STREET A	DDRESS, CITY, S				
AST TO			OTTE, NC 282				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLE	
D932	Continued From page 192		D932				
	glucometers,						
		ent she had cleaned of the					
	glucometers.					1	
	-"The glucometers : them."	should not have blood on					
	Interview with a sec	cond first shift MA on 12/18/18					
	at 10:35am revealed;					]	
	-The policy required each resident to have their						
	own glucometer.						
	-The glucometers were not to be shared between residents.						
		le for FSBS checks in the				ł	
	morning and at lunch when she worked.						
	-The glucometers were to be cleaned with an						
	alcohol wipe.	1. II <i>i</i>					
	-The facility did not clean the glucomete	have bleach in the building to ers.					
		er second shift MA on					
	12/17/18 at 4:18pm	revealed S at 4:00pm and 8:00pm for					
	the residents with pl	hvsician orders					
		equired every resident to have				Ì	
	their own glucomete	ar.					
	-There were no "hou	use" glucometers. Each					
	resident received the	eir own glucometer.					
	- I ne giucométers w	ere cleared of their history					
	every week by the M Monday or Tuesday,	IA who was on the cart on				1	
		ere cleaned with an alcohol					
		dirty or once a week.					
		ad MA on 12/18/18 at 3:05pm					
	revealed:						
	The facility policy re	equired every resident to have					
	their own glucomete -Glucometers were <i>i</i>						
	-Glucometers were <i>i</i> residents.	not shared between					
		cometer was labeled with the					
1	alth Service Regulation						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		HAL060077			12/	21/2018	
			DDRESS, CITY, STATE, ZIP CODE		<u> </u>		
EAST TO	WWNE		TTE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
D932	Continued From pa	ge 193	D932		· · · · · · · · · · · · · · · · · · ·		
	Continued From page 193 resident's name, placed in a black labeled pouch in a labeled plastic container and kept on the medication cart. -Every Monday the MAs were to clean the glucometers with an alcohol wipe and delete the glucometer history. Interview with the Resident Care Coordinator (RCC) on 12/17/18 at 11:32am revealed: -The facility policy required each resident to have their own glucometer. -Glucometers were not shared between residents. -Every Monday the MAs were to clean the glucometer history. -The facility did not use bleach to clean or disinfect the glucometers. -The facility had a clinical consultant who did in services and education on the glucometers and insulin use.						
	12/18/18 at 8:35am -He worked for the education and train -The staff were awa glucometers. -The policy was one and it was to be use -The glucometers v memory cleared ew -He did not know re dried blood on the b glucometers. -He recommended	facility completing staff ing on infection prevention. are they should not share e glucometer for each resident ed only for that resident. were to be cleaned and the ery week. esidents' glucometers had back smeared on the Clorox for disinfection /ith cleaning the medications					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING ADDRESS, CITY, STATE, ZIP CODE			(X3) DATE SURVEY COMPLETED 12/21/2018	
		HAL060077			12/		
		······································				2172010	
EAST TO		4815 NOF		AMITY ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X6) COMPLET DATE	
D932	· · · · · · · · · · · · · · · · · · ·	ge 194 to implement infection control	D932		<u> </u>		
	procedures consist Disease Control (C for placed residents sugar at risk due to borne pathogens di #10, #11 and #12).	ent with the federal Center for DC) guidelines were followed receiving finger stick blood possible exposure of blood seases for (Residents #3, This failure was detrimental to nd welfare of the residents					
	The facility provided accordance with G. this violation.	a plan of protection in S. 131D-34 on 12/17/18 for					
		TE FOR THE TYPE B NOT EXCEED FEBRUARY					
			ę			4 7	
			ľ				

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### East Towne, ADM - Dalton, Chris

From:	Dawn McKenzie
Sent:	Tuesday, February 05, 2019 11:36 PM
To:	Kathy Vidal; East Towne, ADM - Dalton, Chris; East Towne, RCD - McAuley, Cynthia
Cc:	Kathy Barrett; Sandra Korzeniewski
Subject:	Plan of Correction final
Attachments:	East Towne POC final 2.5.2019.pdf
Importance:	High

Good Evening All,

Attach is the final draft of the POC I have written. I urge you to review for content and to assure all listed training has been completed and the correction dates are in alignment with the tags. I highly recommend a binder is started for this survey and all associated documentation filed in the binder to include:

- 1. Copy of SOD
- 2. All POPs written
- 3. Copy of SOA
- 4. Copy of POC
- 5. Copies of all trainings/in-services to include (BOM Training, DRC Training, ED Peer Orientation, RCM and Lead SIC Training, CPR, Glucometer Management & Sanitation, 3Hr. Infection Control, Medication Administration, Order Implementation, Bucket System, Resident Rights, Documentation) by no means is this all-inclusive as it relates to the POC but this is off the top of my head
  - a. In-service Sign in Sheets with Training Topics listed
  - b. Include any training In-service conducted by Kathy Vidal, Kathy Barrett or Chris Dalton
  - c. Ensure all training listed in the Plan of Correction was completed and cross referenced (Sandra K. will request all of the trainings after the POC is submitted to demonstrate the training was completed to the state)
  - d. Resumes for all Licensed Professionals conducting any training- Affinity Policy and Requirement

Since this is the final draft, if there are any edits or changes Kathy please have them completed and please forward the final copy to me for filing. Once finalized sign the first page of the SOD and be sure to confirm with the team leader an email copy of the POC will be accepted, then email the POC and copy RVPO, myself, Sandra K. and Kyle, and also send a certified return receipt hard copy to the team leader in Raleigh. Send a final copy to Ben Honeycutt also for tracking.

Thank you Dawn



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Dawn Mckenzie, MSN/Ed., BSBA, RN | Director | Protocols | P: 704-299-7617 | E: dmckenzie@proqcare.com

Confidential and Privileged document belonging to Affinity Living Group's Quality Improvement and Safety Committee