	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY	
		HAL034098			R 03/08/2019		
	ROVIDER OR SUPPLIER						
AME OF TA	KUVIDEK OK SUPPLIEK		ADDRESS, CITY, ST				
ALEM TE	RRACE		.D SALISBURY F				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLI DATE	
D 000	Initial Comments		D 000				
		nsure Section conducted an o survey 03/05/19 through					
	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.		D 113	MAINTENANCE DIRECTOR IS NOW AWARE OF EACH HOT WATER TANK AND WHICH SIDE OF THE HALL THEY CONTROL. WE HAVE REPLACED OUR THERMOMETER THAT WAS NOT CALABRATED CORRECTLY. WATER TEMPS ARE BEING DONE WEEKLY TO MAKE SURE TEMPS STAY WITHIN RA	)	3]10 1	
	failed to assure the w maintained at a maxi	ns and interviews, the facility vater temperatures were mum of 116 degrees of 5 sampled fixtures (sinks)					
	Observation during th 03/05/19 from 8:45an water temperatures a -At 9:02 am, the hot v in room 103 was 119 -At 9:08 am, the hot v in room 106 was 120 -At 9:12 am, the hot v in room 107 was 121	water temperature at the sink degrees F. water temperature at the sink degrees F. water temperature at the sink degrees F. vater temperature at the sink					

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Reviewed and accpeted 05-03-19 KHH

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL034098	B. WING	B. WING		R 3/08/2019
NAME OF P	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
SALEM T	ERRACE		D SALISBURY RO			
			N SALEM, NC 271	27		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC 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 113	Continued From pag	e 1	D 113	ana sa		
	-At 9:46 am, the hot in room 104 was 120	water temperature at the sink ) degrees F.				
	03/05/19 at 8:48am r	lent residing in room 104 on evealed the water was not ise he was able to mix in o his comfort level.				
	104 on 03/05/19 at 4	nd resident residing in room 12pm revealed the hot e sink was not hot because d water.				
	at 9:04am revealed s coming from the fauc	ent in room 103 on 03/05/19 he did not think the water et was hot because she tter to make the water warm.				
	Based on observatior review, a second resi was not interviewable	ns, interviews and record dent residing in room 103				
	03/05/19 at 9:10am re	ent residing in room 106 on evealed he did not know if cause he always used cold ter for his comfort.				
	03/05/19 at 9:15am re	ent residing in room 107 on evealed she always used hot water and did not feel was too hot.				
	03/05/19 at 9:23am re burned by the hot wate	ent residing in room 112 on vealed she did not get er because she was able to mperature to her comfort				
	Interview with the Mair 03/05/19 at 9:40am re					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		03	R 3/08/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E. ZIP CODE	······································	
			D SALISBURY RO			
SALEM T	ERRACE		N SALEM, NC 271			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLET
D 113	Continued From pag	e 2	D 113			
	-He had worked at th 2018.	e facility since Dècember				
	-He was told to check monthly.	k hot water temperatures				
		locations throughout the				
	facility on the same c	late every month and				
	Checklist."	s on the "Temperature				
		at the temperature ranges				
	were required to be. -The facility had two l	hot water tanks and he did				
	not know which tanks	controlled the 100 hallway.				
	-The thermometer giv	en to him to check the hot				
	water temperature wa	as a meat thermometer.				
	the required temperal	n hot water tanks to reach ture.				
	Review of the facility's checklist for March 20	s monthly water temperature				
		rater temperature recorded				
	for residents residing	on the 100 hallway.				
	-The hot water tempe degrees.	rature in room 114 was 118				
	Interview with the Adn 9:45am revealed:	ninistrator on 03/05/19 at				
		hot water temperatures in				
	resident rooms on the than 116 degrees F.	100 hallway were greater				
		to warn residents to seek				
	caution when using th	e hot water.				
	Calibration on 03/05/1 thermometer and the I	9 at 4:05pm of the surveyor				
	thermometer and the l					
-	The surveyor thermor	neter calibrated at 30				
0	degrees F, requiring tv	vo degrees to be added to				
	obtain 32 degrees F. The Maintenance Dire	actor thormomotor				
		ector inermometer es requiring him to deduct				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R
		HAL034098	B. WNG		03/08/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	FATE, ZIP CODE	
SALEM T	ERRACE		D SALISBURY		
	1		N SALEM, NC	27127	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPL
D 113	Continued From pag	e 3	D 113		
	six degrees to obtair	32 degrees F.			
	sink in resident room revealed the water te F after running the hi Second interview wit on 03/05/19 at 4:16p the wrong hot water adjustment to the hot A third recheck of the sink in resident room	the water temperature at the 104 on 03/05/19 at 4:10pm emperature was 124 degrees of water for one minute. In the Maintenance Director m revealed he had adjusted tank he would make another t water. In water temperature at the 104 on 03/05/19 at 5:26pm mperature was 110 degrees			
	Medical Exam & Imm 10A NCAC 13F .0703 Examination & Immu (a) Upon admission for resident shall be tested in compliance with the by the Commission for specified in 10A NCA subsequent amendment the rule are available the Department of He Tuberculosis Control Center, Raleigh, North This Rule is not met a Based on record revise facility failed to assure	B Tuberculosis Test, Medical nizations to an adult care home, each ed for tuberculosis disease e control measures adopted or Health Services as C 41A .0205 including ents and editions. Copies of at no charge by contacting alth and Human Services, Program, 1902 Mail Service in Carolina 27699-1902.	D 234	FACILITY IS MAKING SURE THAT EACH RESIDENT HAS A (TB) OR A CHEST X-RA WITH RESULTS BEFORE ADMISSION INTO FACILITY. FACILITY AND PHARMA ARE KEEPING UP WITH READINGS, AND WITH SECOND (PPD) PLACEMENT, AND RESULTS. ADMISSION COORDINATOR WILL BE RESPONSIBLE FOR MAKING SURE THAT NEW ADMISSIONS INTO THE FACILITY WILL HAVE A COMPLETED 2 STEP DONE, OR THE FIRST PLACEMEN RESULTS AND FACILITY PHARMACY WIL MAKE SURE 2 <sup>ND</sup> PLACEMENT AND RESU ARE DONE WITHIN THE FIRST 21 DAYS ADMISSION. ALL RECORDS WILL BE KEI THE MEDICAL RECORDS DEPARTMENT. ADMINISTRATOR WILL FOLLOW UP WE	CY D D D D D D D D D D D D D D D D D D D

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING;	CONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING	03	R 03/08/2019	
NAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
SALEM T	FRRACE	2609 OL	D SALISBURY RO	AD		
		WINSTO	N SALEM, NC 271	27		
(X4) ID	SUMMARY S	SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
PREFIX TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE
D 234	Continued From pag	je 4	D 234		en ( - ha - managementer de	
	The findings are:					
	Review of Resident :	#7's current FL2 dated				
		agnoses included end stage				
		wo diabetes, neurogenic				
	bladder, colostomy, arm paralysis.	bilateral amputation, and left				
	Review of Resident	#7's Resident Register				
	revealed the residen on 02/05/18.	t was admitted to the facility				
	Review of Resident #	¢7's record revealed: ented TΒ skin test with no				
	dated the dated was	placed. s read on 08/09/17 with				
	negative results.	documented TB skin test				
	that was placed on 0					
	-There was no docun					
	Interview with Reside revealed:	nt #7 on 03/07/19 at 9:52am				
	-She moved into the					
	-Prior to living at the f	acility she came from home.				
	facility, but she could	laced when she came to the not recall if the TB skin test				
	was read.	not roodin in the post of the start cost				
	Interview with the me Resident Care Direct	dical records person and the or on 03/06/19 at 4:15pm				
	revealed:					
	-The Registered Nurs	e that placed Resident #7's				
	TB skin test no longer	worked at the facility.				
	<ul> <li>They could not valida placed on 02/07/18 has</li> </ul>	ate the TB skin test that was				
	piacea on 02/07/10 18	au been reau.				
						1

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	-	COMPLI		
		HAL034098	B. WING	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	FATE, ZIP CODE			
SALEM TE	DDACE	2609 OLI	D SALISBURY I	ROAD			
	RRACE	WINSTO	N SALEM, NC	27127			
		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)	
TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		COMPLE DATE	
D 273	Continued From page	e 5	D 273				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273	EDUCATION WAS COMPLETED WITH THI	E	4/2/1	
				MANAGEMENT AND FACILITY STAFF TO		-1 1-	
	10A NCAC 13F .0902			ENSURE THEY UNDERSTAND THE		1	
		assure referral and follow-up		EXPECTATIONS OF THE FOLLOWING:		1	
	to meet the routine ar of residents.	nd acute health care needs		DEFENDAL AND FOLLOW/UD CTAFFIC			
c	or residents.			REFERRAL AND FOLLOW UP – STAFF IS T MAKE SURE THAT EACH RESIDENT THAT	0		
				COMES BACK FROM AN APPOINTMENT			
				A FOLLOW UP HAS THE PROPER PAPERW	1		
				TURNED INTO TO THE BUSINESS OFFICE			
				THAT THE FOLLOW UP APPOINTMENT C			
				BE SCHEDULED. ANY RESIDENT NEEDING			
				SERVICES IS COMMUNICATED			
				WITH THE PHYSICIAN FOR AN ORDER FO			
	This Rule is not met	as evidenced by:		TREATMENT, OR THAT THE APPOINTMEN	VT		
	TYPE B VIOLATION			IS SCHEDULED. BLOOD SUGARS – ALL PHYSICIANS WILL			
	Based on observation	is, interviews, and record		NOTIFIED IF ANY BLOOD SUGAR IS HIGHE			
		iled to assure physician		THAN 400 OR LOWER THAN 60. ALL CON			
	notification for 4 of 7 s			WILL BE DOCUMENTED ALONG WITH TH			
		and #7) related to not		PERSONS NAME THAT THE INFORMATIO	N WAS		
	contacting the physici	an when a resident's blood		COMMUNICATED WITH.			
	sugar was greater tha	in 400, when residents were		DIALYSIS MEDICATIONS - RECOMMEND			
		missed medications and		FOR CHANGES OF MEDICATIONS ON DIA		÷	
		ed medications of Novolog, apentin, linzess, refresh		DAYS WILL BE COMMUNICATED TO THE TO SEE IF THE TIME OF THE MEDICATION		5	
	tears, and midodrine	(#7), Sevelamer Carbonate		CAN BE CHANGED OR HELD ON THESE DA			
		lammatory cream and an		CHANGE IN MEDICATIONS			
	inhaled Fluticasone Pl	ropionate (#2), a podiatrist		PER THE PROVIDER WILL BE UPDATED IN	THE (MAR	)	
	referral and contacting	g the physician regarding		AND IN THE CHART.		-	
	refusal of Ibuprofen (#	4).		MISSED OR REFUSED MEDICATIONS – A		.Τ	
	The findings are:			AUDIT OF MED DOCUMENTATION AND R			
	The findings are:			WAS COMPLETED ON 3/8/2019. AUDITS			
	1. Review of Resident	#7's current FL2 dated		DONE AT LEAST 3 TIMES A WEEK FOR ME DOCUMENTATION RELATED TO REFUSAL		ОТ	
		gnoses included end stage		GIVEN, AND MED ERRORS. THIS IS TO BE			
1	renal disease, type two	o diabetes, neurogenic		BY THE RCC/SCC, AND COMMUNICATED			
		lateral amputation, and left		PROVIDERS WHEN NECESSARY.			
	arm paralysis.		1	1			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE		
SALEM TI		2609 OL	D SALISBURY I	ROAD		
	ERRACE	WINSTO	N SALEM, NC	27127		
(X4) ID		TATEMENT OF DEFICIENCIES	PROVIDER'S PLAN OF CORREC	TION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPL
D 273	Continued From pag	je 6	D 273	FACILITY MANAGEMENT WILL REVIE	1	
		a. Review of Resident #7's current FL2 dated		COMPLETION WEEKLY, AND THE PHA REVIEW MONTHLY.	MIVIACT WILL	
		physician's order for Novolog				
		help control diabetes)		ADMINISTRATOR WILL FOLLOW UP	WITH	
		subcutaneously with meals between 201-250 give 1 unit,		RCC/SCC WEEKLY TO MAKE SURE AL AUDITS ARE COMPLETE.	L	
		, 301-350 give 3 units,		AUDITS ARE COMPLETE.		
	351-400 give 4 units	, greater than 400 call the				
		der for fingerstick blood				
	sugars (FSBS) befor	e meals and at bedtime.				
	Review of Resident	#7's record revealed a				
		eet signed by the physician				
		ers for Novolog sliding insulin				
	subcutaneously whe	n FSBS ranged between				
		251-300 give 2 units, , 351-400 give 4 units,				
		the physician, and an order				
	for FSBS before mea					
	Review of Resident #	7's December 2018				
	electronic Medicatior (eMAR) revealed:	Record Administration				
	-There was an entry	for FSBS four times daily				
		n, 11:30am, 4:30pm and				
	8:00pm.	tation ESPS ware are stor				
	than 400 on four occ	ntation FSBS were greater asions on 12/15/18 at				
		22, 12/21/18 at 7:30am				
	FSBS was 579, 12/2	1/19 at 4:30pm FSBS was				
	438, and 12/21/19 at	8:00pm FSBS was 443.				
		nentation the physician was				
	notified the resident's 400.	FSBS was greater than				
	Review of Resident #	7's January 2019 eMAR				
		for FSBS four times daily				
1		n, 11:30 am, 4:30 pm and				
4	8:00 pm.	., 11.00 am, <del>1</del> .00 pm anu				
		mentation of FSBS greater				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
SALEM T	ERRACE	2609 OL	D SALISBURY RO	٩D		
		WINSTO	N SALEM, NC 271	27		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	THE APPROPRIATE	COMPLE DATE
				DEFICIEN	CY)	
D 273	Continued From page	ge 7	D 273			
	than 400 on the Jar	uary eMAR.				
	Review of Resident #7's February 2019 eMAR					
	revealed:					
		for FSBS four times daily				
	scheduled for 7:30am, 11:30am, 4:30pm, and 8:00pm.					
		ntation of FSBS greater than				
		ns on 02/21/19 at 7:30am				
		24/19 at 7:30am FSBS was				
		0am FSBS was 487, and on				
	02/27/19 FSBS was					
		mentation the physician was				
	400.	s FSBS was greater than				
	Deview of Desident					
	revealed:	#7's March 2019 eMAR				
		/ for FSBS four occasions				
		7:30am, 11:30am, 4:30pm,				
	and 8:00pm.					
		ntation FSBS were greater				
		asions on 03/01/19 at 91, and on 03/02/19 at				
	7:30am FSBS was 4	19 1, and on 03/02/19 8[				
		mentation the physician was				
	notified the resident'	s FSBS that were greater				
	than 400.					
	Review of the facility	's "SIC/MT Daily Report" for				
		nuary, February, and March				
	2019 revealed:					
	-The form required s	taff to document a resident's				
	blood sugar results, scheduled reading.	date and time for each				
	Ų	or Resident #7 were not				
1		er shift as required by the				
	form.	- entre de required by the				
	-There were no docu	mented FSBS results for				
	Resident #7's ESBS	that were greater than 400.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL034098	B. WING			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		2609 OL	D SALISBURY RO	AD			
SALEM T	ERRACE	WINSTO	N SALEM, NC 271	27			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLE	
D 273	Continued From pag	je 8	D 273				
	12/01/18 through 03 documentation Resi	#7's "Nurse Notes" from /07/19 revealed there was no dent #7's physician had been SBS that were greater than					
	notified regarding FSBS that were greater than 400. Interview with Resident #7 on 03/07/19 at 8:34am revealed: -She was a severe diabetic. -Her blood sugars were "All over the place." -The medication aides (MAs) checked her FSBS four times daily, excluding the times she was at dialysis. -When her blood sugar was above 400 she sometimes felt light-headed. -She had not seen the "Diabetes" doctor in several months. Interview with a first shift MA on 03/07/19 at 3:05pm revealed: -Sunday (02/20/19) Resident #7 had a FSBS greater than 400. -She called the on-call service and left a message. -When they called her back she was told to give the resident extra insulin, plus what was originally ordered. -She thought she "wrote a note", but could not						
	recall if she had docu with the on-call physi administered. Interview with a MA c revealed: -A couple of times sh physician to inform of than 400.	Imented the communication cian or the extra insulin Im 03/07/19 at 3:58pm e called Resident #7's f the FSBS that was greater the resident extra insulin.					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R	
		HAL034098			03	/08/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
SALEM T	ERRACE		D SALISBURY RO			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL ≷ LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLE DATE
D 273	Continued From pag	je 9	D 273			
		ot document the order to give e did not document the units ed to the resident.				
	Interview with Resident #7's Endocrinologist on 03/07/19 at 11:14am revealed: -The physician had not seen Resident #7 since					
	August 2018.	not seen Resident #7 since				
		sician's records showed no acility had called and				
	400.	7 had FSBS greater than brittle diabetic and the				
	physician wanted to	be notified when the FSBS because there may need to				
	be medication adjust	tments. all to get the resident in to				
	(RCC) on 03/08/19 a					
	Report," that MAs we residents ordered FS					
	-The MAs were to tur end of each shift. -She did not review t	rn the form in to her at the he FSBS results.				
	-At the end of each d with four FSBS for Re	lay she should have reports				
	-She did not check to form every day.	ensure staff completed the				
	greater than 400.	at Resident #7 had FSBS necked the form for FSBS				
	outside of range was -The nurse no longer					

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:		R		
		HAL034098	B. WNG		03	K 1/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE				
SALEM T	ERRACE		D SALISBURY RO				
			N SALEM, NC 271	27			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 273	Continued From page	ge 10	D 273				
	the physician regard	ling Resident #7's FSBS					
	greater than 400.						
		protocol that the MAs were					
		king Resident #7's FSBS.					
		3S was greater than 400, the					
		ely notify the resident's					
	physician.						
		the physician should					
	physician's response	se notes the date, time and					
		ered additional insulin, that					
		lephone order and there					
		s signature for the order.					
		cument the physician was					
		vas no way to validate the					
	physician had been	called.					
		hole cart and eMAR audit					
		ations in the medication cart					
		did not look at the FSBS					
	results.						
		edical Records person on					
	03/08/19 at 12:47pm						
		ired to document Resident					
	#7's FSBS four times						
	documented FSBS to						
		ok at Resident #7's FSBS h the MA to ensure they					
	followed-up with the						
	regarding FSBS grea						
		continually reminded to					
	document "happenin						
	especially contact wi						
	Interview the Adminis	strator on 03/08/19 12:48pm					
	revealed:						
	-The MAs were respo	onsible to notify the physician					
		SBS were greater than 400.					
4		red to give FSBS sheets to					
	the RCC daily.		1			1	

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If continuation sheet 11 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		SURVEY PLETED	
		HAL034098	B. WING			R 03/08/2019	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			100/2019	
			D SALISBURY RO				
SALEM T	ERRACE		N SALEM, NC 271				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLI DATE	
D 273	Continued From pag	ge 11	D 273		an a		
	greater than 400 and was notified. -There should be do record to validate the b. Review of Reside 06/27/18 revealed a insulin four units sub to lower elevated blo lunch meal. Review of Resident a physician's order she on 12/04/18 with ord subcutaneously once Review of Resident a electronic Medication (eMAR) revealed: -There was an entry lunch time scheduled -There was documer administered sixteen opportunities schedu 12/01/18 through 12/ -There was documer	<ul> <li>#7's physician for FSBS</li> <li>d made sure the physician</li> <li>cumentation in the resident's</li> <li>e physician was notified.</li> <li>nt #7's current FL2 dated</li> <li>physician's order for Novolog</li> <li>pocutaneously once daily (used</li> <li>bod sugar levels) with the</li> <li>#7's record revealed a</li> <li>bet signed by the physician</li> <li>ers for Novolog four units</li> <li>be daily with the lunch meal.</li> <li>#7's December 2018</li> <li>for Novolog four units at</li> <li>d for 12:00pm.</li> <li>ntation Novolog was not</li> <li>of the thirty-one</li> <li>led for 12:00pm between</li> <li>'31/18.</li> <li>ntation the resident was out</li> </ul>					
	the medication was r	e was no documentation why not administered.					
	-There was no docum notified the resident v Novolog four units at						
		7's January 2019 eMAR					
	lunch time scheduled	for Novolog four units at l for 12:00pm. tation Novolog was not					

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If continuation sheet 12 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED	
**** *********************************		HAL034098	B. WNG			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		2609 OL	D SALISBURY RO	AD			
SALEM TE	ERRACE	WINSTO	N SALEM, NC 271	27			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 273	Continued From pag	ge 12	D 273				
	through 01/31/19. -There was docume of the facility at dialy medication," for the administration times 12/31/18. -There was no docu notified the resident Novolog four units a Review of Resident revealed: -There was an entry lunch time schedule -There was docume administered thirtee opportunities schedu through 02/28/19. -There was docume of the facility, "Physi medication," or there missed medication. -There was no docu notified the resident Novolog four units a Review of Resident a revealed: -There was an entry lunch time scheduled	uled between 01/01/19 entation the resident was out ysis, "Physically unable to take missed medication from 12/01/18 through mentation the physician was was not administered at 12:00pm. #7's February 2019 eMAR for Novolog four units at d for 12:00pm. ntation Novolog was not n of the twenty-eight uled between 02/01/19 ntation the resident was out cally unable to take e was not administered t 12:00pm as ordered. #7's March 2019 eMAR for Novolog four units at					
	scheduled between -There was document of the facility for all the administration times.						
		mentation the physician was was not administered					

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If continuation sheet 13 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WNG		R 03/08/2019	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE		
			D SALISBURY ROA			
SALEM T	ERRACE		N SALEM, NC 271			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLI DATE
D 273	Continued From pag	le 13	D 273			
	Novolog four units a	t 12:00pm.				
	there was no docum physician was notifie resident out of the fa	#7's nurse's notes revealed entation Resident #7's of of the 46 occasions the cility at dialysis and Novolog d as ordered from 12/01/18				
	revealed: -She was a severe d Novolog insulin three Novolog sliding scale -She went to dialysis Fridays. -When she went to d 11:00am and sometir facility until almost 6: -On Monday, Wedne never administered th -At dialysis she was g checked her FSBS o -About two months a medications with her -The facility staff told dialysis center said th administering her me -She did not know if t did not get Novolog in knew when she return -Depending on the tir facility, staff sometime insulin at all because hour window to admin -For example, if she r 5:45pm, staff would a	Monday, Wednesday and ialysis she left the facility at mes did not return to the 00pm. sday and Fridays she was ne 12:00pm Novolog insulin. given a snack, but no one r gave her insulin. go she used to take to dialysis, but that stopped. her that the staff at the ney were not responsible for dications. he Endocrinologist knew she nsulin at 12:00pm or if they ned late from dialysis. ne she returned to the es did not give her Novolog she had missed the one		·		

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If continuation sheet 14 of 109

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CATION NUMBER: A. BUILDING:			SURVEY
		HAL034098			03	R . 03/08/2019
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		100/2010
		2609 OL	D SALISBURY RO	AD		
ALEM TI	ERRACE	WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE
D 273	Continued From page	e 14	D 273		annan an her an	
	she got was at break	fast.				
		S were greater than 400 and				
	still staff did not give	insulin because she was				
	outside the one hour	window.				
	Interview with a first	shift MA on 03/07/19 at				
	3:05pm revealed:					
	-Resident #7 went to	dialysis Monday,				
		ay from 11:00am to 5:00 or				
	6:00pm.					
		/as at dialysis she was not				
t		dications scheduled during				
	-She circled her initia	was out of the facility.				
		dent was out of the facility or				
		take the medication" when				
	the resident was not					
	scheduled administra					
	-She documented; ph	nysically unable to take the				
		the resident was not present				
	in the facility.					
		d to send Resident #7's				
	medications to the dia					
	the center were not a	center informed the staff at				
	medications to Reside					
		ed Resident #7's physician				
		g four units at lunch time				
		Monday, Wednesday and				
	Fridays.					
	Interview with Reside	nt #7's Endocrinologist				
	03/07/19 at 11:14am					
		Resident #7 went to dialysis				
		log was administered while				
	the resident was at di	alysis. was ordered with meals,				
		of the time, if Resident #7				
	had a meal or snack s	she should still be				
	administered Novolog		1			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
SALEM TI	FRRACE	2609 OL	D SALISBURY RO	AD			
		WINSTO	N SALEM, NC 271	27			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
D 273	Continued From page	ge 15	D 273		• )		
	to the facility, if the r Novolog insulin shou -The facility staff sho physician's office to getting the lunch tim Interview with the Re 03/08/19 at 8:43am -Resident #7 went to week. -The resident previo her the dialysis center the facility they were for administering Re -No one at the facility #7's physician to info not administered wh facility at dialysis. -It was the facility's p medications outside however the MA sho	inform the resident was not e Novolog insulin as ordered. esident Care Coordinator on revealed: o dialysis three days per usly took medications with er, but the center informed not going to be responsible sident #7's medications. y had contacted Resident orm him Novolog insulin was en the resident was out of the policy not to administer the one hour window, uld call the physician and ask					
	Interview the Administrevealed: -She expected the M when Resident #7 w medications as order -The MAs should hav #7's physician to inqu						
	resident was out of th -The MAs should hav physician addressing the resident was at d c. Review of Residen 06/27/18 revealed a p	ne facility at dialysis. ve obtained orders from the medications ordered when					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
		2609 OL	D SALISBURY RO	AD			
SALEM T	ERRACE	WINSTO	N SALEM, NC 271	27			
(X4) ID		STATEMENT OF DEFICIENCIES			CORRECTION	(X5)	
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLI DATE	
D 273	Continued From pag	ge 16	D 273				
	blood phosphate lev meals.	els) three times daily with					
	Review of Resident	#7's record revealed a					
		eet dated 12/04/18 with					
		10mg (two tablets =420mg)					
	three times daily with						
	Review of Resident	#7's December 2018					
		n Record Administration					
	(eMAR) revealed:						
		for Auryxia 210mg (two					
		ee times daily with meals					
		m, 12:00pm, 5:00pm. ntation Auryxia was not					
	administered fifteen						
		uled between 12/01/18					
		12:00pm on Monday,					
	Wednesday and Fric	5					
		ntation the resident was out					
	of the facility or phys medications.	sically unable to take					
		mentation the physician was					
	notified the resident	was not administered Auryxia					
		om on Monday, Wednesday					
	and Friday.						
	Review of Resident #	#7's January 2019 eMAR					
		for Auryxia 210mg (two					
	tablets= 420mg) thre	e times daily with meals					
	scheduled for 8:00an	n, 12:00pm, 5:00pm.					
		ntation Auryxia was not					
		ree of the ninety-three					
		led between 01/01/19 12:00pm on Monday,					
	Wednesday and Frid						
		ay. Itation the resident was out					
		ical unable to take the					
	medication.		1				

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If continuation sheet 17 of 109

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED
		HAL034098	B. WNG		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM TI	ERRACE	WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN O		CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC	HE APPROPRIATE	COMPLE DATE
D 273	Continued From pag	ge 17	D 273		• •••••	
	-There was no documentation the physician was notified the resident was not administered Auryxia as ordered at 12:00pm on Monday, Wednesday and Friday.					
Review of revealed -There w tablets= - schedule -There w administe opportun through 0 Wedneso -There w of the fac -There w notified th as ordere	revealed: -There was an entry tablets= 420mg) thre scheduled for 8:00at -There was docume administered twenty opportunities schedu through 02/28/19 at Wednesday and Frid -There was docume of the facility. -There was no docum notified the resident as ordered at 12:00p and Friday.	ntation the resident was out mentation the physician was was not administered Auryxia om on Monday, Wednesday				
	revealed: -There was an entry tablets= 420mg) three scheduled for 8:00ar -There was documer administered four of scheduled between ( 12:00pm on Monday -There was documer of the facility. -There was no docur notified the resident of	#7's March 2019 eMAR for Auryxia 210mg (two se times daily with meals n, 12:00pm, 5:00pm. Intation Auryxia was not the seventeen opportunities 03/01/19 through 03/06/19 at , Wednesday and Friday. Intation the resident was out mentation the physician was was not administered Auryxia m on Monday, Wednesday		·		
	Interview with Reside revealed:	ent #7 on 03/07/19 at 8:34am				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY	
and Street and a street and		HAL034098	B. WING			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
			D SALISBURY RO				
SALEM TI	ERRACE		N SALEM, NC 271				
(X4) ID		STATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF C		CORRECTION	(X5)	
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 273	Continued From page	ge 18	D 273				
	11:00am until almos -She was not admin the days she went to -If she arrived at the 5:00pm dosage of A -She knew Auryxia v she needed the medication dialysis. -She did not know if not get the medication Review of Resident there was no docum receive Auryxia 104 03/07/19. Interview with a first 3:05pm revealed: -Resident #7 went to Wednesday and Frid 6:00pm. -When the resident v dosage of Auryxia w -She had not contac to information Auryxia times daily on the dia Interview with a seco 9:50am revealed: -The dialysis center they would not be re Resident #7's Auryxi -She did not know if	istered Auryxia at 12:00pm on o dialysis. a facility after 6:00pm the uuryxia was not administered. was an iron medication and dication because she had the physician knew she did on as ordered. #7's nurse's notes revealed rentation the resident did not times from 12/01/18 through shift MA on 03/07/19 at o dialysis Monday, day from 11:00am to 5:00 or was at dialysis, the 12:00pm as not administered. ted Resident #7's physician a was not administered three alysis days. ond MA on 03/08/19 at informed staff at the facility sponsible for administering a. Resident #7's physician was					
		rse at Resident #7's					

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If continuation sheet 19 of 109

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
		2609 OL	D SALISBURY RO	AD.			
SALEM TI	ERRACE	WINSTO	N SALEM, NC 271	27			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLI	
D 273	Continued From pag	je 19	D 273				
	revealed:						
	-No one at the facilit	y had notified the physician					
		s not administered Auryxia					
	three times daily as						
		uld be administered with a					
	meal or a snack.						
		v that Resident #7 had per week, but did not know					
	administering medic	ations three times daily on					
	dialysis was a proble						
		uld have contacted the					
		ions if they were unable to					
	administer the medic	ation as ordered.					
		strator on 03/08/19 12:48pm					
	revealed:						
		As to notify the physician					
	when Resident #7 wa medications as order						
		ve followed-up with Resident					
		uire what to do regarding					
		during the times when the					
	resident was out of the						
		e obtained orders from the					
	the resident was at d	medications ordered when					
	the resident was at u	iuiyolo.					
		nt #7's current FL2 dated					
	06/27/18 revealed a						
		vo capsules (200mg) (used					
	to treat diabetic nerve	e pain) four times daily.					
		7's record revealed a					
		et dated 12/04/18 with					
	(200mg) four times da	n 100mg two capsules aily.					
	Review of Posidort #	7's December 2018 eMAR					
1	revealed:						
	-There was an entry f						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	SURVEY	
		HAL034098	B. WNG			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
		2609 OL	D SALISBURY RO	AD			
SALEM TI		WINSTO	N SALEM, NC 271	27			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF			(X5)	
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 273	Continued From pag	je 20	D 273				
	at 8:00am, 12:00pm -There was documen administered thirteen opportunities schedu through 12/31/18 at was at dialysis (Mon Friday). -There was no docum notified the medication ordered at 12:00pm dialysis. Review of Resident and revealed: -There was an entry capsules (200mg) for at 8:00am, 12:00pm, -There was document administered fourteen opportunities schedut through 01/31/19 at -There was an entry capsules (200pm). Review of Resident and revealed: -There was an entry capsules (200pm). Review of Resident and revealed: -There was an entry capsules (200pm) for at 8:00am, 12:00pm, -There was document administered twelve of scheduled between C 12:00pm.	<ul> <li>aled between 12/01/18</li> <li>12:00pm when the resident day, Wednesday, and</li> <li>mentation the physician was on was not administered as when the resident was at</li> <li>#7's January 2019 eMAR</li> <li>for gabapentin 100mg two ur times daily was scheduled 4:00pm and 8:00pm.</li> <li>netation gabapentin was not an of ninety-three</li> <li>aled between 01/01/19</li> <li>12:00pm.</li> <li>mentation the physician was on was not administered as</li> <li>#7's February 2019 eMAR</li> <li>for gabapentin 100mg two ur times daily was scheduled as on was not administered as</li> <li>#7's February 2019 eMAR</li> <li>for gabapentin 100mg two ur times daily was scheduled 4:00pm.</li> <li>for gabapentin 100mg two ur times daily was scheduled 4:00pm and 8:00pm.</li> <li>for gabapentin 100mg two ur times daily was scheduled 4:00pm and 8:00pm.</li> <li>for gabapentin 100mg two ur times daily was scheduled 4:00pm and 8:00pm.</li> <li>for gabapentin 100pg two ur times daily was scheduled 4:00pm and 8:00pm.</li> <li>for gabapentin 100pg two ur times daily was scheduled 4:00pm and 8:00pm.</li> </ul>					
	-There was no docun	nentation the physician was on was not administered as					
	ordered at 12:00pm.						
	Review of Resident #	7's March 2019 eMAR					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING;	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM TI	ERRACE		N SALEM, NC 271			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	COMPLI
D 273	Continued From page	je 21	D 273			
	roverlad					
	revealed:	for well and the door of				
		for gabapentin 100mg two				
		our times daily was scheduled				
		, 4:00pm and 8:00pm.				
		ntation gabapentin was not				
		of seventeen opportunities				
		03/01/19 through 03/06/19 at				
		esident at dialysis (Monday,				
	Wednesday, and Fri					
		mentation the physician was				
		on was not administered as				
		when the resident was at				
	dialysis.					
	Review of Resident a	#7's nurse's notes revealed				
		entation the physician was				
		did not receive gabapentin 42				
	times from 12/01/18					
	Interview with Reside	ent #7 on 03/07/19 at 8:34am				
	revealed:					
	-She went to dialysis	Monday, Wednesday and				
	Fridays.					
		e went to dialysis she left the				
	facility at 11:00am.	-				
		not return to the facility until				
	almost 6:00pm.	<i>,</i>				
	-The gabapentin was	administered four times				
		stered four times daily				
	excluding the days sl					
		dialysis after 5:30pm she				
		the 4:00pm gabapentin,				
		to wait until 8:00pm to get				
	the medication.					
	-Facility staff would n	ot administer the medication				
		e she was outside the				
	one-hour after the sc					
	administration time.					
	-About two months a	go she used to take her				
		to dialysis, but that stopped.	1			1

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If continuation sheet 22 of 109

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
SALEM T		2609 OL	D SALISBURY RO	٩D			
SALEW I		WINSTO	N SALEM, NC 271	27			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 273	Continued From pag	ge 22	D 273				
	dialysis center said t administering her m -She wished that sh	d her that the staff at the they were not responsible for edications. e could have the 12:00pm e it would help with her pain.					
	3:05pm revealed: -Resident #7 went to Wednesday and Frid 6:00pm. -On the days that the gabapentin was not -When Resident #7 m was after 5:00pm, the was not administered one hour window. -She did not contact inform gabapentin was soldhad not considered a one hour early at 11: for dialysis. -It was the facility's p was not administered the medication was re- -She had not contact	day from 11:00am to 5:00 or e resident went to dialysis administered at 12:00pm. returned to the facility, if it uen the 4:00pm gabapentin d because it was past the Resident #7's physician to as not administered. neduled for 12:00pm, she administering the medication 00am before the resident left protocol when a medication d to notify the physician why					
	(RCC) on 03/08/19 a -Resident #7 went to (Monday, Wednesda -Resident #7 did not to the dialysis center there to administer the resident. -She had not contact	dialysis three days per week y and Friday). take the gabapentin with her because there was no one					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			PLETED	
4. · • • • • • • • • • • • • • • • • • •		HAL034098	B. WING			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
SALEM TI	ERRACE		D SALISBURY ROA N SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From pag	e 23	D 273	ан ний на бил на бил ни на	**************************************		
	ordered.						
	12:48pm revealed: -The MA should have explained why Resid gabapentin. -The facility's process medications one hour or one hour after the -She did not know tha getting medications a going to dialysis. Interview with the nur care physician's (PCF 2:45pm revealed: -The physician did no administered gabape ordered. -The medication should the resident went to co- If there was a proble while at dialysis the fa	r before the scheduled time scheduled time. at Resident #7 was not as ordered because she was rse at Resident #7's primary P) office on 03/08/19 at of know Resident #7 was not ntin four times daily as uld be administered when lialysis. m administering gabapentin acility staff should have n the medication could not					
		et signed by the physician rs for linzess 290mcg every					
	Review of Resident # revealed: th Service Regulation	7's December 2018 eMAR					

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	of Health Service Reg FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
			A. BUILDING:	1		
		HAL034098	B. WING	03	R /08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	·	
SALEM TI		2609 OL	D SALISBURY RO	AD		
		WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
D 273	Continued From pag	e 24	D 273	ACCONTRACTOR OF A Long of the second s		
	-There was an entry for linzess 290mcg every morning thirty minutes before breakfast was					
	scheduled at 7:30am					
		ntation linzess was not				
1 - - - - - - - - - - - - - - - - - - -	administered ten of the thirty-one opportunities from 12/07/18 through 12/31/18.					
	-There was documentation Resident #7 refused					
	linzess.	itation Resident #7 refused				
	-There was no documentation the physician was					
	notified the resident r	efused the medication.				
		Review of Resident #7's January 2019 eMAR revealed:				
	-There was an entry for linzess 290mcg every					
		s before breakfast was				
	-There was documen	tation linzess was not				
	administered twenty-					
		/01/19 through 01/31/19.				
	linzess or was "Physi	tation Resident #7 refused				
	medication."	cally unable to take				
		nentation the physician was				
	notified the resident n	efused linzess.				
	revealed:	7's February 2019 eMAR				
		or linzess 290mcg every				
	morning thirty minutes scheduled at 7:30am.	s before breakfast was				
		tation linzess was not				
	administered twenty-f					
	opportunities schedul					
	through 02/28/19.					
		tation Resident #7 refused				
	linzess or was "Physic medication."	cally unable to take				
		entation the physician was				
	notified the resident re					
1			1 1			

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If continuation sheet 25 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			
			A. BUILDING: B. WING			
		HAL034098				R 03/08/2019
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
SALEM TI	EPRACE	2609 OL	D SALISBURY RO	AD		
SALENI TI		WINSTO	N SALEM, NC 271	27		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC	HE APPROPRIATE	COMPLE DATE
D 273	Continued From pa	ge 25	D 273			
	Review of Resident revealed:	:#7's March 2019 eMAR				
		y for linzess 290mcg every				
	morning thirty minu scheduled at 7:30a	tes before breakfast was m.				
	-There was docume	entation linzess was not				
		six opportunities scheduled				
	between 03/01/19 t	8				
		entation Resident #7 refused sically unable to take				
	medication."	sically unable to take				
		mentation the physician was				
	notified the resident					
		#7's nurse's notes revealed				
		nentation the physician was t refused linzess 83 times from				
	12/07/18 through 03					
		lent #7 on 03/07/19 at 8:34am				
	revealed: -She had a colostor	ny, and sometimes it was				
	difficult for her to us					
		stines contract which cause				
	her bowels to move					
		dwelling catheter, which				
		chronic urinary tract infections				
	(UTI's).	cian ordered a routine				
		h the frequent UTI's.				
		ed her to have loose bowels,				
	so she felt that she	no longer needed linzess.				
		tered the linzess with the				
		ner to have severe diarrhea				
	•	of time cleaning herself up.				
	-She did not want th	e medication to be				
	needed.	anea the medication as				
		three months she had				
		e MAs to get linzess changed	1 1			

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If continuation sheet 26 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
			HAL034098 B. WING		03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
SALEM TI	ERRACE		D SALISBURY ROA N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE , COMPLE THE APPROPRIATE DATE	
D 273	Continued From page	ge 26	D 273	annan an a		
	to administer her lin 7:30am.	(03/07/19), the MAs still tried zess every morning at				
	3:05pm revealed: -Resident #7 continu- -The resident had a changed to an as ne -She was going to c physician, but had fe -It was the facility's p a medication the MA facility's "Physician for refusal of medication -The MA was to notif form to the RCC, and notes. -There was no docu completed regarding linzess. -The resident had references	ontact Resident #7's orgot. policy when a resident refused A on duty was to complete the notification of resident's n or treatment form." fy the physician, then give the d document in the nurse mentation the form had been g Resident #7's refusal of fused the medication for a hysician should have been				
	(RCC) on 03/08/19 a -The facility had a for complete each time medication. -If Resident #7 refus have forms to show -The MAs were to gir and to document the the nurse's notes. -She did not have arr regarding Resident #	orm that the MAs were to a resident refused a ed medications she should the medication was refused. ve the completed form to her e contact with the physician in ny medication refusal forms #7's refusal of linzess. Wednesday she performed a				

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
				R	
	HAL034098	B. WING	03	/08/2019	
ROVIDER OR SUPPLIER					
RRACE					
		ID	PROVIDER'S PLAN OF (	ORRECTION	(X5)
•		PREFIX TAG	CROSS-REFERENCED TO TH	IE APPROPRIATE	COMPLET DATE
Continued From pag	e 27	D 273	na canana na manana na manana na manana manana na m		
-The audit consisted of comparing the eMARs to					
refused linzess.					
cause diarrhea.					
severe the physician					
physician was contac	t regarding Resident #7's				
	ministrator on 03/08/19 at				
-The facility had form	s for the MAs to document				
when a resident refus	ed a medication.				1
	n facility's medication refusal				
	riven to the PCC offer each				
	given to the KCC after each				
	ck to ensure the physician				
	si te onotro trio priyalolari				
	umentation in the nurse's				
	(EACH DEFICIENC REGULATORY OR Continued From pag -The audit consisted the medications on h and instructions were -She observed circle did not inquire why s -The MA's were resp physician when a res -She searched her p medication refusal fo regarding Resident # Interview with the nu office on 03/08/19 at -The physician did no refused linzess. -One side effect of lir cause diarrhea. -It was recommended severe the physician notified. -There was no docum physician was contact refusal to take the me medication caused th Interview with the Adu 12:48pm revealed: -The facility had form when a resident refus -She expected the M/ after the first refusal of document on the form form. -The form should be of shift. -The RCC should che was notified.	IDENTIFICATION NUMBER:         HAL034098         ROVIDER OR SUPPLIER         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 27         -The audit consisted of comparing the eMARs to the medications on hand to ensure the dosage and instructions were correct.         -She observed circled initials on the eMARs, but did not inquire why staff circled initials.         -The MA's were responsible for notifying the physician when a resident refused medications.         -She searched her paperwork and there were no medication refusal form submitted to her regarding Resident #7's refusal of linzess.         Interview with the nurse at Resident #7's PCP office on 03/08/19 at 2:55pm revealed:         -The physician did not know Resident #7 had refused linzess.         -One side effect of linzess is the medication can cause diarrhea.         -It was recommended if the diarrhea became severe the physician should immediately be notified.         -There was no documentation in their record the physician was contact regarding Resident #7's refusal to take the medication or that the medication caused the resident diarrhea.         Interview with the Administrator on 03/08/19 at 12:48pm revealed:         -The facility had forms for the MAs to document when a resident refused a medication.         -She expected the MAs to contact the physician after the first refusal of the medication and document on the form facility's medication refusal form.         -The RCC should	IDENTIFICATION NUMBER:       A. BUILDING:	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         HAL034098       B. WING         ROWDER OR SUPPLIER       STREET ADRESS, CITY, STATE, ZIP CODE         SERACE       2609 OLD SALISBURY ROAD         WINSTON SALEM, NC 27127       SUMMARY STATEMENT OF DEFICIENCIES       ID         REGULMORY OR LGC IDENTIFYING INFORMATION;       ID       PROVIDER'S PLAN OF C         Continued From page 27       D 273       Continued From page 27       D 273         -The audit consisted of comparing the eMARs to the medications were correct.       D       PREFIX       (EACH ORNEG TWEACTION DEFICIENCIES         -The Audit consisted of comparing the eMARs, but did not inquire why staff circled initials.       The Wins were responsible for notifying the physician when a resident refused medications.       She searched her papenvork and there were no medication refusal form submitted to her regarding Resident #7's refusal of linzess.       Interview with the nurse at Resident #7's PCP office on 03/06/19 at 12:55pm revealed:         -The physician should immediately be notified.       -There was no documentation in their record the physician cause diarrhea.         Interview with the Administrator on 03/08/19 at 12:48pm revealed:       -There should be document on the RCC after each shit.         -The form should be given to the RCC after each shit.       -The form should be documentation in the nurse's.	F GORRECTION       IDENTIFICATION NUMBER       A. BUILDINC.       00         INVERSION       INVERSION       00         SOVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SUMMARY STATEMENT OF DEFICIENCIES       2609 OLD SALISBURY ROAD         WINSTON SALEM, NC 27127       EACH DEFICIENCY MUST BE PRECEDED BY FULL       PROVIDERS INFORMATION         REACH DEFICIENCY MUST BE PRECEDED BY FULL       PRETX       CROSS-EFFERENCE TO THE APPROPRIATE DEFICIENCY         Continued From page 27       D 273       D 273         The audit consisted of comparing the eMARs to the medications on hard to ensure the dosage and instructions were correct.       D 273         -The Audit consisted of comparing the eMARs, but did not inquire why staff circled initias.       Some Served circled initias on the eWARs, but did not inquire why staff circled initias.         -The MA's were responsible for notifying the physician when a resident #7's refusal of linzess.       Interview with the nurse at Resident #7's PCP office on 03/08/19 at 25.5pm revealed:         -The physician should immediately be notified.       -The organing Resident #7's refusal of linzes is the medication can cause diarrhea.         -The averormended if the diarrhea became severe the physician should immediately be notified.       -The form hold hold from Sort the MA's to document when a resident regarding Resident #7's refusal to the medication on that the medication refusal form.         -The form should be given to the RCC after each shift.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		2609 OL	D SALISBURY RO	AD			
SALEM T	ERRACE		N SALEM, NC 271				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	1	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	THE APPROPRIATE	COMPLE	
D 273	Continued From pag	ge 28	D 273				
	06/27/18 revealed a	nt #7's current FL2 dated physician's order for to treat low blood pressure) y after meals.					
	physician's order she	#7's record revealed a eet signed by the physician lers for midodrine hcl 5mg er meals.					
	revealed: -There was an entry times daily after mea 9:00am, 1:00pm, and -There was documer was not administered opportunities schedu through 12/31/18 at Wednesday and Frid -There was documer either out of the facili "Physically unable to -There was no docur notified midodrine ho	ntation midodrine hcl 5mg d seventeen of ninety-three iled between 12/01/18 1:00pm on Monday, lay. ntation the resident was ity, refused the medication or					
	revealed: -There was an entry times daily after mea 9:00am, 1:00pm, and -There was documen was not administered opportunities schedul through 01/31/19 at 1 Wednesday, and Frid -There was documen	t 6:00pm. Itation midodrine hcl 5mg I sixteen of ninety-three led between 01/01/19 I:00pm on Monday, lay. tation the resident was ty, refused the medication or					

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		R	
					03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
SALEM TI	ERRACE		D SALISBURY RO			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY 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 273	Continued From page	ge 29	D 273		229429834904344449444444444444944444444444444	
	notified midodrine h	mentation the physician was cl was not administered at Wednesday and Friday.				
rev -Th tim 9:0 -Th was opp thro We -Th eith "Ph -Th noti Rev -Th time 9:00 -Th was opp thro We eith -Th noti Rev thro We -Th tim State -Th tim State -Th tim State -Th tim State -Th state -Th -Th -Th -Th -Th -Th -Th -Th -Th -Th	revealed: -There was an entry times daily after mea 9:00am, 1:00pm, an -There was docume was not administere opportunities schedu	ntation midodrine hcl 5mg d sixteen of eighty-four uled between 02/01/19				
	either out of the facil "Physically unable to -There was no docu	day. ntation the resident was ity, refused the medication or				
	revealed: -There was an entry times daily after mea 9:00am, 1:00pm, and -There was documer was not administered opportunities schedu through 03/03/19 at Wednesday, and Frid -There was documer either out of the facili -There was no documer notified midodrine hor Review of Resident # there was no documer	htation midodrine hcl 5mg d three of sixteen iled between 03/01/19 1:00pm on Monday, day. htation the resident was ity. nentation the physician was d was not administered. 47's nurse's notes revealed entation the physician was did not receive midodrine 51				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		identition for fourbert.	A. BUILDING:		COMPLETE	
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE			
			D SALISBURY ROA			
SALEM TI	ERRACE		N SALEM, NC 271			
(X4) ID		TATEMENT OF DEFICIENCIES	di	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE
D 273	Continued From pag	je 30	D 273		ты положи на наподну влатить, фобродского ческо положи на наподности	
	Interview with Resid revealed:	ent #7 on 03/07/19 at 8:34am				
		Monday, Wednesday and				
	Fridays.					
	-When she went to c	lialysis she left the facility at				
	11:00am and sometimes did not return to the					
	facility until almost 6:00pm. -On Monday, Wednesday and Fridays she was					
		he 1:00pm midodrine. allowed to take medications				
	with her to dialysis, b					
		her that the staff at the				
		hey were not responsible for				
	administering her medications.					
		was frequently checked				
		and Friday at dialysis.				
	-The facility staff only					
	pressure, maybe one -She had episodes o					
		t thought, it was related to				
	other health issues.	it mought, it was related to				
	Interview with a first	shift MA on 03/07/19 at				
	3:05pm revealed:					
	-Resident #7 went to	dialysis Monday,				
		ay from 11:00am to 5:00 or				
	6:00pm.	vas at dialucis abo was ant				
	administered any me	as at dialysis she was not dications scheduled during				
		was out of the facility.				
	-She circled her initia	2				
		dent was out of the facility or				
	physically unable to t					
	-She documented; ph	ysically unable to take the				
		he resident was not present				
	in the facility.					
	-The facility used to s					
	medications to the dia					
	administered, but the staff that was not allo	center informed the facility				
	th Service Regulation	weu.	1			1

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If continuation sheet 31 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
and the second secon		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
C A I [" A # ""		2609 OL	D SALISBURY ROA	AD		
SALEM TI		WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLE DATE
D 273	Continued From pag	ie 31	D 273	anna na ann an Ann a		
	to inform midodrine	ted Resident #7's physician was not administered at Wednesday and Fridays.				
	Interview with the nurse at Resident #7's PCP office on 03/07/19 at 2:21pm revealed: -The physician knew Resident #7 went to dialysis					
	Monday, Wednesday know the resident wa midodrine.	y, and Friday, but did not as not administered				
	-The medication was ordered to be administered after meals, therefore if the resident consumed a meal or any food when she returned to the facility					
		d be administered. d clarification regarding the ay should have contacted the				
	physician.					
	(RCC) on 03/08/19 a					
	week.	dialysis three days per usly took medications with				
	the facility staff they	nter, but the center informed were not going to be histering Resident #7's				
	medications. -Resident #7 had ma	ny physicians, she was not that ordered midodrine had				
	been notified.					
	regarding the medica -More than likely, the	ed Resident #7's PCP tion not being administered. physician was not notified				
	because all physician went to dialysis three	s knew that Resident #7 days per week.				
	12:48pm revealed:	ninistrator on 03/08/19 As to notify the physician				
	when Resident #7 wa	is not administered				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
		HAL034098	B. WNG		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SALEM T	EDDACE	2609 OL	D SALISBURY ROA	AD		
OALEM I	LINAGE	WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO		COMPLE
			IAG	DEFICIEN		BAIL
D 273	Continued From pag	je 32	D 273		- O de la versione de la constanti de la della	
	medications as ordered.					
		ve followed-up with Resident				
		uire what to do regarding				
		during the times when the				
	resident was out of t	he facility at dialysis.				
		ve obtained orders from the				
		g medications ordered when				
		lialysis, and there should be				
		ow the physician was				
	notified.					
	g. Review of Resider	nt #7's current FL2 dated				
	06/27/18 revealed a	physician's order for tylenol				
	500mg every eight h	ours for pain.				
	Review of Resident #	#7's record revealed a				
	physician's order she	eet signed by the physician				
	on 12/04/18 with ord	ers for tylenol 500mg every				
	eight hours.					
	Review of Resident #	¢7's December 2018 eMAR				
	revealed:					
		for tylenol 500mg every eight				
	hours scheduled at 6	:00am, 2:00pm, and				
	10:00pm.	tation tylenol 500mg was not				
		one of the ninety-three				
		led between 12/01/18				
		Monday, Wednesday, and				
	Friday at 2:00pm whi					
		tation the resident was				
	either out of the facili	ty, "Physically unable to take				
	medication," or no do					
	medication was not a					
		nentation the physician was				
	notified tylenol was n	ot administered every eight				
		Monday, Wednesday, and				
	Friday while at dialysi	8.				
	Review of Resident #	Zie January 2010 - MAD				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
			D SALISBURY ROA				
SALEM TE		WINSTO	N SALEM, NC 271	27			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
D 273	Continued From page	e 33	D 273		an a		
	hours scheduled at 6 10:00pm. -There was documen administered sevente opportunities schedul through 01/31/19 on Friday at 2:00pm whi -There was documen either out of the facilii medication," or no do medication was not a -There was no docum notified that tylenol w eight hours as ordere and Friday while at di Review of Resident # revealed: -There was an entry f hours scheduled at 6: 10:00pm. -There was document administered twelve of scheduled between 0. Monday, Wednesday, at dialysis. -There was document either out of the facilit medication," or no doo medication was not ac -There was no docum notified that tylenol was	Atation tylenol 500mg was not been of ninety-three led between 01/01/19 Monday, Wednesday, and le at dialysis. tation the resident was ty, "Physically unable to take cumentation why the dministered. hentation the physician was as not administered every d on Monday, Wednesday, alysis. 7's February 2019 eMAR for tylenol 500mg every eight 00am, 2:00pm, and tation tylenol 500mg was not of eighty-four opportunities 2/01/19 through 02/28/19 on , and Friday at 2:00pm while tation the resident was y, "Physically unable to take cumentation why the dministered. hentation the physician was as not administered every d on Monday, Wednesday,					
1	Review of Resident #7 revealed:	7's March 2019 eMAR					

Division of Health Service Regulation

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
			A. BUILDING:		R	
		HAL034098	B. WING		03	/08/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
SALEM T	ERRACE		D SALISBURY RO			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIN CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLE DATE
D 273	Continued From pag	je 34	D 273			
	hours scheduled at 6:00am, 2:00pm, and 10:00pm.					
		ntation tylenol 500mg was not				
		of eighty-four opportunities				
		03/01/19 through 03/07/19 on y, and Friday at 2:00pm while				
		ntation the resident was				
		lity "Physically unable to take				
	medication," or no de	ocumentation why the				
	medication was not a					
	notified that tylenol w	mentation the physician was vas not administered every				
		ed on Monday, Wednesday,				
	and Friday at 2:00pn	n while at dialysis.				
		#7's nurse's notes revealed				
		entation the physician was did not receive Tylenol 71				
	times from 12/01/18					
	Interview with Reside revealed:	ent #7 on 03/07/19 at 8:34am				
		Monday, Wednesday and				
		00am until almost 6:00pm.				
	Tylenol.	e did not get her 2:00pm				
		e did get tylenol because she				
	was constantly in pai	in.				
		her that the staff at the				
	administering her me	hey were not responsible for dications.				
		shift MA on 03/07/19 at				
	3:05pm revealed:	vas at dialysis she was not				
	administered her 2:00	open tylenol for pain				
		I not administer medications				
	and there was no way	y for Resident #7 to be				
	administered the Tyle	enol when at dialysis.				1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		SURVEY PLETED	
······································		HAL034098	B. WNG			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
CALEMAT		2609 OL	D SALISBURY RO	AD			
SALEM T	ERRACE	WINSTO	N SALEM, NC 271	27			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLI DATE	
D 273	Continued From pag	ge 35	D 273				
	-She had not contacted Resident #7's physician						
	to inform tylenol was daily as ordered.	s not administered three times					
	Interview with the nu office 03/08/19 at 2:4	urse at Resident #7's PCP					
		Resident #7 went to dialysis					
	Monday, Wednesda	y, and Friday, but did not					
	know the resident wa						
	medication as order	ed. ed clarification regarding the					
		ey should have contacted the					
	physician to inquire v	what to do when the resident					
	was at dialysis.	<sup>o</sup> record did not show the					
	PCP was notified the						
		when she was at dialysis.					
		esident Care Coordinator					
		at 8:43am revealed Resident aree days per week and to					
	her knowledge the pl	hysician had not been					
	notified Resident #7 when at dialysis.	was not administered tylenol		/			
	Interview the Adminis revealed:	strator on 03/08/19 12:48pm					
		ve followed-up with Resident					
	#7's physician when	the resident missed					
		of tylenol because she was at					
	dialysis. -The MAs should doo	rument the physician					
	notification in the nur						
	-Staff knew if they did	i not document, they could					
	not prove they notifie	d the physician.					
	2. Review of Residen	t #6's current FL2 dated					
	02/14/19 revealed:	Nie o banoniti Lz ualeu					
	-Diagnoses included	Alzheimer's dementia, end					
	state renal failure hyp	pertension and diabetes					

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OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED R 03/08/2019	
and the second	HAL034098			03		
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
	2609 OL	D SALISBURY RO	AD			
	WINSTO	N SALEM, NC 271	27			
		ID PROVIDER'S PL			(X5)	
		PREFIX TAG	CROSS-REFERENCED TO TI	HE APPROPRIATE	COMPLE DATE	
Continued From page	je 36	D 273				
mollitus						
	for Sevelamor Carbonata					
_						
	n Administration Record					
	for a secolory secolory of					
	d 161 8.00am, 12.00pm,					
	entry for sevelamer					
was not administered	d twenty-two of the one					
hundred and fifty-five	e opportunities scheduled					
	nday, Wednesday, and					
e e	ntation the resident was out					
•	nontation the standad					
······						
Review of Resident #	#6's January 2019 eMAR					
revealed:						
	d for 8:00am, 12:00pm,					
	optry for any place					
					1	
	ROVIDER OR SUPPLIER ERRACE SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page mellitus. -A physician's order (renvela) 800mg two daily with meals (use levels in the blood), sevelamer 800mg the times daily with meal Review of Resident f electronic Medication (eMAR) revealed: -There was an entry 800mg three capsula times daily schedule 5:00pm. -There was a second carbonate 800mg two times daily with snac -There was document was not administered hundred and fifty-five between 12/01/18 th on dialysis days (Mo Friday). -There was document was not administered hundred and fifty-five between 12/01/18 th on dialysis days (Mo Friday). -There was document medication at 12:00p Review of Resident f revealed: -There was an entry 800mg three capsulation times daily scheduled 5:00pm. -There was a second carbonate 800mg two times daily scheduled 5:00pm.	HAL034098         STREET A         COVIDER OR SUPPLIER         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 36         mellitus.         - A physician's order for Sevelamer Carbonate (renvela) 800mg two capsules (1600mg) twice daily with meals (used to control phosphorus levels in the blood), and a physician's order for sevelamer 800mg three capsules (3200mg) three times daily with meals.         Review of Resident #6's December 2018 electronic Medication Administration Record (eMAR) revealed:         - There was an entry for sevelamer carbonate 800mg three capsules (1600mg) two times daily scheduled for 8:00am, 12:00pm, 5:00pm.         - There was a second entry for sevelamer carbonate 800mg two capsules (1600mg) two times daily with snacks.         - There was a second entry for sevelamer carbonate 800mg two capsules (1600mg) two times daily with snacks.         - There was documentation sevelamer carbonate was not administered twenty-two of the one hundred and fifty-five opportunities scheduled between 12/01/18 through 12/31/18 at 12:00pm on dialysis days (Monday, Wednesday, and Friday).         - There was not documentation the resident was out of the facility.         - There was no documentation the physician was notified the resident was not administered the medication at 12:00pm on dialysis days.         Review of Resident #6's January 201	A BULDING:	HAL034098     B. WING       International problems       ROWDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, 2IP CODE       RACE       VINISTON SALEM, NC 27127   PROVIDER OR SUPPLIER       SUMMARY STATEMENT OF DEFICIENCIES       (#CADI DEFICIENCY MUST BE PRECEDEDE BY FULL     ID       (#CADI DEFICIENCY MUST BE PRECEDEDE BY FULL     PREFIX       (#CADI STATEMENT OF DEFICIENCIES     ID       (#CADI STATEMENT OR DEFICIENCIES     ID       (#CADI STATEMENT OR DEFICIENCIES     ID       (#CADI STATEMENT OF DEFICIENCIES     ID       (#CADI STATEMENT OR DEFICIENCES     ID       (#CADI STATEMENT OF DEFICIENCIES     ID	HALD34098     B. WING     DOW       INTRODUCT OF DEFICIENCIES       STREET ADDRESS, CITY, STREE, ZP CODE       SEMMARY STREET OF DEFICIENCIES       INTRODUCT OF DEFICIENCIES       PROVIDERT FUNCTION DEFICIENCIES       INTRODUCT OF DEFICIENCIES       PROVIDERT FUNCTION SPORMATION       PREVIDE TO DEFICIENCIES       INTRODUCT OF DEFICIENCIES       PROVIDERT FUNCTION SPORMATION       PREVIDENT ACTION SPORUD RE       REAL OF FOR SevelamER Carbonate       (renvela) 800m give capsules (1600mg) twice       data physician's order for Sevelamer Carbonate       (renvela) 800m give capsules (1600mg) twice       levels in the blood), and a physician's order for sevelamer Carbonate       Review of Resident #9's December 2018       lectoric Micro Sevelamer carbonate       ADOM three capsules (3200mg) three       times daily with meals.       Review of Resident #9's December 2018       lectoric Micro Sevelamer carbonate       ADOM three capsules (1800mg) two       times daily scheduled for 8:00am, 12:00pm,       Continued and fity-five opportunities scheduled       between 12:01118       Lev	

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
		HAL034098	B. WING		03	03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
SALEM TI	ERRACE		D SALISBURY ROANN SALEM, NC 271				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE	
D 273	Continued From page	e 37	D 273				
	fifty-five opportunities 01/01/19 through 01/ days. -There was documen of the facility or physi medication. -There was no docum notified the resident w medication at 12:00p Review of Resident # revealed: -There was an entry f 800mg three capsule times daily scheduled 5:00pm. -There was a second carbonate 800mg two times daily with snack -There was documen was not administered and fifty-five opportur 02/01/19 through 02/2 days. -There was document of the facility. -There was no document of the facility.	<ul> <li>31/19 at 12:00pm on dialysis</li> <li>atation the resident was out cal unable to take the</li> <li>mentation the physician was vas not administered the m on dialysis days.</li> <li>36's February 2019 eMAR</li> <li>afor sevelamer carbonate s with meals (3200mg) three of for 8:00am, 12:00pm,</li> <li>entry for sevelamer carbonate thirty-two of one hundred between 28/19 at 12:00pm on dialysis</li> <li>tation the resident was out mentation the physician was vas not administered Auryxia n on dialysis days.</li> </ul>					
	revealed: -There was an entry f 800mg three capsules	ଗ's March 2019 eMAR or sevelamer carbonate s with meals (3200mg) three					
	times daily scheduled 5:00pm. -There was a second	for 8:00am, 12:00pm,		,			

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY
		HAL034098	B. WNG		R	
	ROVIDER OR SUPPLIER			- 70 0005	03	/08/2019
	NOVIDER OR SUFFLIER		DDRESS, CITY, STATE			
SALEM TI	ERRACE		N SALEM, NC 271			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE
D 273	Continued From pa	ige 38	D 273			
	-There was documentation sevelamer carbonate					
	was not administer					
		luled between 03/01/19				
		t 12:00pm on dialysis days.				
	of the facility.	entation the resident was out				
		umentation the physician was				
	notified the residen	t was not administered				
		te at 12:00pm on dialysis				
	days.					
	Review of Resident	#6's nurse's notes revealed				
		nentation the physician was				
		nes Resident #6 was not				
	administered sevela	amer from 12/01/18 through				
	Based on observati	on, interview and record				
		nined Resident #6 was not				
	Interview with the n	urse at Resident #6's				
	Nephrologist office of revealed:	on 03/08/19 at 1:10pm				
		w Resident #6 had dialysis,				
		velamer carbonate was not				
	administered as ord	lered. ould be administered anytime				
		ned food and this included				
	snacks.					
		not know the medication was				
	not being administe					
		ould notify the physician to				
		tration of the medication, and e resident was at dialysis.				
	Interview on 03/08/1	9 at 2:40pm with Resident				
	#6's power of attorn					
	-She thought Reside	ent #6 was getting all				
	medications ordered	1.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098		CONSTRUCTION	СОМ	E SURVEY PLETED
				0,	3/08/2019
VAME OF PROVIDER OR SUPPLIE	01110211	ADDRESS, CITY, STATE			
SALEM TERRACE		D SALISBURY RO.			
(X4) ID SUMMA	RY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	OPPECTION	0.5
PREFIX (EACH DEFIC	SENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
D 273 Continued From	page 39	D 273			
facility regarding fluid intake due to -No one at the fa #6 missed medico schedule. -She could have Resident #6's mini- Interview with the (MCUC) on 03/00 -She knew that R did not get medico -When at dialysis but there was no medications order -She was respon when a resident to medications as o -She had not noti regarding the rest scheduled three to Wednesday, and at dialysis. -She did not know resident's physici ordered the medica the resident had of Interview with the 12:48pm revealed -She expected the when a resident to medications as or -The MAs should #6's physician to	cility had informed her Resident ations due to the dialysis notified the physician regarding seed medications. Memory Care Unit Coordinator 3/19 at 2:05pm revealed: esident #6 went to dialysis and ations as ordered. Resident #6 was given a snack, way to give the resident red. sible for notifying the physician vas not administered rdered. fied Resident #6's Nephrologist dent not getting medications imes as ordered on Monday, Fridays when the resident was v that she needed to contact the an because the physician cation and the physician knew dialysis. Administrator on 03/08/19 at t: e MAs to notify the physician vas not administered dered. have followed-up with Resident nquire what to do regarding ed during the when the resident				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
	×.				R		
	ROVIDER OR SUPPLIER	HAL034098	B. WING 03/08/2				
			D SALISBURY RO				
SALEM TI			N SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE	
D 273	Continued From pag	ie 40	D 273	elektronen kan ander en			
	the resident was at o	lialysis.					
	01/3/19 revealed dia hypertension, hyperl neuropathy, coronar diabetes mellitus, ch	nt #2's current FL2 dated gnoses included dementia, ipidemia, osteoarthritis, y artery disease, type II est pain, gastroesphageal ipation, anxiety, and allergic					
	01/3/19 revealed an	nt #2's current FL2 dated order for diclofenac sodium used to treat pain) apply 4 times a day.					
	Medication Administr revealed: -There was an entry	#2's January 2019 electronic ation Record (eMAR) for Voltaren 1% Gel, apply 4					
	day scheduled at 9:0 -There was documen administered for 26 c						
	3:00pm on 01/24/19, 9:00pm on 01/18/19, 01/29/19-01/31/19.	cumented as administered at 01/27/19, 01/29/19, and at 01/21/19-01/27/19, and on atation Voltaren was not					
		reason the resident refused.					
	revealed:	2's February 2019 eMAR					
	grams topically to affed day scheduled at 9:00	for Voltaren 1% Gel, apply 4 ected areas three times a 0am, 3:00pm, and 9:00pm. tation Voltaren was not					
	administered for 55 o	f 84 opportunities. cumented as administered at					

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	of Health Service Regu		~			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
	· · · ·	HAL034098	B. WNG	03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SALEM TI	ERRACE		D SALISBURY ROA N SALEM, NC 271			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C		(75)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 41	D 273			
	3:00pm on 02/01/19-( 02/09/19-02/10/19, 02/ and on 02/20/19-02/2 -Voltaren was not door 9:00pm on 02/01/19-02/ 02/12/19-02/16/19, 02/ 02/22/19-02/24/19, ar -There was document administered for the re- Review of Resident #2 revealed: -There was an entry fig grams topically to affed day scheduled at 9:00 -There was document administered for 10 of -Voltaren was not door 3:00pm on 03/01/19, a -Voltaren was not door 9:00pm on 03/01/19-0 -There was document administered for the re- Review of Resident #2 -Documentation of res Gel on 02/09/19 and 0	sumented as administered at 02/03/19, 02/05/19-02/07/19, 2/12/19-02/16/19, 02/18/19, 7/19. sumented as administered at 02/02/19, 02/05/19-02/10/19, 2/18/19-02/20/19, nd on 02/26/19-02/28/19. tation Voltaren was not eason the resident refused. 2's March 2019 eMAR or Voltaren 1% Gel, apply 4 ected areas three times a 0am, 3:00pm, and 9:00pm. tation Voltaren was not i 15 opportunities. umented as administered at and on 03/04/19. umented as administered at 03/02/19, and on 03/05/19. ation Voltaren was not eason the resident refused. 2's nurse's notes revealed: ident refusal of Voltaren 02/10/19. entation staff notified the				
	Voltaren Gel. -The provider should h	vealed: esident #2 had refused nave been notified after the				
	Voltaren was refused t	nree times.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
-		HAL034098	B. WING	03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CAL (*****		2609 OL	D SALISBURY RO	AD		
SALEM T		WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLE
D 273	Continued From page	ge 42	D 273			
	Interview with Resid 11:55am revealed:	ent #2 on 03/08/19 at				
	-She knew she was	prescribed Voltaren for pain.				
	-She refused the Vo	Itaren frequently and wanted				
	the order changed to	o as needed. the Voltaren to be changed to				
	as needed.	the voltaren to be changed to				
Te ca -T						
		with Resident #2's primary				
		08/19 at 10:50am revealed:				
	<ul> <li>The facility did not r refusal of Voltaren.</li> </ul>	notify her of Resident #2's				
		escribed Voltaren Gel for				
	pain.	combed voltaren Gerior				
	-She expected the st	taff to notify her of the				
	Voltaren refusals,					
		ed her of the Voltaren				
		ave changed the medication ontinued the medication if not				
	needed.	ontinued the medication if not				
	-Resident #2 was las	st seen two weeks ago.				
		sident Care Coordinator				
	(RCC) on 03/08/19 a					
	-She expected staff t ordered.	o administer Voltaren as				
	-The MAs were respo	onsible for provider				
		ident #2 refused Voltaren.				
		e completed a refusal form				
		used Voltaren and placed it vider to review or fax the				
	form to the provider.	vider to review of lax the				
		g behind the MAs to make				
	sure the form was co	mpleted and provider was				
	notified regarding Re	sident #2's Voltaren refusals.				
	Interview with the Memory Ca	mory Care Unit Coordinator				
		at 12:00pm revealed:				
	-She knew Resident	#2 refused Voltaren.				
	-She expected the M	As to notify the provider after	1			1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL034098	B. WNG			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
SALEM T		2609 OL	D SALISBURY RO	AD			
SALCIM T		WINSTO	N SALEM, NC 271	27			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE	
D 273	Continued From pag	e 43	D 273				
	-The MAs were expe medication refusal fo refused Voltaren and review.	Voltaren three times. cted to complete the rm each time Resident #2 send to the provider for s expected to be in Resident					
	2:50pm revealed. -She did not know Re Voltaren Gel. -She would expect th provider after Voltare consecutive times. -The MA or RCC sho refusal form and send	ministrator on 03/08/19 at esident #2 was refusing e MA or RCC to notify the n Gel was refused three uld complete the medication d to the provider for review. t #2's current FL2 dated					
	mcg, one spray into e	reat allergy symptoms) 50 each nostril daily.					
	Medication Administra revealed:						
	50mcg, one spray into scheduled at 9:00am. - Fluticasone Propion	ate was not administered on					
		nd documented as refused.					
	revealed:	2's February 2019 eMAR or Fluticasone Propionate o each nostril daily					
	-There was document Propionate was not ac opportunities.	ation Fluticasone dministered for 9 of 28					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED
		HAL034098	B. WING	03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM T	EKRACE		N SALEM, NC 271			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL CY MUST BE PRECEDED BY FULL CONTRACTOR OF THE PRECEDED BY FULL CONTRACTOR OF THE PRECEDED BY FULL CY MUST BE PRECEDED BY FULL CY MUST BY FULL CY MUST BE PRECEDED BY FULL CY MUST BY FULL CY	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE
D 273	Continued From pag	ge 44	D 273			
	on 02/09/19-02/10/1 02/14/19-02/15/19, 0 02/26/19. -There was documen	Dam on 02/07/19 at 9:00am 9, 02/12/19, 02/18/19, 02/23/19, and on ntation Fluticasone administered for the reason				
	-There was documer Fluticasone Propiona 02/10/19. -There was no docur	There was no documentation staff notified the hysician of the 10 times Fluticasone Propionate				
	was refused. Interview with a Medication Aide (MA) on 03/07/19 at 9:45am revealed: -She did not know if Resident #2 had refu Fluticasone Propionate. -The provider should have been notified a Fluticasone Propionate was refused three -She thought she had notified the physicia regarding refusals but did not document t notification.	revealed: Resident #2 had refused ate. have been notified after the ate was refused three times. d notified the physician				
	11:55am revealed: -She knew she was p Propionate. -She refused the Flut frequently because sl prescribed. -She did not report ar Telephone interview v care provider on 03/0	he did not know why it was ny allergy symptoms. with Resident #2's primary 18/19 at 10:50am revealed:				
	-The facility did not no refusal of Fluticasone	otify her of Resident #2's				

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STATEMEN	of Health Service Regu T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
			D SALISBURY RO				
ALEMT	ERRACE		N SALEM, NC 271				
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES ID		PROVIDER'S PLAN OF (	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLET	
D 273	Continued From page	e 45	D 273				
	-Resident #2 was pre	escribed Eluticasope					
	Propionate for allergi						
	-She expected the sta						
	Fluticasone Propiona	te refusals					
		ed her of the Fluticasone					
		he would have changed the					
		ded or discontinued the					
	medication if not need						
	-Resident #2 was las	t seen two weeks ago.					
		sident Care Coordinator					
	(RCC) on 03/08/19 at						
		administer Fluticasone					
	Propionate as ordered						
	-The MAs were respo	nsible for provider					
		dent #2 refused Fluticasone					
	Propionate.						
	-The staff should have	e completed a refusal form					
	after Resident #2 refu	sed Fluticasone Propionate					
		for the provider to review					
	or fax the form to the						
		behind the MA to make					
	sure the form was cor	npleted and provider was					
	notified regarding Res	ident #2's Fluticasone					
	Propionate refusals.						
	Interview with the Mer	nory Care Unit Coordinator					
	(MCUC) on 03/08/19 a						
	-She did not know Rea						
	Fluticasone Propionat	e.					
	-She expected the MA	s to notify the provider after					
	Resident #2 refused F	luticasone Propionate three					
1	times.						
	-The MAs were expec						
		n each time Resident #2					
		opionate and send to the					
	provider for review.						
		expected to be in Resident					
	#2's record.	,					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WNG		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
SALEM T	EPRACE	2609 OL	D SALISBURY RO	AD			
		WINSTO	N SALEM, NC 271	27			
(X4) ID			ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO		COMPL DATE	
				DEFICIEN			
D 273	Continued From pag	ge 46	D 273				
	Interview with the Ad	dministrator on 03/08/19 at					
	2:50pm revealed.						
		esident #2 was refusing					
	Fluticasone Propion						
		d the MA or RCC to notify the					
	three times.	sone Propionate was refused					
		ould complete the medication					
	refusal form and ser	id to the provider for review.					
	4. Review of the cur	rent FL2 dated 6/26/18					
1	revealed diagnoses	included diabetes mellitus,					
		iratory failure, chronic					
	obstructive pulmona	ry disease, anxiety and					
	depression, dementi	a, nypertension, macular degeneration.					
	nypenipidenna, and	nacual degeneration.					
	a. Review of Resider 08/08/18 revealed:	nt #4's Foot Care Plan dated					
	-Diagnoses included	diabetes mellitus II,					
	onychomycosis, and						
		nentation Resident #4's toe					
	nails were trimmed o						
	than every sixty one	led nail debridement greater days to minimize					
	pain/pressure/infection						
	Review of Resident #	4's primary care physician					
	(PCP) after visit sum revealed:	mary dated 02/20/19					
		ons for an ambulatory					
	referral to podiatry fo	r diabetic foot, long toenail,					
	and valgus deformity						
		tation the PCP's office					
	would arrange for a fe	out auctor consult.					
	Review of nurse's no	tes for Resident #4 revealed					
	there was no docume	entation of Resident #4's					
	need for podiatry service						
	received podiatry ser	vices.				1	

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If continuation sheet 47 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:			R	
		HAL034098	B. WING		03	/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE			
SALEM T	ERRACE	2609 OL	D SALISBURY RO	AD			
		WINSTO	N SALEM, NC 271	27			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF		(X5)	
TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLI DATE	
D 273	Continued From pag	je 47	D 273				
	Interview with Resident #4 on 03/07/19 at						
	10:55am revealed:	ent #4 on 03/07/19 at					
	-She did not see the podiatrist when he was last						
	in the facility.						
		shoes because her toenails					
	push against the front of her shoes causing pain. -It had probably been three months since she had						
	her toenails trimmed	-					
	-No one checked he	r toenalis regularly.					
		dent #4 on 03/07/19 at					
	10:59am revealed:						
		earing socks but no shoes. ils on her left and right big					
		ximately half an inch from					
	her toes.	Ametoly half an mon nom					
	-The toenails on the	remaining four toes of the					
	left and right feet we toes.	re curved over the top of the					
		sident Care Coordinator					
	(RCC) on 03/08/19 a						
	facility.	en by a PCP outside of the					
		des (PCA) were supposed to					
		and feet when they assisted					
	with baths.	esident #4's toenails needed					
	to be trimmed.	South In Stornalis Needed					
	-"She doesn't compla	in about them."					
	-Residents who had a	an outside PCP were seen					
	by the facility contrac	ted podiatrist if the facility					
	could get approval fro						
		er seeing a referral for a					
		not know of any scheduled					
	podiatry appointment	s for Resident #4. manager was responsible					
	for making medical a	opointments outside of the					
	facility.						

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If continuation sheet 48 of 109

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMF	PLETED	
		HAL034098	B. WNG	B. WING		R 03/08/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE			
			D SALISBURY RO				
SALEM TE	RRACE		N SALEM, NC 271				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE	
D 273	Continued From page	e 48	D 273		anna ann an Ann		
		interview with Resident #4's 0:20am was unsuccessful.					
	Interview with a medi 03/08/19 at 11:51 am	revealed:					
	feet including need fo						
	-If a resident needed						
		ve been documented in the					
	shift report and hande						
		nsible for making sure liatrist when needed by					
	placing their names o						
		4 needed her toenails					
	trimmed.						
	-She documented Re	sident #4 needed to have					
	her toenails trimmed i did not know when.	n the shift report book, but					
	-She did not know if R	Resident #4 was scheduled					
		immed by a podiatrist.					
	Interview with a PCA or revealed:	on 03/08/19 at 2:11pm					
		es included assisting with					
	• • • ·	care, bathing, and checking					
	-If a resident's toenails PCAs would report it t	s needed to be trimmed, the o a MA.					
		4's toenails needed to be					
	not remember when.	rted it to a MA, but she did					
		podiatrist saw residents at					
	the facility about a mo						
		t #4 was on this list to see					
		did not know if Resident #4					
		ils trimmed by the podiatrist					
1	at that time. There should be docu	mentation in the nurse's					
	notes of whether Resid					1	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY	
		HAL034098	B. WING			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	<u>, , , , , , , , , , , , , , , , , , , </u>		
		2609 OL	D SALISBURY RO	AD			
SALEM TI	ERRACE		N SALEM, NC 271				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLI DATE	
D 273	Continued From pag	ge 49	D 273				
	or not.						
	Attempted telephone 03/08/19 at 2:32pm	e interview with the PCP on was unsuccessful.					
	Interview with the Ac 2:48pm revealed:	dministrator on 03/08/19 at					
		uding toenails should be hen they assisted residents					
	-There was a contra- the facility for foot ca residents.	cted podiatrist who came to are and was able to see all					
	-The podiatrist was I	ast in the facility in January ot sure if the podiatrist saw					
	-The podiatrist was s again at the end of N						
	for ensuring resident						
	came back to the fac	be seen when the podiatrist sility in March 2019.					
	Interview with the me 03/08/19 at 5:13pm r	edical records specialist on evealed:					
		en by the facility contracted viders, but switched to an					
		odiatry services through the diatrist in August 2018 de in her PCP					
	-She had not seen th podiatrist since Augu	e facility contracted					
	-She made a referral podiatry service on 0	to an outside provider for 3/05/19, but there was no					
	-She was waiting on provider for podiatry	a call back from the outside					
	-She did not know if a						

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If continuation sheet 50 of 109

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
			B. WING		R	
	ROVIDER OR SUPPLIER	HAL034098			03	/08/2019
	NOWDER OR SUPPLIER		DDRESS, CITY, STATE			
SALEM TI	ERRACE		N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE <sup>-</sup> DATE
D 273	Continued From page	ge 50	D 273			
	August 2018 and 0	3/05/19.				
	06/26/18 revealed th	nt #4's current FL2 dated here was an order for motrin (a medication used to treat ry six hours.				
r  -   1   H	revealed: -There was a physic 12/05/18 with an orc hours not to exceed	#4's physician's orders ian's order sheet dated ler for Ibuprofen every six 3200 mg per day and an				
	needed for pain. -There was an order 12/13/18 which requ	000 mg three times daily as clarification sheet dated ested clarification on the 000 mg three times a day and				
	Resident's Refusal c sheet which indicate	vsician Notification of of Medications or Treatments" d Resident #4 refused to take				
		n 02/25/19 and 02/26/19 leep and did not want to be				
	December 2018 thro -There was documer 12/25/18, 12/31/18, <sup>-1</sup> 01/19/19, and 02/26/	1/9/19, 1/10/19, 01/14/19, 19 which indicated Resident				
	6:00am scheduled Ib sleep and did not wa -There was no docur	ke her 12:00am and/or puprofen because she was nt to be awakened. nentation Resident #4's an (PCP) was notified				
	Ibuprofen was refuse					
		#4's electronic Medication d (eMAR) for December				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY	
		HAL034098	B. WING			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		2609 OL	D SALISBURY ROA	٨D			
SALEM TE	RRACE	WINSTO	N SALEM, NC 271	27			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
D 273	Continued From page	je 51	D 273	annan an an an ann an an an an an an an			
	-There was not an entry for Ibuprofen 600 mg						
		ee times daily with meals.					
		for Ibuprofen 600 mg tablet,					
		ix hours, not to exceed 3200					
	mg per day at 12:00 6:00pm.	am, 6:00am, 12:00pm, and					
	-There was docume	ntation Ibuprofen 600 mg was					
		enty five of one hundred and					
		nities on the following dates:					
		12/10/18 at 6:00pm;					
		; 12/12/18 at 12:00am and					
		12:00am; 12/14/18 at					
		at 12:00am; 12/15/18 and					
		n; 12/18/18 at 6:00am;					
		; 12/24/18 at 12:00am and 12:00am and 6:00am;					
		and 6:00am; 12/28/18 at at					
		nd 12:00pm; 12/29/18 at at					
		n; and 12/30/18 at 12:00pm.					
		ntation Ibuprofen was not					
	administered due to						
	"physically unable to	take."					
	Review of Resident a revealed:	#4's eMAR for January 2019					
		ntry for Ibuprofen 600 mg					
		e times daily with meals.					
		for Ibuprofen 600 mg tablet,		r			
		x hours, not to exceed 3200					
		am, 6:00am, 12:00pm, and					
	6:00pm.						
		ntation Ibuprofen 600 mg was					
		ty two of one hundred and					
		ities on the following dates:					
		01/02/19 at 12:00am and					
		12:00am and 6:00am; and 6:00am; 01/06/19 at					
		t 12:00am and 6:00am;					
		and 6:00am; 01/10/19 at					
1	12:00am and 6:00am	0.000am, 01/10/10 at	1 I			ł	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
				n 1999 et de la comme de la constante de la cons		R	
		HAL034098	B. WNG		03	/08/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA				
SALEM TI	ERRACE		D SALISBURY R N SALEM, NC 2				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	E CORRECTION	(76)	
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC , CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 273	Continued From pag	je 52	D 273				
	12:00am; 01/16/19 at 6:00am; 01/18/19 at 01/20/19 at 12:00am 01/23/19 at 12:00am 6:00am; 01/25/19 at 12:00am and 6:00an 01/31/19 at 6:00am . There was docume administered due to Review of Resident a revealed: -There was not an entry take 1 tablet every sin mg per day at 12:00a 6:00pm. -There was documen not administered ten opportunities on the 12:00am; 02/15/19 a 02/16/19 at 6:00pm; 02/20/19 at 12:00am 12:00pm; 02/26/19 a 6:00am. -There was documen administered due to ' facility''. Review of Resident # revealed: -There was not an entry tablet, one tablet thre -There was an entry facility''.	#4's eMAR for February 2019 http://for.lbuprofen.600 mg betimes daily with meals. for.lbuprofen.600 mg tablet, ix hours, not to exceed 3200 am, 6:00am, 12:00pm, and htation.lbuprofen.600 mg was of one hundred and twelve following dates: 02/13/19 at t 12:00am and 6:00am; 02/18/19 at 12:00am; and 6:00pm; 02/24/19 at t 6:00am; and 02/27/19 at htation.lbuprofen was not "resident refused," "out of #4's eMAR for March 2019 http:/for.lbuprofen.600 mg betimes daily with meals. for.lbuprofen.600 mg tablet, x hours, not to exceed 3200					
	6:00pm.	im, 6:00am, 12:00pm, and tation Ibuprofen 600 mg was					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
		2609 OL	D SALISBURY ROA	AD			
SALEM T	ERRACE		N SALEM, NC 271				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	HE APPROPRIATE	DATE	
D 273	Continued From page	je 53	D 273				
	on the following date	e of twenty two opportunities e: 03/03/19 at 12:00am. ntation Ibuprofen was not "resident refused."					
	10:55am revealed:	ent #4 on 03/07/18 at n at 8:00am, 12:00pm,					
	-She did not what tin Ibuprofen, but she ki administered at 12:0	ne she was administered new Ibuprofen was not					
	would know if she w 6:00am to take medi	as awakened at 12:00am or cation.					
	(RCC) on 03/08/19 a -She was responsibl						
		onsible for completing eMAR ondays, Wednesdays, and					
	not audit for refusals Refusal Forms for ea	d an eMAR audit, she did because she reviewed ach resident. medication, the MA was					
	responsible for comp the resident's physici -Signed Refusal Forr	leting a Refusal Form to for an to review and sign. ns should have been put in					
	nurse's notes. -If a medication was	and documented in the refused three times or more,					
	the medication order discontinued.	have been contacted to get ed as needed or esident #4 consistently					
	refused Ibuprofen as	documented on the eMAR / Resident #4's PCP was not					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED	
		HAL034098	B. WING			R	
NAME OF P	ROVIDER OR SUPPLIER		EET ADDRESS, CITY, STATE, ZIP CODE				
			D SALISBURY ROA				
SALEM TE	ERRACE	WINSTO	N SALEM, NC 271	27			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 273	Continued From pag	e 54	D 273		Ch Novên kaya ziya weka nazara da biya bela ya kaya ya da baran kaya ya kaya ya kaya kaya kaya kaya k		
	notified.						
	Interview with a MA	on 03/08/19 at 11:51am					
	revealed:						
		medication, it would be					
		MAR as not administered					
		e put into the eMAR system ation was not administered.					
		o be documented in the					
	nurse's notes in the r						
		uld also be sent to the					
	resident's physician.						
	-If a resident kept ref	using medication, MAs					
		nysician after three days of					
	refusals.						
		physician should be					
	record.	urse's notes in the resident's					
		per documenting any refusals					
	for Ibuprofen for Res						
		interview with the PCP on					
	03/08/19 at 2:32pm v	vas unsuccessful.					
	Interview with the Ad 2:48pm revealed:	ministrator on 03/08/19 at					
	•	narmacy were responsible for					
		uld include looking for holes					
	in the eMAR as well a	as refusals.					
		was not administered, the					
		nt on the eMAR and in the					
	•	e medication was not					
	administered.	o complete a refusal form for					
	the physician each tir	-					
	refused.						
		and the RCC to document					
		ent's physician after 3					
	consecutive refusals.					1	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SU COMPLE		
		HAL034098		B. WING		R 03/08/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE, ZIP CODE			
SALEMT	ERRACE	2609 OL	D SALISBURY	ROAD			
		WINSTO	N SALEM, NC	27127			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLE	
D 273	Continued From pag	e 55	D 273				
	sampled residents rephysician when a res greater than 400 (Renerve, and constipati administered when a facility at dialysis (Remedications that aide (Residents #6 and #7 medications (Resider facility's failure to not missed medications w and welfare of the res Type B Violation.	d with dialysis treatments ), and refusal of its #7, #2, #3 and #4). The fy the physician regarding vas detrimental to the health idents and constitutes a Plan of Correction on ce with G. S. 131D-24.					
D 344	the resident's physicia for verification or clarif medications and treat (1) if orders for admiss resident are not dated of admission or readm (2) if orders are not cla (3) if multiple admission admission or readmiss forms are not the sam	Medication Orders be shall ensure contact with n or prescribing practitioner ication of orders for ments: sion or readmission of the and signed within 24 hours ission to the facility; ear or complete; or n forms are received upon ion and orders on the e. e that this verification or	D 344	EDUCATION WAS COMPLETED WITH THE MANAGEMENT AND FACILITY STAFF TO ENSURE THEY UNDERSTAND THE EXPECTATIONS OF THE FOLLOWING:		1]2 19	

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL034098	B. WING		R 03/08/2019	
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	2609 OL	D SALISBURY	ROAD		
ALEM TERRACE	WINSTO	N SALEM, NC	27127		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPI	
reviews, the facility fa the prescribing physic for 2 of 7 sampled res related to orders to ac gabapentin, midodrine and sevelamer carbon were out of the facility The findings are: Review of Resident # 06/27/18 revealed: -Diagnoses included e type two diabetes, nei colostomy, bilateral ar paralysis. a. Review of Resident 06/27/18 revealed a p four units subcutaneo lunch meal. Review of Resident #T subsequent physician physician on 12/04/18	as evidenced by: is, interviews and record iled to assure contact with bian for clarification of orders sidents (Resident #6 and #7) dminister Novolog, Auryxia, e, tylenol, refresh tears (#7) hate (#6) when residents at dialysis. 7's current FL2 dated end stage renal disease, urogenic bladder, mputation, and left arm :#7's current FL2 dated hysician's order for Novolog usly once daily with the	D 344	BLOOD SUGARS – ALL PHYSICIANS MOTIFIED IF ANY BLOOD SUGAR IS F         THAN 400 OR LOWER THAN 60. ALL         WILL BE DOCUMENTED ALONG WIT         PERSONS NAME THAT THE INFORM.         COMMUNICATED WITH.         DIALYSIS MEDICATIONS – RECOMM         FOR CHANGES OF MEDICATIONS ON         DAYS WILL BE COMMUNICATED TO         TO SEE IF THE TIME OF THE MEDICA         CHANGED OR HELD ON THESE DAYS         IN MEDICATIONS PER THE PROVIDED         UPDATED IN THE (MAR) AND         IN THE CHART.         MISSED OR REFUSED MEDICATIONS         AUDIT OF MED DOCUMENTATION A         COMPLETED ON 3/8/2019. AUDITS         AT LEAST 3 TIMES A WEEK FOR MED         DOCUMENTATION RELATED TO REFI         GIVEN,AND MED ERRORS. THIS IS TO         BY THE RCC/SCC, AND COMMUNICA         PROVIDERS WHEN NECESSARY.         ADMINISTRATOR WILL FOLLOW UP         RCC/SCC WEEKLY TO MAKE SURE AL         AUDITS ARE COMPLETE.	IIGHER CONTACT H THE ATION WAS MENDATIONS I DIALYSIS THE PROVIDERS TION CAN BE ANY CHANGE WILL BE G – A FULL CHART ND REFUSALS WAS WILL BE DONE ICATION USALS, MEDS NOT D BE COMPLETED TED WITH THE	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
			A BOILDING.	49-07-07-07-07-07-07-07-07-07-07-07-07-07-		R
		HAL034098	B. WNG		03	/08/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
SALEM TI	ERRACE		D SALISBURY RO			
			N SALEM, NC 271	27		
(X4) ID PREFIX	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	TION SHOULD BE	(X5) COMPLI
TAG	REGULATORT OF	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO		DATE
D 344	Continued From pag	je 57	D 344		анын аналы саларын байлан алар алар алар алар алар алар алар а	
	(eMAR) revealed:					
		entry for Novolog four units				
	at lunch time schedu					
		ntation Novolog was not				
		times on the following dates				
		peing at dialysis: 12/02/18,				
		12/07/18, 12/12/18, 12/14/18,				
		12/19/18, 12/20/18, 12/21/18,				
	12/23/18, 12/26/18,	12/28/18, 12/29/18, and				
	12/31/18.					
	-There was no docur	mentation the physician had				
		fy how to administer the				
	medication because	the resident was out of the				
	facility at dialysis.					
		#7's January 2019 eMAR				
	revealed:					
		entry for Novolog four units				
	at lunch time schedu					
		ntation Novolog was not				
		n times on the following the resident being at				
		1/03/19, 01/04/19, 01/07/19,				
		01/11/19, 01/14/19, 01/16/19,				
		)1/23/19, 01/25/19, 01/28/19,				
	and 01/30/19.					
		nentation the physician had				
		y how to administer the				
		the resident was out of the				
	facility at dialysis.					
	Review of Resident #	7's February 2019 eMAR				
	revealed:					
		entry for Novolog four units				
	at lunch time schedu					
		tation Novolog was not				
		times on the following dates				
		eing at dialysis: 02/01/19,				
		2/06/19, 02/08/19, 02/11/19,				
	02/13/19.02/15/19.0	2/18/19, 02/20/19, 02/22/19,	1			1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM T	ERRACE	WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE
D 344	Continued From pag	je 58	D 344		and a second	
	02/25/19, and 02/27	/19.				
		mentation the physician had				
		fy how to administer the				
	medication because	the resident was out of the				
	facility at dialysis.					
	Review of Resident #7's March 2019 eMAR revealed:					
		ontry for Nevelor four with				
	at lunch time schedu	entry for Novolog four units				
		ntation Novolog was not				
		mes on the following dates				
		eing at dialysis: 03/01/19,				
	03/04/19, and 03/06/					
	-There was no docur	mentation the physician had				
		fy how to administer the				
		the resident was out of the				
	facility at dialysis.					
		ent #7 on 03/07/19 at 8:34am				
	revealed:					
		iabetic and was ordered				
	Novolog sliding scale	times daily along with				
		Monday, Wednesday and				
	Fridays.	monday, weanesuay dhu				
		ialysis she left the facility at				
	11:00am and sometim	nes did not return to the				
	facility until almost 6:	00pm.				
		sday and Fridays she was		×		
	never administered t	ne 12:00pm Novolog.				
1		shift MA on 03/07/19 at				
	3:05pm revealed:					
	-Resident #7 went to					
		ay from 11:00am to 5:00 or				
	6:00pm.	as at dialysis she was not				
	administered medicat	tions scheduled during the				
	time the resident was					1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		PLETED	
		HAL034098	B. WNG			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
SALEM TI	ERRACE		D SALISBURY ROANN SALEM, NC 271				
(VA) ID	SLIMMADY						
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
D 344	Continued From pag	ge 59	D 344		2999400000.000-000-000-000-000-000-000-000-0		
	#7 was at dialysis sh eMAR, and docume the facility or "Physic medication." -Resident #7 left for not given a meal, the	ed during the time Resident ne circled her initials on the nted the resident was out of cally unable to take the dialysis at 11:00am, but was erefore she did not consider og before the resident went to					
	03/07/19 at 11:14am -The physician knew and thought the Nov the resident was at c -It did not matter what to the facility, if the re Novolog should still the -The facility staff sho	Resident #7 went to dialysis olog was administered while lialysis. at time Resident #7 returned esident was offered a meal, be administered. uld have contacted the hat to do if they were unable					
	(RCC) on 03/08/19 a -Resident #7 went to week, between 11:00 -If Novolog was sche at dialysis the medica -The MA should call t	dialysis three days per Dam and 5:00 to 6:00pm. Iduled when the resident was ation was not administered. The physician and ask for g medications missed when					
	06/27/18 revealed a p 210mg (two tablets =	at #7's current FL2 dated ohysician's order for Auryxia 420mg) (used to lower high els) three times daily with					
		7's record revealed a 's order sheet signed by the					

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	of Health Service Regu				·······	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY
		HAL034098	B. WING			R / <b>08/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM TE	ERRACE	WINSTO	N SALEM, NC 271	27		
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLET DATE
D 344	Continued From page	9 60	D 344	n na	n ventre fan it fan de service oar gewoerne oar	
		3 with orders for Auryxia 420mg) three times daily				
	(eMAR) revealed:	Record Administration				
	-There was an order e tablets= 420mg) three scheduled for 8:00am	entry for Auryxia 210mg (two times daily with meals				
	-There was documentation Auryxia was not administered fifteen times on the following dates					
	12:00pm, 12/03/18 at 12/05/18 at 12:00pm, 12/14/18 at 12:00pm, 12/21/18 at 12:00pm,	12/19/18 at 12:00pm, 12/23/18 at 12:00pm,				
	12/25/18 at 5:00pm, 1 12/31/18 at 12:00pm.	2/26/18 at 12:00pm, entation the physician had				
	been notified to clarify	how to administer the ne resident was out of the				
	Review of Resident #7 revealed:	's January 2019 eMAR				
		ident was out of the facility,				
		cally unable to take to tablets= 420mg) three scheduled for 8:00am,				
	-There was documenta administered sixty-thre	e times on the following				
	dates due to the reside 01/02/19 at 12:00pm, ( 01/04/19 at 12:00pm, (	01/03/19 at 12:00pm,				
	01/09/19 at 12:00pm 0 01/11/19 at 12:00pm, 0	1/10/19 at 12:00pm, 01/14/19 at 12:00pm,				
	01/15/19 at 5:00pm, 0 <sup>.</sup>	1/16/19 at 12:00pm and	1			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
SALEM T		2609 OL	D SALISBURY RO	AD			
	LINIAOL	WINSTO	N SALEM, NC 271	27			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE	
D 344	Continued From pag	ge 61	D 344				
	12:00pm and 5:00pr 01/26/19,and no me 01/27/19 through 01 -There was no docu been notified to clari	5:00pm, 01/18/19 at n, 01/19/19 through 12:00pm dications were administered /31/19. mentation the physician had fy how to administer the the resident was out of the					
	Review of Resident #7's February 2019 eMAR revealed: -There was an order entry for Auryxia 210mg (two tablets= 420mg) three times daily with meals scheduled for 8:00am, 12:00pm, 5:00pm. -There was documentation Auryxia was not administered twenty-two times on the following dates due to the resident being at dialysis: 02/01/19 through 02/04/19, 02/06/19 at 12:00pm, 02/08/19 at 12:00pm, 02/11/19 at 12:00pm, 02/13/19 at 12:00pm, 02/15/19 at 12:00pm, 02/18/19 at 12:00pm, 02/25/19 at 12:00pm, 02/22/19 at 12:00pm, 02/25/19 at 12:00pm, 02/27/19 at 12:00pm. -There was no documentation the physician had been notified to clarify how to administer the medication because the resident was out of the facility at dialysis Review of Resident #7's March 2019 eMAR						
	tablets= 420mg) thre scheduled for 8:00an -There was documen administered four tim due to the resident be 12:00pm and 5:00pm 03/06/19 at 12:00pm.	itation Auryxia was not es on the following dates eing at dialysis: 03/01/19 at 0, 03/04/19 at 12:00pm, and nentation the physician had					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE			
			D SALISBURY ROA			
SALEM T	ERRACE		N SALEM, NC 271			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLI
D 344	Continued From pag	ie 62	D 344		NY XARAN IN THE THE CONTRACT OF THE CONTRACT	
	medication because facility at dialysis.	medication because the resident was out of the facility at dialysis.				
	revealed: -She went to dialysis 11:00am until almost -She was not admini -If she arrived at the 5:00pm dosage of Au -She knew Auryxia w	ent #7 on 03/07/19 at 8:34am three days per week from 6:00pm. stered Auryxia at 12:00pm. facility after 6:00pm the uryxia was not administered. vas an iron medication and ication because she had				
	3:05pm revealed: -Auryxia was not adn Monday, Wednesday when the resident wa	shift MA on 03/07/19 at ninistered to Resident #7 on and Friday at 12:00pm as at dialysis. e administered one hour				
	before the scheduled scheduled time. -Resident #7 left the dialysis.	time or one hour after the facility at 11:00am for				
	11:00am before Resid -She had not contact to clarify administration	ered administering Auryxia at dent #7 left for dialysis. ed Resident #7's physician on of the medication on y, Wednesday, and Friday).				
	9:50am revealed: -Several months ago they would not be res Resident #7's Auryxia					
	12:00pm and 5:00pm -Resident #7 was not					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	,	HAL034098	B. WING		0:	R 3/08/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SALEM T	FRRACE	2609 OL	D SALISBURY RO	٩D		
		WINSTO	N SALEM, NC 271	27		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLI DATE
	facility. -She had not contacter regarding the medicate due to the resident be Interview with the nurse Nephrologist's office of revealed: -Auryxia was ordered meal or a snack. -Auryxia was not to be anytime Resident #7 r regardless of the time administered. -The facility staff shou physician to clarify how medication when the F c. The current FL2 date physician's order for ge capsules (200mg) (use pain) four times daily. Review of Resident #7	ggested to administer efore Resident #7 left the ed Resident #7's physician ion not being administered ing at dialysis. Se at Resident #7's on 03/07/19 at 2:22pm three times daily with a e a scheduled medication, eccived a meal or snack the medication should be ld have contacted the w to administer the Resident was at dialysis. ed 06/27/18 revealed a abapentin 100mg two ed to treat diabetic nerve	D 344			
	physician on 12/04/18 100mg two capsules (2	with orders for gabapentin 200mg) four times daily.				
	Review of Resident #7's December 2018 eMAR revealed: -There was an order entry for gabapentin 100mg two capsules (200mg) four times daily was scheduled at 8:00am, 12:00pm, 4:00pm and 8:00pm.	ntry for gabapentin 100mg four times daily was				
	-There was documenta administered thirteen ti due to the resident beir	tion gabapentin was not mes on the following dates ng at dialysis: 12:00pm on 05/18, 12/07/18, 12/12/18,				

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Division (	of Health Service Reg	ulation			101	RM APPROV
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM TI		WINSTO	N SALEM, NC 271	27		
(X4) ID		FATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF		ORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLE <sup>-</sup> DATE
D 344	Continued From page 64		D 344			
	12/26/18, 12/28/18 1 4:00pm on 12/11/18. -There was no docur been notified to clarif	2/19/19, 12/21/18, 12/23/18, 2/31/18, and one time at nentation the physician had y how to administer the the resident was out of the				
	<ul> <li>Review of Resident #7's January 2019 eMAR revealed:</li> <li>There was an order entry for gabapentin 100mg two capsules (200mg) four times daily was scheduled at 8:00am, 12:00pm, 4:00pm and 8:00pm.</li> <li>There was documentation gabapentin was not administered fourteen times on the following dates due to the resident being at dialysis: 12:00pm on 01/02/19, 01/03/19, 01/07/19, 01/09/19, 01/11/19, 01/14/19, 01/16/19, 01/18/19, 01/21/19, 01/23/19, 01/25/19, 01/28/19, and 01/30/19.</li> <li>There was no documentation the physician had been notified to clarify how to administer the medication because the resident was out of the facility at dialysis.</li> </ul>					
	revealed: -There was an order of two capsules (200mg scheduled at 8:00am, 8:00pm. -There was document administered twelve ti due to the resident be 02/01/19, 02/04/19, 02 02/13/19, 02/15/19, 02 02/25/19, 02/27/19; ar and 02/04/19 at 8:00a	12:00pm, 4:00pm and ration gabapentin was not mes on the following dates ing at dialysis: 12:00pm on 2/06/19, 02/08/19, 02/11/19, 2/18/19, 02/20/19, 02/22/19, nd on 02/01/19 at 4:00pm,				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM T	ERRACE		N SALEM, NC 271			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLE DATE
D 344	Continued From pag	ge 65	D 344			
	been notified to clar medication because facility at dialysis.	ify how to administer the the resident was out of the				
	Review of Resident #7's March 2019 eMAR revealed: -There was an order entry for gabapentin 100mg					
	two capsules (200m scheduled at 8:00an 8:00pm.	g) four times daily was n, 12:00pm, 4:00pm and				
	administered three t due to the resident b	ntation gabapentin was not imes on the following dates peing at dialysis: 12:00pm on		•		
	03/01/19 at 4:00pm.	and 03/06/19 and on mentation the physician had				
		fy how to administer the the resident was out of the				
	revealed:	ent #7 on 03/07/19 at 8:34am				
	pain. -The gabapentin was	and constantly had nerve s ordered four times daily for				
		s scheduled four times a day, ered four times a day on				
	Monday Wednesday -She left the facility a	and Friday. It 11:00am for dialysis and				
	-Also, if she returned she was not administ					
	8:00pm to get the me -She wished that she	eant she had to wait until edication to help with pain. could have the 12:00pm				
	gabapentin because	it would help with her pain.				
	Interview with a first s 3:05pm revealed:	shift MA on 03/07/19 at				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
					R	
		HAL034098	B. WING		03	8/08/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
SALEM T	ERRACE		D SALISBURY RO			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE
D 344	Continued From pag	je 66	D 344			
	-Resident #7 went to	o dialysis and was not				
	administered the 12:					
	-She had not considered administering the					
		early at 11:00am before the				
	resident left for dialy					
	-She had not contacted Resident #7's physician					
	to inform gapapentin	to inform gabapentin was not administered at 12:00pm due to the resident being at dialysis.				
		-				
	Interview with the RC revealed:	CC on 03/08/19 at 8:43am				
	-Resident #7 went to	dialysis three days per week				
	(Monday, Wednesday and Friday).					
		take the gabapentin with her				
		because there was no one ne medications to the				
	-The MA was respon	sible for contact the				
	physician to obtain c	larification how to administer				
	the medication on da	ys the resident out of the				
	facility at dialysis.				ζ.	
	Interview the Adminis revealed:	strator on 03/08/19 12:48pm				
		e contacted the physician and				
	explained why Resid	ent #7 was not administered				
	gabapentin.					
		at Resident #7 was not				
	going to dialysis.	as ordered because she was				
	Interview with the nur	se at Resident #7's primary				
		P) office on 03/08/19 at				
	2:45pm revealed:					
		ed gabapentin four times				
	administered as orde	w the medication was not				
		ild be administered before				
	the resident went to d					
	-If the facility had con					

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SUR COMPLETE	
					R	
		HAL034098	B. WING		03/08/:	2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
SALEM TI	ERRACE	2609 OL	D SALISBURY ROA	4D		
		WINSTO	N SALEM, NC 271	27		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY 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 344	Continued From pag	je 67	D 344			
	<ul> <li>medication orders could have been changed to accommodate the dialysis schedule.</li> <li>d. The current FL2 dated 06/27/18 revealed a physician's order for midodrine hcl (used to lower blood pressure) 5mg three times daily after meals.</li> </ul>					
	Review of Resident #7's record revealed a physician's order sheet signed by the physician on 12/04/18 with orders for midodrine hcl 5mg three times daily after meals.					
	Review of Resident #7's December 2018 eMAR revealed: -There was an order entry for midodrine hcl 5mg three times daily after meals was scheduled for 9:00am, 1:00pm, and 6:00pm. -There was documentation midodrine hcl 5mg was not administered seventeen times on the following dates due to the resident being at dialysis: 12/02/18 at 1:00pm, 12/03/18 at 1:00pm, 12/05/18 at 1:00pm, 12/07/18 at 1:00pm, 12/12/18 at 1:00pm, 12/14/18 at 1:00pm, 12/17/18 at 1:00pm, 12/19/18 at 1:00pm, 12/21/18 at 1:00pm, 12/23/18 at 1:00pm, 12/26/18 at 9:00am and 1:00pm, 12/28/18 at 1:00pm, 12/31/18 at 1:00pm. -There was no documentation the physician had been notified to clarify how to administer the medication because the resident was out of the facility at dialysis.					
	revealed: -There was an order of three times daily after 9:00am, 1:00pm, and	7's January 2019 eMAR entry for midodrine hcl 5mg r meals was scheduled for 6:00pm. tation midodrine hcl 5mg				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E. ZIP CODE		
			D SALISBURY RO			
SALEM T	ERRACE		N SALEM, NC 271			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE
D 344	Continued From pag	ie 68	D 344			
	was not administered following dates due f dialysis: 01/02/19 at 01/07/19 at 1:00pm, 01/11/19 at 1:00pm, 01/21/19 at 1:00pm, 01/25/19 at 1:00pm, 01/29/19 at 6:00pm, 6:00pm. -There was no docur been notified to clarif medication because facility at dialysis Review of Resident # revealed: -There was an order three times daily afte 9:00am, 1:00pm, and -There was documer was not administered following dates due t dialysis: 02/01/19 at 02/04/19 at 9:00am at 1:00pm, 02/08/19 at 02/13/19 at 1:00pm, 02/22/19 at 1:00pm, 02/27/19 at 1:00pm, 02/27/19 at 1:00pm, -There was no docun been notified to clariff medication because f facility at dialysis	d sixteen times on the to the resident being at 1:00pm, 01/04/19 at 1:00pm, 01/09/19 at 1:00pm, and at 6:00pm, 01/14/19 at 1:00pm, 01/18/19 at 1:00pm, 01/23/19 at 1:00pm, 01/28/19 at 1:00pm, and 01/30/19 at 1:00pm and mentation the physician had fy how to administer the the resident was out of the #7's February 2019 eMAR entry for midodrine hcl 5mg r meals was scheduled for d 6:00pm. ttation midodrine hcl 5mg sixteen times on the to the resident being at 1:00pm and 6:00pm, and 1:00pm, 02/06/19 at 1:00pm, 02/11/19 at 1:00pm, 02/15/19 at 1:00pm,				
		entry for midodrine hcl 5mg r meals was scheduled for 6:00pm.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM T	ERRACE	WINSTO	N SALEM, NC 271	27		
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE
D 344	Continued From pag	ie 69	D 344			
	<ul> <li>Continued From page 69</li> <li>There was documentation midodrine hcl 5mg was not administered three times on the following dates due to the resident being at dialysis: 03/01/19 at 1:00pm and 6:00pm, and 03/04/19 at 1:00pm.</li> <li>There was no documentation the physician had been notified to clarify how to administer the medication because the resident was out of the facility at dialysis.</li> <li>Interview with Resident #7 on 03/07/19 at 8:34am revealed:</li> <li>She went to dialysis three days per week and sometimes dialysis lowered her blood pressure and made her feel tired and drained.</li> <li>She went to dialysis three days per week and midodrine was not administered at 1:00pm.</li> <li>The facility staff checked her blood pressure once a month and never told her the results.</li> <li>Interview with a first shift MA on 03/07/19 at 3:05pm revealed:</li> <li>Midodrine was not administered to Resident #7</li> </ul>					
	-She circled her initia documented the resid physically unable to t -She documented phy medication because t in the facility.	lent was out of the facility or				
	to inform midodrine w 1:00pm on Monday, W Interview with the nur office on 03/07/19 at 2 -The physician knew	vas not administered at Nednesday and Fridays. se at Resident #7's PCP 2:21pm revealed: Resident #7 went to dialysis				
k		, and Friday, but did not				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WNG		R 03/08/2019	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE			
			D SALISBURY ROA			
SALEM T	ERRACE		N SALEM, NC 271			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPL DATE
D 344	Continued From page 70		D 344			
	-The medication should be administered anytime Resident #7 was served a meal or snack.					
	e. The current FL2 dated 06/27/18 revealed a physician's order for tylenol 500mg every eight hours for pain. Review of Resident #7's record revealed a physician's order sheet signed by the physician on 12/04/18 with orders for tylenol 500mg every eight hours.					
	Review of Resident #7's December 2018 eMAR revealed:					
		<sup>-</sup> entry for tylenol 500mg as scheduled at 6:00am, m.				
	administered twenty	ntation tylenol 500mg was not -one times on the following				
	dialysis: 12/02/18 at 12/05/18 at 2:00pm,	the resident being at 2:00pm, 12/03/18 at 2:00pm, 12/07/18 at 2:00pm and				
	10:00pm, 12/11/18 a	at 10:00pm, 12/10/18 at at 10:00pm, 12/12/18 at n, 12/14/18 at 2:00pm,				
	12/17/18 at 2:00pm, 12/21/18 at 2:00pm,	12/19/18 at 2:00pm, 12/23/18 at 2:00pm 12/24/18 8 at 2:00pm, 12/28/18 at				
	2:00pm, 12/29/18 at 10:00pm, and 12/31/	10:00pm, 12/30/18 at /18 at 2:00pm.				
	been notified to clarit	nentation the physician had fy how to administer the the resident was out of the				
	facility at dialysis.					
	revealed:	≇7's January 2019 eMAR				
	-There was an order every eight hours wa 2:00pm, and 10:00pr	entry for tylenol 500mg s scheduled at 6:00am,				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R	
		HAL034098	B. WNG		03	8/08/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
SALEM T	ERRACE		D SALISBURY RO. N SALEM, NC 271			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
D 344	Continued From pag	je 71	D 344			
	-There was docume administered sevent dialysis dates due to dialysis: 01/02/19 at 01/04/19 at 2:00pm, 01/09/19 at 2:00pm, 01/18/19 at 2:00pm, 01/18/19 at 2:00pm, 01/25/19 at 2:00pm, 01/25/19 at and 01/30/19 at 2:00 -There was no docum been notified to clarif medication because facility at dialysis. Review of Resident # revealed: -There was an order every eight hours wa 2:00pm, and 10:00pm -There was documer administered twelve due to the resident b 2:00pm and 10:00pm 02/04/19 at 2:00pm, 02/08/19 at 2:00pm, 02/25/19 at 2:	Antation tylenol 500mg was not een times on the following the resident being at 2:00pm, 01/03/19 at 6:00am, 01/07/19 at 2:00pm, 01/11/19 at 2:00pm, 01/16/19 at 2:00pm, 01/20/19 at 2:00pm 01/28/19 at 2:00pm, pm. mentation the physician had fy how to administer the the resident was out of the #7's February 2019 eMAR entry for tylenol 500mg s scheduled at 6:00am, n. tation tylenol 500mg was not times on the following dates eing at dialysis: 02/01/19 at 0, 02/02/19 at 2:00pm, 02/10/19 at 2:00pm,				
- -	revealed: -There was an order of	entry for tylenol 500mg s scheduled at 6:00am,				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WING		00	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		03	/06/2019	
			D SALISBURY RO				
SALEM TI	ERRACE		N SALEM, NC 271				
(X4) ID			ID PROVIDER'S PLAT			(X5)	
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 344	Continued From pag	ge 72	D 344				
:	-There was documentation tylenol 500mg was not						
		nes on the following dates					
		peing at dialysis: 03/01/19 at					
	2:00pm and 03/04/1						
		mentation the physician had					
		ify how to administer the the resident was out of the					
	facility at dialysis.	The resident was out of the					
		ent #7 on 03/07/19 at 8:34am					
	revealed:						
	Tylenol.	e did not get her 2:00pm					
		l get Tylenol because she					
	was constantly in pa						
		shift MA on 03/07/19 at					
	3:05pm revealed:	was at dialysis she was not					
		Opm Tylenol for pain.					
		ted Resident #7's physician					
	to inform Tylenol was	s not administered three					
	times daily as ordere	ed.					
		rse at Resident #7's PCP					
	office 03/08/19 at 2:4	15pm revealed:					
		Resident #7 went to dialysis					
		y, and Friday, but did not					
	know the resident wa medication as ordere						
		called the medication could					
	have been changed t						
	resident's dialysis scl						
		ted 06/27/18 revealed a					
		refresh tears 0.5% (used to					
	treat eye irritation, dr drops four times daily	yness and discomfort) eye /.					
	Review of Resident #						

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STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
			A. BUILDING:			R
	<u></u>	HAL034098	B. WING		03	/08/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
SALEM TI	ERRACE		D SALISBURY RO			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 344	Continued From page	e 73	D 344			
	physician's order sheet signed by the physician on 12/04/18 with orders for refresh tears 0.5% eye drops four times daily.					
r f 4 - 1 1 1	Review of Resident #7's December 2018 eMAR revealed: -There was an order entry for refresh eye drops					
	4:00pm, and 8:00pm.					
	not administered four dates due to the resid	There was documentation refresh eye drops was not administered fourteen times on the following dates due to the resident being at dialysis: 12/02/18 at 12:00pm, 12/03/18 at 12:00pm,				
	12/05/18 at 12:00pm, 12/11/18 at 4:00pm, 1	, 12/07/18 at 12:00pm,				
	12/19/18 at 12:00pm, 12/23/18 at 12:00pm,	12/21/18 at 12:00pm, 12/26/18 at 12:00pm,				
	-There was no docum	and 12/31/19 at 12:00pm. nentation the physician had y how to administer the				
		he resident was out of the				
	Review of Resident # revealed:	7's January 2019 eMAR				
		entry for refresh eye drops duled at 8:00am, 12:00pm,				
	-There was document not administered sixte	tation refresh eye drops was een times on the following				
<b>Vie</b>		lent being at dialysis: 01/03/19 at 12:00pm, 01/07/19 at 12:00pm,				
		01/11/19 at 12:00pm, 01/16/19 at 12:00pm, 01/10/10 at 8:00pm				
	01/20/19 at 8:00am, 0 01/23/19 at 12:00pm,	01/21/19 at 12:00pm,				
		and 01/30/19 at 12:00pm.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WNG		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
SALEM T	ERRACE		D SALISBURY RO			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF				(X5)
PREFIX TAG	(EACH DEFICIEN( REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE APPROPRIATE	COMPL
D 344	Continued From pag	e 74	D 344	un un este de la constante de l		
	-There was no documentation the physician had been notified to clarify how to administer the medication because the resident was out of the facility at dialysis.					
	revealed: -There was an order four times daily scher 4:00pm, and 8:00pm -There was documen not administered fifte dates due to the resid	<sup>#7</sup> 's February 2019 eMAR entry for refresh eye drops duled at 8:00am, 12:00pm, tation refresh eye drops was en times on the following dent being at dialysis: and 4:00pm, 02/04/19 at				
	8:00am and 12:00pm 02/08/19 at 12:00pm 02/13/19 at 12:00pm 02/16/19 at 8:00am, 0 02/20/19 at 12:00pm, 02/25/19 at 12:00pm, -There was no docum been notified to clarify	n, 02/06/19 at 12:00pm, , 02/11/19 at 12:00pm, , 02/15/19 at 12:00pm,				
	facility at dialysis.					
	revealed: -There was an order e four times daily sched 4:00pm, and 8:00pm.	7's March 2019 eMAR entry for refresh eye drops luled at 8:00am, 12:00pm, tation refresh eye drops was				
	not administered eigh dates due to the resid 03/01/19 at 12:00pm a 12:00pm, 03/05/19 at 8:00pm, and 03/06/19	t times on the following ent being at dialysis: and 4:00pm, 03/04/19 at 8:00am, 4:00pm, and at 8:00am and 12:00pm.				
	been notified to clarify	entation the physician had how to administer the ne resident was out of the				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	COM	SURVEY	
		HAL034098	B. WING			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
SALEM T	FRRACE	2609 OL	D SALISBURY RO	AD			
		WINSTO	N SALEM, NC 271	27			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN O		(X5)	
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE	
D 344	Continued From pag	je 75	D 344	an a			
		dent #7's medications on					
	revealed: -Refresh tears were	n 03/07/18 at 9:34am					
	administration.	not available for					
<b>N</b>	03/07/19 at 9:40am.	red ordering the eye drops on					
	-The eMAR system s lasted ordered on 01	showed the eye drop was /21/19.					
	Interview with Reside revealed:						
	-She was not administered refresh eye drops. -The medication had not been administered for the past three months.						
	-She thought the medication had been discontinued.						
	-She previously was drops for dry eyes be were dry and became	administered refresh eye ecause sometimes her eyes					
	-She did not question	a why she did not get the ght it had been discontinued.					
		shift MA on 03/07/19 at					
	-Refresh tears were r	not on the medication cart. e last dose this morning					
		the medication bottle away.					
	Interview with the pha pharmacy on 03/07/1	armacist at the contact 9 at 10:12am revealed:					
	-Refresh eye drop wa 01/21/19.	s last dispensed on					
	-One bottle of refresh around six weeks.	tears would last "roughly"					
		se at Resident #7's Primary e 03/08/19 at 2:45pm					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WNG		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
SALEM TI		2609 OL	D SALISBURY RO	AD		
		WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID PROVIDER'S PLA			(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE
D 344	Continued From pag	je 76	D 344		ner en	
	-The physician did not know that Resident #7 did					
	not receive refresh e					
	-There was no order	to discontinue the				
	medication.					
	-There was no docu	mentation the facility staff had				
		an the medication was not				
	administered when t	he resident went to dialysis.				
	Interview with the Re	esident Care Coordinator on	,			
	03/08/19 at 8:43am					
		o dialysis three days per week				
	and to her knowledg	e the physician had not been				
	notified Resident #7	was not administered refresh				
	tears when at dialysi					
		the medication cart and				
	eMARs every Monda					
		vere not on the cart she				
	would have re-ordere	ed the eye drops. ally remember if she had				
	-one did not specific observed Resident #	7's refresh tears on the				
	medication cart.					
		ministrator on 03/08/19 at				
	12:48pm revealed:					
	-The MAs should hav	ve followed-up with Resident				
	#7's physician when					
	administered refresh	tears. run out of a medication.				
		requently did audits of the				
		paring medications on hand				
	to the eMARs.	anng modications of fidflu				
	-She did not know if I	Resident #7 was				
	administered refresh					
	2 Review of Residen	t #6's current FL2 dated				
	02/14/19 revealed dia					
1		a, end state renal failure				
	hypertension and dia					
		or sevelamer carbonate				
	(renvela) 800mg two		1 1			1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION		E SURVEY	
			A. BUILDING:		COM	PLETED	
		HAL034098	B. WING		02	R	
	ROVIDER OR SUPPLIER					/08/2019	
			DDRESS, CITY, STATE	•			
SALEM T	ERRACE		N SALEM, NC 271				
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S P			CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLE	
D 344	Continued From pag	je 77	D 344	nen de la de la de la desta			
	levels), and a physic	ed to control phosphorus ian's order for sevelamer es (3200mg) three times daily					
	Review of Resident #6's December 2018 electronic Medication Administration Record (eMAR) revealed: -There was an order entry for sevelamer						
	carbonate 800mg three capsules with meals (3200mg) three times daily with meals was scheduled for 8:00am, 12:00pm, 5:00pm. -A second entry for sevelamer carbonate 800mg						
	snacks. -There was documen	ng) two times daily with					
	following dates due to dialysis: 12/07/18 at 1	t twenty-two times on the o the resident being at 12:00pm and 2:00pm, , 12/19/18 at 12:00pm and					
	2:00pm, 12/20/19 at \$	5:00pm, 12/21/18 at , 12/23/18 at 10:00am and					
	12:00pm and 2:00pm 12:00pm and 2:00pm	, 12/28/18 at 10:00am, , and 12/31/18 at 10:00am, d 12/31/18 at 5:00pm.					
	-There was no docum been notified to clarify	nentation the physician had / how to administer the he resident was out of the					
	revealed:	7's January 2019 eMAR					
	(3200mg) three times scheduled for 8:00am	ee capsules with meals daily with meals was , 12:00pm, 5:00pm.					
	<ul> <li>A second entry for se</li> </ul>	velamer carbonate 800mg g) two times daily with					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE COMF	SURVEY	
		HAL034098	B. WING			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
SALEM T		2609 OL	D SALISBURY RO	AD			
JALEM 1	ENRACE	WINSTO	N SALEM, NC 271	27			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN C		CORRECTION	(X5)		
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACT		COMPLE	
iAd			TAG	CROSS-REFERENCED TO 1 DEFICIENC	=	DATE	
D 344	Continued From pag	ie 78	D 344				
	-There was docume	ntation sevelamer carbonate		·			
		d thirty times on the following					
		dent being at dialysis:					
		01/04/19 at 12:00pm and					
		10:00am, 2:00pm, and					
	5:00pm, 01/09/19 at	12:00pm and 2:00pm,					
		d 12:00pm, 01/14/19 at					
		nd 2:00pm, 01/16/19 at					
		nd 2:00pm, 01/18/19 at					
-		and 2:00pm, 01/21/19 at					
	10:00am, 12:00pm, a	and 2:00pm, 01/23/19 at					
		and 2:00pm, 01/25/19 at					
	10:00am, 12:00pm, 2						
		and 2:00pm, 01/29/18 at					
	12:00pm and 2:00pm	n, and 01/30/19 at 10:00am,					
		nentation the physician had					
		y how to administer the					
		the resident was out of the					
	facility at dialysis						
		7's February 2019 eMAR					
	revealed:						
	-There was an order						
		ee capsules with meals					
	scheduled for 8:00am	daily with meals was					
	-A second entry for se	i, 12.00pm, 5.00pm. evelamer carbonate 800mg					
		g) two times daily with					
	snacks.	S, the arrest daily with					
	-There was documen	tation sevelamer carbonate					
		thirty-two times on the					
	following dates due to	the resident being at					
	dialysis: 02/01/19 at 1						
	02/03/19 at 2:00pm, 0	02/04/19 at 12:00pm and					
	2:00pm, 02/05/19 at 2						
		, 02/08/19 at 10:00am,					
	2:00pm and 5:00pm,	02/11/19 at 12:00pm and					
	2:00pm, 02/13/19 at 1	0:00am, 12:00pm, and					
	2:00pm, 02/15/19 at 1	Z.UUUM and Z:UUM	1 1			I	

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If continuation sheet 79 of 109

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	a sur a s	HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
SALEM T			D SALISBURY RO			
SALEWIT			N SALEM, NC 271			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLE
D 344	Continued From page	9 79	D 344			
	2:00pm, 02/20/18 at 2 12:00pm and 2:00pm 02/22/19 at 12:00pm, 02/25/19 at 12:00pm, 12/27/19 at 12:00pm -There was no docum been notified to clarify medication because th facility at dialysis. Review of Resident # revealed: -There was an order et carbonate 800mg three (3200mg) three times scheduled for 8:00am -A second entry for se two capsules (1600mg snacks. -There was documents was not administered dates due the resident at 12:00pm and 2:00pm and 2:00pm, 03/04/19 03/06/18 at 12:00pm, 02 2:00pm. -There was no docume been notified to clarify medication because th facility at dialysis Based on observation, review it was determine interviewable.	, 02/21/19 at 2:00pm, 2:00pm, and 5:00pm, 2:00pm, and 5:00pm, and 2:00pm. The tail on the physician had to how to administer the the resident was out of the 7's March 2019 eMAR antry for sevelamer the capsules with meals daily with meals was and the tail of the tails daily with meals was and the tails of the tails daily with meals was and the tails tails the tails tails the tails four times on the following the tails the tails tails the tails and tails the tails tails the tails and tails the tails tails the tails the tails tails the tails tails the tails tails the tails the tails tails the tails tails the tails tails the tails the tails the tails tails tails the tails tails tails the tails the tails				
1	revealed:	e on 03/08/19 at 1:10pm				
1.	-The physician knew R	esident #6 had dialysis,	1			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL034098	B. WING		03	R 3/08/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
SALEM T	ERRACE	2609 OL	D SALISBURY RO	AD		
		WINSTO	N SALEM, NC 271	27		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN C		(X5)
TAG		LSC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO		COMPL
				DEFICIEN		
D 344	Continued From pag	je 80	D 344	999992-99999999999-9999999999999999999		
	but did not know sev	elamer carbonate was not				
	administered as orde	ered.				
		uld be administered anytime				
	the resident consum	ed food that included snacks.				
	-The physician did n	ot know the medication was				
	not being administer					
	-The facility staff sho	uld notify the physician to				
	discuss the administ	ration of the medication, and				
	what to do when the	resident was at dialysis.				
	Interview on 03/08/19	9 at 2:40pm with Resident				
	#6's power of attorne	ey revealed:				
	-She thought Reside	nt #6 was getting all				
	medications ordered.					
	-She had frequently h	nad conversations with				
	facility staff, but no of informed her that Res	ne at the facility had				
	medications due to th					
		tacted the physician to clarify				
	how to administer the	e medications when Resident				
	#6 was at dialysis.					
	Interview with the me	mory care unit coordinator				
	(MCC) on 03/08/19 a	t 2:05pm revealed:				
	-She knew that Resid	lent #6 went to dialysis and				
	did not get medication	ns as ordered.				
	-Resident #6 was give	en a snack when at dialysis,				
	but there was no way	to give the resident				
1	medications ordered.	Decident #Cla Marchard 1				
	regarding the residen	Resident #6's Nephrologist t not getting medications				
	scheduled three times	s, but not administered on				
	Monday, Wednesday	, and Fridays when the				
	resident was at dialys	is.				
	Interview the Administ revealed:	trator on 03/08/19 12:48pm				
1		As to notify the physician				
	when a resident was r	not administered				
	medications as ordere		1			1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE S COMPLI	
nu sunt de mansa		HAL034098	B. WING		B 03/0	8/2019
NAME OF P	ROVIDER OR SUPPLIER	2609 OL	DDRESS, CITY, S D SALISBURY N SALEM, NC	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLE DATE
D 344	-The MAs should ha	ve obtained orders from the g medications ordered when	D 344			-
D 358	<ul> <li>(a) An adult care ho preparation and adm prescription and nor by staff are in accord (1) orders by a licer which are maintaine (2) rules in this Section and procedures.</li> </ul>	04 Medication Administration ome shall assure that the ninistration of medications, i-prescription, and treatments dance with: nsed prescribing practitioner d in the resident's record; and tion and the facility's policies	D 358	EDUCATION WAS COMPLETED WITH T MANAGEMENT AND FACILITY STAFF TO ENSURE THEY UNDERSTAND THE EXPECTATIONS OF PHYSICIANS ORDER WHEN ADMINISTERING MEDICATIONS ALL PHYSICIANS ORDERS WILL BE FOLL DIRECTED BY THE PHYSICIAN AND IMP TIMELY. STAFF IS TO MAKE SURE THAT MEDICATION THAT IS GIVEN MATCHES AND THE ORDER ACCORDING TO STREI DOSAGE, INSTRUCTIONS FOR ADMINIS MEDICATION. STAFF WAS ALSO EDUCA THAT IF THEY ARE UNSURE OF AN ORD THAT THEY NEED TO CALL THE PHYSICI. AND GET CLARIFICATION. STAFF IS AW, THEY NEED TO DOCUMENT ON ANY ON OF A MEDICATION OR TREATMENT ANI REASON FOR THE OMISSION. PHYSICIAN WILL BE NOTIFIED IMMEDIA IS ANY CHANGES IN RESIDENTS STATUS MEDICATION IS UNAVAILABLE.	D S INCLUDING OWED AS LEMENTED THE (MAR) NGTH AND TERING THE TED ER AN ARE THAT AISSION D THE TELY IF THE	
	reviews, the facility fr medications as order (Residents #1, #8, ar medication passes ir anticonvulsant (#1), r inhibitors and antifum adrenergic agonists sampled (Residents related to Nobvolog i	ns, interviews, and record		ADMINISTRATOR WILL FOLLOW UP WIT RCC/SCC WEEKLY TO MAKE SURE ALL O MATCH THE (MAR) WITH DOSAGE, INST FOR ADMINISTERING, AND CLARIFICAT ORDERS. MEDICAL RECORDS WILL KEEI ORDERS IN THE RESIDENTS CHART.	RDERS TRUCTIONS ON OF ALL	

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
ALEM TI	ERRACE		D SALISBURY ROANN SALEM, NC 271				
(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 358	Continued From pag	e 82	D 358				
	The findings are:				·		
	by 4 errors out of 29	rate was 13% as evidenced opportunities observed nedication pass on 03/05/19.					
<ol> <li>Review of Resident 04/18/18 revealed:</li> <li>Diagnoses included bi</li> </ol>	t #1's current FL2 dated						
	diabetes, hypothyroid disease, vitamin B12 and congestive heart	d, gastroesophageal reflux deficiency, hypertension, failure. Ix (used to treat seizures or					
	Observation of the 8: 03/05/19 revealed: -At 8:45am Resident oral medications by th	00am medication pass on #1 was administered four he medication aide (MA).					
	-An entry for Topama 03/05/19.	x was not administered on					
	Review of Resident # medication administra revealed:	1's March 2019 electronic ation record (eMAR)					
	administration on 03/	1's medication on hand for 05/19 at 1:11pm revealed available for administration.					
	03/05/19 at 5:00pm re	nt #1's medications on					

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If continuation sheet 83 of 109

STATEMEN	of Health Service Reg T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIÉR/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY	
			A. BUILDING:			R	
		HAL034098	B. WING		03/08/2019		
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
SALEM T	ERRACE		D SALISBURY ROANN SALEM, NC 271				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 358	Continued From pag	ie 83	D 358				
	<ul> <li>She compared the eMAR to the medications available on the medication cart and pulled the medications due to administer.</li> <li>The Topamax was available on the medication cart.</li> <li>She must have overlooked the Topamax when pulling the medications to be administered.</li> </ul>						
	revealed: -She knew she was						
	contracted pharmacy revealed: -She provided educa medication pass and at the facility. -The staff were taugh labels to the eMAR.	esentative from the facility on 03/05/19 at 4:20pm tion regarding the the eMAR system for staff at to compare the medication ispensed 02/25/19 for 60					
	(RCC) on 03/08/19 a -She expected all MA the medication labels medications due for t -The MAs should rea assure the medication -If Resident #1 was n	as to compare the eMAR to and administer the heir shift. d the directions carefully to n was given correctly.					
	Interview with the Adr 2:50pm revealed: Ith Service Regulation	ninistrator on 03/08/19 at					

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If continuation sheet 84 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		03	R /08/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM TI		WINSTO	N SALEM, NC 271	27		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	E APPROPRIATE	COMPLE DATE
D 358	Continued From page	ge 84	D 358			
	-The MAs were expected to administer the					
	medications due on	their shift.				
	-MAs should compa					
		the bubble pack or the bottle				
	and follow directions	s for medication				
	administration.					
	-The MA should have administered all medications to Resident #1 during the morning					
		03/05/19 as ordered.				
	Interview with Resid	lent #1's primary care provider				
	(PCP) on 03/06/19 a	at 2:00pm revealed:				
	ordered.	to administer medications as				
		d Resident #1 did not receive morning medication pass on				
	-She was concerned medications as orde	d staff were not administering red.				
	-She was not conce dose of Topamax.	rned Resident #1 missed one				
		ent #8's current FL2 dated				
		iagnoses included atrial				
		artery disease, chronic ry disease, heart failure,				
		rovascular accident, seizures,				
	and glaucoma.					
		nt #8's current FL2 dated				
		n order for dorzolamide 2%				
		ressure behind the eye due to				
		e drop into the right eye three				
	times a day.					
	Observation of the 8 03/05/19 revealed:	:00am medication pass on				
	-At 8:50am Resident	#8 was administered four				
	oral medications by t	the medication aide (MA).				
	-Dorzolamide 2%, or	ne drop was administered to				1

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If continuation sheet 85 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SALEM TI		2609 OL	D SALISBURY RO	AD		
SALEIWI TI	ERRACE	WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CC		(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLE
D 358	Continued From pag	ge 85	D 358	9-11-127 University of the second		
	both eyes.					
		#8's March 2019 electronic ration record (eMAR)				
	-An entry for dorzola	amide 2% instill one drop into				
		mes a day for 30 days and istration at 8:00am, 2:00pm,				
	-The medication was	s documented as				
	administered on 03/					
	Observation of Resid	dent #8's medication on hand				
	for administration on dorzolamide 2%.	03/05/19 at 8:50am revealed				
	Interview with the me	edication aide (MA) ent #8's medications on				
	03/05/19 at 1:58pm					
		y administer Resident #8's				
	medications.					
	-She thought the dor administered in both					
	-She compared the c	•				
	directions listed in th	e eMAR but thought the				
	dorzolamide was to l	be administered in both eyes.				
	Interview with Reside	ent #8 on 03/05/19 at 2:12				
	,	supposed to get dorzolamide				
	in both eyes.					
		6 was always administered in				
	both eyes.	v ho woo ordered				
	-He did not know why dorzolamide.	y he was oldered				
		esentative from the facility				
		on 03/05/19 at 4:20pm				
	revealed:	o compare the aMAD to the			~	
	th Service Regulation	o compare the eMAR to the				1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WNG		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SALEM T	ERRACE		D SALISBURY RO			
(X4) ID PREFIX TAG	(EACH DEFICIEN	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	(X5) COMPLE DATE
D 358	Continued From pag	ie 86	D 358			
-	medication labels. -She educated staff eMAR and medicatio	to follow directions on the on label.				
	(RCC) on 03/08/19 a -She expected the M Resident #8's medic the medications due -The MAs should rea assure the medication	IA to compare the eMAR to ation labels and administer for their shift. ad the directions carefully to				
	2:50pm revealed: -The MAs were expe medications due on t -MAs should compar	e the eMAR to the he bubble pack or the bottle				
		interview with Resident #8's on 03/08/19 at 2:00pm was				
	dated 01/04/19 revea 100,000 ointment (us	t #8's physician orders led an order for nystatin ed to treat antifungal cally to penis two times a day				
	03/05/19 revealed: -At 8:50am Resident :	D0am medication pass on #8 was administered four he medication aide (MA). Is not administered.				
	Rovious of Decident #	8's March 2019 electronic				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
						R	
		HAL034098	B. WING		03	/08/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE				
SALEM TI	ERRACE		D SALISBURY RO				
(X4) ID			ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 358	Continued From pag	je 87	D 358		999, 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499 - 499		
	medication administration record (eMAR) revealed:						
		100,000 ointment apply					
	scheduled for admin	o time a day until healed and istration at 8:00am and					
	8:00pm. -The medication was	s not documented as					
	administered on 03/0						
		dent #8's medication on hand					
	for administration on revealed:	03/05/19 at 1:11pm					
	-Two tubes of nystati	in was available for					
	administration. -Both nystatin tubes	were half full.					
	Interview with the me						
	administering Reside 03/05/19 at 1:58pm r	ent #8's medications on					
		y administer medications for					
		the morning med pass and					
	administered the nys -The nystatin ointme	tatin ointment. nt was not kept on the					
		as kept on the treatment cart.					
	Interview with Reside pm revealed:	ent #8 on 03/05/19 at 2:12					
	-He denied receiving 03/05/19.						
		was ordered the nystatin					
	ointment or what it wa -He denied ever rece	as used to treat. iving the nystatin ointment.					
		ent #8's primary care provider					
	(PCP) on 03/08/19 at -She expected the re	t 1:03 pm revealed: sident to receive the nystatin					
	as ordered.						
	-Not receiving the nys could cause delayed	statin ointment as ordered					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WING			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		1 03	00/2019	
			D SALISBURY RO				
SALEM T	ERRACE		N SALEM, NC 271				
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN O		(X5)	
TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE	
D 358	Continued From pag	je 88	D 358				
	-The facility had not notified her the nystatin was not administered as ordered on 03/05/19. -She expected the staff to notify her of the missed nystatin.						
	contracted pharmac revealed: -She provided educa medication pass and -The staff were taug eMAR to the medica	I the eMAR system for staff. ht to always compare the tion labels. nt was dispensed on 01//4/19					
	(RCC) on 03/08/19 a expected the MA to a	esident Care Coordinator at 9:20am revealed she compare the eMAR to ation labels and administer for their shift.					
	2:50pm revealed: -The MAs were experimedications due on t -MAs should compar	e the eMAR to the he bubble pack or the bottle					
	04/04/18 revealed: -The diagnoses inclu subarachnoid hemori muscle weakness, ar -There was an order	hage, epilepsy, general					
	treat glaucoma) instil three times a day.	for alphagan 0.2% (used to l one drop into the right eye 00am medication pass on					

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If continuation sheet 89 of 109

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING.	ματο το το το το τη την το την την δητοποιού το το σταστασ	R		
		HAL034098	B. WING		03	03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE			
SALEM TI	ERRACE		D SALISBURY RO				
	0		N SALEM, NC 271				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPL DATE	
D 358	Continued From pa	ge 89	D 358				
	03/05/19 revealed:						
	-At 9:00am Resider	it #8 was administered four					
	oral medications by	the medication aide (MA).					
	-Alphagan was not	administered or offered.					
	Review of Resident	#9's March 2019 electronic					
		tration record (eMAR)					
	revealed:						
		an 0.2% instill one drop in			•		
		a day and scheduled for					
	administration at 8:0	s not documented as					
	administered on 03/						
	Observation of Resi	dent #9's medication on hand					
		03/05/19 at 1:11pm revealed					
	alphagan 0.2% was	available for administration					
	Interview with the m						
		ent #9's medications on					
	03/05/19 at 1:58pm						
	-She did not normall medications.	ly administer Resident #9's					
		nly the medications due on					
	her shift.						
		eMAR to the medications					
	available on the cart						
	-Resident #9 always	refused alphagan eye drops.					
		ent #9 on 03/05/19 at 2:07					
	pm revealed:						
	-He was not adminis 8:00 am medication	tered eye drops during the					
		ye drops during the morning					
	medication pass on						
	-He never refused hi						
	Interview with a repr	esentative from the facility					
		y on 03/05/19 at 4:20pm					
	revealed:	· · · · · · - · · · · · · · · · · · · ·					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED		
		HAL034098	B. WING		R 03/08/2019			
AME OF P	ROVIDER OR SUPPLIER	STREET	REET ADDRESS, CITY, STATE, ZIP CODE					
		2609 OL	D SALISBURY ROA	٨D				
SALEM TI	ERRACE	WINSTO	N SALEM, NC 271	27				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)		
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLE DATE		
D 358	Continued From pag	e 90	D 358					
	-She provided educa	ition regarding the						
		the eMAR system for the						
		nt to compare the eMAR to						
	the medication labels	s. lispensed 02/08/19 for 10						
	milliliter bottle.							
	(RCC) on 03/08/19 a	As to compare the eMAR to and administer the						
	assure the medicatio -Resident #9 often re	d the directions carefully to n was given correctly. fuse medications. A to attempt to administer						
	the alphagan. -If Resident #9 refuse	ed the alphagan during the						
		MA should document the dministered on the eMAR						
		the medication was not				•		
	Interview with the Adi 2:50pm revealed:	ministrator on 03/08/19 at						
		cted to administer the						
	medications due on t							
	-MAs should compare medication label on th	e the eMAR to the ne bubble pack or the bottle						
	and follow directions administration.							
	medications due for F							
		ed the alphagan during the						
	medication pass; the	MA was expected to ition was not administered.						
		not administered.						
1	reason the medication	sected to document a	1					

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If continuation sheet 91 of 109

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
	1. 21. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	HAL034098	B. WING		R 03/08/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SALEM T	ERRACE		D SALISBURY ROA N SALEM, NC 271			
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 358	Interview with Resider (PCP) on 03/06/19 at -Resident #9 was pre- to glaucoma. -He expected staff to ordered. -He was not notified If the alphagan 0.2% ey medication pass on 0 -He was at the facility -He was not concerne administered alphaga morning medication p 4. Review of Residen 06/27/18 revealed: -Diagnoses included type two diabetes, ne colostomy, bilateral at paralysis. Review of Resident # 06/27/18 revealed a p (fast-acting insulin to sliding scale insulin su Fingerstick Blood Sug 201-250 give 1 unit, 2 301-350 give 3 units, greater than 400 call th four times daily. Review of Resident # subsequent physician physician on 12/04/18 sliding insulin subcuta between 201-250 give 3	ent #9's primary care provider 2:00pm revealed: escribed alphagan 0.2% due administer medications as Resident #9 did not receive ye drops during the morning 13/05/19. y once a week. ed Resident #9 was not an 0.2% eye drops during the bass. t #7's current FL2 dated end stage renal disease, urogenic bladder, mputation, and left arm 7's current FL2 dated obysician's order for Novolog help control diabetes) ubcutaneously when gar (FSBS) ranged between 151-300 give 2 units, 351-400 give 4 units, the physician, and FSBS	D 358			

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STATEMEN	of Health Service Reg T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	Bertonnover and the state of the	HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
SALEM TI	ERRACE		D SALISBURY ROANN SALEM, NC 271				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	· · · · · · · · · · · · · · · · · · ·		CORRECTION	1	
PREFIX TAG	(EACH DEFICIENC	SY MUST BE PRECEDED BY FULL LSC 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 358	Continued From pag	e 92	D 358				
	Medication Record A revealed: -There was an order scale scheduled for t 11:30am, and 4:30pm -There was a second daily at 7:30am, 11:3 -There was documen Novolog and no units as administered: -On 12/21/18 at 7:30a 4 units. -On 02/25/19 at 7:30a 4 units.	nd March 2019 electronic dministration (eMAR) entry for Novolog sliding hree times daily at 7:30am,					
	hand at the facility on revealed Novolog was administration.						
	revealed: -She was a severe dia Novolog sliding scale blood sugars. -The medication aides four times daily, exclu dialysis. -She was administere when her blood sugar -She could not remen	abetic and was ordered insulin to reduce her high s (MAs) checked her FSBS ding the times she was at d Novolog sliding scale s were above 200. aber the exact numbers the nd she did not ask staff how					

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If continuation sheet 93 of 109

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		2609 OL	D SALISBURY RO	AD		
SALEM T	ERRACE	WINSTO	N SALEM, NC 271	27		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPL
D 358	Continued From pag	e 93	D 358			
	3:05pm revealed: -Resident #7 was ord three times daily bas -The units of Novolog documented on the e -She did not know wh that required the adm none was given. -There was an audit of medications on the ca week. -The eMARs were ch	g administered were MAR. hy there were FSBS results hinistration Novolog and				
	03/07/19 at 11:14am -Resident #7 was a si -The resident was ord Novolog sliding scale -When a blood sugar administer the sliding medication should be with scheduled dose to	evere diabetic. dered routine Novolog and was within range to scale Novolog the administered in conjunction to control blood sugars. od sugar, greater than 400 d possibly cause the				
	(RCC) on 03/08/19 at -She did not know that checks that required N was not administered. -She audited the medi	t Resident #7 had FSBS Novolog and the medication ication cart and the eMARs not noticed there were some				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
CALEA8 11		2609 OL	D SALISBURY RO	AD			
SALEM TI		WINSTO	N SALEM, NC 271	27			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLE	
			IAG	DEFICIENC		BAIL	
D 358	Continued From pag	ge 94	D 358		*****		
	revealed:						
		cument the administration of					
	all medications.	cument the autimistration of					
		did audits of the medication					
	cart and medications						
		should check to ensure					
		og sliding scheduled was					
	administered as orde	ered.					
	5 Review of Posido	ent #4's current FL2 dated					
	06/26/18 revealed:	ant #4 S current FL2 dated					
		diabetes mellitus, chronic					
		ailure, chronic obstructive					
		anxiety and depression,					
		ion, hyperlipidemia, and					
	macular degeneratio						
		for motrin (Ibuprofen) 600					
	every six hours.	ed to treat pain) one tablet					
	every six nours.						
	Review of Resident #	#4's record revealed:					
		an's order sheet signed by					
		05/18 with an order for					
		ours not to exceed 3200 mg					
1	times daily as neede	for Ibuprofen 600 mg three					
		clarification sheet dated	· · ·				
		ested clarification on the					
		00 mg three times a day as					
	needed for pain (take	with food) not to exceed					
	3200 mg per day.						
	-The physician gave	clarification on the order					
	clarification sheet dat	ed 12/13/18 for Ibuprofen					
	600mg three times da	ally with meals.					
	Review of Resident #	4's electronic Medication					
1		d (eMAR) for December					
	2018 revealed:						
	-There was not an en	try for Ibuprofen 600 mg					
	tablet, one tablet thre	e times daily with meals.	1			1	

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		R	
NAME OF P	ROVIDER OR SUPPLIER				03	/08/2019
			DDRESS, CITY, STATE			
SALEM TI	ERRACE		N SALEM, NC 271			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	FCORRECTION	(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLI
D 358	Continued From page	ge 95	D 358			
	-There was an entry for scheduled Ibuprofen 600					
		et by mouth every six hours.				
		mg per day at 12:00am,				
	6:00am, 12:00pm, a					
		ntation scheduled Ibuprofen				
		12:00am, 6:00am, 12:00pm,				
		12/01/18 through 12/5/18,				
		19/18, 12/16/18 through				
		12/21/18 through 12/22/18,				
	and on 12/31/18.	C /				
	-There was docume	ntation scheduled Ibuprofen				
	600 mg was not adm	ninistered twenty five of one				
		four opportunities on the				
		06/18 at 6:00am; 12/10/18 at				
		12:00pm; 12/12/18 at				
		n; 12/13/18 at 12:00am;				
		i; 12/14/18 at 12:00am;				
		n and 12:00pm; 12/18/18 at				
		6:00 am; 12/24/18 at				
		n; 12/26/18 at 12:00am and				
		12:00am and 6:00am;				
		am; 6:00am, and12:00pm;				
	12/29/18 at at 12:00a					
	12/30/18 at 12:00pm					
	was not administered	ntation scheduled Ibuprofen d due to "resident refused,"				
	"nhysically unable to	take," or there was no				
	documentation for the	e missed medication.				
		for Ibuprofen 600 mg tablet,				
		outh three times daily as				
		this entry was discontinued				
	on 12/19/18.					
	-There was an entry	for Ibuprofen 600 mg tablet,				
		outh three times daily as				
	needed with meals.					
	-There was documen	tation Ibuprofen 600 mg				
	three times daily as n	needed was administered				
	once from 12/01/18 th	hrough 12/31/18.				
		for January 2019 revealed:				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		SURVEY	
				B. WING		R	
					03	/08/2019	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE				
SALEM TE	RRACE		D SALISBURY RO N SALEM, NC 271				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	- CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE	
D 358	Continued From pag	ge 96	D 358				
	-There was not an entry for Ibuprofen 600 mg						
		ee times daily with meals.					
		for scheduled Ibuprofen 600					
		let by mouth every six hours,					
		mg per day at 12:00am,					
	6:00am, 12:00pm, a						
		ntation scheduled Ibuprofen					
	was administered at	12:00 am, 6:00 am, 12:00					
	pm, and at 6:00 pm	on 01/05/19, 01/09/19,					
	01/13/19, 01/14/19,	01/19/19, 01/22/19, and					
	01/28/19 through 01.						
		ntation scheduled Ibuprofen					
		ninistered thirty two of one					
		four opportunities on the					
		1/19 at 6:00am; 01/02/19 at					
		n; 01/03/19 at 12:00am and					
		12:00am and 6:00am;					
		; 01/07/19 at 12:00am and					
		12:00am and 6:00am;					
		and 6:00am; 01/11/19 at n; 01/12/19 at 12:00am;					
		; 01/16/19 at 6:00am;					
		01/18/19 at 12:00am and					
		: 12:00am; 01/21/19 at					
		12:00am and 6:00am;					
	01/24/19 at 6:00am;						
		and 6:00am; 01/27/19at					
	12:00pm; and 01/31/	19 at 6:00am.					
		ntation scheduled Ibuprofen					
		due to "resident refused" or					
		entation for the missed					
	medication.					-	
		for Ibuprofen 600 mg tablet,					
		outh three times daily as					
	needed with meals.	contation like and a coo					
		nentation Ibuprofen 600 mg					
	from 01/01/19 throug	eeded was administered h 01/31/19.					
	Review of the eMAR						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
		2609 OL	D SALISBURY RO	۵ח			
SALEM TI			N SALEM, NC 271				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	IE APPROPRIATE	COMPLE	
D 358	Continued From page	ne 97	D 358	DEFICIENCY	)		
			0.000				
		ntry for Ibuprofen 600 mg					
	tablet, one tablet thr						
1		for scheduled Ibuprofen 600					
		let by mouth every six hours,					
		mg per day at 12:00am,					
	6:00am, 12:00pm, and 6:00pm. -There was documentation scheduled Ibuprofen						
		12:00 am, 6:00 pm, 12:00					
	pm, and 6:00 pm fro						
		02/17/19, 02/19/19, 02/21/19					
	through 02/23/19, ar	nd 02/25/19					
		ntation scheduled Ibuprofen					
		ninistered ten of one hundred					
		ities on the following dates:					
		; 02/15/19 at 12:00am and					
	6:00am; 02/16/19 at	6:00pm; 02/18/19 at					
		t 12:00am and 6:00pm;					
		; 02/26/19 at 6:00am; and					
	02/27/19 at 6:00am.						
		tation scheduled Ibuprofen					
		due to "resident refused,"					
	the missed medication	re was no documentation for					
		on. for Ibuprofen 600 mg tablet.					
		outh three times daily as					
	needed with meals.	saar unoo unos dally as					
		nentation Ibuprofen 600 mg					
		led was administered from					
	02/02/19 through 02/						
		for March 2019 revealed:					
		try for Ibuprofen 600 mg					
	tablet, one tablet thre						
		for Ibuprofen 600 mg tablet,					
		h every six hours, not to					
		day at 12:00am, 6:00am,					
	12:00pm, and 6:00pn						
	-There was documen						
		am, 6:00pm, 12:00pm, and					
1	o.uupm on 03/01/19,	03/02/19, 03/04/19, and	1			1	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION		SURVEY PLETED	
		HAL034098	B. WING			R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE		03	/06/2019	
			D SALISBURY RO				
SALEM T	ERRACE		N SALEM, NC 271				
(X4) ID		STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C	FCORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIEN REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A( CROSS-REFERENCED TC DEFICIE	THE APPROPRIATE	COMPLE	
D 358	Continued From pag	ge 98	D 358				
	03/05/19.						
		ntation Ibuprofen 600 mg was					
	not administered on	e of twenty two opportunities					
	on the following date	e: 03/03/19 at 12:00am.					
	-There was docume	ntation Ibuprofen was not					
	administered due to	"resident refused."					
	-There was no docu	mentation Ibuprofen 600 mg					
	three times daily as	needed was administered					
	from 03/01/19 throug	gh 03/06/19.					
	Observation of Resid	dent #4's medications on					
		n 03/07/19 at 9:58am					
	revealed:						
	-lbuprofen every six	hours was available on the					
		dministration with a dispense					
	date of 03/05/19.						
	- The Ibuproten medi	cal label had directions for					
	mg per day.	nours, do not exceed 3200					
		ofen 600 mg three times daily					
	as needed available	on the medication care.					
	Interview with Reside	ent #4 on 03/07/18 at					
	10:55am revealed:						
	-Sne was administere	ed medication at 8:00am,					
	12:00pm, 5:00 pm, a which ones.	nd 8:00 pm but did not know					
		nber the last time she					
	requested an as need						
	~						
	Interview with a Medi 03/07/19 at 9:41am re						
		evealed: nsible for reviewing new					
	orders and faxing the	m to the pharmacy					
	-She did not know the	ere was an order for					
		nistered three times daily					
	with meals.						
	-She administered me	edication according to what					
1	the eMAR indicated.	-					
	-Ibuprofen, one tablet	every six hours scheduled					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
SALEM T	FRRACE	2609 OL	D SALISBURY RO	AD			
		WINSTO	N SALEM, NC 271	27			
(X4) ID PREFIX			ID	PROVIDER'S PLAN OF		(X5)	
TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLI	
D 358	Continued From pag	je 99	D 358		an a		
	was on the eMAR.						
	Interview with the Re (RCC) on 03/08/19 a	esident Care Coordinator at 8:26am revealed:					
	-The RCC and MAs						
	reviewing new orders pharmacy.	s and faxing them to the					
	-The facility recently pharmacy.	changed the contracted					
	-Sometimes doctor's	offices faxed orders directly					
	to the old pharmacy	and facility staff would have					
	to hunt the new orde -She did not know the						
		nistered three times daily					
	and did not know if the pharmacy.	ne order had been faxed to					
	Interview with a MA c revealed:	on 03/08/19 at 11:51am					
		nsible for reviewing new					
		m to the pharmacy to be put					
	-New orders for medi	cation had to be approved					
	could be administered						
	-The RCC was responsed in the RCC was responsed in the response of the respons	nsible for making sure atch the order on the eMAR.					
	Interview with a repre	sentative from the on 03/08/19 at 12:43pm					
	revealed:	en eoreen et iz.40pm					
	-The pharmacy did no	ot received the order dated					
	12/13/18 for Ibuprofer	n three times daily.					
	-nau the pharmacy re 12/13/18 for Ibunrofer	eceived the order dated in three times daily, the					
	pharmacist would hav	e clarified because the					
		s daily was not added to the					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION (X:	B) DATE SURVEY COMPLETED	
		HAL034098			R 03/08/2019	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	00/00/2013	
SALEM T	ERRACE		D SALISBURY N SALEM, NC			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	<u> </u>	
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE	
D 358	Continued From page	e 100	D 358			
	Attempted interview v Care Physician on 03 unsuccessful.	vith Resident #4's Primary //08/19 at 2:32pm was				
	2:48pm revealed: -The RCC and the ph reviewing new orders facility. -The order was sent to pharmacy uploaded to	ninistrator on 03/08/19 at armacy were responsible for when they came into the o the pharmacy and the o the orders to the eMAR.				
	12/13/18 for Ibuprofer administered 3 times	ation to be administered as				
	Administration 10A NCAC 13F .1004 (j) The resident's medi- record (MAR) shall be following: (1) resident's name; (2) name of the medica (3) strength and dosage administered; (4) instructions for administered; (4) instructions for administered; (5) reason or justification medications or treatment documenting the result (6) date and time of ad (7) documentation of a medications or treatment pointsion, including refut (8) name or initials of the treatment of the treatment of the	Medication Administration lication administration accurate and include the ation or treatment order; ge or quantity of medication ninistering the medication on for the administration of ents as needed (PRN) and ting effect on the resident; ministration; ny omission of ents and the reason for the	D 367	EDUCATION WAS COMPLETED WITH THE MANAGEMENT AND FACILITY STAFF TO ENSURE THEY UNDERSTAND THE EXPECTATIONS OF PHYSICIANS ORDERS WHEN ADMINISTERING MEDICATIONS INCLU ALL PHYSICIANS ORDERS WILL BE FOLLOWED DIRECTED BY THE PHYSICIAN AND IMPLEMENT TIMELY. STAFF IS TO MAKE SURE THAT THE MEDICATION THAT IS GIVEN MATCHES THE (I AND THE ORDER ACCORDING TO STRENGTH DOSAGE, INSTRUCTIONS FOR ADMINISTERING MEDICATION. STAFF WAS ALSO EDUCATED THAT IF THEY ARE UNSURE OF AN ORDER THAT THEY NEED TO CALL THE PHYSICIAN AND GET CLARIFICATION. STAFF IS AWARE TH THEY NEED TO DOCUMENT ON ANY OMISSIO OF A MEDICATION OR TREATMENT AND THE REASON FOR THE OMISSION. PHYSICIAN WILL BE NOTIFIED IMMEDIATELY I IS ANY CHANGES IN RESIDENTS STATUS, OR IF MEDICATION IS UNAVAILABLE.	AS ITED MAR) AND G THE IAT N	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY	
			A. BUILDING:				
	······································	HAL034098	B. WING		03	R 03/08/2019	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
SALEM T	EPRACE		D SALISBURY RO				
		WINSTO	N SALEM, NC 271	27			
		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
TAG		R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE	
D 367	Continued From pag	ge 101	D 367		- Na ann ann ann ann ann ann ann ann ann		
		to those initials is to be aintained with the medication d (MAR).					
	This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the medication administration records (MARs) were accurate and complete for 1 of 7 sampled residents (Resident #4 ).	ns, record reviews and y failed to assure the ration records (MARs) were ete for 1 of 7 sampled					
	The findings are:						
06 -D hy	06/26/18 revealed: -Diagnoses included hypoxic respiratory fa pulmonary disease, a	#4's current FL2 dated diabetes mellitus, chronic ailure, chronic obstructive anxiety and depression,					
	macular degeneration -There was an order blood sugars (FSBS)	for to check finger stick					
	insulin to help control insulin (SSI): FSBS 1 201-250 = 4 units; FS	l diabetes) sliding scale 50-200 = 2 units; FSBS SBS 251-300 = 6 units; FSBS SBS 351-400 = 10 units;					
	FSBS above 400 = 1; physician.						
	Administration Record 2018 revealed:	4's electronic Medication d (eMAR) for December or FSBS check before					

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Division	of	Hoalth	Sonion	Regulation
DIVISION	U1	neaiur	Service	negulation

AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL034098	B. WNG		03	R / <b>08/2019</b>
NAME OF PRO	VIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		2609 OL	D SALISBURY ROA	AD.		
SALEM TER	RACE		N SALEM, NC 271			
(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	TON SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
rr 11 23 34 -T thar gi -F 26 Re -T thar gi -F 26 Re -T thar gi -F 26 Re -T -T 15 25 35 4.: -T thar gi -F 26 Re -T -T -T -T -T -T -T -T -T -T -T -T -T	There was an entry for 50-200 = 2 units; FSI 51-300 = 6 units; FSI 51-400 = 10 units at :30 pm. There was an entry lin be injection under now in entry line to docum iven. Resident #4's blood s 59. eview of Resident #4 evealed: There was an entry for eals at 7:30am, 11:30 here was an entry line injection under now a entry line to docume ven. esident #4's blood su 50-200 = 2 units; FSE 51-400 = 10 units at 7 30pm. here was an entry line e injection under now a entry line to docume ven. esident #4's blood su i0. eview of Resident #4' vealed: here was an entry for o-200 = 2 units; FSE 1-300 = 6 units; FSB 1-300 = 6 units; FSB 1-300 = 6 units; FSB 1-400 = 10 units at 7 30pm.	30 am, and 4:30 pm. or novolog SSI: FSBS BS 201-250 = 4units; FSBS BS 301-350 = 8 units; FSBS 7:30 am, 11:30 am and the to document the site of volog SSI, but there was not ent the number of units ugars ranged from 76 to I's eMAR for January 2019 or FSBS check before 0am, and 4:30pm. r novolog SSI: FSBS 35 201-250 = 4units; FSBS 35 201-250 = 4 units; FSBS 35 301-350 = 8 units; FSBS 35 301-350 = 8 units; FSBS 35 301-350 = 8 units; FSBS 36 301-350 = 8 units; FSBS 37:30 am, 11:30 am and the to document the site of olog SSI, but there was not ent the number of units ugars ranged from 74 to s eMAR for February 2019 r FSBS check before 0am, and 4:30pm.	D 367			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
		HAL034098	B. WNG		03	R 03/08/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
SALEM T		2609 OL	D SALISBURY RO	AD			
SALEWI	ERRACE		N SALEM, NC 271				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	COMPLE	
D 367	Continued From page	e 103	D 367	demonstrate of the demonstrate of the second sec			
	given.	nent the number of units sugars ranged from 78 to		• .			
	Review of Resident # revealed: -There was an entry f meals at 7:30am, 11: -There was an entry f 150-200 = 2 units; FS 251-300 = 6 units; FS 351-400 = 10 units at 4:30 am. -From 03/01/19 throug there was an entry lin the injection under no an entry line to docum given. -The novolog SSI orde the eMAR and a new entered on the eMAR to document the amou according to the slidin	for novolog SSI: FSBS GBS 201-250 = 4units; FSBS GBS 301-350 = 8 units; FSBS 7:30 am, 11:30 am and gh 03/05/19 at 11:30am, e to document the site of volog SSI, but there was not nent the number of units er had been discontinued on novolog SSI order was which included an entry line unt of insulin given					
	Resident Care Coordir -She did not realize Re document SSI amount	vealed: ers for SSI. red to Resident #4 g scale and should be MAR. on the eMAR and t which was given to the hator (RCC). esident #4 did not a place to					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			e survey IPleted
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
			D SALISBURY RO			
SALEM T	ERRACE		N SALEM, NC 271			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(75)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 367	Continued From pag	e 104	D 367			
	-She thought the RC twice a week.	C completed eMAR audits				
	10:55am revealed:	ent #4 on 03/07/19 at				
	daily.	nd had FSBS three times				
	-She was administer daily, but did not kno how much insulin wa	ed SSI insulin three times w her blood sugar ranges or s administered.				
	revealed:	CC on 03/08/19 at 9:18am				
	-She was responsible medications against t a month.	e for checking the the eMARS one or two times				
	-The MA's were resp and cart audits on Mo	onsible for completing eMAR ondays, Wednesdays, and				
	Fridays. -When she reviewed	eMARs she checked the				
	medication, dosage, a -SSI was automatical	and directions. ly calculated in the eMAR				
	system and should hat the eMAR when given	ave been documented on				
	-She did not know the	e SSI units given were not MAR in December, January,				
1	February and part of	March 2019.				
	-The pharmacy was n information on the eM	esponsible for entering IAR.				
	revealed:	n 03/08/19 at 11:51am				
	audits, but she did no					
	eMAR.	I for Resident #4 on the				
	-She did not know the	SSI units given were not				
	showing as document December, January, F 2019.	ed on the eMAR in February, and part of March				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL034098 B. WING			R 03/08/201
NAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE, ZIP CODE	an a
SALEM T	EPRACE	2609 OL	D SALISBURY	ROAD	
		WINSTO	N SALEM, NC	27127	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR( DEFICIENCY)	
D 367	Continued From pag	e 105	D 367		
	revealed: -The pharmacy was orders on the eMAR. -The SSI order was t	/ on 03/08/19 at 12:43pm responsible for entering			
	Attempted interview Primary Care Physic 2:32pm was unsucce	with Resident #4's the ian (PCP) on 03/08/19 at essful.			
	2:48pm revealed: -The RCC and the ph eMAR audits. -She expected for eM once a week to check	ministrator on 03/08/19 narmacy were responsible for IAR audits to be completed < for accuracy. n should be documented on			
	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate	laration of Residents' Rights ration of Residents' Rights ave the following rights: d services which are e, and in compliance with tate laws and rules and	D912	EDUCATION WAS COMPLETED WITH MANAGEMENT AND STAFF TO ENSURE THAT THEY ARE AWARE AND UNDERSTAND RESIDENT RIGHTS EDUCATION WAS SIGNED OFF BY ALL EMPLOYEES. OUR OMBUDSMAN WIL COME IN TO DO INSERVICE ON RESIDENT RIGHTS.	
	This Rule is not met a Based on observation	as evidenced by: s, interviews, and record			

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STATEMEN	of Health Service Regu T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DATE	SHDVEV
AND PLAN I	OF CORRECTION	IDENTIFICATION NUMBER:				LETED
		HAL034098	B. WING		R 03/08/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	IATE, ZIP CODE		
SALEM TI	FRRACE		D SALISBURY			
		WINSTO	N SALEM, NC	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLE DATE
D912	Continued From page	e 106	D912			1
	received care and se appropriate, and in co	ailed to assure residents rvices that were adequate, ompliance with relevant s and rules and regulations				
	The findings are:					
	reviews, the facility fa notification for 4 of 7 s (Residents #2, #4, #6 contacting the physici sugar was greater tha out of the facility and when residents refuse Tylenol, Auryxia, gaba tears, and midodrine (renvela) (#6), anti-inf inhaled Fluticasone P	and #7) related to not ian when a resident's blood an 400, when residents were missed medications and ed medications of Novolog, apentin, linzess, refresh (#7), Sevelamer Carbonate l'ammatory cream and an ropionate (#2), a podiatrist g the physician regarding t4). [Refer to Tag 273,				
	G.S. § 131D-45. Exan	amination and screening nination and screening for olled substances required loyment in adult care	D992	FACILITY WILL MAKE SURE THAT ALL STAFF HAVE A DRUG SCREENING COMPLETED BEFORE THEY EVER ATTENE THE FACILITY ORIENTATION CLASS. ALL I SCREENINGS WILL BE DONE BY COE MAN	DRUG	<b>3   11   1</b> 4
	licensed under this Art conditioned on the app examination and scree substances. The exam be conducted in accord Chapter 95 of the Gen	plicant's consent to an				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL034098	B. WING		03	R 03/08/2019	
NAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE			
SALEM T	EDDACE	2609 OL	D SALISBURY RO	AD			
JALENI I		WINSTO	N SALEM, NC 271	27			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O	F CORRECTION		
PREFIX TAG		(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	BE COMPL	
D992	Continued From page 107		D992		миницијани на		
	of applicants and ma the results of the app screening indicate th substance, the adult the applicant unless the adult care home applicant's prescribin controlled substance examination and scree physician to treat the psychological conditi physician shall includ substance, the presc and the condition for prescribed. If the rest employee's examinate the presence of a cor care home may requi	eening is prescribed by that applicant's medical or on. The verification from the le the name of the controlled ribed dosage and frequency, which the substance is ult of an applicant's or ion and screening indicates ntrolled substance, the adult re a second examination fy the results of the prior					
	interviews, the facility examination and scre controlled substances who were hired after The findings are: 1. Review of Staff B's -She was hired on 02/ Administrator.	n, record reviews, and failed to ensure ening for the presence of for 1 of 6 sampled staff (B) 10/01/13. personnel record revealed: /09/18 as the interim entation of examination and					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED R 03/08/2019		
		HAL034098	B. WNG				
NAME OF PROV	IDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	ACE	2609 OL	D SALISBURY RO	AD			
SALEM TERR		WINSTO	N SALEM, NC 271	27			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	ICY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION R LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE DEFICIENCY)			THE APPROPRIATE	SHOULD BE COMPLE	
D992 Co	Continued From page 108		D992		m, jeyy, jest (al. a. a. al. al j j. j. j. j		
5:( -Sl as -Sl the -Sl do As 03, -Di orio -St	D1pm revealed: he was pulled from part-time interim A bruary 2018. he had a drug scree corporate office, e started working i ne did not know if cumentation of hel second interview w /08/19 at 5:03pm r rug screenings sho entation of new en	there was any r having had a drug screen. with the Administrator on evealed: build be completed prior to aployees. ag screening on 03/06/19					

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