

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 17, 2019

Mr. Charles E. Trefzger, Jr., Executive Officer Burgaw Health Holdings, LLC, Licensee Ashe Gardens P.O. Box 2568 Hickory, N.C. 28603-2568

Email address: <u>mdeaton@affinitylivinggroup.com</u>

**Re:** Receipt of Plan of Correction (AV7912)

Facility: Ashe Gardens
Licensure Number: HAL-071-015
County: Pender

Dear Mr. Trefzger:

Based on a telephone conversation with Ms. Nina Warwick-Joyner on May 17, 2019, there was an addendum to the Plan of Correction for the Statement of Deficiencies dated April 01, 2019. The pages noting the addendum are provided for your records.

Please do not hesitate to contact us at 910-260-0364, if you have questions or we may be of further assistance.

Sincerely,

Deborah Hering, Licensure Consultant Adult Care Licensure Section Division of Health Service Regulation

elach H. Henry , RN

Enclosure

cc: Cathy Ingram, Supervisor, Pender County Department of Social Services Nina Warwick-Joyner, Senior Operations Specialist w/enclosures Tamara Talbot, Team Supervisor, East 6 Region, Adult Care Licensure Section Raleigh Facility File

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION ADULT CARE LICENSURE SECTION

LOCATION: 801 Biggs Drive, Brown Building, Raleigh, NC 27603
MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708
www.ncdhhs.gov/dhsr/acls • TEL: 919-855-3765 • FAX: 919-733-9379

## RECEIVED PRINTED: DA/15/2018 FORM APPROVED

Division of Health Service Regulation FORM APPROVED OX2 MULTIPLE CONSTRUCTION MAY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (XX) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING: ADULT CARE LICENSURE SECTION HAL071015 B. WANG 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOK **300 WEST ASHE STREET ASHE GARDENS** BURGAW, NC 28425 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (KB) COMPLETE DATE PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LISC IDENTIFYING INFORMATION GROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY (D 000) Initial Comments (D 000) Responses to the cited deficiencies The Adult Care Licensure Section conducted a do not constitute an admission or follow up survey and a complaint investigation agreement by the facility of the facts from March 26, 2019 - March 30, 2019 and April alleged or conclusions, set forth in the statement of deficiencies, the plan of correction is prepared solely as a matter of compliance with the law, (D 358) 10A NCAC 13F .1004(a) Medication (D 358) Administration 10A NCAC 13F .1004 Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the Facility will assure that the preparation preparation and administration of medications, and administration of medications 05/09/19 prescription and non-prescription, and treatments prescription and non-prescription, and by staff are in accordance with: treatments provided by staff are in (1) orders by a licensed prescribing practitioner accordance with orders by a licensed which are maintained in the resident's record; and prescribing practitioner, rules and facility's (2) rules in this Section and the facility's policies policies and procedures. and procedures. Facility completed audits of all resident orders MARs, and resident record to assure all orders had been implemented 4/25/19 as prescribed by licensed practitioner. Director of Resident Care, Memory Care 4/25/19 Manager and/or Executive Director will review all orders prescribed by license prescribing practitioner. Director of Resident Care, Memory Care This Rule is not met as evidenced by: Manager and/or ED will contact licensed FOLLOW-UP TO TYPE A1 VIOLATION. 4/25/19 prescribing practitioner with any needed clarifications and document contact in The Type A1 Violation was abated. resident care notes. Non-compliance continues. Director of Resident Care, Memory Care Based on observations, Interviews, and record 4/18/19 Manager and ED have been in-serviced on reviews, the facility falled to administer assuring orders are reviewed, clarified as medications as ordered and in accordance with needed and documentation of the facility's policies for 2 out of 8 residents (#1, contact with licensed prescribing practitioner. #7) observed during the medication passes including errors with a medication to lower

USORATORY DIRECTORS OR PROVIDENCE EXPOSER REPRESENTATIVE'S BIGNATURE

FIGURE FORM

STORE FORM

SOUTH AND SOUTH SOU

\* The Plan of Correction with Addendum
Was reviewed and accepted on USI 17/19.

Refer to addendum on Page (4) of this

Statement of Deficiences. DH 05/

Division of Health Service Regulation

medications.

report dated 03/08/19 revealed:

-There was a recommendation to re-evaluate continued treatment with Prevalite because Prevalite impeded the absorption of other

-If Prevalite was continued, it was recommended to administer other medications at least 1 hour before or at least 4 hours after Prevalite to minimize the potential for a drug interaction. -Below the pharmacy recommendation, Resident

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071015	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		ETED
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET			
ASHE GAI	RDENS		W, NC 28425			
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	response document recommendation(s) written".  -The PCP signed ar implement the recording and the reco	rovider (PCP) checked the ted, "I accept the above, please implement as and dated the order to amendation on 03/12/19, written note that read, "I will the note was signed and in 03/19/19.  2:00am medication pass on diministered Prevallte along min C, and Vitamin B-12 at 100% of the Prevalite, and idine, Vitamin C, and Vitamin idine is for acid reflux. In B-12 are supplements.)  2:7's March 2019 electronic ration record (eMAR)  for Prevalite 4g 1 packet and to be administered at 1000 aily scheduled to 1000 aily schedu	(D 358)	Continued from page 2  Memory Care Manager and/or Resident Care will process all of using the "order processing system include follow up ro ensure means are delivered timely for pharmal. In the event, medications are induring normal delivery, the Mer Manager and/or Director of Resident Care will:  -Contact the pharmacy response -Document pharmacy response -Document outcome, measures and/or ETA of medications -Primary Care Physicians will recommunication related to delive Medication for administration -Request utilization of back up procession for urgent medication coverage - Medications requiring prior- au or clarification will be communicated prescibing practitioner and document of Resident Care will communicate with medication delivery to the Edirector, who will escalate the is pharmacy manager and Regions President of Operations.	orders stem" to dications cy. ot received mory Care sident  taken, ceive ry of charmacy thorizations ated to the ment  Director ate concern executive ssue to the	5/9/19

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071015	A. BUILDING  B. WING	LE CONSTRUCTION		LETED R
NAME OF F	ROVIDER OR SUPPLIER	OTDETT	LODDING SING	Management Colors	04/	01/2019
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(D 358)	Continued From pa	ge 3	{D 358}	Continued from page 3		
	-There was docume	entation that Vitamin C 500mg	100000000000000000000000000000000000000	1 3		
1	was administered 0	3/12/19 - 03/27/19 at 8:00am		Facility will complete Medication	Pass	
	-There was no docu	umentation the administration		Observations to observe and ens	ure	5/9/19
	time of Prevailte or	other medications was		Medication Aides are administeri	ng and	410110
1	changed as ordered	d on 03/12/19.		using proper procedures/techniquadministering medications.	ues when	
	Interview with a me	Interview with a medication aide (MA) on		Director of Resident Care and/or	Manage	
- 1	03/27/19 at 10:52ar	n revealed:		Care Manager will conduct week	wemory	5/9/19
- 0	-The Prevalite for R	esident #7 was not		audits and Medication Pass Obse	y vari	
- 1	discontinued.	was been at the con-		for one month, then monthly there	after.	
1	Prevalite at 8:00am	ways been administered the	1	9		
	medications,	with other 5:00am				
- 1		s drank all of the Prevalite.	4	In addition, to Director of Residen	t Care and	5/9/19
- 1	-The scheduled time	of administration for		Wellioly Care Manger the		0.0.,0
- 1	Prevalite had not ch	anged to her knowledge.	1	Quaility Assureance RN and/or R	egional	
- 1		) 5 3 3 3 3 4 4 5 5 5 6 5 6 5 6 5 6 5 6 5 6 6 6 6 6		Clinical Director will conduct mon Medication Pass Observations for	thly	
	Interview with the M	emory Care Manager (MCM)	1	than two months.	no less	
	on 03/27/19 at 11:07	7am revealed:	D360	1011 001	1-Ohol	ne
	-one and the Reside	ent Care Manager (RCM)	0558	with Ms. Nino on 05/17/19: The Aides Will re-on esidents' Medic	1.20	TUNC VE
	new medication orde	r reviewing and implementing		Will IIIS. Nino	occ.	Valla
		le for following up on any	1 5	on oblilled the	Inc	cucho
	pharmacy recomme	ndations that were completed	1	A'des will re-or	GEL 4	ME
	in March 2019.	and more sompleted		ci Lasts Medic	aton	2
	-She sent any recon	nmendations to the residents'	1 1	from the conte	end	pherm
- 1	PCPs or put them in	the PCP's folder.		Con July on a	7 -	8 0
	-She would Impleme	ent any recommendations with		broarge much	the P	redra
		y the PCP and fax them to	1	day Supply of		Δ
	the pharmacy.	allo a catalog of the	1	day Supply of was left on	nan	1.0
	e-MAR system and	ally entered new orders in the the MCM or RCM had to		W. O. I	06717	1119
	review and approve	the orders in the e-MAR		Nun to		
	system for them to b	become active.	1			
	-The MCM and the F	RCM could also manually	1			
	enter orders into the	e-MAR system if the order				
	was not entered by		1			
	-She faxed Residen	t #7's Prevalite pharmacy	1			
		der signed by the PCP on				
	03/12/19 to the phar	macy on 03/15/19.				

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		HAL071015	B. WING		1	R
NAME OF	PROVIDER OR SUPPLIER	-			04	/01/2019
ASHE GA	Porue	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	- Carrier Internation	
None GP	MDENS.	300 WE	ST ASHE STREET			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	W, NC 28425			
PREFIX TAG	TEMORI DENGLE	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	PLICE I D. DE	COMPLI DATE
(D 358)	Continued From pa	ge 4	ED OFFICE	DEFICIENCY)		
			(D 358)			
- 1	03/15/19 Instead of	ain why it was faxed on 03/12/19 when it was signed				
	by the PCP.	Willia when it was signed		360		
1	-She did not know w	hy the scheduled				1
	administration time f	or Prevalite was not about	1 1	*		
	when the order date	d and signed by the DCD on	1 1	*		
	03/12/19 was faxed	to the pharmacy.				1
- 1						
	Interview with the Re	sident Care Manager (RCM)	1 1			
10.0	VII USIZ//18 8t 11:0/	am revealed:	1 1			
	She and the MCM w	vere responsible for nenting new medication	1 1			
	orders.	nenting new medication				
	The MCM faxed Res	ident #7's pharmacy	1 1			
- 11	recommendation sign	ed by the PCP on 03/12/10	1			
- 11	to the pharmacy on F	riday (03/15/10)			1	
	When the RCM retur	med to work on Monday	1			
1.0	/3/18/19, she noticed	the order was still in the				
13	he e-MAR.	changes had been made to	1 1			
			1 1			
17	mplemented.	y the order had not been	1 1	7		
	The RCM snoke to B	esident #7's PCP on			- 4	
0	3/18/19 and asked a	bout the Prevalte	1 1		- 1	
-	The PCP told the RC	M she would discontinue				
ti	ne Prevalite at her ne	ext visit to the facility.			- 4	
1-4	When the PCP came	to the facility on 03/19/19			1	
8	he wrote "I will D/C P	revalite" on the pharmacy				
li li	ecommendation form	that was originally signed				
100	y the PCP on 03/12/	ange administration time.				
1.0	On 03/20/19, when re	viewing orders, the RCM				
n	oticed the note signe	d by the PCP on the			ē .	
p	harmacy recommend	lation form about				
d	scontinuing Prevalite	),				
-	The RCM did not thin	k it was a clear order so		*0		
S	he called Resident#	r's PCP and the PCP said			1	
S	ne would look at it wh	nen she returned to the			1	
	cility on Monday, 03/			¥11		
	ne RCM did not disc	suss the order signed on				

PRINTED: 04/15/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL071015 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (003) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (D 358) Continued From page 5 (D 358) 03/12/19 to change the time of administration of Prevailte since the PCP said she was going to discontinue the order. -The PCP did not come to the facility again until 03/27/19 and wrote an order at that time to discontinue the Prevalite. Interviews with Resident #7's PCP on 03/27/19 at 1:15pm and 03/29/19 at 11:58am revealed: -She did not think the pharmacy recommendation for Resident #7 for Prevalite that she signed and dated 03/12/19 was an order. -When she signed the pharmacy recommendation for Prevallte for Resident #7 on 03/12/19, she thought she was signing to

discontinue the Prevalite. -The RCM called her "a couple of times" about the Prevalite (could not recall dates).

-She told the RCM she wanted to look at the recommendation again on her next visit to the

-The Prevalite for Resident #7 was discontinued today (03/27/19) because of the pharmacist's concern of the Prevalite binding other medications.

Telephone Interview with a pharmacist at the facility's contracted pharmacist on 03/28/19 at 3:40pm revealed:

- -The pharmacy recommendation for Prevalite that was signed on 03/12/19 for Resident #7 was received by the pharmacy via fax on 03/13/19. -The order was to change scheduled
- administration times so other medications were administered 1 hour before or 4 hours after the Prevalite.
- -The facility could make medication time changes on the e-MAR.
- -Any medication time changes would show on the e-MAR.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R HAL071015 B. WING 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET ASHE GARDENS BURGAW, NC 28425 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X6) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (D 358) Continued From page 6 (D 358) -If medication times were changed by the pharmacy, it would be flagged for the facility to approve the changes before they became active in the e-MAR system. -The facility would have to approve any pharmacy adjustments made in order for it to show on the e-MAR. -There had not been another order for Prevalite since the one received on 03/13/19. -There was a discontinue order for Prevalite that was received by the pharmacy on 03/27/19. Based on observations, interviews, and record review it was determined Resident #7 was not interviewable b. Review of Resident #1's current FL-2 dated 11/15/18 revealed: Diagnoses included Alzheimer's Dementia, diabetes mellitus type 2, hypertension, hypothyroidism, chronic kidney disease stage 2, gastroesophageal reflux disease, and hyperlipidemia. There was an order for Novolog Flexpen insulin. to be administered before meals and at bedtime according to the following scale: 151 - 200 = 2 units, 201-260 = 3 units, 251 - 300 = 4 units, 301 - 350 = 5 units, 351 - 400 = 6 units, greater than (>) 400 = 7 units. Notify Primary Care Provider (PCP) if blood sugar less than (<) 60 or > 401 (Novolog Insulin is rapid-acting insulin used to lower blood sugar. According to the manufacturer, the Novolog Flexpen should be primed with a 2 unit air dose before each use to assure the insulin is flowing through the needle and to remove any air bubbles.) Review of Resident #1's March 2019 electronic medication administration record (eMAR)

Division of Health Service Regulation

revealed:

PRINTED: 04/15/2019

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E 70 000F	- 02	1/01/2019
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		BURGA	W, NC 28425			
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(D 358)	Continued From page	ge 7	(D 358)	,		
- 1	The same of the sa		(D 356)			
	scale to be administ	for Novolog Flexpen sliding tered before meals and at	1 1			
- 1	bedtime.	bered before meals and at	1 1			
- 1		d sugar ranged from 43 - 500	1 1			1
	from 03/01/19 - 03/2	or auger ranged from 43 - 500	1 1			1
_ 1	1000	911381				
	Observation of the 1	1:45am medication pass on	1 1			
- 1	U3/2//19 revealed:		1			1
- 1	-Resident #1's blood	sugar was 194 at 12:25pm.	1 1			
- 1	- The medication aide	(MA) performed a 2 unit air				
8	snot prior to dialing u	p the 2 units of Novolog for	1			
	administration.					
	-After the MA perform	ned a 2 unit air shot, she	1 1			
	removed the needle a	and applied a new needle to				
	the Novolog Flexpen.					
	-Sne did not dial and	perform a 2 unit air shot				
	unite changing the he	edle, prior to dialing the 2	1 1			1
	The MA administration	sliding scale dosage.	1			
	Resident #11e sieht	d the 2 units of Novolog to	1 1		11	
1.	readout #12 right up	oper arm at 12:31pm.				
- 11	nterview with Reside	nt #1 on 03/28/19 at 2:23pm	1 1			
	evealed:	on ourzor to at z.zapm				
- 1-	She had never watch	ned the MAs prepare the				
1.0	nsulin prior to admini	stering to her.				
-	She did not know if a	n insulin pen or a vial was				
u	ised.					
1	nterview with the MA	on 03/27/19 at 1:50pm		9		
F	evealed:	TANKE TANK CONTRACTOR OF CASA PROPERTY	1		- 1	
15	The reason for a 2 ur	nit air shot with Novolog	1 1		- 1	
1	expen prior to admir	istration was to ensure				
10	iora mare uo all bribl	oles in the needle, and				
15	nsulin was coming ou	t of the needle.  I the needle and applied a				E.
n	ew needle after nerf	orming a 2 unit air shot with				
N	lovolga Flevnon hose	use she thought the needle				
0	ould not be used after	r an air shot because it was				
a	"one time use" need	lo				
	The same of the same of	on insulin preparation and				
-6114-60	Service Regulation	on modifi proporation and			1	

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SUIA IDENTIFICATION NUMBER: HAL-071015	(X2) MULTIPLE ( A. BUILDING:  B. WING	CONSTRUCTION	CON	E SURVEY PLETED
NAME OF F	PROVIDER OR SUPPLIER				0	4/01/2019
			ADDRESS, CITY, STATI	E, ZIP CODE		
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(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	W, NC 28425			
PREFIX	REGULATORY OF	ICY MUST BE PRECEDED BY FULL R LBC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X8) COMPLE DATE
(D 358)	Continued From page	ge 8	/D 3683			+
	administration by a life facility within the past facility within the past she had not been to after performing a 2 -She had "just alway -She did not know she needle for Novolog a performing the air she interview with the Me and the Resident Cal 03/27/19 at 2:00pm no The MAs had not be needle after performing Novolog Flexpens.  The process for using put on the pen needle perform an air shot to certain the insulin conthen dial to the correct administration site, and he resident.  The MAs had specificated in the semonstrated in suling performed in the semonstrated in the semonstrat	Registered Nurse (RN) at the st few months. rained to change the needle unit air shot. It does not that", the needed to use the same administration after sot.  It does not that the same administration after sot.  It does not that the same administration after sot.  It does not that the same administration after sot.  It does not that the same administration after sot.  It does not the same sot that the same sot of the needle tip, at insulin dose, prepare the sot administer the Novolog to the same sot of the needle tip, at insulin pen training during our MA classes, and had been use with the Licensed support (LHPS) nurse while	(D 368)			
0	Interview with the Executive Director (ED) on 03/27/19 at 2:15pm revealed: -She knew that insulin pens had to be primed with					
-1	n air shot prior to adn	ninistration. ty had been checked off on				
F	legistered Nurse (RN)	) during their training.				
d d	1/21/18 revealed diag ementia, anxiety, dep	#2's current FL-2 dated noses included vascular ression, gastroesophageal roidism, and hypertension.			11.5	

DIVISIO	of Health Service Re	gulation			FU	RM APPROVED
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL071015	B. WING			R
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	Thank	1 09	/01/2019
			ST ASHE STREET	L, ZIP CODE		
ASHE G	ARDENS		W, NC 28425			
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{D 358	Continued From pa	ge 9	(D 358)			
	11/21/18 revealed the Duloxetine 30 milling (DR) two times a data used to treat mood of Review of Resident medication administration administration times.  There was a compute Duloxetine 30mg DF administration times.  There was document administered on	#2's January 2019 electronic ration record (eMAR)  Iter generated entry for R twice a day with scheduled of 8:00am and 8:00pm. Intation Duloxetine 30mg was 01/25/19 at 8:00pm with a lawaiting delivery" in the				
	revealed: -There was a comput Duloxetine 30mg DR administration times -There was document not administered on 8:00am and 8:00pm (total of 5 doses) witi	elivery" in the exception		er X		
	dated 12/01/18 - 03/ contracted pharmacy tablets of Duloxetine 12/15/18, 01/18/19, 0 Based on observation reviews Resident #2	#2's dispensing records 29/19 from the facility's y revealed there were 60 30mg DR dispensed on 02/21/19, and 03/20/19.  ons, interviews, and record was not interviewable.  w with a medication aide (MA)				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	OVER LEE TIPLE	2010	¥	RM APPROVED
WILD PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING: _	CONSTRUCTION		TE SURVEY MPLETED
		HAL071015	B. WING			R
AME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	- 70 coor	0	4/01/2019
SHE GA	RDENS	300 WE	ST ASHE STREET	E, ZIP CODE		
Ath in		BURGA	W, NC 28425			
(X4) ID PREFIX TAG	( CACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSG IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE	(005) COMPLETE DATE
(D 358)	Continued From page	ge 10	(D 358)		(e)	
	on 03/27/19 at 11:40	Dam	10 000			
	Refer to Intendeum	- Alba	1 1			
- 1	at 12:10pm and 03/2	with a second MA on 03/27/19 29/19 at 1:39pm	1 1			
	Manager (MCM) and	wwith the Memory Care I the Resident Care Manager	1 1			
	(RCM) on 03/29/19 a	at 5:33pm.			92	
	b. Review of Resider	nt #2's current FL-2 dated	1 1			1 1
	11/21/18 revealed the	ere was an order for				1 1
	Levothyroxine 150 m	icrograms (mog) dally	1 1			1 1
	thyroid).	nedication used to treat the				
	Review of Resident#	2's February 2019 eMAR				
	There was a comput	er generated entry for	1 1			1 1
	Levothyroxine 150mo administration time of	g daily with a scheduled				1 1
1-	There was document	tation Levothyroxine 150mg				
13	was not administered	on 02/27/19 at 11:00am	1 1			
15	total of 1 dose) with a	a reason as livery" in the exception				
8	section of the eMAR.	avory at the exception				-
F	Review of Resident #	2's dispensing records				
9	lated 12/01/18 - 03/2	9/19 from the facility's				
t	ablets of Lavothyroxi	revealed there were 30 ne 150mcg dispensed on				
1	2/21/18, 01/12/19, 0	2/27/19, and 03/26/19.				
E	Based on observation eviews Resident #2 v	s, interviews, and record vas not interviewable.				
	Refer to the Interview in 03/27/19 et 11:40a	with a medication aide (MA)				
F	defer to interviews wit	h a second MA on 03/27/19				

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: \_ B. WING HAL071016 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY (D 358) (D 358) Continued From page 11 Refer to the interview with the Memory Care Manager (MCM) and the Resident Care Manager (RCM) on 03/29/19 at 5:33pm. c. Review of Resident #2's current FL-2 dated 11/21/18 revealed there was an order for Omeprazole 20mg DR every morning (Omeprazole is a medication used to treat acid reflux). Review of Resident #2's January 2019 electronic medication administration record (eMAR) revealed: -There was a computer generated entry for Omeprazole 20mg DR every morning with a scheduled administration time of 8:00am, -There was documentation Omeprazole 20mg was not administered on 01/17/19, 01/18/19, and 01/31/19 at 8:00am with a reason as "Ordered/awaiting delivery" in the exception section of the eMAR. Review of Resident #2's dispensing records dated 12/01/18 - 03/29/19 from the facility's contracted pharmacy revealed there were 30 tablets of Omeprazole 30mg DR dispensed on 12/13/18, 01/17/19, 02/23/19, and 03/22/19. Based on observations, interviews, and record reviews Resident #2 was not interviewable. Refer to the Interview with a medication aide (MA) on 03/27/19 at 11:40am Refer to interviews with a second MA on 03/27/19 at 12;10pm and 03/29/19 at 1:39pm. Refer to the Interview with the Memory Care

Division of Health Service Regulation

Manager (MCM) and the Resident Care Manager

Division of Health Service Regulation PRINTED: 04/15/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL071015 B. WING NAME OF PROVIDER OR SUPPLIER 04/01/2019 STREET ADDRESS, CITY, STATE, ZIP CODE **ASHE GARDENS** 300 WEST ASHE STREET BURGAW, NC 28425 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) (D 358) Continued From page 12 (D 358) (RCM) on 03/29/19 at 5:33pm. 3. Review of Resident #1's current FL-2 dated 11/15/18 revealed: -Diagnoses included Alzheimer's disease, type 2 diabetes mellitus, hypertension, hypothyroidism, stage two chronic kidney disease, gastroesophageal reflux disease, and hyperlipidemia. -There was a handwritten entry to see the attached signed physician's order in the medication section of the FL-2. a. Review of Resident #1's current FL-2 with the attached signed physician's orders dated 11/15/18 revealed an order for Omeprazole 40mg take one tablet twice daily. (Omeprazole is a medication used to treat acid reflux). Review of Resident #1's January 2019 electronic medication record (eMAR) revealed: -There was a computer generated entry for Omeprazole 40 mg take one capsule twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation Omeprazole 40mg was not administered on 01/11/19 with a reason of "Ordered/awaiting delivery" in the exception section of the eMAR. Review of Resident #1's electronic charting notes revealed no documentation regarding the missed doses of Omeprazole or the medication being unavailable. Review of Resident #1's dispensing records dated 12/01/18 - 03/29/19 from the facility's contracted pharmacy revealed there were 60

tablets of Omeprazole 40mg dispensed on

12/07/18 and 01/11/19.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: B. WING HAL071015 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) (D 358) Continued From page 13 (D 358) Interview with Resident #1 on 03/26/19 at 10:55am revealed: -She thought she received all of her medications from the medication aides (MAs). -She was not aware of missing any medications but did not know what each pill she took looked like. Interview with a MA on 03/27/19 at 11:40am revealed she was not aware of any issues with Resident #1's medications not being available in the facility to administer. Interview with a second MA on 03/27/19 at 12:10pm revealed she was not aware of any issues of Resident #1 being out of any medications because she did not work Resident #1's medication cart. Interview with Resident #1's primary care provider (PCP) on 03/27/19 at 1:20pm revealed: -She thought the facility had been having problems with the contracted pharmacy being slow sending the residents' medications. -She knew she had been contacted by staff at the facility regarding Resident #1 missing some medications because the medications were not available. Interview with Administrator on 03/27/19 at 2:35pm revealed she would review the dates documented on Resident #1's January 2019 eMARS when the medications were documented as not administered with a reason of "Ordered/awaiting delivery" in the exception section of the eMAR. Refer to the interview with a medication aide (MA)

Division of Health Service Regulation

on 03/27/19 at 11:40am.

AND PLAN	OF OF THE STATE OF	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071015	(X2) MULTIPLE (A. BUILDING;	CONSTRUCTION	COM	E SURVEY PLETED
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDDCOD AND SOME		04	/01/2019
ACUTOA	DDENA		ADDRESS, CITY, STATI ST ASHE STREET	E, ZIP CODE		
ASHE GA	RDENS		W, NC 28425			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEPICIENCY)	SHOULD BE	(X5) COMPLE DATE
(D 358)	Continued From page	ge 14	(D 358)			_
	Refer to the interview Manager (MCM) and	w with the Memory Care		€	38	
- 1	b. Review of Resider attached signed phys 11/15/18 revealed an 50mcg take one table (Levothyroxine is a m	at 5:33pm.  It #1's current FL-2 with the sicien's orders dated order for Levothyroxine			e e	
	medication record (el -There was a comput Levothyroxine 50mcg scheduled administra -There was document was not administered and on 01/31/19 (tota	er generated entry for take one tablet daily with a				
0	evealed no document	t's electronic charting notes tation regarding the missed e or the medication being				
d c ta	ated 12/01/18 - 03/29 ontracted pharmacy r	evealed there were 30 te 50mcg dispensed on				
-C	rms for Resident #1	notification/clarification" revealed as a handwritten entry by				

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  300 WEST ASHE STREET  BURGAW, NO 28425   DEPRIEFIX TAG  CACH DEPICIENCY MUST BE PRECEDED BY PILL REGULATORY OR I.SC IDENTIFYING INFORMATION)  PRIEFIX TAG  CONGES-REFERENCED TO THE APPROPMATE  DEPRICENCY)  (D 358)  Continued From page 15  the Resident Care Manager (RCM) that Resident #f missed the morning dose of Levothyroxine Somog and the primary care provider (PCP) was notified. The PCP signed the form on 01/15/19.  -On 01/14/19, there was a handwritten entry by the RCM that Resident #f missed the morning dose of Levothyroxine 50mcg, the PCP was notified, and follow-up was done with the facility's contracted pharmacy. The PCP signed the form on 01/15/19.  -On 01/15/19, there was a handwritten entry by the RCM that the pharmacy did not send Levothyroxine 50mcg, the PCP was notified, the PCP would see the resident today (01/15/19) and the resident was doing well, no adverse reactions. The PCP signed the form on 01/15/19.  -On 01/16/19, there was a handwritten entry (not signed by staff) that Resident #f's PCP was missed and an order was refaxed to the facility's contracted pharmacy. The PCP signed the form on 01/122/19.  -On 01/17/19, there was a handwritten entry by the RCM that Resident #f's PCP signed the form on 01/122/19, -On 01/17/19, there was a handwritten entry by the RCM that Resident #f missed the morning		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	CONSTRUCTION		E SURVEY
ASHE GARDENS  300 WEST ASHE STREET BURGAW, NC 28425  (V4) ID PREFIX TAG  SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL. PREFIX TAG  CONTINUED From page 15  the Resident Care Manager (RCM) that Resident #1 missed the morning dose of Levothyroxine 50mcg and the primary care provider (PCP) was notified. The PCP signed the form on 01/15/19.  On 01/14/19, there was a handwritten entry by the RCM that the pharmacy did not send Levothyroxine 50mcg, the PCP was notified, the PCP would see the resident today (01/15/19) and the resident was doing well, no adverse reactions.  The PCP signed the form on 01/15/19.  On 01/16/19, here was a handwritten entry (not signed by staff) that Resident #1's PCP was notified and foliony-up was done with the facility's contracted pharmacy. The PCP was notified, the PCP would see the resident today (01/15/19) and the resident was doing well, no adverse reactions.  The PCP signed the form on 01/15/19.  On 01/16/19, here was a handwritten entry (not signed by staff) that Resident #1's PCP was notified the dose of Levothyroxine 50 mcg was missed and an order was refaxed to the facility's contracted pharmacy. The PCP signed the form on 01/12/19,  On 01/17/19, there was a handwritten entry by the RCM that Resident #1 missed the morning			HAL071015	B. WING		R	
ASHE GARDENS  300 WEST ASHE STREET BURGAW, NC 28425  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 358)  Continued From page 15  the Resident Care Manager (RCM) that Resident #1 missed the morning dose of Levothyroxine 50mog and the primary care provider (PCP) was notified. The PCP signed the form on 01/15/19.  -On 01/14/19, there was a handwritten entry by the RCM that Resident #1 missed the morning dose of Levothyroxine 50mog, the PCP was notified and follow-up was done with the facility's contracted pharmacy. The PCP signed the form on 01/15/19.  -On 01/15/19, there was a handwritten entry by the RCM that the pharmacy did not send Levothyroxine 50mog, the PCP was notified, the PCP would see the resident today (01/15/19) and the resident was doing well, no adverse reactions. The PCP signed the form on 01/15/19.  -On 01/16/19, there was a handwritten entry (not signed by staff) that Resident #1's PCP was notified the dose of Levothyroxine 50 mog was missed and an order was refaxed to the facility's contracted pharmacy. The PCP signed the form on 01/22/19.  -On 01/17/19, there was a handwritten entry by the RCM that Resident #1 missed the morning	NAME OF P	ROVIDER OR SUPPLIER	Procer	DODGGG OTH THE	- Carrier of the Carr	1 0	4/01/2019
DURGAW, NC 28425  SUMMARY STATEMENT OF DEFICIENCISS  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CONTINUED From page 15  The Resident Care Manager (RCM) that Resident #1 missed the morning dose of Levothyroxine some on 01/15/19.  -On 01/14/19, there was a handwritten entry by the RCM that Resident #1 missed the form on 01/15/19.  -On 01/15/19, here was a handwritten entry by the RCM that the pharmacy did not send Levothyroxine 50mog, the PCP was notified and follow-up was done with the facility's contracted pharmacy. The PCP signed the form on 01/15/19, and the resident was doing well, no adverse reactions. The PCP signed the form on 01/16/19, here was a handwritten entry (not signed by staff) that Resident #1's PCP was notified the dose of Levothyroxine 50 mog was missed and an order was refaxed to the facility's contracted pharmacy. The PCP signed the form on 01/12/19, -On 01/16/19, there was a handwritten entry (not signed by staff) that Resident #1's PCP was notified the dose of Levothyroxine 50 mog was missed and an order was refaxed to the facility's contracted pharmacy. The PCP signed the form on 01/12/19, -On 01/17/19, there was a handwritten entry by the RCM that Resident #1 missed the morning					AZIP CODE		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION)  (D 358)  Continued From page 15  the Resident Care Manager (RCM) that Resident #1 missed the morning dose of Levothyroxine 50mcg and the primary care provider (PCP) was notified. The PCP signed the form on 01/15/19.  -On 01/14/19, there was a handwritten entry by the RCM that Resident #1 missed the form on 01/15/19.  -On 01/15/19, there was a handwritten entry by the RCM that the pharmacy did not send Levothyroxine 50mcg, the PCP was notified, the PCP would see the resident today (01/15/19) and the resident was doing well, no adverse reactions. The PCP signed the form on 01/15/19, there was a handwritten entry (not signed by staff) that Resident #1's PCP was notified the dose of Levothyroxine 50 mcg was missed and an order was refaxed to the facility's contracted pharmacy. The PCP signed the form on 01/12/19.  -On 01/17/19, there was a handwritten entry by the RCM that Resident #1 missed the morning	ASHE GA	RDENS					
the Resident Care Manager (RCM) that Resident #1 missed the morning dose of Levothyroxine 50mcg and the primary care provider (PCP) was notified. The PCP signed the form on 01/15/19.  -On 01/14/19, there was a handwritten entry by the RCM that Resident #1 missed the morning dose of Levothyroxine 50mcg, the PCP was notified and follow-up was done with the facility's contracted pharmacy. The PCP signed the form on 01/15/19, -On 01/15/19, there was a handwritten entry by the RCM that the pharmacy did not send Levothyroxine 50mcg, the PCP was notified, the PCP would see the resident today (01/15/19) and the resident was doing well, no adverse reactions. The PCP signed the form on 01/15/19, -On 01/16/19, there was a handwritten entry (not signed by staff) that Resident #1's PCP was notified the dose of Levothyroxine 50 mcg was missed and an order was refaxed to the facility's contracted pharmacy. The PCP signed the form on 01/12/19, -On 01/17/19, there was a handwritten entry by the RCM that Resident #1 missed the morning	PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X6) COMPLE DATE
#1 missed the morning dose of Levothyroxine 50mog and the primary care provider (PCP) was notified. The PCP signed the form on 01/15/19.  -On 01/14/19, there was a handwritten entry by the RCM that Resident #1 missed the morning dose of Levothyroxine 50mcg, the PCP was notified and follow-up was done with the facility's contracted pharmacy. The PCP signed the form on 01/15/19.  -On 01/15/19, there was a handwritten entry by the RCM that the pharmacy did not send Levothyroxine 50mcg, the PCP was notified, the PCP would see the resident today (01/15/19) and the resident was doing well, no adverse reactions. The PCP signed the form on 01/15/19.  -On 01/16/19, there was a handwritten entry (not signed by staff) that Resident #1's PCP was notified the dose of Levothyroxine 50 mcg was missed and an order was refaxed to the facility's contracted pharmacy. The PCP signed the form on 01/12/19, -On 01/17/19, there was a handwritten entry by the RCM that Resident #1 missed the morning	(D 358)	Continued From page	ge 15	(D 358)	11.00		
dose of Levothyroxine 50mcg, the PCP was contacted and continued follow-up would be done with facility's contracted pharmacy. The PCP signed the form on 01/22/19.  -On 01/18/19, there was a handwritten entry by the RCM that Resident #1 missed the daily dose of Levothyroxine 50mcg, the PCP was notified, follow-up with the facility's contracted pharmacy was done and told "they would definitely have it out tonight". The PCP signed the form on		the Resident Care M #1 missed the morn 50mog and the prim notified. The PCP si -On 01/14/19, there the RCM that Resid dose of Levothyroxin notified and follow-u contracted pharmac on 01/15/19On 01/15/19, there the RCM that the ph Levothyroxine 50mo PCP would see the in the resident was do The PCP signed the -On 01/16/19, there signed by staff) that notified the dose of L missed and an order contracted pharmacy on 01/22/19On 01/17/19, there the RCM that Reside dose of Levothyroxin contacted and contin with facility's contract signed the form on 0 -On 01/18/19, there the RCM that Reside of Levothyroxine 50m follow-up with the fact was done and told "til	Manager (RCM) that Resident ing dose of Levothyroxine lary care provider (PCP) was igned the form on 01/15/19, was a handwritten entry by ent #1 missed the morning ne 50mcg, the PCP was up was done with the facility's by. The PCP signed the form was a handwritten entry by armacy did not send g, the PCP was notified, the resident today (01/15/19) and ng well, no adverse reactions. form on 01/15/19, was a handwritten entry (not Resident #1's PCP was evolthyroxine 50 mcg was a was refaxed to the facility's y. The PCP signed the form was a handwritten entry by ent #1 missed the morning ne 50mcg, the PCP was notified, the PCP was a handwritten entry by ent #1 missed the daily dose neg, the PCP was notified, cility's contracted pharmacy hey would definitely have it	{U 300}			

	of Health Service Re	The state of the s			FO	RM APPROVED
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BLILDING:	CONSTRUCTION		E SURVEY BPLETED
		HAL071915	B. WING			R 4/01/2019
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E. ZIP CODE		#U112012
SHE GA	RDENS		ST ASHE STREET			
	10000000		W, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE DEFICIENCY)	V SHOULD BE	(X5) COMPLETE DATE
(D 358)	Continued From pa	ge 16	(D 358)			
	signed the form on	01/22/19.	1000000			
	Interview with Design	dent #1 on 03/26/19 at				
	10:55am revealed:		1 1			1
	-She thought she re	ceived all of her medications	1 1			
	from the medication	of missing any medications				
1	but did not know what	at each pill she took looked	1 1			
	Interview with a MA	on 03/27/19 at 11:40am				
	revealed she was no	ot aware of any Issues with				
	Resident #1's medic the facility to admini	ations not being available in ster.				
	Interview with a seco	ond MA on 03/27/19 at ne was not aware of any				
118	issues of Resident#	1 being out of any				
	medications because #1's medication cart.	she did not work Resident				
- 1	1:20pm revealed:	ent #1's PCP on 03/27/19 at				
	She thought the faci	lity had been having ntracted pharmacy being	1 1			1 1
	slow sending the resi	idents' medications.				
	She knew she had b	een contacted by staff at the				1
1	acility regarding Res	ident #1 missing some the medications were not				
	valiable.	nie medications wella libt		90		
		ith Resident #1's PCP on				
0	03/29/19 12:00pm rev	vealed the resident was on				
	evothyroxine for hyp loses of the medicati	othyroidism and missed on could cause an				
€	exacerbation of symp iry skin.	toms such as fatigue and				
		strator on 03/27/19 at would review the dates				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	COM	PLETED R
NAME OF P	ROVIDER OR SUPPLIER	300 WES	DORESS, CITY, STATE T ASHE STREET I, NC 28425	E, ZIP CODE	]04	1/01/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN 0 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE	THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	eMARS when the mas not administered "Ordered/awaiting do section of the eMAR Refer to the interview on 03/27/19 at 11:40 Refer to interviews wat 12:10pm and 03/2 Refer to the interview Manager (MCM) and (RCM) on 03/29/19 at 12:10pm and 03/29/19 a	ident #1's January 2019 edications were documented with a reason of elivery" in the exception  w with a medication aide (MA) or	{D 358}			

STATE FORM

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DAT	E SURVEY PLETED
NAME OF I	PROVIDER OR SUPPLIER	HAL071015	B. WING		0	R I/01/2019
NAME OF 1	THOMUER OR SUPPLIER	STREETAD	DRESS, CITY, STATI	E, ZIP CODE	-	0112018
ASHE GA	RDENS		TASHE STREET			
(X4) ID	DI BRATA	BURGAW	, NC 28425			
PREFIX	(CAUM DEFICIEN	STATEMENT OF DEFICIENCIES IGY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CO	RRECTION	1
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	U SUNUE D. DE	COMPL DATE
(D 358)	Continued From pag	ge 18	{D 358}	inci identify		
	unavailable,		10 300}			
	- managed of					
- 1	Review of Resident	#1's dispensing records				
	dated 12/01/18 - 03/	29/19 from the facility's	1	<u>*</u>		
	contracted pharmacy	/ revealed there were 15	1 1			1
- 1	riexPens 100units/m	ach of Levemir dienoned	1 1			1
- 1	on 12/19/18 and 01/2	24/19.	1 1			
1	Interview with Reside	ent #1 on 03/26/19 at	1			
-	10:55am revealed:	mt #1 on 03/26/19 at				
	-She thought she rec	eived all of her medications				
	from the medication a	ides (MAs).				
1	She was not aware of	of missing any medications				
10	but aid not know wha	t each pill she took looked	1			
- 1	IKB.	A YOU	- 1			
1;	one was a diabetic a	nd had "a lot" of trouble with	1			
1	out thought she took	ain often in her lower legs,	1			
12	She had to take insul	in to keep her blood sugar	- 1			
h	owered and had been	a "bad" diabetic for years.				
7	elephone interview w	ith Resident #1's guardian				
0	n 03/17/19 at 10:11a	m revealed the resident had			- 1	
a	history of uncontrolle	ed diabetes but thought her	1		1	
t	ne resident had lived	n "controlled better" since at the facility.			1	
		03/27/19 at 11:40am			1	
Fe	evealed she was not	aware of any issues with	- 1			
R	esident #1's medicati	ons not being available in				
tř	e facility to administe	r.		*		
In	terview with a second	d MA on 03/27/19 at				
1:	2:10pm revealed she	was not aware of any				
is	sues of Resident #1 I	being out of any	V			
m	edications because s	he did not work Resident				
#	1's medication cart.					
In	terview with Residen	t #1's primary care provider				
120	CP) on 03/27/19 at 1	00			1	

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R 64/01/2019 HAL071015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 PROVIDER'S PLAN OF CORRECTION **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (D 358) (D 358) Continued From page 19 -She thought the facility had been having problems with the contracted pharmacy being slow sending the residents' medications. -She knew she had been contacted by staff at the facility regarding Resident #1 missing some medications because the medications were not available. A second interview with Resident #1's PCP on 03/29/19 12:00pm revealed the resident was on Levemir due to diabetes and missed doses of the medication could have caused the resident spikes in her blood sugar levels. Interview with Administrator on 03/27/19 at 2:35pm revealed she would review the dates documented on Resident #1's January 2019 eMARS when the medications were documented as not administered with a reason of "Ordered/awaiting delivery" in the exception section of the eMAR. Refer to the Interview with a medication aide (MA) on 03/27/19 at 11:40am. Refer to interviews with a second MA on 03/27/19 at 12:10pm and 03/29/19 at 1:39pm. Refer to the Interview with the Memory Care Manager (MCM) and the Resident Care Manager (RCM) on 03/29/19 at 5:33pm. d. Review of Resident #1's current FL-2 with the attached signed physician's orders dated 11/15/18 revealed an order for Carvedilol 12.5mg take one tablet twice daily. (Carvedilol is used to treat high blood pressure.) Review of Resident #1's January 2019 electronic medication record (eMAR) revealed:

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_ HAL071015 B. WING 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X8) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (D 358) Continued From page 20 (D 358) -There was a computer generated entry for Carvedilol 12.5mg take one tablet twice daily with a scheduled administration time of 8:00am and 8:00pm. -There was documentation Carvedilol 12.5 mg was not administered on 01/11/19 at 8:00am and 8:00pm (total of 2 doses) with a reason as "Ordered/awaiting delivery" in the exception section of the eMAR. Review of Resident #1's electronic charting notes revealed no documentation regarding the missed doses of Carvedilol or the medication being unavallable. Review of Resident #1's dispensing records dated 12/01/18 - 03/29/19 from the facility's contracted pharmacy revealed there were 60 tablets of Carvedilol 12.5mg dispensed on 12/10/18 and 01/11/19, Interview with Resident #1 on 03/26/19 at 10:55am revealed: -She thought she received all of her medications from the medication aides (MAs). -She was not aware of missing any medications but did not know what each pill she took looked like. Interview with a MA on 03/27/19 at 11:40am revealed she was not aware of any issues with Resident #1's medications not being available in the facility to administer. Interview with a second MA on 03/27/19 at 12:10pm revealed she was not aware of any issues of Resident #1 being out of any medications because she did not work Resident #1's medication cart.

PRINTED: 04/15/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING HAL071015 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X8) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATIONI TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (D 358) Continued From page 21 (D 358) Interview with Resident #1's primary care provider (PCP) on 03/27/19 at 1:20pm revealed: -She thought the facility had been having problems with the contracted pharmacy being slow sending the residents' medications. -She knew she had been contacted by staff at the facility regarding Resident #1 missing some medications because the medications were not available. A second interview with Resident #1's PCP on 03/29/19 12:00pm revealed the resident was on Carvedilol and missed doses of the medication could cause the resident to have an increased blood pressure and pulse. Interview with Administrator on 03/27/19 at 2:35pm revealed she would review the dates documented on Resident #1's January 2019 eMARS when the medications were documented as not administered with a reason of "Ordered/awalting delivery" in the exception section of the eMAR. Refer to the interview with a medication aide (MA) on 03/27/19 at 11:40am. Refer to interviews with a second MA on 03/27/19 at 12:10pm and 03/29/19 at 1:39pm. Refer to the interview with the Memory Care Manager (MCM) and the Resident Care Manager

Division of Health Service Regulation

nerve pain).

(RCM) on 03/29/19 at 5:33pm.

 e. Review of Resident #1's current FL-2 with the attached signed physician's orders dated 11/15/18 revealed an order for Duloxetine 60mg take on capsule daily. (Duloxetine is used to treat

PRINTED: 04/15/2019 FORM APPROVED

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		HAL071016	B. WING			R
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E. ZIP CODE	0	4/01/2019
ASHE GA	RDENS		ST ASHE STREET	Hard delate.		
over in		BURGA	W, NC 28425			
PREFIX TAG	REGULATORY OR L	NTEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X8) COMPLET DATE
(D 358)	Continued From page	22	{D 358}			+
Review of Resident #1's January 2019 electronic medication record (eMAR) revealed:  -There was a computer generated entry for Duloxetine 60mg take one capsule daily with a scheduled administration time of 8:00am  -There was documentation Duloxetine 60mg was not administered on 01/18/19 and 01/19/19 at 8:00am (total of 2 doses) with a reason as "Ordered/awaiting delivery" in the exception section of the eMAR.  Review of Resident #1's electronic charting notes revealed no documentation regarding the missed doses of Duloxetine or the medication being unavailable.  Review of Resident #1's dispensing records dated 12/01/18 - 03/29/19 from the facility's contracted pharmacy revealed there were 30 tablets of Duloxetine 60mg dispensed on 12/17/18 and 01/19/19.		(0.308)				
fi b	Interview with Resident #1 on 03/26/19 at 10:55am revealed:  -She thought she received all of her medications from the medication aides (MAs).  -She was not aware of missing any medications but did not know what each pill she took looked like.  Interview with a MA on 03/27/19 at 11:40am revealed she was not aware of any issues with Resident #1's medications not being available in the facility to administer.					
R						
is m #	terview with a second N 2:10pm revealed she was sues of Resident #1 bei edications because she I's medication cart. Service Regulation	as not aware of any				

TATEMENT	f Health Service Reg OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL071015	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED R 04/01/2019	
ASHE GAI	ROVIDER OR SUPPLIER	300 WES	DDRESS, CITY, STATE IT ASHE STREET V, NC 28425	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DISTICIENCY)	SHOULD BE	(X6) COMPLETE DATE
(D 358)	(PCP) on 03/27/19 -She thought the far problems with the crision sending the reshe knew she had facility regarding Remedications because available.  Interview with Admit 2:35pm revealed she documented on Remedication of the eMARS when the mass not administered "Ordered/awaiting assection of the eMARS when the mass not administered "Ordered/awaiting assection of the eMARS when the mass not administered "Ordered/awaiting assection of the eMARS when the mass not administered and 12:10pm and 03/27/19 at 11:4  Refer to the interviews at 12:10pm and 03/27/19 at 11:4  Refer to the interviews at 12:10pm and 03/29/19  f. Review of Resident (RCM) on 03/29/19  f. Review of Resident (Algorithms of Residen	dent #1's primary care provider at 1:20pm revealed: cility had been having ontracted pharmacy being sidents' medications. been contacted by staff at the esident #1 missing some se the medications were not mistrator on 03/27/19 at the would review the dates sident #1's January 2019 medications were documented if with a reason of delivery" in the exception R.  Bew with a medication aide (MA) (IOam.  With a second MA on 03/27/19 at 1:39pm.  Bew with the Memory Care and the Resident Care Manager of at 5:33pm.  Bent #1's current FL-2 with the mysician's orders dated 11/15/18 for Atorvastatin 20mg take one Atorvastatin is used to treat	(D 358)			

Division of Health Service Regulation

STATE FORM

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA			ror	RM APPROVED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:	CONSTRUCTION		SURVEY
e de la companya de l	-	HAL071016	B. WING		04	R /01/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
ASHE GA	RDENS		ST ASHE STREET W, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION,	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	OTION SHOULD BE THE APPROPRIATE	(X6) COMPLETE DATE
(D 358)	was not administere (total of 4 doses) wi	entation Atorvastatin 20mg ed from 02/11/19 - 02/14/19 th a reason as felivery" in the exception	(D 358)			
	Review of Resident revealed no docume	#1's electronic charting notes entation regarding the missed n or the medication being			S. de	
	dated 12/01/18 - 03/ contracted pharmacy	#1's dispensing records 29/19 from the facility's y revealed there were 30 in 20 mg dispensed on and 02/14/19.				
	10:55am revealed: -She thought she rec from the medication a -She was not aware	ent #1 on 03/26/19 at belved all of her medications aides (MAs). of missing any medications at each pill she took looked			æ	
i	revealed she was not	on 03/27/19 at 11:40am t aware of any issues with ations not being available in ter.				
i i	12:10pm revealed she ssues of Resident #1	nd MA on 03/27/19 at e was not aware of any being out of any she did not work Resident				
(	nterview with Reside PCP) on 03/27/19 at She thought the facili	nt #1's primary care provider 1:20pm revealed: ity had been having				

problems with the contracted pharmacy being Division of Health Service Regulation

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B, WING HAL071015 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (D 358) Continued From page 25 {D 358} slow sending the residents' medications. -She knew she had been contacted by staff at the facility regarding Resident #1 missing some medications because the medications were not available. Interview with Administrator on 03/27/19 at 2:35pm revealed she would review the dates documented on Resident #1's February 2019 eMARS when the medications were documented as not administered with a reason of "Ordered/awaiting delivery" in the exception section of the eMAR. Refer to the interview with a medication aide (MA) on 03/27/19 at 11:40am. Refer to interviews with a second MA on 03/27/19 at 12:10pm and 03/29/19 at 1:39pm. Refer to the interview with the Memory Care Manager (MCM) and the Resident Care Manager (RCM) on 03/29/19 at 5:33pm. g. Review of Resident #1's current FL-2 with the attached signed physician's dated 11/15/18 revealed an order for Buspirone 10mg take one tablet three times daily. (Buspirone is used to treat anxiety). Review of Resident #1's March 2019 eMAR revealed: -There was a computer generated entry for Buspirone 10mg take one tablet three times a day with a scheduled administration of 8:00am, 2:00pm, and 8:00pm. -There was documentation Buspirone 10mg was not administered on 03/18/19 at 8:00pm with a reason as "Ordered/awaiting delivery" in the

Division of Health Service Regulation

exception section of the eMAR.

-	of Health Service Re				100		OCCUPATION OF THE PARTY
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	1.4	(X3) DATE S COMPL	
	HAL071015		B. WING			R 04/01/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STATE	, ZIP CODE			
		300 WE	ST ASHE STREET				
ASHE GA	RDENS	BURGA	W, NC 28425				
(X4) ID PREFIX • TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE) CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
(D 358)	Continued From pa	nge 26	(D 358)	2)	E.		
	revealed no docum	t #1's electronic charting notes lentation regarding the missed or the medication being					
	dated 12/01/18 - 03 contracted pharma- tablets of Buspirons	t #1's dispensing records 3/29/19 from the facility's cy revealed there were 90 e 10 mg dispensed on , 01/16/19, 02/14/19 and					
	10:55am revealed: -She thought she refrom the medication -She was not aware	dent #1 on 03/26/19 at eceived all of her medications in aides (MAs). e of missing any medications hat each pill she took looked					
	revealed she was n	on 03/27/19 at 11:40am not aware of any issues with ications not being available in hister.					
	12:10pm revealed a	cond MA on 03/27/19 at she was not aware of any #1 being out of any se she did not work Resident rt.					
	(PCP) on 03/27/19 -She thought the fa problems with the of slow sending the re- -She knew she had facility regarding Re-	dent #1's primary care provider at 1:20pm revealed: collity had been having contracted pharmacy being esidents' medications. I been contacted by staff at the esident #1 missing some se the medications were not			\$2		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X8) COMPLETE DATE
(D 358)	Continued From page 27	{D 358}		
	available,			
	Interview with Administrator on 03/27/19 at			
	2:35pm revealed she would review the dates documented on Resident #1's March 2019			
	eMARS when the medications were documented			
	as not administered with a reason of "Ordered/awaiting delivery" in the exception			
_	section of the eMAR.			
	Refer to the interview with a medication aide (MA)			
	on 03/27/19 at 11:40am.		9	
	Refer to interviews with a second MA on 03/27/19			
	at 12:10pm and 03/29/19 at 1:39pm.			
	Refer to the interview with the Memory Care			
	Manager (MCM) and the Resident Care Manager (RCM) on 03/29/19 at 5:33pm.			
	(ROM) on 03/29/19 at 3.33pm.		1960	1
	4. Review of Resident #3's current FL-2 dated			
	11/29/18 revealed diagnoses included			
	Alzheimer's dementia with behaviors, hypertension, history of myocardial infarction,			
	peripheral vascular disease, deep vein			
	thrombosis with indwelling inferior vena cava filter, schizoaffective disorder, history of selzures,		*	
	and neurocognitive disorder.			
	a. Review of Resident #3's current FL-2 dated			
	11/29/18 revealed an order for Lasix 20mg once dally. (Lasix is a diuretic used to decrease fluid			
	retention and swelling.)		* = =	
	Review of Resident #3's March 2019 electronic			
	medication administration record (e-MAR)			
	revealed: -There was an entry for Lasix 20mg take 1 tablet			
	every day with a scheduled administration time of			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF S	NO CONTRACTOR OF THE CONTRACTO	HAL071015	B. WING		0	4/01/2019
WINE OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATI	E, ZIP CODE		
ASHE GA	RDENS		STASHE STREET W, NC 28425			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	T -			
TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X6) COMPLETE DATE
(D 358)	Continued From pa	ge 28	(D 358)			
	8:00amLasix was not doct days from 03/04/19 "ordered/awaiting d	umented as administered for 2 - 03/05/19 due to elivery".				
	Review of Resident	#3's charting notes revealed	1 1			
	no documentation re	egarding the missed doses of tion being unavailable.				
	dated 12/01/18 - 03/	Review of Resident #3's dispensing records lated 12/01/18 - 03/29/19 from the facility's				-
	contracted pharmacy revealed there were 30 ablets of Lasix 20mg dispensed on 12/30/18, 01/31/19, and 03/05/19.					
- 1	(PCP) on 03/29/19 a	ent #3's primary care provider at 12:30pm revealed:				
	<ul> <li>She knew Resident of medications but si medications or when</li> </ul>	#3 had missed some doses he could not recall which				
	<ul> <li>She thought the fac contracted pharmacy</li> </ul>	ility had some issues with the y sending medications.				
	medications so they	t of refilis on residents' would not run out. king Lasix for swelling in his				
	lower extremities.	missed doses of Lasix could				
	Interview with a med 03/29/19 at 1:39pm r She was not sure wi	ication aide (MA) on evealed: ny Resident #3 missed		II S		
-	doses of Lasix.	should have been ordered				
-		charged to another facility on				
F	Refer to the interview	with a medication aide (MA)				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED R HAL071015 B. WING 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET ASHE GARDENS BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (D 358) Continued From page 29 (D 358) Refer to Interviews with a second MA on 03/27/19 at 12:10pm and 03/29/19 at 1:39pm. Refer to the Interview with the Memory Care Manager (MCM) and the Resident Care Manager (RCM) on 03/29/19 at 5:33pm. b. Review of Resident #3's current FL-2 dated 11/29/18 revealed an order for Hydrochlorothlazide (HCTZ) 12.5mg once daily. (HCTZ is a diuretic used to decrease fluid retention and swelling.) Review of Resident #3's February 2019 electronic medication administration record (e-MAR) revealed: -There was an entry for HCTZ 12.5mg take 1 tablet every day with a scheduled administration time of 9:00am. -HCTZ was not documented as administered for 3 days from 02/02/19 - 02/04/19 due to "ordered/awaiting delivery". Review of Resident #3's charting notes revealed no documentation regarding the missed doses of HCTZ or the medication being unavailable. Review of Resident #3's dispensing records dated 12/01/18 - 03/29/19 from the facility's contracted pharmacy revealed there were 30 tablets of HCTZ 12.5mg dispensed on 12/01/18, 12/31/18, 02/04/19, and 03/01/19. Interview with Resident #3's primary care provider (PCP) on 03/29/19 at 12:30pm revealed: -She knew Resident #3 had missed some doses of medications but she could not recall which medications or when they were missed. -She thought the facility had some issues with the

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED . . . HAL071015 B. WING 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET ASHE GARDENS BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (D 358) Continued From page 30 (D 358) contracted pharmacy sending medications. -She usually put a lot of refills on residents' medications so they would not run out. -Resident #3 was taking HCTZ for swelling in his lower extremities. -She was concerned missed doses of HCTZ could cause more swelling. Interview with a medication aide (MA) on 03/29/19 at 1:39pm revealed: -She was not sure why Resident #3 missed doses of HCTZ. -Resident #3's HCTZ should have been ordered before the medication ran out. -Resident #3 was discharged to another facility on 03/25/19. Refer to the interview with a medication aide (MA) on 03/27/19 at 11:40am Refer to interviews with a second MA on 03/27/19 at 12:10pm and 03/29/19 at 1:39pm. Refer to the interview with the Memory Care Manager (MCM) and the Resident Care Manager (RCM) on 03/29/19 at 5:33pm. c. Review of Resident #3's current FL-2 dated 11/29/18 revealed an order for Lisinopril 5mg once daily. (Lisinopril is used to lower blood pressure and treat heart failure.) Review of Resident #3's February 2019 electronic medication administration record (e-MAR) revealed: -There was an entry for Lisinopril 5mg take 1 tablet every day with a scheduled administration time of 9:00am. -Lisinopril was not documented as administered

Division of Health Service Regulation

for 3 days from 02/02/19 - 02/04/19 due to

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: HAL071015 B. WING 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LBC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (D 358) Continued From page 31 (D 358) "ordered/awaiting delivery". Review of Resident #3's charting notes revealed no documentation regarding the missed doses of Lisinopril or the medication being unavailable. Review of Resident #3's monthly vital signs form dated January 2019 - March 2019 revealed the resident's blood pressure ranged from 122/78 -128/72 and his heart rate ranged from 76 - 90. Review of Resident #3's dispensing records dated 12/01/18 - 03/29/19 from the facility's contracted pharmacy revealed there were 30 tablets of Lisinopril 5mg dispensed on 12/01/19, 12/31/18, 02/04/19, and 03/03/19. Interview with Resident #3's primary care provider (PCP) on 03/29/19 at 12:30pm revealed: -She knew Resident #3 had missed some doses of medications but she could not recall which medications or when they were missed. -She thought the facility had some issues with the contracted pharmacy sending medications. -She usually put a lot of refills on residents' medications so they would not run out. -Resident #3 was taking Lisinopril for high blood pressure. -She was concerned missed doses of Lisinopril could cause high blood pressure readings. Interview with a medication aide (MA) on 03/29/19 at 1:39pm revealed: -She was not sure why Resident #3 missed doses of Lisinopril. -Resident #3's Lisinopril should have been ordered before the medication ran out. -Resident #3 was discharged to another facility on 03/25/19.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	ONSTRUCTION		E SURVEY PLETED
		HAL071015	B, WING		0-	4/01/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
ASHE GA	RDENS	1,480,100,000	T ASHE STREET			
(X4) ID	SUBMANDY	STATEMENT OF DEFICIENCIES	N, NC 28425			
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
(D 358)	Continued From page	ge 32	{D 358}			
	Refer to the intervie on 03/27/19 at 11:40	w with a medication aide (MA) 0am				
	Refer to interviews vat 12:10pm and 03/2	with a second MA on 03/27/19 29/19 at 1:39pm.				
	Refer to the interview Manager (MCM) and (RCM) on 03/29/19	w with the Memory Care d the Resident Care Manager at 5:33pm.			8	
	residents' medication facility's contracted possible were all that we cards.  -The MAs ordered the requests from the condication administration administration administration administration and the contracted medication refill requests on the care managers.	onsible for ordering the n refill requests from the pharmacy when the last row were left on the medication are residents' medication refill intracted pharmacy by der button" on the electronic ation record (e-MAR)  If also faxed a list of the n refill request and then pharmacy about the est.  performed medication cart if reviewing the residents'				
-	12:10pm and on 03/2 The MAs had to orderefils. The first shift MAs discheck for medications. The MAs would ordereMAR system or the	and MA on 03/27/19 at 19/19 at 1:39pm revealed: presidents' medication at a weekly cart audit to a that needed to be ordered, or refill requests through the y would pull the stickers abels and put them on a				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL071015 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (005) PREFIX DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (D 358) Continued From page 33 (D 358) -She did not always keep all of the faxed confirmations and the list of medication refill requests sent to the contracted pharmacy. -The MAs were supposed to reorder medications when they got to the last row of pilis on the bubble cards which was approximately 8 doses of medications remaining. -The contracted pharmacy usually delivered medications to the facility during third shift. -At times, the contracted pharmacy had been "occasionally a little late" delivering medications to the facility. -The residents' medications were not available in the facility when the MAs documented "ordered/awaiting delivery" as the reason in the exception section of the e-MAR. -The residents' medications had to be ordered before noon for refill medications unless it was an extreme emergency and by 3:00pm for new medication orders for the medication to be delivered the same day or during third shift. -When a resident's medication was not available after the refill request had been sent, she called the contracted pharmacy to find out why and used the back-up pharmacy so the medication would be available in one to two hours to administer to the resident. -When a resident missed one dose of medication, she always called the residents' primary care provider (PCP) because it was an issue with every dose not administered to the resident as the PCP ordered. Interview with the Resident Care Manager (RCM) and the Memory Care Manager (MCM) on 03/29/19 at 5:33pm revealed: -Some residents' medications were sent from the pharmacy on an anniversary cycle fill (on the monthly anniversary of the original order/fill date).

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-Some residents' medications had be ordered by

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ R B. WING\_ HAL071015 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET ASHE GARDENS BURGAW, NC 28425

AG REGULATORY OR LSC IDEN'TIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ODMPLETE DATE
the facility when refilis were needed.  -The MAs were responsible for ordering medications when they got to the last row of pills on the bubble cards, which was usually a 7 day supply.  -The MAs could order medications through the e-MARs or the MAs could pull stickers from the medication labels and fax them to the pharmacy.  -The MAs were no longer in charge of doing cart audits since November 2018.  -The RCM and the Director of Resident Care (DRC) were in charge of doing weekly cart audits.  -The medication cart audits did not include a review of the residents' e-MARs to review the administration of the residents' medications.  -About 2 to 3 weeks ago, they started doing cart audits twice a week.  -There had been issues with receiving medications from the facility's contracted pharmacy for "a while".  -For example, the facility's medication totes were not delivered until 9:00am today (03/29/19) when they should have been received earlier between 11:00pm last night and 3:00am this morning.  -There was a cut off time of when the facility had to order refills so they would be delivered the same night.  -If medications were not ordered by the cut off time, the medications would not be delivered until the next night.  -The RCM and the MCM could not recall the cut off time for refills.  -The MAs were responsible for calling the pharmacy If a medication was not received and the MCM.  -The pharmacy staff would sometimes say they did not receive a fax from the facility.	(D 358)		

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: R B. WING\_ HAL071015 04/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET **ASHE GARDENS** BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X8) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (D 358) Continued From page 35 (D 358) -The facility had a back-up pharmacy but they had to contact the primary contracted pharmacy to utilize the back-up pharmacy. -The MCM did not know if they back-up pharmacy could be used to obtain medications other than emergency medications like antibiotics. -The MCM would have to find out how the facility's back up pharmacy worked for routine medications.

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