NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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: mdeaton@affinitylivinggroup.com

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 H. Hering, RN

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

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

RECEIVED MAY 6

PRINTED: 04/15/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING ADULT CARE LICENSURE SECTION RALEIGH	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow up survey and a complaint investigation from March 26, 2019 - March 30, 2019 and April 01, 2019.	{D 000}	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the facts 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 Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.	{D 358}	10A NCAC 13F .1004 Medication Administration Facility will assure that the preparation and administration of medications prescription and non-prescription, and treatments provided by staff are in accordance with orders by a licensed prescribing practitioner, rules and facility's policies and procedures.	05/09/19
			Facility completed audits of all resident orders,MARs, and resident records to assure all orders had been implemented as prescribed by licensed practitioner.	4/25/19
			Director of Resident Care ,Memory Care Manager and/or Executive Director will review all orders prescribed by licensed prescribing practitioner.	4/25/19
	This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A1 VIOLATION. The Type A1 Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered and in accordance with the facility's policies for 2 out of 8 residents (#1, #7) observed during the medication passes including errors with a medication to lower		Director of Resident Care, Memory Care Manager and/or ED will contact licensed prescribing practitioner with any needed clarifications and document contact in resident care notes.	4/25/19
			Director of Resident Care, Memory Care Manager and ED have been in-serviced on assuring orders are reviewed, clarified as needed and documentation of contact with licensed prescribing practitioner.	4/18/19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director, Smiledge 5/6/19

STATE FORM 6899 AV7912 If continuation sheet 1 of 38

* The Plan of Correction with Addendum was reviewed and accepted on 05/17/19. Refer to addendum on Page (4) of this Statment of Deficiences. DH 05/17/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 1 cholesterol (#7), and insulin (#1); and for 3 of 5 residents sampled (#1, #2, #3) for record review including errors with a medication for mood disorders (#2), thyroid conditions and acid reflux (#1, #2); high blood pressure, high blood sugar, high cholesterol, nerve pain, and anxiety (#1); and two diuretics and a high blood pressure medication (#3). The findings are: 1. The medication error rate was 8% as evidenced by the observation of 2 errors out of 25 opportunities during the 8:00am and 11:45am medication passes on 03/27/19 and the 8:00am medication pass on 03/28/19. a. Review of Resident #7's current FL-2 dated 11/15/18 revealed: -Diagnoses included dementia with behavior, chronic obstructive pulmonary disease, encephalopathy, hypercholesterolemia hypertension, hypothyroidism, and vitamin D deficiency. -There was an order for Prevalite 4 grams (g) take 1 packet twice a day. (Prevalite is a medication used to lower cholesterol and can also prevent absorption of other medications). Review of Resident #7's pharmacy consultation report dated 03/08/19 revealed: -There was a recommendation to re-evaluate continued treatment with Prevalite because Prevalite impeded the absorption of other medications. -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	{D 358}	Continued from page 1 Facility has conducted Medication Cart audits, to assure all medications are on hand and availble. Director of Resident Care and/or Memory Care Manager will conduct Bi-Weekly Medication Cart Audits for 60 days, then weekly there after. Executive Director and/or Designee will conduct random reviews of Medication administration records, Medication Cart Audits, and resident care note to assure on going compliance. Training provided to all Medication Administration Staff on "How to properly use Insulin Pen" . Training was provided by Quality Assurance RN Training provided for all Medication Administration Staff on "Medication Administration". Training provided by Quality Assurance RN	4/18/19 4/18/19 5/09/19 3/27/19 5/9/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
(D 358)	Continued From page 2 #7's primary care provider (PCP) checked the response documented, "I accept the recommendation(s) above, please implement as written". -The PCP signed and dated the order to implement the recommendation on 03/12/19. -There was a handwritten note that read, "I will D/C Prevalite", and the note was signed and dated by the PCP on 03/19/19. Observation of the 8:00am medication pass on 03/27/19 revealed: -Resident #7 was administered Prevalite along with Ranitidine, Vitamin C, and Vitamin B-12 at 8:28 am. -Resident #7 drank 100% of the Prevalite, and swallowed the Ranitidine, Vitamin C, and Vitamin B-12 tablets. (Ranitidine is for acid reflux. Vitamin C and Vitamin B-12 are supplements.) Review of Resident #7's March 2019 electronic medication administration record (eMAR) revealed: -There was an entry for Prevalite 4g 1 packet twice a day scheduled to be administered at 8:00am and 8:00pm. -There was an entry for Vitamin B-12 1000 micrograms (mcg) daily scheduled to be administered at 8:00am. -There was an entry for Ranitidine 150 milligrams (mg) twice daily scheduled to be administered at 8:00am and 8:00pm. -There was an entry for Vitamin C 500mg daily scheduled to be administered at 8:00am. -Prevalite was documented as administered from 03/12/19 - 03/26/19 at 8:00am and 8:00pm. -Vitamin B-12 1000mcg was documented as administered from 03/12/19 - 03/27/19 at 8:00am. -Ranitidine 150mg was documented as administered from 03/12/19 - 03/27/19 at 8:00am.	(D 358)	Continued from page 2 Memory Care Manager and/or Director of Resident Care will process all orders using the "order processing system" to include follow up ro ensure medications are delivered timely for pharmacy. In the event, medications are not received during normal delivery, the Memory Care Manager and/or Director of Resident Care will: -Contact the pharmacy -Document pharmacy response -Document outcome, measures taken, and/or ETA of medications -Primary Care Physicians will receive communication related to delivery of Medication for adminstration -Request utilization of back up pharmacy for urgent medication coverage - Medications requiring prior- authorizations or clarfication will be communicated to the prescibing practitoner and document accordingly -Memory Care Manager and/or Director of Resident Care will communicate concerns with medication delivery to the Executive Director, who will escalate the issue to the pharmacy manager and Regional Vice President of Operations.	5/9/19 5/9/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 3 -There was documentation that Vitamin C 500mg was administered 03/12/19 - 03/27/19 at 8:00am. -There was no documentation the administration time of Prevalite or other medications was changed as ordered on 03/12/19. Interview with a medication aide (MA) on 03/27/19 at 10:52am revealed: -The Prevalite for Resident #7 was not discontinued. -Resident #7 had always been administered the Prevalite at 8:00am with other 8:00am medications. -Resident #7 always drank all of the Prevalite. -The scheduled time of administration for Prevalite had not changed to her knowledge. Interview with the Memory Care Manager (MCM) on 03/27/19 at 11:07am revealed: -She and the Resident Care Manager (RCM) were responsible for reviewing and implementing new medication orders. -She was responsible for following up on any pharmacy recommendations that were completed in March 2019. -She sent any recommendations to the residents' PCPs or put them in the PCP's folder. -She would implement any recommendations with new orders signed by the PCP and fax them to the pharmacy. -The pharmacy usually entered new orders in the e-MAR system and the MCM or RCM had to review and approve the orders in the e-MAR system for them to become active. -The MCM and the RCM could also manually enter orders into the e-MAR system if the order was not entered by the pharmacy. -She faxed Resident #7's Prevalite pharmacy recommendation order signed by the PCP on 03/12/19 to the pharmacy on 03/15/19.	{D 358}	Continued from page 3 Facility will complete Medication Pass Observations to observe and ensure Medication Aides are administering and using proper procedures/techniques when administering medications. Director of Resident Care and/or Memory Care Manager will conduct weekly cart audits and Medication Pass Observations for one month, then monthly there after. In addition, to Director of Resident Care and Memory Care Manger the Quaility Assureance RN and/or Regional Clinical Director will conduct monthly Medication Pass Observations for no less than two months. D358 Addendum Per telephone with MS. Nina Warwick-Joyner on 05/17/19: The Medication Aides will re-order the residents' medications from the Contracted Pharmacy Provider when a 7 to 8 day supply of the medication was left on hand. 05/17/19	5/9/19 5/9/19 5/9/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 4 -She could not explain why it was faxed on 03/15/19 instead of 03/12/19 when it was signed by the PCP. -She did not know why the scheduled administration time for Prevalite was not changed when the order dated and signed by the PCP on 03/12/19 was faxed to the pharmacy. Interview with the Resident Care Manager (RCM) on 03/27/19 at 11:07am revealed: -She and the MCM were responsible for reviewing and implementing new medication orders. -The MCM faxed Resident #7's pharmacy recommendation signed by the PCP on 03/12/19 to the pharmacy on Friday (03/15/19). -When the RCM returned to work on Monday, 03/18/19, she noticed the order was still in the yellow folder and no changes had been made to the e-MAR. -She did not know why the order had not been implemented. -The RCM spoke to Resident #7's PCP on 03/18/19 and asked about the Prevalite. -The PCP told the RCM she would discontinue the Prevalite at her next visit to the facility. -When the PCP came to the facility on 03/19/19, she wrote "I will D/C Prevalite" on the pharmacy recommendation form that was originally signed by the PCP on 03/12/19 to accept the recommendation to change administration time. -On 03/20/19, when reviewing orders, the RCM noticed the note signed by the PCP on the pharmacy recommendation form about discontinuing Prevalite. -The RCM did not think it was a clear order so she called Resident #7's PCP and the PCP said she would look at it when she returned to the facility on Monday, 03/25/19. -The RCM did not discuss the order signed on	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071016	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 5 03/12/19 to change the time of administration of Prevalite 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 Prevalite 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 facility. -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.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 6 -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, 201-250 = 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) revealed:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 7 -There was an entry for Novolog Flexpen sliding scale to be administered before meals and at bedtime. -The resident's blood sugar ranged from 43 - 500 from 03/01/19 - 03/27/19. Observation of the 11:45am medication pass on 03/27/19 revealed: -Resident #1's blood sugar was 194 at 12:25pm. -The medication aide (MA) performed a 2 unit air shot prior to dialing up the 2 units of Novolog for administration. -After the MA performed a 2 unit air shot, she removed the needle and applied a new needle to the Novolog Flexpen. -She did not dial and perform a 2 unit air shot after changing the needle, prior to dialing the 2 units required for the sliding scale dosage. -The MA administered the 2 units of Novolog to Resident #1's right upper arm at 12:31pm. Interview with Resident #1 on 03/28/19 at 2:23pm revealed: -She had never watched the MAs prepare the insulin prior to administering to her. -She did not know if an insulin pen or a vial was used. Interview with the MA on 03/27/19 at 1:50pm revealed: -The reason for a 2 unit air shot with Novolog Flexpen prior to administration was to ensure there were no air bubbles in the needle, and insulin was coming out of the needle. -She always discarded the needle and applied a new needle after performing a 2 unit air shot with Novolog Flexpen because she thought the needle could not be used after an air shot because it was a "one time use" needle. -She had been trained on insulin preparation and	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
(D 358)	Continued From page 8 administration by a Registered Nurse (RN) at the facility within the past few months. -She had not been trained to change the needle after performing a 2 unit air shot. -She had "just always done that". -She did not know she needed to use the same needle for Novolog administration after performing the air shot. Interview with the Memory Care Manager (MCM) and the Resident Care Manager (RCM) on 03/27/19 at 2:00pm revealed: -The MAs had not been taught to change the needle after performing a 2 unit air shot for Novolog Flexpens. -The process for using a Novolog Flexpen was to put on the pen needle, turn the dial to 2 units, perform an air shot to prime the insulin to be certain the insulin comes out of the needle tip, then dial to the correct insulin dose, prepare the administration site, and administer the Novolog to the resident. -The MAs had specific insulin pen training during the 10 hour and 15 hour MA classes, and had demonstrated insulin pen use with the Licensed Health Professional Support (LHPS) nurse while being checked off on their skills checklists. Interview with the Executive Director (ED) on 03/27/19 at 2:15pm revealed: -She knew that insulin pens had to be primed with an air shot prior to administration. -Every MA at the facility had been checked off on insulin pen use and administration by a Registered Nurse (RN) during their training. 2. Review of Resident #2's current FL-2 dated 11/21/18 revealed diagnoses included vascular dementia, anxiety, depression, gastroesophageal reflux disease, hypothyroidism, and hypertension.	(D 358)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 9 a. Review of Resident #2's current FL-2 dated 11/21/18 revealed there was an order for Duloxetine 30 milligrams (mg) delayed release (DR) two times a day (Duloxetine is a medication used to treat mood disorders). Review of Resident #2's January 2019 electronic medication administration record (eMAR) revealed: -There was a computer generated entry for Duloxetine 30mg DR twice a day with scheduled administration times of 8:00am and 8:00pm. -There was documentation Duloxetine 30mg was not administered on 01/25/19 at 8:00pm with a reason as "Ordered/awaiting delivery" in the exception section of the eMAR. Review of Resident #2's February 2019 eMAR revealed: -There was a computer generated entry for Duloxetine 30mg DR twice a day with scheduled administration times of 8:00am and 8:00pm. -There was documentation Duloxetine 30mg was not administered on 02/14/19 - 02/15/19 at 8:00am and 8:00pm and on 02/21/19 at 8:00pm (total of 5 doses) 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 60 tablets of Duloxetine 30mg DR dispensed on 12/15/18, 01/18/19, 02/21/19, and 03/20/19. Based on observations, interviews, and record reviews Resident #2 was not interviewable. Refer to the interview with a medication aide (MA)	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 10 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. b. Review of Resident #2's current FL-2 dated 11/21/18 revealed there was an order for Levothyroxine 150 micrograms (mcg) daily (Levothyroxine is a medication used to treat the thyroid). Review of Resident #2's February 2019 eMAR revealed: -There was a computer generated entry for Levothyroxine 150mcg daily with a scheduled administration time of 11:00am. -There was documentation Levothyroxine 150mg was not administered on 02/27/19 at 11:00am (total of 1 dose) 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 Levothyroxine 150mcg dispensed on 12/21/18, 01/12/19, 02/27/19, and 03/26/19. 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.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{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 Manager (MCM) and the Resident Care Manager	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 12 (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.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 13 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) on 03/27/19 at 11:40am.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
(D 358)	Continued From page 14 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 #1's current FL-2 with the attached signed physician's orders dated 11/15/18 revealed an order for Levothyroxine 50mcg take one tablet every morning. (Levothyroxine is a medication used to treat the thyroid). Review of Resident #1's January 2019 electronic medication record (eMAR) revealed: -There was a computer generated entry for Levothyroxine 50mcg take one tablet daily with a scheduled administration time of 8:00am. -There was documentation Levothyroxine 50mcg was not administered from 01/13/19 - 01/18/19 and on 01/31/19 (total of 7 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 Levothyroxine 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 Levothyroxine 50mcg dispensed on 12/11/18 and 01/19/19. Review of "new order/notification/clarification" forms for Resident #1 revealed -On 01/13/19, there was a handwritten entry by	(D 358)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{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 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 01/22/19. -On 01/17/19, there was a handwritten entry by the RCM that Resident #1 missed the morning 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 01/22/19. -On 01/19/19, there was a handwritten entry by the RCM that Resident #1's PCP was notified Levothyroxine 50mcg was delivered by the facility's contracted pharmacy; the PCP gave an order to continue the dose as ordered. The PCP	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 16 signed the form on 01/22/19. 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. Interview with Resident #1's 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 Levothyroxine for hypothyroidism and missed doses of the medication could cause an exacerbation of symptoms such as fatigue and dry skin. Interview with Administrator on 03/27/19 at 2:35pm revealed she would review the dates	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 17 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. c. Review of Resident #1's current FL-2 with the attached signed physician's orders dated 11/15/18 revealed an order for Levemir inject 50 units subcutaneously at bedtime. (Levemir is an injectable medication used to treat high blood sugar). Review of Resident #1's January 2019 electronic medication record (eMAR) revealed: -There was a computer generated entry for Levemir FlexTouch insulin pen 100units/1ml (FlexTouch insulin pen also referred to as a FlexPen is a disposable, prefilled insulin syringe) 50 units subcutaneously at bedtime with a scheduled administration time of 8:00pm -There was documentation Levemir 50 units was not administered on 01/24/19 and 01/31/19 at 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 Levemir or the medication being	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 18 unavailable. Review of Resident #1's dispensing records dated 12/01/18 - 03/29/19 from the facility's contracted pharmacy revealed there were 15 FlexPens 100units/ml each of Levemir dispensed on 12/19/18 and 01/24/19. 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. -She was a diabetic and had "a lot" of trouble with nerve pain causing pain often in her lower legs, but thought she took a pill for that. -She had to take insulin to keep her blood sugar lowered and had been a "bad" diabetic for years. Telephone interview with Resident #1's guardian on 03/17/19 at 10:11am revealed the resident had a history of uncontrolled diabetes but thought her blood sugars had been "controlled better" since the resident had lived at the facility. 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:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{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:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 20 -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 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 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.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 21 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/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. 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 nerve pain).	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071016	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 22 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. 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.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 23 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) 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. f. Review of Resident #1's current FL-2 with the attached signed physician's orders dated 11/15/18 revealed an order for Atorvastatin 20mg take one tablet at bedtime. (Atorvastatin is used to treat high cholesterol). Review of Resident #1's February 2019 eMAR revealed: -There was a computer generated entry for Atorvastatin 20mg take one tablet daily with a scheduled administration of 8:00pm	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 24 -There was documentation Atorvastatin 20mg was not administered from 02/11/19 - 02/14/19 (total of 4 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 Atorvastatin 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 Atorvastatin 20 mg dispensed on 12/07/18, 01/11/19 and 02/14/19. 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. 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	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071016	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 25 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 exception section of the eMAR.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
(D 358)	Continued From page 26 Review of Resident #1's electronic charting notes revealed no documentation regarding the missed doses of Buspirone 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 90 tablets of Buspirone 10 mg dispensed on 12/01/18, 12/24/18, 01/16/19, 02/14/19 and 03/13/19. 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. 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	(D 358)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 27 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. 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. 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 seizures, and neurocognitive disorder. a. Review of Resident #3's current FL-2 dated 11/29/18 revealed an order for Lasix 20mg once daily. (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	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 28 8:00am. -Lasix was not documented as administered for 2 days from 03/04/19 - 03/05/19 due to "ordered/awaiting delivery". Review of Resident #3's charting notes revealed no documentation regarding the missed doses of Lasix 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 Lasix 20mg dispensed on 12/30/18, 01/31/19, and 03/05/19. 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 Lasix for swelling in his lower extremities. -She was concerned missed doses of Lasix 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 Lasix. -Resident #3's Lasix 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	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
(D 358)	Continued From page 29 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 Hydrochlorothiazide (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	(D 358)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 30 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 for 3 days from 02/02/19 - 02/04/19 due to	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 31 "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.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 32 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. Interview with a medication aide (MA) on 03/27/19 at 11:40am revealed: -The MAs were responsible for ordering the residents' medication refill requests from the facility's contracted pharmacy when the last row of pills were all that were left on the medication cards. -The MAs ordered the residents' medication refill requests from the contracted pharmacy by clicking on the "re-order button" on the electronic medication administration record (e-MAR) screen. -The MAs on first shift also faxed a list of the residents' medication refill request and then called the contracted pharmacy about the medication refill request. -The care managers performed medication cart audits which included reviewing the residents' medications on hand. Interviews with a second MA on 03/27/19 at 12:10pm and on 03/29/19 at 1:39pm revealed: -The MAs had to order residents' medication refills. -The first shift MAs did a weekly cart audit to check for medications that needed to be ordered. -The MAs would order refill requests through the e-MAR system or they would pull the stickers from the medication labels and put them on a form and fax them to the pharmacy for refills.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 33 -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 pills 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). -Some residents' medications had be ordered by	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 34 the facility when refills 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 MAs were supposed to notify the DRC and the MCM. -The pharmacy staff would sometimes say they did not receive a fax from the facility. -The facility did not always keep fax confirmations when medications were ordered.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL071015	A. BUILDING: _____ B. WING _____	R 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE GARDENS	300 WEST ASHE STREET BURGAW, NC 28425

(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)	(X5) COMPLETE DATE
{D 358}	Continued From page 35 -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.	{D 358}		