STATEMEN	of Health Service Re			RECEIVED	PRINTED: 04/ FORM APP
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	(X3) DATE SURVEY COMPLETED	
		HAL011133	B. WING	ADULT CARE LICENSURE SECTION RALEIGH	N R
IAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE	04/09/201
HASES	AMARITAN ASSISTED		EA DRIVE LLE, NC 28805		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		
TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI- DEFICIENCY)	E COM ATE D
{D 000}	Initial Comments		{D 000}		
	Buncombe County D	nsure Section and the epartment of Social Services p survey on 04/09/19.			
{D 358}	10A NCAC 13F .100 Administration	4(a) Medication	{D 358}	Facility will ensure that all medication	c
.	10A NCAC 13F .1004	4 Medication Administration		Hhat all medication	R
	<ul> <li>(a) An adult care hor preparation and admi</li> </ul>	ne shall assure that the inistration of medications,		are administered in	
	prescription and non-	prescription, and treatments		Lac inthe the	/ / "
	by staff are in accord	ance with: sed prescribing practitioner		orders by a licensed prescriber & by the faulity's policies and procedures. This was an isolated incident	
	which are maintained	in the resident's record: and		orders by a necessia	
	(2) rules in this Section and procedures.	on and the facility's policies		prescriber & by the	,
	and procedules.			Gaulitu's policies and	
				multing this was	
				proceauces. incident	-
				an isolated inclums	iance
			1 1	ALL AN THE CITCALL	
				of the med pass.	1 l
				Faility has not had	ג
	This Rule is not met a FOLLOW UP TO TYP			ania other invidents	
T	ULLUW OF IU IYP	E O VIULATIUN.		derumented Drc + U	ead
	The Type B Violation v			adumented, Re-	
	Non-compliance conti	nues.		of the med pass. Faulity has not had any other incidents documented. RCC = La MT to continue to	
	Depending of the state			monitor.	
	Based on observation reviews, the facility fai	s, interviews, and record led to administer			
	medications as ordere	d for 1 of 13 residents (#6)			
5	observed during the m an antibiotic.	nedication pass related to			
	h Service Regulation RECTOR'S OF PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE		, TITLE , //	(X6) DATE
Xn	ma Vair	faci	lihs di	rector $4_{11}$	alia

Reviewed and accepted with revisions 05/17/19 RP

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY	
			A. BUILDING:		COM	PLETED	
	<u></u>	HAL011133	B. WING	R			
ame of P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE		04	/09/2019	
HASE S	AMARITAN ASSISTED LI		EA DRIVE				
			LLE, NC 28805				
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		······		
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D PE	(X5) COMPLETE DATE	
{D 358}	Continued From page	1	{D 358}			<u> </u>	
	The findings are:						
ļ	The second to be a					[	
Ì	The medication admin	istration error rate was 5%					
1	evidenced by the observation of 1 error out of 18 opportunities during the 12:00pm medication pass on 04/09/19.						
	Review of Resident #6						
1 # 1 V t o 00 a 1 F F a - c s 4 - 1 5 - c	Review of Resident #6's current FL2 dated 12/03/18 revealed diagnoses included						
	schizophrenia, obsessive compulsive disorder,						
	diabetes, and intellectu	al disability.				Ì	
	#6 revealed a medicati begin clindamycin (an a	ician's orders for Resident on order dated 04/08/19 to antibiotic used to treat					
	take 2 capsules by mou days.	ons) 150mg oral capsule of four times a day for 5					
	Observation of the 12:0 04/09/19 at 11:26am re	Opm medication pass on vealed the medication					
	aide (MA) administered	one clindamycin HCL					
	150mg capsule (used to Resident #6.	o treat skin infection) to					
	Review of Resident #6's administration record (N	s April 2019 medication /AR) revealed <sup>:</sup>					
	There was an entry for	clindamycin 150mg two					
	apsules by mouth four	times a day for 5 days			1		
		ation at 8:00am, 12:00pm,			ĺ		
	1:00pm, and 8:00pm. There was documentat	ion to begin clindamycin					
		nouth four times a day for					
	5 days beginning 04/09/				}		
	There was documentat						
	apsules of clindamycin						
	he 12:00pm medication						
	Observation of Resident	t#6's medications on					
1 1			1				

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL011133	B. WING	R			
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	- 70 000	04/	09/2019	
CHASE S	AMARITAN ASSISTED			c, ZP CODE			
		ASHEVI	LLE, NC 28805				
(X4) ID PREFIX TAG	EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	1 RF	(X5) Complet Date	
{D 358}	Continued From pag	e 2	{D 358}				
	-A bubble pack with	40 capsules of clindamycin					
	150mg with a dispen	se date of 04/08/19.					
ļ	-Review of the label	for clindamycin 150mg					
	capsules, take 2 cap	sules by mouth four times a					
	day for 5 days.			_			
j	-There were 37 caps	ules of clindamycin					
ļ	remaining in the bubl	ble pack after the MA					
	administered her 12:	00pm dose on 04/09/19.					
	Telephone interview	with the facility's contracted			i i i		
ļ	pharmacy on 04/09/1	9 at 3:40pm revealed:			ļ		
	<ul> <li>The pharmacy disperience</li> </ul>	nsed 40 capsules of					
	clindamycin HCL 150 #6.	mg on 04/08/19 for Resident					
	-The clindamycin for	Resident #6 was delivered					
1	by the pharmacy to th 6:30pm.	ne facility on 04/08/19 after					
	Interview with the first 2:50pm revealed:	t shift MA on 04/09/19 at					
	-She administered 1 o instead of 2 capsules medication pass.	capsule of clindamycin during the 12:00pm					
		as supposed to administer 2					
-	capsules of clindamyc	tin to Resident #6 at					
	She "just got nervous during medication pas	s from being watched" ss.					
	nterview with the Exe at 2:55pm revealed:	cutive Director on 04/09/19					
		tion orders had changed					
	since he was discharg	ed from the hospital and			ł		
į,	eturned to the facility	on 04/08/19.			Ì		
.	Resident #6 had a pr	evious order for clindamycin					
	300mg capsule, take '	1 capsule by mouth four					
	imes a day for 7 days				l		
	The MA was nervous	and made a mistake.					
	Observation of the Exe						

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If continuation sheet 3 of 4

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X4) ID REFIX TAG D 358} Contin 04/19/ -She c the bui Reside -She p into a n Reside Teleph Practiti -Reside causec -Reside excoria -Clinda to Reside -Reside	SUMMARY S (EACH DEFICIENT REGULATORY OR nued From pag /19 at 2:55pm r checked the clir	IVING 30 DAL ASHEVI IATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3	A. BUILDING: B. WING ADDRESS, CITY, STATE EA DRIVE ILLE, NC 28805 ID PREFIX TAG		25	
ASE SAMARIT. X4) ID REFIX TAG D 358} Contin 04/19/ -She c the bui Reside -She p into a n Reside Teleph Practiti -Reside causec -Reside excoria -Clinda to Reside -Reside	SUMMARY S (EACH DEFICIENT REGULATORY OR nued From pag /19 at 2:55pm r checked the clir	IVING 30 DAL ASHEVI IATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3	ADDRESS, CITY, STATE EA DRIVE ILLE, NC 28805 ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	25	9/2019
X4) ID REFIX TAG D 358} Contin 04/19/ -She c the bui Reside -She p into a n Reside Teleph Practiti -Reside causec -Reside excoria -Clinda to Reside -Reside	SUMMARY S (EACH DEFICIENT REGULATORY OR nued From pag /19 at 2:55pm r checked the clir	IVING 30 DAL ASHEVI IATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3	EA DRIVE LLE, NC 28805 ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	E I	
X4) ID REFIX TAG D 358} Contin 04/19/ -She c the bui Reside -She p into a n Reside Teleph Practiti -Reside causec -Reside excoria -Clinda to Reside -Reside	SUMMARY S (EACH DEFICIENT REGULATORY OR nued From pag /19 at 2:55pm r checked the clir	ASHEV TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD R	E I	<u>-</u>
PREFIX TAG D 358} Contin 04/19/ -She c the bui Reside -She p into a t Reside Teleph Practiti -Reside causec -Reside excoria -Clinda to Reside -Reside	(EACH DEFICIENT REGULATORY OR nued From pag /19 at 2:55pm r checked the clir	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD R	E I	
04/19/ -She c the bui Reside -She p into a r Reside Practiti -Reside causec -Reside excoria -Clinda to Reside -Reside	/19 at 2:55pm r checked the clir			DEFICIENCY)	ATE	(X5) Complet Date
-She c the bui Reside -She p into a r Reside Practiti -Reside causec -Reside excoria -Clinda to Reside -Reside	checked the clir		{D 358}			
-She c the bui Reside -She p into a r Reside Practiti -Reside causec -Reside excoria -Clinda to Reside -Reside	checked the clir	evealed.			1	
Teleph Practiti -Reside Teleph Practiti -Reside excoria -Clinda to Reside -Reside	ubble pack on fi	damycin pills remaining in				
Reside -She p into a r Reside Teleph Practiti -Reside causeo -Reside excoria -Clinda to Reside -Reside		ne medication cart for			l	
Teleph Practiti -Reside caused -Reside excoria -Clinda to Reside -Reside	ent #6.					
Reside Teleph Practiti -Reside caused -Reside excoria -Clinda to Reside -Reside	-She popped one clindamycin 150mg capsule into a medication cup and administered it to Resident #6 at 2:55pm.					
Teleph Practiti -Reside caused -Reside excoria -Clinda to Reside -Reside						
Practiti -Reside causec -Reside excoria -Clinda to Reside -Reside					[	
-Reside causec -Reside excoria -Clinda to Reside -Reside	Telephone interview with Resident #6's Nurse Practitioner on 04/09/19 at 3:26pm revealed: -Resident #6 had a mental health disorder that					
caused -Reside excoria -Clinda to Reside -Reside						
-Reside excoria -Clinda to Reside -Reside	d him to consta	iental health disorder that ntly pick at his skin.			]	
excoria -Clinda to Resi -Reside	ent #6 had free	uent skin infections and				
-Clinda to Resi -Reside	ated skin from p	picking.				
to Resi -Reside	amycin had bee	n prescribed multiple times			1	
-Reside room m	ident #6 for ski	n infection.				
	ent #6 had bee	n sent to the emergency				
	nuluple unles ro	or skin infection.				
						-
	_				ĺ	
1					ļ	

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If continuation sheet 4 of 4

PROVIDED (SUDD) (FR. 194			TATE FORM: RE	VISIT REPORT			
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER HAL011133	MULTIPLE CO A. Büllding B. Wing	NSTRUCTION	4				DATE OF REVISIT
NAME OF FACILITY CHASE SAMARITAN ASSISTED	LIVING			STREET ADDRESS, C 30 DALEA DRIVE	CITY, STATE, ZIP COD	¥2 )E	4/9/2019
This report is completed by a Stal corrective action was accomplish identification prefix code previous report form).	le surveyor to sh ed. Each deficie ly shown on the	low those det ncy should b State Survey	liciencies previously e fully identified usi r Report (prefix code	ASHEVILLE, NC 2880 reported that have being either the regulationer shown to the left of	PPD corrected and 4	ne dale such	he
ITEM	DATE				each requirement o	in the survey	
Y4	Y5	ITEM Y4	1	DATE Y5	IТЕМ Ү4		DATE
ID Prefix Do105	Correction	ID Prefix	D0283	Correction			¥5
Reg. # 10A NCAC 13F .0311(a)	Completed	Reg. #	10A NCAC 13F .090 (2)				Correction 4(n)
	12/14/2018	LSC		01/09/2019	LSC		Completed
D Prefix D912 G.S. 131D-21(2)	Correction	ID Prefix	D935	Correction	ID Prefix	·	Correction
Reg. #	Completed 01/09/2019	Reg. # LSC	G.S.§ 131D-4.5B(b)	Completed 01/09/2019	Reg. #		Completed
) Prefix	Correction	ID Préfix	- <u></u>	Correction	ID Prefix		Correction
SC	Completed	Reg. # LSC		Completed	Reg. #		Completed
) Prefix	Correction	ID Prefix	· · · · · · · · · · · · · · · · · · ·		LSC		
eg. #	Completed	Reg. #	·	Correction Completed	ID Prefix Reg. #		Correction
SC		LSC	·····				Completed
Prefix	Correction	ID Prefix		Correction	ID Prefix		Correction
eg. #	Completed	Reg.# LSC		Completed	Reg. #	·	Completed
			·····	—	LSC		
EVIEWED BY REVIEWE TATE AGENCY (INITIALS)		DATE	SIGNATURE	OF SURVEYOR JAC	chea	DA	1/18/19
EVIEWED BY REVIEWE MS RO (INITIALS)		DATE	TITLE			<u> </u>	те Те
OLLOWUP TO SURVEY COMPLETED	ON			ECTED DEFICIENCIES. CIES (CMS-2567) SENT	WAS A SUMMARY OF		

EVENT ID:

G6PB12