AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/SLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE 6 COMPL	
		HAL004003	B. WINO		03/1	B/2019
ame of P	ROVIDER OR BUPPLIER	81'REET A	DDRESS, CITY, S	TATE, ZIP GODE		
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		WADESI	30RO, NC 281	70		
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D 000	Initial Comments		D 000	Responces to cited deficie	nose do not	
D 113	County Department of an annual, follow up a survey on 03/13/19 th 03/18/19.			constitute an admission or by the facility of the truth o alleged or conclusion set fi Statement of Deficiency or Action Report; the Plan of is prepared soley as a mat compliance with State Law	agreement f the facts orth in the Corrective Correction ter of	5/2/19
D 110	TOA NOAU TOP 103711	(d) Other Requirements	D 113	Plan of correction (POC) M	11	
	provide an adequate s kitchen, bathrooms, la closets and soil utility in temperature at all fixtube maintained at a mir (38 degrees C) and sh F (46.7 degrees C). To existing facilities.	tem shall be of such size to supply of hot water to the undry, housekeeping room. The hot water res used by residents shall almum of 100 degrees Full not exceed 116 degrees his rule applies to new and		Divisional Maintenance Dire with maintanenace team as water temps to identify and issues. Temporary signage in any area a resident had a fluctuating water temps. Recompleted 5/1/19. Maintane continues to monitor water to ensure compliance.	sessed the correct any posted access to epairs ence team	
	reviews, the facility fall- temperatures were ma 116 degrees (°) Fahrer	a, Interviews and record ed to assure hot water intained between 100 and theit (F) as evidenced by the lower than 100°F and	7	POC date: 5/2/19		20
	4:05pm revealed: -At 3:28pm, the hot wai shower in the common 96.0 degrees F, -At 3:36pm, the hot wai	bath on the 100 hall was ter temperature at the 114 was 90 degrees F,			*	

Abidon = Part Executive |

ABIDA (ABBEY) RAUF 6-10-19

1 June 2019 STATE FORM

Reviewed and accepted 11 June 2019

Division of Linglik Comitee Description

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED HAL004003 B. WNG ... 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 113 | Continued From page 1 D 113 shower in room 114 was 92 degrees F. -At 4:01pm, the hot water temperature at the bathroom sink in room 111 was 96 degrees F. -At 4:05pm, the hot water temperature at the shower in room 111 was 88 degrees F. Interview with the resident in room 114 on 03/13/19 at 3:40pm revealed: -The water temperature in the bathroom was "alright, warm enough". -Sometimes she had to adjust the hot water by turning the hot water back if she turned the shower knob all the way up, because the water would get too hot. -She knew how to adjust the hot water in her bathroom shower, Interview with the resident in room 111 on 03/13/19 at 4:05pm revealed: -She showered independently. -The water temperature at the shower got warmer than the sink. -The water temperature in the shower felt cold to her now and somebody might be using water. Interview with another resident on 03/15/19 at 9:02am revealed: -She had never seen anybody check water temperatures in her room. -She had never had to let anybody know the water temperature was too hot or too cold. Observations on 03/15/19 at 9:10am revealed the hot water temperature at the bathroom sink in room 114 was 117.8 degrees F. Observations on 03/15/19 at 9:13am revealed the hot water temperature at the bathroom shower in room 114 was 117.1 degrees F. Division of Health Service Regulation

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		R 03/18/2019	
	ROVIDER OR SUPPLIER	ADESBORO 123 ANS	DDRESS, CITY, STA	OL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	(D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
D 113	Continued From page	gė 2	D 113		***************************************	
	03/15/19 at 9:12am	esident in room 114 on revealed she had washed her		I Share a second of Second		
	hands in the bathroo	om sink twice this morning erature was "fine".		The state of the second of the		
				Ale in the superior of the second part of the secon		
	200 hall on 03/13/19 revealed;	water temperatures on the 7 from 11:33am until 12:36pm				
	adjoining resident be were as follows: Sin	t water temperatures In the athroom for rooms 203 & 204 k-86.6 ° F and Shower-87.9°		g mg t <sup>p</sup> (massa, mp merge, m		
	adjoining resident be	t water temperatures in the athroom for rooms 221 & 223 k-98.9 ° F and Shower-95,8°				
	F. -At 12:36pm, the ho	t water temperatures in the		(%) - 12 (Pag) (man of a 7)		
1	adjoining resident be were as follows: Sin F.	athroom for rooms 229 & 231 k-99.5 ° F and Shower-97.8°		A transfer of management region		
	Interview with the re	sident of room 204 on		en agar – Babalan Luggara.		
ĺ	sometimes the wate	er was too warm and r was not warm enough.		official restaurant floracellings against		
1.0	water until it got war took a while.	e would just run the hot m enough and that <b>u</b> sually		n en ha wasyon e wagen na ee		
	Interview with the Ma at 4:37pm revealed:	aintenance Staff on 03/13/19		Accepted to 2.5 fb ( )		
	The hot water temp because the screen to be cleaned.	erature were fluctuating on the mixing valve needed				
	He knew because h	ot water temperatures had t and cleaning the screen had				

Division (	of Health Service Reg	gulation			FO	RM APPROVE	
STATEMEN'	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	ONSTRUCTION		E SURVEY PLETED	
		HAL004003	B. WNG		0	R 03/18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		0/10/2010	
MEADOW	VIEW TERRACE OF W		ON HIGH SCHOOL			8.00	
	THE TANADAGE OF TE		30RO, NC 28170				
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D 113	Continued From pag	ge 3	D 113				
	three fixtures in eac every week, -Hot water temperat lot" recently, but he screen. -Last week's hot wa' low 100° F range; he temperatures on a lot	th hall and the common areas  aures had been fluctuating "a had not had time to clean the ter temperatures were in the edid document hot water ag.		N N			
	8:45 am revealed: -At 8:31 am, the hot adjoining resident bawere as follows: Sini FAt 8:45 am, the hot adjoining resident ba	vater temperatures in the athroom for rooms 111 & 113 k-95.4° F and Shower-96.5° water temperatures in the athroom for rooms 203 & 204 k-117.1° F and Shower-117.3°					
	at 8:56 am revealed: -We are working on twaterThe water will be off Interview with the res 03/14/19 at 8:40 am -The water temperati It just has to run fores	the mixing valve for the  for a while.  sident in room 114 on revealed:  ure in the bathroom was "fine yer for it to get warm".		6 6			
	the morning of 03/14, Interview with the Exa at 9:35am revealed:	n the bathroom shower on /19. ecutive Director on 03/15/19 not water temperatures were			GRI .		

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\_ HAL004003 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORD WADESBORD, NC 28170 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 113 Continued From page 4 D 113 -Maintenance work had been done on the hot water heater on 03/14/19. -She would make sure caution signs were posted throughout the facility alerting residents and staff of the fluctuating hot water temperatures. -Observations on 03/15/19 between 2:29 pm and 2:58pm revealed: -At 2:29pm, the hot water temperatures in the adjoining resident bathroom for rooms 112 & 114 were as follows: Sink-117.1° F and Shower-117.0° F. -At 2:35 pm, the hot water temperatures in the adjoining resident bathroom for rooms 104 & 106 were as follows: Sink-116.6° F and Shower-115.3° -At 2:58 pm, the hot water temperatures in the adjoining resident bathroom for rooms 229 & 231 were as follows: Sink-100.0° F and Shower-99.9° F. Interview with the resident in room 114 on 03/14/19 at 2:29 pm revealed: -She showered Independently. -She would be cautious now since the water temp is higher than normal. Interview with the resident in room 221 on 03/14/19 at 2:45 pm revealed: -He showered with assistance. -The water temperature had been "okay". Interview with the Maintenance Staff on 03/15/19 at 9:20am revealed: -He had not checked any water temperatures today. -He cleaned the filter to the circulating pump valve yesterday. -It took time for the water temperatures to stabilize. Division of Health Service Regulation

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 HAL004003 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH 8CHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X6) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY D 113 Continued From page 5 D 113 -The hot water tank thermostat was set at 104 yesterday. -He thought if the water temperatures were still fluctuating on today, a plumber may be needed because it might be the thermostat. -He did not know when a plumber had last been at the facility or when the hot water heater had last been serviced. Observations on 03/15/19 at 11:23am revealed there were no caution signs for fluctuating hot water temperatures posted in the facility. Interview with the ED on 03/15/19 at 3:10pm revealed; -The caution signs for fluctuating hot water temperatures had not been posted yet, but they would be by the end of the day. -The Maintenance Staff had checked the hot water temperatures and they were not "high". -The Maintenance Staff would be at the facility over the weekend of 03/16/19 and 03/17/19 to monitor hot water temperatures. -A plumber was scheduled to be at the facility on 03/18/19 to check the hot water heater. D 131 10A NCAC 13F .0406(a) Test For Tuberculosis D 131 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Coples of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Division of Flealth Service Regulation

STATEMEN AND PLAN	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:  HALO04003		DF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:		(X3) DATE SURVEY COMPLETED  R	
MEADOWVIEW TERRACE OF WADESBORO 123 ANS			EET ADDRESS, CITY, STATE, ZIP CODE ANSON HIGH SCHOOL ROAD DESBORO, NC 28170			
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D 131	This Rule is not met TYPE B VIOLATION  Based on record revifacility falled to assur C and D) had a two-stest was done upon ewith control measure:  Commission for i-leal The findings are:  1. Review of Staff C's She was employed a (PCA).  Staff C's hire date with the rest dated 07/26/18 a negative on 11/01/18  2. Review of Staff D's She was employed a and certified nursing a Staff A's hire date was 2018".  There was no document tests.  Interview with the Interview w	Raleigh, NC 27699-1902, as evidenced by:  ews and interviews, the e 2 of 4 sampled staff (Staff step tuberculosis (TB) skin employment in compliance is adopted by the th Services.  spersonnel record revealed: as a personal care aide as documented as 07/09/18, tation of a negative TB skin and a 2nd test result of (116 days after hire date).  spersonnel record revealed: as a medication aide (MA) assistent (CNA). as documented as "May mentation of any TB skin  erim Executive Director (IED) am revealed: ved her 2 step TB skin test. or TB testing today assistent (BOM) was noted files and for assuring	D 131	Regional Business Office (RBOM), Regional Labor and Regional Support Teemployee records to ider on 4/4/19. Registered Nucompletion of required Ti All TB skin tests will be reupon hire. RN to administep 2 of TB after hire. Business and completed in employee recorstaff log was completed for member to track TB tests compliance on 4/4/19. Et will audit random staff filemonitor for issues and completed for its sues and complete	Specialist (RLS am audited all antify TB needs arse (RN) initiate B testing. Eviewed by ED atterned monitor as office are TB test results for each staff and ensure D and/or BOM as weekly to	d

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL004003 B. WNG 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESEORO WADESBORO, NC 20170 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 131 Continued From page 7 D 131 -The BOM is currently out on leave. The facility failed to ensure all staff had a 2-step TB skin test upon hire which could potentially expose the residents to TB. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/18/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 2, 2019. D 139 10A NCAC 13F .0407(a)(7) Other Staff D 139 Qualifications 10A NCAC 13F .0407 Other Staff Qualifications RBOM, RLS and Regional Support Team (a) Each staff person at an adult care home shall: audited all staff records to identify (7) have a criminal background check in compliance on 4/4/19. RBOM accordance with G.S. 114-19.10 and 131D-40; initiated training with BOM related to new hire process including but not limited This Rule is not met as evidenced by: to background screenings on 4/4/19. Based on interviews and record reviews, the ED will review all background screeings facility falled to assure 1 of 4 staff sampled (B) upon hire to ensure compliance. had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. POC date: 5/2/19 The findings are: Review of Staff B's personnel record revealed: -Staff B was hired on 01/12/19 as a medication alde and personal care alde, -Staff B had a criminal background check completed on 11/12/18. Interview with Staff B on 03/18/19 at 11:43 am Division of Health Service Regulation

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: HAL004003 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORD WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY D 139 Continued From page 8 D 139 revealed: -She had been hired and left and came back around October or November 2018. -She is now working as a medication aide (MA) and personal care aide (PCA). Telephone Interview with Staff B on 03/18/19 at 6:28 pm revealed: -She could not remember why her criminal background was done in November 2018 and she didn't start work until January 2019. -She "had started and stopped working a couple times and they finally put me on first shift". Interview with the Interim Executive Director (IED) on 03/18/18 at 11:25 am revealed: -The date of 11/12/18 for Staff B's criminal background was probably the most recent since Staff B was not hired until she received her tuberculosis skin test. -The business office manager (BOM) was responsible for the personnel files and assuring the criminal back ground checks were done prior to hire. -The BOM was currently out on leave. D 167 10A NCAC 13F .0507 Training On D 167 ED and Care Manager (CM) completed Cardio-Pulmonary Resuscitation immediate review of schedule on 3.18.19 to ensure CPR coverage, RBOM, RLS 10A NCAC 13F,0507 Training On and Regional Support Team audited all Cardio-Pulmonary Resuscitation staff records to identify CPR needs. Each adult care home shall have at least one CPR training completed on 3/27/19. staff person on the premises at all times who has ED and/or BOM will monitor perpetual completed within the last 24 months a course on staff logs monthly to monitor for CPR needs. cardio-pulmonary resuscitation and choking ED and/or CM will monitor schedule daily management, including the Heimlich maneuver, to ensure compliance. provided by the American Heart Association. American Red Cross, National Safety Council, POC date: 5/2/19 American Safety and Health Institute or Medic

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JIP CODE  123 ANSON HIGH SCHOOL ROAD  WADESBORO  WADESBORO, NC 28170  (MA) ID PREMIX SAMMAY STATEMENT OF DEPICIENCIES  SAMMAY STATEMENT OF DEPICIENCY BUSINESS (CITY, STATE, JIP CODE)  (MA) ID PREMIX SAMMAY STATEMENT OF DEPICIENCIES IN THE PRECEDED BY FULL FACE LANDER OF THE PROVIDERS PLAN OF COMESCITION (MA) THE PRECEDED BY FULL FACE LANDER OF THE PROPERTY ACTOR SHOULD BE GENERAL COMESTE COME		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
MEADOWVIEW TERRACE OF WADESBORD  MEDESBORD, NC 28179  DEFINITION OF THE PROVIDER'S PLAN OF CORRECTION WADESBORD, NC 28179  CAG ID REPORT RECOLLATORY OR LES DENTIFYING INFORMATION PRESENT TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY WAS TO THE PROPRIATION OF THE PROPRIATION			HAL004003	B. WNG			
WADESBORO, NC 28170  SUMMAY STATEMENT OF DEPICIENCIES  (EACH DEPICIENCY MUST BE PRECEDED BY FULL RESOLUTION OF LOC DEPITEMENT OF DEPICIENCIES  (EACH CORRECTIVE ACTION SHOULD BE CRAFTEFINED INFORMATION)  D 167  Continued From page 9  First Ald, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have accoss at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on record reviews and interviews, the facility failed to assure 3 of 4 staff records (A,B, & D) had not completed an approved course of cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months and did not have at least one staff person was on the premises at all times who had completed an approved course of CPR and choking management within the last 24 months and did not have at least 24 months on third shift for 5 of 11 days and second shift for 1 of 11 sampled in March 2019.  The findings are:  1. Review of Staff A, Medication Alde/Personal Care Aide's personnel record revealed: -Staff A was hired on 11/15/18There was no documentation of cardio-pulmonary resuscitation (CPR) training for Staff A.  Interview with Staff A on 03/13/19 at 11:05am	NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
PREFIX TAG  Continued From page 9  First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have accoss at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months and did not have at least one staff person was not the premises at all times who had completed an approved course of cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months and did not have at least one staff person was on the premises at all times who had completed an approved course of Cardio-pulmonary fear on third shift for 5 of 11 days and second shift for 1 of 11 sampled in March 2019.  The findings are:  1. Review of Staff A, Medication Alde/Personal Care Alde's personnel record revealed: -Staff A was hired on 11/15/18, -There was no documentation of cardio-pulmonary resuscitation (CPR) training for Staff A.  Interview with Staff A on 03/13/19 at 11:05am	MEADOW	VIEW TERRACE OF WA			L ROAD		
First Ald, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.  This Rule is not met as evidenced by: TYPE 8 VIOLATION  Based on record reviews and interviews, the facility falled to assure 3 of 4 staff records (A,B, & D) had not completed an approved course of cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months and did not have at least one staff person was on the premises at all times who had completed an approved course of CPR and choking management within the last 24 months on third shift for 5 of 11 days and second shift for 1 of 11 sampled in March 2019.  The findings are:  1. Review of Staff A, Medication Alde/Personal Care Aide's personnel record revealed: -Staff A was hired on 11/15/18There was no documentation of cardio-pulmonary resuscitation (CPR) training for Staff A.  Interview with Staff A on 03/13/19 at 11:05am	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE COMPLET	
revealed: -She had been employed since November 2018She worked at the facility on the 7am to 3pm shift.  Interview with the Interim Care Manager (ICM) on 03/18/19 at 11:05am revealed:	D 167	First Ald, or by a trair certification as a trair from one of these orgoners on trained accordances at all times in valve pocket mask for cardio-pulmonary resulting the process of the cardio-pulmonary resulting falled to assur D) had not completed cardio-pulmonary resuchable from the cardio-pulmonary resulting management and did not have at letter premises at all time approved course of Comanagement within the shift for 5 of 11 days sampled in March 20.  The findings are:  1. Review of Staff A, Care Aide's personners of Staff A, Care Aide's personners at all time approved course of Comanagement within the staff A was hired on the cardio-pulmonary resulting the staff A.  Interview with Staff A revealed:  She had been emploached at the fashift.	ner with documented her on these procedures ganizations. The staff cling to this Rule shall have the facility to a one-way or use in performing suscitation.  as evidenced by:  ews and interviews, the elia of 4 staff records (A,B, & dian approved course of suscitation (CPR) and the twithin the last 24 months east one staff person was on the last 24 months on third and second shift for 1 of 11 and second shift for 1 and second shift for 1 and second	D 167			

ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI	ETED
the state of the s	HAI.004003	B. WNG		100	8/2019
AME OF PROVIDER OR SUPPLIER EADOWVIEW TERRACE OF WA	ADESBORO 123 ANS	DDRESS, CITY, STATE ON HIGH SCHOOL BORO, NC 28170	OL ROAD		uri isalian Usali
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X6) COMPLETE DATE
A sent her a screen 08/19/18 from an on -Staff A had complet training course that how to perform CPF -Staff A told her abo (CM) took the cours -There was a return associated with the -The online CPR training was sourse.  -There had been a Caracterian facility but she was a participated in that the -She would need to determine if Staff A course conducted at Interview with the In 03/18/19 at 11:15am -Staff could elect to training at the facility where ever staff che -Staff A had her CPF work at the facility from -She was not aware CPR training through agency.  -She was not familia which Staff A had re	Staff A by telephone and Staff shot of her CPR card dated line provider.  Led an online virtual CPR included demonstration on the course and she as a refresher, demonstration of skills conline course, inling included modules, cheduled by the protocol CPR course conducted at the not sure if Staff A had raining.  Look at the sign-in sheet to carticipated in the CPR the facility.  Lerim Executive Director on a revealed: participate in the CPR or get the CPR training.	D 167	DEFICIENCY)		

Division	of Health Service Reg	ulation			FORM	APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O		(X3) DATE (	
		HAL004003	B. WING		The second of th	R 18/ <b>201</b> 9
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	(04 1110	ON HIGH SCHOOL	N - 20 - 20   11   D - 20   D - 20		
MARDON	VIEW TERRAGE OF WA	WADES	30RO, NG 28170			,
(X4) ID PREIFIX TAG	(EACH DEFICIEN	MARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORP EFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	SHOULD BE COM	
D 167	Continued From pag	e 11	D 167			
>	-Staff D was hired as (CNA) and medication -There was no docume on cardio-pulmonary Attempted telephone 6:24 pm with Staff D Interview with the pensuring required traffile for staff.  -The Bushess Officeresponsible for the pensuring required traffile for staff.  -The BOM and Residue coversee CPR to assusce the Interview will be a support to the Interview with the Interview with the Interview with the Interview with Int	s a certified nursing assistant on aide (MA) on 08/08/18, mentation Staff C had training resuscitation (CPR).  Interview on 03/18/19 at was unsuccessful.  Iterim Executive Director (IED) om revealed: all staff had no CPR training, and Manager (BOM) was ersonnel records and clining, including CPR, was on the care Manager (RCM) are staff are trained and the staff on the schedule who				
	reports, staffing sche reports was done afte certifications for staff revealed: -There were no staff training on CPR for 5 for 1 of 11 days. -The 1 day on second -The 5 days on third 03/08/19, 03/11/19, 0 -The facility's census	shift included, 03/07/19, 03/12/19 and 03/18/19. Was between 49 - 50 3 shifts when no staff were R training.			×	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_ R B. WNG\_ HAL004003 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 167 | Continued From page 12 D 167 03/18/19 at 7:15 pm revealed: -They planned to have a CPR class with a tentative date of 04/25/19. -They would schedule it sooner if possible. Interview with the IED on 03/18/19 at 7:25 pm revealed: -Staffing for third shift on 03/18/19 included a CPR certified staff member. -Staffing for all three shifts on 03/19/19 included at least one CPR certified staff member on duty for each shift. -They would review all schedules to ensure at least one CPR certified staff member would be in the building each shift. The facility falled to assure there was staff on duty who had training on CPR in the last 24 months on third shift for 5 of 11 days sampled and on second shift for 1 of 11 days sampled. The facility's census was 49 - 50 residents during the 6 shifts when no staff were on duty who had CPR training. The failure to have staff on duty at all times who had training in CPR was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/18/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 2, 2019. D 273 10A NCAC 13F .0902(b) Health Care D 273 10A NCAC 13F,0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs

	of Health Service Regulation of Deficiencies				FOR	MAPPROVED
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A, BUILDING	LE CONSTRUCTION	(X3) DATE : COMPI	
		HAL004003	B. WING			R.
NAME OF F	PROVIDER OR SUPPLIER	****	ADDRESS, CITY, 6		03/	18/2019
MEADON	VIEW TERRACE OF WA		Son High Sch			
LIDOI		WADES	BORO, NC 281			
PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		) BE	(X8) COMPLETE DATE
D 273	Continued From page	13	D 273			
	of residents.					
				1		
				1		
	This Rule is not met a	s evidenced by:				
1	Based on observation	s, interviews and record		ED and CM notified physician a	ind	
	ordered by the primar	led to assure follow up as care provider for 2 of 6		obtained clarification of issues		
	sampled residents (#6	and #8) Including repeat	d.	identified during survey on 3/14	/19. Issu	es
	blood sugar (BS) testing	ag and reporting for	1	identified were corrected immed	liately.	
	elevated BS levels (#6	) and a referral for a		ED, CM and Regional Clinical D	irector	W.
	speech and swallowing	g evaluation (#8).		(RCD) reviewed resident record 3/19/19 to identify and correct a	s on	,
	The findings are:			orders out of compliance. Order	ny	
1	trie indings are:			System (Bucket System) initiate	Process	sing
	1. Review of Resident	#6's current FL-2 dated		3/14/19. ED and CM received tr	aining of	,
	08/18/18 revealed:	no o ourient i L-2 dated	le le	Bucket System from RCD on 3/	1//10	1
	-Diagnoses included d	labetes mellitus,		CM initiated training to Medicati	on Aided	
-	schlzophrenic disorder	and mild cognitive		(IVIA) regarding Bucket System	proper	
1	Impalment.	r financial de la		medication administration proce	ess and	
	(FSBS) checks three fi	r finger stick blood sugar mes dally before meals		procedures to include reporting	and	
	with Novolin sliding sca	ale insulin (SSI): for blood		documentation on 3/14/19. CM	will	
Į.	sugar (BS) 150-200 glv	e 0 units; BS 201-250 give		monitor and follow up with Buck	et	
	4 units; BS 251-300 giv	e 6 units: BS 301-350 give		System daily to ensure orders p	rocesse	
	8 units; BS 351-400 glv	e 11 units and check		accuretely and medication is in ED and CM will conduct random	commun	ity.
	the primary ages and the	s, if not decreasing notify		observations weekly to ensure p	chart	
	result the blue folder for	er (PCP) and put FSBS r follow up the next day.		medication administation, and o	roper	
				processing.	der	1
	Review of Resident #6'	s Resident Register				İ
	revealed the resident w	as discharged from the		POC date: 5/2/19		
	facility on 02/15/19.			- 17 (17 (17 (17 (17 (17 (17 (17 (17 (17		
	Review of Resident #6'	s November 2018				1

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: HAL004003 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XB) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 273 Continued From page 14 D 273 electronic medication administration record (eMAR) revealed: -There was an entry for FSBS checks three times daily before meals with Novolin SSI: for BS 150-200 give 0 units; BS 201-250 give 4 units; BS 251-300 give 6 units; BS 301-350 give 8 units; BS 351-400 give 11 units and check FSBS hourly for 2 hours, if not decreasing notify the PCP and put FSBS result the blue folder for follow up the next -On 11/04/19 at 11:30am, staff documented Resident #6's BS was 352; there was no documentation of hourly FSBS rechecks for two hours. Review of Resident #6's December 2018 eMAR revealed: -There was an entry for FSBS checks three times daily before meals with Novolin SSI: for BS 150-200 give 0 units; BS 201-250 give 4 units; BS 251-300 give 6 units; BS 301-350 give 8 units; BS 351-400 give 11 units and check FSBS hourly for 2 hours, if not decreasing notify the PCP and put FSBS result the blue folder for follow the next -On 12/11/18 at 7:30am, staff documented Resident #6's BS was 55; there was no documentation of what was done for the resident's low BS result. -On 12/13/18 at 4:30pm, staff documented Resident #6's BS was 58; there was no documentation of what was done for the resident's low BS result. -On 12/15/18 at 7:30am, staff documented Resident #6's BS was 53; there was no documentation of what was done for the resident's low BS result. -On 12/21/18 at 4:30pm, staff documented Resident #6's BS was 411; there was no documentation of hourly FSBS rechecks for two

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HAL004003 B. MNG 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MEADOWVIEW TERRACE OF WADESBORO 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 15 D273 hours. -On 12/30/18 at 11:30am, staff documented Resident #6's BS was 386; there was no documentation of hourly FSBS rechecks for two Review of an Order Confirmation form dated 01/04/19 for Resident #6 revealed: -There was an order to discontinue sliding scale Insulin. -Resident #6's PCP signed and dated 01/10/19. Review of a Physician's Order Report dated 02/07/19 revealed: -There was an order for FSBS checks twice daily. -There was documentation the start date of the order was 01/16/19. Telephone interview with a Pharmacist from the facility's contracted pharmacy on 03/18/19 at 4:54pm revealed she could find the original order for FSBS checks twice dally for Resident #6. Review of Resident #6's January 2019 eMAR revealed: -There was an entry for FSBS checks twice daily. -On 01/28/19 at 7:30pm, staff documented Resident #6's BS was 459; there was no documentation of what was done for the resident's high BS result. -On 01/30/19 at 7:30pm, staff documented Resident #6's BS was 440; there was no documentation of what was done for the resident's high BS result. -There was an entry for FSBS checks three times dally before meals with Novolin sliding scale insulin which was discontinued on 01/04/19. Review of Resident #6's February 2019 eMAR revealed: Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE  A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY
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		HAL004003	B. MNG	AND	1	/18/2019
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE		
ECADON.	MCN TERM OF ARM		SON HIGH SCHOO			
IEADOW	VIEW TERRACE OF WA		BORO, NC 28170			
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		The IN CHARLOTY	TAG	CROSS-REFERENCED TO THE DEFICIENCY)		DATE
D 273	Continued From pag	ge 16	D 273			
	-There was an entry	for FSBS checks twice daily.				
	-On 02/02/19 at 7:30	Dam, staff documented				1 =
	Resident #6's BS wa	as 402; there was no				
	documentation of wh	nat was done for the				
	resident's high BS re					
	-On 02/04/19 at 7:30	Dam, staff documented				1
	Resident #6's BS wa	as 370; there was no				
	documentation of wh	nat was done for the				
- 1	resident's high BS re	esult.				
	-On 02/05/19 at 7:30	pm, staff documented	1		N 15	
	Resident #6's BS wa	as 472; there was no				1
]	documentation of wh	nat was done for the	1			1
1	resident's high BS re					
- 1		pm, staff documented				
- 1	Resident #6's BS wa	is 356; there was no				
	documentation of wh	at was done for the				
- 1	resident's high BS re					
- 1		pm, staff documented				
- 1	Resident #6's BS wa	s 435: there was no				
	documentation of wh	at was done for the				
	resident's high BS re	will				1
- 1		pm, staff documented				
	Resident #6's BS wa	e 414: there was no				1
	documentation of wh	ot was done for the				
	resident's high BS re					
		pm, staff documented				
	Resident #6's BS wa	e 410: there was no				
	documentation of wh	at was done for the				
	resident's high BS re					
	-On 02/12/10 at 7:20	pm, staff documented				
	Resident #6's BS wa	e 420: there were as				
	documentation of wh		1			
	resident's high BS re					
	Posidont #6's DC	pm, staff documented				
	Resident #6's BS was	s 414; there was no				
	documentation of wh					
	resident's high BS res					
	-On 02/14/19 at 7:30	pm, staff documented				
	Resident #6's BS was	s 360; there was no				
	documentation of whi	at was done for the	1 1			1

STATEMEN	of Health Service Re				FO	RM APPROVE	
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	CONSTRUCTION		E SURVEY MPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	ZID CODE	1 0	3/18/2019	
MEADOW	VIEW TERRACE OF W	ADESBORO 123 ANS	ON HIGH SCHOOL BORO, NC 28170				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES				The second secon	
PREFIX TAG	CEACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HEAPPROPRIATE	(X5) COMPLETE DATE	
D 273	Continued From page		D 273	11	Company Company		
	resident's high BS re	esult.					
	Review of electronic	Resident Progress Notes					
	revealed:						
	8:33pm.	les prior to 12/19/18 at					
	-There was no docu	mentation of FSBS rechecks					
	for BS less than 60 i	or greater than 351 from					
	12/19/18 through 02 -There was no document	mentation Resident #6's PCP					
	was notified of FSBS	results less than 60 or					
	greater than 351 from	m 12/19/18 through 02/13/10					
	Resident #6's BS wa	2pm, staff documented as 452 at 8:00pm, the					
- 1	residents shot was g	iven and 30 minutes later the					
- 1	BS Was 430.	as checked again and was					
	422; BS was checke	d at 10:00pm and was 360.					
	Review of a Vitals Re 11:33am for Residen	eport form dated 01/09/19 at					
	-There was documen	itation of 11 FSBS results					
	from 01/01/19 at 7:13	Sam through 01/04/19 at					
	11:42am ranging fron There were initials d	n 65 to 340. ocumented on the form.					
1	Interview with a medi	cation aide (MA) on					
(	03/18/19 at 4:42pm re	evealed:		¥			
1	Whenever she did a	BS recheck, she wrote the					
1 4	provider (PCP),	and called the primary care					
	She did not know wh	ere on the eMAR or in the	24				
r	echecks,	would document BS					
I	nterview with a secon	nd MA on 03/18/19 at					
4	:42pm revealed:						
r	esult on a plece of ne	BS recheck, she wrote the aper and called the PCP.					
-	She documented call	Ing the PCP in the					
-	She documented call Service Regulation	iper and called the PCP. Ing the PCP in the					

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 **HAL004003** 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORD WADESBORO, NC 28170 (X4) ID PREFIX **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 273 Continued From page 18 D 273 electronic charting notes (Resident Progress Notes). Interview with the Resident Care Coordinator (RCC) on 03/18/19 at 12:50pm revealed: -BS checks "popped up" on the computer screen when it was time for staff to check a resident's BS. -If there was a PCP order to recheck a BS for certain parameters and the order did not "pop up" on the computer screen, staff probably just rechecked the resident's BS without documenting the recheck. -If the BS was not decreasing, the staff were expected to notify the PCP and document the notification in the resident's record. -The facility's procedure on reporting for BS was to contact the resident's PCP for BS greater than -For BS less than 60, staff gave the resident two cups of orange juice and two packets of fructose. -Staff rechecked low BS after administering the OJ and fructose, but "they may get busy and forget to document" rechecking the BS. -For Resident #6's BS of 55 on 12/11/18, 58 on 12/13/18 and 53 on 12/15/18; If staff rechecked the BS and the BS did not go up then staff would have sent to resident to the emergency room -The MAs were responsible for documenting notification to the PCP. Review of ER physician documentation dated 12/12/18 for Resident #6 revealed the resident was seen in the ER for hypoglycemia and had a BS of 35 upon arrival in the ER. Review of ER physician documentation dated 12/24/18 for Resident #8 revealed the resident was seen for mental status changes and possible

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HAL004003 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MEADOWVIEW TERRACE OF WADESBORO 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY D 273 | Continued From page 19 D 273 urinary tract infection and found to have hypoglycemia. Review of a PCP visit note dated 12/24/18 for Resident #6 revealed: -Resident #6 was seen on 12/4/18 for a new evaluation. -There was documentation the PCP reviewed BS logs and noted BS had been mostly within range with exceptions of a few greater than 250 results. -Resident #6 had recent lower BS results at night. Telephone interview with Resident #6's PCP on 03/18/19 at 4:26pm revealed; -She could not remember if she was notified of Resident #6's BS results greater than 351 or less than 60. -If there no documentation in Resident #6's record, then she was probably not notified. -The facility had a protocol for high and low BSs. but she was not sure why she had not written parameters when the BS checks were changed to twice dally. -Resident #6 had changes to BS management because there were highs and lows; she expected staff to call her if Resident #6's BS were greater than 351 or less than 60. Interview with the Executive Director (ED) on 03/18/19 at 5:52pm revealed: -The BS process was by written PCP orders; the facility did not have a written policy and procedure. -Staff were expected to follow the PCP's orders for BS checks. Based on observations, Interviews and record reviews, it was determined Resident #6 was not Interviewable, Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ HAL004003 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X8) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 273 Continued From page 20 D 273 2. Review of Resident #8's current FL-2 dated 09/04/18 revealed -Diagnoses included dementia, hypothyroid, hyperlipidemia, and failure to thrive. -There was an order for a regular diet. Review of the Care Plan for Resident #8 dated 12/12/18 revealed: -The diet for Resident #8 was listed as regular. -There were no restrictions for the resident's diet. Review of a Physician Notification Form dated 02/11/19 and timed at 3:05pm revealed: -The Medication Alde (MA) documented the resident was "having issues with swallowing". -The MA requested to know if the resident could have a crush medication order and be evaluated for chopped food. -The Nurse Practitioner (NP) documented on the notification form "yes to both" and dated the response for 02/12/19. -There were no further instructions from the NP documented on the physician notification form. Review of Resident #8's therapy notes revealed no documentation of an evaluation for chopped foods. Interview with the MA, whose name was on the physician notification form dated 02/11/19, on 03/14/19 at 8:50am revealed: -Resident #8 "had some swallowing problems." -The resident's medications needed to be crushed. -The resident needed to have thickened liquids. -There was no timeframe given for when the swallowing problems occurred. Interview with a second MA on 03/15/19 at 12:08pm revealed:

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	Tara -	mr 415-1
AND I DAM	OF JURKEUTION	IDENTIFICATION NUMBER:	A BUILDING:			TE SURVEY MPLETED
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AME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	TID CODE	1 U	3/18/2019
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MODE	VIEW TERRACE OF V		BORO, NC 28170	- ROAD		
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D 273	Continued From pa	nge 21	D 273			
	-Resident #8 "had :	some swallowing problems				
	back a while ago."					
	-There was no furti	ner timeframe given for when				
1	the swallowing prob	olems occurred.		8		
	Interview with a thir	d MA on 03/15/19 at 4:10pm				
	revealed:	a MA OII VOI IOI IV at 4:10pm				
	-Resident #8 went	from a regular diet to puree				
	because he got cho	oked about one month ago.				
	-The MA was told the	ne resident was trying to eat				
	cake and got choke					
	liquids now.	esident #8 was on thickened				
		o take medications whole, but			Her:	
	now she crushed hi	s medications all the time.				
	-Resident #8 would	spit his medications out.			8	
	Interview with the Ir	terim Resident Care Manager				
	She thought there	at 12:20pm revealed:				
	to have a barium sw	was an order for Resident #8				
	-Resident #8's Nurs	e Practitioner Provider (NP)				
	was working on get	ting the barlum swallow done.				
	-She (ICM) did not h	now if the barium swallow				
	had been done.	n to the ND 1				
	of the barlum swallo	n to the NP about the status				
	-The Supervisor wo					
	communicating with	the provider about any				
. 1	issues the resident v	was having dally.				
	There was a local r	ehab agency that came to the				
	tacility who did asse therapy,	ssments, including speech				
	och 1760 (164 € 17)					
	Interview with the Re	ehab Director for the local				
1	rehab agency on 03.	/18/19 at 12:35pm revealed:				
1.	The rehab agency v	vas not currently providing				
	any therapy to Resid	lent #8,				
	dated 02/12/10 for D	nad not received the order lesident #8 to be evaluated				
o of Healt	h Service Regulation	Detailient #0 to be evaluated				

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 HAL004003 B. WING 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORD, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X8) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 273 | Continued From page 22 D 273 for chopped foods. -There would be documentation in the resident's record from the rehab agency if the agency had started the evaluation. Interview with Executive Director (ED) on 03/218/19 at 1:25pm revealed: -She did not know if the evaluation for a chopped dlet had been completed. -The ICM would have been responsible to process the 02/12/19 order for the evaluation. D 282 10A NCAC 13F .0904(a)(1) Nutrition and Food D 282 Service RCD notified ED and Dietary staff of 10A NCAC 13F .0904 Nutrition and Food Service cleaning requirements in kitchen on (a) Food Procurement and Safety in Adult Care 3.18.19. Dietary Manager educated on Homes: importance of cleanliness. Cleaning (1) The kitchen, dining and food storage areas log implemented to ensure compliance. shall be clean, orderly and protected from ED and/or designee will perform weekly contamination. random observations of kitchen/dining room to ensure cleanliness and This Rule is not met as evidenced by: compliance. Based on observations, interviews and record reviews, the facility failed to assure the kitchen POC date: 5/2/19 and food storage areas were kept clean and free of contamination. The findings are: Observations of the kitchen on 03/14/19 from 9:07am until 9:15am revealed: -There was a thick accumulation of yellow and brown grease and food spillage build up on and around the burner knobs of the stove. -There was a thick accumulation of brown and dark brown grease build up on and around the ends of the oven handles and around the edges of the oven doors. Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		R	
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE 710 COOP	03/18/2019	
			SON HIGH SCHO	the Constitution of the Co		
	VVIEW TERRACE OF WA	WADES	BORO, NC 2817			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDER (CENCY)	D.RE COMPLETE	
D 282	Continued From page	e 23	D 282			
	substance on the over and the bottom of the -There was a black s along the edge of the the sink and counter drains. -There was a thick ac	substance on the kitchen floor stove, around the bases of stands and around the floor comulation of a brown				
	along the edges and -There was a black so the base of the pantn	ubstance on the floor around	2			
	shiny substance with -There was food debriums and the shelvesThere was a thick brailong the edges in the -There were dark brostuck to the stain on the	numerous foot prints visible, ris including onion shelfs and e floor under the cooler rown substance on the floor e cooler, who stains with food debris the freezer floor, floord, frozen food and an				
	Interview with a cook revealed: -Kitchen staff wiped d and the oven handles -She could not say he accumulation occurre -Kitchen staff did not a second shift kitchen cleaning the kitchen, I floors.	on 03/14/19 at 9:08am  down the knobs on the stove severy day.  The two the grease and food and the ovens.  Staff was responsible for pantry, cooler and freezer sor was responsible for				
	5:15pm revealed:	nd cook on 03/14/19 at			* "	

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	FORM APP  (X2) MULTIPLE CONSTRUCTION  (X3) DATE SUBVE				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED		
- X		HAL004003	B, WNG			R 18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	E ZIP CODE		1012010	
IEADOM	WEW TERMS OF AN IN		ON HIGH SCHOO				
ILADOW	VIEW TERRACE OF W	ADECIDO (O	BORO, NC 28170		771989		
(X4) ID PREFIX	SUMMARY I	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL	01	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD HE	COMPLET	
D 282	Continued From page	ge 24	D 282	-			
	the floors in the kitchevening.	hen, pantry and cooler each					
		by the Kitchen Supervisor					
	when she was hired	not to mop the freezer floor	-		ndn diji ila ili		
	because the water a	and the mop would stick,					
	-She was responsib	le for wiping the knobs and					
	handles on the stove	e and oven each evening					
1	after she turned off i	the stove.					
	-I here was usually a	a dietary aide to help with					
	there had not been a	ving and cleaning duties, but					
1	November 2018,	a dietary aide since	1				
		chen staff was responsible					
- 1	for all of the cleaning	g and it was hard to get					
	everything done and staff in the kitchen.	get out on time with only one		Mars Million Common April		- de	
5	-There were only thr shift kitchen staff, a Kitchen Supervisor.	ee staff for first and second cook for each shift and the			e	¥	
1	-The Kitchen Supervisor.	risor was aware cleaning was					
	not being done due	to time and staff constraints.					
1	Interview with the Kit	tchen Supervisor on 03/15/19					
	at 11:30am revealed	:			,		
	-The first shift kitcher	n staff spot mopped floors					
	and the second shift	kitchen staff completed a					
	thorough cleaning of	the kitchen and floors.					
	-She was aware ther	e were areas in the kitchen					
	such as the stave or	cted for thorough cleaning					
	such as the stove, or	panliness and organization of					
	the kitchen dally whe	n she arrived at work.			k		
	Whenever she Ident	ifled cleaning tasks that had			WE Y		
	not been completed :	she addressed it with the					
	staff responsible.				1981 - 33		
	Interview with the Ev	ecutive Director (ED) on			entral in Sent		
	03/14/19 at 2:14pm r	evesled.					
	The second shift sta	ff was responsible for					
	cleaning the floors in	the kitchen, pantry, cooler			The Hop		
n of Heall	h Service Regulation						

Division	of Health Service Reg	ulation			FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE (	
		HAL004003	B. WING			R 18/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, ST	ATE, ZIP CODE	U37	10/2019
MEADOW	VIEW TERRACE OF WA		он нідн всно			
		WADESB	ORO, NC 2817	0		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 282	and freezer daily bet -The floors were also -The kitchen staff cle handles dailyThe ovens were cle -The Kitchen Superv directly supervising t supervised the Kitch -She usually checked she had not noticed oven and floors in the freezer.	fore they left. o cleaned as needed. eaned the stove and oven aned monthly. disor was responsible for the kitchen staff and she en Supervisor. d the kitchen every day, but the stove and oven handles, e kitchen, pantry, cooler and	D 282		2 4	ā.
	Service  10A NCAC 13F .090- (e) Therapeutic Diet (1) Alt therapeutic di liquids shall be in wri physician. Where ap order shall be specifi- consistency, such as diets, low sodium die unless there are writt definition of any thera facility's therapeutic r registered dietitian.  This Rule is not met Based on observation reviews, the facility fa sampled residents (# provider order for a m nectar thick liquids.  The findings are;	for calorie controlled ADA ts or thickened liquids, ten orders which include the apeutic diet identified in the menu approved by a as evidenced by: ns, interviews and record	D 307	RCD inititated training to Dietar Manager (DM) on 3.18.19 regar theraputic diets including correconsistencies as ordered by physician. Resident diet orders audited to ensure correct diet is in electronic medical record. Di report printed and provided to I weekly or as needed by ED and designee. DM to provide training dietary staff regarding theraputing ED will monitor for compliance.	ording ct s noted et order DM d/or og to all ic diets	,
	TOVIOW OF RESIDENCE	os current FL-2 dated				

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL004003	The state of the s	CONSTRUCTION	10.	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TI: ZID CODE	1 03/1	0/2019
			SON HIGH SCHOOL			
READOW	VIEW TERRACE OF V	MULUBONO	BORO, NC 28170			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIE	EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORR PREFIX (EACH CORRECTIVE ACTION SI TAG CROSS-REFERENCED TO THE AF DEFICIENCY)		(X6) COMPLET DATE
D 307	Continued From pa	ige 26	D 307			
	09/04/18 revealed:					
		d dementia, hypothyroidism,			W-5-	
	fallure to thrive, mu	Itidrug resistant				-0
	staphylococcus aur	eus and hyperlipidemia.			vin a	
	-There was an orde	er for a regular diet.	1		- In 186	
	Observations during	g the breakfast meal on				
	03/14/19 at 8:10am	revealed Resident #8 had a		840 PH - 141 PH		
i ti	small amount of ne	ctar thickened orange Juice on	1 1			
	the table in front of	him.	1 1			
	Interview with a per	sonal care aide (PCA) on			12012	
	03/14/19 at 8:10am	solisi cale aide (PCA) ou				
	-Resident #8 was or	n nectar thickened liquids.				
	-Resident #8 had dr	ank his thickened orange				
- 1	Julce and did not dri	nk thickened water.				
	V 15 - 2					
- 1	Interview with a coo	k on 03/14/19 at 8:05am			anier II - V 194	
	thickened liquids in	no list of residents receiving			F Secretary	
	diet list.	the kitchen, but there was a				
	GIOT HOL					
	Review of an undate	ed diet list from the bulletin			NUMBER OF STREET	
1	board in the kitchen	revealed:				
	-Resident #8 was or	a mechanical soft diet.			more and	
1	There was no notat	ion for nectar thickened				
	ilquids or any consis	tency of thickened liquids.			THE THE PERSON	
1	Observations dusta-	the discussion and the second				
	at 5:05pm revealed:	the dinner meal on 03/14/19				
		ctar thickened water and				
	nectar thickened red	juice on the table in front of			and the part	
13	nim.					
	Resident #6 was se	rved a plate of field peas,				
1	rice, a dinner roll and	d banana pudding.				
	A PCA cut up the be	aked chicken breast on				
11	Resident #6's plate.				21 11 1	
	nton dour will	IDO.				
	nterview with a seco 5:05pm revealed:	ond PCA on 03/14/19 at				
	n Service Regulation					

		IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BULDING:		CON	PLEIED	
		HAL004003	B, WING		R		
AME OF PR	OVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	' ZID AADE	1 0,	3/18/2019	
EADOM	//		ON HIGH SCHOOL				
EADOWV	IEW TERRACE OF W		BORO, NC 28170	- KOAD	<b>*</b> 8		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	COMPANIA		
PREFIX TAG	REGULATORY O	ACY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	VSHOULD BE	COMPLE DATE	
D 307	Continued From page	ge 27	D 307				
1.	-Staff "just knew" wi	hich residents were on					
11	thickened liquids an	d therapeutic dieta such as					
	chopped, mechanic	al soft and pureed.		76	29.53		
	-If staff did not know	there was a diet list nosted					
1	on the bulletin board	d in the kitchen.					
	Interview with the In	terim Resident Care					
1	Coordinator (RCC)	on 03/14/19 at 3:04pm					
r	revealed:	- a					
-	-She had been filling	In for the RCC since		46	189		
02	02/25/19.		1				
-	Diet orders should I	be in each resident's record.		*			
-	She ald not know th	ne diet order process.		*			
7	on thickened liquids,	there was a list of residents	1	3		1	
'	en anonomou nquius,						
1	nterview with the Ki	tchen Supervisor on 03/15/19			i*		
a	at 11:30am revealed	:					
-	I here was only one	resident on thickened					
	iquids.	of Danieland Wa					
t t	hickened liquide bu	at Resident #8 was on t it was no longer in the					
d	detary book.	er was no longer in the					
-	The dietary book wa	as where all updates for					
l n	esidents' diets were	kept; the book was kent on					
tr	he desk in the kitche	en.					
-	The RCC usually br	ought updated diet orders to					
· ·	ne virenen and kitch	en placed in the book.					
A	second Interview w	ith the interim RCC on					
0	3/18/19 at 12:50pm	revealed:					
-5	She was in the proc	ess of contacting Resident		×			
#	8's primary care pro	ovider regarding clarification					
0	the resident's diet	order,					
1 2	one remembered se	eeing an order for thickened					
110	lnce 02/25/10 but a	nical soft diet for Resident #8					
SI	ince 02/25/19, but a	ne could not find it. no had made the undated					
tv	ped therapeutic dia	t list from the kitchen bulletin					
bo	oard,	CIDELLING KILCHON SILL HOLL JOHN					

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
,	· · · · · · · · · · · · · · · · · · ·	HAL004003	B. WING			R 18/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE ZID CODE	00/	TOTAGTO
	N. W. P. V. P.	SAME SHAPE				
MEADOW	VIEW TERRACE OF W		BON HIGH SCHO BORO, NC 2817			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
D 307	Continued From pa	ge 28	D 307			
	-New dietary orders	were entered into the	Total Control	E. 30		
	computer system by	y the RCC, printed and then				
	given to the kitchen	staff		111		
1	g on to allo (Morion)	Contract of the contract of th		Decision and the second		PE 0
ļ	Review of Diet Orde	er Report dated 03/14/19		197		
	revealed:	21 170hour dated 031 (4) 18		18072.0		
	-Resident #8 was or	n a regular diet				
1	-There was no notal	tion for channed or				
	mechanical soft food	de		124-124-321-6	10	V 25
		tion for nectar thickened	1			
	liquids.	don to hectal trickelled	1			
	inquico.					
	Telephone interview	with Resident #8's primary			*	
- 1	care provider (PCP)	on 03/18/19 at 3:58pm				
- 1	revealed:	011 03/16/19 at 3:58pm				
		#8 in her office for his				
i	annointments and he	ad not seen the resident in a				
1	couple of months.	ad not seen the resident in a	1			
- 1	-She did not have an	ccess to her notes and orders				
	for Resident #8 and	did not know if she had				
- 1	written an order for r	nectar thickened liquids and a				
1	mechanical soft diet.	lectar trickened liquids and a				l l
		oncerned if Resident #8 had				
	been given nector th	ickened liquids and a				
	mechanical soft diet	with the resident's cognition				
	and dementia it was	"probably not a bad idea."				
	-She depended on the	ne facility staff to follow the				
	orders she had writte	en.				
	Interview with the Ev	ecutive Director (ED) on				
	03/18/19 on 12:21pm	1 revealed.				
	It was an error on he	er part that Resident #8 was			The state of the s	
	placed on thickened	liquids.				
	There should be a li	st kept in the kitchen of	1			
1	which residents were	on thickened liquids and/or			- In	
1	therapeutic diets.	and a seriou and a serious			181	
		were entered into the				
1	computer system by	the RCC.				
-	She printed a new or	omputer generated diet list				
(	each week and gave	It to the kitchen staff.				
	h Service Regulation	The inventor state.				

	of Health Service Re				FORM	1APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	THE PARTY OF THE P	LE CONSTRUCTION	(X3) DATE 8 COMPL	
		HAL004003	B. WNG		R 03/18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, 8	TATE, ZIP CODE		0/2010
MEADOW	VIEW TERRACE OF V	VADESBORÓ 123 ANS	ON HIGH SCH	OOL ROAD		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RF	(X5) COMPLETE DATE
D 307	therapeutic diet list created the list nor -Kitchen staff were	where the undated typed had come from; she had not provided it to the kitchen staff. expected to follow the d dlet list (Diet Order Report).	D 307	ED and CM notified physician and obtained clarification of issues		
	(a) An adult care h preparation and adi prescription and no by staff are in according to the prescription and no by staff are in according to the prescription and procedures.  This Rule is not me TYPE B VIOLATION	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments dance with: nsed prescribing practitioner ad in the resident's record; and bitton and the facility's policies	D 358	identified during survey on 3/14/19. identified were corrected immediate ED, CM and Regional Clinical Direct (RCD) reviewed resident records of 3/19/19 to identify and correct concorder Processing System (Bucket Sinitiated on 3/14/19, ED and CM rectraining on Bucket System from RCCM initiated training to Medication A (MA) regarding Bucket System, promedication administration process a procedures to include reporting and documentation on 3/14/19, RCD initimedication administration training of ED and CM provided education to son 3/26/29 regarding Bucket System and Diabetic Education.CM will mor follow up with Bucket System daily forders processed accuretely and miss in community. ED and CM will corrandom chart observations weekly the proper medication administration, an processing.	ely. etor erns, System) peived D on 3/14 Aides per and tiated n 3/15/19 taff n nitor and to ensure edication nduct	vi
	reviews, the facility to medications as orden #8, #9) observed du including errors in in anti-anxiety medicata administering medicata	ons, interviews, and record falled to administer and for 3 of 8 residents (#3, ring the medication passes, sulin administration (#3), and ion (#9), crushing and ation that should not be of 5 residents (#1, #3, #7)		~		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL004003	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	
JAVE OF B	ROVIDER OR SUPPLIER					18/2019
o and or F	KONIDEK OK SUPPLIER		ODRESS, CITY, STA			
IEADOW	VIEW TERRACE OF WA		SON HIGH SCHO BORO, NC 28171			
(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 COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X6) COMPLET DATE
D 358	Continued From pag	e 30	D 358	Man	general de la	
	insulin administration	a cough suppressant (#1), n (#3), a thyrold hormone arcotic pain medication (#7),		Setting A and the setting of the set		
1	The findings are:			all of the control of bedieved and and and and and and and and and an		
	by the observation of opportunities during t	or rate was 9% as evidenced 3 errors out of 32 the 12:00pm medication d the 8:00am medication				
	a. Review of Reside 02/07/19 revealed dia mellitus.	nt #3's current FL-2 dated agnoses included diabetes			or the feet of the second	
	at 11:31am revealed prepared and adminis units to Resident #3 I the abdomen after ob	edication pass on 03/13/19 the medication aide (MA) stered Novolin R Insulin 4 in the left lower quadrant of staining a finger stick blood g of 265 for the resident.				
	Interview with the MA	on 03/13/19 at 11:26am				
1	sliding scale (SSI).	scribed a Novolin R insulin				
	prescribing provider.	meters ordered by the				
	Novolin R SSI covera resident's blood auga -If Resident #3's FSB:	eters for administering the ge began when the r was 150, S was greater than 300, the ninistered Novolin R insulin				
- 1	Novolin R insulin reve	orders for Resident #3's aled:		W. Tanker and		

STATEMEN	of Health Service Red T of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (	CONSTRUCTION		RMAPPROVE
	OF CONNECTION	IDENTIFICATION NUMBER;	A, BUILDING:		(X3) DAT	E SURVEY PLETED
		HAL004003	B. WNG			R
VAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	1710 000m	0	3/18/2019
MEADOW	VIEW TERRACE OF W		SON HIGH SCHOOL			
	TENTACE OF W	WADES	BORO, NC 28170	NOMU		
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF COR		
TAG	REGULATORY OF	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	HOURDE	(X5) COMPLETE OATE
D 358	Continued From pag	ge 31	D 358			
	Assistant (PA) by a	MA for "Humulin R sliding				
	scale for blood suga	ar greater than 500 call MD				1
	401-500 give 8 units	3, 301-400 alve 6 units				•
	201-300 give 4 units	3, 150-200 give 2 units below		47		1
	150 give 0 units. Ch	neck blood sugar ac and hs				
	The physicians and a	t bedtime] four times a day".				
	a licensed practition	r was not dated or signed by		981		
	-There was a physic	lan's order dated 01/02/19		No.		
	for Novolin R "use sa	ame sliding scale as the one		W		
	for Humulin R,"					
	-There was a physici	lan's order dated 01/03/19 to		ie w		
-	decrease blood suga	ar checks before breakfast				
1	and at bedtime and "	'd/c [discontinue SSI [sliding		XX 41 -		
	300 give 5 unite New	ol, if blood sugar greater than				
	and check blood sug	olin R, then increase water				
	decreasing put in MI	book to be seen. Put copy		# # # #	188	
	of BS log in MD book	( weekly".		* a g*		1
	-There was a physici	an's order dated 02/07/19 to		g a e <sub>e a</sub> n ac		
	check finger stick blo	od sugar (FSBS) before		* ***		1
	meals and at bedtime	e. If blood sugar greater			à.	
	than 300, give 5 units	Novolin R (a short acting		# W W		
	levels) then incresse	used to lower blood sugar water and check blood	7.			
	sugar hourly for 3 che	ocks. If not decreasing but	.			
	In MD book to be see	on and copy blood sugar log				
	weekly.	2		# P		
1	There were no additi	ional physician's order for				
	Novolin R insulin.			25		
	Review of the March	2019 electronic medication				
	administration record	(eMARS) for Resident #3				
r	evealed;	(SWICKS) IOI (Vesident #3		Ψ <u>y</u>		
		or a FSBS before meals and				
8	at beatime.				3 31	
-	There were "special i	instructions" to "check				
1	SBS before meals a	nd at bedtlme. If BS was				
5	reater than 300, give	5 Units Novolin R than				
	Service Regulation	neck BS hourly for 3 checks.				1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING;	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL004003	B, WING		man XS	8/2019
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	35 1 1 1 1 1 1 1	47.4
4E 4 DOW		122 ANG	SON HIGH SCHOO			
IENDOM	VIEW TERRACE OF V	MADESDUNG	BORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X6) COMPLETE DATE
D 358	Continued From pa	age 32	D 368	I BO WE	g Battle Line s	TALE IS
	If not decreasing p practitioner] book t	ut in MD [prescribing o be seen and copy BS log		and the state of the state of the		
	weekly."			Supragramme Company		
		end date of "01/18/19 - open		er sold are 1 12% are pull-		
	ended."  -There was an entry for Novolin R regular Insulin;					4
	amount to edminist	ter per stiding scale; if blood				
	sugar is 150 to 200	), give 2 units; if blood sugar is				
	201 to 300, give 4	units; if blood sugar is 301 to				
	400, give 6 units; if	blood sugar is 401 to 500,				
- 1		d sugar is greater than 500,		loop 1 States in a con-		
	call MD (prescribin					
	-There were "speci	al Instructions" to "use per				
		e meals and at bedtime. Below 00=2 units, 201-300=4 units,				
	301-400=8 units 4	00-2 units, 201-300=4 units, 01-500=8 units, > [greater				111
	than] 500=call MD	[prescribing practitioner]."				
	-There was a start/	end date of "02/22/19 - open			MIN IN THE	
- 1	ended."					
	Canting and southern	of the March 2019 eMARs			Section 1	
1	revealed there was					
		umulin R insulin 44 times out				
		tesident #3's blood sugar				
İ	reading was less th	an 300 and no insulin				
1		ired. Examples are as follows:				
	-On 03/02/19 at 4:3	30pm, Resident #3's blood				
		nted as 161. There was				
1	administered.	Humulin R Insulin 2 units				7
		Joam, Resident #3's blood				· 0
		nted as 173. There was		author Thatson at		
-	documentation for l	Humulin R insulin 2 units		See See 1 See 11 (11)	Ended a 1 mag	
	administered.				88	
		0am, Resident #3's blood		*		
		nted as 172. There was		and the second		
	administered.	Humulin R Insulin 2 units				le
		30am, Resident #3's blood				
		nted as 243. There was				

Division	of Health Service Reg				FC	RM APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			TE BURVEY MPLETED
		HAL004003	B. WNG			R 93/18/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		011012010
MEADOW	VIEW TERRACE OF WA		BORO, NC 28170	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE DEFICIENCY DEFICIENCY CROSS TO THE PROVIDER OF THE PRO	ON 8HOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	e 33	D 358			<del></del>
	administered.  -On 03/06/19 at 11:3 sugar was document documentation for He administered.  -On 03/08/19 at 7:30 sugar was document documentation for He administered.  -On 03/10/19 at 7:30 sugar was document documentation for He administered.  -On 03/13/19 at 7:30 sugar was document documentation for He administered.	Oam, Resident #3's blood and as 267. There was sumulin R insulin 4 units am, Resident #3's blood and as 194. There was sumulin R insulin 2 units am, Resident #3's blood and as 183. There was sumulin R insulin 2 units am, Resident #3's blood and as 185. There was sumulin R insulin 2 units am, Resident #3's blood and as 165. There was sumulin R insulin 2 units				
	revealed there was diadministration of Hun when Resident #3's is greater than 300 and insulin 6 units covera Examples are as folioron 03/01/19 at 7:30s sugar was documented documentation for Huadministered.  -On 03/07/19 at 11:30 sugar was documented documentation for Huadministered.  Review of the Februa medication administrated.	nulin R insulin 2 of 3 times blood sugar reading was more than Humulin R ge was administered.  bys:  am, Resident #3's blood and as 324. There was imulin R insulin 6 units  am, Resident #3's blood and as 431. There was imulin R insulin 8 units  by 2019 electronic ation record (eMARS) for				

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE ( COMPL	SURVEY ETED	
	*	HAL004003	B. WING			R 03/18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE ZIR CODE	00/	10/2010	
	• 1000000000000000000000000000000000000						
MEADOW	VIEW TERRACE OF W		SON HIGH SCHOO BORO, NG 28170				
(X4) ID	BUMMARY	STATEMENT OF DEFICIENCIES				,	
PREFIX	(EACH DEFICIENT REGULATORY O	NCY MUST BE PRECEDED BY FULL, R LSC IDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE, DEFICIENCY)	SHOULD BE	(X8) COMPLE DATE	
D 358	Continued From pa	ge 34	D 358				
	-There were "specie	al Instructions" to "check					
	FSBS before meals	and at bedtlme. If BS greater	1				
	than 300, give 5 uni	ts Novolin R then increase	1 1		per minute	leii i	
	water and check BS	hourly for 3 checks. If not					
1	decreasing put in M	D [prescribing practitioner]	1		are in the contract	i.	
	book to be seen and	copy BS log weekly" with a	1 1		ne metro in the		
1	start/end date of "01	/18/2019 - open ended."					
1	-There was another	entry for Humulin R Regular			- manual of the		
1	Insulin; amount to a	dminister per sliding scale; if			A		
t	blood sugar is 150 to	o 200, give 2 units; if blood					
	sugar is 201 to 300,	give 4 units; if blood sugar is			- 2 Pm		
	301 to 400, give 6 ui	nits; if blood sugar is 401 to	1		THE PARTY OF THE P		
	500, give 8 units, If t	blood sugar is greater than	1		er land our light		
	600, call MD with a s	start/end date of	1 1				
	"01/06/2019-02/22/2	:019 (dc date)".					
1	-There was docume	ntation for blood sugar					
1	checks four times a	day for 02/01/19 through					
	02/28/19 scheduled	at 7:30am, 11:30am, 4:30pm			H The second		
	and 8:00pm.	24 1147) SHIFTON					
	Tanina o no es				and the same of		
- 1	Continued review of	the February 2019 eMARs					
	revealed there was o	documentation for			bell at 11116		
	administration of Hu	mulin R insulin 24 times out			RP - NT		
	or 25 times when Re	sident #3's blood sugar					
	reading was less tha	n 300 and no insulin					
	-On 02/22/10 at 4:20	ed. Examples are as follows: pm, Resident #3's blood			N to the last		
	SUGGE Was document	ted as 282. There was					
	documentation for U	umulin R insulin 4 units					
	administered.	unium r maum 4 units					
		pm, Resident #3's blood					
1	Bugar was document	ed as 194. There was			Park Fil		
1	documentation for He	umulin R insulin 2 units		40 10 15 10			
	administered.	errain is mount 2 units			1,50,00		
		0am, Resident #3's blood			Series - 1		
	sugar was document	ed as 228. There was					
	documentation for Hi	umulin R insulin 4 units			mnžilli me m		
	administered.	Tunio anti i dinto			To Table		
	-On 02/23/19 at 8:00	pm, Resident #3's blood					
1.	gugar was document	ed as 199. There was					

TATEMEN	of Health Service Rec	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONOTELIOTION		M APPROVE
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE COMP	SURVEY LETED
-		HAL004003	B, WING		(18)	R 18/2019
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
EADOW	VIEW TERRACE OF W	ADESBORO 123 ANS	SON HIGH SCHOOL			
		WADES	BORO, NC 28170			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	ge 35	D 358			
	administeredOn 02/25/19 at 8:00 sugar was documen documentation for H administeredOn 02/26/19 at 7:30 sugar was documen documentation for H administeredOn 02/26/19 at 8:00 sugar was documentation for H administeredOn 02/27/19 at 7:30 sugar was documentation for H administeredOn 02/27/19 at 8:00 sugar was documentation for H administeredOn 02/27/19 at 8:00 sugar was documentation for H administered.	Dpm, Resident #3's blood ted as 261. There was umulin R insulin 4 units Dam, Resident #3's blood ted as 161. There was umulin R insulin 2 units Dpm, Resident #3's blood ted as 232. There was umulin R insulin 4 units Dpm, Resident #3's blood ted as 152. There was umulin R insulin 2 units Dpm, Resident #3's blood ted as 152. There was umulin R insulin 2 units Dpm, Resident #3's blood ted as 237. There was umulin R insulin 4 units				
	revealed there was deadministration of Hum when Resident #3's begreater than 300 and insulin 5 units coverage Examples are as followood for a sugar was documented documentation for Humadministered.	nulin R Insulin 3 of 3 times blood sugar reading was more than Humulin R ge was administered. bws; am, Resident #3's blood ed as 452. There was amulin R insulin 8 units am, Resident #3's blood ed as 319. There was amulin R insulin 6 units				

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	SC 969WARDS	ECONSTRUCTION.	(X3) DATE COMP	
		HAL004003	B. WING		R 03/18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DORESS, CITY, STA	ATE ZIP CODE	1 001	10/2018
MEADOW	WEW TERRACE OF I		ON HIGH SCHO			
MILADOW	VIEW TERRACE OF W		BORO, NC 28170			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID			
PREFIX TAG	(EACH DEFICIEI REGULATORY O	NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOLLD BE	(X5) COMPLET DATE
D 358	Continued From pa	ge 36	D 358		-	
	documentation for h	dumulin R Insulin 6 units				
	administered.	difficult it insult o units				
						ŀ
	Review of the January	ary 2019 electronic medication				
	administration recor	rd (eMARS) for Resident #3		and control of the control	*-	
- I	revealed:	a (one tro) to the state of the	1			
	-There was an entry	for a FSBS before meals and				
- 1	at bedtlme schedule	ed at 7:30am, 11:30am,				
ľ	4:30pm, and 8:00pm	n with documentation of blood		CONTRACTOR OF SAME OF A		\
	sugar reading from	01/01/19 through 01/06/19 at	1 1			,
	11:30am.				Ton M.	
	-There was another	entry for Humulin R Regular	¥ 1			
	Insulin; amount to a	dminister per sliding scale: if			100	
	blood sugar was 150	0 to 200, give 2 units; if blood	1		and the same of th	
- 1	sugar is 201 to 300,	give 4 units; if blood sugar is				
İ	301 to 400, give 6 u	nits; if blood sugar is 401 to				
	500, give 8 units, if b	plood sugar is greater than	1 1	*		
- 1	500, call MD; and sp	pecial Instructions to check			I M I B	
	blood sugar before r	neals and at bedtlime and				
	give Humblin R per i	sliding scale range, with a		afc 540		
	date)".	/22/2018 - 01/06/2019 (dc		the state of the second	1 1 1 1 1 1	
		Des Designation of the contract of the contrac	1 1			
	sugar was documen	pm, Resident #3's blood ted as 183. There was no	1 1			
	documentation for H	ted as 183. There was no	1 1			
2	administration. The	resident should have been			Sentin for	
	administered Humuii	n R insulin 2 units			=1 a A==	
1.	-On 01/02/19 at 8:00	pm, Resident #3's blood		8	1	
	sugar was document	ted as 182. There was no	1 1	Hazibi , jobito e pos	g part to a to	
1.	documentation for H	umufin R insulin				
. ];	administration. The	resident should have been			- E	
1.0	administered Humuli	n R Insulin 2 units.		e all 2 mars		
	There was a third er	ntry for Humulin R Regular				
- 11	insulin; amount to ad	lminister: 5 units and special				
į i	nstructions to check	blood sugar before		refacility of the		
] !	preakfast and at bed	time. If blood sugar is		THE TALL HER		
19	greater than 300 give	5 units of Novolin R, then	1			
	ncrease water and c	neck blood sugar hourly				
11	imes 3, if not decrea	sing put in MD book to be		fell of the period of the se		
	seon, with a start/end h Service Regulation	d date of "01/06/2019 -			100	

	of Health Service Reg	ulation			FO	RM APPROVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:	(X2) MULTIPLE (			E SURVEY
			A. BUILDING:		CON	MPLETED
	-	HAL004003	B. WNG	The state of the s		R 3/18/2019
NAME OF P	ROVIDER OR SUPPLIER	8TREET/	ADDRESS, CITY, STATE	ZIP CODE		011012019
MEADOW	VIEW TERRACE OF WA		SON HIGH SCHOOL			
	TENDOL OF WA		BORO, NC 28170	110712		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X8) COMPLETE DATE
D 358	Continued From pag	e 37	D 358			
	01/18/2019 (dc date)		0 000			
	-There was documen	ntation for blood sugar				
	checks two times a c	day beginning 01/08/19 at				
	7:30pm through 01/1	7/19 at 7:30pm requiring Iministration one time when				
	Resident #3's blood	sugar was documented as				
	310 on 01/15/19 at 7	:30pm.		6		
	-There was documer	ntation for blood sugar				
	7:30em through 01/3	day beginning 01/17/19 at				
	no physician's order	1/19 at 7:30pm. There was found in the record for FSBS				
	checks four times a c	ay covering the timeframe	1			
	of 01/17/19 through 0	01/31/19.				
	Interview with the MA	4 on 03/13/19 at 12:12pm				
1	revealed:			(6)	(#	
	-Medication orders w	ere entered into the eMARs				5
	by the Resident Care	Manager (RCM).		60		
ŀ	-The MAs usually did received.	not see new orders				
		edications according to the				
	Observation of Parid	ent #3 on 03/13/19 at	i de			
	12:20pm revealed the	resident was in the dining				
	room eating her lunch	n meal.				
	Interview with the MA	on 03/13/19 at 12:20pm				
	revealed she was call	ling the pharmacy to see If				
- 1	there was another or	der for Novolin R sliding				
1	scale for Resident #3					
	Interview with the Eve	ecutive Director on 03/14/19				
	at 4:30pm revealed th	to facility did not had a				
	medication administra "process".	ation policy, but had a				
	Review of the Genera	I Dose Preparation and				
	Medication Administre	ation, Assistance or at provided on 03/15/19 at				

	FCORRECTION	(X1) PRCVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING;	E CONSTRUCTION		SURVEY LETED
		HAL004003	B. WNG			18/2019
NAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE		(8318.m)e
MEADOW	NEW TERRACE OF W		SON HIGH SCHO			
	-	WADES	BORO, NC 2817	0		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	ge 38	D 358		The latest states and the latest states are the latest states and the latest states are	-
	10:00am revealed ti	he process included:				
	<ul> <li>The community sta</li> </ul>	iff should refer to the		to the second se	*	1
	community's policies	s and procedures regarding				
+	medication administ	ration, assistance or		21323		
	observation,			and the same of the		
	-The community sta	ff should verify that the		15 40 - 15	1000000	
1.0	medication name an	nd dose are correct.	1 1	The Park Same of the Asset of		
	ntarylow with the F.	resulting Director (ED)	1 1	e Trestant vega		
	03/13/19 at 4:55pm	xecutive Director (ED) on		The state of the s		l.
	She called the Prim	ary Care Provider (PCP)				
1	oday when the insu	In Issue with Resident #3				
1	vas discovered.	in ioado widi (Galdalii 43			1504	
-	She had received a	physician's order today from				
t	he PCP to make sur	re the sliding scale insulin				
	order was discontinu	ied.			les.	
-	There was a failure	on the part of the facility to	1 1		and the second	
9	discontinue the slidin	ng scale insulin in January	1 1			
	1019.	II.	1			
17	hysician orders.	d reviews of the EMARs and				
		acy entered orders on the			Militaria e a	
e	MARs.	acy entered orders on the			i den e i e ci i	
		acility could manually enter			W. 7	
0	rders to the eMARs	, but "typically" all orders				
W	ere faxed to the pha	armacy to be entered to the				
е	MARs.		1		fe	
	She could not tell, w	ithout reviewing the eMARs,			7-3	
II.	the Novolin R Insuli	in had been administered to				
l d	esident #3 since 01	/03/19 based on the	1 1			
u u	ocumented paramet	ters printed on the eMARs	1 1		TELEVISION OF	
-	thout reviewing the	nerated according to	1 1			
D	hysician orders,	norated according to				
		order was discontinued, the				
o	rder would not popu	late on the eMARs.				
In	terview with the Nur	rse Practitioner (NP) on			.=	
03	3/14/19 at 2:55pm re	evealed:				
-5	he had discontinue	d the sliding scale with				

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING;	CONSTRUCTION		E SURVEY PLETED
		HAL004003	B. WNG		ns	R 3/18/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	1 00	71012018
MEADOW	VIEW TERRACE OF WA		SON HIGH SCHOO			
	THEN TERRACE OF WA		BORO, NC 28170	LINOMD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OUDBE	(X5) COMPLETE DATE
D 358	Continued From page	39	D358			
	siling scale order with administered Humulin blood sugar was great Administering the Humulin blood sugar was great Administering the Humuling when her blood sugar was great Administering the Humuling with the Phase of the expected facility coming from the hosp following the resident of the expected facility coming from the hosp following the resident of the expected facility coming from the Phase contracting pharmacy revealed:  She had a copy of the only only when the FS from four times a day of included discontinuing instructions to discontinued in the pharmacy profile. The pharmacy had dison on the pharmacy had dison on the same sliding andered for Novelin R.  The pharmacy had no discontinue order after the pharmacy received discontinue the sliding. The pharmacy entered she was not sure if the	al provider had given the h parameters, y supposed to be in R insulin if the resident's ter than 300, mulin R insulin to Resident gar was less than 300 risk for low blood sugar, staff to clarify any orders lital with the provider at the facility.  Imagist from the on 03/14/19 at 5:30pm  In physician's order dated BS checks were changed to two times a day that the SSI order but the nue the SSI order was not enough the SSI order was not enough the siding scale other order on 01/03/19 to cale as was previously the received another 01/02/19, and an order on 03/13/19 to scale insulin.  In orders on the eMARs, as facility had to approve the pharmacy before the				
E	administered. Based on observation, review, it was determine	interview, and record ed Resident#3 was not		•		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL004003	1 1000 11	CONSTRUCTION		
	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STAT		1 03/1	18/2019
IEADOW	VIEW TERRACE OF WA		BORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X6) COMPLE DATE
D 358	Continued From pag	ge 40	D 358			tell de la la la la la la la la la la la la la
	Interviewable.					
		rrent FL-2 for Resident #9				
	dated 07/19/18 reve	aled: I bipolar disorder, cyclothymic			7 7 7 11 -	
	disorder, hypothyroic pulmonary disease.	dism, and chronic obstructive				
	-There was a physic	ian's order for buspirone HCL				
	twice a day.	y disorders) 7.5mg tablet				
	Review of subseque	nt physician's orders for				
1	Resident #9 revealed	d: lan Order Report signed and				
	dated 02/20/19 for bitimes a day.	uspirone 10mg tablet three				
		ian visit summary and				
	physician's order dat buspirone to 15mg th	red 02/20/19 to increase		pe all de		
		nedication pass on 03/14/19				
	at 8:15am revealed:	pharmacy labeled blister				
	pack for buspirone H medication storage of	CL 7.5mg tablet from the				
		uspirone 7.5mg one tablet for				
	-The MA reviewed the	e instructions printed on the				
		•				
	revealed:	Non 03/14/19 at 8:15am			-d	
	instructions did not m					
	-He did not really kno -If he did not know w	hat to do, he would ask				
	someone what to do.					
	Observation of the M	A on 03/14/19 at 8:20am				

Division	of Health Service Rec	gulation			F	ORM APPROVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			ATE SURVEY OMPLETED
		HAL004003	B. WNG			R 03/18/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		30/10/2010
MEADOW	VIEW TERRACE OF W.	ADESBORO 123 ANS	ON HIGH SCHOOL BORO, NC 28170			<b>∞</b> ?
(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 OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	-The MA discarded the sharps contained cart, locked the media the hall to the Executive MA told the ED eMAR and the pharm buspirone in the media the ED told the MA supposed to be administering.  -The ED instructed the physician to get the administering.  -The MA returned to physician provider good in the would be walting physician to get clarified and an order would the He would indicate to buspirone 15mg was clarification.  Review of the March #9 printed on 03/14/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	the buspirone 7.5mg tablet in a tatached to the medication dication cart and walked down attive Director's office.  The order printed on the macy labeled bilster pack of dication cart did not match. That Resident #9 was inistered two tablets of prescribed 15mg.  The MA to call Resident #9's medication clarified before the desk and called the roup.  A on 03/14/19 at 8:24am in the fication for the buspirone, we faxed to the facility, in the eMAR that the most given and awaiting  2019 eMARs for Resident 19 at 9:41am revealed there priorine 15mg tablet take one bity scheduled at 8:00am, and 03/14/19 at 9:30am ered the buspirone 15mg to eck on the clarification order	D 358			
	Interview with the MA revealed:	on 03/14/19 at 2:50pm				

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL004003		CONSTRUCTION		R
NAME OF P	ROVIDER OR SUPPLIER		DDDEED OF GTA		03/	18/2019
	VIEW TERRACE OF WA	ADESBORO 123 ANS	ADDRESS, CITY, STAT SON HIGH SCHOO BORO, NC 28170	L ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEPICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	dose this morning of -He could have adm two tablets to equal but he was not sure on the eMAR were for one tablet.  Observations of Res 9:40am revealed: -The resident was sit wheelchair, watching -The resident was rui Interview with Reside revealed: -He stayed nervousHe had no idea wha administered.	red the scheduled 8:00am buspirone 15mg. Inistered buspirone 7.5mg 15mg at 8:00am this morning since the printed instructions or buspirone 15mg tablet take ident #9 on 03/15/19 at titing in his room in a 1 television. bbing both sides of his face, ant #9 on 03/15/19 at 9:40am	D 358			
	every time you turn a Interview with the Phi contracted pharmacy revealed: -The current order for 15mg one tablet three 02/20/19The pharmacy dispe three times a day, qui last until the next cycli- Giving two buspirone sense, but it would be did not administer the because the MA could -She would not see a missing one dose of the	armacist from the facility's on 03/15/19 at 12:12pm  Resident #9 was Buspar etimes a day dated ansed buspirone 15mg tablet antity of 48, on 02/20/19 to le fill.  7.5mg tablets would make a good thing that the MA buspirone 7.5mg tablet d not make a clinical call.				

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 HAL004003 B. WING 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY D 358 Continued From page 43 D 358 -The facility contacted her about the missed dose of buspirone on 03/14/19. -There would not really be any effect to Resident #9 by missing the one morning dose of buspirone 15mg tablet. Interview with the Interim Resident Care Manager on 03/14/19 at 2:15pm revealed: -She had Instructed the third shift MA to administer Resident #9 two of the buspirone 7.5mg tablets until the buspirone 15mg tablets came to the facility today. -She did not provide a date for when she had instructed staff to administer Resident #9 two of the buspirone 7.5mg tablets. Interview with the Interim Resident Care Manager on 03/18/19 at 5:05pm revealed: -She expected medications to be administered according to physician orders. -She would have expected the MA to administer two buspirone 7.5mg tablets to equal buspirone 15mg if the medication on hand was buspirone 7.5mg tablets instead of buspirone 15mg tablets. -She got an order on 03/14/19 that Resident #9 may be administered buspirone 15mg by administering buspirone 7.5mg two tablets three times a day. -She had added the Instructions on the 03/14/19 order, to the eMARs that Resident #9 may be administered buspirone 15mg by administering buspirone 7.5mg two tablets three times a day. Interview with the Executive Director on 03/14/19 at 4:30pm revealed the facility did not had a medication administration policy, but had a "process". Review of the General Dose Preparation and Medication Administration, Assistance or

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	
	. Ki	HAL004003	B. WNG			R 18/2019
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF W		ON HIGH SCHOO			
C MARCH TANK		WADES	BORO, NC 28170	725c a 184, 40 to		
(X4) ID PREFIX TAG	(EAGH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET
D 358	Continued From page	ge 44	D 358			0200000
	Observation docum	ent provided on 03/15/19 at				
	10:00am revealed to	he process included:				
	-The community sta	off should refer to the				
1	community's policie	s and procedures regarding				
- 1	medication administ	tration, assistance or	1			
	observation.			×		
ł	-The community sta	ff should verify that the				
	medication name ar	nd dose are correct.				
	Interview with the Ex	xecutive Director on 03/18/19				
	at 5:15pm revealed:		1			
	ordered.	cation to be administered as			100	
		pected the MA to administer				
	buspirone 7.5mg two	o tablets to equal 15mg			No.	
	instead of the Resid	ent #9 missing the dose of			place as any	
ľ	buspirone.	and the thindening the deception			andmia	
	dated 09/04/18 reve					
	-Diagnoses included	d dementia, hypothyroid,		en i Calland tallyzen van va 1914 i awler tas Georgia dal		
	hyperlipidemia, and	fallure to thrive.			17 H 17 T 1 1 1 1	
	-Inere was a physic	ian's order for metformin				
1	extended release 24 day.	ood glucose levels) tablet hour 500mg tablet every				
	-200-5 <b>▼</b> 1177				fill committee	
	Review of Standing I	House Orders For Medication				
	and Treatments for F	Resident #9 dated 09/04/18			in the last	
	revealed there was a	a physician's order that				
	included all medication	ons may be crushed and to				
	check do not crush li	st.				
	Observation of the material at 8:45am revealed:	nedication pass on 03/14/19				
		x tablets and one capsule for		with the first and the fallow		
	administration to Res	sident #8 including				
	metformin 500mg ER	one tablet.			A 1	
].	The MA placed the s	six tablets in a clear plastic			EVIII III SKAY	
	pag.	Durant)			South Ser	

	of Health Service Rec	ulation			FOR	RM APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA ICENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
		HAL004003	B. WING		0.3	R 9/18/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	00	1012019
MEADOW	VIEW TERRACE OF W.		SON HIGH SCHOOL			
min noti	VIEW TERRACE OF W		BORO, NC 28170	. HWAD		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF COR	RECTION	
TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX YAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE DATE
D 358	Continued From pag	je 45	D 358			
	-The MA paused, los	oked at the eMAR, and				
	removed an aspirin	81mg EC tablet,				
	-The MA crushed fiv	e of the six tablets, including				
	the metformin 500m	g ER tablet.				
	Interview with the Mi	A on 03/14/19 at 8:45am				
	revealed:					
	-He felt like, after loc	king at the eMAR again upon				
	not be crushed so be	lelayed release aspirin could was going to remove it				
	before crushing the	oills.				
	-He was going to cru	sh the tablets, but would not				1
	crush the capsule he	had prepared for	}			
	administrationThe resident had a	andor to assal lale				
	medications.	rorder to crush his		04		
	-He had never seen were not supposed to	a list for medications that be crushed.				
		A on 03/14/19 at 8:57am				
	revealed the MA adm	ninistered to Resident #8 the				
	crushed medications	, the sprinkled contents from	1 1			
	tablet mixed in apple	nd the asplrin 81mg EC sauce.				
	Review of the March revealed:	2019 eMAR for Resident#8				
	-There was an entry	for aspirin tablet, delayed				
	release (DR/EC) 81nr	ng, with the only special				
	Instructions of take or -There was an entry i	ne tablet every day.				
	extended release 24	hour 500mg, with the only				
	special instructions o	f take one tablet every day.				
	Interview with the MA	on 03/14/19 at 2:25pm				
		g the metformin extended				
	release tablet and en	teric coated aspirin tablet				
	until today.					
	He was not sure if th	ere was a medication				

D 358 Continued From page 48 administration policy in the facility, but thought there wasHe could not remember if he had seen a medication administration policy for the facilityHe administered medications according to the printed eMAR instructionsThe Resident Care Manager (RCM) entered orders in the eMAR system.  Interview with the Executive Director on 03/14/19 at 4:30pm revealed the facility did not had a medication administration policy, but had a "process".  Review of the General Dose Preparation and Medication Administration, Assistance or Observation document provided on 03/15/19 at 10:00am revealed the process included: -The community staff should refer to the community's policles and procedures regarding medication administration, assistance or observationThe community staff should verify that the medication name and dose are correctThe community staff should verify that the medication name and dose are correctThe community staff may crush oral medications only in accordance with applicable law, pharmacy guidelines and/or community policyThe medication administration record should indicate the need for crushing.		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; HALL004003	(X2) MULTIPLE A, BUILDING:	CONSTRUCTION	TO 100 HOUSE	R
WADESBORO, NC 28170  (X4)ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY)  PREPIX TAG  RESULATORY OR LSC IDENTIFYING INFORMATION)  DIFFER TAG  COntinued From page 48  administration policy in the facility, but thought there was.  He could not remember if he had seen a medication administration policy for the facility.  He administration folicy for the facility.  The administration finatucions.  The Resident Care Manager (RCM) entered orders in the eMAR system.  Interview with the Executive Director on 03/14/19 at 4:30pm revealed the facility cild not had a medication administration, Assistance or Observation document provided on 03/15/19 at 10:00am revealed the process included:  The community staff should refer to the community's policies and procedures regarding medication administration, assistance or observation.  The community staff should verify that the medication name and dose are correct.  The community staff may crush or all medications only in accordance with applicable law, pharmacy guicelines and/or community policy.  The medication administration record should inclicate the need for crushing.	NAME OF F	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	E, ZIP CODE	1 03/-	18/2019
PREFIX TAG  GRACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR USC IDENTIFYING INFORMATION)  D 368  Continued From page 48  administration policy in the facility, but thought there was.  -He could not remember if he had seen a medication administration policy for the facility.  -He administration policy for the facility.  -He administration policy for the facility.  -He administration policy for the facility.  -He administration policy for the facility.  -He administration policy for the facility.  -He administration policy for the facility.  -He administration policy for the facility.  -He administration policy for the facility.  -He administration policy for the facility at 4:30pm revealed the facility did not had a medication administration policy, but had a "process".  Review of the General Dose Preparation and Medication Administration, Assistance or Observation document provided on 03/15/19 at 10:00am revealed the process included:  -The community staff should refer to the community staff should refer to the community staff should verify that the medication administration, assistance or observation.  -The community staff should verify that the medication name and dose are correct.  -The community staff may crush oral medications only in accordance with applicable law, pharmacy guidelines and/or community policy.  -The medication administration record should inclicate the need for crushing,	MEADOW	VIEW TERRACE OF WA			L ROAD		
administration policy in the facility, but thought there was.  -He could not remember if he had seen a medication administration policy for the facility.  -He administered medications according to the printed eMAR instructions.  -The Resident Cara Manager (RCM) entered orders in the eMAR system.  Interview with the Executive Director on 03/14/19 at 4:30pm revealed the facility did not had a medication administration policy, but had a "process".  Review of the General Dose Preparation and Medication Administration, Assistance or Observation document provided on 03/15/15 at 10:00am revealed the process included:  -The community staff should refer to the community's policies and procedures regarding medication administration, assistance or observation.  -The community staff should verify that the medication name and dose are correct.  -The community staff may crush oral medications only in accordance with applicable law, pharmacy guidellnes and/or community policy.  -The medication administration record should Indicate the need for crushing.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETE
-Enteric coated medication types precluded crushingExtended release medication types precluded crushing.  Interview with the Executive Director on 03/15/19 at 10:00am revealed she had "pulled" the list of oral medications that should not be crushed from the cabinet at the "nurses" station.		administration policy there was.  -He could not rememi medication administration	ber if he had seen a stion policy for the facility. dications according to the tions.  Manager (RCM) entered system.  Manage	D 358	DEPOCENCY		

STATEMEN	of Health Service Red T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY IPLETED
		HAL004003	B, WNG			R 3/18/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	to the same of the	
MEADOW	VIEW TERRACE OF W	ADESBORO 123 ANS	SON HIGH SCHOOL BORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X8) COMPLETE DATE
D 358	Continued From pag	ge 47	D 358			
	the time.	d a stomachache, but not all				
	5:30pm revealed:  -Metformin extend re be crushed and was  -The resident could sugar, and later an e metformin extend re	rin was not supposed to be			Ti.	V
	Interview with the No at 3:30pm revealed: -If metformin extend effect of lowering the would be immediate period of time.	release was crushed, the resident's blood sugar instead of over an extended		×		
-	revealed: -Medication orders w by the Resident Care -The MAs usually did received.	A on 03/13/19 at 12:12pm were entered into the eMARs Manager (RCM), it not see new orders edications according to the				
1	dated 03/18/19 at 5:0	erim Resident Care Manager 95pm revealed she expected ministered according to	4		¥	
	Interview with the Exe	ecutive Director on 03/18/19				

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL004003		CONSTRUCTION		SURVEY LETED R 18/2019
NAME OF P	RÖVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E ZIP CODE	1 037	10/2019
MEADOW	VIEW TERRACE OF W	ADESBORO 123 AN	SON HIGH SCHOO BORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC [DENTIFYING INFORMATION]	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	at 5:15pm revealed be administered as  3. Review of Reside 02/21/19 revealed: -Diagnoses included pulmonary disease, hypertension, gastro insomnia, muscle with impairmentThere was an order hydrocodone-acetar take 1 tab by mouth 2:00 pm and 8:00 pm (Hydrocodone-acetar pain.) -There was an order mog take 1 tab by morning at 6:00 am. treat hypothyroidism  a. Review of Reside medication administration administration administration administration and a day at 8:00 at a comparison and a day at a comparison and a day at a comparison and a day at a comparison and a day at a comparison and a comparis	she expected medication to ordered.  Int #7's current FL-2 dated of chronic obstructive from deficiency anemia, o esophageal reflux disorder, eakness, and cognitive of for minophen table 7.5 - 325 mg three times daily at 8:00 am m. aminophen is used to treat of for levothyroxine tablet 150 outh every day once a (Levothyroxine is used to a (Levothyroxine is used to a count from the cord (MAR) revealed: from the cord (MAR) revealed: from 2:00 pm and 8:00 pm, intation that revealed there to be administered from	D 358			
	to 03/13/19, -The MAR dated 03/ signed for as adminisThe MAR dated 03/ signed for as adminis- Interview with Reside pm revealed:	12/19 at 2:00 pm had been stered. 13/19 at 8:00 am had been				

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Division	of Health Service Rec				FC	RM APPROVE
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVE COMPLETED	
		HAL004003	B. WING			R 03/18/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
MEADOW	VIEW TERRACE OF W	ADESBORO 123 ANS	ON HIGH SCHOOL			
(X4) ID	STIMMADA S		30RO, NC 28170		77100	
PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X8) COMPLETE DATE
D 358	Continued From pag	ge 49	D 358			
	(hydrocodone) since Friday (03/08/19).  -When she went without her pain medice "rheumatoid arthritis really bothers her".  -She had told the interim Executive Dire on Monday (03/12/19) and the IED said would call the pharmacy and the back-upharmacy to get it for her.  -She still had not received it.  Second interview with Resident #7 on 0: 2:36 pm revealed:  -When she went without her pain medica (hydrocodone), her back, hips, and thigh very painful.  -The pain started after missing just one in the she went without her pain she went without her pain medication and it takes them about a weit."  -She did not remember how often she resher medications.					
	The facility provided a fax confine pharmacy dated 03/03/19 that really was a refill request feedback attamped on 03/03/19 at 2:41 pm -Resident #7's hydrocodone had remaining and a new order would interview with the pharmacy on 0 am revealed Resident #7 was less hydrocodone-acetaminophen 7,6 tablets on the following dates, 11 01/03/19, and 02/01/19.	03/19 that revealed: st feedback date and time e at 2:41 pm. ecodone had 0 tablets or order would be needed.  armacy on 03/15/19 at 11:04 at #7 was issued ninophen 7,5 mg-325mg #90 ng dates, 11/03/18, 12/07/18,				
	stock since 03/12/19	revealed: r Resident #7 was out of that she knew of, r pharmacy" to send a new				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL004003		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION .	(X3) DATE COMP	
		B. WING		The state of the s	R	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE ZID CODE	03/	18/2019
			SON HIGH SCHO			
READOW	VIEW TERRACE OF W	norobolio .	BORO, NC 2817			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		ODDEONIAL	
PREFIX TAG	(EACH DEFICIEN	NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	COMPLE DATE
D 358	Continued From pa	ge 50	D 358			See J
	Intorvious with a see	and		and a trace		
	03/14/19 at 10:21 a	ond medication aide (MA) on				
	-Resident #7 was si	upposed to have received	1	egiste il in gissioni della		
ĺ	hydrocodone-acetar	minophen 7.5-325 mg three				
	time a day at 8:00 a	m 2:00 pm and 8:00 pm.		861		1
	-Resident #7 had a	new bottle of		arrise e vi i i i il cavovoni		
	hydrocodone-acetar	minophen available for				
1	administration this n	norning dated 03/13/19 (not		Paragram		
	sure when it arrived	).				
	-She opened the bo	ttle on 03/14/19 during her				
	8:00 am medication passShe removed the seal from the bottle this morning 03/14/19 for the 8:00 am dose.					
				Buent transfer		
	morning 03/14/19 to	r the 8:00 am dose.				
	nleced in parenthese	3/19 at 2:00 pm, had been so to explain the medication				
	was not diven as it u	vas not avallable for				
	administration.	vas not available to				
		3/19 at 8:00 am, should have				
	been in to explain th	e medication was not given				
	as it was not availab	le for administration.				1
- 1	-She had forgotten to	o put her initials in				
	parentheses for 03/1	3/19 at 8:00 am.			office in	
-	1 No. 1 No. 1000				1200	
	Interview with a third	medication aide (MA) on			THE COLUMN	
	03/15/19 at 12:41 pn	n revealed:				
	hydrocodona casta-	pposed to have received	-		1.04	
	time a day at sino a	nlnophen 7.5-325 mg three m 2:00 pm and 8:00 pm.			500	
	-Resident #7 dld not	have any				
1	hydrocodone-acetan	ninophen available for			m) paledos	
	administration.			Amount Callery		
-	-Her initials, on 03/12	2/19 at 8:00 am, had been		C T 100 V 7 V		
	placed in parenthese	s to explain the medication				
	was not given as it w	as not available for				
	administration.				elitor > 1	
	Her initials, on 03/12	2/19 at 2:00 pm, should have				
	been in parentheses	to explain the medication				
	was not given as it w	as not available for				
	administration. h Service Regulation					

STATEMEN	of Health Service Reg T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		
AND PLAN	D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
~~~~~		HAL004003	B. WNG		03	R 9/18/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
MEADOW	VIEW TERRACE OF W	ADESBORO 123 ANS	ON HIGH SCHOOL BORO, NC 28170			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES			110-20-30-30-30-30-30-30-30-30-30-30-30-30-30	
PRÉFIX TAG	REGULATORY OF	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X8) COMPLETE DATE
D 358	Continued From pag		D 358			
	-She had forgotten to parentheses for 03/	12/10 of 2:00 pm				
-	-She had been off or	n the weekend when				
	Resident #7 ran out	ofher		*		
	hydrocodone-acetar	nlnophen.		•		
1	-When she returned	to work on 03/11/19, she				
	hydrocodone-acetan	ldent had been out of				
1	-She would normally	report medications needing				
	to be refilled/ordered	to the Resident Care				
	Coordinator (RCC).					
	-She was not sure to morning of 03/11/19.	whom she reported to the				427
	Interview with the Int	terim Executive Director (IED)				
1	on 03/13/19 at 5:25	ocodone tablets in the				
	community for any re	esident.			12	
	-The pharmacy sent	a fax dated 03/03/19			25	
	notifying the fadility to	hat a new prescription was	"			
	needed for Resident	#/'s hydrocodone. age for Resident#7's				
Į.	primary care provide new prescription.	r (PCP) on 03/13/19 for a				
		ent #7's Primary Care				
	Physician (PCP) on ( revealed:	03/14/19 at 3:27 pm				
	The facility did not re	eorder Resident #7's				
	medications on time.					
	-She was in the build	ing on 03/13/19 and no one				
	-She had told the eta	eordering medications.  If to use the red reorder tag				
	and not to wait until the	here are two days' worth of				
11	medication remaining	1.				
	Her concern for the	pain medication				
	(nydrocodone) not be	ling available/administered				
	not be controlled which	nat Resident #7's pain would				
	Emergency Room vis	it.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL004003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 03/18/2011	
AME DE PI	ROVIDER OR SUPPLIER	OTDECT A	DDDDDD OF OUR		037	18/2019
	TO TIDE TO THE TENE		ADDRESS, CITY, STATE			
MEADOW	VIEW TERRACE OF WA	ADEDDUKU	BORO, NC 28170	L ROAD	1 T (5) 1 T 1	
(X4) ID PREF(X TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 358	Continued From pag	e 52	D 358			
	-She felt the problem	with the staff not renewing				
1	the medication in a t	imely matter was the staff			No. of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of	
1	turnover rate.	maior nad the other			Reservation 1	
ĺ	-The staff she talked	to about timely reordering				
- 1	were no longer employed at the facility.					
	note the forigor employed at the facility.					
	medication administr -There was an electr 150 mcg 1 tablet onc -Levothyroxine was s	nt #7's January 2019 ration record (MAR) revealed: onic entry for levothyroxine se a day, scheduled for administration				
	not administered on t	ntation the levothyroxine was 01/29/19 through 01/31/19.				
	Ilsted as it was "not a -The start date on the 01/05/19. Interview w at 11:04 am revealed Issued #30 tablets of	Ith the pharmacy on 03/15/19 Ithat Resident #7 was levothyroxine 150mcg on 1/05/18, 12/05/18, 01/05/19,				
1					1 5 4 1 4 5	
	Second Interview with	h Resident #7's PCP on			Page 1	
	03/18/19 at 4:25 pm	revealed: nether or not the facility had			la selu	
	contacted her in Jani	uary regarding Resident#7				
	missing 3 days (dose	s) of levothyroxine			Later of	
	(01/29/19, 01/30/19,	and 01/31/19).				
	-Resident #7 missing	3 doses of the levothyroxine			a apcomir - a	
	did not concern her.	an me te emair <sup>f</sup> itismi				
		nan missing 3 doses to				
	cause any Issues.					
	The facility failed to a	agura inquilla was				
	administered as orde	ssure insulin was red to Resident #3 as				
	observed during the	12:00pm medication pass on				
	03/13/19 and accordi	ng to review of medication				
	administration record	s for January 2019.				
	February 2019, and N				1 10 10	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING:\_ B. WNG HAL004003 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170 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 LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 53 D 358 medication aides documented administering Insulin, which lowers the blood sugar, when insulin was not required. This failure of not administering medications, including insulin, was detrimental to the health and welfare of the residents and constitues a Type B Violation. The facility provided a plan of protection in ED and CM notified physician and accordance with G.S 131D-34 on 03/14/19 for obtained clarification of issues this violation. identified during survey. Issues identified were corrected immediately. CORRECTION DATE FOR THIS TYPE B ED, CM and Regional Clinical Director VIOLATION SHALL NOT EXCEED MAY 2, 2019. (RCD) reviewed resident records on 3/19/19 to identify and correct and other D 367 10A NCAC 13F .1004(j) Medication D 367 issues identified. Order Processina Administration System (Bucket System) initiated on 3/14/19. ED and CM received training on 10A NCAC 13F .1004 Medication Administration Bucket System from RCD on 3/14/19. (I) The resident's medication administration CM initiated training to Medication Aides record (MAR) shall be accurate and include the (MA) regarding Bucket System, proper following: medication administration process and (1) resident's name; procedures to include reporting and (2) name of the medication or treatment order; documentation on 3/14/19. RCD initiated (3) strength and dosage or quantity of medication medication administration training on 3/15/19. administered: (4) Instructions for administering the medication ED and CM provided education to staff or treatment; on 3/26/29 regarding Bucket System (5) reason or justification for the administration of and Diabetic Education.CM will monitor and medications or treatments as needed (PRN) and follow up with Bucket System daily to ensure documenting the resulting effect on the resident; orders processed accuretely, medication (6) date and time of administration; is in community and documentation of (7) documentation of any omission of Medication administration is completed. medications or treatments and the reason for the omission, including refusals; and, ED and/or CM will conduct random (8) name or initials of the person administering observations of Medication Adminstartion the medication or treatment. If initials are used, a records weekly to ensure proper medication signature equivalent to those initials is to be administation and documentation. documented and maintained with the medication administration record (MAR). POC date: 5/2/19

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL-004003		E CONSTRUCTION .	(X3) DATE SE COMPLE R	TED
	ROVIDER OR SUPPLIER VIEW TERRACE OF W	ADESBORO 123 ANS	DDRESS, CITY, STA	OL ROAD	0011	3/2019
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLE DATE
D 367	Continued From page 54		D 367			
	reviews, the facility administration recor	ons, interviews and record falled to assure medication rds for 1 of 6 sampled accurate and included prescription cough				
	Review of Resident 2/19/2019 revealed electroencephalogra	#1's current FL-2 dated dlagnoses included abnormal am, Alzheimer's dementia, s, cervical dysplasia and		interfer providing in conduction of the light to the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of		
	Resident #1 reveale 100mg three times of	order dated 02/21/19 for dan order for benzonatate daily as needed for (PRN) as a cough suppressant.)				
	#1 on 03/15/19 at 3:	I Indicated 15 tablets were 719.		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	PERMIT	
	Review of Resident medication administ revealed: -There was an entry	#1's February 2019 electronic ration record (eMAR)  for benzonate 100mg three cough with a start date of				

Division o	of Health Service Rec	gulation			FOR	MAPPROVE
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL004003		B.WNG	A Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common Common	R (18/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	1 03/	10/2018
AEA DOW	VIEW TERRACE OF W	727 717	ON HIGH SCHOOL			
ILADON	VIEW TERRACE OF W		30RO, NG 28170	· install		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X8) OOMPLETE DATE
D 367	Continued From pag	ge 55	D 367			-
		mentation any doses had	2001			
	revealed:	#1's March 2019 eMAR				
	-There was an entry	for benzonate 100mg three				
	times daily PRN for -There was no docu	mentation any doses had				
	been administered to	o Resident #1.				
	Interview with Resid 03/15/19 at 3:24pm	ent #1's family member on				
	-They brought Resid	lent #1's medications to the				
	facilityThey were not away	re that Resident #1 had a				
	cough medication.					
	-They "Just picked the pharmacy and broug facility."	e medications up from the that them straight to the				
		ny of the medications out of		nhi	1962	
	03/15/19 at 3:20pm i	lication aide (MA) on revealed:				
	-She was unaware o benzonate capsules.	f the location of the 6 missing			12	
	-She knew that there	were 15 benzonate				
	capsules dispensed	from the pharmacy.  member brought the				
10	medications to the fa	collity.				
	-Resident #1's femily	member had taken out				
	medications of Resid	lent #1's bottles in the past. here these capsules went.				
	The MA checked the	eMAR to see if any reasons				
,	were given for the dis	screpancy in the number of				
	capsules. -She did not see, on	the eMARs, that this			1774	
1	medication had ever	been administered to				
	Resident #1,	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	1			8

Division of Health Service Regulation STATEMENT, OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE BURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED. B. WNG HAL004003 03/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORD WADESBORO, NC 28170 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 56 D 367 Interview with the pharmacy on 03/15/19 at 3:25 pm revealed: -Resident #1's prescription for benzonate 100mg capsules was filled on 02/21/19. -The pharmacy dispensed 15 benzonate 100mg capsules in total. Interview with a medication aide (MA) on 03/18/19 at 12:01 pm revealed: -She did not know where the missing 6 benzonate 100mg capsules went for Resident #1. -She counted the benzonate capsules on hand for Resident #1, there were 9 capsules on hand. -She had never administered benzonate capsules to Resident #1. -She checked the eMARs and was not able to find where these capsules went. Interview with the Resident Care Coordinator (RCC) on 03/14/19 at 12:00 pm revealed: -She was in charge of monitoring medications. -She had been making sure that all medications that were supposed to be in the building were in the building. -If the medications were not in the building, she would find out why they were not. -She worked all three shifts to monitor all the staff. Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable. D912 G.S. 131D-21(2) Declaration of Residents' Rights D912 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with

Division o	of Health Service Reg	gulation			FORM	APPROVE
STATEMENT	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SI	
	HAL004003 B. WNG			R		
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE 210 AAAP	1 OSLI	8/2019
	r many and		SON HIGH SCH			
MEADOW	VIEW TERRACE OF W		BORO, NC 281			
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION	v T	(X6)
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	COMPLETE DATE
D912	Continued From page	ge 57	D912			
		state laws and rules and				
1	regulations.			Pooldonts III beauty		
				Residents will have the right to r	eceive	
				care and services which are ade	quate,	
1				appropriate, and in compliance virelevent federal and state laws a	vith	
				and regulations. Resident Rights	ina rules	
				training for staff initiated on 3/15	110 -	
1	This Rule is not me	t as evidenced by:		Regional Support team. Staff red	7 19 by	
ĺ	Based on observation	ons, Interviews and record		a copy of the "Declaration of Res	eidente	
1	reviews, the facility	falled to ensure residents		Rights." Staff signed acknowledge	sidents	
	received care and s	ervices which were adequate,		and receipt of "Declaration of Re	ging	
	appropriate and in o	ompliance with relevant		Rights". Ombudsman provided F	Resident	
1	related to medication	vs and rules and regulations n administration, test for		Rights Training on 3/26/19 to sta	ff	
	tuberculosis and trai	ining on cardiopulmonary		ED and/or designee will monitor	for	
	resuscitation,	and our out of our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in our output in o		ongoing compliance through obs	ervations	:
	C-VIII In			and resident council meetings.		
	The findings are:			POC date: 5/2/19		
	1. Based on record i	reviews and interviews, the				
	C and D) had a turn	re 2 of 4 sampled staff (Staff			1	
	test was done upon	step tuberculosis (TB) skin employment in compliance				
	with control measure	as adopted by the				
	Commission for Hea	Ith Services [Refer to Tag			l l	
1	131 10A NCAC 13F .0406(a) Test for					
	Tuberculosis (Type E	3 Violation)].				
	2. Based on record r	eviews and Interviews, the			- 1	
	facility falled to assur	re 3 of 4 staff records (A.B. &				
	<ul><li>D) had not complete</li></ul>	d an approved course of				
	cardio-pulmonary res	suscitation (CPR) and		1		
	choking managemer	nt within the last 24 months				
	the premises at all the	east one staff person was on				
	approved course of (	mes who had completed an				
	management within t	the last 24 months on third				
	shift for 5 of 11 days	and second shift for 1 of 11				
	sampled in March 20	19 [Refer to Tag 167 10A	H			

Health Service Reg	ulation		All the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			
TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL004003				(X3) DATE SURVEY COMPLETED		
		B. WING	-	R 03/18/2019		
VIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE ZIP CODE			
EW TERRACE OF WA	DESBORO 123 ANS	ON HIGH SCH	OOL ROAD			
(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO	BE COMPLE		
ontinued From pag	e 58	D912	100 m /sq = 0			
ICAC 13F .0507 Training on Cardiopulmonary desuscitation (Type B Violation)].  Based on observations, interviews, and record eviews, the facility failed to administer dedications as ordered for 3 of 8 residents (#3, 8, #9) observed during the medication passes, including errors in insulin administration (#3), an inti-anxiety medication (#9), crushing and diministering medication that should not be rushed (#8); and 3 of 5 residents (#1, #3, #7) including errors with a cough suppressant (#1), isulin administration (#3), a thyroid hormone explacement and a narcotic pain medication (#7) Refer to Tag 358 10A NCAC 13F .1004(a)		NCAC 13F .0507 Training on Cardiopulmonary Resuscitation (Type B Violation)].  3.Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 3 of 8 residents (#3, #8, #9) observed during the medication passes, including errors in insulin administration (#3), an anti-anxiety medication (#9), crushing and administering medication that should not be crushed (#8); and 3 of 5 residents (#1, #3, #7) including errors with a cough suppressant (#1), insulin administration (#3), a thyroid hormone replacement and a narcotic pain medication (#7) [Refer to Tag 358 10A NCAC 13F .1004(a) Medication Administration (Type B Violation)].				
S. 131D-21 Declar very resident shall have his or her boords kept confider lithout the written courardian, which consider disclosure may be applicable state or by third party contraction to prohibit acceptating physician of prohibits acceptating the writting. Resclosed with the writing are providing eithe individual. Disceptification of the individual contraction of the individual of the individual of the individual of the individual of the individual of the individual.	ration of Resident's Rights have the following rights: personal and medical stal and not disclosed insent of the individual or ent shall specify to whome made, except as required rederal statute or regulation fact. It is not the intent of this class to medical records by except when the Individual forceds may also be ten consent of the intentitutions or individuals mergency medical services closure of information shall the is necessary to meet the	D916	his or her personal and medical kept confidential and not disclos without the written consent of the individual or guardian. Resident training for staff initiated on 3/15 Regional Support team. Staff read copy of the "Declaration of Re Rights." Staff signed acknowledgand receipt of "Declaration of Re Rights". Ombudsman provided Rights Training on 3/26/19 to staff ED and/or designee with monitor	records led e t Rights l/19 by ceived sidents ging esidents Resident aff.		
	POFFICIENCIES CORRECTION  WIDER OR SUPPLIER  SUMMARY S' (EACH DEFICIENC REGULATORY OR ON The Suscitation (Type)  Based on observatives, the facility fredications as order 3, #9) observed durcluding errors in instinantiety medications are ordered to the sulin administration placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a national placement and a nation	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL004003  WIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Ontlinued From page 58  CAC 13F .0507 Training on Cardiopulmonary esuscitation (Type B Violation)].  Based on observations, Interviews, and record views, the facility failed to administer edications as ordered for 3 of 8 residents (#3, 3, #9) observed during the medication passes, cluding errors in insulin administration (#3), an atti-enxiety medication that should not be ushed (#8); and 3 of 5 residents (#1, #3, #7) cluding errors with a cough suppressant (#1), sulin administration (#3), a thyrold hormone placement and a narcotic pain medication (#7) effer to Tag 358 10A NCAC 13F .1004(a) edication Administration (Type B Violation)].  S. 131D-21(6) Declaration of Resident's Rights very resident shall have the following rights:  To have his or her personal and medical cords kept confidential and not disclosed thout the written consent of the individual or radian, which consent shall specify to whom a disclosure may be made, except as required applicable state or federal statute or regulation by third party contract. It is not the intent of this ction to prohibit access to medical records by a treating physician except when the Individual plects in writing. Records may also be sclosed with the written consent of the dividual to agencies, Institutions or individuals alch are providing emergency medical services the individual. Disclosure of information shall limited to that which is necessary to meet the	(X1) PROVIDENSUPPLIERS (X2) MULTIPI A. BUILDING HALO04003  STREET ADDRESS, CITY, ST. SW TERRACE OF WADESBORO  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)  Ontlinued From page 58  CAC 13F .C507 Training on Cardiopulmonary esuscitation (Type B Violation)].  Based on observations, Interviews, and record views, the facility failed to administration (#3), an anti-anxiety medication that should not be ushed (#8); and 3 of 5 residents (#1), sulin administration (#3), a thyrold hormone placement and a narcotic pain medication (#7) effer to Tag 358 10A NCAC 13F .1004(a) edication Administration (Type B Violation)].  S. 131D-21 Declaration of Resident's Rights very resident shall have the following rights: To have his or, her personal and medical cords kept confidential and not disclosed thout the written consent shall specify to whome a disclosure may be made, except as required applicable state or federal statute or regulation by third party contract. It is not the individual plects in writing. Records may also be sclosed with the written consent of the individual plects in writing. Records may also be sclosed with the written consent of the individual individual. Disclosure of information shall illmited to that which is necessary to meet the nergency.	A SULDING:  HALO94093    X1) PROVIDENSIPPLERROLA   IDENTIFICATION NUMBERS   HALO94093   STREET ADDRESS, CITY, STATE, ZIP CODE   123 ANSON HIGH SCHOOL ROAD   WADDESBORO   123 ANSON HIGH SCHOOL ROAD   WADDESBORO   123 ANSON HIGH SCHOOL ROAD   SUMMARY STATEMENT OF DETICENCIES   REQUILATORY OR LSC IDENTIFYING INFORMATION   PREFIX   RECUIRATORY OR LSC IDENTIFYING INFORMATION   PREFIX   RECUIRATORY OR LSC IDENTIFYING INFORMATION   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORMATION   PROFIXED INFORM		

STATEMEN	of Health Service Re					FO	RM APPROVED
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		(X3) DAT	E SURVEY PLETED
		HAL004003	B. WING				R
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E 710 0000		1 0.	3/18/2019
MEADOW	VIEW TERRACE OF W		SON HIGH SCHOOL				
	The same of the	WADES	BORO, NC 28170	KINOAD			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLA (EACH CORRECTIVE CROSS-REFERENCEL DEFIC	EACTION SHOUL	Upp	(X8) COMPLETE DATE
D916	Continued From pag	ge 59	D916			-	+
	medical records for (#4) were kept confid	ons, interviews and record falled to assure personal and one of one sampled resident dential as evidenced by the nadministration record being ident at discharge,					
	The findings are:						
	01/22/2019 revealed kidney disease, hard chronic obstructive p	44's current FL-2 dated diagnoses included chronic of hearing, moderate ulmonary disease, roxysmal atrial fibrillation.					
	on 03/15/2019 at 8:30 -She received anothe administration record member's discharge.	r resident's medication (MAR) upon her family					
	Executive Director (E	a attempts to reach the D) to make her aware of d not return her telephone					
f	There was a January There was a January There was document name and four medica luoxetine, pravastatin Part of the January 2:	2019 MAR for Resident #4. ation of Resident #4's ations (omegrazole				ar.	
(	RCC) on 3/18/2019 a	ident Care Coordinator t 4:32pm revealed: v Resident #4's MAR was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL004003				(X2) MULTIPLE CONSTRUCTION A, BUILDING:		
		B. WING		0:	R 3/18/2019	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	ZIP CODE		· Andrews
MEA DOW	VIEW TERRACE OF WA	400 610	ON HIGH SCHOOL			
12/12/11	TAILST TENNACE OF SAW		BORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLE DATE
D916	Continued From page	80	D916	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR		1
	given to another resident's discharge.  -She listed all medical discharge on the Medical discharge on the Medical discharge on the Medical discharge on the discharged resident's -"Most of the time, whin, we complete a formedications they bring the medications they bring the medications they bring the medications, we resident at that particular from the facility.  -The apology offered the medical discharged the medications, we resident at that particular from the facility.  -The apology offered the medical discharge with the ED revealed:  -She did not know how was given to another the discharge of the medical discharge with the ED revealed:	dent upon that particular  titon Identified at the time of lication Release Form. edication Release Form to harged resident. lident #4's MAR to the family. Hen a new resident comes in that shows what ig in with them."  Int #4 on 03/18/2019 at  03/18/2019 by the ED that id. Ided his name and names here released to another har resident's discharge was sufficient for him.  Int #4 on 3/18/2019 at 5:02pm  Int #4 of Resident #4 Int #4's family that  Int #4's family that	Date			

## Washington, Bynithia T

From:

Meadowview Terrace of Wadesboro, ADM - Rauf, Abbey

<mtow.adm@affinitylivinggroup.com>

Sent:

Monday, June 10, 2019 4:09 PM

To:

Washington, Bynithia T

Cc:

Terry Greer; Pate Wilkerson; Barbara Excell; Kathy Vidal

Subject:

[External] Meadowview State POC page one and revised page 54

Attachments:

Meadowviewstatepoc page1&revisedpage54.pdf

Importance:

High

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

Dear Ms. Bynithia Washington,

It was a pleasure speaking with you today. Per our conversation attach is page One and revised Page 54 for your review/approval.

If you have any questions please let us know.

Thanks in advance Abbey Rauf



## **Abbey Rauf**

Interim ED Cell (704)477-5512 Office 994-9050