PRINTED: 07/02/2019 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	CTION IDENTIFICATION NUMBER		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		D
		HAL049004	B. WING		R 06/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ROSEWO	OD ASSISTED LIVING		ONY HIGHWA	Y	
	CLIMMADY CT	HARMONY	·	DDOWNERIS BLAN OF CORRECTION	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 000	Initial Comments		D 000		
		sure Section conducted an le 10, 2019 and June 11,			
D 358	10A NCAC 13F .1004 Administration	(a) Medication	D 358		
	(a) An adult care hor preparation and admi prescription and non-by staff are in accorda(1) orders by a licens which are maintained	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies			
	review, the facility fail medications as ordere sampled diabetic resi related to administeria	ns, interviews, and record ed to administer ed by a physician for 2 of 2 dents (Resident #3 and #6) ng insulin when fingerstick were outside of parameters			
	The findings are:				
		t #3's current FL2 dated agnoses included congestive			

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		HAL049004	B. WING		O.F	R 6/11/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E. ZIP CODE	1 00	71172010
			RMONY HIGHWAY			
RUSEWU	OD ASSISTED LIVING	HARMON	IY, NC 28634			
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D 358	and Chronic Obstruct (COPD). Review of Resident # -There was a hand withat Resident #3's bloincreaseFSBS was document 2:00pm, 51 at 3:00pm 4:00pmThere was a telephoreceived from the faci Practitioner (NP) to se hospital for treatment Review of Resident # Visit Summary dated -Resident #3 was eva hypoglycemia (low blo-The chief complaint fresident #3 was "give has had blood sugars -"Staff was unable to -Resident #3 was admintravenous fluids in the documented at 176 at 7:56pm. a. Review of Resident was a physician's ord acting insulin used to units subcutaneously fingerstick blood sugars	ive Pulmonary Disease 3's record revealed: itten note dated 04/15/19 od sugar would not ited on note as 56 at it, 48 at 3:30pm and 55 at ine order dated 04/15/19 lity's contracted Nurse and Resident #3 to the local and evaluation. 3's Emergency Room (ER) 04/15/19 revealed: luated in the ER for bod sugar). for the ER visit was an scheduled insulin and in the 40s." increase blood sugar." ininistered oral glucose and ine ER and blood sugar was is 6:00pm and 147 at it #3's record revealed there are for Novolog (a short treat diabetes) inject 12 with meals; hold if	D 358			
		n revealed there was 1 lovolog available for				

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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	HAL049004	B. WING		06/11/2019
NAME OF PROVIDER OR SUPPLIER	STDEET AD	DRESS, CITY, STA	TE ZID CODE	
NAME OF PROVIDER OR SUPPLIER		, ,	,	
ROSEWOOD ASSISTED LIVING		MONY HIGHWA	AY	
	HARMON	Y, NC 28634		T
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D 358 Continued From page	2	D 358		
Medication Administrate revealed: -There was a computer Novolog inject 12 units daily with meals; hold 150 scheduled to be at 12:00pm, and 5:00pm -Novolog was document times daily from 04/01 04/02/19 at 5:00pm, 004/13/19 at 12:00pm, 04/16/19 at 5:00pm, 012:00pm, 04/16/19 at 5:00pm, 012:00pm, 04/24/19 at 5:00pm, 004/26/19 at 12:00pm, 04/30/19 at 12:00pm, 04/30/19 at 12:00pm, 04/30/19 at 12:00pm with medication was held done in the form 04/01/19 to 04/30/19 at 12:00pm at 112 and 12 units of as administered. -On 04/15/19 at 8:00a as 134 and 12 units of as administeredOn 04/15/19 at 8:00a as 130 and 12 units of as administeredOn 04/22/19 at 8:00a as 130 and 12 units of as administered.	er generated entry for s subcutaneously 3 times for blood sugar less than administered at 8:00am,			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL049004	B. WING		0	R 6/ 11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE	•	
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ROSEWO	OD ASSISTED LIVING		NY, NC 28634			
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D 358	Novolog inject 12 unit daily with meals; hold 150 scheduled to be a 12:00pm, and 5:00pm -Novolog was documper physician orders from 05/01/19 to 05/3 -On 05/03/19 at 8:00a as 130 and 12 units of as administeredOn 05/07/19 at 8:00a as 134 and 12 units of as administeredOn 05/08/19 at 8:00a as 120 and 12 units of as administeredOn 05/28/19 at 8:00a as 120 and 12 units of as administeredOn 05/28/19 at 8:00a	er generated entry for ts subcutaneously 3 times for blood sugar less than administered at 8:00am, a. ented as refused or withheld for 28 out of 93 opportunities	D 358			
	Novolog inject 12 unit daily with meals; hold 150 scheduled to be a 12:00pm, and 5:00pm -Novolog was documper physician orders from 06/01/19 through -On 06/01/19, FSBS 8:00am and 133 at 5: Novolog was docume Interview with Reside 11:05am revealed:	er generated entry for its subcutaneously 3 times of for blood sugar less than administered at 8:00am, in. ented as refused or withheld for 7 out of 28 opportunities in 06/10/19. was documented as 121 at 00pm and 12 units of ented as administered.				

Division of Health Service Regulation

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	or realth Service Regu		0.00 14111 7101 5	CONCERNATION	Takes BATE OURS (EV.
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		HAL049004	B. WING		06/11/2019
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NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	,	
ROSEWO	OD ASSISTED LIVING		RMONY HIGHWA	AY	
		HARMON	NY, NC 28634		
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D 050	0 " 15		D 050		
D 358	Continued From page	2 4	D 358		
	because her sugar wa	as too low.			
	-She was confused w				
	dropped.	-			
	-She had a stomach	virus the weekend before			
	the hospital visit.				
	Interview with the me	dication aide (MA) on			
		and 10:56am revealed:			
		nissed the order to the hold			
		ent #3 when her FSBS was			
	less than 150.				
	-She knew Resident				
		o she administered the			
	medication.				
		er being at the facility when			
		to the ER for her FSBS			
	being low	and builds it to be a ottoution			
	-The MAs were respo	not bring it to her attention.			
	physician's orders to	•			
		shift MA would approve the			
	orders once entered t	• •			
		shift MA would refer to the			
		before they approved the			
	order to appear on the				
	-The Director was res	ponsible for filing the order			
	in the resident's chart	· -			
	Telephone interview v	vith the facility's contracted			
	Nurse Practitioner on	06/11/19 at 9:52am			
	revealed:				
		sident #3 was receiving			
	Novolog outside of the	e parameters in the			
	physician's order.				
	-The facility was resp				
	physician's orders as				
	-Resident #3's FSBS				
	_	have been held when			
	Resident #3's FSBS \				
	 The Novolog dose th 	at was not held on 04/15/19			

Division of Health Service Regulation

STATE FORM 6899 GPZE11 If continuation sheet 5 of 18

STATEMENT OF DEPICIENCIES (X1) PROVIDERS (X1) PROV	DIVISION	of Health Service Regu	liation			
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b. Review of Resident #3's record revealed there was a physician's order dated 02/28/19 for Levemir (an insulin used to treat diabetes) inject		Administrator on 06/1	11/19 at 12:45pm.			
was a physician's order dated 02/28/19 for Levemir (an insulin used to treat diabetes) inject			•			
Levemir (an insulin used to treat diabetes) inject		b. Review of Residen	t #3's record revealed there			
Levemir (an insulin used to treat diabetes) inject		was a physician's ord	ler dated 02/28/19 for			
		• •				
fingerstick blood sugar (FSBS) is <150.						

Division of Health Service Regulation

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	AND DUAN OF CORRECTION INTERPRETATION NUMBERS		(X2) MULTIPLE C		· ,	SURVEY PLETED
						R
		HAL049004	B. WING		06	5/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
		3134 HAF	RMONY HIGHWAY	,		
ROSEWO	OD ASSISTED LIVING	HARMON	IY, NC 28634			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
D 358	Continued From page	e 6	D 358			
	Medication Administrative revealed: -There was a compute Levemir inject 45 unit daily; hold if fingerstic <150 scheduled to be and 8:00pmLevemir was docume daily from 04/01/19 to	er generated entry for s subcutaneously twice ck blood sugar (FSBS) was administered at 8:00am ented as administered twice 04/30/19 except on				
	8:00pm (when Reside 04/16/19 at 8:00pm, 0 8:00pm, and 04/25/19 documented the resid physician orders.	nd 8:00pm, 04/15/19 at ent #3 was at the hospital), 04/17/19 at 8:00am and ent 8:00am where it was lent refused or withheld per ented as administered at and 04/16/19.				
	daily; hold if fingerstic <150 scheduled to be and 8:00pmLevemir 45 units was from 05/01/19 to 05/1 05/09/19 at 8:00am a when the resident refice-Levemir 45 units was discontinued on 05/18-There was a computer scheduler.	er generated entry for s subcutaneously twice ek blood sugar (FSBS) was administered at 8:00am s documented twice daily 5/19 at 8:00am except for a 05/12/19 at 8:00am used. s documented as 5/19.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY
		A. BUILDING:			_
	HAL049004	B. WING		06	R / 11/2019
NAME OF PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STAT	E, ZIP CODE		
DOOFWOOD AGGIOTED LIVING	3134 HA	RMONY HIGHWA	Υ		
ROSEWOOD ASSISTED LIVING	HARMO	NY, NC 28634			
PREFIX (EACH DEFICIENCY MUST	NT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358 Continued From page 7 daily; hold if fingerstick bloc <150 scheduled to be adm and 8:00pmLevemir 40 units was doct administered twice daily fro to 05/31/19 except 05/19/1 8:00am, 05/24/19 at 8:00pm and 8:00pm, 05/26/19 at 8. and 05/30/19 at 8:00am wh documented the resident re physician orders. Review of Resident #3's Jurevealed: -There was a computer get Levemir inject 40 units sub daily; hold if fingerstick bloc <150 scheduled to be adm and 8:00pmLevemir was documented daily from 06/01/19 to 06/1 Interview with Resident #3 11:05am revealed: -She remembered going to because her sugar was toc -She was confused when he droppedShe had a stomach virus to the hospital visit. Interview with the medicati 06/11/19 at 10:14am and 1 -She had probably missed the insulin for Resident #3 less than 150She knew Resident #3 has scheduled Levemir so she medicationShe did not remember bei	umented as om 05/15/19 at 8:00pm 9 and 05/20/19 at m, 05/25/19 at 8:00am :00am and 8:00pm, here it was efused or withheld per une 2019 eMAR nerated entry for ecutaneously twice od sugar (FSBS) was inistered at 8:00am as administered twice 0/19. on 06/11/19 at the hospital in April olow. her blood sugar the weekend before on aide (MA) on 0:56am revealed: the order to the hold when her FSBS was dan order for administered the	D 358			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50.12510.			<u>, </u>
		HAL049004	B. WING		06/1	1/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ROSEWO	OD ASSISTED LIVING		MONY HIGHWA ', NC 28634	AY		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	being low -The MA on duty did r -The MAs were responshipsician's orders to r -She or the other first orders once entered the she or the other first new medication order order to appear on the resident's charts. Telephone interview where the resident's charts. Telephone interview where Practitioner on revealed: -She did not know Relevemir outside of the physician's orderThe facility was responshician's orders as resident #3's FSBS where the could have led to Resident #3's FSBS where the could have led to Resident #3's FSBS where the could have led to Resident #3's FSBS where the could have led to Resident #3's FSBS was not able to bring she did not know Release parameters for admin FSBSThe MAs did not bring she make the could have led to bring she did not know Release parameters for admin FSBS.	not bring it to her attention. Insible for faxing new the pharmacy. Inshift MA would approve the by the pharmacy. Inshift MA would refer to the before they approved the e eMAR. Insponsible for filing the order Institute the facility's contracted Inshift MA was receiving a parameters in the Inshift MA would approve the by the pharmacy. Inshift MA would approve the by the pharmacy. Inshift MA would approve the by the pharmacy. Inshift MA would approve the border of the hospital on 04/15/19. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the by the pharmacy. Inshift MA would approve the by the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the pharmacy. Inshift MA would approve the braining new the brain	D 358			

Division of Health Service Regulation

STATE FORM 6899 GPZE11 If continuation sheet 9 of 18

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY LETED
			A. BOILDING	, a solesino.		R
		HAL049004	B. WING			11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
ROSEWO	OD ASSISTED LIVING	3134 HA	RMONY HIGHWA	Y		
			IY, NC 28634			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	9	D 358			
	-She or the MA's were physician's orders to processedThe MA's were responsician's orders from the eMARThe MAs were responsible eMAR before administrations were administration of the eMAR's or physician's	directed. Dir should not be Dissipated in the pharmacy to be Dissipated in the pharmacy to appear Dissipat				
	Refer to the telephone Administrator on 06/1					
	 2. Review of Resident #6's current FL2 dated 04/26/19 revealed: -Diagnoses included congestive heart failure, diabetes and hypertensionMedications included Humalog (a short acting insulin used to treat diabetes) inject 20 units daily with breakfast, hold if Finger Stick Blood Sugar (FSBS) less than 100, Humalog inject 10 units daily at lunch, hold if FSBS less than 100, and Humalog insulin inject 12 units daily at dinner hold if FSBS less than 100. 					
a. Review of Resident #6's April 2019 electronic Medication Administration Record (eMAR) revealed: -There was a computer generated entry for Humalog inject 12 units subcutaneously daily at supper; hold for blood sugar less than 100 scheduled to be administered at 4:00pmHumalog was documented as administered times daily from 04/01/19 to 04/30/19 except						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL049004	B. WING		R 06/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE	
DOSEWO	OD ACCICTED LIVING	3134 HAR	MONY HIGHWAY		
RUSEWU	OD ASSISTED LIVING	HARMON	Y, NC 28634		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
D 358	Continued From page	± 10	D 358		
	where it was documed due to physician's ord -On 04/01/19 at 4:00p	nted medication was held ler or resident refused. om, FSBS was documented Humalog was documented			
	supper; hold for blood scheduled to be admi -On 05/30/19 at 4:00p	er generated entry for its subcutaneously daily with I sugar less than 100			
	supper; hold for blood scheduled to be admi	er generated entry for its subcutaneously daily with I sugar less than 100 nistered at 4:00pm was documented as 94 at of Humalog was			
		ent #6's medication on hand n revealed there was 1 lumalog available for			
	lowStaff would give her of the shew when her because she would fe	BS four times a day. The FSBS, sometimes it was brange juice to drink.			

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STATE FORM 6899 GPZE11 If continuation sheet 11 of 18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. DOILDING		R	
		HAL049004	B. WING		06/11/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
POSEWO	ROSEWOOD ASSISTED LIVING 3134 HAR			ΑΥ		
HARMON			IY, NC 28634			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 11	D 358			
	sugar being low.					
	for Resident #4 when 100. -"There is a lot of resi insulin and shots and -"I guess I overlooked. Interview with anothe 12:20pm revealed: -She knew Resident # Humalog insulin to hotal shear s	revealed: #6 had an order for order to the hold the insulin her FSBS was less than ident always wanting their sometimes it gets hectic." It it." If MA on 06/11/19 at #6 had parameters on the old if FSBS less than 100. Indeed the medications to the med the medication to the Id to use that system for a me medication was the right the Humalog was much the FSBS was Int system in place to audit much the facility's contracted much 11/19 at 9:52am onsible for following written. It is ident #6 was receiving me parameters in the				
	Interview with the Dire	ector on 06/11/19 at				

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	A. BUILDING:	
		HAL049004	B. WING		R 06/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STATE	E, ZIP CODE	
DOOFING	OD 40010TED 1 11/11/0	3134 HAI	RMONY HIGHWAY		
ROSEWO	OD ASSISTED LIVING	HARMON	NY, NC 28634		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 358	-She did not know Readministered Humalo	esident #6's was	D 358		
	parameters to hold if -The MAs did not brin	FSBS less than 100. Ig it to her attention that			
	FSBS was less than				
	-The MAs were respondent of the MAs were respondent	directed.			
-The MAs were responsible for double checking the eMAR before administration to make sure medications were administered accurately.					
		with the facility's contracted			
	Nurse Practitioner on 06/11/19 at 9:52am revealed the facility was responsible for following physician's orders as written.				
	Refer to the telephon Administrator on 06/1				
	b. Review of Resident #6's current FL2 dated 04/26/19 revealed:				
	diabetes and hyperte				
	treat diabetes) inject	d Levemir (an insulin used to 80 units every morning hold), Levemir insulin inject 20			
		if FSBS less than 150.			
	Medication Administrative revealed:	• •			
	Levemir inject 80 unit				
	-There was a comput Levemir inject 20 unit	er generated entry for s subcutaneously daily at stick blood sugar (FSBS)			

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, i		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL049004	B. WING		06/11/2019	
NAME OF D	ROVIDER OR SUPPLIER	etheet and	RESS, CITY, STA	TE ZID CODE	,	
NAIVIE OF P	ROVIDER OR SUPPLIER					
ROSEWO	OD ASSISTED LIVING		NO 20024	AY .		
	T	HARMONY	, NC 28634			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 13	D 358			
	was less than 150 scl at 8:00pmOn 04/06/19 at 8:00a as 122 and 80 units of as administeredOn 04/15/19 at 8:00a as 148 and 80 units of as administeredOn 04/27/19 at 8:00a as 143 and 80 units of as administeredOn 04/08/19 at 8:00a as 125 and 20 units of as administeredOn 04/08/19 at 8:00a as administeredThere was a compute Levemir inject 80 unit every morning; hold if (FSBS) was less than administered at 8:00a a-There was a compute Levemir inject 20 unit bedtime; hold if finger was less than 150 scl at 8:00pmOn 04/01/19 at 8:00a as 145 and 80 units of as administeredOn 04/25/19 at 8:00a as 144 and 80 units of as administeredOn 04/08/19 at 8:00a as 144 and 80 units of as administered.	am, FSBS was documented for Levemir was document				
	Review of Resident #	6's June 2019 eMAR				

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-There was a computer generated entry for

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL049004	B. WING		00	R 5/11/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	•	
			ARMONY HIGHWAY	,		
ROSEWO	OOD ASSISTED LIVING	HARMO	NY, NC 28634			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Levemir inject 80 uni every morning; hold (FSBS) was less tha administered at 8:00 -There was a compute Levemir inject 20 uni bedtime; hold if finge was less than 150 so at 8:00pm. On 04/01/19 at 8:00 as 122 and 80 units as administered. On 04/15/19 at 8:00 as 148 and 80 units as administered. On 04/27/19 at 8:00 as 143 and 80 units as administered. On 04/08/19 at 8:00 as 125 and 20 units as administered. Observation of Resident on 06/10/19 at 2:17p partially used vial of administration. Interview with Resident 12:38pm revealed: She knew when her because she would for she never had any sugar being low. Interview with the med 12:17pm -She knew Resident scheduled Levemir in 150.	ts subcutaneously daily if fingerstick blood sugar n150 scheduled to be am. ter generated entry for ts subcutaneously daily at erstick blood sugar (FSBS) cheduled to be administered am, FSBS was documented of Levemir was documented dent #6's medication on hand im revealed there was 1 Levemir available for ent #6 on 06/11/19 at blood sugar was low feel dizzy and lightheaded. complications with her blood edication aide (MA) on revealed:	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED				
		HAL049004	B. WING		R 06/11/2019				
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	1 00/11/2010				
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY								
ROSEWOOD ASSISTED LIVING HARMONY, NC 28634									
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)				
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE				
D 358	Continued From page	e 15	D 358						
	inculin and chote and	sometimes it gets hectic."							
	-"I guess I overlooked								
	Interview with anothe 12:20pm revealed:	r MA on 06/11/19 at							
		#6 had parameters on the							
		d if FSBS less than 150.							
		ed the medications to the							
		ned the medication to the							
eMAR system.									
-She had been trained to use that system for a the "double check" to make sure the medication was the right meds and right timeThere was not current system in place to audit									
	the eMAR or the medication carts.								
	Telephone interview with the facility's contracted Nurse Practitioner on 06/11/19 at 9:52am								
	revealed:								
	-The facility was resp								
	physician's orders as								
		esident #6 was receiving							
	Levemir outside of the parameters in the physician's order.								
	priysician s order.								
	Interview with the Director on 06/11/19 at 10:40am revealed								
	-She did not know Re	esident #6's was							
	administered Levemin	r insulin outside the							
	parameters to hold if	FSBS less than 150.							
		ng it to her attention that							
	Resident #6 was administered Levemir insulin when her FSBS was less than 150.								
	 The MAs were responsible physician's orders as 								
		onsible for double checking							
		ninistration to make sure							
	medications were adr								
		ave an audit procedure for							
	eMAR's or physician's	s orders.							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			R
		HAL049004	B. WING		06	6/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ROSEWO	OD ASSISTED LIVING	3134 HA	RMONY HIGHWAY			
ROSEVVO	OD ASSISTED LIVING	HARMO	NY, NC 28634			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	8 Continued From page 16		D 358			
	Nurse Practitioner on revealed the facility with physician's orders as Refer to the telephone Administrator on 06/1 Telephone interview with 06/11/19 at 12:45pm at	vas responsible for following written. e interview with the 1/19 at 12:45pm. with the Administrator on revealed: sponsible for day to day yy. ctor to make decisions the residents. y telephone if the Director				
	sent to the Emergence sugar in the 40's due outside the paramete was below 150, and Fadministered outside blood sugar was less detrimental to the heat the residents and con A plan of protection was facility in accordance 06/11/19 for this viola CORRECTION DATE	red for Resident #3 who was by Room for a low blood to administered insulin res to hold if the blood sugar Resident #6 who had insulin the parameters to hold if the 100. This failure was alth, safety and welfare for estitutes a Type B violation. ras requested from the with G.S. 131D-34 on tion.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
						R		
		HAL049004	B. WING		06	5/11/2019		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ROSEWO	OD ASSISTED LIVING		MONY HIGHWA Y, NC 28634	ΑΥ				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE		
D912	Continued From page	: 17	D912					
D912	G.S. 131D-21(2) Decl	aration of Residents' Rights	D912					
	Every resident shall h 2. To receive care an adequate, appropriate	ation of Residents' Rights ave the following rights: d services which are e, and in compliance with tate laws and rules and						
	reviews, the facility fareceived care and ser appropriate, and in confederal and state laws administering medical physician. The findings are: Based on observation review, the facility fail medications as ordered sampled diabetic residented to administering blood sugar readings ordered by a physicial	is, interviews and record illed to assure residents rvices which are adequate, ampliance with relevant and rules related to tion as ordered by a						

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