	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. HAL018035		E CONSTRUCTION	(X3) DATE SU COMPLE R 06/23	TED
	ROVIDER OR SUPPLIER	1345 CH	DDRESS, CITY, ST	ATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC	NEWTO! ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	N, NC 28658	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
	annual and follow-up complaint investigation 10A NCAC 13F .0600 Aide Supervisors 10A NCAC 13F .0600 Aide Supervisors (a) On first and second capacity or census of on third shift in facilit of 91 or more resided one supervisor of per referred to as supervisors for 64 to duty per shift; and th than 128 hours of aid sprinklered for fire st census of 91 to 120 time on third shift ma aide duty. (For staff this Section.) This Rule is not met Based on interviews facility failed to assu- care aides was on d second shifts for 5 of	on on 06/27/19 and 06/28/19. 5 Staffing Of Personal Care 5 Staffing Of Personal Care 5 Staffing Of Personal Care and shifts in facilities with a f 31 or more residents and ies with a capacity or census nts, there shall be at least rsonal care aides, hereafter risor, on duty in the facility for f aide duty per shift; two less than 96 hours of aide ree supervisors for 96 to less de duty per shift. In facilities uppression with a capacity or residents, the supervisor's ay be counted as required ing chart, see Rule .0606 of	D 000	PLAN OF CORRECT FOR TAG D212 Staffing Schedule immedia adjusted for In House Cer- 1st Shift IPCA 2 PCA 1 SIC 1Asst Admin - In Facility 2nd Shift 2 PCA 1 SIC 500 Ft Person 3rd Shift 2 PCA 1 SIC 500 Ft Person	ately nsus	

 Georgette Johnson
 Administrator

 State FORM
 MBK011

 Kimberly Duncan
 Kimberly Duncan

Reviewed and Accepted 08/12/2019 RH

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL018035	B. WING		06	R 5/28/2019
AME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	T VILLAGE AT NEWTON	1345 CH	APMAN LANE			
EDMON	I VIELAGE AT NEWTON	NEWTO	N, NC 28658			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO T DEFICIENCY DEFICIENC DEFICIENC			TION SHOULD BE	(X5) COMPLETE DATE	
D 212	Continued From page	- 1	D 212	DEFICIENC	51)	
0212	Commuee From page		0212			
	Review of the current census of 36 residen	t facility census revealed a ts.				
		ssistant Administrator on revealed she provided a list				
		e supervisors of PCAs.				
	Review of staff time of 06/09/19 revealed:	cards from 05/04/19 to				
	1월 19월 23일 - 17일 - 17일 - 27일 - 27일 - 27일 - 27일	ond shift, there was no the facility.				
	-On 05/19/19, on sec	cond shift, there was no				
	supervisor on duty in					
	supervisor on duty in	ond shift, there was no				
	그는 것 같은 것 같아요? 것 같아요? 것 같아요? 이 집에 있는 것 같아요?	cond shift, there was no				
	supervisor on duty in					
	-On 06/09/19, on sec	cond shift, there was no				
	supervisor on duty in	the facility.				
		sistant Administrator on				
	06/28/19 at 2:45pm r	evealed: e for creating the staffing				
		ing all schedule changes.				
		was not less than 31				
	5 D D D D D D D D D D D D D D D D D D D	month of May 2019 or June				
		feet of the facility so she				
		considered the supervisor				
	on duty for first and s					
		he had to be in the building and shift to be counted as the				
	supervisor on duty.					
	-The Administrator w	as "always available by				
		does not have a regular				
	schedule for visiting	the facility."				
	Telephone interview	with the Administrator on				
	06/28/19 at 3:43pm r					
	-The Assistant Admir					1

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
		HAL018035	B. WING		06	06/28/2019	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
IEDMON	T VILLAGE AT NEWTON		APMAN LANE N. NC 28658				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES				1	
PREFIX TAG	(EACH DEFICIENC	STELENT OF DEPOSITORENCES SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(XS) COMPLETE DATE	
D 212	Continued From page	e 2	D 212				
	creating the staffing	schedule					
	-She did not review t						
	는 사람님 같은 아이트에게 이 가지 NT NT NOT (1997) (1997) (1997)	aff time cards, but she did					
		no supervisor on duty in the					
	facility on all first and						
D 219	10A NCAC 13F .060	6 Staffing Chart	D 219				
	10A NCAC 13F .060	6 Staffing Chart					
	supervisory and man eight-hour shift in fac census of 21 or more Rules .0601, .0603, . this Subchapter. Bed Count Position T Shift Third Shift 21 - 30 Aide Supervisor N Not Required	16 16 8 lot Required Not Required C In the building, or within ately available. 16 16 16					
	immediately ava Administrator 41-50 Aide Supervisor 8* 500 feet and immedi Administrator 51-60 Aide	On call 20 20 16 8* In the building, or within ately available.** On call 24 24 16 8* In the building, or within ately available.** On call 28 28 24					

Division of Health Service Regulation STATE FORM

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6899

If continuation sheet 3 of 23

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2012/10/02/2010/04/2020202	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY
NO PLAN O	F CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		HAL018035	B. WING		R 06/28/2019	
IAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		1345 CH	APMAN LANE			
PIEDMON	T VILLAGE AT NEWTO	N NEWTO	N, NC 28658			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 219	Continued From pag	je 3	D 219			
	facility/4 hours within available.**	n 500 feet and immediately				
	Administrator	On call				
	71-80 Aide	32 32 24				
		8 4 hours within the				
	1996 - 2007 - 20	n 500 feet and immediately				
	available.**					
	Administrator	On call				
	81-90 Aide	36 36 24				
	Supervisor 8	8 4 hours within the				
	20 - 2022 Alt - 2	n 500 feet and immediately				
	available.**					
	Administrator	5 days/week: Minimum of 40				
	hours. When not in					
	91-100 Aide	40 40 32				
	Supervisor 8					
	Administrator hours. When not in	5 days/week: Minimum of 40				
	101-110 Aide	44 44 32				
	Supervisor 8		1 1			
	Administrator	5 days/week: Minimum of 40				
	hours. When not in					
	111-120 Aide	48 48 32				
	Supervisor 8					
	Administrator	5 days/week: Minimum of 40				
	hours. When not in	facility, on call.				
	121-130 Aide	52 52 40				
	Supervisor 8					
	Administrator	5 days/week: Minimum of 40				
	hours. When not in					
	131-140 Aide	56 56 40				
	Supervisor 8					
	Administrator hours. When not in	5 days/week: Minimum of 40				
	141-150 Aide	60 60 40				
	Supervisor 8					
	Administrator	5 days/week: Minimum of 40				
	hours. When not in					
	151-160 Aide	64 64 48				

Division of Health Service Regulation STATE FORM

MBKO11

6459

If continuation sheet 4 of 23

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018035	(X2) MULTIPLE C A. BUILDING: B. WING		СОМ	E SURVEY PLETED
						28/2019
NOTE OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STATE	E, ZIP CODE		
EDMON	T VILLAGE AT NEWTON		PMAN LANE			
			, NC 28658			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 219	Continued From page	e 4	D 219			
	Supervisor 16	16 8				
	Administrator	5 days/week: Minimum of 40	1 1			1
	hours. When not in fa	s days/week. Winimum of 40				
	161-170 Aide	68 68 48				
	Supervisor 16					
	Administrator	5 days/week: Minimum of 40				
	hours. When not in fa		1 1			
	171-180 Aide	72 72 48				
	Supervisor 16					
	Administrator	5 days/week: Minimum of 40	1 1			
	hours. When not in fa					
	181-190 Aide	76 76 56				
	Supervisor 16	16 8				
	Administrator	5 days/week: Minimum of 40				
	hours. When not in fa	acility, on call.				
	191-200 Aide	80 80 56				
	Supervisor 16					
	Administrator	5 days/week: Minimum of 40				
	hours. When not in fa	Control Control and Control an				
	201-210 Aide	84 84 56				
	Supervisor 16 Administrator	16 8 5 days/week: Minimum of 40				8
	hours. When not in fa	그는 그는 그 그 가지 않는 것 같아. 것 않는 것 같아. 가지 않는 것 같아. 하지 않는 것 같아. 그 같아. 문				
	211-220 Aide	88 88 64				
	Supervisor 16	16 16				
	Administrator	5 days/week: Minimum of 40				
	hours. When not in fa					
	221-230 Aide	92 92 64				
	Supervisor 16					
	Administrator	5 days/week: Minimum of 40				
	hours. When not in fa	 Vision and the second se				
	231-240 Aide	96 96 64				
	Supervisor 24					
	Administrator hours. When not in fa	5 days/week: Minimum of 40				
	nours, when not in it	somy, on can,				
	This Rule is not mot	as avidenced by:				
1	This Rule is not met Based on interviews	as evidenced by: and record review, the				
	alth Service Regulation	and record review, the				1

IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 06/28/2019	
ME OF PE	OVIDER OR SUPPLIER	STREET A		710 0005		
	OVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
EDMON'	TVILLAGE AT NEWTON		APMAN LANE I, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 219	Continued From page	2 5	D 219			
 D 219 Continued From page 5 facility failed to assure the required staffing hours were met on first and second shifts (7:00am-3:00pm and 3:00pm-11:00pm) for 10 of 24 weekend shifts sampled from 05/04/19 to 06/09/19 based on a census of 36 residents. The findings are: Review of the current facility census a census of 36 residents. 		e the required staffing hours second shifts 3:00pm-11:00pm) for 10 of mpled from 05/04/19 to census of 36 residents.				
	weekend shifts from i revealed: -On 05/04/19, on first hours of aide coverage hours. -On 05/04/19, on sec of 12 hours of aide coverage hours. -On 05/05/19, on first hours of aide coverage hours. -On 05/05/19, on sec of 12 hours of aide coverage hours. -On 05/18/19, on first hours of aide coverage hours. -On 05/18/19, on sec of 13 hours of aide coverage hours. -On 05/18/19, on first hours of aide coverage hours. -On 05/19/19, on first hours of aide coverage hours. -On 05/19/19, on first hours of aide coverage hours. -On 06/02/19, on first	ards for first and second 05/04/19 through 06/09/19 It shift, there was a total of 12 ge with a shortage of 4 arond shift, there was a total overage with a shortage of 4 it shift, there was a total of 12 ge with a shortage of 4 arond shift, there was a total of 12 ge with a shortage of 4 arond shift, there was a total of 12 ge with a shortage of 4 at shift, there was a total of 12 ge with a shortage of 4 arond shift, there was a total of 12 ge with a shortage of 4 arond shift, there was a total of 12 ge with a shortage of 3 at shift, there was a total of 13 ge with a shortage of 3 at shift, there was a total of 12 ge with a shortage of 3 at shift, there was a total of 12 ge with a shortage of 3				

Division of Health Service Regulation STATE FORM

MBKO11

6895

If continuation sheet 6 of 23

TATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		
IND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SUR COMPLETE	
		HAL018035 B. WING			R	
AME OF P	ROVIDER OR SUPPLIER				06/28/2	019
			DDRESS, CITY, STATE	, ZIP CODE		
IEDMON	T VILLAGE AT NEWTO		APMAN LANE N, NC 28658			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	1			
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL RLSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	DBE C	(X5) COMPLET DATE
D 219	Continued From pag	je 6	D 219			
	hours.					
	-011 00/09/19, on sec	cond shift, there was a total				
		overage with a shortage of 4				
	hours.					
	Confidential interview	w with three staff revealed:				
	-"Sometimes we are	short staffed on the				
	weekends".	short stalled on the				
		verything done on the				
	weekends when only	one medication aide				
	(MA)/supervisor and	one personal care aide				
1	(PCA) were working	with a census of 36				
	residents.	and a census of 56				
		management but were told				
	they were looking for	more help				
	-Staff worked severa	I months with only one MA				
	and one PCA on the	weekends				
		ng to everyone's shower on				
	the weekend."					
	-None of the resident	ts go to the day-programs on				
		ets "very hectic around				
	here".					
	-n was nard to provid	le good care when there was				
	not have enough staf	l. Die te heur menu -t-W-tt-				
	work with 36 resident	atio to how many staff should Is.				
	Confidential Islash					
	family member revea	e interview with a resident's				
		visited the facility at least				
	weekly.	visited the racility at least				
		had noticed that the "staff				
	were stretched" durin	nao nouceo una trie star				
	-The family members	was afraid the facility may				
	not be able to meet th	he needs of the resident				
	because more assista					
		eding help with feedings and				
	transfers.	comy neip with records and				
	Interview with the Ass	sistant Administrator on				
1.1	menter were with the Ass	Distant Automnistrator on	1 1			

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If continuation sheet 7 of 23

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
			A. BUILDING:		R	
		HAL018035	B. WING		06	6/28/2019
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
EDMON	T VILLAGE AT NEWTO	N	APMAN LANE			
(X4) ID	SUMMADY	STATEMENT OF DEFICIENCIES	N, NC 28658			
PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5 COMPL DAT
D 219	Continued From page 7		D 219			
	06/28/19 at 2:45pm	revealed.				1
		le for creating the staff work				
	schedule and appro	ving all changes to the				
1	schedule.	na sun 🗢 en al a construir en en 🗢 seconde realization des				
i	-The facility's census	s was not less than 31				
	residents during the 2019.	month of May 2019 or June				
	-She lived within 500	0 feet of the facility, was "in				
	and out of the facility	y" during the day, but she did				
	not complete a time	card.				
		urs in the facility could be				
		total hours of aide coverage.				
	-The Administrator w	vas "always available by				
		did not have a regular				
	schedule for visiting	the facility."				
1	Telephone interview	with the Administrator on				
	06/28/19 at 3:43pm					
		nistrator was responsible for				
1		schedule and assuring				
	staffing requirements -She did not review					
		taff time cards, but she did				
		of aide coverage were				
	insufficient.	or aldo obverlage were				
D 273	10A NCAC 13F .090	2(b) Health Care	D 273			
	10A NCAC 13F .090	2 Health Care				
		assure referral and follow-up				
		and acute health care needs				
	of residents.					
						1
on of Hea	Ith Service Regulation					1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Calific Summer and and	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		R	
		HAL018035	B. WING		06/28/2019	9
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, SI	ATE, ZIP CODE		
PIEDMON	T VILLAGE AT NEWTO	N 1345 CH.	APMAN LANE			
Torestandard I			I, NC 28658			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COM	K5) PLETE ATE
D 273	Continued From pag	je 8	D 273	PLAN OF CORRECTIO	N 8/13	3/19
	This Rule is not me	t as evidenced by:		FOR TAG D 273		
	TYPE B VIOLATION			Page 8- Page 14		
	Deced as shown it			MD/NP immediately contacted	bd	
		ons, interviews, and record ailed to notify 1 of 3 sampled		for clarification.		
		#6) licensed prescribing		for clarification.		
		is to fingerstick blood sugars				
	(FSBS) below 65.			Med Techs immediately		
	The findings are:			inservice by Corp RN on		
				contacting MD for	6	
	Review on 06/27/19 Protocol revealed:	of the facility Diabetic		FSBS under 60.		
		nan 65: If a resident is				
	unresponsive and un	nable to swallow immediately		AA/RCD will review all FSBS		
		emergency response with		results daily to ensure proper		
		esponsive and able to safely I hold insulin (if he/she		S/S insulin is given, and		
		blespoons of sugar with 8		Physician was notified of Hi/		
		ce and encourage resident to		Low results		
		e-check blood sugar in 30 nan 60 repeats with 2				
		r with 8 ounces of orange		Corp RN will follow up X3		
		ian and notify EMS to		monthly to review results		
	Review of Resident 02/13/19 revealed:	#6's current FL2 dated		Corp Admin will follow up X monthly to review results	3	
		l schizoaffective disorder, s.		monthly to review results		
		for FSBS checks four times				
	a day with meals an					
		for Novolog (a fast-acting ts subcutaneous (SQ) before				
		for Tresiba (a daily long				
		insulin) inject 85 units SQ at				
	bedtime.					
	-There was an order Ith Service Regulation	to "Hold insulin" if FSBS was	1			

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If continuation sheet 9 of 23

	TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	90 Juli 10 10 10 10 10 10 10 10 10 10		E SURVEY PLETED
		HAL018035	B. WING		06/28/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
	T VILLAGE AT NEWTO	1345 CH	APMAN LANE			
LENION	T VIELAGE AT NEWTON		N, NC 28658			
(X4) ID			ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE
D 273	Continued From pag	e 9	D 273			
	lower than 80.					
	Review of Resident :	#6's April 2019 Medication				
	Administration Reco					
		d 04/08/19 at 5:00pm "Held				
	Novolog" FSBS 36 EMS called.					
	Review of Resident	#6's April 2019 Medication				
	Administration Reco	e and the second se				
	-On 04/08/19 at 4:00					
		here was documentation				
	10.000	mergency Medical Services				
	was called. -On 04/10/19 at 4:00	are the FSRS was				
		and on 04/17/19 the FSBS				
	was documented as					
	-On 04/05/19 at 8:00					
	documented as 48.					
	-On 04/13/19 at 8:00	pm the FSBS was				
	documented as 58.	the 5000				
	-On 04/16/19 at 8:00 documented 54.	ipm the FSBS was				
	-On 04/25/19 at 8:00	om the ESBS was				
	documented as 61.	p				
	-On 04/30/19 at 8:00	pm the FSBS was				
	documented as 59.					
		ntation Novolog 32 units was				
	FSBS=61.	BS=54 and on 04/24/19				
	김 전한 것 같은 방법을 하는 것 같은 것을 들고 있는 것 같아요. 이 것 같아요. 이 것 같아요.	mentation the licensed				
	A	fied of any of the low blood				
	sugars below 65 per	이 가슴에 잘 하는 것 같아요. 이 것 같아요. 이 것 같아요. 이 가 봐요? 아파 이 가 가지? 아파 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가				
	Review of Resident	#6's May 2019 MAR				
	revealed:					
	-On 05/08/19 at 4:00	opm the FSBS was				
	documented as 63.					
	-On 05/03/19 at 8:00	Ipm the FSBS was				
	documented as 49. -On 05/06/19 at 8:00	om the FSBS was				
	511 05/00/15 at 0.00		and the second			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		HAL018035			06	06/28/2019
AME OF PF	OVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	, ZIP CODE		
EDMON	VILLAGE AT NEWTON	1345 CH4	APMAN LANE			
LONION	I VILLAGE AT NEWTON		, NC 28658			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F 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
D 273	Continued From page	: 10	D 273			
	documented as 61.					
	-On 05/13/19 at 8:00p	om the FSBS was				
	documented as 54.					
	-On 05/20/19 at 8:00p	om the FSBS was				
	documented as 62.					
	-There was no docum	nentation the licensed				
	practitioner was notified of the low blood sugars					
	below 65 per the facil	ity policy.				
	Review of Resident # revealed:	6's June 2019 MAR				
	-On 06/01/19 at 4:00p	m the ESBS was				
	documented as 49.	Jil the F3B3 was				
	-On 06/11/19 at 4:00p	m the ESBS was				
	documented as 59.	in the r obs was				
	-On 06/19/19 at 4:00p	om the ESBS was				
	documented as 61.					
	-On 06/04/19 at 8:00p	om the FSBS was				
	documented as 63.					
	-On 06/07/19 at 8:00p	om the FSBS was				
	documented 54.					
	-On 06/08/19 at 8:00p	om the FSBS was				
	documented as 59.					
	-On 06/09/19 at 8:00p	om the FSBS was				
	documented as 47.					
	-There was no docum					
	sugars below 65 per	notified of the low blood				
	sugars below 05 per	the facility policy.				
	Telephone interview of	on 06/28/19 at 11:15am with				
	말하는 아이는 아이는 것이야?	d practitioner revealed:				
		the facility contacting her				
		Resident #6 during the				
	months on April, May					
	-She would like to ha	ve known Resident #6 had				
		and 50's so she could have				
	adjusted the Novolog					
		every other week and usually				
		MARs for the month but did				
	not requirer whether the	he MAR for the previous	E E			1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED R	
		HAL018035	B, WING		06	/28/2019
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
		1345 CH	APMAN LANE			
LOWON	IT VILLAGE AT NEWTON		N, NC 28658			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE
D 273	Continued From pag	je 11	D 273			
	months.					
		allike stoff to soll has if				
		acility staff to call her if				
		were less than 60 and to				
		if Resident #6's FSBS was 50	1 1			
	or below.	101110-10 10 10 1000. D				
		it is just as important to call				
		ugar as it is with high blood				
	sugar."					
	내 이상 방법에 가장 있는 것, 가장 방법에 감독하는 것이 했다.	I the facility contacting her				
	:	#6's FSBS 36 on 04/08/19 or				
		to the facility that day to treat				
	Resident #6's blood	· · · · · · · · · · · · · · · · · · ·				
	-She thought the fac and low FSBS.	ility had a policy on diabetes				
	Interview on 06/28/1 revealed:	9 at 2:00pm with Resident #6				
		SBS four times daily and				
	would tell him his FS					
		his FSBS was low because				
	he would feel "Lighth					
		at times and staff would give	6			
	him orange juice and	[1] 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2				
	· · · · · · · · · · · · · · · · · · ·	the hospital during the last				
		S came in April 2019 for his				
	low blood sugar.					
		0 at 1:10 am with -				
	Interview on 06/28/1	21 · · · · · · · · · · · · · · · · · · ·				
	medication aide (MA	r FSBS was if the blood				
		bw the licensed practitioner				
		nd the insulin was not to be				
	- 2월일 1월 1일 전에서 1월 2일 년 1월 2일 전에 1월 2일 전에 1월 2월 1일 전에 1월 2월 1일 전에 1월 2월 1일 전에 1월 2월 1일 전에 1월 2일 전	o the insulin was not to be				
	given.	w blood sugars at times, but				
		v blood sugars at times, but				
		orange juice and a snack				
		lood sugar would easily				
	come up.	Desident #6 having law				
		Resident #6 having low				
	blood sugars on her					
	Lontacted the license	ed practitioner about low				

STATE FORM

MBKO11

1419

If continuation sheet 12 of 23

Division of	of Health Service Regu	Ilation			FORM	APPROVED
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE S	URVEY
SHOT DAIL	or connection	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	
		HAL018035	B, WING		R 10	8/2019
NAME OF P	ROVIDER OR SUPPLIER	SIREETA	DDRESS, CITY, STATE	70 2005	00/2	.0/2015
		1245 CH	APMAN LANE	E, ZIP CODE		
PIEDMON	T VILLAGE AT NEWTON		N, NC 28658			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	T T			· · · · · · · · · · · · · · · · · · ·
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 273	Continued From page	e 12	D 273			
	blood sugars for Resi	dent #6.				
	Interview on 06/28/19	at 3:15pm with another MA				
	revealed:					
	-She could not recall	the facility policy on diabetes				
	FSBS was 50 or lowe	cian would be called if a				
	-She had never conta					
		ood sugars for Resident #6.				
		sou sugars for resident #0.				
	Review of Resident #	6's progress notes revealed				
	there was no docume	ntation the licensed				
		d for any of the FSBS below				
	65 during the month of	of April, May or June 2019.				
	Interview on 06/28/19	at 2:1Epp with the				
	Assistant Administrate					
		policy was to hold the				
		the physician when the				
	resident's FSBS was	below 65.				
		sident #6's FSBS were				
		nsed practitioner was not	1 1			
	contacted per the faci	illy policy. who worked during the	1 1			
		e for communicating with the				
	resident's physicians.					
	-She knew Resident #					
	04/08/19 of 36 and EM	MS was contacted.				
	-EMS had initiated in	travenous therapy and				
		ugar came up, Resident #6				
	never left the facility.	sed erectitioner				
	-She thought the licen	esident #6's low blood sugar				
	on 04/08/19 and the E					
		s to contact the resident's				
		gars that were lower than				
	65 and to document th					
	notes.					
		s were new to the facility,				
		nore diabetic training."				
ivision of Hea	Ith Service Regulation					

STATE FORM

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MBKO11

6499

If continuation sheet 13 of 23

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY
			A. BOILDING.		R	
		HAL018035	B. WING		06	5/28/2019
AME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
EDMON	T VILLAGE AT NEWTO	N 1345 CH	APMAN LANE			
	1		N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIES	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE	(X5) COMPLET DATE
D 273	Continued From pa	ge 13	D 273			
	Administrator revea -She did not know f practitioner was not blood sugars below -She expected the on diabetic care an the licensed practiti -She relied on the A operations in the fa 	Resident #6's licensed t called in regards to the low 65 per the facility policy. MAs to follow the facility policy d hold the insulin and contact oner for FSBS lower than 65. A to handle all day to day cility. cility to assure referral and nsed practitioner for Resident eated with IV glucose by EMS ad low FSBS 8 times in April ay 2019 and 7 times in June ent #6 at risk for failure was detrimental to the welfare for Resident #6's and				
	facility in accordance 05/31/19 for this vice CORRECTION DA	was requested from the e with G.S. 131D-34 on plation. TE FOR THE TYPE B . NOT EXCEED AUGUST 14,				
D 282	10A NCAC 13F .09 Service	04(a)(1) Nutrition and Food	D 282			
	(a) Food ProcuremHomes:(1) The kitchen, din	04 Nutrition and Food Service ent and Safety in Adult Care ing and food storage areas erly and protected from				

STATE FORM

MBKO11

6899

If continuation sheet 14 of 23

Division c	of Health Service Reg	ulation			FORM APPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	K3) DATE SURVEY
		IDENTIFICATION NOMBER:	A. BUILDING	e	COMPLETED
		HAL018035	B. WING		R
	ROVIDER OR SUPPLIER				06/28/2019
		4245.01	ADDRESS, CITY, S	TATE, ZIP CODE	
PIEDMON	T VILLAGE AT NEWTON	N	APMAN LANE		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From pag	e 14	D 282		
	contamination.				
	_				
	This Rule is not met				
		ns, record review and y failed to assure the kitchen			
		as were clean and free of			
	contamination related	d lo build-up of a black			
		machine, food storage on			
	drv storage room, for	orage room, dirty floor in the od items stored in the dry			
	storage room that wa	is opened but not closed			
	properly, a greasy film	m across the front of the			
		d food service trays with			
	peeling surfaces.				
	The findings are:				
	Review of the local E	nvironmental Health			
	sanitation report date	ed 04/08/19 revealed:			
	-An inspection score	of 95. sued for "Food-Contact			
	Surfaces-Cleanability	" with instructions to replace			
	worn trays.				
	Observation of the kit	tchen and kitchen storage			
	areas on 06/27/19 at	9:58am revealed:			
		o of a black substance on		Dietary Staff immediately clean	ed 6/27/19
	the interior wall of the	a ice machine. Dag of sugar lying on the		. ,	
		the rolling food storage		Dietary Staff immediately	6/27/19
	shelves.			put sugar in a cover container	
		spaghetti, small pieces of			
		vere observed on the floor ge racks in the dry storage		Dietary Staff immediately cleane	ed 6/27/19
	room.				
		a bag of cornmeal and a		Distant Staff immediately	6/27/19
	opened but not dated	muffins that had been		Dietary Staff immediately	0/2//19
1	properly.			put a cover container	

STATE FORM

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If continuation sheet 15 of 23

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[12] M			E SURVEY
		HAL018035	B. WING		R 06/28/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST			012012010
	IT VILLAGE AT NEWTO		APMAN LANE			
	IT VICEAGE AT NEWTO		N, NC 28658			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	-
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETI DATE
D 282	Continued From pag	je 15	D 282			
	-A black and brown of	greasy film covered the front				
	of the oven and a gr	easy film covered the front of		Dietary Staff immediately	cleaned	6/27/1
	the toaster.			1		
		had an exterior coating that	1			
	was peeling off the to	op and sides of the trays.		Dietary Staff immediately	ordered	6/27/1
				New Food Trays		
	Interview with the pa	rt-time cook on 06/28/19 at		New Food Trays		
	9:45am revealed:					
	-Open foods should I	be covered, and she was not				
	aware that the blueb	erry muffins were opened.				
1	-The kitchen area wa	as cleaned and mopped daily				
	out she had never cle	eaned the dry storage room				
	or the ice maker.					
	heavy to lift and pour	ne floor because it was very				
	-They had some new	into the storage container. ver food serving trays but				
	there were still many	of the older serving trays				1
	being used at each n	neal because there were not				
	enough newer food to	rays for all the residents.				
	-The cook only had fr	rom 6:30am to 9:00am to				
	prepare, serve and cl	lean up after breakfast, from				
	10:00am to 1:30pm to	o prepare, serve and				
	clean-up after lunch,	and from 3:30pm to 6:30pm				
	to prepare, serve and	clean-up after dinner.				
	- "I do the best I can y	with the time I have" and that				
	there was no extra tin	ne to do any deep cleaning.				
	Interview with the As	sistant Administrator on				
	06/28/19 at 1:50pm re	evealed:				
1		d not store any food items				1
	on the floor.					
	-She did an inventory	of the dry food storage on				
	06/26/19 and the corr	bread mix and blueberry				
	muffins were not oper	h at that time.	1 1			
	-They had been havin	ig problems with the ice				
	machine and it was go	oing to be serviced.				
		of the serving trays being in				
	poor condition.					
	- They did not have a c	checklist of cleaning items				1
	including the floors, er	quipment and ice machine,	1			1

STATE FORM

MBKO11

6899

If continuation sheet 16 of 23

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1. White General Section 2010 (1999) 1204	CONSTRUCTION	(X3) DATE S COMPL	
		HAL018035	B. WING		1	२ 28/2019
AME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	ATE, ZIP CODE		
EDMON		1245 011	APMAN LANE			
IEDMON	T VILLAGE AT NEWTO		N, NC 28658			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLET DATE
D 282	Continued From pag	le 16	D 282	PLAN OF CORRECTION	ON	7/1/10
	but they needed to c	reate one.		FOR TAG D 282		7/1/1
		sible for assuring the food is		FOR TAG D 282		
	prepared and served	, and the kitchen cleaned		Page 14- Page23		
	afterward in prepara	tion for the next meal.		Immediately Asst Admin wi	11	
				 A second s		
	Telephone interview	with the Administrator on		provide Dietary Staff with a		
	06/28/19 at 3:46pm	revealed: ssistant Administrator for the		cleaning daily schedule		
	daily operations of th			KC15- A4		
		f the concerns identified		Asst Admin will check Kitch	nen	
		nd kitchen storage areas		daily after each meals and at	2	
	observations.					
				the end of the day.		
D 358	10A NCAC 13F .100 Administration		D 358	Asst Admin inservice all Kitchen staff on storage of		
	 (a) An adult care ho preparation and adm prescription and non by staff are in accord (1) orders by a licen which are maintained 	4 Medication Administration me shall assure that the inistration of medications, -prescription, and treatments fance with: sed prescribing practitioner d in the resident's record; and ion and the facility's policies		foods and cleaniness of kitch	ien.	
	records, the facility fa	ns, interviews, and record				

STATE FORM

MBKO11

If continuation sheet 17 of 23

	of Health Service Regu	ulation			FORMAPPRO	DVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL018035	B. WING		R 06/28/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	IATE ZIP CODE		
		1245 CL	APMAN LANE			
PIEDMON	T VILLAGE AT NEWTON		N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIJ DEFICIENCY)		LETE
D 358	Continued From page	e 17	D 358	FOR TAG D 273	8/13	19
	practitioner for 1 of 3	sampled residents		Page 17- Page 22	0,13	
	(Resident #6), related	d to administering insulin		2 2		
	outside of the ordered	d parameters.		MD/NP immediately contacted	a	
	The findings are:			for clarification.		
	Review of Resident #	#6's current FL2 dated		Med Techs immediately inserv	vice by	
	02/13/19 revealed:			Corp RN on contacting MD fo	57 (c)	
		schizoaffective disorder,		FSBS under 60.	•	
	anxiety and diabetes.	-		FSBS under 60.		
	-There was an order for FSBS checks four times				20	
	a day with meals and			AA/RCD will review all FSBS 1	results	
		for Novolog (a fast-acting		daily to ensure proper		
	meals.	s subcutaneous (SQ) before		S/S insulin is given, and Physic	tian	
		to "Hold insulin" for FSBS		was notified of Hi/Low results		
	lower than 80.					
		#6's April 2019 Medication		Corp RN will follow up X3 mo	onthly	
	Administration Recor		1	to review results		
		for FSBS checks three times				
	a day with meals sch and 4:00pm.	eduled at 7:00am, 11:30am,		Corp Admin will follow up X3		
		to administer 32 units of		monthly to review results		
		times daily with meals.		monuny to review results		
	-There was an entry t	to hold Novolog insulin if				
	FSBS was below 80.					
	-The 7:00am FSBS ra					
	-The 11:30am FSBS					
		Dam the FSBS results was here was documentation 32				
	units of Novolog was					
	-The 4:00pm FSBS ra					
	-On 04/02/19 at 4:00					
	documented as 70; N					
	documented as admi					
	-On 04/08/19 at 4:00					
		; Ihere was documentation mergency Medical Services				
	was called.	mergency medical bervices				
vision of He	alth Service Regulation			1		
TATE FORM			6899	MBKO11	If continuation sheet 1	18 of 2:

STATE FORM

MBKO11

If continuation sheet 18 of 23

Division of	of Health Service Regu	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED
						R
		HAL018035	B. WING	······································	06	/28/2019
	ROVIDER OR SUPPLIER	010551		200 0005		
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
PIEDMON	T VILLAGE AT NEWTON		APMAN LANE			
	· · · · · · · · · · · · · · · · · · ·		N, NC 28658			
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	Continued From pag	e 18	D 358			
	-On 04/10/19 at 4:00	om the FSBS was				1
		Novolog 32 units was				
	documented as adm					
	-On 04/17/19 at 4:00					
		Novolog 32 units was				
	documented as adm					
	-On 04/18/19 at 4:00					
		Novolog 32 units was				
	documented as adm					
	-On 04/30/19 at 4:00	pm the FSBS was				
	documented as 77; I	Novolog 32 units was				
	documented as administered.					
	-There was no other documentation Novolog 32					2
	units was held as ordered for FSBS lower than 80					
	on the April 2019 M/	AR.				
	Review of Resident	#6's record revealed a signed				
	physician's order da	ted 05/20/19 stop current				
		tart Novolog 30 units before				
	breakfast and 25 un	its at lunch and supper.				
	Review of Resident revealed:	#6's May 2019 MAR				
		for FSBS checks three times				
		heduled at 7:00am, 11:30am,				
	and 4:00pm.					2
		to administer 32 units of				
		e times daily with meals.				
		to hold Novolog insulin if				
	FSBS was below 80		1 1			
	그는 그 가려지 않고 있다가 가려 잘 내 비가 걸었는 것 같아? 좀 다 앉아 좀 날 것을 날	vritten entry to discontinue				
		der changed" dated 05/15/19				
	on the MAR.					
	그는 방법은 정말이야지 말한 것같은 것이야.	vritten entry dated 05/15/19				
		olog administer 25 units SQ				
	three times daily pri-					
		written entry on 05/21/19 to				
		30 units before breakfast and				
	administer 25 units	before lunch and supper.				
	-The 7:00am FSBS	range was 108-322.				
Division of He	ealth Service Regulation					

STATE FORM

6499

MBKO11

If continuation sheet 19 of 23

Division	of Health Service Reg	ulation			FORM APPROVED
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL018035	B. WING		R 06/28/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E. ZIP CODE	
DIFFUND		1245.01	APMAN LANE		
PIEDMON	IT VILLAGE AT NEWTO	N	N, NC 28658		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION	4 (X5)
TAG		LSC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 358	Continued From pag	je 19	D 358		
	-The 11:30am FSBS	range was 90-380.			
	-The 4:00pm FSBS				
	-On 05/04/19 at 4:00	opm the FSBS was			
	documented as 69: 1	Novolog 32 units was			
	documented as adm				
	-On 05/08/19 at 4:00	om the FSBS was			
		Novolog 32 units was			
	documented as adm		1 1		
	-On 05/15/19 at 4:00	pm the FSBS was			
		Novolog 32 units was	1		
	documented as adm				
	-On 05/22/19 at 4:00pm the FSBS was		1 1		
		Novolog 25 units was			
	documented as adm	inistered.			
	-There was no other	documentation Novolog			
	insulin was held as c	ordered for FSBS lower than			
	80 on the May 2019	MAR.			
	Telephone interview	on 06/28/19 at 11:15 am with			
	Resident #6's prescr revealed:	ibing licensed practitioner			
	-She did not know st	aff had administered insulin			
		perimeters during the months			
	of April and May 201				
		ave known Resident #6 had			
		and 50's so she could had	1		
	adjusted the Novolog				
		ty every other week and			
		MARs for the current month	1 1		
		review the MARs for the			
	previous months.				
		cility staff to follow her order			
		log if Resident #6's FSBS			
	was lower then 80.				
	Interview on 06/28/19	9 at 2:00pm with Resident #6			
	revealed:	••••••••••••••••••••••••••••••••••••••			
	-Staff obtained his FS	SBS four times daily and			
	would tell him his FS				
	-He could tell when h	is FSBS was low because			
	Ith Service Regulation		(
STATE FORM			6459 BAE	BKO11	If continuation sheet, 20 of 23

STATE FORM

MBKO11

If continuation sheet 20 of 23

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R	
		HAL018035	B. WING		06	28/2019
AME OF PR	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	ZIP CODE		
EDMON	T VILLAGE AT NEWTO	N	APMAN LANE			
		NEWTO	N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	ge 20	D 358			
	he would feel 'Lighth	headed "				
		at times and staff would give				
	him orange juice an	이 같은 것 같은				
	-He had a snack eve					
	Interview on 06/28/1	19 at 1:10pm with a				
	Interview on 06/28/19 at 1:10pm with a medication aide (MA) revealed:					
		t #6's had orders to hold				
	Novolog if his FSBS	was less than 80.				
	물건 가장 경제가 가슴을 쉬는 것이 많은 것을 가 없다. 여기 가 가슴으셨다.	w blood sugars at times, but				
	그는 그는 것이 물건에서 한 것 같아. 집에서 집에 가지 않는 것이 없는 것이 많이	with orange juice and a snack the blood sugar				
	easily came up.	-				
	-She could not recall Resident #6 having low					
	blood sugars on her shift.					
	-She was not aware	who reviewed the MARs				
	monthly for missed	medications or incorrect				
	medications admini	stered.				
	Interview on 06/28/	19 at 3:15pm with another MA				
	revealed:					
	-She knew Residen	t #6 had orders to hold				
	Novolog if his FSBS					
		ery hectic around here, "Maybe				
	11 2754 NO 2008	when [Resident#6] blood				
	sugar was low."					
	Interview on 06/28/	19 at 2:15pm with the				
	Assistant Administr					
		staff were administering insulin				
		perimeters, if the FSBS				
	below 80 hold Novo					
		ent system in place for				
	Prove and the second state of the second st	onthly for incorrect doses of				
	medications.					
		or were responsible for				
	communicating with	n the physicians.				
	Telephone interview	w on 06/28/19 3:2 with the				
	Administrator revea	aled:				
	-She was unaware	the MAs were administering				

Division o	f Health Service Regu	lation	-		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL018035	B. WING		R 06/28/2019
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
		1345 CH	APMAN LANE		
PIEDMON	VILLAGE AT NEWTON	NEWTO	N, NC 28658		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	than 80. -She expected the M licensed practitioners if Resident #6's FSB	6 with blood sugars lower A to follow the prescribing s orders, and hold the insulin S was below 80. A to handle all day to day	D 358		
D912	 G.S. 131D-21(2) Declaration of Residents' Rights 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 relevant federal and state laws and rules and regulations. 		D912	PLAN OF CORRECTI FOR TAG D 912 All staff in-service with Corp Admin on Resident Rights	
	reviews, the facility for received care and set appropriate, and in or federal and state law notifying a resident's fingerstick blood sug The findings are: Based on observation reviews, the facility for	ns, interviews and record ailed to assure residents ervices which are adequate, compliance with relevant rs and rules related to not medical provider for low			
Division of He	practitioner in regard (FSBS) below 65. [F	ds to fingerstick blood sugars Refer to Tag 273, 10A NCAC Care Referral and Follow Up			

STATE FORM

MBKO11

6499

If continuation sheet 22 of 23

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE COMP	SURVEY
510410		A. BUILDIN			R	
		HAL018035	B. WING		06	/28/2019
	OVIDER OR SUPPLIER	1345 CI	ADDRESS, CITY, STATE	E, ZIP CODE		
EDMONT	VILLAGE AT NEWTON	N NEWTO	N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D912	Continued From pag	e 22	D912			
	(Type B Violation)].					
						1