STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL004003	B. WING		R 07/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WAI	DESBORO	N HIGH SCHO			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
D 000	Initial Comments		D 000			
	County Department of	sure Section and Anson if Social Services conducted d complaint investigation on				
D 273	10A NCAC 13F .0902	2(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 residents.					
	This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure health care referral and follow up to meet the acute health care needs of 3 of 6 sampled residents (Residents #1, #2, and #3) inlcuding falure to notify Resident #1's primary care provider of high blood presssure readings; Resident #2's provider, who ordered a psychiatric consult, related to the resident's anxiety; and Resident #3's provider, who ordered a valproic acid blood level, and a speech therapy consult to evaluate the resident's swallowing. The findings are:					
	1. Review of Residen 04/11/19 revealed:	t #2's current FL-2 dated				

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

TITLE (X6) DATE

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY. STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MADDEWISE TRRACE OF WADESBORO 124 ANSON HIGH SCHOOL ROAD MADDESBORO, NO. 28170 MAJIO PRETIX SUMMARY STATEMENT OF DEFICIENCIES DID PROVIDERS PLAN OF CORRECTION PRETIX TAG. PREDULATION OR LOS IDENTIFYING INFORMATION) DID PROVIDERS PLAN OF CORRECTION SHOULD BE COMPARED DID PROVIDER SHAN OF COMPARED DID PROVIDER SHAN OF CORRECTION SHOULD BE COMPARED DID PROVIDER SHAN OF COMPARED DID PROV	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
MADOWNIEW TERRACE OF WADESBORD 123 ANSON HIGH SCHOOL ROAD WADESBORD, No. 28170 PREFIX SUMMARY STATEMENT OF DEPICIENCIES Department of Depiciencies Prefix TAG PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CREATING PROVIDER'S PLAN OF CREATIN			HAL004003	B. WING		07	
MADESBORN, No. 28170 SUMMARY STATEMENT OF DEFICIENCIES PRECIX TAG SUMMARY STATEMENT OF DEFICIENCIES PRECIX TAG CARCINIC PRECIDENCY MUST BE PRECEDED BY FULL TAG PRECIX TAG CARCINIC PRECIDENCY MUST BE PRECEDED BY FULL TAG PRECIX TAG CROSS-REFERENCED TO THE APPROPRIATE CAPACITY OF TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CAPACITY OF TAG CROSS-REFERENCED TO T			123 ANS				
D 273 Continued From page 1 -Diagnoses included history of cerebrovascular accident, hypertension, and hyperlipidemiaThe medications listed were lisinopril 5 mg po OD and aspirin 81 mg po ODResident #2 required total care for bathing, feeding and dressing. Review of Resident #2's Licensed Health Professional Support evaluation dated 04/20/19 revealed: -Resident #2 was very agitated at timesResident #2 required monitoring to help prevent falls for her safetyResident #2 required assistance with ambulation using assistive device (wheelchair). Interview with pharmacy representative on 07/25/19 at 9:23 am revealed: -The pharmacy had not received any order for Zoloft for Resident #2 on or about 04/18/19 was for clonazepam 0.4/18/19The only order received for Resident #3 or or about 04/18/19 was for clonazepam 0.4/18/19The only order received for Resident #2 or or about 04/18/19 was for clonazepam 0.4/18/19 and filled on 04/18/19 was for clonazepam 0.4/18/19 and filled on 04/18/19 and filled on 04/18/19This order was received on 04/18/19 and filled on 04/18/19.	WEADOW	VIEW TERRACE OF WA	DESBURU WADESI	BORO, NC 28170			
Diagnoses included history of cerebrovascular accident, hypertension, and hyperlipidemia. -The medications listed were lisinopril 5 mg po QD and aspirin 81 mg po QD. -Resident #2 required total care for bathing, feeding and dressing. Review of Resident #2's medical record revealed a physician order dated 04/18/19 for a referral for psychiatric consult. Review of Resident #2's Licensed Health Professional Support evaluation dated 04/20/19 revealed: -Resident #2 was very agitated at times. -Resident #2 had been ordered a medication to help with anxiety/agitation. -Resident #2 required monitoring to help prevent falls for her safety. -Resident #2 required assistance with ambulation using assistive device (wheelchair). Interview with pharmacy representative on 07/26/19 at 9:23 am revealed: -The pharmacy had not received any order for Zoloft for Resident #2 on or near 04/18/19 when Resident #2's primary care provider had ordered the Zoloft 25 mg by mouth every day on 04/18/19. -The only order received for Resident #2 on or about 04/18/19 was for clonazepam n.5 mg tab (0.25mg) by mouth every day on 04/18/19. -This order was received on 04/18/19 and filled on 04/19/19.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETE
-The order was on a hard prescription pad. Interview with Resident #2's current primary care	D 273	-Diagnoses included accident, hypertensically accident, hypertensically accident, hypertensically a physician order data psychiatric consult. Review of Resident # a physician order data psychiatric consult. Review of Resident # Professional Support revealed: -Resident #2 was verally agitally accident #2 required falls for her safetyResident #2 required falls for her safetyResident #2 required using assistive deviced with a physicial physicial accident #2 required using assistive deviced by the physicial	history of cerebrovascular on, and hyperlipidemia. ed were lisinopril 5 mg po g po QD. d total care for bathing,	D 273			

Division of Health Service Regulation

STATE FORM 9LHR11 If continuation sheet 2 of 96

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL004003	B. WING		R 07/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WAI	DESBORO	N HIGH SCHO			
			ORO, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) COMPLETE DATE
D 273	Continued From page	2	D 273			
D 2/3	-She would expect the physician ordersThe psychiatric evaludiscover the reason Fand the cause to why-Resident #2 receivin could have improved. Interview with the Dire (DRC) on 07/25/19 at 10:45 am revealed: -He had been in the pfirst part of July 2019There was a stack of the filing cabinet that -He was currently wor filedThe DRC and Execut stack of papers to find which had not been filling the physical proving the physical was not there in Aspeak to how part of the clonazepam being. Interview with the Execut the clonazepam being. Interview with the Execut the clonazepam being. Interview with the Execut the part of July 2019The DRC was responders were transcrib orderedHe was not the ED in	e facility to follow up on all pation could have helped Resident #2 was depressed she had declined. If the proof of the mood and behaviors. Bector of Resident Care and and and administered as the position of DRC since the most are started. The proof of the physician's orders were positive dependent was responsible sician orders when they armacy. April 2019 and could not the physician's orders were positive Director (ED) on revealed: ED position since the first papers on the floor beside was here when he started. The physician's orders were positive dent Care was responsible sician orders when they armacy. April 2019 and could not the physician's orders were positive decent the pharmacy. Becutive Director (ED) on revealed: ED position since the first papers and papers are paged and administered as the April 2019 and could not the physician's orders were positive decent (ED) and could not the physician's orders were positive decent (ED) and could not paged and administered as the April 2019 and could not the physician's and paged and administered as the April 2019 and could not the physician's and paged and administered as the April 2019 and could not the physician's and paged and administered as the April 2019 and could not the physician's and paged and administered as the April 2019 and could not the physician's and paged and pa	D 2/3			
	not followed through	the physician's orders was other than the hard copy of g sent to the pharmacy.				

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:			
						R
		HAL004003	B. WING		07	//26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO	ON HIGH SCHOO			
	T	WADESI	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 (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 3	D 273			
	Attempted interview on 07/25/19 at 9:05 am with Resident #2 revealed Resident #2 was only alert to person, not to place or time. Attempted telephone interview with prescribing provider for the psychiatric consult and laboratory tests on 07/25/19 at 9:58 am was unsuccessful.					
		interviews with Resident y and the power of attorney am and 9:16 am were				
	 2. Review of Resident #3's current FL-2 dated 05/29/19 revealed: -Diagnoses included type II diabetes mellitus, autistic disorder, dysphagia and schizo-affective disorder. -There was an order for speech therapy. 					
	FI-2 dated 05/06/19 from Pi-2 dated 05/06/19 from Pi-2 dated 05/01/19 with a diagonal process of the second process of the process of the second process o	ntation Resident #3 had an ophagus which showed and nectar thick liquids. for a speech therapy nent. htation Resident #3 needed				
	referral in May 2019 v -Speech therapy to so treatment at next visit	t #3 revealed: lered a speech therapy which had not been done. tart for evaluation and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			A. BUILDING.			R
		HAL004003	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MEADOW		DESPORO 123 ANS	SON HIGH SCHOOL	. ROAD		
MEADOW	VIEW TERRACE OF WA	WADES	BORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY 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	(X5) COMPLETE DATE
D 273	on 07/24/19 at 10:47am revealed: -She did not know anything about a speech therapy referral for Resident #3 from 05/29/19Normally whenever Resident #3 need therapy, the therapist would contact her, but she had not been contacted. Interview with a medication aide (MA) on 07/25/19 at 3:27pm revealed: -She had not returned to work until the end of June 2019, so she did not know what happened with the referral for speech therapy for Resident #3Normally MAs talked to the in-house therapists for all speech therapy referrals and gave them a copy of the referral orderThere was a folder at the front desk for speech therapy referrals that came in after hours; the therapists checked the folder every morningThe former Resident Care Coordinator (RCC) would have been responsible for re-admission orders dated 05/06/19 for Resident #3The former RCC left in early July 2019, then the Director of Resident Care (DRC) took over the		D 273			
	care provider (PCP) revealed: -She was not able to Resident #3's re-adm hospital dated 05/06/-Re-admission order: when the resident ha PCP after returning frostaff had told her on an order dated 05/06	s were normally reviewed d the follow up visit with the rom the hospital. 107/24/19 Resident #3 had 1/19 for a speech referral. 1 ered because there was 1 on was the cause of				

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STATE FORM 9LHR11 If continuation sheet 5 of 96

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL004003	B. WING		1	6/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WAI	DESBORO	N HIGH SCHOORO, NC 28170			
(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	(X5) COMPLETE DATE
D 273	Continued From page	÷ 5	D 273			
D 213	-Resident #3 was see facility on 07/24/19 ar orderedResident #3 would be when the therapist was Interview with the DR revealed: -He started on 07/08/-He did not know what to 07/08/19 for medical-Referral orders for specific forwarded to the in he the front deskHe contacted the liais via phone or text to lear referralHe followed up with the did not hear anything of the former Resident would have been respected.	en by her colleague at the and a mobile chest x-ray was be seen by speech therapy as next at the facility. C on 07/26/19 at 10:45am 19 at the facility as the DRC. It system was in place prior action orders and referrals. Deech therapy were buse therapists via a box at son for the speech therapist at them know about the che liaison in a few days if he back about the referral. Care Coordinator (RCC) consible for making the erapy for Resident #3.	D 273			
	liaison on 07/26/19 at -She had not received for Resident #3 in Ma -When orders for a sp into the facility, the or -She screened for nea	d a speech therapy referral y 2019. peech therapy referral came ders were given to her.				
	9:34am revealed: -Resident #3's PCP d 05/29/19 for the spee 07/24/19.	iscontinued the order dated ch therapy evaluation on w order dated 07/24/19 for a ation with the speech				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL004003	B. WING		07	R 7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO	ON HIGH SCHOOL BORO, NC 28170	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 273	any "adverse events on 07/24/19. Attempted telephone Resident Care Coord 11:37am was unsuch b. Review of a mentanote dated 03/22/19 work including a valp Review of a MHP vis revealed there was a work including valprothe previous visit on Review of a MHP vis revealed there was a awaiting laboratory of Review of a MHP vis revealed there was a awaiting laboratory of Telephone interview provider (MHP) on 000. There was no valprodraw initially ordered sure the level was not linterview with the Direction of the provider of the sure the level was not linterview with the Direction of the provider of the sure the level was not linterview with the Direction of the provider of the sure the level was not linterview with the Direction of the provider of the sure the level was not linterview with the Direction of the provider of th	the facility. mobile chest x-ray to rule out and would see Resident #3 e interview with the former dinator (RCC) on 07/25/19 at cessful. al health provider (MHP) visit revealed fasting laboratory proic acid level was ordered. bit note dated 04/19/19 documentation the laboratory pic acid level was ordered on 03/22/19. bit note dated 05/10/19 documentation the MHP was esults including valproic acid. bit note dated 06/21/19 documentation the MHP was esults including valproic acid. with the mental health 7/26/19 at 5:00pm revealed: bic acid level result for the lab	D 273			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL004003	B. WING		07	R 7/ 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	•	
MEADOW		123 AN	ISON HIGH SCHOO	L ROAD		
MEADOW	VIEW TERRACE OF WA	DESBORO WADE:	SBORO, 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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	-Staff were expected orders using the buck were placed in a serithe order manageme -The bucket system results follow up; he was not Administrator were used and observation reviews, it was determined to the company of	to follow through on referral ket system where orders es of folders for each step in int process. makes it so there was always a sure if the former RCC and tillizing the bucket system. Ins., interviews and record mined Resident #3 was not int #1's current FL-2 dated hypertension, atrial hellitus type II, chronic pain disease, osteopenia, and intertrochanteric ders to receive at least 2 lower blood pressure fartan). It o check the resident's blood in the evening.	D 273			
	pressure (SBP) less (>) 200.	notified for systolic blood than (<) 80 or greater than notified for diastolic blood				
	electronic medication (e-MARs) revealed:	t1's May 2019 - July 2019 administration records pressure was scheduled to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.2.1.2.1.1	5. GGT. 1.20 T. GT.		A. BUILDING: _		35 22.25
		HAL004003	B. WING		R 07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESPORO 123 ANSC	N HIGH SCHO	OL ROAD	
WEADOW	VIEW TERRACE OF WAI	WADESB(ORO, 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 273	Continued From page	e 8	D 273		
	be checked every every 7:00pm. -The resident's DBP with that would have required. -The resident's blood 05/20/19. -The resident's blood 05/21/19. -There was no document the PCP was notified. -The resident's blood 100/66 - 191/119 from. -The resident's blood 129/75 - 189/82 from. -The resident's blood 133/72 - 180/81 from. -There was no document was no document.	was >110 on 2 occasions ired notification of the PCP. pressure was 191/119 on pressure was 179/114 on nentation on the e-MAR that of the two DBPs > 110. pressure ranged from n 05/01/19 - 05/31/19. pressure ranged from 06/01/19 - 06/30/19. pressure ranged from			
	no documentation the of the resident's blood of the parameters as Interview with Reside revealed: -The facility staff checevery day. -She had problems when had a "little bit of little bit of little with a medicular and the company of the was not aware of for blood pressure pare of liftle a resident's SBP with a standard st	cht #1 on 07/26/19 at 5:30pm cked her blood pressure with high blood pressure, and dizziness once in a while". cation aide (MA) on evealed: of a policy or standing order			
		ecking Resident #1's blood 9 when it was 191/119 and			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL004003	B. WING		07	R 7/ 26/2019	
NAME OF PROVIDED OR CURRULER		DDECC CITY CTAI	TE 710 CODE	1 01	720/2013	
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, STAT ON HIGH SCHOO	,			
MEADOWVIEW TERRACE OF WAD	ESBORO	ORO, NC 28170				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
when it was high, but is the blood pressure ware she did not recall notion of the blood pressure ware of the standing orders for blood distress. She would notify the Interview with a third Interview with the DRO she was between 180 - 19. She did not recall if Interview with the DRO revealed: He just started working the was not aware Resorders for blood pressure princluded on the e-MAR access to the order. He expected the MAS of any high or low blood in the second with the process.	ecked the blood pressure she could not recall what is when rechecked. Ifying the PCP. If MA on 07/25/19 at a standard pressure parameters. It is blood pressure and it is lid check for signs of any facility policy or esident #1's blood pressure he checked it. If any facility policy or esident Care resident #1's blood pressure he checked it. If any facility policy or esident #1's blood pressure he checked it. If any facility policy or esident #1's SBP or or the DBP was > 100. Resident #1 had any high If any facility policy or esident #1 had any high If any facility policy or esident #1 had any high If any facility policy or esident #1 had any high If any facility policy or esident #1 had any high If any facility policy or esident #1 had any high If any facility policy or esident #1 had any high If any facility policy or esident #1 had any high If any facility policy or esident #1 had any high If any facility policy or esident #1 had standing ure parameters. If any facility is any facility is any facility is any facility in the pressure of the	D 273				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED		
			7.1. 20.23.1.10.		R	
		HAL004003	B. WING		1	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO	ON HIGH SCHOO 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 273	blood pressure reading a lift the facility staff has a lift the facility staff has a lift the facility staff has an order for them to compressure more frequestation. Then she would have	not notified her of any high ngs for Resident #1. d notified her of Resident cures, she would have given check the resident's blood ently for a few days.	D 273			
	The facility failed to follow up with Resident #2's provider, who ordered a psychiatric consult, related to the resident's anxiety, which resulted in the resident continuing to suffer from depression and anxiety. Resident #1, who had diagnoses of hypertension and atrial fibrillation, had two consecutive high blood pressure readings of 191/119 and 179/114 that staff failed to notify the PCP. The facility failed to schedule a referral for speech therapy for Resident #3, who had a history of dysphagia and a recent hospitalization for pneumonia, and failed to assure a valporic acid level ordered on 03/22/19 was done for Resident #3. The facility's failure to meet routine health care needs was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.					
	accordance with G.S this violation. CORRECTION DATE	a plan of protection in . 131D-34 on 07/26/19 for E FOR THE TYPE B NOT EXCEED SEPTEMBER				
D 282		4(a)(1) Nutrition and Food	D 282			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			B. WING		R	
		HAL004003	B. WING		07/26	5/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
		123 ANS	ON HIGH SCHOO	L ROAD		
MEADOW	VIEW TERRACE OF WAI	DESBORO WADESE	BORO, NC 28170			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE
D 282	Continued From page	: 11	D 282			
	(a) Food Procuremen Homes:	Nutrition and Food Service t and Safety in Adult Care g and food storage areas and protected from				
	This Rule is not met a Noncompliance continuous					
	Based on observations, interviews and record reviews, the facility failed to assure the kitchen and food storage areas were kept clean and free of contamination.					
	The findings are:					
	11:15am until 11:25ar -There was a thick ac brown grease and for the burner knobs of tr -There was a thick ac dark brown grease bu ends of the oven hand of the oven doorsThere was an accum substance on the ove and the bottom of the -There was a black so along the edge of the the sink and counter so drainsThere was a thick ac	cumulation of yellow and od spillage build up around the stove. cumulation of brown and wild up on and around the des and around the edges around the walls ovens. Lubstance on the kitchen floor stove, around the floor				
	-There was a thick ac substance and food d	cumulation of a brown ebris on along the edges the kitchen floor under the				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL004003	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WA	123 ANSC	N HIGH SCHO	OL ROAD	
MEADOW	VIEW TERRACE OF WAI	DESBORO WADESB	ORO, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 282	Continued From page	e 12	D 282		
D 282	sinks and work tables pantry floor along the shelves. -There was a black sithe base of the pantryThere was food debricooler shelvesThere was a thick broalong the edges in the the tableThere were dark broad stuck to the stain on the tableThere were pieces of an ice cream cup on the tableAll kitchen staff were kitchen each dayShe referred all furth Manager (DM)Interview with the DN revealed: -There was a daily classiff was assigned and the edges of floor shelves to remove buton the facility was in the change over the last the tableMany of the kitchen is process of change for all kitchen staff were call kitchen staff were ca	s in the kitchen and on the edges and under the ubstance on the floor around y shelf. This on the floor under the own substance on the floor e cooler. What stains with food debrist the freezer floor. If cardboard, frozen food and the freezer floor. The condition of cardboard the freezer floor of cardboard the freezer floor. The condition of cardboard the freezer floor of cardboard the freezer floor. The condition of cardboard the freezer floor of cardboard the freezer floor of cardboard the freezer floor. The cardboard the floor of cardboard the	D 282		
	dated 06/27/19 through	eaning Charts for the kitchen gh 07/22/19 revealed: ted under daily after each pors; there was			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170 CAN D SUMMARY STATEMENT OF DEFICIENCIES		FOF DEFICIENCIES OF CORRECTION	COMPLETED COMPLETED				
NAME OF PROVIDER OR SUPPLIER STREETADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD WADDRESSORO, NO 28170 WADDRESSORO, NO 28170 D 280 SUMMARY STATEMENT OF DEPICIENCIES RECENT REGULATORY OR LSC DENTIFYING INFORMATION) D 282 Continued From page 13 documentation the floors were cleaned 22 of 26 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the refrigerator was cleaned 4 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the freezer was documentation the freezer was cleaned 3 of 4 opportunities. -There were areas sisted under weekly cleaning which included cleaning and organizing the pantry; there was documentation the pantry was cleaned 3 of 4 opportunities. -There were areas sisted under weekly cleaning which included cleaning and organizing the pantry; there was documentation the pentry was cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the refrigerator and freezer were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning shelves; there was documentation shelves were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included floors and grouting; there was no documentation shelves were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included floors and grouting; there was no documentation the floor and grouting; th				A. BUILDING:			
MEADOW/EW TERRACE OF WADESBORO (A) ID (A) ID (B) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL (REGULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 13 documentation the floors were cleaned 22 of 26 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the refrigerator was cleaned 4 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the freezer; there was documentation the freezer was cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the pantry was cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the prince was cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning shelves; there was documentation shelves were cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the refrigerator and freezer were cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included floors and grouting: there was no documentation shelves were cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included floors and grouting: there was no documentation the floor and grouting: there was no documentation the floor and grouting were cleaned 4 of 4 opportunities. - Second interview with the DM on 07/24/19 at 10.15am revealed: - Kitchen staff swept and mopped the floors in the kitchen twice each day, morning and evening.			HAL004003	B. WING		07	
(XA) ID SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 13 documentation the floors were cleaned 22 of 26 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the refrigerator was cleaned 4 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the freezer; there was documentation the freezer was cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the freezer was cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the pantry was cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the refrigerator and freezer were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning shelves; there was documentation the refrigerator and freezer were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included floors and grouting; there was documentation the floor and grouting were cleaned 4 of 4 opportunities. -There were areas listed under weekly cleaning which included floors and grouting were cleaned 4 of 4 opportunities. -There were areas listed under weekly cleaning which included floors and grouting were cleaned 4 of 4 opportunities. -There were areas listed under weekly cleaning which included floors and grouting were cleaned 4 of 4 opportunities.	NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 13 documentation the floors were cleaned 22 of 26 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the refrigerator; there was documentation the freezer was cleaned 4 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the freezer, there was documentation the freezer was cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the pantry was cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the pantry was cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included cleaning shelves; there was documentation the refrigerator and freezer were cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included floors and grouting: there was documentation shelves were cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included floors and grouting: there was documentation shelves were cleaned 3 of 4 opportunities. - There were areas listed under weekly cleaning which included floors and grouting: there was no documentation the floor and grouting: there was no documentation the floor and grouting were cleaned 4 of 4 opportunities. - Second interview with the DM on 07/24/19 at 10:15am revealed: - Kitchen staff swept and mopped the floors in the kitchen twice each day, morning and evening.			123 ANS	ON HIGH SCHOOL	ROAD		
PREFIX TAG EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CROSS-REFERENCES TO THE APPROPRIATE DATE	MEADOW	VIEW TERRACE OF WA	DESBORO WADES	BORO, NC 28170			
documentation the floors were cleaned 22 of 26 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the refrigerator; there was documentation the refrigerator was cleaned 4 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the freezer; there was documentation the freezer was cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the pantry was cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the refrigerator and freezer were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning shelves; there was documentation shelves were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning shelves; there was documentation shelves were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included floors and grouting; there was no documentation the floor and grouting were cleaned 4 of 4 opportunities. Second interview with the DM on 07/24/19 at 10:15am revealed: -Kitchen staff swept and mopped the floors in the kitchen twice each day, morning and evening.	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE
opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the refrigerator; there was documentation the refrigerator was cleaned 4 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the freezer; there was documentation the freezer was cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the pantry was cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning and organizing the pantry; there was documentation the refrigerator and freezer were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included cleaning shelves; there was documentation shelves were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included floors and grouting; there was documentation shelves were cleaned 3 of 4 opportunities. -There were areas listed under weekly cleaning which included floors and grouting; there was no documentation the floor and grouting were cleaned 4 of 4 opportunities. Second interview with the DM on 07/24/19 at 10:15am revealed: -Kitchen staff swept and mopped the floors in the kitchen twice each day, morning and evening.	D 282	Continued From page	e 13	D 282			
the cooler and pantry floors each week. -There were no initials documented next to the floor and grouting on the cleaning chart because it was not being done. -Both the cook and the dietary aide shared the responsibility of cleaning the kitchen.	D 282	documentation the floopportunities. -There were areas list which included clean refrigerator; there was refrigerator was clear. -There were areas list which included clean freezer; there was docleaned 3 of 4 opport. -There were areas list which included clean pantry; there was docleaned 3 of 4 opport. -There were areas list which included clean pantry; there was docand freezer were cleated. -There were areas list which included clean pantry; there was docand freezer were cleated. -There were areas list which included clean documentation shelv opportunities. -There were areas list which included floors documentation the flocities. -There were areas list which included floors documentation the flocities with the cooler and pantry. -There were no initial floor and grouting on it was not being dones. -Both the cook and the support of the cooler and grouting on it was not being dones.	sted under weekly cleaning ing and organizing the sed under weekly cleaning ing and organizing the sed under weekly cleaning ing and organizing the cumentation the freezer was tunities. In the DM on 07/24/19 at the DM on 07/24/19 at the cleaning and evening. In the DM on 07/24/19 at the cumentation the floors in the pay, morning and evening. In the cleaning chart because the dietary aide shared the cleaning chart because the cleaning chart because the cleaning chart because the cleaning chart because the dietary aide shared the cleaning chart because the dietary aide shared the cleaning chart because the dietary aide shared the cleaning chart because the cle	D 282			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL004003	B. WING		R 07/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAL	DESBORO	ON HIGH SCHO		
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 282	Continued From page	e 14	D 282		
	tasks.				
	(DRC) on 07/26/19 at -There were no individe each kitchen staff was day. -There was a cook an	ector of Resident Care 9:51am revealed: dual assignments for what is responsible to clean each and a dietary aide and they were supposed to do each			
	11:25am revealed: -The county environm been completed on 07 received a score of 99 -He conducted randor cleanliness of the kitc -The floors under kitcl	m inspections of the			
D 307	Service 10A NCAC 13F .0904 (e) Therapeutic Diets (1) All therapeutic die liquids shall be in writ physician. Where app order shall be specific consistency, such as diets, low sodium diet unless there are writte definition of any thera facility's therapeutic m registered dietitian.	for calorie controlled ADA is or thickened liquids, en orders which include the peutic diet identified in the nenu approved by a	D 307		
	This Rule is not met	as evidenced by:			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL004003	B. WING		07	R 7/ 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	·	
			ISON HIGH SCHOOL	. ROAD		
MEADOW	VIEW TERRACE OF W	ADESBORO WADES	SBORO, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 307	Continued From pag	ge 15	D 307			
	Noncompliance con	tinues.				
	reviews, the facility t					
	The findings are:					
	05/29/19 revealed: -Diagnoses included autistic disorder, dys disorderThere was an order Review of hospital of dated 05/06/19 for F-Resident #1 was ac 05/01/19 with a diagram at the company of this es penetration of thin	#3's current FL-2 dated If type II diabetes mellitus, sphagia and schizo-affective or for thickened liquids. It is charge summary and FI-2 Resident #3 revealed: I dmitted to the hospital on phosis of pneumonia. Intation Resident #3 had an ophagus which showed and nectar thick liquids. In for a speech therapy				
	evaluation and treat	ment. ntation Resident #3 needed				
	Resident #3 reveale -There was an order					
	revealed: -Resident #3 was or	der Report dated 07/23/19 dered a mechanical soft diet. mentation of consistency of #3.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL004003	B. WING		R 07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		123 ANSO	ON HIGH SCHOO	OL ROAD	
MEADOW	VIEW TERRACE OF WA	DESBORO WADESB	ORO, 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE
D 307	Continued From page	e 16	D 307		
	posted in the kitchen	d therapeutic diet order list revealed Resident #3 was diet with nectar thickened			
	referral in May 2019 v -Speech therapy to si treatment at next visit	t #3 revealed: lered a speech therapy which had not been done. tart for evaluation and t to the facility. rently receiving nectar thick oney thick liquids.			
	07/24/19 from 8:14an -Resident #3 was sea 8:14am and had a pe half full of a nectar th beverageAt 8:30am, Resident milk for his cereal and -Resident #3 finished more than 90% of the	the breakfast meal on nuntil 9:00am revealed: ated in the dining room at present reusable drink bottle ick orange colored #3 was given nectar thick do nectar thickened coffee. his breakfast meal, drinking a nectar thickened orange id coffee without incident at			
	at 10:47am revealed: -Resident #3 had bee liquids for a couple of -Resident #3 had trouwould not go down th to coughResident #3 had pnemonths ago and the could have been cause.	en on nectar thickened			

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STATE FORM 9LHR11 If continuation sheet 17 of 96

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL004003	B. WING		07	R 7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO	SON HIGH SCHOOL	ROAD		
MEADOW	TENTAL OF THE	WADES	SBORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 307	Continued From pag	e 17 ids (more than six months	D 307			
	ago), but he refused taste.	because he did not like the				
	liquids (more than six					
		Resident #3's pneumonia in caused by aspirating on food				
	-Usually when Resid	ent #3 had pneumonia, ause because when the				
	resident "got someth cough it up, it turned	ing down there and did not into pneumonia."				
		with Resident #3's primary on 07/26/19 at 9:42am				
	the hospital (05/01/1	n when Resident #3 was in 9 -05/06/19) that the resident ick liquids instead of nectar				
		that Resident #3 may have hick liquid and may have sistency.				
	-The Director of Resi working hard to fix th	dent Care (DRC) was ings at the facility.				
	9:34am revealed:	ministrator on 07/24/19 at ry care provider (PCP)				
	discontinued the order on 07/24/19.	er for honey thickened liquids				
	nectar thickened liqu -The PCP ordered a	ids. mobile chest x-ray to rule out				
	any "adverse events" on 07/24/19.	and would see Resident #3				
		interview with the former dinator (RCC) on 07/25/19 at dessful.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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
		HAL004003	B. WING		07/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESBORO	N HIGH SCHOO RO, NC 28170		
(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 APPROPR DEFICIENCY)	BE COMPLETE
D 307	Continued From page	: 18	D 307		
		ns, interviews and record nined Resident #3 was not			
D 358	10A NCAC 13F .1004 Administration	e(a) Medication	D 358		
	(a) An adult care hon 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			
	This Rule is not met a FOLLOW-UP TO TYPE	PE B VIOLATION.			
		esidents place at substantial ous physical harm, abuse,			
	THIS IS A TYPE A2 V	IOLATION			
	Based on observation reviews, the facility fa	ns, interviews, and record iled to administer			

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STATE FORM 6899 If continuation sheet 19 of 96 9LHR11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		HAL004003	B. WING		R 07/26/2019	9
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WAI	DESPORO 123 ANSO	N HIGH SCHO	OL ROAD		
WEADOW	VIEW TERRACE OF WAI	WADESBO	ORO, NC 28170)		
(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 COM	(5) PLETE ATE
D 358	the facility's policies for #8) observed during the including errors with including incl	ed and in accordance with or 3 of 6 residents (#6, #7, he medication passes nsulins (#8), an oral in (#6), and a lubricant eye if 6 residents sampled (#1, review including errors with pressure medication (#1), ty and depression (#2); and rrors including medications high blood pressure, and in #3. For rate was 11% as a servation of 4 errors out of 34 the 7:00am - 9:00am and the edication passes on the transition of the edication passes on the servation of the edication passes on th	D 358			
	medication administrative revealed:					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		HAL004003	B. WING		07	R 7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	: ZIP CODE		
NAME OF T	NOVIDEN ON OUT FEET		ON HIGH SCHOOL			
MEADOW	VIEW TERRACE OF WA	DESBORO	BORO, NC 28170	ROAD		
(V4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 20	D 358			
	-There as an entry fo 18 units at bedtime wadministration time of the 20 administration times of 5:00pm. -The resident's blood from 07/01/19 - 07/24 Observation of the 12 07/24/19 revealed: -The medication aide FlexTouch insulin per and asked Resident: Business Office Manadminister the reside -The MA did not take had the computer with business office. -The resident's blood -The MA pressed the the insulin pen twice -The MA did not prime 2-unit air shot. -The MA did not check the insulin pen two administered it to the MA prior to adminentation care -The MA left the business to the medication care -The MA then pulled the computer screen. -There was an entry Novolog Flexpen 6 units 12:00pm.	or Levemir FlexTouch, inject with a scheduled f 8:30pm. for Novolog Flexpen, inject 6 efore meals with scheduled of 7:00am, 12:00pm, and 1 sugar ranged from 86 - 398 4/19. 2:00pm medication pass on e (MA) pulled a Levemir in from the medication cart #8 to follow her to the ager's office so she could ent's insulin. The medication cart, which the e-MAR, with her to the element of before dialing the dose. Evemir insulin pen to 6 units of the resident at 11:14am. The the insulin pen with a leak the insulin label or the enistering the insulin. The ness office and walked back to the Resident #8's e-MAR on				
	the resident.	on the e-MAR computer				
	screen for Levemir in					

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
	HAL004003	B. WING		R 07/26/2019
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MEADOWVIEW TERRACE OF WA	DESBORO	ON HIGH SCHOO ORO, NC 28170		
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
that 6 units of Novolce administered. Interviews with the Mand 11:55am revealershe had picked up the administered Leveming resident. She should have added to Resident #8 insteaded. She should have readed to the e-MAR. She did not recall has about the use of insufficient push button on the dose but she did noted. She did noted what a 2-unit air shot. She would contact Forovider (PCP) about what actions needed. Interview with the Marevealed: She had contacted for insuling error. She received a verbound resident's blood sugared Novolog lunchtime down its of Leveming at the later of the received insuling noted the received insuling no	o document on the e-MAR og insulin had been A on 07/24/19 at 11:15am od: he wrong insulin pen and r instead of Novolog to the ministered 6 units of Novolog of of Levemir. ad the label and compared it aving any specific training lin pens except a former of told her to "double pump" he pen prior to dialing the know why. The was supposed to perform the lesident #8's primary care to the insulin error to find out	D 358	DEFICIENCY)	

Division of Health Service Regulation

STATE FORM 9LHR11 If continuation sheet 22 of 96

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED		
			A. BOILDING.			Б
		HAL004003	B. WING		07	R 7/ 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
		123 ANS	ON HIGH SCHOO	DL ROAD		
MEADOW	VIEW TERRACE OF WA	DESBORO WADESE	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 COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 22	D 358			
D 358	Interview with the Adri 12:15pm revealed: -The MAs had been to and medication labels administering medicationThe MA had contact the insulin errorThey would recheck 1:30pm and they would recheck 1:30pm and they would revealed the resident rechecked and it was interview with the Direct (DRC) on 07/24/19 at 1-The MAs had been to and medication labels medicationsThe MAs should perform dialing the scheduled pensResident #8's PCP trinsulin errorHe planned to have a insulin administration. Telephone interview wor/25/19 at 9:42am re-The facility notified the with Resident #8's insulin administration. Resident #8 was a "I she was concerned the wrong insulin couly hyperglycemia or hyperg	rained to read the e-MARs and compare them prior to tions. ed Resident #8's PCP about the resident's blood sugar at ald monitor the resident. 8's blood sugar report 's blood sugar was 218 at 1:40pm on 07/24/19. ector of Resident Care 1:46pm revealed: rained to read the e-MARs prior to administering form a 2-unit air shot prior to dose when using insulin and been notified of the all of the MAs retrained on on 07/25/19. with Resident #8's PCP on evealed: er of the medication error sulin on 07/24/19. porderline brittle diabetic". that the resident receiving	D 358			
	getting her Novolog in rapid-acting and coul- when not administere	d lead to hyperglycemia				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURY A. BUILDING:			
				, <u>_</u>			R
		HAL004003		B. WING		07	7/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
MEADOW	MIEW TERRACE OF WA	DESPODO	123 ANSON	HIGH SCHOO	OL ROAD		
WEADOW	VIEW TERRACE OF WA	DESBURU	WADESBO	RO, NC 28170)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	e 23		D 358			
	10/30/18 revealed: -Diagnoses included deficit, atheroscleroti weaknessThere was an order tablet daily. (Fluconstreat infections.) Review of Resident amedication administrevealed: -There was an entry tablet once a dayFluconazole was so 9:00am. Observation of the mo7/24/19 revealed: -The medication aide administered 7 oral materials. The MA did not preper fluconazole to the result of the morning medications scheduled for 7:00ar and morning the administrement of the morning medications scheduled for 7:00ar and morning medications scheduled for 7:00ar and morning the administrement of the morning medications scheduled for 7:00ar and morning medications scheduled for 7:00ar and morning the administrement of the morning medications scheduled for 7:00ar and morning medications scheduled for 7:0	pare or administer esident. A on 07/24/19 at 1:29pm ered all of Resident #6's together, including those, 8:00am, and 9:00am. the entry for Fluconazole MAR screen when he was ered button. er the Fluconazole after AR screen but he could not be part of the screen but he could not be part of t	n scle 1 ed to 1 on at on #6 at				
		ninistered the Fluconazo	le.				
	Observation of Resid	dent #6's medication on					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		HAL004003	B. WING		R 07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESBORO 123 ANSO	N HIGH SCHO	OL ROAD	
WILADOW	MEADOWVIEW TERRACE OF WADESBORO WADE			0	
(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 SHOULING CROSS-REFERENCED TO THE APPROFE DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 24	D 358		
	07/24/19 revealed the Fluconazole 200mg to remaining that were of Interview with the Dire (DRC) on 07/24/19 at -The MAs had been to and administer the metal administer the metal to Resident #6 that memorning medication processing -He would notify Resident	ere was one bubble card of ablets with 15 of 30 tablets dispensed on 06/24/19. ector of Resident Care 1:46pm revealed: rained to read the e-MARs edications as ordered. buld have been administered forning (07/24/19) during the bass. dent #6's primary care			
	provider (PCP) of the medication error with Fluconazole. Telephone interview with Resident #6's PCP on 07/25/19 at 9:42am revealed: -The facility notified her of the medication error with Resident #1's Fluconazole on 07/24/19She could not recall why Resident #1 was taking FluconazoleIt could have been for a rash or it could have been for a urinary tract infectionShe was not concerned about the resident missing one dose of the medicationShe expected the resident's medications to be administered as ordered. Interview with Resident #6 on 07/25/19 at 4:27pm revealed the resident did not know if he took Fluconazole or if he had missed any doses. c. Review of Resident #7's current FL-2 dated 07/03/19 revealed: -Diagnoses included type 2 diabetes, hypertension, major depressive disorder, muscle				
	malnutrition, and anxi -There was an order f drop in both eyes 3 til	for Refresh Liquigel 1%, 1			

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	MEADOWVIEW TERRACE OF WADESBORO 123 ANSO		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		HAL004003	B. WING		07	R 7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	. ZIP CODE	•	
		123 ANS	SON HIGH SCHOOL	,		
MEADOW	VIEW TERRACE OF WA	DESBORO WADES	BORO, NC 28170			
PREFIX	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				(X5) COMPLETE DATE	
D 358	D 358 Continued From page 25		D 358			
	Liquigel is a lubricant eyes.)	t eye drop for dry, irritated				
	medication administr revealed: -There was an entry instill 1 drop in both 6-Refresh Liquigel wa administration at 8:00 Observation of the m 07/24/19 revealed: -There was an over-t Tears 0.5% with Reson itThere was a handw 07/12/19 written belocation aide Tears 0.5%, 1 drop in 8:34am. (Refresh Tewith 0.5% of the activ Liquigel contains 1% is twice as potent as -The resident was ac instead of Refresh Li	s scheduled for Dam, 2:00pm, and 8:00pm. dorning medication pass on the-counter bottle of Refresh ident #7's name hand written written opened date of the two the resident's name. a (MA) administered Refresh in each eye to Resident #7 at ears is a lubricant eye drop we ingredient. Refresh of the active ingredient so it Refresh Tears.) Iministered Refresh Tears				
	brought the eye drop -She had not noticed not match the Refres	ident's family member had is to the facility. I the Refresh Tears 0.5% did ish Liquigel 1% on the e-MAR. ecked the label with the				
	(DRC) on 07/24/19 a -If a family brought m	rector of Resident Care t 1:46pm revealed: nedications to the facility for a ould compare what the				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL004003	B. WING		07	R //26/2019
	PROVIDER OR SUPPLIER	DESBORO 123 ANS	DDRESS, CITY, STATE ON HIGH SCHOOL BORO, NC 28170	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	family brought with the MAR to make sure The MAs had been to medication labels with administering medication labels with administering medication labels with administering medication and they should stop and they should stop and they should notify the provider (PCP) about Telephone interview of 07/25/19 at 9:42am in The facility notified high with Resident #7's eyeshe was not concern receiving the wrong since it was a lubrication of the with the sident with a lubrication deficition of the with the sident with the wrong since it was a lubricated with the wrong sinc	ne physician's order and the it matched. trained to compare the h the e-MARs when ations and if it did not match get clarification. sident #7 had the wrong eye resident's primary care the error. with Resident #7's PCP on evealed: ner of the medication error are drops on 07/24/19. ned about the resident estrength of Refresh Tears not eye drop for dry eyes. at #6's current FL-2 dated agnoses included cognitive it, atherosclerotic heart weakness. ar printed note in Resident the resident was admitted on 06/24/19. #6's physician's order dated ere was an order to check heals and at bedtime. #6's physician's order dated ere was an order for ct 7 units at lunch and I sugar less than 90 or if	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A PUBLICATION				
,		.52.11.10/11/01/11/01/02	A. BUILDING:	UILDING:			
		HAL004003	B. WING	<u>.</u>	07	R 7/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E. ZIP CODE	•		
MEADOW	VIEW TERRACE OF WA	DESBORO	SON HIGH SCHOOL ROAD BORO, NC 28170				
0/10/15	STIMMADA ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	E CORRECTION	0/5)	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	D 358 Continued From page 27		D 358				
	04/25/10 revealed the	ere was an order to hold					
	insulin if blood sugar						
	Review of Resident #	#6's July 2019 electronic					
	medication administr	-					
	revealed:	,					
	-There was an entry	to check blood sugar before					
	meals and at bedtime with scheduled times of 6:30am, 11:30am, 5:30pm, and 9:00pm. -The resident's blood sugar ranged from 152 - 326 from 07/01/19 - 07/24/19 with 69 refusals documented. -There was an entry for Humalog 7 units with						
		er, hold for blood sugar less					
	than 140 or if residen						
	_	luled to be administered at instead of with lunch and					
	supper.						
	_	nented as administered 5					
		ead of at lunch as ordered.					
	_	nented as refused on 19					
	days at 7:00am from						
	_	nented as administered 3 ead of at supper as ordered.					
	-	nented as refused on 20					
	days at 7:00pm from						
	Interviews with a med	dication aide (MA) on					
		and 10:30am revealed:					
		hat the instructions for					
	_	AR were to administer at					
		t the times scheduled were					
	7:00am and 7:00pm.	erved at 12:00pm and					
		the times scheduled on the					
	e-MAR did not match						
		ed the Humalog insulin					
		edication pass because that					
		d on the screen of the					
	e-MAR to be adminis						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL004003	B. WING		07	R 7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	-	
			ON HIGH SCHOOL			
MEADOW	VIEW TERRACE OF WA	DESBORO	BORO, NC 28170	INOAD		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	COMPLETE DATE
D 358	D 358 Continued From page 28		D 358			
		ered any Humalog at resident had always refused				
	11:55am revealed: -She had not noticed e-MAR for Resident; match the instruction -She had not offered Resident #6 at lunch	the times scheduled on the #6's Humalog insulin did not s. any Humalog insulin to because it did not come up MAR to be administered at				
	Interview with Resident #6 on 07/25/19 at 4:27pm revealed: -Staff were checking his blood sugar 4 times a day but he told them to "quit that"Staff wanted to administer insulin to him 4 times a day but he "cut them back" to once a dayHe did not know what time he usually received insulinHe did not like to take the insulin because he was sleepy all the timeHe did not know if his primary care provider (PCP) knew he only took insulin once a day.					
	(DRC) on 07/24/19 a -He just started work -He was not aware R was entered incorred -The facility's contract entered the orders or usually approved ord active on the e-MAR -He did not know why approved on the e-M him working at the fa	ing as the DRC on 07/08/19. Itesident #6's Humalog order Itly on the July 2019 e-MAR. Ited pharmacy usually In the e-MARs and the DRC Iters before they became Itely the order would have been AR since it was done prior to				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY. STATE, ZIP CODE		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
MAE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES (K4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 orders and MARs but had not completed the audit process. -The MAs had been trained to read the e-MARs and if something did not match, the MAs were supposed to notify the DRC. -No one had reported the discrepancy on the e-MAR with Resident #6's Humalog insulin. -He was aware the resident refused blood sugar checks and insulin frequently and the PCP had been notified. -He would notify Resident #6's PCP about the error with the resident's Humalog insulin. Telephone interview with Resident #6's PCP on 07/25/19 at 942m revealed: -Resident #6 came to this facility from a sister facility around the end of June 2019. -She did not understand how his orders for insulin got entered incorrectly on the e-MARShe was aware Resident #6 refused insulin and blood sugars frequentlyShe expected the insulin to be offered according to the orders and administered if the resident did not refuseHumalog should have been administered at lunch and supper. 3. Review of Resident #1's current FL-2 dated			1141 004000	B WING		
MEADOWNEW TERRACE OF WADESBORO 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170 CAN ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE			HAL004003	B. WIIVO		07/26/2019
MADESDORO, NC 28170 [X41] D [X41] D [X42] D [X43] D [X43] D [X43] D [X44] D [NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	FE, ZIP CODE	
WADESBORO, NC 29170 (K4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (COMPLETE TAG) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 orders and MARS but had not completed the audit process. -The MAs had been trained to read the e-MARS and if something did not match, the MAs were supposed to notify the DRC. -No one had reported the discrepancy on the e-MAR with Resident #6's FUP had been notified. -He was aware the resident refused blood sugar checks and insulin frequently and the PCP had been notified. -He would notify Resident #6's PCP about the error with the resident's Humalog insulin. Telephone interview with Resident #6's PCP on 07/25/19 at 9:42am revealed: -Resident #6 came to this facility from a sister facility around the end of June 2019. -She did not understand how his orders for insulin got entered incorrectly on the e-MAR. -She was aware Resident #6 refused insulin and blood sugars frequently. -She expected the insulin to be offered according to the orders and administered at lunch and supper. 3. Review of Resident #1's current FL-2 dated	MEADOW	VIEW TERRACE OF WAI	DESBORO 123 ANSO	ON HIGH SCHOO	DL ROAD	
PREEIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 orders and MARs but had not completed the audit process. -The MAs had been trained to read the e-MARs and if something did not match, the MAs were supposed to notify the DRC. -No one had reported the discrepancy on the e-MAR with Resident #6's Humalog insulin. -He was aware the resident refused blood sugar checks and insulin frequently and the PCP had been notified. -He would notify Resident #6's PCP on 077/25/19 at 9.42am revealed: -Resident #6 came to this facility from a sister facility around the end of June 2019. -She did not understand how his orders for insulin got entered incorrectly on the e-MAR. -She was aware Resident #6 refused insulin and blood sugars frequently. -She expected the insulin to be offered according to the orders and administered if the resident did not refuse. -Humalog should have been administered at lunch and supper. 3. Review of Resident #1's current FL-2 dated	IIILADOII	VIEW TEINIAGE OF WAL	WADESB	ORO, NC 28170		
orders and MARs but had not completed the audit process. -The MAs had been trained to read the e-MARs and if something did not match, the MAs were supposed to notify the DRC. -No one had reported the discrepancy on the e-MAR with Resident #6's Humalog insulin. -He was aware the resident refused blood sugar checks and insulin frequently and the PCP had been notified. -He would notify Resident #6's PCP about the error with the resident's Humalog insulin. Telephone interview with Resident #6's PCP on 07/25/19 at 9.42am revealed: -Resident #6 came to this facility from a sister facility around the end of June 2019. -She did not understand how his orders for insulin got entered incorrectly on the e-MAR. -She was aware Resident #6 refused insulin and blood sugars frequently. -She expected the insulin to be offered according to the orders and administered if the resident did not refuse. -Humalog should have been administered at lunch and supper. 3. Review of Resident #1's current FL-2 dated	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
process. -The MAs had been trained to read the e-MARs and if something did not match, the MAs were supposed to notify the DRC. -No one had reported the discrepancy on the e-MAR with Resident #6's Humalog insulin. -He was aware the resident refused blood sugar checks and insulin frequently and the PCP had been notified. -He would notify Resident #6's PCP about the error with the resident's Humalog insulin. Telephone interview with Resident #6's PCP on 07/25/19 at 9:42am revealed: -Resident #6 came to this facility from a sister facility around the end of June 2019. -She did not understand how his orders for insulin got entered incorrectly on the e-MAR. -She was aware Resident #6 refused insulin and blood sugars frequently. -She expected the insulin to be offered according to the orders and administered if the resident did not refuse. -Humalog should have been administered at lunch and supper. 3. Review of Resident #1's current FL-2 dated	D 358	Continued From page	29	D 358		
-Diagnoses included hypertension, atrial fibrillation, diabetes mellitus type II, chronic pain disorder, lumbar disc disease, osteopenia, cognitive impairment, and intertrochanteric fracture of left femur. -There was an order for Losartan 100mg 1 tablet at bedtime. (Losartan lowers blood pressure.) Review of Resident #1's June 2019 and July		orders and MARs but process. -The MAs had been to and if something did resupposed to notify the -No one had reported e-MAR with Resident -He was aware the rechecks and insulin frespen notified. -He would notify Residerror with the resident resi	had not completed the audit rained to read the e-MARs not match, the MAs were e DRC. the discrepancy on the #6's Humalog insulin. sident refused blood sugar equently and the PCP had dent #6's PCP about the t's Humalog insulin. with Resident #6's PCP on evealed: this facility from a sister d of June 2019. and how his orders for insulin y on the e-MAR. dent #6 refused insulin and tly. sulin to be offered according ninistered if the resident did the been administered at at #1's current FL-2 dated thypertension, atrial nellitus type II, chronic pain disease, osteopenia, and intertrochanteric for Losartan 100mg 1 tablet in lowers blood pressure.)			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL004003	B. WING		07	R 7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	•	
			SON HIGH SCHOOL			
MEADOW	VIEW TERRACE OF W	ADESBORO	BORO, NC 28170	· NOAD		
(X4) ID PREFIX TAG	(EACH DEFICIEN	ATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE DATE		
D 358	Continued From pag	ge 30	D 358			
	bedtime with a sche 8:00pmLosartan was not d on 06/30/19, 07/01/due to being unavail -The resident's bloo 129/75 - 189/82 fror -The resident's bloo 133/72 - 180/81 from Observation of Resi 07/26/19 at 10:35an -There was a weekly date of 07/23/19 and -There were 4 tablet be administered in the Review of Resident	d pressure ranged from n 06/01/19 - 06/30/19. d pressure ranged from n 07/01/19 - 07/22/19. dent #1's medications on n revealed: y multidose pack with a start d an end date of 07/29/19. ts of Losartan 100mg left to he weekly multidose pack. #1's progress notes revealed egarding the resident's				
	at the facility's contrat 4:55pm revealed: -There was a 30 day tablets dispensed or lt appeared the Los refillsThe pharmacy recefacility on 07/07/19The pharmacy start the first week of July-The pharmacy disp tablets on 07/07/19 facility on 07/08/19The pharmacy disp tablets on 07/09/19.	y supply of Losartan 100mg in 05/07/19. cartan may have been out of elived a refill request from the sted sending weekly cycle fills y 2019. ensed 8 Losartan 100mg that were delivered to the ensed 7 Losartan 100mg ensed 7 Losartan 100mg				

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HAL004003 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD WARRENDERS NO. 20172	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD	
MEADOWVIEW TERRACE OF WADESBORO 123 ANSON HIGH SCHOOL ROAD	NAME OF D
MEADOWVIEW TERRACE OF WADESBORO	NAIVIE OF P
WADESBORO, NC 28170	MEADOW
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX
D 358 Continued From page 31 D 358	D 358
Interview with Resident #1 on 07/26/19 at 5:30pm revealed: -She did not know the names of the medications she took. -She had problems with high blood pressure, and she had a "little bit of dizziness once in a while". -She was not sure if the facility had run out of any of her medications. Interview with a medication aide (MA) on 07/25/19 at 3:24pm revealed: -The residents' medications usually came in a weekly or monthly cycle fill from the pharmacy. -If a medication did not come in, the MAs were supposed to contact the pharmacy. -She documented Resident #1's Losartan was on order on 07/01/19 and 07/07/19 but she did not recall why it was unavailable. -She did not recall if the PCP was notified. Interview with a second MA on 07/26/19 at 9:23am revealed: -She did not recall why Resident #1 was out of Losartan. -If it was documented as waiting on a prescription, it was probably because the resident was out of refills for that medication. -The MAs usually reported any missed doses to the Director of Resident Care (DRC). -The MAs should call of fax the resident's primary care provider (PCP) if 1 dose of medication was missed due to a medication being unavailable. -She could not remember if she called the PCP about Resident #1's Losartan being unavailable. -It would be documented in the progress notes if she had called the PCP. Interview with a third MA on 07/26/19 at 1:00pm	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAI 004003	B. WING		R
		HAL004003			07/26/2019
NAME OF PI				TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESBORO	N HIGH SCHOO RO, NC 28170		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 32	D 358		
	unavailableThe Losartan probab -The MAs should let t when a resident need	he PCP or the DRC know ed refills. Resident #1's PCP about the			
	Interviews with the DRC on 07/25/19 at 10:55am and 07/26/19 at 12:15pm revealed: -He just started working as the DRC on 07/08/19He was not aware Resident #1 missed doses of Losartan from 06/30/19 - 07/07/19The MAs should notify the DRC if a medication was unavailable.				
	07/25/19 at 9:42am re- -She did not recall the Resident #1 missing of 2019. -She was concerned doses because the re- pressure. -Potential outcomes of	e facility notifying her of doses of Losartan in July that the resident missed the sident had high blood of missing the doses of e higher blood pressure,			
	05/29/19 revealed: -Diagnoses included to autistic disorder, dysp disorderThere was document medication list. a. Review of hospital	instructions dated 05/06/19 led an order for Augmentin			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL004003	B. WING		07	R 7/26/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	-	
MEADOV	VVIEW TERRACE OF W	NDESBORO 123 ANS	SON HIGH SCHOOL	. ROAD		
WIEADOV	VVIEW TERRACE OF W	WADES	BORO, NC 28170			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		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	Review of a PCP ore Resident #3 revealed 825/125mg every 12 Review of Resident medication administ revealed there was a Review of Resident revealed: -There was an entry every 12 hours for s -There was docume administered from 0 06/24/19 at 8:00pm. Interview with a med 07/25/19 at 10:48an remember what hap Augmentin in May 2 Interview with a secular 4:47pm revealed shibeing on Augmentin whether that was in both. Telephone interview at the facility's contrat 9:03am revealed: -The pharmacy recemedication orders for discharge instruction readmission ordersThere was an order every 12 hours for the Telephone interview technician at the facility was a revealed: -The pharmacy recemedication orders for discharge instruction readmission ordersThere was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technician at the facility was an order every 12 hours for the Telephone interview technical every 12 hours for the Telephone interview technical every	der dated 06/17/19 for d an order for Augmentin 2 hours for seven days. #3's May 2019 electronic ration record (eMAR) no entry for Augmentin. #3's June 2019 eMAR for Augmentin 875/125mg even days. ntation the Augmentin was 6/18/19 at 8:00am through dication aide (MA) on no revealed she did not pened with administering 019. Dond MA on 07/25/19 at the remembered Resident #3 but she could not remember May 2019, June 2019 or with a pharmacy technician facted pharmacy on 07/25/19 ived new and changed or Resident #3 from hospital as dated 05/06/19 which were	D 358			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	` ′	E SURVEY PLETED
		HAL004003	B. WING		07	R //26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	·	
MEADOW	VIEW TERRACE OF WAI	DESBORO 123 ANS	ON HIGH SCHOO	L ROAD		
IIILADOII	VIEW PERIODE OF WAR	WADESI	BORO, NC 28170			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 34	D 358			
	dispensed 4 Augmen 05/06/19 and 14 table	tin 875/125mg tablets on ets on 06/17/19.				
	papers and had a low -A chest x-ray was do Augmentin was writte	#3's private PCP on evealed: en on 06/17/19 for FL-2 grade fever at the visit. one and a prescription for n.				
	Telephone interview with Resident #3's guardian on 07/26/19 at 4:42pm revealed: -She had taken Resident #3 to his private PCP in June 2019 for a new FL-2Resident #3 still had some congestion and a cough; the PCP was worried Resident #3 might still have some infection in his lungs and prescribed an antibiotic.					
	07/26/19 at 9:42am re- She was not sure wh Augmentin on 06/17/ another provider who -If Resident #3 was o of Augmentin that had hospital 05/01/19 - 05	ny Resident #3 was ordered 19; the resident was seen by ordered the medication. It is referred to complete a course of been started while in the 6/06/19 and the course was would be concern that the p multidrug resistant				
	(DRC) on 07/26/19 at not know who the pro	ector of Resident Care : 10:45am revealed he did vider was that wrote the tin for Resident #3 dated				
	b. Review of a Physic	ian's Order sheet dated				

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STATE FORM 9LHR11 If continuation sheet 35 of 96

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI	
		HAL004003	B. WING		07/2	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	·	
MEADOW	VIEW TERRACE OF WAI	DESPORO 123 ANS	ON HIGH SCHOO	DL ROAD		
WIEADOW	VIEW TERRACE OF WAL	WADESE	BORO, NC 28170			
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From page	35	D 358			
		the FL-2 dated 05/06/19 for there was an order for ily.				
	medication administra revealed:	3's May 2019 electronic ation record (eMAR) or Trazadone 100mg daily				
	at bedtime.	-				
	-From 05/15/19 at 6:50pm through 05/30/19 at 7:34pm there was documentation the Trazadone was not administered because the medication was ordered and was not available. Review of Resident #3's June 2019 eMAR revealed: -There was an entry for Trazadone 100mg daily					
	at bedtime.	tation the Trazadone was				
	not administered from through 06/18/19 at 8	n 06/07/19 at 7:42pm				
	medication was order -On 06/14/19 at 7:30p the Trazadone was a	om there was documentation				
	at the facility's contract at 9:03am revealed the Trazadone 100mg tab	vith a pharmacy technician cted pharmacy on 07/25/19 ne pharmacy dispensed 30 plets on 04/04/19 for dispense of Trazadone was				
	care provider (PCP) of revealed she would be was without Trazador	with Resident #3's primary on 07/25/19 at 2:54pm e concerned if Resident #3 ne because there was a risk				
	of withdrawal sympton anxiety and difficulty s	ms including agitation, sleeping.				
	Refer to interview with	n a medication aide (MA) on				

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		HAL004003	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESBORO	N HIGH SCHO DRO, NC 28170		
(VA) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	d (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	8 Continued From page 36		D 358		
	07/25/19 at 10:48am.				
	Refer to interview with at 11:09am.	h a second MA on 07/25/19			
	Refer to interview with a third MA on 07/25/19 at 3:27pm. Refer to interview with a fourth MA on 07/25/19 at 4:32pm.				
	Refer to second interview with the fourth MA on 07/25/19 at 5:05pm.				
	Refer to telephone in 07/26/19 at 9:08am.	terview with a fifth MA on			
		terview with a pharmacy ity's contracted pharmacy on			
	I =	terview with the Front-End y's contracted pharmacy on			
		lephone interview with the coordinator (RCC) on			
	Refer to telephone in PCP on 07/25/19 at 2	terview with Resident #3's 1:54pm.			
	Refer to second telep Resident #3's PCP or	hone interview with n 07/26/19 at 9:42am.			
	Refer to interview with (MHP) on 07/26/19 at	h the mental health provider t 11:56am.			
	Refer to interview with 10:45am.	h the DRC on 07/26/19 at			

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STATE FORM 9LHR11 If continuation sheet 37 of 96

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _			(X3) DATE SURVEY COMPLETED	
						R
		HAL004003	B. WING		07	//26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WAI	DESBORO	ON HIGH SCHOO BORO, NC 28170			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE
D 358	358 Continued From page 37		D 358			
	Refer to interview with 07/26/19 at 5:30pm.	h the Administrator on				
	c. Review of a Physician's Order sheet dated 06/17/19 for Resident #3 revealed there was an order for Lisinopril 2.5mg daily. Review of Resident #3's June 2019 electronic medication administration record (eMAR) revealed: -There was an entry for Lisinopril 2.5mg daily. -There was documentation the Lisinopril was not administered from 06/14/19 at 7:46am through 06/18/19 at 8:08am. -On 06/19/19 at 9:35am there was documentation all medications were not sent by the pharmacy and the MA called to get the medications as soon as possible.					
	Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 07/25/19 at 12:07pm revealed the pharmacy dispensed 30 Lisinopril 2.5mg tablets on 02/05/19, 7 tablets 05/01/19, 28 tablets 05/14/19, 12 tablets 06/19/19 and 28 tablets on 07/02/19.					
	care provider (PCP) of revealed she would be was without Lisinopril	with Resident #3's primary on 07/25/19 at 2:54pm e concerned if Resident #3 because there was a risk of ccident, heart attack and				
	Refer to interview with 07/25/19 at 10:48am.	h a medication aide (MA) on				
	Refer to interview with at 11:09am.	h a second MA on 07/25/19				

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		HAL004003	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESBORO	N HIGH SCHOORO, NC 28170		
(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 38	D 358		
	Refer to interview with a third MA on 07/25/19 at 3:27pm.				
	Refer to interview with 4:32pm.	h a fourth MA on 07/25/19 at			
	Refer to second interview with the fourth MA on 07/25/19 at 5:05pm.				
	Refer to telephone interview with a fifth MA on 07/26/19 at 9:08am.				
		terview with a pharmacy ity's contracted pharmacy on			
	=	terview with the Front-End y's contracted pharmacy on			
		lephone interview with the Coordinator (RCC) on			
	Refer to telephone int PCP on 07/25/19 at 2	terview with Resident #3's 2:54pm.			
	Refer to second telep Resident #3's PCP or				
	Refer to interview with (MHP) on 07/26/19 at	h the mental health provider t 11:56am.			
	Refer to interview with 10:45am.	h the DRC on 07/26/19 at			
	Refer to interview with 07/26/19 at 5:30pm.	h the Administrator on			
	d. Review of a Physic	sian's Order sheet dated			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		· ,	(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		07	R 7/26/2019
	ROVIDER OR SUPPLIER	DESBORO 123 ANS	DDRESS, CITY, STATE ON HIGH SCHOOL 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	07/22/19 for Resident order for Metformin 1 Review of Resident # medication administratevealed: -There was an entry fidailyThere was no documadministered from 06 06/19/19 at 7:00pmThere was documen administered on 06/2 because the medicatifacility was waiting for Telephone interview vitechnician at the facil 07/25/19 at 12:07pm dispensed 28 Metform 04/23/19, 14 tablets 0 and 56 tablets 07/02/17 Telephone interview vicare provider (PCP) or revealed she would be was without Metformi levels would be uncook Refer to interview wit 07/25/19 at 10:48am. Refer to interview wit at 11:09am. Refer to interview wit 3:27pm.	t #3 revealed there was an 000mg twice daily. 3's June 2019 electronic ation record (eMAR) for Metformin 1000mg twice mentation the Metformin was 1/6/19 at 7:00pm through tation the Metformin was not 1/0/19 at 8:17am and 6:59pm on was ordered, and the redelivery. with a second pharmacy ity's contracted pharmacy on revealed the pharmacy min 1000mg tablets on 1/06/19/19, 12 tablets 06/19/19 with Resident #3's primary on 07/25/19 at 2:54pm e concerned if Resident #3 in because his blood sugar introlled.	D 358			

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STATE FORM 9LHR11 If continuation sheet 40 of 96

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or doring of the state of the s	IDENTIFICATION NOMBER.	A. BUILDING: _		
		HAL004003	B. WING		R 07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESBORO	ON HIGH SCHOO ORO, 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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page 40		D 358		
	Refer to second interview with the fourth MA on 07/25/19 at 5:05pm.				
	Refer to telephone into 07/26/19 at 9:08am.	terview with a fifth MA on			
	Refer to telephone interview with a pharmacy technician at the facility's contracted pharmacy on 07/25/19 at 9:03am.				
	Refer to telephone interview with the Front-End Manager at the facility's contracted pharmacy on 07/25/19 at 9:45am.				
		lephone interview with the coordinator (RCC) on			
	Refer to telephone int PCP on 07/25/19 at 2	terview with Resident #3's 2:54pm.			
	Refer to second telep Resident #3's PCP or				
	Refer to interview with (MHP) on 07/26/19 at	h the mental health provider t 11:56am.			
	Refer to interview with 10:45am.	h the DRC on 07/26/19 at			
	Refer to interview witl 07/26/19 at 5:30pm.	h the Administrator on			
	Resident #3, but som	revealed: sending multi-dose cards for			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R
		HAL004003	B. WING		07	7/26/2019
NAME OF PRO	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MEADOWW	IEW TERRACE OF WA	DESPORO 123 ANS	ON HIGH SCHOOL	. ROAD		
WIEADOVVVI	IEW TERRACE OF WA	WADESE	BORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358 (Continued From pag	e 41	D 358			
	were not there. MAs kept calling the pharmacy would say medications, but they medications, but they have been added to the form coordinator (RCC). She could not remere the had not document of the pharmacy or notifying many or	e pharmacy and the they were going to send the y did not. Proximately one week and her Resident Care when this happened; and the former RCC. It to enter that medications document a reason note on was not available for eeded, the MA removed the mathematication card, a refill form and faxed the fill form and faxed the				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	, ,	E SURVEY PLETED
						R
		HAL004003	B. WING		07	7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE ZIP CODE		
			ON HIGH SCHOO	,		
MEADOW	VIEW TERRACE OF WAI	DESBORO	ORO, NC 28170			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)
PRÉFIX TAG	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)		COMPLETE DATE
D 358	Continued From page	2 42	D 358			
	new card came about	the missing medications.				
		y would say they would send				
	the missing medication	ns in a "bingo" card, but				
	never sent them.					
		er RCC on 06/19/19 about				
	Resident #3's missing					
	·	retty good while," but could ng Resident #3 was without				
	some of his medication	•				
		sent all of Resident #3's				
		w multi-dose cards, but she				
	could not remember v	vhen that was.				
		MA on 07/25/19 at 3:27pm				
	revealed:	van able te vanvant				
	-Any MA on the cart v medication refills.	vas able to request				
		day multi-dose packagaes				
		d automatically by the				
	•	the residents were on the				
	multi-dose packages.					
		to work until the end of				
		d not know what happened				
	with Resident #3's me					
		in early July 2019, then the rmer RCC's responsibilities.				
	DRC took over the lo	The RCC's responsibilities.				
	Interview with a fourth revealed:	n MA on 07/25/19 at 4:32pm				
	-Normally the MAs we	ere able to see on the				
	computer screen note	es entered for medications				
	_	ave the medication such as				
		," but the MA was supposed				
		ure the medication had not				
		nenting the medication was				
	not given.	nere was some problem with				
	getting Resident #3's					
	pharmacy in May and					
	-Resident #3 had med					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE COMP	SURVEY
			750.2510			R
		HAL004003	B. WING		07	/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO	ON HIGH SCHOO ORO, 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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Lisinopril, Metformin a out of stock for several contracted pharmacy pictures of what medicated the forming and the forming th	and Trazadone) that were all weeks. A contacted the facility's representative; she sent acations the facility had and ation list. The 2019, but she could not the fourth MA on 07/25/19 The RCC that the resident medications for several andled everything including is primary care provider and the facility's contracted are RCC the same day she may the facility's contracted with a fifth MA on 07/26/19 at the esident #3 being out of and June 2019, but she could medications and for how Resident #3 was any y symptoms when he was ations. Resident #3's PCP had been ident being out of all lems with getting medication and for how the same with getting med	D 358	DEFICIENT		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL004003	B. WING		07	R 7/26/2019
NAME OF F	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STATE	E, ZIP CODE		
		123 A	NSON HIGH SCHOO			
MEADOW	VIEW TERRACE OF W	ADESBORO WADE	SBORO, NC 28170			
(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 OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	-The former RCC dimedication refills whith Resident #3The MAs had done Resident #3's medication refills whith Resident #3's medication and the folial the same time; the pharmacy and did not the same time; the pharmacy and did not resident Care Coordination or the facility's contration or the same time; the facility's contration or the same time; the pharmacy recemedication or the pharmacy recemedication or the pharmacy recemedication or the same time; the pharmacy recemedication or the same to send a new representation or the same time; the pharmacy was #3's medications be date and not proper the facility made mount the pharmacy camedications were same the facility's contration or the same time; the pharmacy camedications were same the facility's contration or the same time; the same	d not help staff to get ten there were problems like everything they could to get sations. The actions of the could to get sations and cations being scheduled to do anything about it. The interview with the former dinator (RCC) on 07/25/19 at cessful. With a pharmacy technician acted pharmacy on 07/25/19 dived new and changed or Resident #3 from hospital as dated 05/06/19 which were lowed the pharmacy to fill the not then the facility would order. With refilling medications sent refill requested based on Resident #3. The action of the could be refill Resident cause the orders were out of by signed. Builtiple refill request attempts, anceled the request before the to the facility. With the Front-End Manager acted pharmacy on 07/25/19	D 358			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		, ,	E SURVEY PLETED
						R
		HAL004003	B. WING		07	//26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO	ON HIGH SCHOOL	ROAD		
		WADESE	ORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 45	D 358			
		notes in the pharmacy h dates or times of contact				
	07/25/19 at 2:54pm r -She was not able to Resident #3's re-adm hospital dated 05/06/-Re-admission orders when the resident ha PCP after returning fr-She did not know if I follow up visit with he discharge on 05/06/1-She did not know Remultiple medications and June 2019. Second telephone in PCP on 07/26/19 at 9-She either sent new or gave verbal orders signed on the next vi	recall specifically reviewing hission orders from the '19. s were normally reviewed of the follow up visit with the rom the hospital. Resident #3 had a hospital er following his hospital 9. esident #3 had been out of for three to six weeks in May terview with Resident #3's 9:42am revealed: orders to the facility via fax so on the phone that she sit to the facility. Attending the training of the sit to the facility. Attending the sit of the sit to the facility. Attending the sit of the sit of the sit to the facility. Attending the sit of the sit of the sit to the facility. Attending the sit of the sit of the sit to the sit to the sit to the sit of t				
	at the facility. Interview with the me on 07/26/19 at 11:56: -Resident #3 was las resident received me autism and hallucinary. She had not been comedicationsShe would be conceexperience a return of	erned Resident #3 would of hallucinations, possible rome and/or increased				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY IPLETED
							R
		HAL004003		B. WING		0	7/26/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MEADOW		DECROPO	123 ANSON	N HIGH SCHO	OL ROAD		
MEADOW	VIEW TERRACE OF WA	DESBORO	WADESBO	RO, NC 28170)		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 46		D 358			
	-She had not seen ar behavior.	ny changes in Resident#	:3's				
	Interview with the DRC on 07/26/19 at 10:45am revealed: -He started on 07/08/19 at the facility as the DRCHe did not know what system was in place prior to 07/08/19 for medication ordersThe former RCC and Administrator would have been responsible for reconciling readmission orders for Resident #3 on 05/06/19 and new FL-2		m				
			ve				
			-L-2				
	orders dated 05/29/19	છ. લed to the pharmacy and					
		e orders on the eMAR.					
		ers entered by the pharn	nacv				
		ew orders on the eMAR w	-				
	the written orders.						
	-Any orders prior to rediscontinued.	eadmission were					
	-After reviewing the o	orders and the eMAR, he					
	printed a Physician's	Order sheet for the prima	ary				
		w and sign at the next vi	sit				
	to the facility.		_				
	and former Administra						
		appened with Resident # and June 2019, all that wa					
	needed to have the P						
	-He had the PCP sigr	n medication orders for					
	Resident #3 on 07/22						
		d former Administrator wo					
	· •	le for reconciling Resider					
		ers and eMAR for errors	or				
	clarification needs.	daily for documentation	and				
		s daily for documentation ts to monitor for compliar					
	with medication admi		ic c				
	•	to document medication	S				
	givenStaff were expected	to document medication	S				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		, ,	E SURVEY PLETED
		HAL004003	B. WING		07	R 7/ 26/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	F ZIP CODE		
TO UNE OF	THOUBER OR GOLF EIER		ON HIGH SCHOOL			
MEADO	WVIEW TERRACE OF WA	DESBORO	BORO, NC 28170	INOAD		
(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 35	Continued From page	e 47	D 358			
	that were not given a -Staff were expected PCP for any medicati -Staff were expected medication that was r administration; staff v document the medica just keep it moving. Interview with the Adr 5:30pm revealed: -For readmission order compare new orders orders that may need -The MAs were responsed to the pharmacy and approved the new ord -The MA was responsed new medications were responsible for follow new medications was responsible for follow new medication was responsible for follow new medications was responsible for follow new medication was responsible for follow new medications was responsib	nd the reason why. to contact the resident's ons that were not given. to follow up on any not available for were not expected to ation was not available and ministrator on 07/26/19 at ers, staff were expected to to the eMAR and clarify any clarification. onsible for faxing new orders the DRC reviewed and ders. sible for making sure the any e in the facility and DRC was up the next day to assure arrived. not in the facility, the MAs stact the pharmacy and notify able to get a medication in were expected to contact and document in the ote. have been followed with ations in May and June 2019. onsible for faxing medication by minister medications and by concerns.				

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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. BUILDING:				
HAL004003		B. WING	B. WING		R 07/26/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE			
MEADOW	VIEW TERRACE OF WA	DESPORO 123 ANS	ON HIGH SCHOO	L ROAD			
MEADOW	VIEW TERRACE OF WAI	WADESE	BORO, NC 28170				
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page 48 interviewable.		D 358				
	04/11/19 revealed: -Diagnoses included accident, hypertensio -The medications liste mouth every day and every dayResident #2 was leg. Review of Resident # a physician order dateThere was an order dailyThere was an order tab by mouth twice a	history of cerebrovascular n, and hyperlipidemia. ed were lisinopril 5 mg by aspirin 81 mg by mouth ally blind in both eyes. 2's medical record revealed ed 04/18/19 as follows: for Zoloft 25 mg by mouth for clonazepam 0.5 mg ½ day for 3 days, then at ep) as needed for anxiety or					
	medication administrative revealed: -There was an electro 0.5 mg tab (0.25mg) daysThe date for the clonthrough 04/20/19 -There was documen administered at 7:00 07/24/19There was documen administered at 7:00 07/24/19The clonazepam was for 4 days and once of 3 days as orderedThere was an electron	ponic entry for clonazepam by mouth twice daily for 3 nazepam order was 04/18/19 tation for clonazepam pm on 04/20/19 through tation for clonazepam am on 04/21/19 through a administered twice a day on 1 day, not twice a day for onic entry for clonazepam					
	0.5 mg tab by mouth anxiety or sleep.	at bedtime as needed for					

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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.			В
HAL004003		HAL004003	B. WING		07	R 7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MEADOW	\(\(\) \(\		ON HIGH SCHOOL	. ROAD		
MEADOWVIEW TERRACE OF WADESBORO WADE			BORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 358	D 358 Continued From page 49		D 358			
	through 05/05/19There was documen administered on 04/2 6:28 pm, 04/27/19 at	nazepam order was 04/24/19 ntation for clonazepam 5/19 at 7:14 pm, 04/26/19 at 5:57 pm, 04/28/19 at 7:35 pm and 04/30/19 at 1:06				
	Review of Resident #2's May 2019 eMAR revealed: -There was an electronic entry for clonazepam 0.5 mg tab by mouth at bedtime as needed for anxiety or sleep. -The date for the clonazepam order was 04/24/19 through 05/05/19. -There was documentation for clonazepam administered on 05/02/19 at 11:11 pm, 05/03/19 at 6:10 pm, and 05/04/19 at 1:17 pm. -There was an electronic entry for clonazepam 0.5 mg tab by mouth at bedtime. -The date for the clonazepam order was 05/03/19 through 05/06/19. -There was documentation for clonazepam administered on 05/06/19 at 1:00 am.					
	0.5 mg tab by mouth -The date for the clor through 05/10/19There was documen administered on 05/0 7:00 pmThere was an electro 0.5 mg tab by mouth -The date for the clor through 06/06/19There was documen administered on 05/1 7:00 am and 7:00 pm	nazepam order was 05/06/19 Intation for clonazepam 16/19 through 05/09/19 at Intation for clonazepam 1 twice a day. 1 nazepam order was 05/10/19 Intation for clonazepam 10/19 through 05/31/19 at 1.				
	Review of Resident #	4's June 2019 eMAR				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
			7. BOILDING			R
		HAL004003	B. WING		07	7/26/2019
NAME OF P	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
			SON HIGH SCHOOL	ROAD		
MEADOW	VIEW TERRACE OF WA	ADESBORO WADES	BORO, NC 28170			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 358	revealed: -There was an electr 0.5 mg tab by mouth -The date for the clo through 07/10/19There were docume administered on 06/0 7:00 am and 7:00 pr -There were docume clonazepam on 06/1 7:45 am, 06/19/19 at 9:21 am. Review of Resident: revealed: -There was an electr 0.5 mg tab by mouth -The date for the clo through 07/10/19There were docume administered on 07/0 7:00 am and 7:00 pr -There were no refus documented.	ronic entry for clonazepam a twice a day. nazepam order was 06/06/19 entations for clonazepam 07/19 through 06/30/19 at m. entations of refusals of 2/19 at 7:30 am, 06/18/19 at t 7:50 am and 06/30/19 at #4's July 2019 eMAR ronic entry for clonazepam a twice a day. nazepam order was 06/06/19 entations for clonazepam 01/19 through 07/10/19 at m. sals of clonazepam	D 358			
	0.5 mg tab by mouth -The date for the clo and was open ended -There were docume	nazepam order was 07/10/19 d with no end date noted. entations for clonazepam on 07/10/19 through 07/23/19 pm.				
	07/25/19 at 9:23 am -The order for clonaz "hard" prescription (r since it was a contro -The order for clonaz	zepam 0.5 mg was on a meaning a prescription pad)				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _	A. BUILDING:				
	HAL004003		B. WING			R / 26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE			
MEADOW	VIEW TERRACE OF WAI	DESBORO	ON HIGH SCHOO ORO, NC 28170				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE			
D 358	O4/18/19 and filled on Interview with Reside provider (PCP) on 07 she would expect the physician orders. Interview with the psy (PNP) on 07/26/19 at -Resident #2 was ale place and timeResident #2 had be in JuneIf Resident #2 had be as prescribed, it could her agitation and anxional Attempted telephone provider for the clona am was unsuccessful Refer to interview with (MA) on 07/25/19 at 3 Refer to interviews with Care (DRC) on 07/25/19 at 1 b. Review of Residen revealed a physician order for Zoloft 25 mg	pr anxiety or sleep. Repam was received on a 04/19/19. Int #2's current primary care 1/26/19 at 9:42 am revealed facility to follow up on all 1/26/19 at 9:42 am revealed facility to follow up on all 1/26/19 at 9:42 am revealed: Int to self but disoriented to the en aggressive towards staff the en given the clonazepament of the have possibly helped with siety. Interview with prescribing the prescribing the prescribing to the prescribing that is a second medication aide 1/27 pm. In the Director of Resident 1/29 at 3:30 pm and on 1/26. In the Executive Director 1/26/19 at 9:58 am. In the Executive Director 1/26/19 at 3:30 pm and on	D 358	DEFICIENCY			
	revealed:	ation record (eiviAR)					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:				
		HAL004003	B. WING	B. WING		R 07/26/2019	
NAME OF B				ZID CODE	01	12012019	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE SON HIGH SCHOOL				
MEADOW	VIEW TERRACE OF WA	DESBORO	BORO, NC 28170	INOAD			
(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 AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	D 358 Continued From page 52		D 358				
	-There was no order eMAR. -There was no docun administered.	for Zoloft noted on the nentation Zoloft was					
	Review of Resident #2's May 2019 eMAR revealed: -There was no order for Zoloft noted on the eMARThere was no documentation Zoloft was administered. Review of Resident #4's June 2019 eMAR revealed: -There was no order for Zoloft noted on the eMAR.						
	-There was no docun administered.	nentation Zoloft was					
	Review of Resident #4's July 2019 eMAR revealed: -There was no order for Zoloft noted on the eMARThere was no documentation Zoloft was administered. Interview with pharmacy representative on 07/25/19 at 9:23 am revealed the pharmacy had not received any order for Zoloft for Resident #2 on or near 04/18/19. Interview with Resident #2's current primary care provider (PCP) on 07/26/19 at 9:42 am revealed: -She would expect the facility to follow up on all physician ordersResident #2 receiving the Zoloft as prescribed could have improved her mood and behaviors.						
	(PNP) on 07/26/19 at	ychiatric nurse practitioner t 11:43 am revealed:					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,		A. BUILDING:		COMIL	LILD	
		HAL004003	B. WING		F	e 6/2019
					0772	.0/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA N HIGH SCHOO			
MEADOW	VIEW TERRACE OF WAI	DESBORO	RO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page 53		D 358			
	-Resident #2 was aler place and timeResident #2 had bee in JuneIf Resident #2 had be prescribed, it could hat agitation and anxiety. Attempted telephone provider for the Zoloft was unsuccessful. Refer to interview with (MA) on 07/25/19 at 3 Refer to interviews with Care (DRC) on 07/25, and Care (DRC) on 07/25, and Refer to interviews with the care to interviews with the care (DRC) on 07/25, and Refer to interviews with the care to interviews with the care to interviews with the care to interview with the care to care the care to care the care to care the care to care the c	en aggressive towards staff een given the Zoloft as ave possibly helped with her interview with prescribing on 07/25/19 at 9:58 am a second medication aide 3:27 pm. th the Director of Resident /19 at 3:30 pm and on . In the Executive Director				
	Interview with a second medication aide (MA) on 07/25/19 at 3:27 pm revealed: -Physician orders were faxed to the pharmacy by the MAs and put on tracking formsThe Director of Resident Care (DRC) was able to approve physician orders remotely and did not have to come in to the facility to put them in to the systemThe current DRC started in the position the first part of July 2019. Interview with the Director of Resident Care (DRC) on 07/25/19 at 3:30 pm and on 07/26/18 at 10:45 am revealed: -He had been in the position of DRC since the first part of July 2019There was a stack of papers on the floor beside					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL004003	B. WING		07	R // 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	-	
			ON HIGH SCHOOL	ROAD		
MEADOW	VIEW TERRACE OF WA	DESBORO WADESI	BORO, NC 28170			
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 54	D 358			
	filed. -The DRC and Execustack of papers for an Resident #2 which has medical record. -The Director of Resident and the papers for approving the phywere faxed to the phase and there in a speak to how part of not followed through the clonazepam being the clonazepam being the part of July 2019. -The Director of Resident assure medication administered as order the was not the ED in speak to how part of not followed through the part of some part of the part o	April 2019 and could not the physician's orders were other than the hard copy of g sent to the pharmacy. ecutive Director (ED) on revealed: ED position since the first dent Care was responsible orders were transcribed and				
	ordered for 3 of 6 res medication passes re medication error rate	with 4 errors out of 34				
	instead of short-acting as risk of hyperglycer diabetic, received Hu 7:00pm instead of at ordered. Resident #2 for anxiety and depresident having metals in the resident having metals in	ting insulin to Resident #8 g insulin putting the resident mia. Resident #6, a brittle malog insulin at 7:00am and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			
HAL004003		B. WING	B. WING		R 07/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO	ON HIGH SCHOOL	ROAD		
		WADESI	BORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG			(X5) COMPLETE DATE
D 358	withdrawal symptoms concern for hypertens in concern for uncont of the facility to admir ordered placed reside death or serious phys Type A2 Violation. The facility provided a accordance with G.S. this violation. CORRECTION DATE	resulting in concern for statistics, Lisinopril resulting in sion and Metformin resulting rolled diabetes. The failure nister medications as ents at substantial risk of sical harm and constitutes a a plan of protection in 131D-34 on 07/24/19 for	D 358			
D 364	10A NCAC 13F .1004(g) Medication Administration 10A NCAC 13F .1004 Medication Administration (g) The facility shall ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure medications were administered within one hour before or after the prescribed or scheduled times for 13 residents (#7, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20) during the morning medication pass on 07/25/19 resulting in several medications with multiple administration times being administered too close to the next		D 364			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		` '	E SURVEY PLETED	
		HAL004003	B. WING		0.7	R 7/ 26/2019
		•			07	120/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
MEADOW	VIEW TERRACE OF WA	DESBORO	ON HIGH SCHOOL	. ROAD		
	OU IN AN A DIV OT		BORO, NC 28170	DDOM/DEDIO DI ANI OFI	OODDECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORREC' (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 364	Continued From page	e 56	D 364			
		ation times; and for 1 of 5 3) whose rapid-acting insulin e.				
	The findings are:					
	dated 07/23/19 reveal -The current census of -There was 1 resident were 57 residents in -There were 28 resid	was 58 residents. It in the hospital so there				
	Interview with a resident on 07/23/19 at 12:14pm revealed residents received medications "when they (medication aides) get around to giving them."					
		100 hall on 07/25/19 at re was one medication aide attions.				
	9:24am revealed: -She usually started to at 7:00am and she usually started to at 7:00am, 8:00am, and she usually started to at 7:00am, 8:00am, and she usually started to a st					
	she assisted a reside -The resident did not the MA just a "few mi -She still had 5 reside medications to on the Residents #7, #15, # -Another MA was ass medications on the 2	ent who fell earlier. have any injuries and it took inutes" to help the resident. ents to administer e 100 hall including 16, #17, and #18. signed to administer 00 hall but that MA was				
	-She was running be she assisted a reside -The resident did not the MA just a "few mi -She still had 5 reside medications to on the Residents #7, #15, # -Another MA was ass medications on the 2 currently assisting a	hind this morning because ent who fell earlier. have any injuries and it took inutes" to help the resident. ents to administer e 100 hall including 16, #17, and #18. signed to administer				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170 (XA) ID PREFIX TAG COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 COntinued From page 57 she was running late with the medication passThere was no system or procedure to notify anyone when the MAs were running late with the medication passThe MAs kept administering medications until they finished. Observation of the 100 hall on 07/25/19 at 9:40am revealed the MA was still in the hallway with the medication cart administering medications. A second interview with the 100 hall MA on	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170 (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 57 she was running late with the medication passThere was no system or procedure to notify anyone when the MAs were running late with the medication passThe MAs kept administering medications until they finished. Observation of the 100 hall on 07/25/19 at 9:40am revealed the MA was still in the hallway with the medication cart administering medications.				R WING		
MEADOWIEW TERRACE OF WADESBORO 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DREFIX TAG DEFICIENCY) PREFIX TAG COntinued From page 57 She was running late with the medication pass There was no system or procedure to notify anyone when the MAs were running late with the medication pass The MAs kept administering medications until they finished. Observation of the 100 hall on 07/25/19 at 9:40am revealed the MA was still in the hallway with the medication cart administering medications.			HAL004003	D. WING		07/26/2019
SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 57 She was running late with the medication pass. -There was no system or procedure to notify anyone when the MAs were running late with the medications until they finished. Observation of the 100 hall on 07/25/19 at 9:40am revealed the MA was still in the hallway with the medication cart administering medications undil medications. WADESBORO, NC 28170 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE DA	NAME OF P	ROVIDER OR SUPPLIER				
X44) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) COMPLETE DATE	MEADOW	VIEW TERRACE OF WAI	DESBORO			
she was running late with the medication pass. -There was no system or procedure to notify anyone when the MAs were running late with the medication pass. -The MAs kept administering medications until they finished. Observation of the 100 hall on 07/25/19 at 9:40am revealed the MA was still in the hallway with the medication cart administering medications.	PRÉFIX	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF	ULD BE COMPLETE
O7/25/19 at 9:40am revealed: -She just finished administering medications to Residents #7 and #17She still had to administer medications to Resident #15, #16, and #18She also had to administer medications to Resident #19; she had forgotten about this resident earlier (at 9:24am) when she reported she only had 5 residents left. Observation of the 100 hall on 07/25/19 at 9:56am revealed the MA was standing at the medication cart in the hallway talking with another staff. A third interview with the 100 hall MA on 07/25/19 at 9:56am revealed: -She was talking with the other staff about getting Resident #15 out of the activity room so she could administer the resident's medicationsShe still had to administered medications to Residents #15 and #16She also had to administer medications to Resident #20; she had forgotten about this resident earlier (at 9:24am) when she reported she only had 5 residents left.	D 364	she was running late -There was no system anyone when the MA: medication passThe MAs kept admin they finished. Observation of the 10 9:40am revealed the with the medication of medications. A second interview wi 07/25/19 at 9:40am re -She just finished adm Residents #7 and #17 -She still had to admin Residents #15, #16, at -She also had to adm Resident #19; she hat resident earlier (at 9:2 she only had 5 reside Observation of the 10 9:56am revealed the medication cart in the staff. A third interview with at 9:56am revealed: -She was talking with Resident #15 out of the could administer the re -She still had to admin Residents #15 and #1 -She also had to adm Resident #20; she hat resident earlier (at 9:2	with the medication pass. In or procedure to notify is were running late with the stering medications until O hall on 07/25/19 at MA was still in the hallway art administering If the 100 hall MA on evealed: Ininistering medications to revealed: Ininister medications to revealed and #18. Inister medications to reported and stering when she reported reported reported running with another reported resident's medications. O hall on 07/25/19 at MA was standing at the hallway talking with another resident's medications. In the other staff about getting reference activity room so she resident's medications to resident's medications to resident's medications to resident about this resident about this resident about this reported.	D 364	DEFICIENC!)	

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			7.1. 56.125.11.16.1			R	
		HAL004003	B. WING		07	/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
MEADOW	VIEW TERRACE OF WA	DESBORO 123 AN	SON HIGH SCHOO	L ROAD			
- INLABOTE	TENTION OF THE	WADES	BORO, NC 28170				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 364	Continued From page	e 58	D 364				
	10:19am revealed the resident's room and s medication cart towards	rd the nurses' station.					
	A fourth interview with the 100 hall MA on 07/25/19 at 10:19am revealed she had just finished administering medications to Resident #15 and she had completed the morning medication pas for the 100 hall. Observation of the 200 hall on 07/24/19 at 9:50am revealed there was one MA passing medications.						
	9:50am revealed: -She had just finished toileting and was star medication pass on tiles. She had assisted the because the personal activity room assisting. The medications we she still had to admit	e resident with toileting Il care aide (PCA) was in the					
		00 hall on 07/25/19 at e MA was still in the hallway ations.					
	07/25/19 at 10:12am	rith the 200 hall MA on revealed she just finished he still had to administer ent #14.					
	at 10:20am revealed:	the 200 hall MA on 07/25/19 d administering medications					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		R 07/26/2019
NAME OF D	ROVIDER OR SUPPLIER	CTDEET A	DDRESS, CITY, STAT	E ZIR CODE	,
NAME OF T	NOVIDEN ON 3011 EIEN		ON HIGH SCHOO		
MEADOW	VIEW TERRACE OF WAI	DESBORO	ORO, NC 28170		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION (X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE
D 364	Continued From page	e 59	D 364		
	to Resident #14 and for 200 hall was comp- She usually started to 7:00am and she usual personal sister facility and she had not been medications until about prior to that, staff from to that, staff from a dominister medications. It took longer to administer medications because those residents and those residents because those residents bea	the morning medication pass obleted. he medication pass at ally finished between 9:00am #10, #11, #12, #13) came round the end of June 2019 in administering their ut a week ago. In the sister facility had been those residents' inister the morning she was not familiar with use they were "new" to her. It to anyone that she was ering medications. ector of Resident Care in 10:55am revealed: 2 MAs assigned to the son first shift. Inved to the facility and did solled substances at 6:45am. Interest the morning medication they were finished by medications were in or 8:00am. If any concerns about ministered late. Inim know if they needed			
	10:55am revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
	HAL004003 B. WING			R 07/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	123 ANSO	N HIGH SCHOO	OL ROAD	
WEADOW	VIEW TERRACE OF WAI	WADESBO	RO, NC 28170)	
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 364	other staff working on MAs and could assist -He or the DRC could -There were some restrom a sister facility arange -The MAs from the sister administer medicated those MAs stopped conditions being addentications defined hereigned to be in the sidents of th	also assist if needed. Isidents who were admitted round the end of June 2019. Ister facility had been coming itons to those residents but oming about 2 weeks ago. If any concerns about ministered late. It is facility's contracted primary about the residents' morning ministered late today with the facility's contracted primary about the residents' morning ministered late today with the facility's contracted today. With the facility's contracted today inistered late. It is not certain medications to the such as medications for the such as medication and allow the medication thereof too close together or and to unwanted side effects.	D 364		
	residents who receive on 07/25/19 revealed -One of the 13 reside scheduled once a day -All 13 of the resident scheduled once a day	nts had a medication / at 7:00am. s had medications			

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, , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:					
		HAL004003	B. WING	B. WING				
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE				
		123 AN	SON HIGH SCHOOL	. ROAD				
MEADOW	VIEW TERRACE OF WA	DESBORO	SBORO, NC 28170					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
D 364	-Two of the 13 resides scheduled once a da -Eleven of the 13 resides ordered more than or multiple administration with multiple administration intervals were necessand adverse reaction. Nine of the 13 resides scheduled twice a da-Seven of the 13 resides scheduled 4 times a -Medications with adonce a day included hyperthyroidism; dry prevention of blood of low potassium levels nerve pain; psychosic involuntary movemer iron deficiency anem and acid reflux. a. Review of Resider 07/03/19 revealed dia hypertension, major of weakness, thyrotoxice.	ents had medications y at 9:00am. idents had medications nce a day, some with on times. [For medications strations, consistent time sary to prevent side effects is.] ents had medications dy. dents had medications day. ents had a medication day. ministration times more than medications for depression; eyes; high blood pressure; elots; Alzheimer's dementia; ; seizures or mood disorders; s; Parkinson's disease or nts; moderate to severe pain; ia; mild pain/ fever; anxiety;	D 364	DETICIENT				
	unspecified, and othe brain.	er specified disorder of the						
	medication administr revealed: -There were 7 medic administered once a Amlodipine and Lisin pressure); Daily Vite	#7's July 2019 electronic ation record (e-MAR) ations scheduled to be day at 8:00am including opril (both for high blood and Vitamin B1 (vitamin utynin (for bladder spasms);						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL004003	B. WING		07	R 7/ 26/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	. ZIP CODE	,	
		123 ANS	ON HIGH SCHOOL			
MEADOV	VVIEW TERRACE OF W	ADESBORO WADES	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 DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Protonix (for acid re prevention of heart abuspirone (for anxi hyperthyroidism) we 8:00am, 2:00pm, ar -Refresh Tears (for times a day at 8:00a 8:00pm. -All of the medication 07/25/19 were docu 9:35am, 35 minutes time frame. -Medications sched documented as beir other days, up to 20 time frame allowed. Interview with Reside revealed she though administered on time b. Review of Residen 06/09/19 revealed to heart failure, atrial finon-traumatic subart of orbital floor, fraction hearing. Review of Resident medication administered once a Losartan/Hydrochlo pressure); Zyprexa (for acid reflux); Pot potassium); and Vita deficiency). -All of the medication	flux); and Aspirin (for disease). flux); and Methimazole (for ere scheduled 3 times a day at and 8:00pm. flux) was scheduled 4 am, 12:00pm, 4:00pm, and for scheduled for 8:00am on timented as administered at a beyond the allowed 1-hour flux administered late on 7 or minutes beyond the 1-hour flent #7 on 07/26/19 at 4:58pm and the medications were	D 364			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND I EAR OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:			
	HAL004003	B. WING			R / 26/2019	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
MEADOWVIEW TERRACE OF WAL	DESBORO	ON HIGH SCHOO ORO, NC 28170				
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
other days, up to 1 ho the 1-hour time frame -There were 2 medical at 7:00am and 7:00ph blood pressure) and Eclots)The medications sche 07/25/19 were docum 10:03am, 2 hours and allowed 1-hour time from 10:03am, 2 hours and allowed 1-hour time from 10:04 medications schedule were documented as 16 other occasions, up beyond the 1-hour time Interview with Resider revealed: -He did not know whathis medicationsHe got medications with medications. c. Review of Resident 03/07/19 revealed dial disorder, hyperlipidem anemia, Bell's palsy, leconstipation. Review of Resident ## medication administrative and 10 medication administrative and 10 medical administered once a control of the contr	aminutes beyond the ame. ed for 8:00am were administered late on 3 our and 13 minutes beyond allowed. Itions scheduled twice a day in including Coreg (lowers Eliquis (prevents blood eduled for 7:00am on ented as administered at 13 minutes beyond the ame. ed for 7:00am and 7:00pm being administered late on p to 2 hours and 13 minutes in frame allowed. Int #9 on 07/26/19 at 5:36pm int time he usually received whenever staff "drop off" the affine allowed depressive hia, hypertension, congenital ow potassium, and and 10's July 2019 electronic attion record (e-MAR)	D 364				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL004003	B. WING		07	R // 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
		123 AN	ISON HIGH SCHOOL	L ROAD		
MEADOW	VIEW TERRACE OF WA	DESBORO WADES	SBORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY 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	(X5) COMPLETE DATE
D 364	were documented as minutes beyond the a-Medications schedul documented as being other days, up to 2 hithe 1-hour time frame-Namenda (for Alzhe scheduled twice a da-Namenda scheduled was documented as hour and 57 minutes time frame. -Namenda was docul administered late on hours and 11 minutes frame allowed. -Potassium Chloride scheduled 3 times a 8:00pm. -Potassium Chloride o7/25/19 was docum 9:57am, 57 minutes it time frame. -Potassium Chloride being administered late o 2 hours and 11 minutes frame. -Potassium Chloride being administered late o 2 hours and 11 minutes frame. -Potassium Chloride being administered late o 2 hours and 11 minutes frame allowed. Interview with Reside 5:44pm revealed: -She had already reconstructions each day medications each day with the side of the si	led for 8:00am on 07/25/19 administered at 9:57am, 57 allowed 1-hour time frame. led for 8:00am were g administered late on 6 ours and 11 minutes beyond e allowed. imer's dementia) was by at 7:00am and 7:00pm. If for 7:00am on 07/25/19 administered at 9:57am, 1 beyond the allowed 1-hour mented as being 17 other occasions, up to 3 as beyond the 1-hour time ER (for low potassium) was day at 8:00am, 2:00pm, and ER scheduled for 8:00am on ented as administered at beyond the allowed 1-hour ER was documented as ate on 17 other occasions, up nutes beyond the 1-hour time ent #10 on 07/26/19 at recived medications today. nat time she got her y.	D 364			
	09/07/18 revealed dia	nt #11's current FL-2 dated agnoses included depressive tu prostate, gastric ulcer, ntellectual disability,				

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	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			7 20.23 10			5
		HAL004003	B. WING		07	R //26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WAI	DESBORO 123 ANSO	N HIGH SCHO	OL ROAD		
WILADOW	VIEW TERRIAGE OF WAL	WADESBO	ORO, NC 28170)		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 364	O 364 Continued From page 65					
	hyperlipidemia, and h	ypercholesterolemia.				
	medication administrative revealed: -There were 2 medicated administered once a control of the	ations scheduled to be day at 8:00am including at 8:00am including and Omeprazole (for acid and Omeprazole) and Omeprazole (for acid and Omeprazole) and 10:06am, 1 and 10:				
	Interview with Reside 5:49pm revealed: -He usually received :	nt #11 on 07/26/19 at				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		07	R 7/ 26/2019
NAME OF D		•	ADDDEGG OITY OTATE	710.0005	1	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
MEADOW	VIEW TERRACE OF WA	ADESBORO	SON HIGH SCHOOL	_ ROAD		
	T	WADES	BORO, NC 28170			
(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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	ge 66	D 364			
	morning and 2 medications at night. -He usually got his medications on time but sometimes he did not get his morning medications until after he ate breakfast. -He did not have any side effects from his medications. e. Review of Resident #12's current FL-2 dated 02/27/19 revealed diagnoses included bipolar disorder with psychosis, shortness of breath, QT syndrome, and abnormal electrocardiogram.					
	medication administ revealed: -There were 4 medicadministered once a Duloxetine (for depression of the properties); Aspirin (for pand Thera Multivitary-Medications schedules were documented as hour and 9 minutes time frameMedications scheduled ocumented as being other days, up to 1 high the 1-hour time framgeredal (for psychadministered twice as	#12's July 2019 electronic ration record (e-MAR) cations scheduled to be a day at 8:00am including ession); Protonix (for acid prevention of heart disease); nin (a vitamin supplement). Luled for 8:00am on 07/25/19 as administered at 10:09am, 1 beyond the allowed 1-hour luled for 8:00am were ag administered late on 2 nour and 18 minutes beyond the allowed. The proton of the prot				
	administered at 10:0 beyond the allowed -Risperdal was docu administered late on hours and 18 minute frame allowedGabapentin (for seinerve pain) was sch	99am, 2 hours and 9 minutes 1-hour time frame.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		07	R //26/2019
NAME OF PROVIDER OF	R SUPPLIER		ADDRESS, CITY, STATE			
MEADOWVIEW TER	RACE OF WA	DESBORO	SBORO, NC 28170			
	ACH 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
-Gabape was adminutes -Gabape administ hour and frame all Interview 5:40pm -He usus breakfas -Sometii late as 1 -He also 2:00pm -He did medicati f. Review 606/06/19 obstruct kidney did bipolar of Review 606/06/19 obstruct kidney did medicati revealed -There wadminist Amlodip (a diuret pressure disease) deficience -Medica were do	ninistered at a beyond the a sentin was door a seried late on a 18 minutes lowed. If with Reside revealed: ally received at time, but the mes his morn 0:00am. If received me and between not have any ons. If of Resident # on administrative pulmonar isease, heard lisorder, and of Resident # on administrative ered once a ine (for high lice for excess e); Aspirin (for and Vitamir cy). Itions schedul cumented as	ed for 8:00am on 07/25/19 10:09am, 1 hour and 9 allowed 1-hour time frame. cumented as being 2 other occasions, up to 1 beyond the 1-hour time ant #12 on 07/26/19 at this morning medications at ey were sometimes late. ing medications were as adications between 1:30pm - 7:00pm - 7:30pm. side effects from his at #13's current FL-2 dated agnoses included chronic at disease, acute/chronic at failure, schizophrenia, cognitive impairment. at 13's July 2019 electronic ation record (e-MAR) attions scheduled to be day at 8:00am including blood pressure); Furosemide fluid and high blood ar prevention of heart an D3 (for Vitamin D ed for 8:00am on 07/25/19 administered at 10:00am, 1 aved 1-hour time frame.	D 364	DEFICIENCY)		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		07	R 7/26/2019
NAME OF B		•	I DDDDGGG OITY OTATE	710.0005	1 0.	120/2013
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
MEADOW	VIEW TERRACE OF WA	DESBORO	SON HIGH SCHOOL BORO, NC 28170	_ ROAD		
0/0.15	SHWWWDV ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF	CORRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 68	D 364			
	the 1-hour time frame -There were 2 medic administered twice a including Coreg (for It Zyprexa (for psychos -Medications schedu were administered at the allowed 1-hour tir -Medications schedu were documented as 18 other occasions, ubeyond the 1-hour tir Interview with Reside 4:55pm revealed: -His scheduled medic and 8:00pmHe usually got his m g. Review of Resider 06/06/19 revealed did depression, hyperten hyperlipidemia, and It	ations scheduled to be day at 7:00am and 7:00pm nigh blood pressure) and is). led for 7:00am on 07/25/19 10:00am, 2 hours beyond me frame. led for 7:00am and 7:00pm being administered late on up to 2 hours and 21 minutes ne frame allowed. ent #13 on 07/26/19 at cation times were 8:00am edications on time. at #14's current FL-2 dated agnoses included dementia, sion, osteoporosis,				
	medication administrative revealed: -There were 3 medicadministered once a Citalopram (for depreal Alzheimer's dementia Vitamin D deficiency) -Medications scheduwere documented as	ations scheduled to be day at 8:00am including ession); Aricept (for a); and Vitamin D3 (for				
	-Medications schedu	led for 8:00am were				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		HAL004003	B. WING		07	R / 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E ZIP CODE		
NAIVIL OI II	NOVIDEN ON 3011 LIEN		SON HIGH SCHOO	,		
MEADOW	VIEW TERRACE OF WA	DESBORO	BORO, NC 28170			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE DATE
D 364	D 364 Continued From page 69		D 364			
	other days, up to 1 ho the 1-hour time frame	our and 40 minutes beyond a allowed.				
	Interview with Reside 6:15pm revealed:	nt #14 on 07/26/19 at				
	•	medications in the morning				
	-She did not recall if the medications had been administered lateShe did not have any side effects from her medications. h. Review of Resident #15's current FL-2 dated 02/20/19 revealed diagnoses included vascular dementia without behavioral disturbance, schizoaffective disorder, unspecified intellectual disabilities, anxiety disorders, overactive bladder, and unsteadiness on feet.					
	Review of Resident # medication administrative revealed:	:15's July 2019 electronic ation record (e-MAR)				
	administered once a Amlodipine (for high l	ations scheduled to be day at 8:00am including blood pressure); Furosemide				
	Zyrtec (for seasonal a	for bladder spasms); and allergies).				
	were documented as	ed for 8:00am on 07/25/19 administered at 10:23am, 1 beyond the allowed 1-hour				
	time frameMedications schedul	•				
	documented as being	g administered late on 4 minutes beyond the 1-hour				
	-There were 5 medica	ations scheduled to be day at 9:00am including				
	Ferrous Sulfate (for in	con-deficiency anemia); pain/fever); Aspirin (for				

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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		
			7 BOILBING.		F)
		HAL004003	B. WING		1	6/2019
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WAI	DESBORO	N HIGH SCHOO PRO, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 364	Continued From page	e 70	D 364			
	prevention of heart di supplement); and Vita deficiency)Medications schedul were documented as 23 minutes beyond the frameTegretol (for seizures scheduled to be admit 8:00am and 4:00pmTegretol scheduled for documented as admit and 23 minutes beyond the 1-hour timeTegretol was documented as admit and 23 minutes beyond the 1-hour timeRisperdal (for psycholadministered twice a and it was administered as admit was administered and it was administered and it was administered and it was administered as a minutes beyond the frameBenztropine (for invoscheduled to be admit 9:00am, 3:00pm, and -Benztropine schedul was documented as a minutes beyond the all the time with Reside pm revealed her med "on time, all the time" i. Review of Resident 02/20/19 revealed dia hypertension, and hypertension, and hypertension, and hypertension, and hypertension.	sease); Folic Acid (a vitamin amin D3 (for Vitamin D) ed for 9:00am on 07/25/19 administered at 10:23am, he allowed 1-hour time s or mood disorders) was inistered twice a day at hour street at 10:23am, 1 hour and the allowed 1-hour time ented as being administered from, up to 42 minutes he frame allowed. Dois) was scheduled to be day at 9:00am and 9:00pm and 10:23am on 07/25/19, he allowed 1-hour time foluntary movements) was inistered 3 times a day at 9:00pm. ed for 9:00am on 07/25/19 administered at 10:23am, 23 allowed 1-hour time frame. Int #15 on 07/26/19 at 5:36 ications were administered #16's current FL-2 dated agnoses included dementia, pothyroidism.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		07	R 7/ 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	•	
MEADOW	MIEW TERRACE OF WA		ON HIGH SCHOOL	ROAD		
WEADOW	VIEW TERRACE OF WA	WADES	BORO, NC 28170			
(X4) ID PREFIX TAG	DECLUATION COLLOC IDENTIFICATION INTEGRALATION		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 364	D 364 Continued From page 71 -There were 3 medications scheduled to be administered once a day at 8:00am including		D 364			
	pressure); and Levotl hypothyroidism). -Medications schedul were documented as	a diuretic that lowers blood				
	Interview with Resident #16 on 07/26/19 at 5:45pm revealed: - She did not get her medications on time All staff were late giving medications and it was no particular staff She had not discussed her concerns about late medications with anyone.					
	07/11/19 revealed dia	#17's current FL-2 dated agnoses included dementia, s, insomnia, and dyspepsia.				
	medication administrative revealed: -There were 4 medical administered once a land Lisinopril (for high blook (for depression; Potal potassium); and Ome-Medications schedul were documented as minutes beyond the aland documented as being	ations scheduled to be day at 8:00am including od pressure); Citalopram ssium Chloride ER (for low eprazole (for acid reflux). ed for 8:00am on 07/25/19 administered at 9:37am, 37 allowed 1-hour time frame.				
	time frame allowedTramadol (a narcotic	•				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		HAL004003	B. WING		I	R 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESPORO 123 ANS	ON HIGH SCHOOL	ROAD		
IVIEADOVV	VIEW TERRACE OF WA	WADESE	3ORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page 72		D 364			
	8:00am, 2:00pm, and 8:00pmTramadol scheduled for 8:00am on 07/25/19 was documented as administered at 9:37am, 37 minutes beyond the allowed 1-hour time frame.					
Based on observations, interviews, and reviews, it was determined Resident #1 interviewable.						
	k. Review of Resident #18's current FL-2 dated 02/21/19 revealed diagnoses included cognitive impairment, chronic obstructive pulmonary disease, iron deficiency anemia, hypertension, gastroesophageal reflux disease, insomnia, and muscle weakness.					
	medication administr revealed: -There were 3 medical administered once a Loratadine (for seaso (for acid reflux); and deficiency)Medications scheduwere documented as minutes beyond the aminutes beyond the aminutes beyond the aminutes as being other days, up to 53 time frame allowedThere were 3 medical administered twice a including Coreg and blood pressure) and iron-deficiency anem-Medications scheduwere documented as minutes beyond the aminutes beyond the aminutes as medical administered as minutes as medical administered as minutes beyond the aminutes as medical administered as minutes as minutes as medical administered as minutes as minutes as medical administered as minutes as minutes as minutes as medical administered as minutes	g administered late on 9 minutes beyond the 1-hour ations scheduled to be day at 8:00am and 8:00pm Metoprolol (both for high Ferrous Sulfate (for				

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 364 Continued From page 73 were documented as being administered late on 9 other occasions, up to 53 minutes beyond the 1-hour time frame allowed. -I-hydrocodone/Acetaminophen (a narcotic pain reliever) was scheduled to be administered 3 times a day at 8:00am, 2:00pm, and 8:00pm. -I-hydrocodone/Acetaminophen scheduled for 8:00am on 07/25/19 was documented as administered at 9:52am, 52 minutes beyond the allowed 1-hour time frame. -I-hydrocodone/Acetaminophen was documented as being administered late on 6 other occasions, up to 40 minutes beyond the 1-hour time frame allowed. Interview with Resident #18 on 07/26/19 at 5:02pm revealed: -She got her morning medications between 9:30am and 10:00am. -When her acid reflux medication was late, it caused her "reflux to act up". -When her blood pressure medication was late it caused her for feel sluggish. -The resident had reported her medications being late but she could not recall when or who she reported it to. I. Review of Resident #19's current FL-2 dated	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
MEADOWNIEW TERRACE OF WADESBORO MEADOWNIEW TERRACE OF WADESBORO MISSIANDA HIGH SCHOOL ROAD WADESBORO, NC 28170 [X4] ID SUMMARY STATEMENT OF DEFICIENCIES BY FULL REGULATORY OR LIST IDENTIFYING INFORMATION) D 364 Continued From page 73 were documented as being administered late on 9 other occasions, up to 53 minutes beyond the 1-hour time frame allowed. -Hydrocodone/Acetaminophen scheduled for 8:00am on 07/25/19 was documented as administered at 9:2am, 52 minutes beyond the allowed 1-hour time frame. -Hydrocodone/Acetaminophen scheduled for 8:00am on 07/25/19 was documented as being administered at 9:52am, 52 minutes beyond the allowed 1-hour time frame allowed. -Interview with Resident #18 on 07/26/19 at 5:02pm revealed: -She got her morning medications between 9:30am and 10:00am. -When her acid reflux medication was late, it caused her 'reflux to act up''. -When her blood pressure medication was late it caused her for feel sluggish. -The resident had reported her medications being late but she could not recall when or who she reported it to. I. Review of Resident #19's current FL-2 dated			HAL004003	B. WING	·	07	
MADESBORO 123 ANSON HIGH SCHOOL ROAD WADESBORO NC 28170	NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	. ZIP CODE		
(24) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 73			123 AN	, ,			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 73 were documented as being administered late on 9 other occasions, up to 53 minutes beyond the 1-hour time frame allowed. -Hydrocodone/Acetaminophen (a narcotic pain reliever) was scheduled to be administered 3 times a day at 8:00am, 2:00pm, and 8:00pm, -Hydrocodone/Acetaminophen scheduled for 8:00am on 07/25/19 was documented as administered at 9:52am, 52 minutes beyond the allowed 1-hour time frame. -Hydrocodone/Acetaminophen was documented as being administered late on 6 other occasions, up to 40 minutes beyond the 1-hour time frame allowed. Interview with Resident #18 on 07/26/19 at 5:02pm revealed: -She got her morning medications between 9:30am and 10:00am. -When her acid reflux medication was late, it caused her "reflux to act up". -When her blood pressure medication was late it caused her to feel sluggish. -The resident had reported her medications being late but she could not recall when or who she reported it to. I. Review of Resident #19's current FL-2 dated	MEADOW	VIEW TERRACE OF W	ADESBORO WADES	BORO, NC 28170			
were documented as being administered late on 9 other occasions, up to 53 minutes beyond the 1-hour time frame allowedHydrocodone/Acetaminophen (a narcotic pain reliever) was scheduled to be administered 3 times a day at 8:00am, 2:00pm, and 8:00pmHydrocodone/Acetaminophen scheduled for 8:00am on 07/25/19 was documented as administered at 9:52am, 52 minutes beyond the allowed 1-hour time frameHydrocodone/Acetaminophen was documented as being administered late on 6 other occasions, up to 40 minutes beyond the 1-hour time frame allowed. Interview with Resident #18 on 07/26/19 at 5:02pm revealed: -She got her morning medications between 9:30am and 10:00amWhen her acid reflux medication was late, it caused her "reflux to act up"When her blood pressure medication was late it caused her to feel sluggishThe resident had reported her medications being late but she could not recall when or who she reported it to. I. Review of Resident #19's current FL-2 dated	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
03/20/19 revealed diagnoses included dementia, dislocation of left hip, hypokalemia, gastroesophageal reflux disease, atrial fibrillation, hypertension, overactive bladder, congestive heart failure, and malignant neoplasm of the breast. Review of Resident #19's July 2019 electronic medication administration record (e-MAR) revealed:	D 364	were documented as 9 other occasions, use 1-hour time frame all -Hydrocodone/Aceta reliever) was schedutimes a day at 8:00ar -Hydrocodone/Aceta 8:00am on 07/25/19 administered at 9:52 allowed 1-hour time -Hydrocodone/Aceta as being administered up to 40 minutes be allowed. Interview with Resid 5:02pm revealed: -She got her mornin 9:30am and 10:00ar -When her acid reflucaused her "reflux to -When her blood precaused her to feel storaged her to feel storaged it to. I. Review of Resider 03/20/19 revealed dislocation of left hip gastroesophageal rehypertension, overal heart failure, and material to administration administration administration.	s being administered late on p to 53 minutes beyond the llowed. Aminophen (a narcotic pain called to be administered 3 mm, 2:00pm, and 8:00pm. Aminophen scheduled for a was documented as 2 mm, 52 minutes beyond the frame. Aminophen was documented and late on 6 other occasions, and the 1-hour time frame are medications between m. It is medication was late, it to act up". Aminophen was late it luggish. Aminophen was late it luggish	D 364			

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NAME OF PROVIDER OR SUPPLIER #AL004003 **STREET ADDRESS. CITY. STATE, 2IP CODE** 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170 PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD WADDESBORO, NC 28170 WADDESBORO, NC 28170 WADDESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE D 364 Continued From page 74 -Zyrtec was administered late on 07/25/19 at 9.55am, 1 hour and 55 minutes beyond the allowed 1-hour time frameThere were 6 medications scheduled to be administered with a scheduled to 10 each administered with a scheduled to 10 each administered with a scheduled to 10 each administered with a scheduled to 10 each administered with a scheduled 10 each administered and each administered with a scheduled 10 e				A. BUILDING: _		
MEADOWNIEW TERRACE OF WADESBORO MEADOWNIEW TERRACE OF WADESBORO 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170			HAL004003	B. WING		
MADESBORO, NC 28170 [X4] ID PROVIDERS PLAN OF CORRECTION PROFINE PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 74 -Zyrtec was administered late on 07/25/19 at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -There were 6 medications scheduled to be administered as administered at 9:55am, 55 minutes beyond the allowed 1-hour time frame. -There were 2 medications scheduled to be administered at 9:55am, 55 minutes beyond the allowed 1-hour time frame. -There were 2 medications scheduled to be administered was administered at 9:55am, 55 minutes beyond the allowed 1-hour time frame. -There were 2 medications scheduled for 8:00am on 07/25/19 were documented as administered at 9:55am, 55 minutes beyond the allowed 1-hour time frame. -There were 2 medications scheduled to be administered was administered at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -There were 2 medications scheduled for 7:00am and 7:00pm including Potassium Chloride ER (for low potassium) and Ranitidine (for acid reflux). -Medications scheduled for 7:00am and 7:00pm were documented as administered at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -Medications scheduled for 7:00am and 7:00pm were documented as being administered at en on 1 other occasion, 31 minutes beyond the 1-hour time frame. -Medications scheduled for 7:00am and 7:00pm were documented as being administered at en on 1 other occasion, 31 minutes beyond the 1-hour time frame allowed. -There were 2 medications scheduled to be administered 3 times a day at 8:00am, 2:00pm,	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (CACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 74 -Zyrtec was administered late on 07/25/19 at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -There were 6 medications scheduled fo be administered with eallowed 1-hour time frame. -There were 2 medications scheduled to be administered with eallowed 1-hour time frame. -There were 2 medications scheduled to be administered with eallowed 1-hour time frame. -There were 2 medications of the allowed 1-hour time frame. -There were 2 medications scheduled for 200pm including Not administered with eallowed 1-hour time frame. -There were 2 medications scheduled for 200pm including Potassium Chloride ER (for low potassium) and Ranitidine (for acid reflux). -Medications scheduled for 7:00am and 7:00pm were documented as administered at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -Medications scheduled for 7:00am and 7:00pm were documented as administered at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -Medications scheduled for 7:00am and 7:00pm were documented as administered at 9:00am, 200pm including Potassium Chloride ER (for low potassium) and Ranitidine (for acid reflux). -Medications scheduled for 7:00am and 7:00pm were documented as administered at 9:00am, 200pm including Potassium Chloride Seption 1.00am and 7:00pm were documented as administered at 9:00am, 200pm including Potassium Chloride Seption 1.00am and 7:00pm were documented as administered at 9:00am, 200pm including Potassium Chloride Seption 1.00am and 7:00pm were documented as administered at 9:00am, 200pm including Potassium Chloride Seption 1.00am and 7:00pm were documented as administered at 9:00am, 200pm including Potassium Chloride Seption 1.00am and 7:00am and 7:00			123 ANSC	N HIGH SCHO	OL ROAD	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 74 -Zyrtec was administered late on 07/25/19 at 9.55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -There were 6 medications scheduled to be administered once a day at 8:00am including Atorvastatin (for high cholesterol); Diltiazem (for hear/blood pressure); Metolazone (a diuretic for excess fluid that lower blood pressure); Lactulose and Senxon-S (laxatives); and Ocuvite (a vitamin supplement for eye health). -Medications scheduled for 8:00am on 07/25/19 were documented as administered at 9:55am, 55 minutes beyond the allowed 1-hour time frame. -There were 2 medications scheduled to be administered at 9:7:00am and 7:00pm including Potassium Chloride ER (for low potassium) and Rantitidine (for acid reflux). -Medications scheduled for 7:00am on 07/25/19 were documented as administered at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -Medications scheduled for 7:00am and 7:00pm were documented as beyond the 1-hour time frame. -Medications scheduled for 7:00am and 7:00pm were documented as being administered at 9:55am, 1 hour and 55 minutes beyond the 1-hour time frame allowed. -There were 2 medications scheduled to be administered at 9:55am, 200pm,	MEADOW	VIEW TERRACE OF WA	DESBORO WADESB	ORO, NC 28170)	
-Zyrtec was administered late on 07/25/19 at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -Zyrtec was administered late on 1 other day, 31 minutes beyond the allowed 1-hour time frame. -There were 6 medications scheduled to be administered once a day at 8:00am including Atorvastatin (for high cholesterol); Diltiazem (for heart/blood pressure); Metolazone (a diuretic for excess fluid that lower blood pressure); Lactulose and Senexon-S (laxatives); and Ocuvite (a vitamin supplement for eye health). -Medications scheduled for 8:00am on 07/25/19 were documented as administered at 9:55am, 55 minutes beyond the allowed 1-hour time frame. -There were 2 medications scheduled to be administered twice a day at 7:00am and 7:00pm including Potassium Chloride ER (for low potassium) and Ranitidine (for acid reflux). -Medications scheduled for 7:00am on 07/25/19 were documented as administered at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -Medications scheduled for 7:00am and 7:00pm were documented as being administered late on 1 other occasion, 31 minutes beyond the 1-hour time frame allowed. -There were 2 medications scheduled to be administered 3 times a day at 8:00am, 2:00pm,	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -Zyrtec was administered late on 1 other day, 31 minutes beyond the allowed 1-hour time frame. -There were 6 medications scheduled to be administered once a day at 8:00am including Atorvastatin (for high cholesterol); Diltiazem (for heart/blood pressure); Metolazone (a diuretic for excess fluid that lower blood pressure); Lacutulose and Senexon-S (laxatives); and Ocuvite (a vitamin supplement for eye health). -Medications scheduled for 8:00am on 07/25/19 were documented as administered at 9:55am, 55 minutes beyond the allowed 1-hour time frame. -There were 2 medications scheduled to be administered twice a day at 7:00am and 7:00pm including Potassium Chloride ER (for low potassium) and Ranitidine (for acid reflux). -Medications scheduled for 7:00am on 07/25/19 were documented as administered at 9:55am, 1 hour and 55 minutes beyond the allowed 1-hour time frame. -Medications scheduled for 7:00am and 7:00pm were documented as being administered late on 1 other occasion, 31 minutes beyond the 1-hour time frame allowed. -There were 2 medications scheduled to be administered 3 times a day at 8:00am, 2:00pm,	D 364	Continued From page	e 74	D 364		
anxiety) and Acetaminophen (for pain/fever)Medications scheduled for 8:00am on 07/25/19 were documented as administered at 9:55am, 55 minutes beyond the allowed 1-hour time frame. Interview with Resident #19 on 07/26/19 at 5:42pm revealed: -Her medications were occasionally late but not often.	D 364	-Zyrtec was administed 9:55am, 1 hour and 5 allowed 1-hour time from the result of the	ered late on 07/25/19 at 65 minutes beyond the rame. ered late on 1 other day, 31 allowed 1-hour time frame. ations scheduled to be day at 8:00am including cholesterol); Diltiazem (for properties); Lactulose tives); and Ocuvite (a pure properties); Lactulose tives); and Ocuvite (a pure properties); and Ocupite (a pure properties	D 364		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	: (X3) DATE SUR COMPLETE		E SURVEY IPLETED
		HAL004003	B. WING		07	R 7/26/2019
	ROVIDER OR SUPPLIER	DESBORO 123 ANS	DDRESS, CITY, STATE ON HIGH SCHOOL 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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 364	05/10/19 revealed dia hypertension, anxiety chronic obstructive publistory of breast cand. Review of Resident # medication administrate revealed: -There were 6 medica administered once a depression); Lisinopri Namenda (for Alzheir (for high cholesterol); of heart disease)Medications schedul were documented as hour and 1 minute bettime frameMedications schedul documented as admidays, up to 1 hour 38 1-hour time frameGabapentin (for seiz nerve pain) was schetwice a day at 7:00an-Gabapentin was documented as administered late on hours and 38 minutes frame allowed.	nt #20's current FL-2 dated agnoses included dementia, hyperlipidemia, falls, ulmonary disease, and ser. 20's July 2019 electronic ation record (e-MAR) ations scheduled to be day at 8:00am including st cancer); Lexapro (for ill (for high blood pressure); mer's dementia); Simvastatin and Aspirin (for prevention ed for 8:00am on 07/25/19 administered at 10:01am, 1 yond the allowed 1-hour ed for 8:00am were nistered late on 6 other minutes beyond the allowed ures, mood disorders, or duled to be administered at 7:00pm. umented as administered at , 2 hours and 1 minute -hour time frame.	D 364			
		nined Resident #20 was not				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
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		HAL004003	B. WING		07	R // 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREETA	.DDRESS, CITY, STATE	E, ZIP CODE		
MEADOM	".//FIA/ TEDDA OF OF IA/A	123 ANS	ON HIGH SCHOOL	L ROAD		
MEADOW	VIEW TERRACE OF WA	DESBORO WADESE	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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 76	D 364			
	05/29/19 revealed: -Diagnoses included autistic disorder, dysplation disorder.	t #3's current FL-2 dated type II diabetes mellitus, bhagia and schizo-affective tation to see attached				
	03/20/19 attached to Resident #3 revealed Novolog sliding scale (SQ) before meals ar blood sugar (FSBS) 181-220 give 4 units, 261-300 give 8 units, 341-380 give 12 units 421-460 give 16 units	n's Order sheet dated the FL-2 dated 05/06/19 for I there was an order for insulin (SSI) subcutaneous and at bedtime for finger stick 141-180 give 2 units, 220-260 give 6 units, 301-340 give 10 units, s, 381-420 give 14 units, s, 461-500 give 18 units, 501 units and notify primary care				
	medication administrative revealed: -There was an entry fitimes daily at 7:00am 9:00pmThere was documen administered at 10:42 10:17am on 05/11/19 10:16am on 05/21/19 05/22/19 and at 12:44 Review of Resident # revealed:	for Novolog SSI SQ four 1, 12:00pm, 6:00pm and 12:00pm, 6:00pm and 12:00pm and 12:00pm, 6:00pm and 12:00pm and 12:				
	times daily at 7:00am 9:00pm.	tation the Novolog SSI SQ four				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE A. BUILDING:						
			A. BOILDING			n
		HAL004003	B. WING			R 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	-	
MEADOW	VIEW TERRACE OF WAI	DESPORO 123 ANSC	N HIGH SCHO	OL ROAD		
WEADOW	VIEW TERRACE OF WAI	WADESB	ORO, NC 28170)		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 364	Continued From page	e 77	D 364			
		ım on 06/07/19, at 9:03am				
	Review of Resident #	3's June 2019 eMAR				
	-There was an entry f times daily at 7:00am 9:00pm.					
	medications including 7:00am, were administetween 05/01/19 and On 05/07/19, Reside was administered at on the pharmacy was at the	revealed: nber the reason morning Novolog SSI scheduled for stered late on 11 occasions d 07/23/19. nt #3's 7:00am Novolog SSI				
	residents' medications same administration to a same administration to a same administration to a same administration to a same time; the formed pharmacy and did not same time; the same time; the formed pharmacy and did not same time; the same ti	evealed: ministered late because all s were scheduled for the ime. mes were not staggered, it time to administer idents within one before and neduled time. mer Resident Care bout medications being late is being scheduled at the r RCC blamed the				

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STATE FORM 6899 If continuation sheet 78 of 96 9LHR11

to the control of the	B. WING		CORRECTION TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
to the control of the	BORO, NC 28170 ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	CORRECTION TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE
WADESE FICIENCIES EDED BY FULL INFORMATION) dministering dent Care ealed: e being nen three eation times on	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	COMPLETE
dministering ent Care ealed: being hen three	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE THE APPROPRIATE	COMPLETE
dministering lent Care ealed: e being nen three eation times on	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE THE APPROPRIATE	COMPLETE
lent Care ealed: be being nen three eation times on	D 364			
lent Care ealed: be being nen three eation times on				
ealed: being nen three cation times on				
d not have changing and ag counts and medications 07/26/19 at medications the scheduled any problems time. taff on duty by /01/19. cations and				
and record				
	07/26/19 at medications the scheduled any problems time. taff on duty by 01/19. cations and ting on MARs for	07/26/19 at medications the scheduled any problems time. taff on duty by 01/19. cations and ting on 1ARs for	07/26/19 at medications the scheduled any problems time. taff on duty by 01/19. cations and ting on 1/ARs for	medications the scheduled any problems time. taff on duty by 01/19. cations and ting on MARs for

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BOILDING		
		HAL004003	B. WING		R 07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESBORO 123 ANSO	N HIGH SCHOO	DL ROAD	
		WADESBO	ORO, 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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 364	Continued From page 79		D 364		
	had medications with times that were admir including but not limite depression; hyperthyr prevention of blood cl low potassium levels; pain; psychosis; invol pain; anxiety; and acidoses of Novolog slid adminstered 90 minute late between May and failure to administer in before or after the schedetrimental to the heat	multiple administration nistered too close together ed to medications for roidism; high blood pressure; ots; Alzheimer's dementia; mood disorders; nerve untary movements; chronic d reflux. Resident #3 had 11 ing scale insulin tes to more than 3 hours d July 2019. The facility's nedications within one hour neduled time was alth, safety, and welfare of istitutes a Type B Violation.			
	this violation. CORRECTION DATE	131D-34 on 07/26/19 for FOR THE TYPE B IOT EXCEED SEPTEMBER			
D 367	10A NCAC 13F .1004 Administration	l(j) Medication	D 367		
	 (j) The resident's merecord (MAR) shall be following: (1) resident's name; (2) name of the medical (3) strength and dosa administered; (4) instructions for admort reatment; (5) reason or justification. 	Medication Administration dication administration e accurate and include the cation or treatment order; ge or quantity of medication ministering the medication tion for the administration of the service as needed (PRN) and			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED						
		HAL004003	B. WING		07	R 7/26/2019
NAME OF D	DOVIDED OD CLIDDLIED		I CONTRACTOR	710 0005	1 0.	720/2013
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE SON HIGH SCHOOL			
MEADOW	VIEW TERRACE OF WA	DESBORO	BORO, NC 28170	INOAD		
(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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 367	(6) date and time of a (7) documentation of medications or treatmomission, including re (8) name or initials of the medication or treasignature equivalent	ulting effect on the resident; administration; any omission of nents and the reason for the efusals; and, the person administering atment. If initials are used, a to those initials is to be ntained with the medication	D 367			
	reviews, the facility fa documentation of the medications including (Novolog), oral diabe	ns, interviews and record ailed to assure accurate administration of g sliding scale insulin tes medication (Metformin) ons (Flonase) for 1 of 5				
	05/29/19 revealed: -Diagnoses included autistic disorder, dysplaisorder.	type II diabetes mellitus, ohagia and schizo-affective tation to see attached				
	03/20/19 attached to Resident #3 revealed	cian's Order sheet dated the FL-2 dated 05/06/19 for I there was an order for insulin (SSI) subcutaneous				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE	SURVEY
			A. BUILDING:			
		HAL004003	B. WING		07	R / 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STATE	E, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESPORO 123 A	ANSON HIGH SCHOOL	ROAD		
WEADOW	VIEW TERRACE OF WA	WAD	ESBORO, NC 28170			
(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 DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
D 367	D 367 Continued From page 81		D 367			
	blood sugar (FSBS) 181-220 give 4 units 261-300 give 8 units 341-380 give 12 unit 421-460 give 16 unit	nd at bedtime for finger stick 141-180 give 2 units, , 220-260 give 6 units, , 301-340 give 10 units, s, 381-420 give 14 units, s, 461-500 give 18 units, 501 units and notify primary care				
	medication administr revealed: -There was an entry insulin (SSI) subcuta for finger stick blood than 141. -There was documer	for Novolog sliding scale neously (SQ) four times daily sugar (FSBS) results great ntation of 55 opportunities to was no documentation how				
	revealed: -There was an entry times daily for FSBS -There was documer	for Novolog SSI SQ four results great than 141. Intation of 56 opportunities to e was no documentation how histered.				
	revealed: -There was an entry times daily for FSBS -There was documer administer SSI; there amount of SSI admir opportunities. Interview with a med 07/25/19 at 10:48am	for Novolog SSI SQ four results great than 141. Intation of 54 opportunities to e was documentation of the histered for 2 of the 54 ication aide (MA) on revealed MAs did not a SSI was administered on				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		RIPLE CONSTRUCTION (X3) DATE SURVICES (X9) DATE SURVICES (COMPLETE		
		HAL004003	B. WING		6 07/2	R 16/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE	·	
MEADOW	MIEW TERRACE OF WA	123 ANS	ON HIGH SCHOOL	ROAD		
MEADOW	VIEW TERRACE OF WAI	DESBORO WADESB	ORO, NC 28170			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 367	Continued From page	e 82	D 367			
	the eMAR; the computinger stick blood sugar	uter system only required the ar (FSBS) result.				
	O7/25/19 at 11:09am -When administering the computer system to give based on the f (FSBS) result that wa -MAs did not docume time they administere Telephone interview v at the facility's contract at 12:38pm revealed: -The pharmacy did not for Resident #3When the pharmacy they entered a place of finger stick blood sug- amount of insulin whice given.	sliding scale insulin (SSI), indicated how much insulin finger stick blood sugar is entered. In the amount given each id SSI. with the Front-End Manager cted pharmacy on 07/25/19 of have a Novolog SSI order entered SSI on the eMAR, for documentation of the ar (FSBS) result and the ch was supposed to be				
	Interview with the Dire (DRC) on 07/26/19 at -The Novolog sliding entered correctly on trecord (eMAR)If the SSI had been ecomputer system wouflagged how much insdocument how much -The staff who approve reconcile and change b. Review of a hospital	ector of Resident Care 10:45am revealed: scale insulin (SSI) was not he electronic medication entered correctly, the uld have automatically sulin to give and a place to was given by the MA. yed the order was able to				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION (X3) DATE SUR COMPLETE	
					R
		HAL004003	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TEDDACE OF WA	123 ANS	ON HIGH SCHOO	OL ROAD	
WEADOW	VIEW TERRACE OF WAI	WADESE	BORO, NC 28170)	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 367	Continued From page	e 83	D 367		
	Review of a Physiciar 07/22/19 for Resident order for Metformin 10	#3 revealed there was an			
	Upon request on 07/2 Metformin 500mg twice	24/19, there was no order for ce daily.			
	medication administrate revealed:				
	-There was an entry for Metformin 500mg twice daily.-There was documentation Metformin 500mg was				
	administered 05/01/19 7:30pm through 05/10	9 at 7:30am and 05/06/19 at 0/19 at 7:30pm.			
	times daily.	or Metformin 850mg three tation the Metformin 850mg			
	was administered fror	•			
	-On 05/13/19 at 7:53a	am, 05/14/19 at 8:12am and nere was documentation the			
	Metformin 850mg was it was a duplicate order	s not administered because er.			
	the Metformin 850mg	om there was documentation was not administered			
	·	om there was documentation			
	to condition".	was not administered "due om there was documentation			
	the Metformin 850mg because the resident	was not administered was at the emergency			
	1:02pm there was do	2pm through 05/31/19 at cumentation the Metformin			
		nistered because it was cility was waiting on the			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL004003	B. WING		07	R 7/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO 123 ANS	ON HIGH SCHOOL	. ROAD		
WEADOW	VIEW TERRACE OF WA	WADESE	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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page		D 367			
	dailyThere was documen 1000mg was adminis and 05/06/19 at 7:30p 7:30pm except the fo -On 05/20/19 at 7:59t the Metformin 1000m because it was order -On 05/20/19 at 6:28p 7:54am and 6:29pm Metformin 1000mg where was discoruse it was discoruse it was discoruse it was documentation of the company of the c	tered 05/01/19 at 7:30am om through 05/31/19 at llowing: am there was documentation ag was not administered ed. om and on 05/21/19 at there was documentation the as not administered				
	revealed: -There was an entry times dailyThere was documen was administered on 06/02/19 at 8:00am a 8:00am and 8:00amThere was an entry to dailyThere was documen 1000mg was adminis 7:00am through 06/10/06/24/19 at 7:00am to linterview with a medi 07/25/19 at 10:48am -She could not remer	and 8:00pm, 06/03/19 at 06/10/at 8:00am and for Metformin 1000mg twice tation the Metformin tered from 06/01/19 at 6/19 at 7:00am and from hrough 06/30/19 at 7:00pm.				
	for Resident #3 on 05					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		07	R 7/26/2019
	ROVIDER OR SUPPLIER	DESBORO 123 ANS	ADDRESS, CITY, STATE SON HIGH SCHOOL 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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	whenever a medication administration. Interview with a second 4:32pm revealed: -Normally the MAs with computer screen note by the last MA who ga "waiting for pharmacy to check and make sucome in before docur not givenShe could not specificate happened with the Medication of the facility's contrast at 12:07pm revealed: -The pharmacy dispetablets on 11/20/18The pharmacy dispetablets on 06/19/19 and -Medication orders with the order entry team and -When medication do decreased, the old or eMAR because there entry for the same medication of the same medication and the facility's contrast the facility's contrast 12:38pm revealed.	cocument a reason note on was not available for and MA on 07/25/19 at the reable to see on the escentered for medications ave the medication such as average the medication had not menting the medication had not menting the medication was accelly remember what efformin entries on the accelling the medication was accelling to the medication was accelled the medication was accelled the medication was accelled the medication was accelled the medication. The medication was accelled the more than one edication. The medication was accelled the more than one edication. The medication was accelled the more than one edication. The medication was accelled the more was discontinued on the more than one edication. The medication was accelled the more was discontinued on the more than one edication. The medication was accelled the m	D 367			

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STATE FORM 9LHR11 If continuation sheet 86 of 96

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		F	R 26/2019
		HALUU4003			0772	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO	ON HIGH SCHOO			
	T		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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
D 367	Continued From page	e 86	D 367			
	(DRC) on 07/26/19 at He expected MAs to multiple entries for M eMAR. -The former Resident and former Administrates ponsible for recon readmission orders a clarification needs. c. Review of a hospit 05/06/19 for Residen order for Flonase one daily. Review of Resident # medication administrates was an entry the each nostril twice daily. There was documentarrived and the facility pharmacy from 05/06/19 for Marmacy from 05/06/19 for Resident # medication administrates was an entry the each nostril twice daily.	notify him of issues like the efformin on Resident #3's Care Coordinator (RCC) ator would have been ciling Resident #3's nd eMAR for errors or all discharge summary dated at #3 revealed there was an espray in each nostril twice 3's May 2019 electronic ation record (eMAR) for Flonase one spray in ly. tation the Flonase had not				
		nd 05/10/19 at 7:00am and				
	at the facility's contra at 9:03am revealed: -The pharmacy received medication orders for discharge instructions readmission orders.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
		HAL004003	B. WING		07	R 7/ 26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
MEADOW	N/IEW TERRACE OF W	ADESBORO 123 ANS	ON HIGH SCHOOL	. ROAD		
MEADOW	VIEW TERRACE OF W	ADESBORO WADESI	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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	ge 87	D 367			
	on Resident #3's me	quested the order be placed edication profile for the and did not request a fill until				
	on 07/26/19 at 9:08 did not have medica faxed the pharmacy documented the me	with a medication aide (MA) am revealed when a resident itions in the facility, the MAs for a refill request, dication was not administered son such as waiting on				
	at the facility's contr at 12:38pm revealed -The facility staff we the eMAR, but the control the pharmacy side able to be seen by pro-All medication order pharmacy, so information screens matched at -Resident #3 was re-	re able to make changes on hanges did not come through le of the system and were not charmacy staff. rs should be sent to the nation seen on the computer the pharmacy and the facilityadmitted to the facility on prior to 05/06/19 would have				
	(DRC) on 07/26/19 and -Staff were expected were not available to -The former Resider and former Administresponsible for recorder admission orders clarification needsHe reviewed eMAR did random cart aud with medication admission admis	irector of Resident Care at 10:45am revealed: d to document if medications o administer for a resident. at Care Coordinator (RCC) arrator would have been anciling Resident #3's and eMAR for errors or as daily for documentation and aits to monitor for compliance aninistration. d to document medications				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL004003	B. WING		07/26/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		123 ANSO	N HIGH SCHO	OL ROAD		
MEADOWVIEW TERRACE OF WADESBORO WADESBO			ORO, NC 28170)		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 367	Continued From page	e 88	D 367			
	that were not given a	nd the reason why.				
	5:30pm revealed:	ministrator on 07/26/19 at not in the facility, the MAs				
		tact the pharmacy and notify				
	-If the MAs were not a	able to get a medication in				
		were expected to contact				
	the resident's PCP ar					
	resident's progress no					
	· · · · · · · · · · · · · · · · · · ·	have been followed with				
		ations in May and June 2019. Onsible for faxing medication				
	refills to the pharmac	-				
		cted to document on the				
	eMAR how much SS	I was administered each				
	time.	minister medications and				
	counseled staff on an					
	-He had not had the t	-				
		reviews of eMARs for				
	residents.					
	Attempted telephone	interview with the former				
	Resident Care Coord	inator (RCC) on 07/25/19 at				
	11:37am was unsucc	essful.				
	Based on observation	ns, interviews and record				
		mined Resident #3 was not				
	interviewable.					
D912	G.S. 131D-21(2) Dec	laration of Residents' Rights	D912			
	G.S. 131D-21 Declar	ration of Residents' Rights				
		nave the following rights:				
	2. To receive care an					
	adequate, appropriate	e, and in compliance with				
	relevant federal and s	state laws and rules and				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		
			_			R
		HAL004003	B. WING		07	//26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
MEADOW	VIEW TERRACE OF WA	DESBORO	ISON HIGH SCHOO	L ROAD		
		WADE	SBORO, NC 28170			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY 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	(X5) COMPLETE DATE
D912	Continued From pag	e 89	D912			
	regulations.					
	regulations.					
	This Dule is not used	and the second laws				
	This Rule is not met	ns, interviews and record				
		ailed to ensure residents				
	-	ervices which were adequate,				
		ompliance with relevant				
		rs and rules and regulations				
	related to health care	e, medication administration				
	and management of	facilities.				
	The findings are:					
	1. Based on observa	tions, interviews, and record				
	reviews, the facility fa	ailed to assure health care				
		to meet the acute health				
	care needs of 3 of 6					
		nd #3) inlouding falure to				
		primary care provider of high				
	blood presssure read	<u> </u>				
		d a psychiatric consult, nt's anxiety; and Resident				
		dered a valproic acid blood				
		herapy consult to evaluate				
		wing. [Refer to Tag 273 10A				
	NCAC 13F.0902(b) H	Health Care (Type B				
	Violation)]					
	2. Based on observa	tions, interviews, and record				
	reviews, the facility fa					
		red and in accordance with				
		for 3 of 6 residents (#6, #7,				
		the medication passes				
	including errors with	insulins (#8), an oral				
	antifungal for infectio	n (#6), and a lubricant eye				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		HAL004003	B. WING		R 07/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESBORO 123 ANSC	N HIGH SCHO	OL ROAD	
MEADOW	VIEW TERROLE OF WAR	WADESB	ORO, NC 28170	0	
(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 SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
D912	#2, #3, #6) for record insulin (#6), a blood p medications for anxie multiple medication e for sleep/depression, diabetes for Resident NCAC 13F.1004(a) M (Type A2 Violation)] 3. Based on observat reviews, the facility fa were administered withe prescribed or schresidents (#7, #9, #10 #16, #17, #18, #19, # medication pass on 0 medications with multiple being administered to scheduled administratesidents sampled (#3 was administered late NCAC 13F.1004(g) M (Type B Violation)] 4. Based on observat reviews, the Administ overall management, procedures of the factimplemented to maintiple with rules and statute homes as related to he	f 6 residents sampled (#1, review including errors with pressure medication (#1), ty and depression (#2); and prors including medications high blood pressure, and #3. [Refer to Tag 358 10A dedication Administration ions, interviews, and record illed to assure medications thin one hour before or after eduled times for 13 (1), #11, #12, #13, #14, #15, 20) during the morning 7/25/19 resulting in several tiple administration times	D912		
D980		S.131D-25 Implementation	D980		
	G.S. 131D-25 Implem	nentation			

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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
		HAL004003	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WA	DESBORO	ON HIGH SCHOO		
	T	WADESE	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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D980	Continued From page	91	D980		
	this Article shall rest vifacility. Each facility	elementing the provisions of with the administrator of the shall provide appropriate element the declaration of ded in G.S. 131D-21.			
	This Rule is not met TYPE A2 VIOLATION	<u> </u>			
	reviews, the Administ overall management, procedures of the fac implemented to main with rules and statute homes as related to h	ns, interviews and record rator failed to assure the operations and policies and ility were developed and tain substantial compliance is governing adult care nealth care, medication tritition and food services.			
	The findings are:				
	PRACTICE STATEM AFTER QIC REVIEW	ENTS WILL BE ADDED			
	reviews, the facility fareferral and follow up care needs of 3 of 6 s (Residents #1, #2, an notify Resident #1's p blood presssure read provider, who ordered related to the residen #3's provider, who ordevel, and a speech the residen to the residen the residen are related to the residen the residen the residen the residen the residen the residen are related to the residen the resident the res	d #3) inlcuding falure to brimary care provider of high ings; Resident #2's d a psychiatric consult, t's anxiety; and Resident dered a valproic acid blood herapy consult to evaluate ving. [Refer to Tag 273 10A			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B. WING			R
		HAL004003	B. WING		07	//26/2019
NAME OF PE	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
MEADOW	VIEW TERRACE OF WA	DESBORO	SON HIGH SCHOOL BORO, NC 28170	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D980	reviews, the facility far and food storage are of contamination [Re 13F .0904(a)(1) Nutrol 3. Based on observareviews, the facility fas ampled resident (#3 dysphagia, had diet of consistency of food a 10A NCAC 13F .0904 Service]. 4. Based on observareviews, the facility famedications as order the facility's policies of the facility famedications for insection of the facility of the facility famedication of th	tions, interviews and record ailed to assure the kitchen as were kept clean and free fer to Tag 282 10A NCAC ition & Food Service]. tions, interviews and record ailed to assure 1 of 1 B), who had a history of orders clarified for and liquids [Refer to Tag 307 4(e)(1) Nutrition & Food tions, interviews, and record ailed to administer red and in accordance with for 3 of 6 residents (#6, #7, the medication passes insulins (#8), an oral in (#6), and a lubricant eye of 6 residents sampled (#1, if review including errors with pressure medication (#2); and errors including medications, high blood pressure, and it #3. [Refer to Tag 358 10A Medication Administration ations, interviews, and record ailed to assure medications ithin one hour before or after	D980			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED	
		HAL004003	B. WING		0.5	R 7/ 26/2019
					1 07	120/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
MEADOW	VIEW TERRACE OF WAI	DESBORO	ON HIGH SCHOOL BORO, NC 28170	_ ROAD		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D980	residents sampled (#was administered late NCAC 13F.1004(g) N (Type B Violation)]. 6. Based on observative reviews, the facility fadocumentation of the medications including (Novolog), oral diabeticand allergy medications sampled residents (#NCAC 13F.1004(j) N	tion times; and for 1 of 5 3) whose rapid-acting insulin e. [Refer to Tag 364 10A dedication Administration ions, interviews and record iled to assure accurate administration of	D980			
	revealed: -There had been at let Administrators at the Family members wood Administrator and the care of it, but nothing Interview with a medi 07/25/19 at 11:09am -The former Resident did not come out on the The former RCC did 9:00am on week days MAs reported concert and then the Resident which had become the (DRC) since 07/08/19 Telephone interview of the Resident was a second to the resident which had become the resident which had become the resident was a second to the resident which had become the resident was a second to the resident which had become the resident was a second to the	east four different facility in 2019. uld bring concerns to the ey would say they would take ever happened. cation aide (MA) on revealed: Care Coordinator (RCC) the floor to monitor staff. not arrive to work until s. rns first to the Supervisor at Care Coordinator (RCC) e Director of Resident Care				
	9:42am revealed ther	te had been changes in the CC which resulted in things				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R
		HAL004003	B. WING		07/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE, ZIP CODE	
ME 4 DOM	N/IEW TERRA OF OF WA	123 ANS	ON HIGH SCHOO	DL ROAD	
MEADOW	VIEW TERRACE OF WAI	DESBORO WADESE	ORO, NC 28170		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D980	Continued From page	94	D980		
	5:30pm revealed: -He started as the Ad the former Administra interimThe facility staff, incl worked together as a -The personal care ai medication aide (MA) Supervisor reported the AdministratorHe was out in the hasthroughout the day midutiesHe was initially focus	des (PCAs) reported to the /Supervisor; the MA of the DRC and lls numerous times onitoring staff perform job sed on resident records a FL-2s and diet orders were			
	management of the farules and regulations medication administration failure resulted in Rescontinued depression having a psychiatric rantidepressant (Zolof by the primary care phaving elevated blood receiving an antihype (Losartan) as ordered not receiving multiple antidepressant (Traza (Lisinopril) and diabet six weeks; Resident antifungal (Fluconazo infection; and 14 resident medications including (Novolog) 90 minutes late. The Administrator	rtensive medication I by the PCP; Resident #3 medications including an adone), an antihypertensive tic (Metformin) for three to #6 not receiving an ole) for a chronic fungal dents receiving morning a sliding scale insulin			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL004003	B. WING		R 07/26/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
MEADOW	VIEW TERRACE OF WAI	DESBORO	N HIGH SCHOORD, NC 28170		
(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
D980	Continued From page	95	D980		
	residents and constitu	utes a Type A2 Violation.			
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 07/26/19 for			
		DATE FOR THE TYPE A2 IOT EXCEED AUGUST 25,			

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