PRINTED: 08/23/2019 FORM APPROVED

Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:		COMPLETED	
						R
		HAL041054	B. WING		ns	3/15/2019
		TIALUT 1007			1 00	13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ΓE, ZIP CODE		
OL ADDIO	4.0010TED 1.1/1.10	4558 PLE	EASANT GARDE	N ROAD		
CLAPP'S	ASSISTED LIVING	PLEASA	NT GARDEN, NC	27313		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	IDER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE DEFICIENCY)	
D 000	D 000 Initial Comments The Adult Care Licensure Section and the Guilford County Department of Social Services conducted an annual and follow-up survey on 08/14/19 - 8/15/19.		D 000			
D 358	D 358 10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.		D 358			
	interviews, the facility medications were add licensed prescribing p	ns, record reviews and failed to assure ministered as ordered by a				
	The findings are:					
	Review of Resident #	1's current FL2 dated				

04/24/19 revealed:

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DATE DEFICIENCIES DEPICE DEFICIENCIES	Division of Health Service Regulation							
MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4559 PLEASANT GARDEN, NC 27313 PRETTY TAG SUMMARY STATEMENT OF DEFICIENCES PLEASANT GARDEN, NC 27313 PRETTY TAG SUMMARY STATEMENT OF DEFICIENCES CACH LEFFICIENCY WIST BE PRECEDED BY TILL PRETTY TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG CROSS-REFERENCED TO THE APPROVEMENT TAG PRETTY TAG PROVIDER'S PLAN OF COMPRECION (PACIL CORRECTION SHOULD BE APPROVEMENT TO THE APPROVEMENT TAG PRETTY TAG PROVIDER'S PLAN OF COMPRECION (PACIL CORRECTION SHOULD BE APPROVED TO THE APPROVEMENT TO								
NAME OF PROVIDER OR SUPPLIER CLAPP'S ASSISTED LIVING SUMMAND STREET ADDRESS, CITY, STATE, JIP CODE 4558 PLEASANT GARDEN ROAD PLEASANT GARDEN, NC 27313 PROVIDER'S CONTINUES SUMMAND STREED STREET	AND I LAIT)F CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING: _				
CALPP'S ASSISTED LIVING			HAL041054	B. WING				
CLAPPS ASSISTED LINIGS PLEASANT GARDEN, NC 27313	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
PLEASANT GARDEN, No. 27313 MAID	CL APP'S	ASSISTED I IVING	4558 PLE/	ASANT GARDE	N ROAD			
D 358 Continued From page 1 -Diagnoses included Diabetes Mellitus Type II with neuropathy, long term use of insulin, cerebral infarction with left side hemiplegia, chronic kidney disease, chronic	OLAII C.			T GARDEN, NC				
Diagnoses included Diabetes Mellitus Type II with neuropathy, long term use of Insulin, cerebral infarction with left side hemiplegia, chronic kidney disease, chronic obstructive pulmonary disease, hypertension, major depressive disorder, and gastroesophageal reflux disorder. - There was an order for Vitamin C 250 mg daily. Review of Resident #1's July 2019 Medication Administration Record (MAR) revealed: - There was an entry for Vitamin C 250 mg daily scheduled at 8:00 am. - There was documentation Vitamin C was administered at 8:00 am daily from 07/01/19 through 07/31/19. Review of Resident #1's August 2019 Medication Administration Record (MAR) revealed: - There was an entry for Vitamin C 250 mg daily scheduled at 8:00 am. - There was an entry for Vitamin C 250 mg daily scheduled at 8:00 am. - There was an entry for Vitamin C was administered at 8:00 am. - There was documentation Vitamin C was administered at 8:00 am daily from 08/01/19 through 08/14/19. Observation of Resident #1's medications on hand on 08/15/19 at 9:20 am revealed: - There was a bottle of Vitamin C 500 mg which was house stock (used for multiple residents) with a handwritten date of opened on 07/07/19. - There was no Vitamin C 250 mg available for administration for Resident #1. Interview with a Medication Aide (MA) on 08/15/19 at 11:15 am revealed: - She had opened a bottle of Vitamin C 500 mg on 07/07/19 and placed it on the medication cart.	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE		
with neuropathy, long term use of Insulin, cerebral infarction with left side hemiplegia, chronic kidney disease, chronic obstructive pulmonary disease, hypertension, major depressive disorder, and gastroesophageal reflux disorder. -There was an order for Vitamin C 250 mg daily. Review of Resident #1's July 2019 Medication Administration Record (MAR) revealed: -There was an entry for Vitamin C 250 mg daily scheduled at 8:00 am. -There was documentation Vitamin C was administered at 8:00 am daily from 07/01/19 through 07/31/19. Review of Resident #1's August 2019 Medication Administration Record (MAR) revealed: -There was an entry for Vitamin C 250 mg daily scheduled at 8:00 am entry for Vitamin C 250 mg daily scheduled at 8:00 am and silver of the scheduled at 8:00 am administered at 8:00 am daily from 08/01/19 through 08/14/19. Observation of Resident #1's medications on hand on 08/15/19 at 9:20 am revealed: -There was a bottle of Vitamin C 500 mg which was house stock (used for multiple residents) with a handwritten date of opened on 07/07/19. -There was no Vitamin C 250 mg available for administration for Resident #1. Interview with a Medication Aide (MA) on 08/15/19 at 11:15 am revealed: -She had opened a bottle of Vitamin C 500 mg on 07/07/19 and placed it on the medication cart.	D 358	Continued From page	e 1	D 358				
		-Diagnoses included with neuropathy, long cerebral infarction wit chronic kidney disease pulmonary disease, h depressive disorder, a disorderThere was an order of the Review of Resident #Administration RecorderThere was an entry of scheduled at 8:00 amendaministered at 8:00 at through 07/31/19. Review of Resident #Administration RecorderThere was documentad and an an entry of scheduled at 8:00 amendaministered at 8:00 amendaministered at 8:00 amendaministered at 8:00 amendaministered at 8:00 at through 08/14/19. Observation of Resident Hadministered at 8:00 amendaministered at 8:00 amendaministered at 8:00 at through 08/15/19 at 8:00 amendaministered at 8:00 at through 08/15/19 at 9:00 amendaministered at 8:00 at through 08/15/19 at 11:15 amendaministration for Resident Hadministration for Resident Hadmini	Diabetes Mellitus Type II g term use of Insulin, th left side hemiplegia, se, chronic obstructive hypertension, major and gastroesophageal reflux for Vitamin C 250 mg daily. It's July 2019 Medication of (MAR) revealed: for Vitamin C 250 mg daily not the diameter of the					

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-She had routinely administered Vitamin C 500

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
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		1181 044054	B. WING		1		
		HAL041054			1 08/1	5/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
		4558 PI E	ASANT GARDE	N ROAD			
CLAPP'S	ASSISTED LIVING		IT GARDEN, NO				
		PLEASA	II GARDEN, NO	, 2/3/3			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(***)		
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE	
IAG		200 .22	IAG	DEFICIENCY)			
D 358	Continued From page	e 2	D 358				
	man to Decident #4 wi	th his ather madications					
		th his other medications,					
	including today (08/1						
		did not read the label					
	correctly."						
		was for Vitamin C 250 mg.					
		g herself, were responsible					
	_	ect dosage of medications					
	were administered.						
	Interview with the Adr	ministrator on 08/15/19 at					
	11:25 am revealed:						
	-She did not know Re	esident #1 had received the					
	incorrect dosage of V	′itamin C.					
	-She assumed the resident had a blister pack which contained 250 mg tablets of Vitamin C because another resident had a blister pack						
	which contained a 25	0 mg of Vitamin C.					
		g the medication was					
	responsible for ensuring the medication dosage						
	was correctWhen house stock was used, the MA would compare the MAR to the bottle of medication instead of a blister pack.						
		dication to be administered					
	as ordered.						
	Telephone interview v	with Resident #1's primary					
	care physician (PCP) on 08/15/19 at 1:35 pm						
	revealed:	3.1 33, 13, 13 at 1.00 pm					
		ered Vitamin C 250 mg for					
	Resident #1.	orda vitariiii o 200 ilig ioi					
	-The PCP did not kno	w Resident #1 was					
	administered vitamin as ordered.	C 500 mg and not 250 mg					
	as ordered.						

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