Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R
		HAL041077	B. WING		I	/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE		TFIELD RD	_		
	OLIMAN DV OT		SBORO, NC 2745		TOTION	
(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 CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
		sure Section conducted a 9/05/19 through 09/06/19				
{D 273}	10A NCAC 13F .0902	2(b) Health Care	{D 273}			
	to meet the routine ar of residents.  This Rule is not met	assure referral and follow-up and acute health care needs				
	reviews, the facility fa follow-up regarding a	ns, interviews and record iled to assure referral and physician's order for a e Care referral for 1 of 5 esident #4).				
	The findings are:					
	Review of Resident # 05/07/19 revealed dia paroxysmal atrial fibri	ignoses included				
	Palliative Care referra	3/19 for a Hospice and				
	Interview with the Dire	ector of Resident Care				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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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	
		HAL041077	B. WING		R 09/09/2019	
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIR CODE	1 03/03/2013	
			FIELD RD	12, 211 0002		
GUILFORI	D HOUSE	GREENSI	BORO, NC 2745	55		
(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 COMPLE	
{D 273}	Continued From page	2 1	{D 273}			
	not know Resident #4 Palliative Care referra	al dated 08/08/19 until today.				
	Interview with the Executive Director (ED) on 09/09/19 at 3:38 pm revealed:  -The previous Memory Care Manager (MCM) was responsible for sending the Hospice and Palliative Care referral to the contracted agency.  -Prior to 09/09/19, she did not know the Hospice and Palliative Care referral ordered on 08/08/19 was not sent for Resident #4.  -No one checked behind the MCM to make sure the referral was sent.  -She faxed the Hospice and Palliative Care referral to the contracted agency on 09/09/19 after she was made aware it had not been completed as ordered.					
	the Assisted Living (A -She was now workin -She would have bee the Hospice and Palli contracted agency on -She did not remembe	revealed:  ntil 08/12/19 and was  emory Care Unit (MCU) and  LL).  g as a MA on third shift.  n responsible for sending  ative Care referral to the				
	09/10/19 at 9:05 am r	nt #4's family member on evealed the facility had nd Palliative Care with her een made.				
		nt #4's Primary Care /10/19 at 9:15 am revealed: ed to see her weekly for				

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different ailments.

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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	
		HAL041077	B. WING		09	R / <b>09/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER  D HOUSE	5918 NE	ADDRESS, CITY, STATE ETFIELD RD SBORO, NC 27455			
(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 IE APPROPRIATE	(X5) COMPLETE DATE
{D 273}	-She did not know Re to Hospice as ordered -She expected the fact Hospice as orderedShe referred Resider with pain and emotion Interview with a represent racted Hospice apm revealed: -They did not receive Resident #4 on 08/08 -They received the Hospice apm received the Hospice apm revealed: -They did not receive Resident #4 on 08/08 -They received the Hospice apm revealed: -They did not receive Resident #4 on 08/08 -They received the Hospice apm revealed: -They did not receive Resident #4 on 08/08 -They received the Hospice as ordered.	onic generalized pain. sident #4 was not referred d on 08/08/19. cility to send the referral to int #4 to Hospice to assist nal support. sentative from the gency on 09/10/19 at 10:26 a Hospice referral for /19. ospice referral on 09/09/19.	{D 273}			
D 276	following in the reside (3) written procedures a physician or other li and (4) implementation of orders specified in SuRule.	R Health Care ssure documentation of the ent's record: s, treatments or orders from censed health professional; procedures, treatments or abparagraph (c)(3) of this	D 276			
	reviews, the facility fa					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			R WING		R	
		HAL041077	B. WING		09/09	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFORD HOUSE 5918 NETF		FIELD RD				
GREENSB		BORO, NC 2745	55	ı		
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 276	Continued From page	2 3	D 276			
	residents (Residents #1 and #4) with orders for daily blood pressures (BP) for one week (#1) and an order to check weight monthly (#4).					
	The findings are:					
	dated 01/08/19 revea -Diagnoses included I anxiety, atrial fibrillatio extremity neuropathyThere was an order t signs one time month month.	behavioral disturbances, on, insomnia, and lower				
	08/06/19 revealed:	e order to check daily BPs				
		e order was elevated BP. to the facility from the r (PCP).				
	Administration Record revealed: -There was an entry find pulse, respirations, and taken on 08/02/19 and taken on 08/02/19 and taken on one week starting on the week starting on the was no document of 08/06/19 to 08/19	nentation of BPs obtained 3/19.				
	revealed: -There was document by a Home Health Nu	1's Home Health notes tation of vital signs collected rse (HHN) on 08/06/19. on 08/06/19 at 3:45 pm was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
		HAL041077	B. WING		R <b>09/09/2019</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		5918 NETF	IELD RD			
GUILFOR	D HOUSE	GREENSB	ORO, NC 2745	55		
(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 276	Continued From page	2.4	D 276			
	-The manual BP docu pm was 178/62. -On 08/06/19, The Hi	umented on 08/06/19 at 3:55  HN documented that the er (PCP) was notified and no				
	(DRC) on 09/05/19/19	ector of Resident Care 9 at 12:46 pm revealed he the BP recordings from				
	4:11 pm revealed: -BP recordings were of the contracted pharm eMAR system and addribe DRC, Executive Care Manager (MCM)	Director (ED), Memory ), and Supervisor had R system and could add, iscontinue orders.				
	eMAR system; only S changes in the eMAR -The MAs, the ED, ar responsible for faxing Interview with a secondar revealed:	revealed: to make changes in the supervisors could make system. ad the DRC were orders to the pharmacy. and MA on 09/06/19 at 7:37				
	be taken daily for one -She did not know wh on 08/06/19. -She worked as the M 08/12/19. -She processed order	ere was an order for BPs to week starting on 08/06/19. The hat happened to the BP order MCM from 03/03/19 to the swhen she was the MCM. The responsible for the sweet and order was the MCM.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL041077	B. WING		09/09	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFORI	D HOUSE		FIELD RD			
GREENSB		BORO, NC 2745	55			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 276	Continued From page	e 5	D 276			
D 276	ensuring implemental Orders for BPs could eMAR or the order cocontracted pharmacy put the order into the Only the MCM and Sinto the eMAR.  She expected MAs to BPs were to be documented by BPs were to be documented by BPs not collected as a Based on observation reviews, it was determined by BPs not collected as a Based on observation reviews, it was determined by BPs not collected as a Based on observation reviews, it was determined by BPs not collected as a Based on observation reviews, it was determined by BPs not collected as Based on observation reviews, it was determined by BPs not collected as Based on observation reviews, it was determined by BPs as a	tion of orders. It be added manually in the buld have been sent to the and the pharmacy would eMAR. Supervisor could add orders to collect BPs per order. Immented in the eMAR. The PCP was notified of the ordered on 08/06/19.  This, interviews, and record mined Resident #1 was not the evealed: In #1 once a month at the story of hypertension 10 tesident #1 developed ate unknown).  The #1's PCP on 09/06/19 at the hypertensive results to were a pattern or trend for er additional medications if of any BP results collected	D 276			
	ordered.	e BPs were not collected as that the order was not he wanted to look at				
	Resident #1's BP tren	nd for a week.				

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-Resident #1 did not have a history of

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DIVISION	of Health Service Regu	lation			_
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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		HAL041077	B. WING		09/09/2019
			•		•
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		5918 NE	TFIELD RD		
GUILFORD HOUSE			BORO, NC 274	55	
		OKEEN		J	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( )
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				52.10.2.1017	
D 276	Continued From page	. 6	D 276		
B 210	Continued i Tom page	5 0	5270		
	hypertension.				
	-Resident #1 did not o	display any signs of			
		s last seen by the PCP on			
	09/03/19.				
	Interview with the Hor	me Health Agency's			
	Performance Improve	ement Coordinator 09/06/19			
	at 11:45 am revealed				
		e PCP of the BP recordings			
		n nursing judgement and			
	Resident #1 was not	on an anti-hypertensive			
	medication.				
	-Abnormal vital signs	collected by the Home			
	Health agency were r	reported to the ED.			
	• .	new order from the PCP.			
	one ala necresorie c				
	Intervious with the ED	on 00/06/10 at 10:45am			
		on 09/06/19 at 10:45am			
	revealed:				
		onsible for checking and			
	recording vital signs.				
	-Vital signs were obta	nined monthly and per			
	provider request.	• •			
		e sent to the contracted			
	pharmacy.	c cont to the contracted			
	•	esident #1 had an order for			
	_	or one week starting on			
	08/06/19.				
	-She was not aware t	hat the BPs were not			
	checked by staff per t	the order on 08/06/19.			
		to be checked daily for one			
		ould have populated in the			
		s sent to the pharmacy.			
		the pharmacy by MAs or			
	electronically sent by				
	-She did not know if the	he PCP was notified of the			
	BPs not collected as	ordered on 08/06/19.			
	Interview with the DD	.C on 09/06/19 at 11:15 am			
	revealed:	O on oarour 19 at 11.15 am			
	TEVEAIEU.		- 1	I .	1

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-The MAs were responsible for checking and

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DIVISION	n nealth Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
					R
	HAL041077 B. WING		09/09/2019		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	II E, ZIP CODE	
GUILFORI	D HOUSE	5918 NETI	FIELD RD		
GUILFURI	D HOUSE	GREENSE	ORO, NC 274	55	
0/4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
D 276	Continued From page	e 7	D 276		
	recording vital signs				
	recording vital signs.	in ad an a time a manufic and a			
		ined one time a month or as			
	ordered by a provider				
	-He did not know ther	e was an order for BPs to			
	be taken daily for one	week starting on 08/06/19.			
	-The order was likely	never faxed to the			
		the eMAR by the facility			
	staff.	,,			
		received the order for BPs			
	to be taken for a weel				
	-	notify Supervisors and			
	providers of abnorma				
		ng vital signs, documenting,			
		rmal ranges was completed			
	at the end of August 2	2019.			
	-He did not know if the	ere was a vital sign policy			
	before the training in	August 2019.			
	3	3			
	Interview with the FD	on 09/06/19 at 11:55 am			
		policy for vital signs.			
	TOVOCIOCI ITICIO WGO TI	s pency for vital eight.			
	A second interview wi	ith the first MA on 09/06/19			
		iti the hist wa on 09/00/19			
	at 4:30 pm revealed:				
		nd recorded vital signs.			
		when they came up as due			
	on the eMAR.				
	-There was no order f	for daily BP checks for one			
	week starting on 08/0	6/19 on Resident #1's			
	eMAR.				
	-BPs would be docum	nented on the eMAR.			
	2. Review of Residen	t #4's current FL2 dated			
	05/07/19 revealed:	5 carroint i LL datod			
		arovvemal atrial fibrillation			
		aroxysmal atrial fibrillation.			
	-inere was an order t	to obtain monthly weights.			
		4's July 2019 electronic			
	medication administra	ation record (eMAR)			
	revealed:		1		

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-There was an entry to obtain monthly weights on

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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 PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLETED
		HAL041077	B. WING		R 09/09/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 00.00.20.0
		5918 NET		,	
GUILFOR	D HOUSE		BORO, NC 274	55	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 276	Continued From page	e 8	D 276		
	the 23rd of each mon -On 07/23/19, staff die was obtained.	th. d not document a weight			
		4's August 2019 eMAR o entry to obtain monthly			
		4's September 2019 eMAR o entry to obtain monthly			
		4's record revealed no tion of weights obtained.			
	pm revealed: -Staff checked her we	nt #4 on 09/09/19 at 1:00 eight "periodically". en staff obtained the last			
	09/09/19 at 11:30 am -The PCAs were resp weights.				
	08/12/19 and was res Care Unit (MCU) and -She did not know Re monthly weights. -A contracted compar vitals and monthly we came to the facility.	revealed:  / Care Manager (MCM) until  ponsible for the Memory the Assisted Living (AL).  esident #4 was ordered  ny was performing monthly  eights, but they no longer  pany found the facility scale			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						,
		UAL 044077	B. WING		F	
		HAL041077	]		ı 09/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NFT	FIELD RD			
GUILFORI	D HOUSE		BORO, NC 274	55		
			JONO, NO 2740			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
		,		DEFICIENCY)		
D 276	Continued From page	9	D 276			
	-The PCAs were resp	onsible for obtaining				
		the weight to the supervisor.				
		he scale was recalibrated.				
	-One did not know ii ti	no scale was recalibrated.				
	Interview with the Dire	ector of Resident Care				
	(DRC) on 09/09/19 at					
	,	nsible for checking monthly				
	weights.	isible for effecting monthly				
	~	icy for staff to check weights				
	monthly for all residentsHe did not know why the monthly weight entry					
	was no longer presen					
	-	ff to notify the DRC or the				
	-	D) if the weight entry was				
	removed from the eM					
		nthly weights were not				
		nt #4 in July 2019 and				
	August 2019.					
	Intervious with the ED	on 00/00/10 at 2:20				
		on 09/09/19 at 3:38 pm				
	revealed:	soible for obtaining monthly				
	-	nsible for obtaining monthly				
	weights.	piblo for making cure the				
	PCA obtained the wei	sible for making sure the				
		O .				
		esident #4's weight was not				
	obtained July 2019 ar	_				
	-Sne would expect sta	aff to let her know if a weight				
		a agala waa not galibrated				
		e scale was not calibrated				
	correctly.	signated staff automatical and a				
	·	signated staff entered orders				
	into the eMAR system					
		visors were responsible for				
	-	entered into the eMAR				
	system.					
		vith Resident #4's Primary				
	Care Provider (PCP)	on 00/10/10 at 0:15 am	1			

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revealed:

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILBING.		R	
		HAL041077	B. WING		09/09/201	9
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
GUILFORI	O HOUSE		FIELD RD	E		
(X4) ID		ATEMENT OF DEFICIENCIES	BORO, NC 2745	PROVIDER'S PLAN OF CORRECTION	\\\\\\	X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		IPLETE ATE
D 276	Continued From page	e 10	D 276			
		Resident #4 in June 2019. The monthly weight was				
	ordered because it was previous provider.					
	-She expected staff to	check Resident #4's				
		notify her if weights were				
	not obtainedShe knew Resident #4's weight was obtained in July because she used her weight to adjust medicationShe did not have a record of the July 2019					
	weight.					
D 358	10A NCAC 13F .1004 Administration	(a) Medication	D 358			
	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.					
	This Rule is not met	as evidenced by:				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R	
		HAL041077	B. WING		09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
GUILFORI	D HOUSE	5918 NETI		_		
			ORO, NC 2745			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 11	D 358			
	reviews, the facility far were administered as prescribing practitions sampled for record re- including errors with a and an antibiotic (#1) antihypertensive med medication, an antide sleep aid medication treat reflux (#2), an an antidepressant, a thy anti-anxiety medication anti-depressant, lubric	view (#1, #2, #3, #4) an antipsychotic medication , an antibiotic, an ications, an anti-psychotic pressant medication, a and a medication used to ntipsychotic, an roid medication, and an on (#3), and an				
	The findings are:					
	1. Review of Resident #2's current FL-2 dated 01/09/19 revealed diagnoses included dementia, cerebral infarction, type 2 diabetes, epilepsy, recurrent seizures, hernia, history right femur fracture, major depressive disorder, calculus of kidney and gastroesophageal reflux disease (GERD) with esophagitis.					
	a. Review of Resident #2's after visit summary from the emergency department dated 07/20/19 revealed: -Resident #2 was diagnosed with a urinary tract infection (UTI)Resident #2 was prescribed Cephalexin 500 mg twice daily for seven days. (Cephalexin is an antibiotic used to treat bacterial infections).					
	-The emergency depart	2's lab results revealed: artment nurse practitioner dent #2's lab results to stop				

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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 PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL041077	B. WING		R 09/09/2019
					1 09/09/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
GUILFOR	D HOUSE	5918 NETF	IELD RD ORO, NC 2745		
	CHMMADY CT		<u> </u>		u
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 12	D 358		
	Cephalexin and to sta daily for five days. (Ar used to treat bacterial dated 07/24/19. -The note was signed	art Amoxicillin 500 mg twice moxicillin is an antibiotic I infections); the note was I by the nurse practitioner.			
	Medication Administrative revealed: -There was an entry for daily with scheduled at am and 8:00 pmCephalexin was documents.	2's July 2019 electronic ation Record (eMAR) or Cephalexin 500 mg twice administration times as 8:00 umented as administered on 8:00 am and 8:00 pm.			
	-Cephalexin was doct 07/24/19 at 8:00 am; medication unavailable -Cephalexin was not of administered on 07/24 documented was medicated as not of	umented as administered on the reason documented was le. documented as 4/19 at 8:00 pm the reason dication unavailable. documented as 5/19-07/26/19 at either tion time; the reason dication unavailable.			
		2's August 2019 eMAR o entry for Cephalexin or			
	-On 07/17/19, staff do very aggressive towal -On 07/20/19, staff do sent to the emergence evaluated secondary -On 07/21/19, staff do very aggressive and to-On 07/22/19, staff do	ocumented Resident #2 was y department to be to a change in condition. ocumented Resident #2 was			

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DIVISION	n Health Service Regu	iation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			B. WING		R	
		HAL041077	D: 111110		09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NFT	FIELD RD			
GUILFORI	D HOUSE		BORO, NC 274	55		
			<u>,                                      </u>			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()	
TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		
1710		,	1,710	DEFICIENCY)		
			+			
D 358	Continued From page	e 13	D 358			
	words" when he was	told not to kiss the female				
	resident.	told flot to klob the female				
		ocumented a nurse from the				
	emergency departme					
		antibiotic because the				
		t; a new prescription would				
	be faxed to the facility					
	•	ocumented "Resident #2's				
		tesident #2 was fighting staff				
	and other residents.					
		ocumented Resident #2 had				
	-	and was not able to feed				
	himself which was un					
	-On 09/05/19, staff do	ocumented Resident #2 was				
	very aggressive and i	nvolved with attacking				
	someone.					
		ent #2's medications on				
	hand on 09/05/19 at 2					
	=	xicillin was not available to				
	be administered.					
	Interview with a Medic					
	09/05/19 at 3:12 pm r					
		er Cephalexin to Resident				
	#2 on 07/25/19 or 07/					
	medication was not o					
	-She did not recall thi	nking anything about the				
	Cephalexin because s	she may have thought the				
	antibiotic had been fir	nished.				
	-The new order for the	e antibiotic would have been				
	processed by a mana	ger or the supervisor.				
		r MA on 09/06/19 at 7:35 am				
	revealed:					
		d two tablets of Cephalexin.				
		tact the pharmacy when				
	Resident #2 needed r	more tablets; she did not				
	follow-up on Resident	t #2's antibiotic any further.				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			R WING	B. WING		
		HAL041077	B. WING		09/0	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE		FIELD RD			
			BORO, NC 2745		. 1	
(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	(X5) COMPLETE DATE
D 358	Continued From page	e 14	D 358			
	Telephone interview withe facility's contracted 11:45 am revealed: -Fourteen Cephalexindispensed for Reside -Amoxicillin was not of there was no order or Resident #2There was no docum facility had called the for Resident #2.  Interview with a personal	with a representative from d pharmacy on 09/05/19 at a 500 mg had been at #2 on 07/20/19. Dispensed for Resident #2; an file for Amoxicillin for an an action staff from the pharmacy about Amoxicillin and care aide (PCA) on revealed: The more aggressive; she display 2019. The pressiveness toward staff and the pharmacy about the change are in the pharmacy and the pharmacy and the pharmacy are in the pharmacy and the pharm				
	revealed: -Resident #2's Cepha	llexin had been stopped and				

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Amoxicillin had been prescribed instead.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL041077	B. WING	B. WING		
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZID CODE	09/09/2019	$\neg$
NAME OF T	TOVIDEIT OR OUT FEIER		FIELD RD	12, 211 0052		
GUILFORI	D HOUSE		BORO, NC 2745	55		
(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 COMPLET	E
D 358	Continued From page		D 358			
	the facility to the atter aide on 07/24/19 at 3 -She was concerned administered his antik-Resident #2 could st-It was very concernir could become septic (Sepsis is an immune fever, difficulty breath confusion, and can possible for the was not aware Resident #2 had not as ordered Resident #3 -The Memory Care Mobeen responsible for for the antibiotic was -The facility did not confusion with the Execution of the many concerned Resident #3 -The facility did not confusion with the Execution of the many concerned Resident #3 -The facility did not confusion with the Execution of the many concerned Resident #3 -The facility did not confusion with the Execution of the many concerned Resident #3 -The facility did not confusion of the many concerned Resident #3 -The facility did not confusion with the Execution of the many confusion of	Resident #2 was not protection of the color				
		ns, interviews and record nined Resident #2 was not				

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interviewable.

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R		
		HAL041077	B. WING		09/09	/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFORI	HOUSE	5918 NETF		-		
041117	CHIMMADV CT		ORO, NC 2745			0.5
(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	(X5) COMPLETE DATE
D 358	Continued From page	e 16	D 358			
	Refer to interview with pm.	n a MA on 09/05/19 at 6:00				
	Refer to interview with am.	n a MA on 09/06/19 at 7:15				
	Refer to interview with am.	n a MA on 09/09/19 at 10:41				
	Refer to interview with pm.	n a MA on 09/06/19 at 2:13				
	Refer to telephone int from the facility's cont 09/05/19 at 11:45 am					
		terview with a representative harmacy on 09/09/19 at				
	Refer to interview with Care (DRC) on 09/05	n the Director of Resident /19 at 4:11 pm.				
	Refer to interview with 11:15 am.	n the DRC on 09/06/19 at				
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04				
	Refer to interview with 11:55 am.	n the ED on 09/06/19 at				
	Refer to interview with pm.	n the ED on 09/09/19 at 3:36				
	Refer to interview with Operations on 09/09/					

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b. Review of Resident #2's physician's orders

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL041077	B. WING		00	R
		HALU41077			08	/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
GUILFOR	D HOUSE	*****	TFIELD RD			
		GREENS	BORO, NC 27455			
(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	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 17	D 358			
		led an order for Risperidone speridone is an antipsychotic				
	Resident #2 revealed	ion dated 01/25/19 for an order for Risperidone 1 by Resident #2's primary				
	for Resident #2 revea	orescription dated 07/25/19 aled an order for Risperidone ed by the on-call provider for				
	Resident #2 revealed	scription dated 08/08/19 for an order for Risperidone 1 by Resident #2's PCP.				
	pharmacy dated 07/2 clarification for the pro-	the facility's contracted 6/19 revealed a request for escription for one tablet; "did Resident #2 to have only				
	Review of Resident # Medication Administrative revealed:	2's July 2019 electronic ation Record (eMAR)				
	with a scheduled adm -Risperidone 1 mg wa unavailable on 07/04/ 07/10/19-07/17/19, 0' -Risperidone was doo	/19, 07/05/19, 7/21/19-07/22/19, 07/24/19. cumented as administered				
	on 07/01/19-07/03/19 07/18/19-07/20/19 an -The dates of 07/25/1 electronically marked Risperidone 1 mg. -There was a second Risperidone 2 mg dai	d 07/23/19. 9-07/31/19 were out with an "X" for entry to administer				

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DIVISION	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			B. WING		R
		HAL041077	B. WING	<del></del>	09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	TE ZIP CODE	
3					
GUILFORI	D HOUSE		FIELD RD		
		GREENS	BORO, NC 274	55	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				DEI IOIENOT)	
D 358	Continued From page	e 18	D 358		
	Continuou i rom page				
	administration time at	t 8:00 pm.			
	-The dates of 07/01/1	9-07/24/19 were			
	electronically marked	out with an "X" for			
	Risperidone 2 mg.				
	,	as not documented as			
		/25/19-07/31/19; the reason			
	documented was orde				
		20 doses of Risperidone 1			
		nities due to medication			
		d no entry on the eMAR for			
	Risperidone 1 mg on	07/25/19-07/31/19.			
	Daview of Davidson #	501- A 0040 - MAD			
		2's August 2019 eMAR			
	revealed:				
	· ·	for Risperidone 2 mg daily			
		ninistration time at 8:00 pm.			
	-Risperidone 2 mg wa				
	administered on 08/0				
	-Risperidone 2 mg wa	as documented as			
	unavailable on 08/04/	/19-08/08/19.			
	-The dates of 08/09/1	9-08/31/19 were			
	electronically marked	out with an "X" for			
	Risperidone 2 mg.				
	-There was an entry t	o administer Risperidone 1			
	mg daily with a sched	luled administration time at			
	8:00 pm.				
	-The dates of 08/01/1	9-08/08/19 were			
	electronically marked				
	Risperidone 1 mg.				
	-Risperidone 1 mg wa	as documented as			
	administered from 08				
		as documented as not			
	available on 08/31/19				
	-Resident #2 was adr				
		hout an order; the current			
	order was for Risperio				
		6 doses of Risperidone out			
		ue to medication being			
	unavailable and/or or	der change.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL041077	B. WING		09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	N HOUSE	5918 NETF	IELD RD			
OOILI OIL	DIIOOOL	GREENSB	ORO, NC 2745	55		
(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	
D 358	Continued From page	e 19	D 358			
	Review of Resident # revealed: -There was an entry f with a scheduled adm-Risperidone 1 mg wa unavailable on 09/01/-Risperidone 1 mg wa administered on 09/0 -Resident #2 missed of 4 opportunities due unavailable.  Observation of Resid hand on 09/05/19 at 2	2's September 2019 eMAR for Risperidone 1 mg daily hinistration time at 9:00 pm. as documented as 19-09/02/19. as documented as 3/19-09/04/19. 2 doses of Risperidone out at to medication being ent #2's medications on 2:51 pm revealed:				
	-There was a bubble Risperidone 1 mg dis -Nineteen tablets had tablets were available	pensed on 08/14/19. I been administered; eight				
	Resident #2's Risperi -Thirty tablets of Risp dispensed on 06/18/1 -There were no dispe Risperidone 1 mg for -Thirty tablets of Risp dispensed on 07/09/1 -Three tablets of Risp	eridone 1 mg was 9. nsing records for July 2019. eridone 2 mg was 9. peridone 1 mg were				
	dispensed on 08/08/1 -Twenty-seven tablets dispensed on 08/14/1	s of Risperidone 1 mg were				
	contracted pharmacy revealed: -On 07/09/19, a fax w request for Risperidor -The attached signed 01/09/19 had an orde	resentative from the facility's on 09/05/19 at 11:45 am  ras received for a refill ne 1 mg for Resident #2. physician's orders dated or for Risperidone 2 mg. as keyed in based on the				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
HAL041077 B. WING			R 09/09/2019			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NET	FIELD RD			
GUILFOR	D HOUSE		BORO, NC 2745	55		
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROPERTY OF THE APPROPRO	D BE COMPLETE	
TAG	REGULATORTORT	ESCIDENTII TING INI GINNATION)	TAG	DEFICIENCY)	MATE	
D 358	Continued From page	e 20	D 358			
	signed physicians ord					
	request.					
		order on file for Risperidone				
	1 mg; it should have t					
		ould think of may have				
		erson who keyed the refill done thought the resident				
	I	ferent strengths at different				
	times.					
	Review of a fax dated	d 07/10/19 from the				
		requesting a clarification on				
		Resident #2's Risperidone				
	2 mg.					
		2's care notes revealed:				
		cumented Resident #2 was				
	very aggressive towa	rα starr. cumented Resident #2 was				
	sent to the emergence					
	_	to a change in condition.				
	_	cumented Resident #2 was				
	very aggressive and					
	-On 07/22/19 staff do	cumented Resident #2 was				
	trying to kiss a female	e resident and "had a few				
	words" when he was resident.	told not to kiss the female				
	-On 08/05/19 staff do	cumented "Resident #2's				
		Resident #2 was fighting staff				
	and other residents.					
		cumented Resident #2 had				
	_	and was not able to feed				
	himself which was un					
		cumented Resident #2 was involved with attacking				
	someone.	mivorvou with attacking				
	Interview with a medi	cation aide (MA) on				
	09/05/19 at 5:26 pm i	revealed:				
		ing Risperidone 2 mg daily				

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL041077	B. WING		09/09/2019	
			1		1 00.00,2010	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
GUILFORI	D HOUSE	5918 NE	FFIELD RD			
GREENSE		BORO, NC 2745	55			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	( - /	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE	
				22.10.2.10		
D 358	Continued From page	e 21	D 358			
	for several months; th	ne order for Risperidone 2				
	mg was changed to F	Risperidone 1 mg. (she did				
	not recall the date it v					
		was an entry on the eMAR				
		, she did not administer the				
		she had not seen a new				
	order to change the d	_				
		ector of Resident Care				
	(DRC) and the DRC to order clarified.	told her he would have the				
		thing back from the DRC,				
		the Memory Care Manager				
	_	refill on Risperidone 1 mg;				
	she put on the note R	Risperidone 2 mg was				
	available but Residen	nt #2 needed Risperidone 1				
	mg.					
		ry care provider (PCP) had				
		rification multiple times by				
	·	not know if the calls had				
	been documented.					
	-	member was contacted to				
	request assistance ge	etting Risperidone				
	medication clarified.	receive his Risperidone 1				
		dose on the cart was the				
	wrong dose.	dose on the cart was the				
	mong dose.					
		r MA on 09/06/19 at 7:15 am				
	revealed: -She knew there had	hoon a problem with				
		•				
	specifics.	done but did not recall the				
		d called the on-call PCP to				
	request a refill on Res	sident #2's Risperidone 1				
	mg.					
		tructed her to split the				
	Risperidone 2 mg in h					
	Resident #1 until he o	could consult with Resident				

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-Resident #2's temperament had changed;

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Division of Health Service Regulation

DIVISION	of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					F	₹
		HAL041077	B. WING		09/0	9/2019
			•		,	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
01111 5051		5918 NET	FIELD RD			
GUILFOR	D HOUSE	GREENS	BORO, NC 274	55		
	011111111111111111111111111111111111111					
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		DATE
170		,	170	DEFICIENCY)		
D 358	Continued From page	e 22	D 358			
	Resident #2's temper					
	-Resident #2 had bee	en more violent and verbally				
	abusive.					
	Interview with Reside	ent #2's family member on				
	09/06/19 at 9:34 am r	-				
		e facility to see Resident #2				
	•	e facility to see Resident #2				
	on a weekly basis.					
	=	sident #2 on his routine				
	medical appointments					
		emed different lately. (He				
	could not say how lor	ng).				
	-Resident #2 had bee	en more negative and				
		ally never complained."				
		all from staff at the facility				
		a) asking for his assistance				
		esident #2's PCP to get				
	_					
	medication for aggres					
	•	him Resident #2 had been				
	more agitated.					
		hear Resident #2 had been				
	"like this" because Re	esident #2 had always been				
	mild-mannered.					
	Interview with a perso	onal care aide (PCA) on				
	09/06/19 at 1:59 pm r					
		en more aggressive; she				
	noticed the change in					
		o a "closer-eye" on Resident				
		gressiveness toward staff				
	and other residents.					
	-Resident #2 "used to					
	-She did not know wh	nat had caused the change				
	in Resident #2's beha	avior; Resident #2 had not				
	been sent "out" for his	s behavior.				
	Interview with a MA o	on 09/06/19 at 2:13 pm				
		had been aggressive for				
		she did not know why				
	Resident #2 had beer	n more aggressive.				

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DIVISION	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			1		_
			D MINO		R
		HAL041077	B. WING		09/09/2019
NAME OF D	ROVIDER OR SUPPLIER	QTDEET AD	DRESS, CITY, STA	TE ZID CODE	
NAME OF T	TOVIDER OR SOLT LIER			TE, ZII GODE	
GUILFORI	D HOUSE	5918 NET			
		GREENSE	BORO, NC 274	55	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE DATE
				DEI IGIENGT)	
D 358	Continued From page	23	D 358		
D 000	Continued From page	, 20			
	Telephone interview v	vith a nurse at Resident #2's			
	primary care provider	's (PCP) office on 09/06/19			
	at 4:35 pm revealed:	,			
		idone order had "been			
	crazy."				
	•	messages at the facility and			
	were not getting retur	•			
	• •				
		ive a message asking if			
		done was 1 mg or 2 mg.			
		ng an order over for 1 mg.			
	-She did not know wh				
	confusion over Reside	•			
	-It was noted in Resid	lent #2's record that staff			
	from the facility had c	alled the PCP about			
	Resident #2 having be	ehaviors and asked what			
	Resident #2 could be	administered to decrease			
	his "urges."				
	•	o" out of character for			
	Resident #2.				
	Telenhone interview v	vith Resident #2's primary			
	-	on 09/06/19 at 5:12 pm			
	revealed:	on 09/00/19 at 3.12 pm			
		nt #2's Risperidone to be			
		<u>'</u>			
	administered as order				
	-If Resident #2's Risp				
		red Resident #2 could			
	experience behavior	changes.			
		ector of Resident Care			
	(DRC) on 09/06/19 at				
	-He was not aware Re	esident #2 had missed			
	doses of Risperidone				
	-Resident #2 was ago	ressive and Risperidone			
		red could have "knocked the			
		y prevented some of the			
	aggressiveness Resid	· ·			
		III OAIIIIII			

Division of Health Service Regulation

Interview with the Executive Director on 09/06/19

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Division of Health Service Regulation

DIVISION	i Health Service Regu	ialion	1			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					_	
			D MINO		R	
		HAL041077	B. WING		09/0	9/2019
NAME OF DE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZID CODE		
NAME OF FR	NOVIDER OR SUFFLIER			TE, ZIF CODE		
GUILFORI	HOUSE	5918 NETF	IELD RD			
00.2. 0.4.		GREENSB	ORO, NC 274	55		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE	DATE
				DEFICIENCY)		
D 050	<u> </u>		D 050			
D 358	Continued From page	24	D 358			
	at 10:52 am revealed:					
		dent #2 had not received his				
	Risperidone as ordere					
	-The staff had a hard	time getting the Risperidone				
	clarified.					
	-She knew there had	been a lot of attempts to get				
	the medication clarifie	ed.				
	-There should be faxe	es filed in Resident #2				
	record of attempts to					
	clarified.	get the respendence				
		umentation in Resident #2's				
	care notes related to					
	clarification for the Ris					
	-She was concerned	Resident #2 did not receive				
	his Risperidone as or	dered because Resident #2				
	had a history of agitat	tion.				
	, 0					
	Rased on observation	ns, interviews and record				
		nined Resident #2 was not				
		mined Resident #2 was not				
	interviewable.					
	Refer to confidential s	staff interviews.				
	Refer to interview with	n a MA on 09/05/19 at 6:00				
	pm.					
	•					
	Refer to interview with	n a MA on 09/06/19 at 7:15				
	am.	14 W/ COIT 05/06/15 dt 7:15				
	aiii.					
	Defeate total 1 100	MA 00/00/40 + 40 44				
		n a MA on 09/09/19 at 10:41				
	am.					
	Refer to interview with	n a MA on 09/06/19 at 2:13				
	pm.					
	•					
	Refer to telephone int	terview with a representative				
	from the facility's cont					
	09/05/19 at 11:45 am.					
			1	I .		

Division of Health Service Regulation

Refer to telephone interview with a representative

STATE FORM 6899 FSI412 If continuation sheet 25 of 129

Division of Health Service Regulation

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		_
		HAL041077	B. WING		R <b>09/09/2019</b>
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZID CODE	1 03/03/2013
NAME OF T	NOVIDEN ON 3011 LIEN	5918 NETF		1E, 211 GODE	
GUILFOR	D HOUSE		ORO, NC 2745	55	
(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 358	Continued From page	25	D 358		
	from the contracted p 1:05 pm.	harmacy on 09/09/19 at			
	Refer to interview with Care (DRC) on 09/05	n the Director of Resident /19 at 4:11 pm.			
	Refer to interview with 11:15 am.	n the DRC on 09/06/19 at			
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04			
	Refer to interview with 11:55 am.	n the ED on 09/06/19 at			
	Refer to interview with pm.	n the ED on 09/09/19 at 3:36			
	Refer to interview witl Operations on 09/09/				
	dated 01/09/19 revea	t #2's physician's orders led an order for Carvedilol (Carvedilol is used to treat and heart disease).			
	Medication Administrative revealed:	2's July 2019 electronic ation Record (eMAR) rvedilol 3.125 mg twice daily			
	with scheduled admir and 8:00 pm.	nistration times at 8:00 am			
	07/01/19-07/12/19 at -Carvedilol was docur 07/13/19 at 8:00 am.	8:00 am and 8:00 pm. mented as unavailable on			
	07/13/19 at 8:00 pm.	mented as administered on			

Division of Health Service Regulation

07/14/19-07/28/19 at 8:00 am and 8:00 pm.

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	A. Boilding.		
		HAL041077	B. WING		R 09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFORI	D HOUSE	5918 NETF				
		GREENSB	ORO, NC 2745	55		
(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 COMPLET	Έ
D 358	Continued From page	26	D 358			
D 358	-Carvedilol was docur 07/29/19 and 07/30/1 -Carvedilol was docur 07/31/19 at 8:00 amCarvedilol was docur 07/31/19 at 8:00 pmResident #2 missed 63 opportunities due unavailable.  Review of Resident # revealed: -There was an entry fon 07/05/19 was 132/amThere was an entry fon 07/20/19 was 190/pm. (Resident #2 was department on 07/20/-There was an entry fon 07/24/19 was 158/amThere was an entry fon 07/26/19 was 171/amThere was an entry fon 07/27/19 was 140/am.  Review of Resident # revealed: -There was an entry fon 07/27/19 was 140/am.	mented as unavailable on 9 at 8:00 am and 8:00 pm. mented as unavailable on mented as administered 6 doses of Carvedilol out of to medication being 2's eMAR for July 2019 Resident #2's blood pressure (74; pulse was 78 at 10:13 Resident #2's blood pressure (130 pulse was 72 at 3:39 as sent to the emergency	D 358			
	08/01/19 at 8:00 am. -Carvedilol was docur 08/01/19 at 8:00 pm.	mented as administered on				
		mented as unavailable				

Division of Health Service Regulation

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Division of Health Service Regulation

DIVISION	n Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					-	,
			B. WING		F	
		HAL041077	B. W		09/0	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NETF	FIELD RD			
GUILFOR	O HOUSE		ORO, NC 274	55		
	CLIMMA DV CT		1	T		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 358	Continued From page	. 27	D 358			
D 330	Continued From page	; Z1	D 330			
		mented as administered on				
	08/02/19 at 8:00 pm.					
		mented as unavailable				
	08/03/19 at 8:00am a	•				
		mented as administered on				
	08/04/19 at 8:00 am.					
		mented as unavailable on				
	08/04/19 at 8:00 pm.					
		mented as unavailable				
		8:00 am and 8:00 pm. mented as administered on				
		8:00 am and 8:00 pm.				
		9 doses of Carvedilol out of				
	63 opportunities due f					
	unavailable.	to medication being				
	unavallable.					
	Review of Resident #	2's eMAR for August 2019				
	revealed:	_ 0 0.1				
		Resident #2's blood pressure				
	-	76; pulse was 78 at 2:08				
	pm.	71				
	•	Resident #2's blood pressure				
	on 08/11/19 was 167/	80; pulse was 78 at 9:24				
	pm.	•				
	-There was an entry F	Resident #2's blood pressure				
	on 08/15/19 was 134/	68; pulse was 78 at 1:00				
	am.					
		2's September 2019 eMAR				
	revealed:					
	-	or Carvedilol 3.125 mg twice				
	-	administration times at 8:00				
	am and 8:00 pm.					
		mented as administered on				
	09/01/19-09/05/19 at					
		mented as administered on				
	09/01/19-09/04/19 at	ο.υυ ρπι.				
	Povious of Posidont #	2's vitals for Sontamber				
	Review of Resident #	2's vitals for September	1			1

Division of Health Service Regulation

2019 revealed there was an entry Resident #2's

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
		HAL041077	B. WING		09/09	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
GUILFORI	O HOUSE		FIELD RD			
		GREENS	BORO, NC 274	55		
(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	(X5) COMPLETE DATE
D 358	Continued From page	28	D 358			
	was 70 at 7:03 am.	/05/19 was 137/70; pulse				
	hand on 09/05/19 at 2 -There were two bubb	2:51 pm revealed: ole packs of thirty Carvedilol				
		ย. n administered; twenty-one to be administered in one				
	of the bubble packsFourteen tablets had been administered; sixteen tablets were available to be administered in the					
	second bubble packThere was a total of administered.	36 tablets available to be				
	Resident #2's Carved -Sixty tablets were dis -Eight tablets were dis	spensed on 07/09/19. spensed on 08/07/19.				
	-Sixty tablets were dispensed on 08/10/19.  Based on observation of medications on hand and record review for Resident #2 for August 2019 and September 2019 there should have been 9 Carvedilol tablets available for administration; thirty-six tablets were available to					
	revealed: -She did not recall "rig Resident #2's Carved	esident #2 having a high she had checked it. esident #2 having any				
	Interview with Reside	nt #2's family member on				

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09/06/19 at 9:34 am revealed:

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL041077	B. WING		R <b>09/09/2019</b>
NAME OF D	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZID CODE	1 00/00/2010
NAME OF T	NOVIDEN ON 301 1 EIEN	5918 NETF		IL, ZII GODE	
GUILFOR	D HOUSE		ORO, NC 2745	55	
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION	J (V5)
(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 APPROPR DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 29	D 358		
	on a weekly basis.  -He accompanied Re medical appointments -Resident #2 took blo -Resident #2 had not any headaches or fee Telephone interview was care provider (PCP) or revealed:  -He was not aware Renot been administered to been administered outcome of not getting hypertension or stroken.	od pressure medications. complained to him of having eling dizzy.  with Resident #2's primary on 09/06/19 at 5:12 pm  esident #2's Carvedilol had d as ordered. Resident #2's Carvedilol had d as ordered; possible g Carvedilol would be e. (Hypertension is an d pressure that can lead to			
	(DRC) on 09/06/19 at -He was not aware Redoses of CarvedilolHe did not know why tablets on hand than a dispensing records are as administeredResident #2 could he palpitations and abnohis Carvedilol being at 10:52 am revealed -She was not aware Redoministered his Carvedilol Carved	esident #2 had missed  If there were more Carvedilol should be based on and medication documented  ave experienced heart stranged heart rhythm without administered as ordered.  Ecutive Director on 09/06/19  Resident #2 had not been avedilol as ordered.  Resident #2 could have sure as a result of not being			

Division of Health Service Regulation

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Division of Health Service Regulation

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. 201221110.		R	
		HAL041077	B. WING		09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NETF				
			ORO, NC 2745			
(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 358	Continued From page	e 30	D 358			
		ns, interviews and record nined Resident #2 was not				
	Refer to the confident	tial staff interviews.				
	Refer to interview with pm.	h a MA on 09/05/19 at 6:00				
	Refer to interview with am.	h a MA on 09/06/19 at 7:15				
	Refer to interview with am.	h a MA on 09/09/19 at 10:41				
	Refer to interview with pm.	h a MA on 09/06/19 at 2:13				
	Refer to telephone int from the facility's cont 09/05/19 at 11:45 am					
		terview with a representative harmacy on 09/09/19 at				
	Refer to interview with Care (DRC) on 09/05	h the Director of Resident /19 at 4:11 pm.				
	Refer to interview with 11:15 am.	h the DRC on 09/06/19 at				
	Refer to interview with pm.	h the ED on 09/05/19 at 5:04				
	Refer to interview with 11:55 am.	h the ED on 09/06/19 at				
	Refer to interview with pm.	h the ED on 09/09/19 at 3:36				

Division of Health Service Regulation

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Division of Health Service Regulation

i '		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL041077	B. WING		R <b>09/09/2019</b>
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	JE ZIP CODE	09/09/2019
TO WILL OF T	NOVIDEN ON OUT FEET	5918 NET			
GUILFOR	D HOUSE		BORO, NC 274	55	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPLETE
D 358	Continued From page	e 31	D 358		
	Refer to interview wit Operations on 09/09/				
	dated 01/09/19 revea	at #2's physician's orders alled an order for Lisinopril 20 as used to treat high blood disease).			
	Medication Administrative revealed: -There was an entry for a scheduled administration-lisinopril was docum 07/01/19 through 07/2-Lisinopril was docum 07/26/19-07/31/19 at	for Lisinopril 20 mg daily with tration time at 8:00 am. nented as administered on 25/19 at 8:00 am. nented as unavailable on 8:00 am. 6 doses of Lisinopril out of			
	Review of Resident # revealed: -There was an entry I on 07/26/19 was 171, amThere was an entry I	Resident #2's blood pressure /67; pulse was 66 at 6:40 Resident #2's blood pressure /83; pulse was 69 at 6:16			
	revealed: -There was an entry fa scheduled administed -Lisinopril was docum 08/01/19 through 08/07/19	nented as administered on			

Division of Health Service Regulation

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL041077	B. WING		R 09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
GUILFOR	D HOUSE	5918 NETF	IELD RD			
GOILI OK	DIIOOSE	GREENSB	ORO, NC 2745	55		
(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	32	D 358			
	31 opportunities due unavailable.	to medication being				
	Review of Resident # revealed:	2's September 2019 eMAR				
	a scheduled administ	or Lisinopril 20 mg daily with ration time at 8:00 am. nented as administered on 05/19 at 8:00 am.				
	2019 revealed Reside	2's vitals for September ent #2's blood pressure on ented as 137/70; pulse was				
	hand on 09/05/19 at 2 -There was a bubble dispensed on 08/07/1	pack of thirty Lisinopril 9. administered; thirty tablets				
	Resident #2's Lisinop -Thirty tablets were di	ispensed on 07/09/19. ispensed on 08/07/19.				
	and record review for 2019 and September been 1 tablet of Lising	n of medications on hand Resident #2 for August 2019 there should have opril available for ablets were available to be				
	revealed: -She did not recall "rion Resident #2's Lisinop					

Division of Health Service Regulation

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
			B. WING		R	
		HAL041077	B. WING		09/0	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NET				
GUILFOR	D HOUSE			==		
		GREENSE	ORO, NC 274	)		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR E	100 IDENTIF TING IN GRANATION)	TAG	DEFICIENCY)		
			-			
D 358	Continued From page	e 33	D 358			
	blood pressure when					
	-She did not recall Re	- ·				
	headaches or compla	ints of dizziness.				
	Interview with Reside	nt #2's family member on				
	09/06/19 at 9:34am re	evealed:				
	-He usually visited the	e facility to see Resident #2				
	on a weekly basis.					
	-He accompanied Re-	sident #2 on his routine				
	medical appointments					
		od pressure medications.				
		complained to him of having				
	any headaches or fee					
	arry modulation or roo	mig dizzy.				
	Interview with a MA o	n 09/06/19 at 2:13 pm				
		recall Resident #2 having				
		ures; she had not taken				
		pressure during her shifts.				
	Resident #2 5 blood p	nessure during her shints.				
	Talanhana intansiaw w	with Decident #2's primary				
	-	vith Resident #2's primary				
		on 09/06/19 at 5:12 pm				
	revealed:					
		esident #2's Lisinopril had				
	not been administered					
		Resident #2's Lisinopril had				
		d as ordered; he did not				
	want Resident #2 to h	nave hypertension or a				
	stroke. (Hypertension	is an abnormally high blood				
	pressure that can lead	d to complications such as a				
	stroke).					
	Interview with the Dire	ector of Resident Care				
	Director (DRC) on 09	/06/19 at 12:59 pm				
	revealed:	•				
		esident #2 had missed				
	doses of Lisinopril.					
		there were more tablets of				
		in should be based on				
	•	nd medication documented				

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as administered.

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMF	PLETED
						R
		HAL041077	B. WING		l l	/09/2019
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AS	ADDECC CITY CTA		•	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ile, zip cobe		
GUILFOR	O HOUSE		FIELD RD			
			BORO, NC 274	1		1
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 34	D 358			
		ave experienced heart ormal heart rhythm without dered as ordered.				
	at 10:52 am revealed -She was not aware F	Resident #2 had not been				
		nopril as ordered. Resident #2 could have sure as a result of not being				
	administered Lisinopr					
		ns, interviews and record nined Resident #2 was not				
	Refer to confidential s	staff interviews.				
	Refer to interview with pm.	h a MA on 09/05/19 at 6:00				
	Refer to interview with am.	h a MA on 09/06/19 at 7:15				
	Refer to interview with am.	h a MA on 09/09/19 at 10:41				
	Refer to interview with pm.	h a MA on 09/06/19 at 2:13				
	Refer to telephone inf from the facility's cont 09/05/19 at 11:45 am					
		terview with a representative harmacy on 09/09/19 at				
	Refer to interview with	h the Director of Resident				

Division of Health Service Regulation

Care (DRC) on 09/05/19 at 4:11 pm.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL041077	B. WING		R 09/09/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFORI	N HOUSE	5918 NETF	IELD RD			
GUILFURI	D HOUSE	GREENSB(	ORO, NC 2745	55		
(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 35	D 358			
	Refer to interview with 11:15 am.	n the DRC on 09/06/19 at				
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04				
	Refer to interview with 11:55 am.	n the ED on 09/06/19 at				
	Refer to interview with pm.	n the ED on 09/09/19 at 3:36				
	Refer to interview with Operations on 09/09/					
		t #2's physician's orders led an order for Mirtazapine irtazapine is an				
	Medication Administrative revealed: -There was an entry f with a scheduled administrative revealed: -Mirtazapine was doc 07/01/19 through 07/0	for Mirtazapine 30 mg daily ninistration time at 8:00 pm. umented as administered on 06/19 at 8:00 pm.				
	07/07/19-07/17/19 at -Mirtazapine was doc 07/18/19 through 07/3 -Resident #2 missed	umented as administered on				
	revealed: -There was an entry f	2's August 2019 eMAR for Mirtazapine 30 mg daily ninistration time at 8:00 pm.				

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _	A. BUILDING:		
HAL041077		B. WING		09/0	9/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFORI	N HOUSE	5918 NET	FIELD RD			
GOILI OIL		GREENSE	BORO, NC 2745	5		
(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 358	Continued From page	e 36	D 358			
	08/01/19 through 08/0 -The dates of 08/08/1 marked out with an "X 8:00 pmThere was a second daily with a scheduled pmThe dates of 08/01/1 electronically marked Mirtazapine 30 mg at -Mirtazapine was doc 08/09/19 through 08/2 -Mirtazapine was doc 08/20/19 through 08/3 -Mirtazapine was doc 08/24/19 through 08/3 -Mirtazapine was doc 08/31/19It was documented F	9-08/31/19 electronically (" for Mirtazapine 30 mg at entry for Mirtazapine 30 mg d administration time as 9:00  9-08/08/19 were out with an "X" for 9:00 pm. umented as administered on 19/19 at 9:00 pm. umented as unavailable on 23/19 at 9:00 pm. umented as administered on 30/19 at 9:00 pm. umented as unavailable on Resident #2 missed 5 doses 31 opportunities due to				
	revealed: -There was an entry f	2's September 2019 eMAR or Mirtazapine 30 mg daily ninistration time at 9:00 pm.				
		umented as unavailable on				
	09/03/19 and 09/04/1					
	-It was documented F of Mirtazapine out of medication being una	• •				
	hand on 09/05/19 at 2	ent #2's medications on 2:51 pm revealed: pack of thirty Mirtazapine				

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dispensed on 08/07/19.

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DIVISION	n nealth Service Regu	lation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
			1			_	
			D WING		F		
		HAL041077	B. WING		09/0	9/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE			
			FIELD RD				
GUILFOR	D HOUSE		BORO, NC 274	55			
				1		1	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5) COMPLETE	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		DATE	
IAG		,	1/10	DEFICIENCY)			
D 358	Continued From page	e 37	D 358				
	-Nine tablets had bee	n administered; twenty-one					
	tablets were available						
	tablets were available	to be administered.					
	Poviow of pharmacy	dispensing records for					
	Resident #2's Mirtaza						
	-	ispensed on 07/09/19.					
	- mirty tablets were di	ispensed on 08/07/19.					
	Deced on observation	of modications on bond					
		of medications on hand					
		Resident #2 for August					
	•	2019 there should have					
		rtazapine available for					
		/-one tablets were available					
	to be administered.						
	Interview with a Medi	* *					
	09/06/19 at 7:15 am r						
		Memory Care Manager					
	(MCM) from 03/03/19						
		daily report of duplicate					
	orders when she worl						
	-She did not recall an	•					
	Resident #2's Mirtaza						
	-She did not recall a	·					
		rease in depression for					
	Resident #2.						
	-Resident #2's tempe	rament had changed;					
	Resident #2's temper	was shorter.					
	Interview with Reside	nt #2's family member on					
	09/06/19 at 9:34 am r						
	-He usually visited the	e facility to see Resident #2					
	on a weekly basis.						
	-He accompanied Re	sident #2 on his routine					
	medical appointments	S.					
	-Resident #2 seemed						
		en negative in conversations					
	and usually never cor	_					
	,	•					
	Interview with a perso	onal care aide (PCA) on					

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
		HAL041077	B. WING		R 09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
GUILFOR	D HOUSE	5918 NETF			
		GREENSB	ORO, NC 2745	55	
(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
D 358	Continued From page	e 38	D 358		
	09/06/19 at 1:59 pm r -She thought Resider emotional for the past -Resident #2 sometim and this was not usua -She thought Resider mood swings over pa Interview with a MA o revealed she did not a any signs or symptom #2 had been more ag	revealed:  Int #2 had been more It few months. Ines "just wanted to be alone" Int #2 had been having more Int #2 having Int #3 having Int #4 h			
	Telephone interview with Resident #2's primary care provider (PCP) on 09/06/19 at 5:12 pm revealed:  -He was not aware Resident #2's Mirtazapine had not been administered as orderedHe was concerned Resident #2's Mirtazapine had not been administered as ordered; without Mirtazapine, Resident #2 could have a change in his behaviors.				
	Interview with the Resident Care Director (RCD) on 09/06/19 at 12:59 pm revealed: -Resident #2 took Mirtazapine as a mood stabilizerHe was not aware Resident #2 had missed doses of MirtazapineHe did not know why there were more tablets of Mirtazapine on hand than should be based on dispensing records and medication documented as administeredResident #2's mood could have improved if his Mirtazapine been administered as ordered.  Interview with the Executive Director on 09/06/19 at 10:52 am revealed: -She was not aware Resident #2 had not been administered his Mirtazapine as ordered.				

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Division of Health Service Regulation

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74101244	or Contraction	IBENTI IO/MIGIN NOMBER.	A. BUILDING: _			
		HAL041077	B. WING		R 09/09/2019	
					1 09/09/2019	$\dashv$
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NET				
			ORO, NC 2745			
(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 APPROPF DEFICIENCY)	BE COMPLE	ETE
D 358	Continued From page	39	D 358			
	duplicate orders.	sident #2's Mirtazapine had y changes in Resident #2's				
		ns, interviews and record nined Resident #2 was not				
	Refer to confidential s	staff interviews.				
	Refer to interview with pm.	n a MA on 09/05/19 at 6:00				
	Refer to interview with am.	n a MA on 09/06/19 at 7:15				
	Refer to interview with am.	n a MA on 09/09/19 at 10:41				
	Refer to interview with pm.	n a MA on 09/06/19 at 2:13				
	Refer to telephone int from the facility's cont 09/05/19 at 11:45 am	,				
		erview with a representative harmacy on 09/09/19 at				
	Refer to interview with Care (DRC) on 09/05	n the Director of Resident /19 at 4:11 pm.				
	Refer to interview with 11:15 am.	n the DRC on 09/06/19 at				
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04				

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DIVISION	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			D WING		R
		HAL041077	B. WING		09/09/2019
NAME OF D	ROVIDER OR SUPPLIER	STDEET A	DDRESS, CITY, STA	TE ZID CODE	
NAME OF T	NOVIDEN ON OUT FIEN			(IL, ZII OOBL	
GUILFOR	D HOUSE		TFIELD RD		
		GREENS	BORO, NC 274	55	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE
				DEI IOIENGT)	
D 358	Continued From page	2.40	D 358		
D 000	Continued From page	, 40	2 000		
	Refer to interview witl	h the ED on 09/06/19 at			
	11:55 am.				
	Refer to interview with	h the ED on 09/09/19 at 3:36			
	pm.				
	P				
	Refer to interview witl	h Area Director of			
	Operations on 09/09/				
	Operations on 09/09/	19 at 12.15 pm.			
	f Daview of Decident	#Ola mbusisianla andana			
		#2's physician's orders			
		led an order for Melatonin 3			
	mg at bedtime(Melato	onin is a sleep aide).			
		2's July 2019 electronic			
	Medication Administra	ation Record (eMAR)			
	revealed:				
	-There was an entry f	or Melatonin 3 mg daily with			
	a scheduled administ	ration time at 8:00 pm.			
		mented as administered on			
	07/01/19 through 07/3				
	Review of Resident #	2's August 2019 eMAR			
	revealed:	2 0 7 tagast 20 10 01/1/11 t			
		or Melatonin 3 mg daily with			
		ration time at 8:00 pm.			
		<u>.</u>			
		mented as administered on			
	08/01/19 through 08/	•			
		mented as unavailable on			
	08/17/19 through 08/2				
		mented as administered on			
	08/23/19 through 08/3				
	-Melatonin was docur	mented as unavailable on			
	08/31/19.				
	-It was documented F	Resident #2 missed 6 doses			
	of Melatonin out of 31				
	medication being una				
	Review of Resident #	2's September 2019 eMAR			
	revealed:	_ C C C C C C C C C C C C C C C C C C C			

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-There was an entry for Melatonin 3 mg daily with

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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 DAN OF GOTTLESTICK		A. BUILDING:		COMPLETED	
		HAL041077	B. WING		R <b>09/09/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
GUII FOR	D HOUSE	5918 NET	FIELD RD		
OOILI OIL	- TIOGGE	GREENSE	ORO, NC 2745	55	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 41	D 358		
	a scheduled administ -Melatonin was docur 09/01/19 and 09/02/1 -Melatonin was docur 09/03/19 and 09/04/1 -It was documented F of Melatonin out of 4 of medication being una  Observation of Reside hand on 09/05/19 at 2 -There was a bubble dispensed on 08/23/1	ration time at 8:00 pm. mented as unavailable on 9. mented as administered on 9. Resident #2 missed 2 doses opportunities due to ivailable.  ent #2's medications on 2:51 pm revealed: pack of eighteen Melatonin 9. en administered; nine tablets			
	Review of pharmacy dispensing records for Resident #2's Melatonin revealed: -Thirty tablets were dispensed on 07/09/19Eighteen tablets were dispensed on 08/23/19.  Based on observation of medications on hand and record review for Resident #2 for August 2019 and September 2019 there should have been 6 tablets of Melatonin available for administration; nine tablets were available to be administered.				
	MelatoninShe had not seen an sleeping pattern.  Interview with Reside 09/06/19 at 9:34 am r -Resident #2 has had -Resident #2 was alw	revealed: ything about Resident #2's ny changes in Resident #2's nt #2's family member on			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL041077	B. WING		09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE		FIELD RD			
		GREENS	BORO, NC 2745	55		
(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 358	Continued From page	e 42	D 358			
	weekly.					
	09/06/19 at 1:59 pm r-Resident #2 did not seasonetimes sleep 2-3 just 30 minutesResident #2 did not seasonetimes sleep 2-3 just 30 minutesResident #2 did not seasonetime for the se	sleep well at night. It #2 to bed, and he would hours and at other times ever sleep all night. Resident #2 took any m sleep. In 09/06/19 at 2:13 pm reported to her Resident #2 g; Resident #2 took a lot of with Resident #2's primary				
	Telephone interview with Resident #2's primary care provider (PCP) on 09/06/19 at 5:12 pm revealed:  -He was not aware Resident #2's Melatonin had not been administered as orderedHe was concerned Resident #2's Melatonin had not been administered as ordered; without Mirtazapine, Resident #2 could have a change in his behaviors					
	· ·					

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HAL041077 B. WING 09/09/2	/2019
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  5918 NETFIELD RD  GREENSBORO, NC 27455	
(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358  Continued From page 43  She was not aware Resident #2 had not been administered his Melatonin as ordered. Resident #2 needed his Melatonin because he did not sleep at night.  Based on observations, interviews and record reviews, it was determined Resident #2 was not interviewable.  Refer to confidential staff interviews.  Refer to interview with a MA on 09/05/19 at 6:00 pm.  Refer to interview with a MA on 09/05/19 at 7:15 am.  Refer to interview with a MA on 09/06/19 at 7:15 am.  Refer to interview with a MA on 09/06/19 at 2:13 pm.  Refer to telephone interview with a representative from the facility's contracted pharmacy on 09/05/19 at 11:45 am.  Refer to telephone interview with a representative from the contracted pharmacy on 09/05/19 at 1:05 pm.  Refer to interview with the Director of Resident Care (DRC) on 09/05/19 at 4:11 pm.  Refer to interview with the DRC on 09/06/19 at 1:15 am.  Refer to interview with the DRC on 09/06/19 at 1:15 am.  Refer to interview with the ED on 09/05/19 at 5:04 pm.	

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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	
		HAI 044077	B. WING	R WING	
		HAL041077			09/09/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE	
GUILFOR	D HOUSE		FIELD RD		
	T		BORO, NC 27455		T
(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 358	Continued From page	e 44	D 358		
	Refer to interview with 11:55 am.	h the ED on 09/06/19 at			
	Refer to interview with pm.	h the ED on 09/09/19 at 3:36			
	Refer to interview with Operations on 09/09/				
	g. Review of Resident #2's physician's orders dated 01/09/19 revealed an order for Pantoprazole 40 mg daily(Pantoprazole is used to treat reflux).				
	treat reflux).  Review of Resident #2's July 2019 electronic Medication Administration Record (eMAR) revealed:  -There was an entry for Pantoprazole 40 mg daily with a scheduled administration time at 6:00 amPantoprazole was documented as administered on 07/01/19 through 07/25/19 at 6:00 amPantoprazole was documented as unavailable on 07/26/19 through 07/30/19Pantoprazole was documented as administered on 07/31/19It was documented Resident #2 missed 6 doses of Pantoprazole out of 31 opportunities due to medication being unavailable.  Review of Resident #2's August 2019 eMAR revealed:				
	-There was an entry f with a scheduled adm -Pantoprazole was do 08/01/19. -Pantoprazole was do 08/02/19 through 08/3 -It was documented F	Resident #2 missed 1 dose If 31 opportunities due to			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			D WING		R	
		HAL041077	B. WING		09/0	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFORI	D HOUSE	5918 NETF				
			ORO, NC 2745			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 45	D 358			
	revealed: -There was an entry f with a scheduled adm -Pantoprazole was do 09/01/19 through 09/0  Observation of Reside hand on 09/05/19 at 2 -There was a bubble dispensed on 07/09/1 available to be admin -There was a second Pantoprazole dispens had been administere -There was a total of a be administered.  Review of pharmacy of Resident #2's Pantop -Thirty tablets were di -Thirty tablets were di -Thirty tablets were di -Thirty tablets of Pan administration; thirty-of to be administered.  Interview with a Medio 09/06/19 at 7:15 am r -She did not recall an PantoprazoleResident #2 had not	ent #2's medications on 2:51 pm revealed: pack of thirty Pantoprazole 9; there were eight tablets istered. bubble pack of thirty sed on 08/08/19; no tablets ed. 38 tablets were available to  dispensing records for razole revealed: ispensed on 07/09/19. ispensed on 08/07/19.  n of medications on hand Resident #2 for August 2019 there should have toprazole available for eight tablets were available  cation Aide (MA) on revealed: ything about Resident #2's  complained of any reflux.  ector of Resident Care				
		: 12:59 pm revealed: esident #2 had missed				

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STATEMEN	of Health Service Regu FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
	HAL041077		B. WING		R 09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
GUILFOR	D HOUSE		TFIELD RD		
	I		BORO, NC 2745		
(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 358	Continued From page	e 46	D 358		
	Pantoprazole on hand dispensing records at as administered.  -He expected Reside Pantoprazole as order could experience incressive gastroesophageal refunction with the Exact 10:52 am revealed. She was not aware fadministered his Panshe was not aware for problems with reflux, prescribed, "Resident Based on observation."	there were more tablets of d than should be based on and medication documented on the street because Resident #2 to be administered his breed because Resident #2 had not been toprazole as ordered.			
	Refer to confidential	staff interviews.			
	Refer to interview wit pm.	h a MA on 09/05/19 at 6:00			
	Refer to interview wit am.	h a MA on 09/06/19 at 7:15			
	Refer to interview wit am.	h a MA on 09/09/19 at 10:41			
	Refer to interview wit pm.	h a MA on 09/06/19 at 2:13			
	Refer to telephone in from the facility's con 09/05/19 at 11:45 am				

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUI	
			A. BUILDING:			
		HAL041077	B. WING		09/09	/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFORI	D HOUSE	5918 NETF				
			ORO, NC 2745			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 47	D 358			
		terview with a representative harmacy on 09/09/19 at				
	Refer to interview with Care (DRC) on 09/05	n the Director of Resident /19 at 4:11 pm.				
	Refer to interview with 11:15 am.	n the DRC on 09/06/19 at				
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04				
	Refer to interview with 11:55 am.	n the ED on 09/06/19 at				
	Refer to interview with pm.	n the ED on 09/09/19 at 3:36				
	Refer to interview with Operations on 09/09/					
		t #3's current FL-2 dated agnosis included Alzheimer's				
	dated 05/20/19 revea	daily. (Levothyroxine is used				
	Medication Administrative revealed: -There was an entry f daily with a scheduled am.	or Levothyroxine 25 mg d administration time at 6:00 ocumented as administered				

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DIVISION	i Health Service Regu	iation			1		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETI	FŊ	
		HAI 044077	B. WING		R	2040	
		HAL041077			09/09/	2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
		5918 NF1	FIELD RD				
GUILFORI	HOUSE		BORO, NC 274	55			
			DOIG, NO 2740				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE	
				DEFICIENCY)			
D 050	0 " 15	40	D 050				
D 358	Continued From page	2 48	D 358				
	-The dates of 07/02/1	9-07/31/19 were					
	electronically marked	out with an "X" for					
	Levothyroxine at 6:00						
	•	entry for Levothyroxine 25					
	mg with an administra						
	-The dates of 07/01/1						
	electronically marked						
	Levothyroxine at 1:00						
	-Levothyroxine was d						
	•	time on 07/23/19-07/25/19.					
		try for Levothyroxine 25 mg					
		d administration time as 6:00					
	am.						
	-The dates of 07/01/1						
	electronically marked						
	Levothyroxine at 6:00						
	-Levothyroxine 25 mg	y was documented as					
	administered on 07/20	6/19-07/31/19 at 6:00 am.					
	-It was documented F	Resident #3 missed 24					
	doses of Levothyroxir	ne out of 31 opportunities.					
		ent #3's medications on					
	hand on 09/06/19 at 2	2:15 pm revealed:					
	-There was a bubble	pack of Levothyroxine					
	dispensed on 07/11/1	9 for thirty tablets.					
	•	n administered; twenty-five					
	tablets were available						
	Review of pharmacy	dispensing records for					
	Resident #2's Levothy						
	-	othyroxine 25 mg were					
	dispensed on 07/10/1						
	•	othyroxine 25 mg were					
	dispensed on 08/07/1						
	disperised off 00/07/1	<b>.</b>					
	Based on observation	of medication on hand and					
		ident #3 for July 2019 and					
		ould have been 4 tablets					
	avaliable 101 autilifilst	ration; twenty-five tablets	1				

Division of Health Service Regulation

were available to be administered.

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL041077	B. WING		R 09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
GUILFOR	N HOUSE	5918 NET	FIELD RD		
GREENSB			BORO, NC 2745	5	
(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 358	Continued From page	e 49	D 358		
	#3 because it was ad staffResident #3 had cha started "about July 20 Interview with a perso 09/09/19 at 12:35 pm -Resident #3 had cha to redirect Resident # could not be redirected -Resident #3's change	revealed: rer Levothyroxine to Resident ministered by third shift ranges in her behavior that 019."  onal care aide (PCA) on revealed: ranged; she used to be able 43, but now Resident #3 ed. e in behavior had been			
	going on for the last few months (July 2019 to present).  Interview with Resident #3's primary care provider (PCP) on 09/09/19 at 10:35 am revealed: -She had prescribed Resident #3 Levothyroxine because Resident #3 had an elevated TSH. [High TSH (Thyroid-stimulating hormone) levels can mean the thyroid was not making enough thyroid hormones]She monitored Resident #3's thyroid because abnormal thyroid levels could make Resident #3's dementia worseResident #3's last TSH levels were "fine"; she did not recall when the TSH level was performedShe expected Resident #3's medication to be administered as ordered and to be notified if there was a problem with obtaining the medication.  Telephone interview with Resident #3's family member on 09/09/19 at 9:42 am revealed: -He had received a lot of calls related to the change in Resident #3's behavior.				

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Division of Health Service Regulation

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: _		COMPLE	IED
		HAL041077	B. WING		09/09	)/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NETF				
	Г		ORO, NC 2745			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 50	D 358			
	always been docile ar -Resident #3 had "pre behavior."					
	(DRC) on 09/05/19 at					
	Interview with the DRC on 09/09/19 at 11:25 am revealed: -He was not aware Resident #3 did not receive her Levothyroxine as orderedHe was concerned Resident #3 could have had ongoing problems with her thyroid if left					
		on 09/06/19 at 10:45 am ald notify the MCM if there in the eMAR.				
	revealed: -She was not aware F Levothyroxine as orde -She did not know Re had duplicate orders.	esident #3's Levothyroxine ave had a change in her nyroxine was not				
		ns, interviews and record nined Resident #3 was not				
	Refer to confidential s	staff interviews.				
	Refer to interview with pm.	h a MA on 09/05/19 at 6:00				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(V2) MULTIPLE	CONSTRUCTION	(V2) DATE CURVEY
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		HAL041077	B. WING		R 09/09/2019
NIAME OF T	DOVIDED OF CUREY ISS		DDDEGG OFFI OFFI		1 03/03/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE	
GUILFOR	D HOUSE		TFIELD RD BORO, NC 2745	5	
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 51	D 358		
	Refer to interview with am.	h a MA on 09/06/19 at 7:15			
	Refer to interview with am.	h a MA on 09/09/19 at 10:41			
	Refer to interview with pm.	h a MA on 09/06/19 at 2:13			
	Refer to telephone interview with a representative from the facility's contracted pharmacy on 09/05/19 at 11:45 am.				
		terview with a representative harmacy on 09/09/19 at			
	Refer to interview with Care (DRC) on 09/05	h the Director of Resident /19 at 4:11 pm.			
	Refer to interview with 11:15 am.	h the DRC on 09/06/19 at			
	Refer to interview with pm.	h the ED on 09/05/19 at 5:04			
	Refer to interview with 11:55 am.	h the ED on 09/06/19 at			
	Refer to interview with pm.	h the ED on 09/09/19 at 3:36			
	Refer to interview with Operations on 09/09/				
		t #3's physician's orders			

Division of Health Service Regulation

0.5 mg twice daily. (Risperidone is an antipsychotic medication).

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL041077	B. WING		R 09/09/2019	
		HAL041077			09/09/2019	-
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
OUII FORI	D LIQUIDE	5918 NET	FIELD RD			
GUILFORI	J HOUSE	GREENSF	BORO, NC 2745	55		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X	5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMP	PLETE
TAG	REGULATURT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MATE PO	IE
			+	,		
D 358	Continued From page	e 52	D 358			
	Review of Resident #	3's July 2019 electronic				
	Medication Administra					
	revealed:	anon record (Sivis it t)				
		for Risperidone 0.5 mg at				
	_	luled administration time at				
	8:30 am and 8:30 pm					
	-Risperidone was doo	cumented as unavailable on				
	07/01/19 and 07/02/1					
	-Risperidone was doo					
		time on 07/03/19-07/23/19 at				
	8:30 am; Risperidone					
	administered on 07/2					
	-Risperidone was dod					
		time on 07/25/19 at 8:30 am.				
	-The dates of 07/26/1					
	electronically marked Risperidone at 8:30 a					
	-The dates of 07/01/1					
	electronically marked					
	Risperidone at 8:30 p					
	-Risperidone was dod					
	I	time on 07/25/19-07/28/19 at				
	8:30 pm.					
	-Risperidone was doo	cumented as unavailable on				
	07/29/19 and 07/30/1					
	I	cumented as administered				
	on 07/31/19 at 8:30 p					
		Resident #3 missed 29				
		out of 31 opportunities due				
		scheduled at the wrong time				
	and/or medication no	t being available.				
	Paview of Pasident #	t3's August 2019 electronic				
	Medication Administra	•				
	revealed:	ation record (civiArt)				
		for Risperidone 0.5 mg at				
	-	luled administration time at				

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-Risperidone was documented as administered

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL041077	B. WING		09/09/2019	
		11/12/04/10//			1 03/03/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
A.III = A = -		5918 NET	FIELD RD			
GUILFORI	D HOUSE	GREENS	BORO, NC 2745	5		
(VA) ID	QI IMMADV QT	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	N (VE)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	( - /	
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
D 358	Continued From F	F2	D 358			
טטט ט	Continued From page	9 53	D 336			
	on 08/01/19 and 08/0	2/19 at 8:30 pm.				
		cumented as unavailable on				
	08/03/19 and 08/28/1					
	-The dates of 08/29/1					
	electronically marked					
	Risperidone at 8:30 p					
	-There was a second					
		it bedtime with a scheduled				
	administration time as					
	-The dates of 08/01/1					
		ere electronically marked out				
		•				
	with an "X" for Risper					
	•	cumented as wrong time on				
	08/29/19 at 1:00am.	tru for Dioporidona O. F. mar t-				
		try for Risperidone 0.5 mg to				
		edtime with a scheduled				
	administration time of	•				
	-The dates of 08/01/1					
	electronically marked					
	Risperidone at 9:00 p					
		cumented as administered				
	on 08/29/19-08/31/19	•				
		Resident #3 missed 14				
	doses of Risperidone	out of 31 opportunities.				
		ent #3's medications on				
	hand on 09/06/19 at 2	•				
		pack of Risperidone 0.5 mg				
	dispensed on 08/28/1					
		een administered; six tablets				
	were available for add	ministration.				
		dispensing records for				
	Resident #2's Risperi					
	-Three tablets of Risp					
	dispensed on 06/09/1					
	-Risperidone was not	dispensed in July 2019.				
	-Thirteen tablets of R	isneridone were disnensed				

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on 08/28/19.

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SU	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMILE	ILD
		HAL041077	B. WING		R 09/09	)/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NET	FIELD RD BORO, NC 2745	55		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	<del></del>	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
(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 APPROPI DEFICIENCY)	BE	COMPLETE DATE
D 358	Continued From page	e 54	D 358			
	-On 07/05/19 staff do very aggressive towa	cumented Resident #3 was				
	called the pharmacy a -She did not document passed it on to the ne	revealed: ridone had been out; she about it. nt who she talked to but ext shift. inges in her behavior that				
	Interview with a personal care aide (PCA) on 09/09/19 at 12:35 pm revealed: -Resident #3 had changed; she used to be able to redirect Resident #3, but now Resident #3 could not be redirectedResident #3's change in behavior had been going on for the last few months (July 2019 to present)Resident #3 was more verbally aggressive and argumentative.					
	(PCP) on 09/09/19 at -Resident #3's Risper mental health provide -She coordinated Res	idone was managed by the				
	health provider on 09 -She was not aware F doses of Risperidone -Resident #3 was tak hallucinations and be	ing Risperidone due to				

Division of Health Service Regulation

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DIVISION	n nealth Service Regu	ialion	1		1	_
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_			
					R	
		HAL041077	B. WING		09/09/2019	
			•			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
OUIII FORI	D HOUSE	5918 NET	FIELD RD			
GUILFOR	ח ווייספר	GREENSB	ORO, NC 274	55		
240.45	CLIMMADY CT	ATEMENT OF DEFICIENCIES	T	DDOVIDED'S DI ANI OF CORDECTION	1 000	-
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		
.,		,		DEFICIENCY)		
						$\dashv$
D 358	Continued From page	e 55	D 358			
		and then start it back up				
	without consulting the	provider because some				
	medications would ne	eed to be started at a lower				
	dose.					
		idone was at a starting				
		ine" with it being started				
	•	S .				
	-	ridone had been at a higher				
		k it could have increased				
	Resident #3's risk of f	falls.				
	-Resident #3 could no	ot go on and off her				
	Risperidone, a "stead	ly state" was important.				
	• '	ave an increase in her				
	behaviors without her					
	maintained at a thera	₹`				
	-	d have called her at any				
	time with any question					
	Resident #3's medica	tion.				
	Telephone interview v	vith Resident #3's family				
	member on 09/09/19					
		t of calls related to the				
	change in Resident #					
	•					
		come uncharacteristically				
		orically Resident #3 had				
	always been docile ar					
	-Resident #3 had "pre	etty big swings in her				
	behavior."					
	Interview with the Dire	ector of Resident Care				
		± 4:11 pm revealed MAs				
		duplicate orders in the eMAR				
		utive Director (ED), Memory				
	Care Manager (MCM)	), or Supervisor.				
	Interview with the DR	C on 09/09/19 at 11:25 am				
	revealed:					
		esident ## did not receive				
	her Risperidone as or					
	-ne was concerned R	Resident #3 's increased	1			

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agitation and behaviors could have been a result

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		ED
		1101 044077	B. WING		R	2040
		HAL041077			09/09/2	2019
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
GIIII FORD HOUSE			FIELD RD BORO, NC 2745	55		
(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 358	Continued From page	e 56	D 358			
	of not receiving her R	isperidone as ordered.				
	Interview with the ED on 09/06/19 at 10:45 am revealed the MAs should notify the MCM if there was a duplicate order in the eMAR.					
	Second interview with the ED on 09/09/19 at 11:49 am revealed: -She was not aware Resident #3 did not receive her Risperidone as orderedShe was not aware Resident #3's Risperidone had duplicate orders in the eMARResident #3 would have a change in her behaviors if she did not receive her Risperidone as ordered.					
		ns, interviews and record nined Resident #3 was not				
	Refer to confidential s	staff interviews.				
	Refer to interview with pm.	n a MA on 09/05/19 at 6:00				
	Refer to interview with am.	n a MA on 09/06/19 at 7:15				
	Refer to interview with am.	n a MA on 09/09/19 at 10:41				
	Refer to interview with pm.	n a MA on 09/06/19 at 2:13				
	Refer to telephone int from the facility's cont 09/05/19 at 11:45 am					
	Refer to telephone int	terview with a representative				

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from the contracted pharmacy on 09/09/19 at

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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
		HAL041077	B. WING		09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
OUU FOR	D HOUSE	5918 NET	FIELD RD		
GUILFOR	DHOUSE	GREENS	BORO, NC 2745	5	
(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)	D BE COMPLETE
D 358	Continued From page	e 57	D 358		
	1:05 pm.				
	Refer to interview with Care (DRC) on 09/05.	n the Director of Resident /19 at 4:11 pm.			
	Refer to interview with 11:15 am.	n the DRC on 09/06/19 at			
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04			
	Refer to interview with 11:55 am.	n the ED on 09/06/19 at			
	Refer to interview with pm.	n the ED on 09/09/19 at 3:36			
	Refer to interview with Operations on 09/09/				
	dated 07/23/19 revea	t #3's physician's orders led an order for Paxil 20 mg I is an antidepressant			
		3's physician's orders dated order for Paxil 20 mg take			
	Medication Administra revealed: -There was an entry f	3's August 2019 electronic ation Record (eMAR) or Paxil 20 mg (one tablet) adduled administration time			
	at 8:00 am.	umented as administered at			
		umented as unavailable on 8:00 am.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL041077	B. WING		09/0	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	•	
GUILFORI	D HOUSE		FIELD RD			
			BORO, NC 2745			
(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	(X5) COMPLETE DATE
D 358	Continued From page 58		D 358			
	-The dates of 08/21/1 electronically marked mg at 8:00 amThere was a second 2 tablets=40 mg) with time as 9:00 pmThe dates of 08/01/1 electronically marked mg at 9:00 pmPaxil 40 mg was doc 08/10/19-08/16/19 an -Paxil 40 mg was doc 08/17/19 at 9:00 pmPaxil was administer 9:00 pm (40 mg) on 0 08/19/19-08/20/19.  Based on record revie Resident #3 was adm for seven days at 8:00 (40 mg) due to medic eMAR.  Observation of Reside hand on 09/06/19 at 2-There were two bubb dispensed on 08/09/1 -One bubble pack had to be administered; the tablets available to be Review of pharmacy of Resident #2's Paxil resighteen tablets of Pdispensed on 07/24/1 -Sixty tablets of Paxil 08/09/19.	9-08/31/19 were out with an "X" for Paxil 20 entry for Paxil 20 mg (take a scheduled administration 9-08/09/19 were out with an "X" for Paxil 40 sumented as administered d on 08/18/19-08/31/19. Sumented as unavailable on ed at 8:00 am (20 mg) and 08/10/19-08/14/19 and on ews and interviews, sinistered two doses of Paxil 20 am (20 mg) and 9:00 pm ation duplicated on the ent #3's medications on 2:15 pm revealed: ole packs of Paxil 20 mg 9 for a total of sixty tablets. d 14 of 30 tablets available are second pack had 20 of 30 administered.  dispensing records for evealed: dispensing records for evealed: eaxil 0.25 mg were 9. 0.25 mg were dispensed on				
	Review of Resident #	3's care notes revealed:				

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-On 07/05/19, staff documented Resident #3 was

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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL041077	B. WING		09/0	9/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
GIIII EODI	D HOUSE	5918 NET	FIELD RD				
GUILFORD HOUSE GREENSB			BORO, NC 2745	55			
(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 358	Continued From page	e 59	D 358				
	Interview with a Medio 09/06/19 at 5:38 pm r was administered at r morning shift had adm	ocumented Resident #3 was used at times.					
	#3.  Interview with another MA on 09/09/19 at 12:20 pm revealed: -She administered the Paxil because it was on Resident #3's eMAR for her daytime medicationAt first, she did not know Resident #3 had been administered Paxil at nightShe usually would have seen the Paxil bubble pack was labeled administer at bedtime; she did not "catch it"Once she realized Paxil was being administered in the am and pm and she "brought it up" to someone (she did not recall who or when)Once she had seen Paxil was supposed to be administered only at night, she did not administer Paxil in the morningsResident #3 had not seemed depressed but had changes in her behavior that started "about July 2019."						
	09/09/19 at 12:35 pm -Resident #3 had cha to redirect Resident # could not be redirecte -Resident #3's chang going on for the last fo present).	nged; she used to be able 3, but now Resident #3					

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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL041077	B. WING		09	R 0/ <b>09/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE	•		
GUILFOR	D HOUSE		FIELD RD				
			BORO, NC 27455				
(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 IE APPROPRIATE	(X5) COMPLETE DATE	
D 358	(PCP) on 09/09/19 at -Resident #3 was pre inappropriate behavior-Paxil was a selective (SSRIs); SSRI's can It-If Resident #3 was a she could have expershe expected Reside administered as order call her for clarification.  Telephone interview was member on 09/09/19 and received a local change in Resident #4-He had received sevent become affectionate was not a normal member.  Interview with the Director (DRC) on 09/05/19 at should have noticed of the Executive Director Manager (MCM), or Standard MCM), or Standard MCM, and sedation, which would falls.  Interview with the ED revealed the MAs shows a duplicate order was a duplicate order.	nt #3's primary care provider 10:35 am revealed: scribed Paxil due to sexually or. e serotonin reuptake inhibitor be used to decrease libido. dministered too much Paxil ienced tremors. ent #3's Paxil to be red and the facility staff to n.  with Resident #3's family at 9:42 am revealed: t of calls related to the 3's behavior. eral calls Resident #3 had with another resident. all behavior for his family  ector of Resident Care 4:11 pm revealed MAs duplicate orders and notified r (ED), Memory Care Supervisor.  C on 09/09/19 at 11:25 am esident ## had received a han had been prescribed. ave experienced increased d have increased her risk for on 09/06/19 at 10:45 am ould notify the MCM if there in the eMAR.	D 358				
	Interview with the ED	on 09/09/19 at 11:49 am	1				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, "4D I LAIN	. John Lonon	IDENTIFICATION NONDEN.	A. BUILDING: _			
		HAL041077	B. WING		R 09/09/20	19
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFORD HOUSE 5918 NET			TIELD RD ORO, NC 2745	55		
		· ·	PROVIDER'S PLAN OF CORRECTION		0/5)	
(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 APPROPE DEFICIENCY)	BE CC	(X5) DMPLETE DATE
D 358	Continued From page	e 61	D 358			
	revealed: -She was not aware F Paxil twice due to a d -The original order for taken out when the ne eMAR systemThe MA who adminis have seen the Paxil b "at bedtime" and clari Based on observation	Resident #3 had received uplicate order. Paxil should have been ew order was entered in the stered the medication should ubble pack was labeled for				
	Refer to confidential s	staff interviews.				
	Refer to interview with pm.	n a MA on 09/05/19 at 6:00				
	Refer to interview with am.	n a MA on 09/06/19 at 7:15				
	Refer to interview with am.	n a MA on 09/09/19 at 10:41				
	Refer to interview with pm.	n a MA on 09/06/19 at 2:13				
	Refer to telephone int from the facility's cont 09/05/19 at 11:45 am					
		erview with a representative harmacy on 09/09/19 at				
	Refer to interview with Care (DRC) on 09/05	n the Director of Resident /19 at 4:11 pm.				
	Refer to interview with	n the DRC on 09/06/19 at				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:			
			B. WING			R
		HAL041077	B. WING		09	/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
GUILFOR	D HOUSE	5918 NE	TFIELD RD			
OOILI OK	D 11000E	GREENS	BORO, NC 27455	j		
(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 358	Continued From page	e 62	D 358			
	11:15 am.					
	Refer to interview with pm.	h the ED on 09/05/19 at 5:04				
	Refer to interview with 11:55 am.	h the ED on 09/06/19 at				
	Refer to interview with pm.	h the ED on 09/09/19 at 3:36				
	Refer to interview with Operations on 09/09/					
	d. Review of Resident #3's physician's orders dated 05/20/19 revealed an order for Alprazolam 0.25 mg three times daily. (Alprazolam is used to treat anxiety).					
	Review of Resident # 08/05/19 revealed an 0.25mg take one tabl	•				
	Medication Administra revealed: -There was an entry f	or Alprazolam three times a				
	am, 1:30 pm, and 8:3	administration time at 8:30 0 pm. umented as administered				
	pm 07/01/19-through					
	8:30 am and 1:30 pm was documented as t	umented as administered at on 07/24/19; Alprazolam unavailable at 8:30 pm.				
	•	umented as unavailable on 8:30 am, 1:30 pm, and 8:30				
	-The dates of 07/29/1 electronically marked					

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DIVISION	n rieaitii Service Regu		1			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL041077	B. WING		1	9/2019
			-		1 00/0	.0,2010
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
GUILFOR	D HOUSE		FIELD RD			
		GREENSI	BORO, NC 274	55		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORI ORT	100 BENTI TING IN GRANATION	TAG	DEFICIENCY)	WAI E	
			+			
D 358	Continued From page	e 63	D 358			
	Alprazolam at 8:30 ar	n, 1:30 pm, and 8:30 pm.				
	-There was a second	entry for Alprazolam twice a				
	day with a scheduled	administration time as 8:00				
	am and 8:00 pm.					
	-The dates of 07/01/1	9-07/28/19 were				
	electronically marked					
	Alprazolam at 8:00 ar					
	-	umented as administered on				
		8:00 am and 8:00 pm.				
		Resident #3 missed 13				
		out of 93 opportunities due				
	to medication being u	navailable.				
	Review of Resident #	3's August 2019 electronic				
	Medication Administra					
	revealed:	( ,				
		or Alprazolam twice a day				
	_	ninistration time at 8:00 am				
	and 8:00 pm.					
	-Alprazolam was doci	umented as administered				
	twice daily at 8:00 am	and 8:00 pm				
	08/01/19-through 08/2	20/19.				
	-	umented as administered at				
	· ·	the 8:00 pm dose was				
	electronically marked					
	-The dates of 08/22/1					
	electronically marked					
	Alprazolam at 8:00 ar					
		entry for Alprazolam 0.25				
	mg take one tablet da	=				
	administration time as					
	-The dates of 08/01/1					
	electronically marked					
	Alprazolam at 8:00 ar	n. umented as administered on				
	08/22/19-08/28/19 at					
	-The dates of 08/29/1					
	electronically marked					
	Alprazolam at 8:00 ar					
		try for Alprazolam 0.25 mg				
		,pa_0.a 0. <b>_0</b> g	1	1		i l

Division of Health Service Regulation

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Division of Health Service Regulation

	Division of Fleatin Service Regulation		(VO) MULTIPLE	CONCEDUCTION	(V2) DATE C	LIDVEV
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COMPLE	
, HE I LANC	CONTROLLONG	SERVIN IS WIGHT HOMBER.	A. BUILDING: _			
					R	
	HAL041077		B. WING		1	9/2019
			1		1 00.0	0,2010
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	LOUSE	5918 NETF	IELD RD			
GUILFURI	D HOUSE	GREENSB	ORO, NC 274	55		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE	DATE
				DEFICIENCY)		
D 358	Continued From page	e 64	D 358			
	daily with a scheduled	d administration time as 8:00				
	am and 8:00 pm.					
	-The dates of 08/01/1	0.08/28/10 were				
	electronically marked					
	Alprazolam at 8:00 ar					
		umented as administered				
		8:00 am and 8:00 pm.				
		Resident #3 missed 7 doses				
		32 opportunities due to				
	duplicate entry.					
		ent #3's medications on				
	hand on 09/06/19 at 2	2:15 pm revealed:				
	-There were two bubb	ole packs of Alprazolam 0.25				
	mg dispensed on 08/2	28/19 for a total of 60				
	tablets.					
	-One bubble pack had	d 20 of 30 tablets available				
	to be administered; th	e second pack had 30 of 30				
	tablets available to be	· ·				
	Review of pharmacy of	dispensing records for				
	Resident #3's Alprazo					
	-Sixty tablets of Alpra:					
	dispensed on 07/28/1					
	-Sixty tablets of Alpra:					
	dispensed on 08/28/1	•				
	a.oponooa on 00/20/1	<b>.</b>				
	Interview with a Medic	cation Aide (MA) on				
	09/06/19 at 5:38 pm r					
	-	er Resident #3's Paxil at				
		d not "pop-up" on the eMAR				
	on her shift.	a not pop up on the civiAit				
	-She thought she had	seen an order to				
		ght the evening dose had				
	been discontinued.	alama waa Ilaamais - wall ar				
	•	olam was "popping up" on				
		now (she did not know				
	when Alprazolam star	ted back at 8:00 pm).				
I			1			

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Interview with another MA on 09/09/19 at 12:20

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY IPLETED
		HAL041077	B. WING		0:	R 9/ <b>09/2019</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
GUILFOR	D HOUSE		TFIELD RD SBORO, NC 27455			
(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 HE APPROPRIATE	(X5) COMPLETE DATE
D 358	pm revealed: -She administered R 8:00 am; she was not Alprazolam had not be Resident #3 on other -Resident #3 had chastarted "about July 2  Interview with Reside (PCP) on 09/09/19 a -She did not have an Resident #3 had mis -She expected Residual administered as ordered and the for clarification  Interview with the Director of the Executive Director of the Was not aware for the Was not aware for the MAs shows a duplicate order of the Executive With Without With Without W	esident #3's Alprazolam at a traware Resident #3's been administered to shifts.  anges in her behavior that 019."  ent #3's primary care provider to 10:35 am revealed: by specific concerns that sed doses of Alprazolam. Hent #3's Alprazolam to be ered and the facility staff to on.  rector of Resident Care at 4:11 pm revealed MAs duplicate orders and notified or (ED), MCM, or Supervisor.  RC on 09/09/19 at 11:25 am  Resident #3 had missed  ave had increased agitation am being administered as  0 on 09/06/19 at 10:45 am ould notify the MCM if there in the eMAR.  0 on 09/09/19 at 11:49 am  Resident #3 had received dered due to medication not confusion on administration	D 358			

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Division of fleath Service Regulation				1		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (	OURRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		GOWN ELTED	
					R	
		HAL041077	B. WING	<del></del>	09/09/	2019
					•	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ITE, ZIP CODE		
GUILFORI	HOUSE		FIELD RD			
		GREENS	BORO, NC 274	55		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
1/10		,	IAG	DEFICIENCY)		
D 050			D 050			
D 358	Continued From page	e 66	D 358			
	were doing.					
	•	ave exhibited increased				
	behaviors without her	Alprazolam being				
	administered correctly	· ·				
	Based on observation	ns, interviews and record				
	reviews, it was determ	nined Resident #3 was not				
	interviewable.					
	Refer to confidential s	staff interviews.				
	Defeate intendenced	MA 00/05/40 -+ 0:00				
		h a MA on 09/05/19 at 6:00				
	pm.					
	Defer to interview with	h a MA on 09/06/19 at 7:15				
	am.	11 a WA 011 09/00/19 at 7.13				
	am.					
	Refer to interview with	h a MA on 09/09/19 at 10:41				
	am.					
	Refer to interview with	h a MA on 09/06/19 at 2:13				
	pm.					
	Refer to telephone int	terview with a representative				
	from the facility's conf					
	09/05/19 at 11:45 am					
		terview with a representative				
		harmacy on 09/09/19 at				
	1:05 pm.					
	Defer to interviewwith	h the Director of Desident				
		h the Director of Resident				
	Care (DRC) on 09/05	/ 19 at 4: 11 pm.				
	Refer to intervious with	h the DRC on 09/06/19 at				
	11:15 am.	in the Dive on 09/00/19 at				
	ii. IJ aiii.					
	Refer to interview with	h the ED on 09/05/19 at 5:04				
	pm.					

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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 FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLETED
		HAL041077	B. WING		R 09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
GUII FOR	GUILFORD HOUSE 5918 NET				
OOILI OIL	5 11000L	GREENSB	ORO, NC 274	55	
(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
D 358	Continued From page	e 67	D 358		
	Refer to interview with 11:55 am.	h the ED on 09/06/19 at			
	Refer to interview with pm.	h the ED on 09/09/19 at 3:36			
	Refer to interview with Operations on 09/09/				
	3. Review of Residen 05/07/19 revealed dia paroxysmal atrial fibri				
	a. Review of Resident #4's current FL2 dated 05/07/19 revealed a physician's order for sertraline (a medication used to treat depression) 50 mg at bedtime.				
		4's subsequent physician's revealed an order for with 11 refills.			
	order dated 7/25/19 r	4's subsequent physician's evealed an order to o 25 mg daily x 1 week then			
	Medication Administrative revealed: -There was an entry for bedtime scheduled at of 03/11/19 and a disciplant of 03/11/19 and a disciplant of 07/07/19 through 07/07/19 through 07/0-Staff documented "a	for sertraline 50 mg at 9:00 pm, with a start date continue date of 07/11/19. Artraline 50 mg was not 10/19 through 07/05/19 and 10/19.			
	07/01/19. -Staff documented "a doctor" on 07/02/19 tl	waiting new script from hrough 07/04/19.			

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DIVISION	of fleatin Service Regu	ialion				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	
			D MINO		R	
		HAL041077	B. WING		09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
		5918 NET		,		
GUILFOR	D HOUSE		ORO, NC 274	<b>5</b>		
		GREENSE		J		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
PREFIX TAG		Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		
IAG	NEODEMONT ON E	100 IDENTIFICATION OF THE OF T	TAG	DEFICIENCY)		
D 358	Continued From page	e 68	D 358			
	Ctoff dooumonted "or	waiting now carint" on				
	07/05/19.	waiting new script" on				
		www.itama.waawailahlallan				
		rug/item unavailable" on				
	07/07/19 and 07/08/1					
	on 07/09/19 and 07/1	waiting script from doctor"				
		or sertraline 50 mg daily				
	scheduled at 9:00 am					
		ntinue date of 07/25/19.				
		nentation sertraline 50 mg				
		<u> </u>				
		07/11/19, with no reason				
	documented.					
		for sertraline 25 mg daily x 7				
		00 am, with a start date of				
	07/26/19 and a discor	ntinue date of 08/01/19.				
	Observation of Reside	ent #4's medication on hand				
	at 09/09/19 at 2:02 pr					
	-There were 30 tablet					
	dispensed on 07/12/1 -There were 14 of 30					
		J				
		n "break in half" on the				
	sertraline 50 mg label	<b>.</b>				
	Poviou of Posidont #	4's record revealed staff				
		Resident #4's Primary Care				
	Physician (PCP) on 0	7/04/19 for sertraline 50 mg.				
	Interview with a repre	sentative from the facility's				
	revealed:	on 09/09/19 at 1:05 pm				
		t arder for cortroline in the				
		t order for sertraline in the				
	pharmacy system.	voro 26 tableta af acutanilla				
		vere 26 tablets of sertraline				
	50 mg dispensed.	00 tablet				
		vere 30 tablets of sertraline				
	50 mg dispensed.					
		ne 50 mg at bedtime was				
	decreased to 25 mg of	daily x 1 week and then				

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discontinue.

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Division c	<u>of Health Service Regu</u>	lation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	_
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL041077	B. WING		09/09/2019	
NAME OF D		OTDEETAL		TE 7/D 00DE	1	$\neg$
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	I E, ZIP CODE		
GUILFORI	D HOUSE		TFIELD RD			
			BORO, NC 2745	T		_
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		
				DEFICIENCY)		_
D 358	Continued From page	e 69	D 358			
	-On 07/26/19, there v	were 7 tablets of sertraline 25	'			
	mg dispensed.	70.0 . 133.010 2. 22.3.2				
	Interview with a medic					
	09/09/19 at 12:02 pm		'			
		Intil 08/12/19 and was				
	the Assisted Living (A	lemory Care Unit (MCU) and				
	-She did not remember		'			
	sertraline.	or resident in realing	'			
	-If a medication was r	not available on the	'			
	medication cart, she	would document the				
	medication was not a		'			
	-She did not remembe		'			
	pharmacy regarding s	sertraline.				
	Interview with the Dir	rector of Resident Care				
		t 2:24 pm revealed he did	'			
	1 7	as not administered as				
	ordered in July 2019.		'			
		ecutive Director on 09/09/19	'			
	at 3:38 pm revealed:		'			
	-She did not know Re		'			
	due to medication wa	ne as ordered in July 2019				
		as not available. aff to make her aware if	'			
		several doses of sertraline.				
		Tovorar adode or doracine.				
	Interview with Reside	ent #4's family member on	'			
	09/10/19 at 9:05 am r					
	-Resident #4 experier	•				
	-Staff administered al					
	-She had not noticed	increased depression.				
	Interview with the PC	CP on 09/10/19 at 9:15 am				
	revealed:	1 311 337 137 13 41 31 13 4111				
	-Resident #4 was pre	scribed sertraline for				
	depression.					

Division of Health Service Regulation

-During weekly visits she had noted difficulty with

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DIVISION	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			P WING		R	
		HAL041077	B. WING		09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
TO WILL OF TH	NOVIDER OR OUT FIER					
GUILFORI	D HOUSE		FIELD RD			
		GREENS	BORO, NC 2745	55		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	
				52.16.2.16.7		
D 358	Continued From page	<del>-</del> 70	D 358			
	depression.					
	-Staff did not make he	er aware sertraline was not				
	administered or availa	able in July 2019.				
	-She would expect sta	aff to notify her if a				
	medication was not a	vailable.				
	-Not receiving sertrali	ne could cause an increase				
	of symptoms of depre					
		Resident #4 did not receive				
	sertraline as ordered					
	Refer to confidential s	staff interviews.				
	Refer to interview with a MA on 09/05/19 at 6:00					
	pm.					
	Refer to interview with	h a MA on 09/06/19 at 7:15				
	am.					
	Refer to interview with	h a MA on 09/09/19 at 10:41				
	am.					
	Refer to interview with	h a MA on 09/06/19 at 2:13				
	pm.					
	<b>F</b> ·····					
	Refer to telephone int	terview with a representative				
	from the facility's conf	· · · · · · · · · · · · · · · · · · ·				
	09/05/19 at 11:45 am					
	05/05/15 at 11.45 am	•				
	Pefer to telephone int	terview with a representative				
	-	harmacy on 09/09/19 at				
	-	maimacy on 09/09/19 at				
	1:05 pm.					
	Defer to interview	h the Director of Decident				
		h the Director of Resident				
	Care (DRC) on 09/05	/ 19 at 4:11 pm.				
	D ( )					
		h the DRC on 09/06/19 at				
	11:15 am.					
	Refer to interview with	h the ED on 09/05/19 at 5:04				

pm.

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		HAL041077	B. WING		09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFOR	n HOUSE	5918 NETF	IELD RD			
GREENSB		GREENSB	ORO, NC 274	55		
(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	<del>2</del> 71	D 358			
	Refer to interview with 11:55 am.	n the ED on 09/06/19 at				
	Refer to interview with pm.	n the ED on 09/09/19 at 3:36				
	Refer to interview witl Operations on 09/09/					
	b. Review of Resident #4's current FL2 dated 05/07/19 revealed a physician's order for Systane eye drops 0.4-0.3% ophthalmic (a medication used to treat dry eyes), instill 2 drops into both eyes twice a day.					
	Review of Resident #4's subsequent physician's order dated 08/02/19 revealed an order for Systane eye drops 0.4-0.3% ophthalmic, instill 1-2 drops into both eyes as needed for up to every hour.					
	order dated 08/22/19	4-0.3% ophthalmic, instill 2				
	Review of Resident # Medication Administra revealed: -There was an entry f	,				
	by ophthalmic route to 8:00 am and 8:00 pm 07/02/19).	instill 2 drops into both eyes wice a day scheduled at (with a discontinue date of				
	were administered fro 07/31/19.					
	Review of Resident #	4's August 2019 eMAR				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE	SURVEY LETED	
7.11.2.1.2.11.1	5. GGTLGTGT.	.52.11.10/11/61110	A. BUILDING: _			
			B. WING	R WING		R
HAL041077			B. WING		09/	09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NET	FIELD RD			
GOILI OIL	DIIOOOL	GREENSI	BORO, NC 2745	55		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	: 72	D 358			
	revealed: -There was an entry f 0.4-0.3% ophthalmic, three times a day for am, 1:00 pm, and 9:0 08/28/19)There was no docum were administered fro 08/28/19.  Observation of medic #4 on 09/09/19 at 2:0 -There was an opene eye drops 0.3-0.4%, of instructions to instill 1 needed for up to ever contracted pharmacy, -There was an opene eye drops 0.3-0.4%, of instructions to instill 2	or Systane eye drops instill 2 drops into both eyes dry eye scheduled at 9:00 0 pm (with a start date of mentation Systane eye drops om 08/01/19 through  ations on hand for Resident 2 pm revealed: d bottle (15 ml) of Systane dispensed on 07/17/19, with to 2 drops to both eyes as y hour (dispensed by ). d bottle (15 ml) of Systane dispensed on 08/22/19, with drops in both eyes three es (dispensed by second				
	contracted pharmacy revealed: -There was an order in Systane eye drops, in twice a dayThe order dated 04/108/25/19The pharmacy did not discontinue order on 0 dropsOn 08/25/19, the pharmacy did not discontinue order on 0 dropsOn 08/25/19 for Syndrops into both eyes the The facility noted Resulting in the pharmacy profile.	9/19 was discontinued on of have a record for a 07/02/19 for Systane eye armacy entered an order stane eye drops, instill 2				

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					1 _	_
			D WING		F	
		HAL041077	B. WING		09/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
TO WILL OF T	NOVIDER OR OUT FIELD			(12, 211 0002		
GUILFOR	D HOUSE		FIELD RD			
		GREENSI	BORO, NC 274	55		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIL	DAIL
D 358	Continued From page	e 73	D 358			
		(45 1) 50 4				
		e (15ml) of Systane eye				
	drops was dispensed					
		e (15ml) of Systane eye				
	drops was dispensed					
	-On 08/26/19 the pha	rmacy changed Resident #4				
	to "profile only".					
	•	sentative from Resident #4's				
	pharmacy on 09/09/1	9 at 1:43 pm revealed:				
	-The current and only	order in their system was				
	for Systane eye drops	s, instill 2 drops into both				
	eyes three times a da	ıy.				
	-On 08/22/19, 1 bottle	e (15 ml) of Systane drops				
	was dispensed.					
	'					
	Interview with a first s	hift medication aide (MA) on				
	09/09/19 at 10:41 am					
		esident #4 requesting eye				
	drops in July 2019.	relation in Frequencially type				
	-Resident #4 question	ned why she was not				
	receiving the eye drop	•				
		ned of dry eyes often.				
	· ·	eye drops dropped off the				
	July eMAR abruptly.	eye drops dropped on the				
		mary Caro Managar (MCM)				
		emory Care Manager (MCM)				
		s dropped off the July				
	eMAR.					
		ror would be corrected and				
		speaking with the MCM.				
		ps were not on the eMAR to				
	administer in July 201					
		ed the medications due on				
	the eMAR for her shif	t.				
		n 09/09/19 at 12:02 pm				
	revealed:					
	-She was the MCM u					1
	responsible for the Me	emory Care Unit (MCU) and				
	the Assisted Living (A					
	-She did not remember	er a MA speaking with her				

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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 FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLETED	
	HAL041077		B. WING		R 09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NETF	IELD RD			
GUILFOR	D HOUSE	GREENSB	ORO, NC 2745	55		
(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 COMPLE	ETE
	August 2019She did not know Re administered Systane July 2019 and August Interview with the Dire (DRC) on 09/09/19 at not know Systane eye administered in July 2 Interview with the Exe at 3:38 pm revealed: -She did not know Re eye drops in July 201 -She would expect sta Systane eye drops wat #4 eMARs.	e eye drops as ordered in t 2019.  ector of Resident Care t 2:24 pm revealed he did te drops were not 2019 and August 2019.  ecutive Director on 09/09/19  esident #4 missed Systane				
	a day and as needed -She remembered se did not receive Systal -She told staff she was scheduledThe MA told her ther scheduled Systane ey Interview with the Prir on 09/10/19 at 9:15 a -Resident #4 was pre for dry eyesShe expected staff to drops as ordered for l -Resident #4 complai -She was not notified	stane eye drops three times veral occasions when she ne eye drops as ordered. as supposed to get drops e was no order for ye drops.  mary Care Provider (PCP) m revealed: scribed Systane eye drops o administer Systane eye				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		R WING		R		
		HAL041077	B. WING		09/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
GUILFORI	HOUSE	5918 NETF GREENSB	IELD RD ORO, NC 2745	55		
(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	(X5) COMPLETE DATE
D 358	Continued From page	275	D 358			
	August 2019.					
	Refer to confidential s	staff interviews.				
	Refer to interview with pm.	n a MA on 09/05/19 at 6:00				
	Refer to interview with am.	n a MA on 09/06/19 at 7:15				
	Refer to interview with am.	n a MA on 09/09/19 at 10:41				
	Refer to interview with pm.	n a MA on 09/06/19 at 2:13				
	Refer to telephone int from the facility's cont 09/05/19 at 11:45 am					
		terview with a representative harmacy on 09/09/19 at				
	Refer to interview with Care (DRC) on 09/05	n the Director of Resident /19 at 4:11 pm.				
	Refer to interview with the DRC on 09/06/19 at 11:15 am.					
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04				
	Refer to interview with 11:55 am.	n the ED on 09/06/19 at				
	Refer to interview with pm.	n the ED on 09/09/19 at 3:36				

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Refer to interview with Area Director of

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	of Health Service Regu			1		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL041077	B. WING		09/09/2019	
					1 00.00/2010	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		
GUILFORI	D HOUSE	5918 NE	TFIELD RD			
00121 011		GREENS	SBORO, NC 2745	5		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(7.0)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		
iAO		,	IAG	DEFICIENCY)		
D 250	0 (; 15	70	D 250			
D 358	Continued From page	e /6	D 358			
	Operations on 09/09/	19 at 12:15 pm.				
	B : (B ::					
		t #4's current FL2 dated				
		order for omeprazole (a				
	medication used to the	eat acid reflux) 20 mg daily.				
	Review of Resident #	4's subsequent physician's				
		revealed an order for				
	omeprazole 20 mg da					
	3	•				
	Review of Resident #	4's July 2019 electronic				
	Medication Administra	ation Record (eMAR)				
	revealed:					
	•	for omeprazole 20 mg daily				
	scheduled at 1:00 am					
		nentation omeprazole was				
	administered from 07	7/19/19 through 07/26/19.				
	Observation of medic	cations on hand for Resident				
	#4 on 09/09/19 at 2:0					
		ules of omeprazole 20 mg				
	dispensed on 08/07/1					
	-	ules of omeprazole 20 mg				
	remaining.					
		esentative from the facility's				
		on 09/09/19 at 1:05 pm				
	revealed:	1 1 1 10=40406				
		an order dated 07/19/19 for				
	omeprazole 20 mg da	बाए. lets of omeprazole 20 mg				
	were dispensed.	icts of officprazole 20 flig				
		lets of omeprazole 20 mg				
	were dispensed.	0. 0op.u2010 20 111g				
	2. 2 2p. 22					
	Interview with a repre	esentative from Resident #4's				
		9 at 1:43 pm revealed they				
		prazole and had never				
	dispensed omegrazo					

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Division of Health Service Regulation

HAL041077 B. WING 09/05	9/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
GUILFORD HOUSE 5918 NETFIELD RD	
GREENSBORO, NC 27455	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358 Continued From page 77 D 358	
Interview with a first shift medication aide (MA) on 09/09/19 at 10:41 am revealed:  -She knew Resident #4 was ordered omeprazoleThe omeprazole should have been scheduled at 6:00 am but the pharmacy entered the omeprazole at 1:00 am.  -She mentioned changing the time omeprazole was scheduled on the July 2019 eMAR to a Memory Care Manager (MCM)She did not follow up with the MCM after speaking with her regarding the scheduled time for omeprazoleThe MCM was capable of changing medication orders in the eMAR system, including the scheduled time. Interview with a MA on 09/09/19 at 12:02 pm revealed: -She was the MCM until 08/12/19 and was responsible for the Memory Care Unit (MCU) and the Assisted Living (AL)She did not remember omeprazole not being administered for several days in July 2019 for Resident #4She did not remember a MA speaking with her regarding the scheduled time for omeprazole, but it was possible a MA spoke with her and she did not have the time to correct the issueThe pharmacy scheduled the omeprazole to be administered at 1:00 am dailyShe had access to make changes to medications within the eMAR system.  Interview with the Director of Resident Care (DRC) on 09/09/19 at 22:4 pm revealed he did not know omeprazole was not administered for 8 doses in July 2019.  Interview with the Executive Director on 09/09/19	

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at 3:38 pm revealed:

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			1			
					R	
	HAL041077		B. WING		09/0	9/2019
			•			
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NET	FIELD RD			
GUILFORI	O HOUSE		BORO, NC 274	5 <b>6</b>		
		GREENS	JONO, NO 274	J		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	NAIE	DAIL
				BEI IGIENOT)		
D 358	Continued From page	78	D 358			
D 000	Continued i Tom page	5 10	5 000			
	-She did not know Re	esident #4 was not				
		doses of omeprazole in July				
	2019.	acces of officprazole in oury				
		-# t i- i if th-				
	•	aff to make her aware if the				
	scheduled time for on	neprazole needed to be				
	changed.					
	Interview with Reside	nt #4 on 09/09/19 at 1:00				
	pm revealed:					
	•	d rofley and amonro-ale				
		d reflux and omeprazole				
	helped with the symp					
	-She did not know if s	she missed any doses of				
	omeprazole.					
	-She did not remember	er experiencing increased				
	symptoms in July 201					
	Symptoms in duly 201	10 01 / lugust 2015.				
	Later de la Contraction de la Data	(DOD)				
		mary Care Provider (PCP)				
	on 09/10/19 at 9:15 a					
	-Resident #4 was pre	scribed omeprazole for				
	gastroesophageal ref	lux disease (GERD).				
	-She expected staff to	o administer omeprazole as				
	ordered for Resident					
		azole as ordered could				
	• •	otoms, including heartburn				
	and nausea.					
		ned of GERD frequently				
	during visits.					
	-She was not notified	Resident #4 did not receive				
	omeprazole as ordere					
		<b>,</b> <del></del> -				
	Refer to confidential s	staff intonvious				
	TACICI IO COMINGENIIA	סנמוו ווונכו עוכשט.				
	<b>D</b> ( )					
	Refer to interview with	h a MA on 09/05/19 at 6:00				
	pm.					
	Refer to interview with	h a MA on 09/06/19 at 7:15				
	am.					
	Refer to interview with	h a MA on 09/09/19 at 10:41				

am.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED
					R
HAL041077			B. WING		09/09/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
GUILFORI	O HOUSE	5918 NETF			
	OLIMANA DV. OT		ORO, NC 274		
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	<del>2</del> 79	D 358		
	Refer to interview with pm.	n a MA on 09/06/19 at 2:13			
	Refer to telephone inf from the facility's con 09/05/19 at 11:45 am				
	Refer to telephone interview with a representative from the contracted pharmacy on 09/09/19 at 1:05 pm.				
	Refer to interview with Care (DRC) on 09/05	n the Director of Resident /19 at 4:11 pm.			
	Refer to interview with 11:15 am.	n the DRC on 09/06/19 at			
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04			
	Refer to interview with 11:55 am.	n the ED on 09/06/19 at			
	Refer to interview with pm.	n the ED on 09/09/19 at 3:36			
	Refer to interview with Operations on 09/09/				
		t #4's current FL2 dated order for menthol patch.			
	Review of Resident #4's subsequent physician's order dated 08/02/19 revealed an order for menthol patch (a medication used to treat pain) 5 %, one patch to skin three times a day as needed.				
	Review of Resident #	4's August 2019 electronic			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL041077		B. WING		R 09/09/	/2019	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 03/03/	72013
GUILFORI	N HOUSE	5918 NETF	IELD RD			
GOILI OIL	7 11003L	GREENSB	ORO, NC 2745	55		
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 80	D 358			
	Medication Administra revealed there was no	ation Record (eMAR) o entry for a menthol patch.				
	Review of Resident # electronic Medication (eMAR) revealed ther menthol patch.	Administration Record				
	Observation of medications on hand for Resident #4 on 09/09/19 at 2:02 pm revealed there were no menthol patches available to be administered.					
	contracted pharmacy revealed: -The pharmacy did no 08/02/19 for a menthor- -The pharmacy had no	ever dispensed a menthol				
	pharmacy on 09/09/1 had no order for a me	sentative from Resident #4's 9 at 1:43 pm revealed they enthol patch and had never atches for Resident #4.				
	09/09/19 at 10:41 am -She did not know the menthol patchShe had never admir Resident #4.					
	revealed: -She was the MCM u	emory Care Unit (MCU) and				

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-She did not know Resident #4 had an order for a

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DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		1101 044077	B. WING		R	
		HAL041077			09/0	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NFT	FIELD RD			
GUILFOR	D HOUSE		BORO, NC 274	55		
			JONO, NC 274			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
			<del> </del>			
D 358	Continued From page	e 81	D 358			
	menthol patch.					
	•	nistered Resident #4 a				
	menthol patch.	notored reoldent ii i d				
	•	ned of pain several times a				
	day.	ned of pain several times a				
	-	Resident #4's Primary Care				
	Physician (PCP) was					
	complaints of pain.	notined regarding				
	complaints of pain.					
	Interview with the Dire	ector of Resident Care				
		: 2:24 pm revealed he did				
		had an order for a menthol				
		riad an order for a mention				
	patch for pain.					
	Intorvious with the Eve	pautivo Director on 00/00/10				
		ecutive Director on 09/09/19				
	at 3:38 pm revealed:	sident #4 bed on order for a				
		sident #4 had an order for a				
	menthol patch in Aug					
		sident #4 was experiencing				
	pain.					
	late a decreate Decide					
		nt #4 on 09/09/19 at 1:00				
	pm revealed:					
	•	onic pain in her arms, legs,				
	and head on a daily b					
		eneralized pain 8/10 on				
	09/09/19.					
	Interview with the D.	man, Caro Dravidar (DOD)				
		mary Care Provider (PCP)				
	on 09/10/19 at 9:15 a					
	on 08/02/19 for chron	•				
		administer the menthol				
	patch as ordered for F	Resident #4.				
	-Not receiving the me	nthol patch as ordered				
	could result in continu					
		ned of generalized chronic				
	pain frequently during					
		Resident #4 did not receive				

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the menthol patch as ordered on 08/02/19.

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STATEMENT	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:	
			A. BUILDING: _		
		HAL041077	B. WING		R 09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
GUILFOR	D HOUSE		FIELD RD	_	
			BORO, NC 2745		
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 82	D 358		
	Refer to confidential s	staff interviews.			
	Refer to interview with pm.	n a MA on 09/05/19 at 6:00			
	Refer to interview with am.	n a MA on 09/06/19 at 7:15			
	Refer to interview with a MA on 09/09/19 at 10:41 am.				
	Refer to interview with pm.	n a MA on 09/06/19 at 2:13			
	Refer to telephone int from the facility's cont 09/05/19 at 11:45 am				
		terview with a representative harmacy on 09/09/19 at			
	Refer to interview with Care (DRC) on 09/05.	n the Director of Resident /19 at 4:11 pm.			
	Refer to interview with 11:15 am.	n the DRC on 09/06/19 at			
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04			
	Refer to interview with 11:55 am.	n the ED on 09/06/19 at			
	Refer to interview with pm.	n the ED on 09/09/19 at 3:36			
	Refer to interview with Operations on 09/09/				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. DUILDING: _			
		HAL041077	B. WING		R 09/09/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFORI	D HOUSE		FIELD RD			
			BORO, NC 2745			
(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 358	Continued From page	e 83	D 358			
	dated 01/08/19 revealed behavioral disturbance insomnia, and lower of a. Review of Residen 01/08/19 revealed the quetiapine 25 mg take bedtime. (Quetiapine treat mental illness).  Review of Resident # order dated 07/23/19 -The first order was to dose of quetiapine.  -The second order was to increase in falls or if of the contract of	at #1's current FL2 dated ere was an order for e 0.5 tablet (12.5 mg) at is an antipsychotic used to entire the current as for quetiapine 12.5 mg to call if there was an over sedation occurred. entire the current as an order for e 0.5 tablet (12.5 mg) at for quetiapine 25 mg take				
	administered at 9:00 07/31/19.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '			SURVEY PLETED		
			A. BUILDING:			_	
		HAL041077	B. WING		09	R / <b>09/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-		
			FIELD RD	,			
GUILFOR	D HOUSE		BORO, NC 27455				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE	
D 358	Continued From page	e 84	D 358				
	administered at 8:00 07/25/19 to 07/31/19. -From 07/25/19 to 07/ doses of quetiapine 0 documented as admin	/31/19, there were 7 out of 7					
	revealed: -There was an entry f 0.5 tablet (12.5 mg) a administered at 9:00 08/19/19There was an entry f 0.5 tablet (12.5 mg) to administered at 8:00 08/01/19 to 08/21/19There was an entry f	for quetiapine 25 mg take wice daily scheduled to be am and 8:00 pm from					
	administered at 8:00 08/31/19. -From 08/01/19 to 08. 21 doses of quetiapin documented as admin	pedtime scheduled to be pm from 08/21/19 to //21/19, there were 8 out of the 0.5 tablet (12.5 mg) instered for both the 8:00 and the 9:00 pm (bedtime)					
	-From 08/01/19 to 08. 21 doses of quetiapin 9:00 pm (bedtime) do administered: duplica -From 08/22/19 to 08. 11 doses of quetiapin mg) at bedtime docur 08:00 pm. -Quetiapine 25 mg ta bedtime had a discon	te". /31/19, there were 10 out of e 25 mg take 1 tablet (25 mented as administered at ke 0.5 tablet (12.5 mg) at tinue date of 08/20/19. ke 0.5 tablet (12.5 mg) twice					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		GOIVII LETED	
		HAL041077	B. WING		R 09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NET	FIELD RD			
		GREENSI	BORO, NC 2745	55		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COMPLE	ETE
D 358	Continued From page	e 85	D 358			
	hand on 09/05/19 at 4 of quetiapine 25mg w with 5 tablets remaini administration.					
	Interview with a representative from the contracted pharmacy on 09/05/19 at 3:34 pm and 09/06/19 at 8:38 am revealed:  -The pharmacy received the mental health provider's order dated 07/23/19 for Resident #1.  -The order for Resident #1 dated 07/23/19 was to discontinue previous quetiapine orders and add quetiapine 12.5 mg twice daily.					
	-Quetiapine 25 mg tal bedtime was discontii 08/20/19. -Quetiapine 25 mg tal	ke 0.5 tablet (12.5 mg) at nued 07/23/19 and not on ke 0.5 tablet (12.5 mg) at posed to be on the eMAR				
	past 07/23/19. -Quetiapine 25 mg or	e tablet at night was the dent #1 and was dated				
	-On 07/09/19, there w quetiapine 12.5 mg at -On 07/24/19, there w quetiapine 12.5 mg tv -On 08/21/19, there w quetiapine 25 mg disp	bedtime dispensed. Vere 18 capsules of Vice daily dispensed. Vere 20 capsules of				
	(DRC) on 09/05/19 at medication aide (MA) duplicate order for qu	cation aide (MA) on				

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Division C	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	PLETED
						R
		HAL041077	B. WING			/09/2019
				_	1 00.	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
GUILFORI	HOUSE		FIELD RD			
		GREENSI	BORO, NC 2745	i5		
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 86	D 358			
	-She administered bo 8:00 pm 12.5 mg dos dose, to Resident #1 the beginning of Augu-She did not notice th quetiapine and admin in the eMARShe did not see an in Resident #1 in July 20 Interview with a secondar revealed: -She did not remember on 07/23/19She did not notice and Resident #1 in July 20 -Resident #1 in July 20 -Resident #1 fell one when he had a urinare.  Interview with Reside 09/06/19 at 9:08 am reshe was Resident #1 would visit once a moderate she was not sleepy.  Interview with the Prinon 09/06/19 at 9:25 a -Quetiapine was order sleep problemsResident #1 had Alzi	oth doses of quetiapine, the le and the 9:00 pm 12.5 mg at the end of July 2019 and lust 2019. The duplicate order for histered the doses scheduled increase in sleepiness in 019 or August 2019. The an order for Quetiapine in increase in sedation in 019 or August 2019. The at the end of July 2019 by tract infection. The stamily member on revealed: It's family member and both. The any issues with medications. The continuity issues with medications and indent #1 over sedated and the imary Care Provider (PCP) are revealed: The continuity issues and the imary dementia, sion.				
	Resident #1's mental					

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am 12.5 mg, the  $8:00\ pm$  12.5 mg dose, and the

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DIVISION	or rieditir Service Regu	ialion	1		
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			B. WING		R
		HAL041077	B. WING		09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
		5918 NETI	IFI D RD		
GUILFOR	D HOUSE		ORO, NC 274	55	
			JONO, NO 2740		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
IAO		,	170	DEFICIENCY)	
			+		
D 358	Continued From page	e 87	D 358		
	9:00 pm 12.5 mg dos	e of quetiapine at the end of			
		ginning of August 2019.			
		etiapine 12.5 mg at bedtime			
	was not discontinued				
		etiapine in the evening in			
		would not harm Resident			
	, ,	#1 received a small dose			
		#1 received a small dose			
	during that time.	dared the avertioning OF man			
		dered the quetiapine 25 mg			
	one tablet at night.	D : 1 / /// 00/00/40			
		w Resident #1 was 09/03/19			
		ert, and pacing the unit.			
	•	ations to be administered as			
	ordered, and if there v	was an issue, to contact her.			
	Interview with the Exe	ecutive Director (ED) on			
	09/06/19 at 10:45 am	revealed:			
	-The MAs were respo	nsible for medication			
	administration.				
	-She did not know ab	out the quetiapine orders on			
	07/23/19.				
	-She did not know que	etiapine was not			
	administered as order	red.			
	-The MA should have	notified the MCM if there			
	was a duplicate order	in the eMAR.			
	-The physician should	d have been contacted to			
	clarify the quetiapine	orders on 07/23/19.			
	Interview with the ED	on 09/06/19 at 11:55 am			
	revealed she was not	made aware of duplicate			
	orders in July 2019.				
		ntal Health Provider on			
	09/06/19 at 3:45 pm r				
	-Quetiapine was orde	red for anxiety and sleep.			
	-On 07/23/19, she dis	continued previous orders			
		ered quetiapine 12.5 mg			
	twice daily.				
		e quetiapine 12.5 mg at			

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bedtime was not discontinued on 07/23/19.

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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	
		HAL041077	B. WING		09/0	9/2019
NAME OF PROV	IDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFORD H	OUSE	5918 NETF	IELD RD DRO, NC 2745	55		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  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
	ontinued From page		D 358			
Por Section 1 Property of the control of the contro	m) and 12.5 mg at be 219 and August 2019. The last time she saw 7/23/19. Resident #1 received ally 2019 and August egative outcome or hoses administered. If not administered as ause sedation.  Resed on observation eviews it was determ terviewable.  Refer to confidential sefer to interview with m.  Refer to telephone into the facility's conto 2005/19 at 11:45 am.  Refer to telephone into 2005/19 at 11:45 am.	rice daily (8:00 am and 8:00 edtime (9:00 pm) in July 9. v Resident #1 was  a low dose of quetiapine in 2019 and there was no narm to Resident #1 with the sordered, quetiapine can  s, interviews, and record ined Resident #1 was not  taff interviews.  a MA on 09/05/19 at 6:00  a MA on 09/06/19 at 7:15  a MA on 09/06/19 at 2:13  erview with a representative racted pharmacy on				

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Refer to interview with the Director of Resident

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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			
		HAL041077	B. WING		09/09	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NETF	IELD RD DRO, NC 2745	· E		
	OUR MARK OT		· ·			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 89	D 358			
	Care (DRC) on 09/05	/19 at 4:11 pm.				
	Refer to interview with 11:15 am.	h the DRC on 09/06/19 at				
	Refer to interview with pm.	h the ED on 09/05/19 at 5:04				
	Refer to interview with 11:55 am.	h the ED on 09/06/19 at				
	Refer to interview with pm.	h the ED on 09/09/19 at 3:36				
	Refer to the interview Operations on 09/09/					
	order dated 07/23/19 for cephalic 500 mg to	t #1's hospital provider's revealed there was an order ake 1 capsule (500 mg total) even days. (Cephalic is an t bacterial infections).				
	administration record revealed: -There was an entry f capsule four times da be administered at 9: and 9:00 pmFrom 07/25/19 to 07/28 doses of cephalic administered at 9:00 pmThe dates of 07/31/1 marked out with an "> 9:00 am, 1:00 pm, 5:0	(" for cephalic 500mg at				
		ent #1's medications on				

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					R	
		HAL041077	B. WING		I	9/2019
		TIALUTIOT!			1 03/0.	3/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
01111 E0DI		5918 NET	FIELD RD			
GUILFORI	HOUSE	GREENSE	30RO, NC 274	55		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE	DATE
			1	DEFICIENCY)		
D 358	Continued From page	90	D 358			
	hand on 00/05/10 at /	4:50 pm revealed cephalic				
	was not available for					
	was not available for	administration.				
	Interview with a medic	cation aide (MA) on				
	09/06/19 at 7:37 am r					
		19, Resident #1 went to the				
	-	ncy department for painful				
		gnosed with a urinary tract				
	infection (UTI).	<b>3</b>				
	, ,	ered an antibiotic for the UTI				
	in July 2019.					
	-She was not aware t	he resident missed 4 doses				
	(1 day) of cephalic.					
		Manager (MCM), she was				
		issed doses of cephalic or				
		nedication at the end of July				
	2019.					
	-Resident #1 had no	·				
		ibiotics were administered.				
		ovider was not notified of the				
	4 doses of cephalic m	iissea.				
	Interview with a repre	contative from the				
	Interview with a repre	on 09/06/19 at 8:38 am				
	revealed:	011 09/00/ 19 at 0.30 am				
		ved the order for cephalic				
	500 mg dated 07/23/1					
		vere 28 capsules dispensed				
	to the facility.	p				
	•	ed the cephalic order as				
	stat and the order was					
	pharmacy.	•				
	-Four doses of cepha	lic 500 mg were sent from				
	the backup pharmacy	in order to start Resident				
	#1's treatment.					
		alic capsules were sent to				
		ular daily medication delivery				
	to the facility.					
	-Medications sent from	m the backup pharmacy				

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were delivered by a driver from the contracted

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	of Health Service Regu	lation			(X3) DATE SURVEY
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	
		HAL041077	B. WING		R 09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE ZIP CODE	,
			TFIELD RD	, 000_	
GUILFORI	D HOUSE	GREENS	SBORO, NC 2745	5	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page	91	D 358		
	pharmacy the same day as ordered.  -Cephalic was not returned to the contracted pharmacy.				
	09/06/19 at 9:08 am r -She was Resident #' would visit once a mo -Resident #1 had a U emergency departme -Once Resident #1 co family member contact	I's family member and with. TI and was sent to the nt at the end of July 2019. It is sometimed the antibiotics, the coted the MCM and int #1 to be tested for a UTI			
	on 09/06/19 at 9:25 a -Cephalic was ordere UTI. -She did not know 4 c were not administered	mary Care Provider (PCP) m revealed: d by a hospital provider for a out of 28 doses of cephalic d to Resident #1 in July			
	and he was active an -Resident #1 did not opainful urination, conf 2019She expected medic	w Resident #1 was 09/03/19 d alert. display signs of a UTI, iusion, or falls, in August ations to be administered as was an issue, to contact the			
	09/06/19 at 10:45 am -The MAs were responsional administration.				

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2019.

were not administered to Resident #1 in July

-She did not know why it was not administered for

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
ANDILAN	or doring of the second of the	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL041077	B. WING		09/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NETF				
	Г		ORO, NC 274			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 92	D 358			
D 358	one dayResident #1 did not increase in painful uri-Resident #1's resporrepeat urinary analys test was negative.  Review of Resident #08/21/19 revealed urinormal limits.  Interview with the Dire (DRC) on 09/06/19 at-He did not know Resantibiotics as ordered-If cephalic was order pharmacy, the Superapprove the order in tocan be administeredResident #1 did not Inot agitated, and did frequency of urination-He was concerned the administered as orde could have become sersponse characterize breathing, low blood potentially life threated-He expected cephalic ordered.  Based on observation	report pain or have an ination in August 2019. Insible person requested a is in August 2019 and the inalysis results were within sector of Resident Care to 11:15 am revealed: Sident #1 did not receive his in July 2019. In and delivered by the evisor, MCM, and DRC must the eMAR so the medication have painful urination, was not have an increase in in August 2019. The antibiotics were not red because the resident eptic. (Sepsis in an immune end by fever, difficulty pressure, and can be ening). In a contract of the administered as the record reviews and the emined Resident #1 was the sident #1 was the s	D 358			
	Refer to interview with pm.	h a MA on 09/05/19 at 6:00				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	
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		HAL041077	B. WING		09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE	
GUILFOR	D HOUSE		FIELD RD	_	
			BORO, NC 2745		
(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 358	Continued From page	93	D 358		
	Refer to interview with am.	n a MA on 09/06/19 at 7:15			
	Refer to interview with am.	n a MA on 09/09/19 at 10:41			
	Refer to interview witl pm.	n a MA on 09/06/19 at 2:13			
	Refer to telephone int from the facility's cont 09/05/19 at 11:45 am				
	Refer to telephone interview with a representative from the contracted pharmacy on 09/09/19 at 1:05 pm.				
	Refer to interview witl Care (DRC) on 09/05	n the Director of Resident /19 at 4:11 pm.			
	Refer to interview with 11:15 am.	n the DRC on 09/06/19 at			
	Refer to interview with pm.	n the ED on 09/05/19 at 5:04			
	Refer to interview witl 11:55 am.	n the ED on 09/06/19 at			
	Refer to interview witl pm.	n the ED on 09/09/19 at 3:36			
	Refer to the interview Operations on 09/09/				
	administer the resider	rviews revealed: on aides (MAs) who did not nt's medications but would tion had been administered.			

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-Several residents had not received their full

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION		SURVEY PLETED
			A. BUILDING:			_
		HAL041077	B. WING		09	R 9/ <b>09/2019</b>
NAME OF D				7/0.0005	1 00	70072010
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
GUILFOR	D HOUSE		FFIELD RD BORO, NC 27455			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
D 358	Continued From page	e 94	D 358			
	doses of antibiotics.  -The Executive Direct antibiotics not being a July 2019 and August -Staff observed all me amounts of antibiotics end of the administration -The ED was made a medications and mediantibiotics, were stored	tor (ED) was made aware of administered as ordered in t 2019. edications, specifically large s, had leftover doses at the tion period.				
	revealed: -She administered me residents with bathing -She was not respons discontinuing orders i administration record -The MAs, Director of the ED were responsipharmacyWhen a medication a medication was not e system, she would me so they could enter the	Resident Care (DRC) and ible for faxing orders to the arrived at the facility and the ntered into the eMAR ake the DRC or ED aware se order into the system.				
	revealed: -She worked as the M (MCM) from 03/03/19 -She would receive a orders when she worl -As the MCM, she prodelegated tasks to peed to the MCM and Superiensuring the implement of the MCM and superiensuring the implemental transfer of the MCM and Superiensuring transfer of the M	daily report of duplicate ked as the MCM. coessed orders and crsonnel. rvisors were responsible for				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		D
		HAL041077	B. WING		R 09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
GUILFOR	D HOUSE	5918 NET	FIELD RD		
GUILI OK	DIIOOSE	GREENS	BORO, NC 2745	55	
(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 358	Continued From page	95	D 358		
	eMAROnly the MCM and Sinto the eMARMAS should have followed and if there with Supervisors should have should have and a should have followed and should have followed and should have a resident had remaining the MA should have a should	ave been notified. keep up with cart audits other responsibilities; she working. I 5 doses of medication ould fax the sticker to the make sure the fax was documentation notebook; en a medication was e medication was received. here this notebook was; it onth, but the documentation			
	was thinned every month, but the documentation was maintained for records.  Interview with a MA on 09/09/19 at 10:41 am revealed:  -The ED, DRC, and MCM could change orders in the eMAR system.  -Recently, the Supervisors had been given access to change orders in the system.  -Prior to August 2019, she was responsible for orders in the Memory Care Unit (MCU) and Assisted Living (AL), resident care, clinical paperwork, family and physician notification, and she was working different shifts.  -When the pharmacy entered an order, the time would often default to 1:00 am.  -The facility had reported the problems to the pharmacy representative, but the problems continued.  -It could take days for an order to be entered into the eMAR system and even longer if the medication order required clarification.				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
GUILFORI	) HOUSE	5918 NET	FIELD RD				
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D 358	Continued From page	e 96	D 358				
	-The staff sent the or	der to the pharmacy, the					
		e order into the eMAR					
	system, once the med	dication was delivered to the					
	facility, the Superviso	rs or DRC would approve					
	the order in the eMAF	R system, and the					
	medication would app	pear in the eMAR system					
	available to administe	er.					
	-The first and second shift MAs in the Assisted						
	Living Unit were responsible for eMAR and						
	medication cart audits.						
	-The third shift MAs in the MCU were responsible						
	for eMAR and medica						
		npleted Monday through					
		end of the week all residents					
	in the facility would ha						
		used a medication, the MAs					
	•	cument the refusal in the					
	eMAR system.	y the physician after 3					
	consecutive refusals.						
		rt consecutive refusals to the					
	Supervisors.	TO CONSCIONATION TO THE STATE OF THE					
	-The Supervisors, MC	CM and DRC were					
	responsible for physic						
	Interview with a MA o	on 09/06/19 at 2:13 pm					
	revealed:	•					
	-She looked on the el	MAR and would pull					
	medications out one l	by one based on the eMAR,					
	put the medication in	a cup and hit the "prep"					
	button.						
		he medications in a cup,					
		dent and then document all					
		o individually if a resident did					
	not take medication.						
		not stored with the resident's					
	other medications, sh						
		residents' medications to see					
	if it had been stored i						
	-it a resident did not f	nave a medication to be					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R	
		HAL041077	B. WING		09	/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
GUILFOR	D HOUSE	5918 NET					
	OLIMAN DV OT		ORO, NC 2745		OTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
D 358	Continued From page	97	D 358				
	a short supply (a short for some medication of the some shock). She filed the copy of pharmacy notebook. She would not docur medication if she had.  Telephone interview with the facility's contracted 11:45 am revealed:  -The residents' medical system.  -If a medication was reperior the allotted time. Sometimes medication smaller amount until the some some sides of the short some sides of the short short shor	e to the pharmacy asking for it supply meant requesting until the next cycle). The faxed request in the ment she had administered a not administered.  With a representative from it pharmacy on 09/05/19 at eations were on cycle fill requested to be refilled ite, it would not be refilled ite, it would not be refilled in the next dispensing date. Cations were faxed into the ity or provider; providers					
	the contracted pharm revealed once the pharm revealed once the pharm order the facility staff the change in the eM.  Interview with the Dire (DRC) on 09/05/19 at -When a new or chan DRC or MA were respect to the pharmacy.  -The pharmacy would facility and then enter system.  -After the medication system the facility sta	ector of Resident Care					
	the orderThe DRC_FD_MCM	and Supervisors could add.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    X(1) PROVIDER SUPPLIER   X   X   X   X   X   X   X   X   X	<u> Bivioloti (</u>	of fleatin Service Regu	ialion				_
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  STREET ADDRESS, CITY, STATE, ZIP CODE  STATE TO DRESS, CITY, STATE	STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  5918 NETFIELD RD GREENSBORO, NC 27455  (XA) ID PREFIX TAG  CONTINUED FROM LOCATION OF DEFICIENCIES FREGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 98 remove, change, or discontinue orders. If new or changed orders were sent to the pharmacy by 12:00pm, the pharmacy should deliver the medication to the facility by 11:00 pm. If new/changed orders were sent to the pharmacy after 12:00pm, the pharmacy should deliver the medication to the facility by 3:00 am. The pharmacy provided a delivery receipt for all medications delivered to the facility. The AL MAs on first and second shift were expected to check the medications on hand for all AL residents at least once a week. The MCU MAs on third shift were expected to	AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
NAME OF PROVIDER OR SUPPLIER  GUILFORD HOUSE  STREET ADDRESS, CITY, STATE, ZIP CODE  S918 NETFIELD RD GREENSBORO, NC 27455  (X4) ID PREFIX TAG  CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 98 remove, change, or discontinue ordersIf new or changed orders were sent to the pharmacy by 12:00pm, the pharmacy should deliver the medication to the facility by 11:00 pmIf new/changed orders were sent to the pharmacy after 12:00pm, the pharmacy should deliver the medication to the facility by 3:00 amThe pharmacy provided a delivery receipt for all medications delivered to the facilityThe AL MAs on first and second shift were expected to check the medications on hand for all AL residents at least once a weekThe MCU MAs on third shift were expected to				_			
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GUILFORD HOUSE    SUMMARY STATEMENT OF DEFICIENCIES   ID   PREFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   D 358				•		-	
GREENSBORO, NC 27455    (X4)   ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)   DATE	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
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D 358 Continued From page 98 remove, change, or discontinue ordersIf new or changed orders were sent to the pharmacy by 12:00pm, the pharmacy should deliver the medication to the facility by 11:00 pmIf new/changed orders were sent to the pharmacy after 12:00pm, the pharmacy should deliver the medication to the facility by 3:00 amThe pharmacy provided a delivery receipt for all medications delivered to the facilityThe AL MAs on first and second shift were expected to check the medications on hand for all AL residents at least once a weekThe MCU MAs on third shift were expected to							=
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expected to check the medications on hand for all AL residents at least once a weekThe MCU MAs on third shift were expected to							
AL residents at least once a weekThe MCU MAs on third shift were expected to							
-The MCU MAs on third shift were expected to		expected to check the	e medications on hand for all				
· I I I I I I I I I I I I I I I I I I I		AL residents at least of	once a week.				
check the medications on hand for all MCU		-The MCU MAs on thi	ird shift were expected to				
Oncor the medications on hand for all wico		check the medications	s on hand for all MCU				
residents at least once a week.		residents at least onc	e a week.				
-He was concerned medications were being							
documented as administered when the			<u> </u>				
medication had not been administered.							
-He expected MAs to call the pharmacy if they							
had any questions about a medication being							
available or discrepancy in medications.		-	•				
-The facility used a back-up pharmacy if		-The facility used a ba	ack-up pharmacy if				
medication could not be delivered; use of the		medication could not	be delivered; use of the				
back-up pharmacy had to be cleared by		back-up pharmacy ha	ad to be cleared by				
management.		management.	•				
Interview with the DRC on 09/06/19 at 11:15 am		Interview with the DR	C on 09/06/19 at 11:15 am				
revealed:							
-The MAs were responsible for medication			unsible for medication				
administration.		-	mobile for medication				
			ataly, recommedials for				
-The MAs were ultimately responsible for			•				
administering medications as ordered, and if		_					
there was an issue, report the concern to the		-	•				
Supervisor, clarify the order with the provider, and		Supervisor, clarify the	e order with the provider, and				
then notify the DRC.		then notify the DRC.					ļ
-He expected medications to be administered as		I -	tions to be administered as				ļ
ordered.		1					
-If the pharmacy said medication had been			medication had been				
delivered and it was too soon to be refilled, he							

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expected the MAs to then look harder for the

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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			D 14//10		R	
		HAL041077	B. WING		09/09/2019	
NAME OF D	ROVIDER OR SUPPLIER	STREET AN	ORESS, CITY, STA	TE ZID CODE		
NAME OF T	NOVIDEN ON 3011 LIEN			TE, ZII GODE		
GUILFORI	D HOUSE	5918 NETI				
		GREENSE	ORO, NC 274	55		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
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				DEI IGIENCI )		
D 358	Continued From page	99	D 358			
	medication in the facil	lity.				
	Interview with the ED	on 09/05/19 at 5:04 pm				
	revealed:					
	-She implemented the	e "bucket list" one month				
	ago.					
		cted to fax the order to the				
	pharmacy, wait for the fax confirmation and					
	attach to the order, place the order in the					
	designated folder, call pharmacy to get an					
	expected time of arrival for the medication, place					
		nated orange folder, once				
	_	d at the facility the DRC or				
		<u> </u>				
	-	approve the order in the				
	_	en place the order in the				
		der to be filed in the resident				
	recordThere was a red fold	er designated for orders				
	requiring order clarific	_				
	-The DRC or ED was					
	clarification.	responsible for order				
		neeted to be delivered within				
		pected to be delivered within				
	•	tions were not delivered in				
	the expected time fram					
	-The pharmacy did no					
	medications as expec					
		signated back up pharmacy				
	for "stat" orders and r					
		was not to be delivered				
		ere expected to use the				
	back up pharmacy.					
	Interview with the ED	on 09/06/19 at 11:55 am				
	revealed:					
	-The MAs were respo	nsible for medication				
	administration.					
	-She was concerned	residents had missed				
	medications being ad					
	medications could res					

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resident's conditions.

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING:		_	
		HAL041077	B. WING		09/0	R 99/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NETF				
		GREENSBO	ORO, NC 2745	55		
(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	(X5) COMPLETE DATE
D 358	Continued From page	e 100	D 358			
	-She was concerned problem; she "preach for the MAs to commulate or the MAs about 2 communication; she to overall communication. She expected MAs to prescribed, and if the should have notified to the should have not should have no	there was a communication ed to the staff" constantly unicate. ed a group text message months ago for hought it had improved n. o administer medications as MAs had concerns, they he Supervisor and provider. on 09/09/19 at 3:36 pm ere used to do cart audits. the eMARs to do audits; no eMARs. irrector of Operations on revealed the facility ed pharmacy's policy for				
	The facility failed to administer medications as ordered for 4 of 5 residents (#1, #2, #3, #4), including an anti-psychotic placing the residents at increased risk for mood instability and sedation (#1, #2, #3); an antibiotic resulting in an increased risk of infection (#1, #2); antihypertensives and an antidepressant resulting in increased blood pressure and sleep deprivation (#2); an antidepressant, an anti-anxiety medication resulting in increased anxiety (#3), and a topical analgesic patch resulting in continued chronic pain (#4).  This failure was detrimental to the health, welfare, and safety of the residents and constitutes a Type B Violation.  The facility provided a plan of protection in					

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DIVISION	of Health Service Regu	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		1101 044077	B. WING		09/09/2019	
		HAL041077			09/0	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	FE, ZIP CODE		
		5918 NE	FIELD RD			
GUILFOR	D HOUSE		BORO, NC 2745	5		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
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				DEFICIENCY)		
D 358	Continued From page	e 101	D 358			
	accordance with G.S.	131D-34 on 09/06/19 for				
	this violation.	1012 01 011 00/00/10 101				
	uno violation.					
	CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 24, 2019.					
	24, 2013.					
(D. 00=)			(5.00-)			
{D 367}	{D 367} 10A NCAC 13F .1004(j) Medication		{D 367}			
	Administration					
		Medication Administration				
		dication administration				
	, ,	e accurate and include the				
	following:					
	(1) resident's name;					
	• •	cation or treatment order;				
		ge or quantity of medication				
	administered;					
	* *	ministering the medication				
	or treatment;					
	•	tion for the administration of				
		ents as needed (PRN) and				
	_	Ilting effect on the resident;				
	(6) date and time of a	· · · · · · · · · · · · · · · · · · ·				
	(7) documentation of	-				
		ents and the reason for the				
	omission, including re					
		the person administering				
		atment. If initials are used, a				
	•	o those initials is to be				
	documented and main	ntained with the medication				
	administration record	(MAR).				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
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		HAL041077	B. WING			09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NET	FIELD RD			
OOILI OK	D 11000L	GREENSI	BORO, NC 2745	55		_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 367}	Continued From page	102	{D 367}			
	interviews, the facility administration records complete for 2 of 5 sa #5) including inaccura antihypertensive med medication, a sleep a medication used to trainaccurate documents sugar (FSBS) and slic administration (#5).  The findings are:  1. Review of Residen 01/09/19 revealed dia cerebral infarction, typeccurrent seizures, here	is, record reviews and failed to assure medication is (MARs) were accurate and impled residents (#2 and late documentation of ications, an antidepressant				
		flux disease (GERD) with				
	dated 01/09/19 revea	t #2's physician's orders led an order for Carvedilol (Carvedilol is used to treat nd heart disease).				
	Medication Administrative revealed:					
	daily with scheduled a am and 8:00 pm.	or Carvedilol 3.125 mg twice administration times at 8:00				
	07/01/19-07/12/19 at -Carvedilol was docur	mented as administered 8:00 am and 8:00 pm. mented as unavailable on				
	07/13/19 at 8:00 amCarvedilol was docur	mented as administered on				

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Division of Fleath Service Regulation				_		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL041077	B. WING		1	/2019
		11/12/07/07/		<del></del>	1 03/03	12013
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
OUU FORI	- HOUGE	5918 NET	FIELD RD			
GUILFORI	D HOUSE	GREENS	BORO, NC 274	55		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
{D 367}	Continued From page	e 103	{D 367}			
	07/13/19 at 8:00 pm.					
		mented as administered				
		8:00 am and 8:00 pm.				
		mented as unavailable on				
		9 at 8:00 am and 8:00 pm.				
		mented as unavailable on				
	07/31/19 at 8:00 am.					
		mented as administered				
	07/31/19 at 8:00 pm.					
	-It was documented Resident #2 received 57					
	doses of Carvedilol of	ut of 63 opportunities.				
	D : (D :   //2  A . / 22/2 MAD					
		2's August 2019 eMAR				
	revealed:	ion Compadilal 2 125 mar huise				
	<del>_</del>	for Carvedilol 3.125 mg twice				
	am and 8:00 pm.	administration times at 8:00				
	•	mented as unavailable				
	08/01/19 at 8:00 am.	inented as unavailable				
		mented as administered on				
	08/01/19 at 8:00 pm.	mented as administered on				
		mented as unavailable				
	08/02/19 at 8:00 am.	mented de dilavallable				
		mented as administered on				
	08/02/19 at 8:00 pm.					
	•	mented as unavailable				
	08/03/19 at 8:00am a					
		mented as administered on				
	08/04/19 at 8:00 am.					
	-Carvedilol was docui	mented as unavailable on				
	08/04/19 at 8:00 pm.					
	•	mented as unavailable				
	08/05/19-06/06/19 at	8:00 am and 8:00 pm.				
		mented as administered on				
		8:00 am and 8:00 pm.				
		Resident #2 received 54				
	doses of Carvedilol o	ut of 63 opportunities.				
		• •				
	Review of Resident #	2's September 2019 eMAR				

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revealed:

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
HAL041077		B. WING		R 09/09/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFORD HOUSE 5918 NETF						
		ORO, NC 2745				
(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 367}	Continued From page	e 104	{D 367}			
	daily with scheduled a am and 8:00 pmCarvedilol was docur 09/01/19-09/05/19 at	mented as administered on				
	Observation of Resident #2's medications on hand on 09/05/19 at 2:51 pm revealed: -There were two bubble packs of thirty Carvedilol dispensed on 08/10/19Nine tablets had been administered; twenty-one tablets were available to be administered in one of the bubble packsFourteen tablets had been administered; sixteen tablets were available to be administered on the second bubble packThere was a total of 36 tablets available to be administered.					
	Resident #2's Carved -Sixty tablets were dis	spensed on 07/09/19. spensed on 08/07/19.				
	on hand between Aug there should have be	nentation and medications gust and September 2019, en 9 Carvedilol tablets were 36 tablets remaining.				
	were medication aide administer the resider document the medical	nt's medications but would tion had been administered.				
	revealed:	n 09/06/19 at 7:15 am  Iment they had administered				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE_ZIP CODE  S18 NETFIELD RD  GREENSBORO, NO. 27455  GREDIATORY OR IS. DIEMTIFYING INFORMATION)  PREFIX TAG  CONTINUED FROM THE PROVIDER OF SUPPLICATION OF DEPOSITION OF D	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
COLLEGED HOUSE    SUMMARY STATEMENT OF DEFICIENCIES   PREPRIX   PROVIDERS PLAN OF CORRECTION   PREPRIX TAG			HAL041077	B. WING				
CALL	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
CAY   D   PREST   REGULATORY STATEMENT OF DEFICIENCY   PRESCRIED BY PRUIT   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   TAG   REGULATORY OR LSC IDENTIFY INFORMATION   TAG   REGULATORY OR LSC IDENTI	GUILFORD HOUSE				: =			
a resident's medication if they did not administer the medication.  -She had never documented administering medication if she had not administered the medication.  Interview with another MA on 09/06/19 at 2:13 pm revealed:  -She would not document she had administered a medication if she had not administered the medication.  -She did not know why there were residents who had extra pills available.  Interview with the Director of Resident Care (RCD) on 09/06/19 at 12:59 pm revealed: -He did not know why there were more Carvedilol tablets on hand than should be based on dispensing records and medication documented as administeredHe was concerned medications were being documented as administered when the medication had not been administeredHe expected MAs to document when medications were administeredHe expected MAs to document when medications were administered or if there were exceptions.  Interview with the Executive Director (ED) on 09/06/19 at 10:52 am revealed: -She did not know why there were more Carvedilol tablets on hand than should be based on dispensing records and medication documented as administeredMAs should not document they had administered a medication unless they had administered and medication unless they had administered and medication unless they had administered that	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETE	
medication.  Based on observations, interviews and record reviews, it was determined Resident #2 was not	{D 367}	a resident's medication the medication.  -She had never documedication if she had medication.  Interview with another revealed: -She would not documedication if she had medicationShe did not know who had extra pills available.  Interview with the Direct (RCD) on 09/06/19 at 1-He did not know why tablets on hand than a dispensing records are as administeredHe was concerned modoumented as adminimedication had not be 1-He expected MAs to medications were adminimedications.  Interview with the Execution on dispensing records documented as adminimedication that not be 1-He expected MAs to medications were adminimedication with the Executions.  Interview with the Execution on dispensing records documented as adminimedication unless to medication unless to medication.  Based on observation	mented administering not administered the  r MA on 09/06/19 at 2:13 pm ment she had administered a not administered the  by there were residents who ole.  ector of Resident Care at 12:59 pm revealed:     there were more Carvedilol should be based on and medication documented  medications were being mistered when the een administered.     document when ministered or if there were  ecutive Director (ED) on revealed:     by there were more hand than should be based and medication mistered.     unent they had administered hey had administered that	{D 367}	DETICITION 1)			

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interviewable.

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HAL041077	B. WING		1	9/2019
		HAL041077			09/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NET	FIELD RD			
GUILFORI	HOUSE		BORO, NC 274	55		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
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			+			
{D 367}	Continued From page	e 106	{D 367}			
	h Daview of Davidson	1 #0				
		t #2's physician's orders				
		led an order for Lisinopril				
	• • •	I is used to treat high blood				
	pressure and heart di	sease).				
	Review of Resident #2's July 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Lisinopril 20 mg daily with a scheduled administration time at 8:00 am.					
		nented as administered on				
	07/01/19 through 07/2					
		nented as unavailable on				
	07/26/19-07/31/19 at					
		Resident #2 received 25				
	doses of Lisinopril out	t of 31 opportunities.				
		2's August 2019 eMAR				
	revealed:					
	-There was an entry f	or Lisinopril 20 mg daily with				
	a scheduled administ	ration time at 8:00 am.				
	-Lisinopril was docum	nented as unavailable on				
	08/01/19 through 08/0					
	•	nented as administered on				
	08/07/19 through 08/3					
		Resident #2 received 25				
	doses of Lisinopril out					
	doses of Lisinophi ou	t of 31 opportunities.				
	Pavious of Pasidont #	2's Sontombor 2010 sNAD				
		2's September 2019 eMAR				
	revealed:					
	•	or Lisinopril 20 mg daily with				
		ration time at 8:00 am.				
		nented as administered on				
	09/01/19 through 09/0	05/19 at 8:00 am.				
	Observation of Reside	ent #2's medications on				
	hand on 09/05/19 at 2					
		pack of thirty Lisinopril				
	c.c was a babble	paon or unity Libiliopili	1			

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dispensed on 08/07/19.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL041077	B. WING		09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NETF		_		
			ORO, NC 2745			
(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 APPROPF DEFICIENCY)	BE COMPLETE	
{D 367}	Continued From page	e 107	{D 367}			
	-No tablets had been administered; thirty tablets were available to be administered.					
	Review of pharmacy dispensing records for Resident #2's Lisinopril revealed: -Thirty tablets were dispensed on 07/09/19.					
	-Thirty tablets were dispensed on 08/07/19Nine tablets were dispensed on 09/01/19.					
	Based on staff documentation and medications on hand between August and September 2019, there should have been 1 tablet of Lisinopril remaining, but there were 30 tablets remaining.					
	Confidential staff interview revealed there were medication aides (MAs) who did not administer the resident's medications but would document the medication had been administered.					
	Interview with a MA o revealed:	n 09/06/19 at 7:15 am				
	a resident's medication the medication.	ument they had administered on if they did not administer				
	-She had never documedication if she had medication.	_				
	Interview with anothe revealed:	r MA on 09/06/19 at 2:13 pm				
	-She would not docur medication if she had medication.	nent she had administered a not administered the				
	-She did not know wh had extra pills availab	y there were residents who le.				
	(RCD) on 09/06/19 at -He did not know why	ector of Resident Care : 12:59 pm revealed: · there were more tablets of n should be based on				

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DIVISION	of fleatin Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	= IED
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		HAL041077	B. WING		1	9/2019
NAME OF D		CTDEET ADD	DECC CITY CTA	TE 7/D 000E	·	
NAME OF PI	ROVIDER OR SUPPLIER		ORESS, CITY, STA	I E, ZIP CODE		
GUILFOR	GUILFORD HOUSE 5918 NE					
	Г		ORO, NC 274	)		
(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	(X5) COMPLETE DATE
{D 367}	Continued From page	e 108	{D 367}			
{D 367}	dispensing records ar as administered.  -He was concerned m documented as administered as administered.  -He expected MAs to medication had not be receptions.  Interview with the Execution of the expected MAs to medications were administered.  -Mas administered.  -Mas should not documented and as administered.  -Mas should not documented and administration.  Based on observation reviews, it was determiniterviewable.  c. Review of Resident and administration and administratio	nedications were being histered when the een administered. document when ministered or if there were ecutive Director (ED) on revealed: y there were more tablets of a should be based on and medication documented hey had administered that hey had administered that his, interviews and record mined Resident #2 was not at #2's physician's orders led an order for Mirtazapine bine is an antidepressant).  2's July 2019 electronic ation Record (eMAR)  or Mirtazapine 30 mg daily ministration time at 8:00 pm. umented as administered on	{D 367}			
	07/07/19-07/17/19 at	umented as administered on				
	-It was documented F	Pesident #2 received 20			ļ	

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doses of Mirtazapine out of 31 opportunities.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
					R	
		HAL041077	B. WING		09/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NET				
GREENSE			ORO, NC 2745			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 367}	Continued From page	e 109	{D 367}			
	revealed: -There was an entry f with a scheduled adm -Mirtazapine was doc 08/01/19 through 08/0 -The dates of 08/08/1 marked out with an "> 8:00 pmThere was a second daily with a scheduled pmThe dates of 08/01/1 electronically marked Mirtazapine 30 mg at -Mirtazapine was doc 08/09/19 through 08/2 -Mirtazapine was doc 08/20/19 through 08/3 -Mirtazapine was doc 08/24/19 through 08/3 -Mirtazapine was doc 08/31/19It was documented F doses of Mirtazapine Review of Resident # revealed: -There was an entry f with a scheduled adm -Mirtazapine was doc 09/01/19 and 09/02/1 -Mirtazapine was doc 09/03/19 and 09/04/1 -It was documented F of Mirtazapine out of a	9-08/31/19 electronically (" for Mirtazapine 30 mg at entry for Mirtazapine 30 mg d d administration time as 9:00  9-08/08/19 were out with an "X" for 9:00 pm. umented as administered on 19/19 at 9:00 pm. umented as unavailable on 23/19 at 9:00 pm. umented as administered on 30/19 at 9:00 pm. umented as unavailable on Resident #2 received 26 out of 31 opportunities.  2's September 2019 eMAR for Mirtazapine 30 mg daily ninistration time at 9:00 pm. umented as unavailable on 9. umented as administered on 9. Resident #2 missed 2 doses				

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hand on 09/05/19 at 2:51 pm revealed:

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Division of Health Service Regulation

DIVISION	of Health Service Regu	ilation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
					-	,
		1101044077	B. WING		R	
		HAL041077	B: Will (		09/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		5918 NET	FIELD RD			
GUILFOR	D HOUSE		BORO, NC 274	55		
	CLIMMADY CT				N	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
{D 367}	Continued From page	2 110	{D 367}			
(5 001)			(5 007)			
		pack of thirty Mirtazapine				
	dispensed on 08/07/1					
		en administered; twenty-one				
	tablets were available	e to be administered.				
		dispensing records for				
	Resident #2's Mirtaza					
		ispensed on 07/09/19.				
	- I hirty tablets were d	ispensed on 08/07/19.				
	Deced on staff decima					
		nentation and medications				
		gust and September 2019,				
		en 15 tablets remaining, but				
	there were 21 tablets	remaining.				
	Confidential staff into	rview revealed there were				
		As) who did not administer				
		tions but would document				
	the medication had be					
	the medication had be	een administered.				
	Interview with a MA o	on 09/06/19 at 7:15 am				
	revealed:	11 03/00/13 at 7:13 am				
		ument they had administered				
		on if they did not administer				
	the medication.	or it tricy did not durimister				
	-She had never docu	mented administering				
	medication if she had	<u> </u>				
	medication.	Thot administered the				
	medication.					
	Interview with anothe	r MA on 09/06/19 at 2:13 pm				
	revealed:	. III. ( ) II ( ) I ( )				
		ment she had administered a				
	medication if she had					
	medication.					
		ny there were residents who				
	had extra pills availab				ľ	
	only pino availab				l	
	Interview with the Res	sident Care Director (RCD)				
	on 09/06/19 at 12:59					
		there were more tablets of			ĺ	

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Division of Health Service Regulation

				Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED				
					R				
		HAL041077	B. WING		09/09/2019				
NAME OF D		OTDEET A	DDDEES OFF STA	TE ZID CODE	•				
NAME OF PI	ROVIDER OR SUPPLIER		ODRESS, CITY, STA	I E, ZIP CODE					
GUILFOR	D HOUSE		FFIELD RD						
		GREENS	BORO, NC 2745	55					
(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 SHOUL)  CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLE	TE			
{D 367}	Continued From page 111		{D 367}						
	dispensing records at as administered.  -He was concerned in documented as adminimedication had not be object the expected MAs to medications were adrexceptions.  Interview with the Execution of the expection of the expection of the expection of the expection of the expected MAs to medications were adrexceptions.  Interview with the Execution of the expection of the expected of t	een administered. document when ministered or if there were ecutive Director (ED) on							
		ns, interviews and record mined Resident #2 was not							
	dated 01/09/19 revea	t #2's physician's orders led an order for Melatonin 3 onin is an antidepressant).							
	Medication Administrative revealed: -There was an entry for a scheduled administrative revealed.	or Melatonin 3 mg daily with ration time at 8:00 pm. mented as administered on							
	revealed:	2's August 2019 eMAR for Melatonin 3 mg daily with							

Division of Health Service Regulation

a scheduled administration time at 8:00 pm.

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Division of Health Service Regulation

	OF DEFICIENCIES		(V2) MULTIPLE	CONSTRUCTION	(V2) DATE 0	IIDVEV
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLI	
LAIV	552511011		A. BUILDING: _			
					F	: I
		HAL041077	B. WING		ı	9/2019
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ILE, ZIP CODE		
GUILFORI	) HOUSE	5918 NETI				
		GREENSE	ORO, NC 274	55		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR L	30 IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	MAIL	D/(IE
{D 367}	Continued From page	e 112	{D 367}			
	-Melatonin was docur	mented as administered on				
	08/01/19 through 08/1	16/19 at 8:00 pm.				
	-	nented as unavailable on				
	08/17/19 through 08/2					
		mented as administered on				
	08/23/19 through 08/3	30/19.				
	-Melatonin was docur	nented as unavailable on				
	08/31/19.					
	-It was documented R	Resident #2 received 25				
	doses of Melatonin ou	ut of 31 opportunities.				
	Review of Resident #	2's September 2019 eMAR				
	revealed:					
		or Melatonin 3 mg daily with				
		ration time at 8:00 pm.				
	-Melatonin was docur 09/01/19 and 09/02/19	nented as unavailable on 9.				
	-Melatonin was docur 09/03/19 and 09/04/1	mented as administered on				
		Resident #2 received 2				
	doses of Melatonin ou					
	Observation of Reside	ent #2's medications on				
	hand on 09/05/19 at 2	2:51 pm revealed:				
	-There was a bubble	pack of eighteen Melatonin				
	dispensed on 08/23/1	9.				
	-Nine tablets had bee	n administered; nine tablets				
	were available to be a	administered.				
	Pavious of pharmass	dispensing records for				
	Review of priarmacy of Resident #2's Melator	· ·				
		ispensed on 07/09/19.				
		e dispensed on 08/23/19.				
	-Lighteen tablets were	e disperised on 00/23/18.				
	Based on staff docum	nentation and medications				
		gust and September 2019,				
		en 6 tablets remaining, but				
	there were 9 tablets re					
		-···-·································				

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Confidential staff interview revealed there were

Division of Health Service Regulation

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
			B. WING		R	
		HAL041077	D. WING		09/09	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NET	IEI D RD			
GUILFORD HOUSE		ORO, NC 274	•			
		GREENSE	URU, NC 2/4:	)		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
IAG	REGOEMONT ON E	100 IDENTIFICATION OF THE ONLY	TAG	DEFICIENCY)	.,, (1)	
{D 367}	Continued From page	e 113	{D 367}			
	mandination sides (NAA					
	· ·	s) who did not administer				
		tions but would document				
	the medication had be	een administered.				
	Interview with a MA o	n 09/06/19 at 7:15 am				
	revealed:					
	-MAs should not docu	ument they had administered				
	a resident's medication	on if they did not administer				
	the medication.					
	-She had never docur	mented administering				
	medication if she had					
	medication.					
	Interview with another	r MA on 09/06/19 at 2:13 pm				
	revealed:	сол ослост се де 2. го р				
		ment she had administered a				
	medication if she had					
	medication.	not duministered the				
		y there were residents who				
	had extra pills availab	ne.				
	Intomious with the Div	actor of Decident Core				
		ector of Resident Care				
	(DRC) on 09/06/19 at					
	•	there were more tablets of				
		an should be based on				
	dispensing records ar	nd medication documented				
	as administered.					
	-He was concerned m	nedications were being				
	documented as admir	nistered when the				
	medication had not be	een administered.				
	-He expected MAs to	document when				
		ministered or if there were				
	exceptions.					
	•					
	Interview with the Exe	ecutive Director (ED) on				
	09/06/19 at 10:52 am					
		y there were more tablets of				
		an should be based on				
		an should be based on				

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as administered.

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Division	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	IED
					R	
		UAL 044077	B. WING		1	V0040
		HAL041077	B: *******		09/09	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		5918 NF	FIELD RD			
GUILFOR	GUILFORD HOUSE			56		
			BORO, NC 2745			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	I	(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
(D. 00=)			(5.00=)			
{D 367}	Continued From page	e 114	{D 367}			
	-MAs should not docu	ument they had administered				
		they had administered that				
	medication.	,				
	Based on observation	ns, interviews and record				
		mined Resident #2 was not				
	interviewable.					
	e. Review of Residen	t #2's physician's orders				
	dated 01/09/19 revea					
		daily (Pantoprazole is used				
	to treat reflux).	daily (rantoprazolo lo doca				
	to troat remax).					
	Review of Resident #	2's July 2019 electronic				
	Medication Administra	-				
	revealed:	adon record (civil try)				
		for Pantoprazole 40 mg daily				
	· ·	ninistration time at 6:00 am.				
		ocumented as administered				
	on 07/01/19 through (					
		ocumented as unavailable on				
	07/26/19 through 07/3					
	_	ocumented as administered				
	on 07/31/19.	Sourierited as administered				
		Resident #2 received 25				
		e out of 31 opportunities.				
	doses of Fairtopiazor	o dat of o r opportunities.				
	Review of Resident #	2's August 2019 eMAR				
	revealed:					
		for Pantoprazole 40 mg daily				
		ninistration time at 6:00 am.				
		ocumented as unavailable on				
	08/01/19.	Joannon do anavanable on				
		ocumented as administered				
	08/02/19 through 08/3					
		Resident #2 received 30				
		e out of 31 opportunities.				
	uoses of Fallopid201	out of 31 opportunities.				
	Review of Resident #	2's September 2019 eMAR				
	TOVICAL OF LACSINGLIS #	2 9 Ochromoci 2019 CIVIVII	1			

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revealed:

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Division of Health Service Regulation

DIVISION	i Health Service Regu	ialion			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL041077	B. WING		09/09/2019
		I IALVTIVII			1 03/03/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		5918 NET	FIELD RD		
GUILFORI	DHOUSE	GREENSI	BORO, NC 274	55	
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	d (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
{D 367}	Continued From page	115	{D 367}		
(2 00.)			(2 00.)		
	•	or Pantoprazole 40 mg daily			
	with a scheduled adm	ninistration time as 6:00 am.			
	-Pantoprazole was do	ocumented as administered			
	09/01/19 through 09/0	04/19.			
		ent #2's medications on			
	hand on 09/05/19 at 2	•			
		pack of thirty Pantoprazole			
	dispensed on 07/09/1	9; there were eight tablets			
	available to be admin	istered.			
	-There was a second	bubble pack of thirty			
	Pantoprazole dispens	sed on 08/08/19; no tablets			
	had been administere	ed.			
	-There was a total of	38 tablets were available to			
	be administered.				
	Review of pharmacy	dispensing records for			
	Resident #2's Pantop	razole revealed:			
	-Thirty tablets were di	ispensed on 07/09/19.			
		ispensed on 08/07/19.			
	Based on staff docum	nentation and medications			
	on hand between Aug	gust and September 2019,			
		en 7 tablets remaining, but			
	there were 38 tablets	remaining.			
		-			
	Confidential staff inter	rview revealed there were			
	medication aides (MA	s) who did not administer			
		tions but would document			
	the medication had be				
	Interview with a MA o	n 09/06/19 at 7:15 am			
	revealed:				
	-MAs should not docu	ment they had administered			
		on if they did not administer			
	the medication.				
	-She had never docui	mented administering			
	medication if she had	_			
	medication.	not administrate the			
	medication.		1		

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL041077	B. WING		09/09/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
GUILFOR	D HOUSE		FIELD RD BORO, NC 2745	5.6	
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (V5)
(X4) ID 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
{D 367}	Continued From page	e 116	{D 367}		
	revealed: -She would not docur medication if she had -She did not know wh had extra pills availab Interview with the Res on 09/06/19 at 12:59 -He did not know why	y there were residents who ble. sident Care Director (RCD) pm revealed: v there were more tablets of			
	Pantoprazole on hand dispensing records ar as administeredHe was concerned modumented as adminimedication had not be the expected MAs to	d than should be based on and medication documented nedications were being nistered when the een administered.			
	09/06/19 at 10:52 am document they had a	ecutive Director (ED) on revealed MA's should not dministered a medication nistered that medication.			
		ns, interviews and record nined Resident #2 was not			
		t #5's current FL-2 dated agnoses included diabetes retinopathy.			
	a. Review of Resident #5's subsequent physician's orders dated 08/02/19 revealed FSBS twice a day.				
		nt physician's order dated order for FSBS every :00 pm, and 9:00 pm.			

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DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		1101 044 077	B. WING		R	
		HAL041077	5:		09/0	9/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5918 NET	FIELD RD			
GUILFORD HOUSE			BORO, NC 274	55		
			JONO, NO 274			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
			<u> </u>			
{D 367}	Continued From page	e 117	{D 367}			
	Review of Resident #	5's July 2019 electronic				
	medication administra					
	revealed:	ation record (civil tit)				
		o check Resident #5's blood				
		vice a day scheduled at				
	11:00 am and 4:00 pm					
	•	SBS checks from 07/23/19				
	through 07/31/19.	BBS CHECKS HOTH 07/25/19				
		readings documented.				
	-There was no robo	readings documented.				
	Review of Resident #	5's August 2019 eMAR				
	revealed:	3 3 August 2013 CIVIAIX				
		o check Resident #5's				
	_	wice a day scheduled at				
	11:00 am and 4:00 pm	-				
	-	esident #5's FSBS for 56 of				
	62 opportunities.	55Ide11( #3 \$ 1 3D3 101 30 01				
		or ESPS four times a day				
		or FSBS four times a day scheduled at 9:00 am, 1:00				
	•					
	pm, 5:00 pm, and 9:0					
		pm and 5:00 pm, staff				
		ninistered" due to order not				
	approved in time to a					
		pm, staff documented the				
	FSBS as "done".	readings documented.				
	-There was no robo	readings documented.				
	Review of Resident #	5's September 2019 eMAR				
	revealed:	0 3 deptember 2019 elviAt				
		or FSBS before meals twice				
	a day scheduled at 11					
	_	esident #5's FSBS from				
	09/01/19 through 09/0					
	-The FSBS ranged from					
		or FSBS four times a day				
		i, 1:00 pm, 5:00 pm, and				
		i, 1.00 piii, 5.00 piii, and				
	9:00 pmStaff documented Re	seident #5's FSBS from				

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09/01/19 through 09/05/19 (at 9:00 am).

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	IRVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		1101 044077	B. WING		R	10040
		HAL041077	B. W. C		09/09	/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		5918 NE	TFIELD RD			
GUILFOR	D HOUSE		BORO, NC 274	55		
	OUR MAR DV OT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI		DATE
				DEFICIENCY)		
(D 007)	0 " 15	440	(D. 007)			
{D 367}	Continued From page	e 118	{D 367}			
	-On 09/01/19, staff do	ocumented Resident #5's				
		at 9:00 am, 1:00 pm, 5:00				
	pm, and 9:00 pm.	, p, e.ee				
		ocumented Resident #5's				
	FSBS was checked a					
		ocumented Resident #5's				
	-	ed at 1:00 pm, 5:00 pm, and				
		cate" or "wrong time".				
		•				
	-On 09/03/19, staff documented Resident #5's FSBS was checked at 9:00 am.					
		ocumented Resident #5's				
		ed at 1:00 pm, 5:00 pm, and				
		cate" or "wrong time".				
		ocumented Resident #5's				
	FSBS was checked a					
	-	ocumented Resident #5's				
		ed at 1:00 pm, 5:00 pm, and				
	9:00 pm due to "wron	ig time".				
	late a decreasity Decide					
		nt #5 on 09/09/19 12:44 pm				
		red his FSBS 3-4 times				
	every day.					
	14	antino nida (BAA) an				
	Interview with a medi					
	09/05/19 at 6:00 pm r					
		onsible for obtaining FSBS.				
		documenting the FSBS				
	result.					
		t be documented anywhere				
	other than the eMAR.					
		Care Manager (MCM) in				
	August 2019 that ther	•				
	document the FSBS r					
		ne would "take care of it".				
	•	noticed the FSBS result				
	appeared on the eMA	AR.				
	Interview with a MA o	n 09/06/19 at 7:37 pm				

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revealed:

-She was a the MCM prior to early August 2019.

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		R
		HAL041077	B. WING		09/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
GUILFOR	D HOUSE	5918 NETF			
			ORO, NC 2745		
(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 367}	Continued From page	<del>2</del> 119	{D 367}		
	-She did not remembe eMAR entry for Resid	er discussing the FSBS			
	(DRC) on 09/05/19 at -The MAs were responsive to the MAS were responsive to	ensible for obtaining FSBS. Ensible for assuring BS and result was complete. En on of the FSBS result there En the previous results. Etation should include the En the eMAR did not include a Esult and was currently			
	revealed: -The MAs were responses ordered and docur the eMARShe expected the FS designated area to do	on 09/05/19 at 5:04 pm ensible for obtaining FSBS menting the FSBS result on EBS entry to have a ecument the result and did o space to document the			
	07/16/19 revealed th Humalog kwik pen (a lower elevated blood inject 4 to 10 units su day before meals: 80-	t #5's current FL2 dated ere was an order for short-acting insulin used to sugar levels) 100 unit/ml, bcutaneously three times a -199= 4 unit, 200-299=6 s, 400 of higher=10 units.			

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DIVISION	of Health Service Regu	liation			<del>,</del>	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
					R	
		HAL041077	B. WING		1	
		HAL041077			09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		5918 NF	TFIELD RD			
GUILFORD HOUSE			BORO, NC 274	55		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	( - /	
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		
				DEFICIENCY)		
(D. 00=)			(5.00=)			
{D 367}	Continued From page	e 120	{D 367}			
	Review of Resident #	5's July 2019 electronic				
	medication administra					
	revealed:	ation record (elw/tiv)				
		for Humalog 100 unit/ml,				
	•	three times daily before				
	meals using sliding so	-				
	200-299=6 units, 300					
	am, and 4:00 pm (sta	duled at 8:000 am, 11:00				
		tation SSI was administered				
	for 24 of 27 opportunities. There was documen					
	administered due to F					
		result documented for 24 of				
		result documented for 24 of				
	27 opportunities.					
	Deview of Decident #	AFILE ASSESSED SOLO SIMAR				
		5's August 2019 eMAR				
	revealed:	for I I				
	-	for Humalog 100 unit/ml,				
		three times daily before				
	meals using sliding so					
	200-299=6 units, 300	•				
		duled at 8:000 am, 11:00				
	am, and 4:00 pm.					
		mount documented from				
	08/01/19 through 08/	15/19.				
	Observation of Decid	ont #Flo modications on				
		ent #5's medications on				
		3:40 pm revealed Humalog				
	Insulin was available	to be administered.				
	1040000 00 B 11					
		ent #5 on 09/09/19 12:44 pm				
	revealed he received	insulin 3-4 times every day.				
	Interview with a medi					
	09/06/19 at 7:37 pm r					
		sible for obtaining FSBS and				
	administering SSI as	ordered.				

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-She administered the SSI ordered according to

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		COMPLETED
	A. BUILDING:	
HAL041077 B. WING		R <b>09/09/2019</b>
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP O	CODE	
GUILFORD HOUSE 5918 NETFIELD RD		
GREENSBORO, NC 27455		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
{D 367} Continued From page 121 {D 367}		
the FSBS resultsShe knew there was no space to document the SSI administered in July 2019 and August 2019The eMAR should have a designated area to document the SSI amount administeredShe discussed her concerns with the Memory Care Manager (MCM) in July 2019.  Interview with a MA on 09/06/19 at 7:37 pm revealed: -She was the MCM prior to early August 2019She did not remember discussing the FSBS entries on the eMAR.  Interview with the Director of Resident Care (DRC) on 09/05/19 at 11:00 am revealed: -The MAs were responsible for obtaining FSBSThe MAs were responsible for insulin administration and assuring documentation was completeWithout correct documentation of SSI administered, he did not know if SSI was administered correctlyHe knew there were issues with SSI documentation and he was working to correct the issue but was unsure if Resident #5's eMAR had been correctedThere was no one conducting eMAR audits.  Interview with the ED on 09/05/19 at 5:04 pm revealed: -The MAs were responsible for administering SSI as ordered and documenting the amount administered on the eMARShe did not know there was no space provided on the eMAR to document the amount of insulin administered.		

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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: _		_	_
		HAL041077	B. WING		09/0	२ 09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE	•	
NAME OF T	NOVIDER OR GOLF EIER		FFIELD RD	12, 211 0002		
GUILFOR	D HOUSE		BORO, NC 2745	55		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETE DATE
{D912}	Continued From page	e 122	{D912}			
{D912}	G.S. 131D-21(2) Dec	laration of Residents' Rights	{D912}			
	Every resident shall h  2. To receive care an adequate, appropriate	ration of Residents' Rights have the following rights: and services which are e, and in compliance with estate laws and rules and				
	reviews, the facility fareceived care and ser appropriate and in confederal and state laws related to medication medication aide comp	ns, interviews and record iled to ensure residents rvices which were adequate, mpliance with relevant is and rules and regulations administration and				
	reviews, the facility fa were administered as prescribing practitione sampled for record re including errors with a and an antibiotic (#1), antihypertensive med medication, an antide sleep aid medication a treat reflux (#2), an ar	view (#1, #2, #3, #4) an antipsychotic medication , an antibiotic, an ications, an anti-psychotic pressant medication, a and a medication used to ntipsychotic, an roid medication, and an on (#3), and an				
		, and a topical analgesic				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL041077	B. WING		09	R 9/ <b>09/2019</b>
NAME OF P	ROVIDER OR SUPPLIER  D HOUSE	5918 NE	ADDRESS, CITY, STATE ETFIELD RD SBORO, NC 27455	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D912}	.1004(a) Medication A Violation)].  2. Based on record refacility failed to ensuraides (Staff E) complestate approved medicemployment verificati written medication aid administering medica 10A NCAC 13F G.S. Home Medication Aid	rag 0358 10A NCAC 13F Administration (Type B  eviews and interviews, the e 1 of 4 sampled medication eted the 5, 10 or 15 hour eation aide training, an on, and completed the le exam prior to tions. [Refer to Tag 0935 § 131D-4.5B(b) Adult Care	{D912}			
{D935}	Training and Competer G.S. § 131D-4.5B (b) Medication Aides; Transcription Evaluation Requirement (b) Beginning Octobe home is prohibited from any unsupervised methat individual has premedication aide during an adult care home of the following: (1) A five-hour training Department that incluin all of the following: a. The key principles administration. b. The federal Center Prevention guidelines applicable, safe injection	Adult Care Home inining and Competency ents.  r 1, 2013, an adult care om allowing staff to perform dication aide duties unless eviously worked as a g the previous 24 months in r successfully completed all g program developed by the des training and instruction of medication s for Disease Control and on infection control and, if	{D935}			

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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	
				R		
		HAL041077	B. WING		1	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NETF		_		
			ORO, NC 2745			
(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	(X5) COMPLETE DATE
{D935}	Continued From page	e 124	{D935}			
	exists.  (2) A clinical skills evan NCAC 13F .0503 and (3) Within 60 days froindividual must have a. An additional 10-hodeveloped by the Deptraining and instruction 1. The key principles administration.  2. The federal Center Prevention guidelines applicable, safe inject procedures for monitor bleeding occurs or the exists.  b. An examination deby the Division of Head	partment that includes in in all of the following: of medication  s of Disease Control and on infection control and, if				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	facility failed to ensure aides (Staff E) comple state approved medic					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	DF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		
		HAL041077	B. WING		R 09/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D HOUSE	5918 NET				
			BORO, NC 274			$\dashv$
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLET	E
{D935}	Continued From page	e 125	{D935}			
	-There was no docum verification showing S medication aide within -There was no docum written medication ex -There was document clinical skills compete 03/30/18 and 09/06/1 Review of a residents medication administrate revealed Staff E documedications 9 out of 3 08/31/19.  Interview with Area D 09/06/19 at 5:00 pm r	revealed: 02/15/18. nentation that Staff E or 15 hour MA training. nentation of employment Staff E worked as a in the last 24 months. nentation Staff E passed the amination. tation Staff E completed the ency validation checklist on 9. s' August 2019 electronic ation record (eMAR) mented administration of 31 days from 08/01/19 to irector of Operations on revealed:				
	09/06/19Staff E transferred from E completed part of the hour MA training at the She was unable to pund training, written more staff.	rovide documentation of the				
	(DRC) on 09/09/19 at -Staff E worked as a responsible for admin residents.	ector of Resident Care : 10:30 am revealed: medication aide and was sistering medications to s were required to have the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		HAL041077	B. WING		09/09/201	19
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUILFORD HOUSE 5918 NETI						
		GREENSBO	ORO, NC 2745	55		
(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 APPROPF DEFICIENCY)	BE COM	(X5) MPLETE DATE
{D935}	Continued From page	2 126	{D935}			
	medication examHe did not know State	was responsible for				
	at 10:35 am revealed -Staff E worked as a responsible for admin residentsShe knew MAs were written medication ex or 15 hour MA training verificationShe did not know Sta MA training, employm medication examThe Business Office responsible for persor the required training versions.	medication aide and was istering medications to required to complete the am and complete the 5, 10, g or have employment aff E had not completed the nent verification, and written Manager (BOM) was nnel records and ensuring				
	revealed: -She knew MAs were written medication ex or 15 hour MA training verificationShe did not know Sta MA training, employmmedication examShe was responsible recordsShe had not audited	M on 09/09/19 at 10:40 am required to complete the am and complete the 5, 10, g or have employment aff E had not completed the nent verification, and written a for auditing personnel Staff E's personnel record. a for ensuring MA training				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		URVEY ETED
		HAL041077	B. WING		R 09/09	9/2019
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 00/01	0/2010
GUILFORD HOUSE 5918 NETF			FIELD RD			
GREENSBO		BORO, NC 2745	55			
(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	(X5) COMPLETE DATE
{D935}	Continued From page	e 127	{D935}			
	hour training prior to pure linear training prior to pure linear training prior to pure linear training or employments. She started the 5 hot facility she transferred complete the 10 hour not think it was mand -She did not know who personnel requirements.	TE needed to complete the 5 passing medications.  on 09/09/19 at 11:00 am  MA and was responsible for tions. al medications, topical one, eye drops, and on.  out the required written the 5, 10, or 15 hour MA int verification.  ur MA training in 2017 at the drom, but she did not training because she did atory.  on was responsible for ints and records.  needed to complete the 5				
	obtained the required and had passed the s exam. This failure pla medication errors whi	training and qualifications training and qualifications state written medication aide ced the residents at risk of the was detrimental to the elfare of the residents and				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 09/09/19 for				
	CORRECTION DATE	FOR THE TYPE B OT EXCEED OCTOBER				

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24, 2019.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY LETED	
						R
		HAL041077	B. WING		09/	09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
GUILFORI	D HOUSE		TFIELD RD			
	CLIMMADY CT		BORO, NC 2745		DECTION .	
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE

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