Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:	A. BUILDING:		LETED
HAL092187 B. WIN		B. WING			R / 30/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STRE	EET ADDRESS, CITY, STA	TE, ZIP CODE		
CARILLOI	N ASSISTED LIVING OF	NORTH RALEIGH	OLD WAKE FORES EIGH, NC 27609	T RD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		nsure Section conducted an survey on 09/25/19 through				
D 131	10A NCAC 13F .0406	6(a) Test For Tuberculosis	D 131			
	10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 7 sampled staff (Staff C) was tested upon hire for Tuberculosis (TB) disease.					
	The findings are:					
	revealed: -She was hired on 12 -There was documented on 12/14 with no documented reference was documented on 12/19/11 -There was no evidente	tation of a TB skin test 4/16 and read on 12/17/16 results. tation of a chest-x-ray 16 for Staff C to rule out TB				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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HAL092187			B. WING		09	/30/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ΓE, ZIP CODE		
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	WAKE FOREST NC 27609	T RD		
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D 131	Continued From page	e 1	D 131			
	positive.	est, and the results were chest-x-ray to rule out				
	the nurse who admini revealed: -She administered on but she did not write of the area on the left.					
	Interview with Business Office Manager (BOM) on 09/30/19 at 9:45am revealed: -The Resident Care Director (RCD) was responsible for making sure staff had one TB skin test prior to hireThe RCD was responsible for making sure staff had a 2nd step TB skin test within 2 weeks of hireOnce the 2-step TB skin test was completed by the RCD, the BOM would get a copy of it and file the information in the personnel record.					
	revealed: -She thought Staff C's documented as positi-The RCD/designee ware staff had one TB-The RCD/designee ware staff had a 2nd staff had a	was responsible for making skin test the 1st day of hire. was responsible for making step TB skin test within onal Nurse audited the eekly.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL092187		B. WING		R 09/30/2019	
	ROVIDER OR SUPPLIER	5219 OLD V	RESS, CITY, STA WAKE FORES NC 27609		
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D 131	auditedIt was an oversight I see the result of the T documentedIt was documented S because the TB skin positiveThe RCD/Regional N making sure staff had hireThe RCD/Regional N making sure staff had within 14 days of hire	d for Staff C had been because the auditors did not B skin test was not staff C needed a chest-x-ray test was established to be durse was responsible for one TB skin test prior to lurse was responsible for a 2nd step TB skin test	D 131		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure the kitchen and food storage areas were clean and free of contamination related to the floors, ice machine, reach in refrigerator, the deep fryer, the stove top, the convection oven, the hot food holding table, can opener; staff did not wear hairnets while in the food preparation area; undated and unlabeled stored food; and the improper freezer temperature.		D 282		

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Division of	of Health Service Regu	ilation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	R/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUM	MBER:	A. BUILDING:		COMPLETED	
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		HAL092187		B. WING		09/3	30/2019
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			5219 OI D V	WAKE FORES	T PN		
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	RALEIGH,				
			RALEIGH,	NC 2/609			
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17.0			- ,	IAG	DEFICIENCY)		
D 282	Continued From page	e 3		D 282			
	The findings are:						
	The illiangs are.						
	1. Review of the kitch	nen cleaning schedule	•				
	posted in the kitchen	•					
	-The posted cleaning						
	week of 09/07/19; there were blank spaces where						
	the initials indicating completion of any task for						
	the week would have been documented.						
	-The schedule was divided into tasks by shift; am (morning) and pm (evening) cleaning tasks.						
	-The schedule was di						
	tasks and daily cleani	_	ariirig				
	-The kitchen floor was	•	ont				
	twice daily.	s scrieduled to be swi	s pi				
	-The utility room was	schodulad to be swee	ot and				
	mopped on Monday	-	ot and				
	-The hot food holding	_	to bo				
	cleaned and polished		io be				
	-The floor under the o	•	dulad				
	to be swept and mop						
	-The reach-in refriger						
	cleaned and disinfect						
	-The area behind the	, ,					
	be cleaned with degree						
	-The deep fryer, the s	,	0				
	oven, the steamer an	•					
		•	e not				
	listed on the kitchen of	clearling scriedule.					
	Review of a second k	ritahan alaanina sahar	dulo				
	provided by the Kitch	_					
	10:28am revealed the						
	the morning shift had	-					
	<u> </u>		27/19				
	and 09/28/19 as com	pieteu.					
	Observation of the kit	tohan an 00/26/10 at (0:15am				
		ionen on os/26/19 at s	a. IOdili				
	revealed:	n of the diebweeks:					
	-There was dirt on top						
	-There were three cu	=	fla a				
	dessert bowls and de	suns scattered on the	IIOOI				

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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	
	HAL092187					I	R / 30/2019	
	PROVIDER OR SUPPLIER N ASSISTED LIVING OF	NORTH RALEIGH		RESS, CITY, STA WAKE FORES NC 27609				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
D 282	behind the dishwasher. There was debris nemachine. The can opener black black debris caked or the shelf in the deep food residue on it. There was a yellow I food debris on the outfloor beside the deep stove. There was dried food grates. There was a dried specified warming box. There was food debrig riddle. There was a sticky rehandles. There was food and brow the glass. Observation of the house of the convection of the house o	er. ext to and behind the ice and bracket had a stand them. In them. In them, in the store and stand of the deep fryer, fryer and the sides of the deep fryer, fryer and the sides of the dresidue on the store plash residue on the sides and grease on the sides and grease on the sides and burnt food or on ovens and on the rain coating on the inside of the door on the water was a brownish one water had a dark brown the outside of the door on the outside of the door on the water on the water had a dark brown the water of the door on the water had a dark brown the outside of the door on the outside of the door on the water had a dark brown the water had a dark brown the outside of the door on the outside of the	nts of nd the the the or n the acks; and the hot color. own 19 at r read ezer. ers of pork	D 282				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
HAL092187			B. WING		R 09/30/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		5219 OLD	WAKE FORES	T RD	
CARILLO	CARILLON ASSISTED LIVING OF NORTH RALEIGH RALEIGH				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 282	Continued From page	e 5	D 282		
D 202	breadThere was a dried refloor inside the freeze floor inside floor in	eddish-brown liquid on the er next to the freezer. alk-in cooler on 09/26/19 at discolored, shriveled, red rs with sunken areas and unlabeled container of unlabeled container of sliced unlabeled tray with six ed, unlabeled tray with six ed, unlabeled container of unlabeled container of unlabeled container of unlabeled container of ed, unlabeled container of unlabeled container of unlabeled container of the ed, unlabeled container of unlabeled container of the ed, unlabeled container of ed, unlabeled pies.	U 262		
	tuna saladThere was a black spasket and on the are contact with the react	er of unlabeled, undated potted film buildup on the ea where the gasket made n-in refrigerator. y goods storage area on			

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE \$219 OLD WAKE FOREST RD RALEIGH, NC 27609 (X4) ID PREFIX TAG (X4) ID PREFIX TAG CONTINUED FROM THE PROCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 6 -There was a large, undated container of flourThere was a container of balsamic vinegar with dried contents around the lidThere was a container of mustard with dried contents around the lidThere was an opened, undated container of barbecue sauceThere was an opened, undated container of fried onionsThere was an opened, undated container of fried onionsThere was an opened, undated container of cookie icingThere was an opened, undated container of cookie icingThere was an opened, undated container of cookie icingThere was an unlabeled container of tortilla strips.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		
CARILLON ASSISTED LIVING OF NORTH RALEIGH (X4) ID PREFIX ITAG (CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 6 -There was a large, undated container of flourThere was a brown and black sticky build up on the lip, top and handles to the bulk flour and sugar binsThere were corn flakes stored in a rice krispies plastic containerThere was a container of mustard with dried contents around the lidThere was an opened, undated container of barbecue sauceThere was an opened, undated container of hot cereal mixThere was an opened, undated container of fried onionsThere was an opened, undated container of cookie icingThere was an unlabeled container of tortilla	HAL092187		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 6 -There was a large, undated container of flourThere was a brown and black sticky build up on the lip, top and handles to the bulk flour and sugar binsThere were corn flakes stored in a rice krispies plastic containerThere was a container of balsamic vinegar with dried contents around the lidThere was a container of mustard with dried contents around the lidThere was an opened, undated container of barbecue sauceThere was an opened, undated container of fried onionsThere was an opened, undated container of cookie icingThere was an unlabeled container of tortilla			
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-There was an unlabeled container of peanutsThere was one dented can each of jellied cranberries, mandarin oranges, and baked beans. Observation of the utility closet in the kitchen on 09/26/19 revealed: -There was debris on the floorThere were dirty rags on the storage shelves. Interview with the chef on 09/26/19 at 9:59am revealed: -The grates to the stove were cleaned daily after lunch by running them through the dish washer; he "walked into the dirty grates this morning"Someone failed to clean the grates the day	D 282		

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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		
	HAL092187			B. WING		09	R / 30/2019
NAME OF PF	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
CARILLON	CARILLON ASSISTED LIVING OF NORTH RALEIGH			WAKE FORES [*] NC 27609	T RD		
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D 282	but wiped down every the convection oven we month ago and the racleaned as well. -The oil in the deep from month by one the coomonth ago; the food particularly should be removed at outside should be wiped interview with the cherevealed: -The hot food holding end of the day by one the last time the water cleaned. -He understood the hot obe kept clean because the table. Interview with the Kitch at 1:56pm revealed: -She was currently centle had taken a food serventhe dish washer fryer and the floor in the swept and mopped data. -The floors under equivere also supposed to daily. -The deep fryer was seven the deep fry oil were grown in the deep fry oil were supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to the use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to the use; the deep fry oil were also supposed to be use; the deep fry oil were also supposed to the use of the transfer also sup	a was cleaned once a may day after use; the last was cleaned was about cks were removed and yer was changed once oks and was done about particles in the deep fry frer every use and the ped down. If on 09/27/19 at 7:47ard table was cleaned at the the cooks; he did not be the cooks; he did not be the cook was served from the ped down was changed, or the ped down was changed, or the ped to food holding table necessity and the content of the ped down was served from the food safety and the content of the ped down was served from the food safety and the food safet	a a ta a a a ta a a a a a a a a a a a a	D 282			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAIE, ZIP CODE STAIR ON WAKE FOREST RO RALEIGH, NC 27699 RALEIGH, NC 27699 PROVIDERS PLAN OF CORRECTION (PACH DO RECEIVE ACTION SHOULD BE (PACH CORRECTIVE ACTION SHOULD BE (PACH COR	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	` '	E SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF NORTH RALEIGH REGULATORY OR ISO DENTIFYING INFORMATION) DEFICIENCY TAG D 282 Continued From page 8 supposed to be cleaned as needed. The grates to the stove top were removed and soaked in the pot and pan sink 'as needed.' The grates to the stove top were removed and soaked in the pot and pan sink 'as needed.' The grates to the stove top were removed and soaked in the pot and pan sink 'as needed.' The grates to the stove top were cleaned in a while; the gaskets needed to be removed to properly clean them and she did not want to risk tearing them when they were removed. The grakes to make the reach-in refrigerator were on the daily cleaning schedule; the kitchen staff should be wipied them down. The convection oven was deep cleaned once a month 'as needed.' the racks were removed, and the inside was cleaned about three weeks ago. She explained 'as needed' meant something was not up to standards and she made the determination when something was not up to standards. She did not require the staff to wipe down the inside of the oven, but she did expect them to wipe off the outside daily. All the kitchen equipment should be wiped off daily. The water in the hot food holding table should have been emptied every right and the pans cleaned with vinegar once a week; she explained vinegar had to be used in the kitchen. She understood there were hazards to ditry equipment in the kitchen.					A. BUILDING: _			
CARILLON ASSISTED LIVING OF NORTH RALEIGH S219 OLD WAKE FOREST RD RALEIGH, NC 27699	HAL092187				B. WING		09	
CARILLON ASSISTED LIVING OF NORTH RALEIGH RALEIGH, NC 27609	NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARILLON ASSISTED LIVING OF NORTH RALEIGH RALEIGH, NC 27609				5219 OLD V	NAKE FORES	T RD		
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supposed to be cleaned "as needed". -The grates to the stove top were cleaned a week ago; one cook was very messy and did not clean after he used the stove. -The grates to the stove top were removed and soaked in the pot and pan sink "as needed". -She could see the gaskets on the reach-in refrigerator had not been cleaned in a while; the gaskets needed to be removed to properly clean them and she did not want to risk tearing them when they were removed. -The gaskets and the reach-in refrigerator were on the daily cleaning schedule; the kitchen staff should be wiping them down. -The convection oven was deep cleaned once a month "as needed"; the racks were removed, and the inside was cleaned about three weeks ago. -She explained "as needed" meant something was not up to standards and she made the determination when something was not clean enough or not up to standards. -She did not require the staff to wipe down the inside of the oven, but she did expect them to wipe off the outside daily. -All the kitchen equipment should be wiped off daily. -The water in the hot food holding table should have been emptied every night and the pans cleaned with vinegar once a week; she explained vinegar had to be used because degrease was not allowed to be used in the kitchen. -She understood there were hazards to dirty equipment in the kitchen.	PREFIX	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	COMPLETE
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temperatures for the walk-in freezer were or what the current documented temperatures for the walk-in freezer wereThe first kitchen staff to report in for work in the	D 282	supposed to be clear -The grates to the sto ago; one cook was ve after he used the sto -The grates to the sto soaked in the pot and -She could see the gr refrigerator had not b gaskets needed to be them and she did not when they were remo -The gaskets and the on the daily cleaning should be wiping ther -The convection over month "as needed"; t the inside was cleane -She explained "as no was not up to standar determination when se enough or not up to s -She did not require t inside of the oven, bu wipe off the outside of -All the kitchen equip dailyThe water in the hot have been emptied e cleaned with vinegar vinegar had to be use not allowed to be use -She understood ther equipment in the kitch -She was not sure wh temperatures for the the current document walk-in freezer were.	ned "as needed". ove top were cleaned a ery messy and did not ove. ove top were removed a d pan sink "as needed". askets on the reach-in een cleaned in a while; e removed to properly of want to risk tearing the oved. reach-in refrigerator w schedule; the kitchen s m down. In was deep cleaned one he racks were removed ad about three weeks a eeded" meant somethir rds and she made the something was not clea standards. he staff to wipe down th that she did expect them th daily. ment should be wiped of food holding table shou very night and the pans once a week; she explained because degrease w did in the kitchen. The were hazards to dirty ment. nat the parameters for the walk-in freezer were or ted temperatures for the	clean and the clean em ere staff ce a d, and go. ng n he to off uld s ained vas he what e	D 282			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED	
HAL092187				B. WING		09	R 9/ 30/2019
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	·	
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	5219 OLD W	VAKE FORES ¹ IC 27609	T RD		
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 282	they placed them in because "anyone ca green bean". -Everything that goe had to have a date. -The reusable contait emptied and cleaned. -The can opener was needed" about once about a week ago. Interview with the Exat 2:50pm revealed: -He toured the kitcher of the cleaning sched the prior week. -He looked at the terequipment and the found of the expected the flow walk-in freezer to be mopped at the end of the expected the deconvection oven, the hot food holding table day or after each use week by the kitchen. The can opener was all food had to be don't he walk-in refrigerence the purchased clear staff to use on all the floors.	have to label food items the walk-in refrigerator in see a green bean is a so into the walk-in refrigerator in see a green bean is a so into the walk-in refrigerator in see a green bean is a so into the walk-in refrigerator at week. It was last clear a week; it was last clear ecutive Director on 09/2 an every Monday; he look was organized, cleaned ules were completed from the swept after each meal at a finite the day. It is to be wiped clean every and deep cleaned once staff. It is to be cleaned once a water and labeled when so it is to be cleaned once a water and labeled when so it is to be cleaned once and the swept after each in refrigerator and it is to be cleaned once as water and labeled when so it is to be cleaned once and i	rator ere c "as ned 27/19 oked and om ee d the ry e a week. stored then the	D 282			
	the kitchen manager	re were three kitchen st and the Executive Direct g hairnets while in the	· .				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G:	(X3) DATE S COMPL		
		HAL092187	B. WING		09/3	R 80/2019
NAME OF P	ROVIDER OR SUPPLIER	SI	REET ADDRESS, CITY, S	STATE, ZIP CODE		
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	219 OLD WAKE FOR ALEIGH, NC 27609	EST RD		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 282	Continued From pag	ge 10	D 282			
	09/26/19 at 9:50am -She did not wear a working at her desk	hairnet when she was	ear			
	Interview with the Executive Director (ED) on 09/26/19 at 9:50am revealed: -Hairnets were required only when preparing foodDepartment heads did not need to wear a hairnet while in the kitchenPersonal Care Aides (PCA) did not wear hairnets when getting meal trays from the kitchen. 3. Review of the kitchen cleaning schedule posted in the kitchen on 09/26/19 revealed: -There were weekly cleaning tasks scheduled for maintenance staff to perform; the ice bin was to be emptied and disinfected on Wednesdays by maintenance staffThe ice machine was scheduled to be cleaned by the kitchen staff on Thursday mornings.		net			
			ets			
			I			
	provided by the Kitcl 10:28am revealed: -The daily cleaning s had been initialed fo completed. -The weekly cleaning machine assigned to initialed for that day,	kitchen cleaning schedule nen Manager on 09/26/19 a schedule for the morning sh r 09/27/19 and 09/28/19 as g schedule for the ice of the kitchen staff had been 09/26/19 as completed.	ift			
	-The weekly cleaning maintenance staff we the ice machine on (as initialed as completed fo	r			
	Observation of the id	ce machine in the kitchen or	n			

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION (IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
		HAL092187	B. WING	B. WING		
	ROVIDER OR SUPPLIER	5219 OLD	DDRESS, CITY, STATE O WAKE FOREST I, NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D 282	the ice machine when freezing. -The inside walls of the a pink film where the Interview with a dietar 10:44am revealed she the ice machine every cleaned the inside of Interview with a dietar 10:44am revealed she the ice machine every cleaned the inside of Interview with the Kitcat 10:44am revealed she the ice machine every cleaned the inside of Interview with the Kitcat 10:44am revealed was deep cleaned on know the date it was Interview with the Exercite at 2:57pm revealed: -He did not know the cleaned until it had be on 09/26/19.	evealed: uild up on the inside lip of the the ice dropped after e bin had black specks and ce made contact. y aide on 09/26/19 at the wiped down the outside of or day, but she had never the machine. y aide on 09/26/19 at the wiped down the outside of or day, but she had never the machine. the machine. then Manager on 09/26/19 the inside of the ice machine the a month but she did not ast cleaned. cutive Director on 09/27/19 the inside and the bin of the inside and the bin of	D 282			
D 358	(a) An adult care hon preparation and admi prescription and non-by staff are in accorda (1) orders by a licens	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
		HAL092187		B. WING		R 09/30/2019
	ROVIDER OR SUPPLIER	NORTH RALEIGH		RESS, CITY, STA NAKE FORES NC 27609		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLET
D 358	Continued From page (2) rules in this Section and procedures.	e 12 on and the facility's poli	cies	D 358		
	reviews, the facility far were administered as prescribing practitioner residents (#2, #4, #5, medication (#2), eye cream (#5) and anti-at The findings are: 1. Review of Residen 07/03/19 revealed dia vascular disease, dysphase, vascular demodysphagia oral-phase	ns, interviews, and reco- illed to assure medication ordered by a licensed er for 4 of 6 sampled and #6) related to a paddrops (#4), a corticoster in the sampled and #6). It #4's current FL-2 date agnoses included cerebiphagia oropharyngeal entia, hypothyroidism, and gastro esophageal reference in the sample and the sa	ons iin roid ed ral			
	07/15/19 revealed an solution 0.005% one of (latanoprost solution in Review of Resident # Medication Administrative revealed:	4's physician's orders double order for latanoprost drop in both eyes at been sused to treat glaucom	dtime na).			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL092187	B. WING		09/30/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH 5219 OLD TRALEIGH,	WAKE FORES NC 27609	T RD		
(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 13	D 358			
	Continued From page 13 0.005% one drop in each eye at bedtime with a scheduled administration time of 9:00pm. -There was documention Resident #4 received 24 doses of latanoprost everynight from 07/04/19 to 07/31/19.					
	revealed: -There was an entry f 0.005% one drop in e scheduled administra -There was documen	4's August 2019 eMAR for latanoprost solution ach eye at bedtime with a tion time of 9:00pm. tion Resident #4 received 30 everynight from 08/01/19 to				
	Review of Resident #4's September 2019 eMAR revealed: -There was an entry for latanoprost solution 0.005% one drop in each eye at bedtime with a scheduled administration time of 9:00pmThere was documention Resident #4 received 24 doses of latanoprost everynight from 09/01/19 to 09/31/19.					
	hand on 09/26/19 at 3 -There were two bottl one bottle was opene -The opened bottle of date of 09/17/19 and -The unopened bottle dispense date of 08/2 written by hand on the	es of latanoprost eye drops; d, and one was unopened. latanoprost had a dispense was half full. of latanoprost had a 1/19 and the word "new" e top of the box.				
	the contracted pharm revealed: -There was an active	vith a representative from acy on 09/27/19 at 10:17am order for latanoprost inister one drop in each eye				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
					R
		HAL092187	B. WING	 	09/30/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
CARILI O	N ASSISTED LIVING OF I	NORTH RAI FIGH 5219 OLI	WAKE FOREST	RD	
		RALEIGH	I, NC 27609		
(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 CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	: 14	D 358		
	pressure in the eyes f -Resident #4's latanop one bottle at a time of 09/17/19Each bottle contained twenty-five to thirty da -The bottle dispensed been used before the -If Resident #4 was no latanoprost as ordere	orost had been dispensed in 07/03/19, 08/21/19 and dienough drops for ays. I on 08/21/19 should have bottle on 09/17/19. The administered the dience increased pressure affort in the eyes and			
	revealed: -She did not get her edid not get them the new remember the last time. She did not know when the did not have pair	rye drops every night; she light before and she did not le she got them. at the eye drops were for. In in her eyes or problems d use glasses to see with.			
	and she never refused -He administered Resordered, every night had not know why bottle of latanoprost d know how long the bothave lasted with the of	evealed: esisted getting her eye drops d her eye drops. eident #4's latanoprost as ne worked. Resident #4 had an unused lated 08/21/19; he did not ottle of latanoprost should current order. complain of discomfort in her			
	on 09/30/19 at 3:53pr	sident Care Director (RCD) n revealed: cted to administer Resident			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		\	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND I EAR OF GORREGHOR	IDENTIFICATION NOMBER.	A. BUILDING:			
	HAL092187	B. WING		R 09/30/2019	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARILLON ASSISTED LIVING OF NOR	SZ19 OLD	WAKE FORES	T RD		
	RALEIGH,	NC 27609			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL 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 15	5	D 358			
#4's medication as ordered. She did not have an explottle of latanoprost; the the bottle of latanoprost to 08/21/19 before opening 09/15/19. She was not aware the lenough drops for twenty-of administration. If Resident #4 had been medication as ordered, the been a full bottle of latanomedication as ordered. The expected Resident #4 administered as ordered. He was not aware of the latanoprost; the latanopro 08/21/19 should have be the knew Resident #4 with her medications, but it did Resident #4 had an unus dispensed on 08/21/19 a latanoprost dispensed or the thought Resident #4	olanation for the extra MAs should have used that was dispensed on the bottle dispensed on latanoprost contained -five to thirty days worth a administered her here would not have hoprost available. tive Director (ED) on haled: the latanoprost to be the unused bottle of host dispensed on here used first. has admitted with some of hald not explain why has bottle of latanoprost hand a half of a bottle of hog/15/19. has was not administered hered in one of the was concerned the half of a bottle of hog/15/19. has not administered has administered as by scurrent FL-2 dated has one or	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
				A. BOILDING				
HAL092187			B. WING			R 30/2019		
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
CARILLOI	N ASSISTED LIVING OF I	NORTH RALEIGH	5219 OLD \	NAKE FORES [*] NC 27609	T RD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
D 358	Continued From page	: 16		D 358				
	Review of Resident # Medication Administrate revealed: -There was an entry for 0.1% apply to legs an scheduled administrate 8:00pmTriamcinolone cream administered twice at 07/31/19. Review of Resident # revealed: -There was an entry for 0.1% apply to legs an scheduled administrate 8:00pmTriamcinolone cream administered twice at 08/31/19. Review of Resident # revealed: -There was an entry for 0.1% apply to legs an scheduled administrate 8:00pmTriamcinolone cream administrate 8:00pmTriamcinolone cream administered twice at 09/25/19.	5's July 2019 electronic ation Record (eMAR) or triamcinolone cream d abdomen twice a day tion times of 8:00am and was documented as day from 07/01/19 to 5's August 2019 eMAR or triamcinolone cream d abdomen twice a day tion times of 8:00am and was documented as day from 08/01/19 to 5's September 2019 eM or triamcinolone cream d abdomen twice a day tion times of 8:00am and abdomen twice a day tion times of 8:00am and abdomen twice a day tion times of 8:00am and abdomen twice a day tion times of 8:00am and awas documented as day from 09/01/19 to	with d with d					
	Observation of Resident #5's medication on hand on 09/26/19 at 4:17pm revealed: -There was an unopened, full tube of triamcinolone cream with a dispensed date of 07/15/19There were no other tubes of triamcinolone cream available.							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		D	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092187	B. W	ING		1	⊰ 30/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STAT	TE, ZIP CODE		
CARILLO	N ASSISTED LIVING OF	NORTH RAI FIGH	5219 OLD WAKE	FOREST	T RD		
CARILLO	N ASSISTED LIVING OF	NORTH NALLIGIT	RALEIGH, NC 2	7609			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO		ID REFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Telephone interview the contracted pharm revealed: -There was an active cream 0.1% adminis abdomen for Reside -Triamcinolone crear 03/19/19, 4/19/19 and dispensed on each cone tube of triamcir few days to one wee used when administed triamcinolone crear rashesIf triamcinolone crear ordered for a period get worse and cause irritation. Interview with Reside revealed she did not applied to her legs of months and she had	with a representative from acy on 09/30/19 at 1:44pt e order for triamcinolone tered twice a day to legs in #5. In was dispensed on d 07/15/19; one tube was late. Inolone cream would last at the depending on the amount of time, the skin rash count of time, the skin rash coun	and and s a unt skin as ld 3pm ing ee eash.	358			
	rash on her abdome		e a				
	09/27/19 at 3:43pm a -He applied the triam #5's legs and abdom gauge that came with determine how much #5. -He could not locate measure the triamcir -He applied a small a	amount of the triamcinolo 5's legs from the knees	ed a e to ent				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	l \ /	(X3) DATE SURVEY COMPLETED	
		HAL092187		B. WING			R 0/ 30/2019
	ROVIDER OR SUPPLIER N ASSISTED LIVING OF	NORTH RALEIGH		RESS, CITY, STA NAKE FORES NC 27609	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	-Resident #5's rash we "heat" in the rash whe -The tube of triamcinche could not explain with still full after he had blast three monthsResident #5 had other was administered; she medications and wou applying a creamSometimes one tube while there was still a available. Interview with a second 10:38am revealed: -She administered Recream every morning Resident #5's legs and she with the content of the tube of triamcinol of 15/19 should not the triamcinolone cressin rash on her legs order was for triamcin legs and abdomen two the tube of triamcinolone cressin rash on her legs order was for triamcin legs and abdomen two the tube of triamcin should not explain full, unused tube of triamcin full full full full full full full ful	vas so bad he could feeten he applied the cream plone would last 2-3 we why the tube of cream pleen administering it for the er creams and lotions see never refused her lid remind him if he mise would be opened and in unused portion of a the end of the	m. eeks; was r the she ssed used tube one n to mount time; on /19 at ered or a ginal obly to RCD) d a h a	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		o. ` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092187	B. WING	S		0:	R 9/ 30/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CIT	Y, STATE, ZIF	CODE		
CARILLO	N ASSISTED LIVING OF	NORTH RAI FIGH	5219 OLD WAKE F	OREST RD			
CARILLO	N ASSISTED EIVING OF	F	RALEIGH, NC 2760)9			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES THE WAST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	' ' ' '	ΞIX	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 pag	e 19	D 358				
	09/30/19 at 4:42pm r -He was not aware R administered the trial by the physicianHe trusted the MAs medication as ordered MAs were not applying triamcinolone cream. 3. Review of Resider 08/14/19 revealed: -Diagnoses included shortness of breath, diabetes mellitus, dystatrioventricular block hypertensionThere was an order hours as needed for per day. (Norco is a r moderate to severe p -There was an order every 4 hours as needer	tesident #5 was not mcinolone cream as order to administer Resident #5 ed; he was disappointed the Resident #5's at #2's current FL-2 dated mitral valve insufficiency, chronic kidney disease, slipidemia, first degree, osteoarthritis, and for Norco 5/325mg every pain, not to exceed 3 table harcotic used to treat	all ne 8				
	Review of Resident #2's August 2019 electronic Medication Administration Record (eMAR) revealed:						
	tablet every 8 hours a exceed 3 tablets per -On 08/23/19, there wadministration of Nor -The 11:36am admin hours 50 minutes ear -There was an entry every 4 hours as need	was documentation of co at 7:26am and 11:36an istration of Norco was 3	m.				

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DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	ΞY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
			D WING	D. WING		
		HAL092187	B. WING		09/30/20	19
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
			WAKE FORES	,		
CARILLO	N ASSISTED LIVING OF I	NORTH RALEIGH		עאוו		
		RALEIGH	, NC 27609			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD		OMPLETE DATE
IAG	TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	JAIE	DAIL
				,		
D 358	Continued From page	e 20	D 358			
	hours.					
	-There was no docum	nentation Tylenol was				
	administered in Augus	st 2019.				
	Review of Resident #	2's September 2019 eMAR				
	revealed:					
	-There was an entry f	for Norco 5-325mg take 1				
	tablet every 8 hours a	as needed for pain, not to				
	exceed 3 tablets per of	day.				
	-On 09/05/19, there w	vas documentation of				
		co at 7:30am and 3:12pm.				
		tration of Norco was 18				
	minutes earlier than o					
	-On 09/06/19, there w					
		co at 9:07am and 3:26pm.				
	•	tration of Norco was 1 hour				
	41 minutes earlier tha					
	-On 09/07/19, there w					
		co at 7:55am and 3:04pm.				
	-The 3:04pm adminis	tration of Norco was 51				
	minutes earlier than o	ordered.				
	-On 09/16/19, there w	vas documentation of				
	administration of Nord	co at 1:06pm and 3:45pm.				
		tration of Norco was 5 hours				
	21 minutes earlier tha					
	-On 09/17/19, there w					
		co at 7:30am and 3:10pm.				
		tration of Norco was 20				
	minutes earlier than o					
	-On 09/19/19, there w					
		co at 8:05am and 3:11pm.				
	· · · · · · · · · · · · · · · · · · ·	tration of Norco was 54				
	minutes earlier than o					
	-On 09/26/19, there w					
	administration of Nord	co at 12:37pm, 6:17pm, and				
	11:05pm.					
		tration of Norco was 2 hours				
	20 minutes earlier tha					
-The 11:05pm administration of Norco was 4						

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hours 48 minutes earlier than ordered.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL092187		B. WING			₹ 30/2019
	ROVIDER OR SUPPLIER	NORTH RALEIGH		RESS, CITY, STA NAKE FORES NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI	JLL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	-There was an entry fevery 4 hours as neeminor pain, not to exchoursThere was no documadministered in Septe Review of Resident # was no documentation physician regarding the needed Norco. Interview with a medion on the needed needication was documented on the needed needication of the needed needication of the needed needication of the needed needication of the new [as of mid-Aprogram had a differented needed needication of the needed needed needication of the needed needed needication of the needed need	for Tylenol 500mg 2 tabded for headache and/oleed 3 doses every 24 mentation Tylenol was ember 2019. 2's record revealed them of contact with them early administration aide (MA) on and 09/27/19 at 2:40pm were given early or late, amented in the eMAR. Ons could not be deciveness of the previous ented. 2 she would have to was an as needed medication obhysician for an order to atton sooner. The needed Tylenol between the process for administration. The of the new system to attom would not be corrected in the old software in grand medications interming scheduled medications with the old software ime would not be corrected in the corrected in the old software ime would not be corrected.	or or or or or or or or of as an not ous it on en dering give upted ions.	D 358			

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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
					R
		HAL092187	B. WING		09/30/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
			WAKE FORES		
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	I, NC 27609		
0(4) ID	QUMMADV QT	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				DEFICIENCY)	
D 358	Continued From page	e 22	D 358		
	customer service cer	nter this year.			
		,			
		nd MA on 09/27/19 at			
	1:55pm revealed:				
	-Resident #2 knew he				
	when Resident #2 wa	t #2 followed her around			
		evious administration time			
		eeded medication to make			
	sure she was not givi				
		am showed the previous			
		nd asked if the as needed			
	medication was effect	tive.			
		ted a user to wait if it was			
	not time to administe				
	-She could not overri				
		r medications on time. Iter program permitted			
		needed medication before			
		ne recorded the effectiveness			
	of the as needed med				
	Interview with a third	MA on 09/27/19 at 4:15pm			
	revealed:				
		ons were given at the			
	ordered time.	are indicated if it was too			
	soon to give a dose.	are indicated if it was too			
	-There was no way to	n give an as needed			
	medication early.	3 a a 1100a0a			
	_	unt of time shown on the			
	order before giving a				
		ne computer program time			
	being different from the				
	_	the computer was offline and			
		edication administration time.			
		are company directly and			
		the computer to another			
	location in the facility	offline earlier on 09/26/19,			
	i - me computer was o	nnine Earlier On 09/20/19,	1		

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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
					R
		HAL092187	B. WING		09/30/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
			WAKE FORES		
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	I, NC 27609		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE DATE
				DE TOLETO I	
D 358	Continued From page	e 23	D 358		
	and the Resident Car	re Director (RCD) instructed			
		puter to another location.			
	,				
	Interview with a fourtl revealed:	h MA on 09/27/19 at 4:44pm			
		meant that a resident could			
		whenever it was needed.			
	-She waited to admin	ister the medication			
	according to the orde	er time.			
	-She gave an alternative medication between as				
	needed doses.				
		e frame when the resident			
	asked for an as need	ned medication.			
		she was giving the right			
	-	ne Controlled Substance			
		, and then gave the pill.			
	(, and area general pur			
	Interview with a fifth Intervealed:	MA on 09/27/19 at 5:15pm			
	-He waited the ordere	ed amount of time between			
	administering as need	ded medication.			
	-He checked the last	administration time on the			
	computer.				
		ctiveness of the as needed			
	medication 30 minute	es to 1 hour after			
	administration.	o override the computer			
	program.	o override the computer			
	. •	A on the previous shift			
		it made his administration			
	of Norco look like it h	ad been given too early.			
		y his entries on Resident #2's			
		g up as medication being			
	administered sooner	than ordered.			
	Talanhana intensi	with a manual and the first			
		with a representative from			
	tne computer soπwar 4:00pm revealed:	e company on 09/27/19 at			
		n showed the last time the			

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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
		HAL092187	B. WING		R 09/30/2019
NAME OF D	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA	ATE ZIR CODE	1 00.00.20.0
NAIVIE OF FI	NOVIDER OR SUPPLIER		LD WAKE FORES		
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	SH, NC 27609	I KD	
	CLIMMADY CT			DDOVIDEDIO DI ANI OF CODDECTIO	NN
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 24	D 358		
D 358	medication was given -A subsequent as need be administered unless dose had been docurred. The responsibility was the medication at the Interview with the RC revealed: -As needed medication firmThe medication adman alert if someone transparent if som	eded medication could not ss the results of the previous mented in the eMAR. as on the MA to administer right time. ED on 09/26/19 at 3:30pm on administration times were ministration software provided fied to administer an as coner than ordered. The software could be the edded medication could be then ordered. The medication until it was ad medication to be mysician was needed to give ation earlier than ordered. The physician earlier than ordered earlier than ordered. The physician earlier than ordered earlier than ordered. The physician earlier than ordered earlier than ordered earlier than ordered. The physician earlier than ordered earlier than ordered earlier than ordered. The physician earlier than ordered earlier than ordered earlier than ordered. The physician earlier than ordered earlier than ordered earlier than ordered. The physician earlier than ordered earlier than ordered earlier than ordered earlier than ordered. The physician earlier than ordered earlier than ordered earlier than ordered. The physician earlier than ordered earlier than ordered earlier than ordered earlier than ordered. The physician earlier than ordered earlier than ordere	D 358		
	between doses.	tween doses. Norco less than 8 hours at 8:00am on 09/26/19.			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092187	B. WING		09	R 9/ 30/2019
	ROVIDER OR SUPPLIER N ASSISTED LIVING OF	5219 OLI	DDRESS, CITY, STATE WAKE FOREST I			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Second interview with 9:15am revealed: -She received Norco 09/26/19She regularly took N and 10:00pm. Interview with the Exe 9/27/19 at 5:55pm revealed: -The came in and worked and not give medication errors were RCDMedication errors were RCD by the MAsHe relied on the RCI Coordinator (RCC) to the did not know if eldoneThe MAs had been whong to not know whather were times the software operated slotation errors with empty and the Company of the the c	at 8:00am and 3:00pm on orco at 8:00am, 3:00pm, ecutive Director (ED) on vealed: ked on the floor as needed. cations. viewed each morning by the ere reported to him or the and Resident Care handle medication errors. MAR audits were being evorking at the facility "too to do." emedication administration envily. ewed the medication cart, SCS. In the RCD on 09/30/19 at the she conducted was in evolution with the six-month envilonment of the emedication environment	D 358			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				7 2 0 . 2 3 (3		R	
		HAL092187		B. WING		1	0/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
				NAKE FORES			
CARILLO	N ASSISTED LIVING OF I	NORTH RALEIGH	RALEIGH,	NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	26		D 358			
	documenting the effect dose in the computer	told her as needed administered early afte ctiveness of the previou	ıs				
	RCD.	ewed the eMARs with the	ne				
	during change of shift -The MA audit consist	was audited by the MA	ber				
	number of doses on h -There was a two-hou	r window for administe					
		ation audits were done as they administered th					
	there was a software	ocumenting correctly or problem. ed a coaching opportun					
	01/31/19 revealed dia Alzheimer's dementia	t #6's current FL-2 date gnoses included , depression, history of y loss and hypertensior	:				
	dated 05/30/19 revea 0.25 mg take one tabl needed for agitated ar (Alprazolam is used to	nd resistive behaviors. o treat anxiety disorder	olam				
	08/19/19 revealed:	ı). ı order for Resident #6 ue Alprazolam 0.25 mç					

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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	
		HAL092187	B. WING		09	R 9/30/2019
	ROVIDER OR SUPPLIER	NORTH RALEIGH 5219	ET ADDRESS, CITY, STAT OLD WAKE FOREST EIGH, NC 27609	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	tablet every 12 hours -Start Alprazolam 0.5 hours as needed for Review of Resident 7 08/19/19 revealed: -Staff reported that p staff and verbally agg -Staff reported on 08 punching her and cu Review of Resident 7 medication administr revealed: -There was entry for 12 hours as needed behaviors from 08/0² -There was documer was administered on -There was a record every 12 hours as ne 08/19/19 -08/31/19There was documer was administered on times. Review of Resident 7 count sheet (CSCS) 08/01/19-08/18/19 re administering Alprazo Review of Resident 7 0.25mg from 08/19/19 MAs documented ad 0.25mg instead Alpra Review of Resident 7 0.5mg from 08/19/19 Review of Resident 7 0.5mg from 08/19/19	s as needed. 50 mg one tablet every 12 agitation. #6's physician's note dated atient was combative with gressive, /19/19 the resident was rsing at her. #6's August 2019 electronic ation records (e-MARs) Alprazolam 0.25 mg every for agitation and resistive //19-08/18/19. htation Alprazolam 0.25 mg 08/01/19-08/12/19 six times. entry for Alprazolam 0.50mg eded for agitation from htation Alprazolam 0.50mg 08/22/19-08/30/19 four #6's controlled substance for Alprazolam 0.25mg from evealed the MAs documented plam 0.25mg. #6's CSCS for Alprazolam 9-08/31/19 revealed the ministering Alprazolam				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND I LAN	O. CONTECTION	DENTI IOATION NOMBER.	A. BUILDING: _		COMP	LLILD	
		HAL092187	B. WING		l l	R / 30/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	WAKE FORES I, NC 27609	T RD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 28	D 358				
	hours as needed for -There was documen	Alprazolam 0.50mg every 12					
	0.25mg from 09/01/1	6's CSCS for Alprazolam 9-09/27/19 revealed the ministering Alprazolam orazolam 0.50mg.					
	Review of Resident #6's CSCS for Alprazolam 0.50mg from 09/01/19-09/27/19 revealed the MAs had not administered any of the Alprazolam of 0.50mg.						
	#6 on 09/27/19 at 10 -There was a bubble Alprazolam 0.25mg of -On 09/27/19, there was a bubble -There was a bubble Alprazolam 0.50 mg	pack of 60 tablets of lispensed on 05/30/19. were 10 tablets of Alprazolam pack of 60 tablets of dispensed on 08/19/19. were 60 tablets of Alprazolam					
	Resident #6She had not noticed had increased from 0 e-MARResident #6 could b	evealed: stering Alprazolam 0.25mg to Alprazolam for Resident #6 0.25mg to 0.50 mg on the e combative at times. I personal care and waking					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_		R	
		HAL092187	B. WING		09/30/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARILLO	N ASSISTED LIVING OF	NORTH RAI FIGH 5219 OLD V	WAKE FORES	T RD		
OARRIELO	TAGGIGTED EIVING OF	RALEIGH,	NC 27609			
(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	29	D 358			
	-He made gestures w make physical contact	ith his fist, but he did not t with staff.				
	Telephone interview v 09/30/19 at 11:45am -She was still adminis Resident #6.					
	had increased from 0 e-MAR.	Alprazolam for Resident #6 .25mg to 0.50mg on the				
	-It took 2 staff to perform personal care for Resident #6.					
	he had a lot of anxiety					
	-When he got Alprazo personal care, he was	olam 30 minutes prior to s more cooperative.				
	at 11:58am revealed:	vith a third MA on 09/30/19 stering Alprazolam 0.25mg to				
	-She had not noticed	Alprazolam for Resident #6 .25mg to 0.50mg on the				
	-Resident #6 could be care	e combative during personal				
	at 12:05pm revealed:					
	Resident #6.	stering Alprazolam 0.25mg to				
		Alprazolam for Resident #6 .25mg to 0.50mg on the				
	-Resident #6 was con if he did not know the	nbative during personal care staff.				
		vith the pharmacist at the narmacy on 09/30/19 at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				7 11 20122 11 101			R
		HAL092187		B. WING		09	0/30/2019
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARILLO	N ASSISTED LIVING OF I	NORTH RALEIGH	5219 OLD \	WAKE FORES	Γ RD		
			RALEIGH,	NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED TO DEFICIENCED TO DEFICIENCED TO DEFICIENCED TO TO THE PROVIDER OF T	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	30		D 358			
	was increased to 0.50 -If Resident #6 receivinstead of Alprazolam may not take care of I-There would not be runterview with the Reson 09/30/19 at 3:10pr-She did not know the Alprazolam 0.25mg to Alprazolam 0.50 mgThe MAs should read the correct dosage of -Alprazolam 0.25mg to 0.25mg	ed Alprazolam 0.25mg 0.50mg the medication Resident #6's agitation. no negative reaction. sident Care Director (Rom revealed: MAs were administering Resident #6 instead of	CD) ng f nister e as				
	09/30/19 at 4:00pm re- He did not know the Alprazolam 0.25mg to Alprazolam 0.50mgAlprazolam 0.50mg work of the MAs should have given the correct dosa where the could not say if A have changed Reside The auditor should have did to the audit. Based on observation reviews, it was determine the correct was determined to the could not say if A have changed Reside The auditor should have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should have the could not say if A have changed Reside The auditor should not say if A have changed Reside The A have the could not say if A have changed Re	MAs were administering a Resident #6 instead of Resident #6 was with Resident #6's physical physical physical Resident #6's physical Resi	g f oved I Id Id In the Id In ot				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION IG:		TE SURVEY MPLETED
		HAL092187	B. WING _			R 9/30/2019
	ROVIDER OR SUPPLIER	521 NORTH RALEIGH	EET ADDRESS, CITY, 9 OLD WAKE FOR LEIGH, NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICII	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	31	D 367			
D 367	(j) The resident's mer record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for ador treatment; (5) reason or justifical medications or treatmed documenting the resument; (6) date and time of an (7) documentation of medications or treatment; (8) name or initials of the medication or treasignature equivalent to the following state of the medication or treasignature equivalent to the following shall be followed by the following state of the medication or treasignature equivalent to the following state of the following	Medication Administration dication administration e accurate and include the cation or treatment order; ge or quantity of medication ministering the medication tion for the administration of tents as needed (PRN) and alting effect on the resident; dministration; any omission of tents and the reason for the effusals; and, the person administering atment. If initials are used, a to those initials is to be intained with the medication	:			
	interviews, the facility	ns, record reviews and failed to assure electronic ation records (eMARs) were the for 2 of 6 sampled				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL092187	B. WING		09	R 9/ 30/2019
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STAT	E, ZIP CODE	-	
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	OLD WAKE FOREST EIGH, NC 27609	RD		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	moderate to severe anti-anxiety medicate anti-anxiety medicate The findings are: 1. Review of Reside 08/14/19 revealed: -Diagnoses included shortness of breath, diabetes mellitus, dy atrioventricular block hypertensionThere was an order hours as needed for per day. (Norco is a moderate to severe Review of Resident Medication Administration Administration of Norco 108/16/19, there administration of Norco 108/18/19, there administration of Norco 108/23/19, there administration of Norco 208/14/19, there was signed out at 8:00 08/15/19, there was sig	narcotic used to treat pain (#2), and an ion (#6). Int #2's current FL-2 dated in mitral valve insufficiency, chronic kidney disease, visipidemia, first degree k, osteoarthritis, and in for Norco 5/325mg every 8 in pain, not to exceed 3 tablets narcotic used to treat pain.) #2's August 2019 electronic ration Record (eMAR) for Norco 5-325mg take 1 as needed for pain, not to industry was documentation of roa at 3:03pm. was documentation of roa at 3:03pm. was documentation of roa at 7:26am and 11:36am. #2's Controlled Substance of for 08/14/19-08/21/19 was documentation Norco 00am and 8:00pm. was documentation Norco	D 367			

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		(X1) PROVIDER/SUPPLIER/CL			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	R:	A. BUILDING: _		COMPL	ETED	
						F	3	
		HAL092187		B. WING		09/3	30/2019	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
CABILLO	N ASSISTED LIVING OF	NODTH DAI EIGH	5219 OLD \	WAKE FORES	T RD			
CARILLO	N ASSISTED LIVING OF	NORTH KALEIGH	RALEIGH,	NC 27609				
(X4) ID		ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECT		(X5)	
PREFIX	•	Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATION		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE	
TAG	REGULATORTORT	EGO IDENTIL TINO INI ORWATIO	(4)	TAG	DEFICIENCY)	I INAIL		
D 367	Continued From page			D 367				
D 001				5 001				
		vas documentation Norce	ס					
	was signed out at 8:0							
		vas documentation Norce)					
	was signed out at 8:0							
	•	was documentation Norce)					
	was signed out at 8:0	•	_					
		was documentation Norce)					
	was signed out at 8:0	vas documentation Norce	_					
	-		,					
	was signed out at 8:00am and 8:00pmThere was documentation no further doses							
	remained.	itation no further doses						
	remained.							
	Review of Resident #	#2's CSCS for						
	08/22/19-08/31/19 re	vealed:						
		vas documentation Norce)					
	was signed out at 8:0							
		vas documentation Norce	ס					
	was signed out at 8:0	-						
		vas documentation Norco)					
	was signed out at 8:0	•						
		was documentation Norce)					
	was signed out at 8:0	•	_					
	was signed out at 8:0	was documentation Norce	J					
		vas documentation Norce	,					
	was signed out at 8:0		,					
	•	vas documentation Norce	1					
	was signed out at 8:0		,					
	•	vas documentation Norce)					
	was signed out at 8:0							
	•	vas documentation Norce)					
		00am, 3:00pm, and 8:00p						
	•	vas documentation Norce						
		00am, 3:00pm, and 11:00						
	-	tation 37 doses remaine	-					
		ne August 2019 eMAR ar	nd					
		2, there were 35 times						
	Norco was signed ou	t on the CSCS and not						

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PRINTED: 10/21/2019

Division of	of Health Service Regu	lation			FURIVI APPRO	/V L D
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL092187	B. WING		R 09/30/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE		
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	O WAKE FOREST I, NC 27609	RD		
(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 COMPL	LETE
D 367	Continued From page	e 34	D 367			
	documented as admi	nistered on the eMAR.				
	revealed: -There was an entry fitablet every 8 hours are exceed 3 tablets per e-On 09/04/19, there wadministration of Nord-On 09/05/19, there wadministration of Nord-On 09/06/19, there wadministration of Nord-On 09/07/19, there wadministration of Nord-On 09/08/19, there wadministration of Nord-On 09/10/19, there wadministration of Nord-On 09/12/19, there wadministration of Nord-On 09/13/19, there wadministration of Nord-On 09/16/19, there wadministration of Nord-On 09/16/19, there wadministration of Nord-On 09/16/19, there wadministration of Nord-On 09/17/19, there wadministrat	vas documentation of co at 3:21pm. vas documentation of co at 7:30am and 3:12pm. vas documentation of co at 9:07am and 3:26pm. vas documentation of co at 7:55am and 3:04pm. vas documentation of co at 3:17pm. vas documentation of co at 3:30pm. vas documentation of co at 2:59pm. vas documentation of co at 3:31pm. vas documentation of co at 3:31pm. vas documentation of co at 1:06pm and 3:45pm. vas documentation of co at 7:30am and 3:10pm.				

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11:05pm.

-On 09/20/19, there was documentation of administration of Norco at 3:14pm.
-On 09/21/19, there was documentation of administration of Norco at 9:05am.
-On 09/25/19, there was documentation of administration of Norco at 8:40am.
-On 09/26/19, there was documentation of administration of Norco at 12:37am., 6:17pm, and

-On 09/27/19, there was documentation of administration of Norco at 7:35am.

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		1141 000407	B. WING		R
		HAL092187			09/30/2019
NAME OF PI	ROVIDER OR SUPPLIER	STR	EET ADDRESS, CITY, ST	TATE, ZIP CODE	
		521	9 OLD WAKE FORE	ST RD	
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH RA	LEIGH, NC 27609		
0(1) 15	QUMMADV QT	ATEMENT OF DEFICIENCIES	· · ·	PROVIDER'S PLAN OF CORRECTIO	N OVE
(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 APPROP	RIATE DATE
				DEFICIENCY)	
D 367	Continued From page	35	D 367		
D 307	Continued From page	5 33	5007		
	Review of Resident #	2's CSCS for			
	09/01/19-09/13/19 rev	vealed:			
	-On 09/01/19, there w	vas documentation Norco			
	was signed out at 8:0	0am, 3:00pm, and 8:00pm.			
	-On 09/02/19, there w	vas documentation Norco			
	was signed out at an	illegible time, 3:00pm, and			
	8:00pm.				
	-On 09/03/19, there w	vas documentation Norco			
	was signed out at 8:00am, 3:00pm and 8:00pm.				
	-On 09/04/19, there w	vas documentation Norco			
	was signed out at 7:0	0am and 8:00pm.			
	_	vas documentation Norco			
	was signed out at 8:0				
	-On 09/06/19, there w	vas documentation Norco			
	was signed out at 11:	00pm.			
	-On 09/07/19, there w	vas documentation Norco			
	was signed out at 8:0				
	-On 09/08/19, there w	vas documentation Norco			
	was signed out at 8:0	0am and 8:00pm.			
	-On 09/09/19, there w	vas documentation Norco			
	was signed out at 8:0	0am, 3:00pm, and 11:00pm	ı.		
	-On 09/10/19, there w	vas documentation Norco			
	was signed out at 8:0	0am and 8:00pm.			
	-On 09/10/19 [incorre	ct date entered on record]			
		ation Norco was signed out			
	at 8:00am and 3:00pr	_			
	-On 09/11/19, there w	vas documentation Norco			
	was signed out at 8:0				
	•	vas documentation Norco			
	was signed out at 8:0				
	•	vas documentation Norco			
	was signed out at 8:0				
	•	tation no further doses			
	remained.				
	Review of Resident #	2's CSCS for			
	09/13/19-09/23/19 rev				
		vas documentation Norco			

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was signed out at 11:00pm.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUI				
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
				R		
HAL092187			B. WING		09/30/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ILE, ZIP CODE		
CARILLO	N ASSISTED LIVING OF I	NORTH PALEIGH 5219 OLD	WAKE FORES	T RD		
OAKILLOI	TAGGIOTED EIVING OF	RALEIGH,	NC 27609			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5	,
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	IATE DAT	E
				DEFICIENCY)		
D 267	Continued From none	200	D 367			
D 367	Continued From page	2 36	D 367			
	-On 09/14/19, there w	as documentation Norco				
		0am, 3:00pm, and 11:00pm.				
	_					
		vas documentation Norco				
		0am, 8:00pm, and 11:00pm.				
	-On 09/16/19, there w	as documentation Norco				
	was signed out at 10:					
	-On 09/17/19, there w	as documentation Norco				
	was signed out at 8:0	0pm.				
	-On 09/18/19, there w	vas documentation Norco				
	was signed out at 8:0	0am, 3:00pm, and 8:00pm.				
	-	as documentation Norco				
	was signed out at 8:0					
	•	vas documentation Norco				
	was signed out at 8:0	·				
		as documentation Norco				
	was signed out at 8:0	•				
		as documentation Norco				
	was signed out at 8:0	0am and 8:00pm.				
	-On 09/23/19, there w	as documentation Norco				
	was signed out at 8:0	0am and 7:00pm.				
	-There was document	tation no further doses				
	remained.					
	Review of Resident #	2's CSCS for				
	09/23/19-09/27/19 rev					
		vas documentation Norco				
	was signed out at 11:	· · · · ·				
		vas documentation Norco				
		0am, 3:00pm, and 8:00pm.				
		as documentation Norco				
	was signed out at 8:00pm.					
	-There was document	tation 35 doses remained.				
	Based on review of th	e September 2019 eMAR				
		ent #2, there were 52 times				
		t on the CSCS and not				
	_	nistered on the eMAR.				
	accamontou do daniii					
	Review of pharmacy	dispensing records for				
	Literate of phannacy	anaparioning roodinad tot	1	İ	l l	

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Resident #2 revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.		A. BUILDING: _		COMP	EIED
		HAL092187		B. WING		I	⊰ 30/2019
NAME OF PI	ROVIDER OR SUPPLIER	STF	REET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARULO	N ACCIOTED I IVING OF	NORTH BALEIOU 521	19 OLD V	VAKE FORES	T RD		
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH RA	LEIGH, I	NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 367	Continued From page	e 37		D 367			
2 33.	7 Continued From page 37 -On 08/16/19 and 09/17/19 each, there were 90 Norco tablets dispensed.			2 00.			
	Observation of Residon 09/26/19 at 4:40pr -There were 83 Norce		d				
	-There was a punch of tablets.	card containing 38 of 45					
	-The label was dated 09/17/19 and indicated 1 of 2 punch cardsThere was a second punch card containing 45		ıf				
	tablets.		£				
	2 punch cards.	09/17/19 and indicated 2 o	ıτ				
	Interview with a medion 09/27/19 at 1:55pm re						
	-She was consistent v	with her documentation. e CSCS without					
	administering the medication.	dication. S before administering the					
		ninistration in the eMAR					
		orco to Resident #2 on					
	-She did not know why the administration was not documented on the eMAR. Interview with a second MA on 09/27/19 at 3:55pm revealed: -She signed the CSCS whenever she administered Norco to Resident #2She did not know why the entries were not on		ot				
	the eMARs.	ot to click on the eMAR					
	when she gave a med	dication.					
	-On an unknown date, she forgot to click on the computer when she gave Resident #2 Norco because she was taking care of another resident.		t.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '		(X3) DATE SURVEY COMPLETED	
ANDILAN	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED
HAL092187		B. WING		R 09/30/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CARILLO	N ACCIOTED I IVINO OF	NORTH BALEIOU 5219 OLD	WAKE FORES	T RD	
CARILLO	N ASSISTED LIVING OF	RALEIGH RALEIGH,	NC 27609		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 367	67 Continued From page 38				
	revealed: -When she gave Normedication in the soft she was giving the rig CSCS, and then gave -On 09/23/19, she gamay have been busy doing something else administration in the -She did not know he documented Resider on the eMAR. Interview with a fourtirevealed: -He documented the the CSCS after administration in the composition of the emaled: -He documented the the CSCS after administration in the emaled:	ave Norco to Resident #2 but counting medications or and did not document the eMAR. It was many times she had not at #2's Norco administration In MA on 09/27/19 at 5:15pm In MA on 09/27/19 at 5:15pm In MA on of Norco on a mistering it. In puter was offline; he would and it did not register. In inistration times were not			
	9/27/19 at 5:55pm re -The eMARs were re Resident Care Direct -The pharmacist revie the eMARs, and the endermacist revieus of the pharmacist revieus RCD.	viewed each morning by the or (RCD). ewed the medication cart,			
	times were included in the eMAR review. -The MAs had been working at the facility "too long to not know what to do." Interview with the RCD on 09/30/19 at 3:12pm				
revealed: -The last eMAR audit she conducted was in					

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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 C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092187	B. WING		0:	R 9/30/2019	
	PROVIDER OR SUPPLIER ON ASSISTED LIVING OF	NORTH RALEIGH 5219 OL	ADDRESS, CITY, STATE LD WAKE FOREST 6H, NC 27609				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 367	August 2019. -The audits coincided physician order revie -The eMAR audit corphysician orders were -The MAs audited the shift by verifying the adocumented on the Cof available medication. Interview with the ED revealed: -The pharmacist review CD. -The CSCS was a barband change of shift. -The MA audit consist of available doses or available doses of medication administ real time by the MAs medication. -The MAs were not difference was a software missing documentation. 2. Review of Reside 01/31/19 revealed dia Alzheimer's dementia	d with the six-month w for each resident. Insisted of verifying the elemented on the eMAR. It is compared to the compared to the compared to the embedding of amount of available doses amount of available doses amount on on hand. If on 09/30/19 at 4:03 are well the eMARs with the embedding the embedding of the compared to the embedding of the compared to the embedding and the embedding of the embedding of the embedding of the embedding of the embedding correctly or problem related to the on on the eMAR.	D 367				
	Review of a physicial dated 05/30/19 revea 0.25mg one tablet evagitated and resistive	n's order for Resident #6 aled an order for Alprazolam very 12 hours as needed for be behaviors. n's order for Resident #6					

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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	
		HAL092187		B. WING		0	R 9/30/2019
	ROVIDER OR SUPPLIER N ASSISTED LIVING OF	NORTH RALEIGH	5219 OLD	DRESS, CITY, STA WAKE FORES NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	tablet every 12 hours -Start Alprazolam 0.5 hours as needed for a Review of Resident a medication administra revealed: -There was entry for a 12 hours as needed a behaviors from 08/01 -There was documen was administered on -There was a record a every 12 hours as ne 08/19/19 -08/31/19There was documen was administered on times. Review of Resident # count sheet (CSCS) a 08/01/19-08/18/19 re administering Alprazo Review of Resident # 0.25mg from 08/19/19 MAs documented add 0.25mg instead Alpra Review of Resident # 0.5mg from 08/19/19 had not administered 0.50mg. Review of Resident # 0.50mg. Review of Resident # 0.5mg from 08/19/19 had not administered 0.50mg.	as needed. Omg one tablet every agitation. #6's August 2019 electration records (e-MARs Alprazolam 0.25 mg ever agitation and resistion alprazolam 0.25 mg ever agitation and resistion Alprazolam 0.25 mg ever agitation and resistion Alprazolam 0.25 mg ever agitation Alprazolam 0.25 mg ever agitation Alprazolam 0.26 mg ever agitation from tation Alprazolam 0.50 mg ever agitation from tation Alprazolam 0.25 mg ever agitation for Alprazolam 0.25 mg ever agitation for Alprazolam 0.25 for Alprazolam 0.25 for Alprazolam of 0.50 mg. 66's CSCS for Alprazolam ever agitation for Alprazolam of 0.50 mg ever agitation for Alprazolam of the Alprazolam of the Alprazolam of the Alprazolam of the Alprazolam of 0.50 mg ever agitation.	tronic very ive 5 mg times50mg n 0mg ur ce i from nented am ae am a MAs a of	D 367			

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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		
		HAL092187		B. WING		09/3	R 80/2019
	ROVIDER OR SUPPLIER	NORTH RALEIGH		RESS, CITY, STANAKE FORES NC 27609			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	times. Review of Resident # 0.25mg from 09/01/19 MAs documented adr 0.25mg instead of Alp Review of Resident # 0.50mg from 09/01/19 MAs had not adminis of 0.50mg. Observation of medic #6 on 09/27/19 at 10: -There was a bubble Alprazolam 0.25mg d -On 09/27/19, there w 0.25mg remainingThere was a bubble Alprazolam 0.50 mg d -On 09/27/19, there w 0.50 mg tablets rema Interview with a medic 09/30/19 at 9:44am re -She was still adminis Resident #6She had not noticed had increased from 0 e-MAR. Telephone interview w 09/30/19 at 11:45am -She was still adminis Resident #6She had not noticed	6's CSCS for Alprazolar 3-09/27/19 revealed the ministering Alprazolam orazolam 0.50mg. 6's CSCS for Alprazolam orazolam 0.50mg. 6's CSCS for Alprazolar 3-09/27/19 revealed the tered any of the Alprazolation on hand for Residustered any of the Alprazolation on hand for Residustan revealed: pack of 60 tablets of ispensed on 05/30/19. Were 10 tablets of Alprazolation aide (MA) on evealed: stering Alprazolam 0.25mg to 0.50mg on the with a second MA on	m elam ent colam mg to t #6 mg to t #6	D 367			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL092187	B. WING		09	R 9/30/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE			
CARILLO	N ASSISTED LIVING OF	NORTH RALEIGH	D WAKE FOREST H, NC 27609	RD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
D 367	at 11:58am revealed: -She was still administ Resident #6She had not noticed had increased from 0 e-MAR. Telephone interview wat 12:05pm revealed: -She was still administ Resident #6She had not noticed had increased from 0 e-MAR. Interview with the Re on 09/30/19 at 3:10prices at 10 mgShe did not know the Alprazolam 0.25mg to Alprazolam 0.50 mgThe MAs should have the correct dosage of the correct dosage of the correct dosage of 1 mgAlprazolam 0.25mg been removed from to 2 after Alprazolam -The MAs should have the MAS should have the correct dosage of 1 mg.	with a third MA on 09/30/19 stering Alprazolam 0.25mg to Alprazolam for Resident #6 .25mg to 0.50mg on the with a fourth MA on 09/30/19 stering Alprazolam 0.25mg to Alprazolam for Resident #6 .25mg to 0.50mg on the sident Care Director (RCD) m revealed: e MAs were administering to Resident #6 instead of re read the e-MAR and given f Alprazolam to Resident #6. ecutive Director (ED) on	D 367	DETIGENCY			
	of Alprazolam.						

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