Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES X1: PROMOTER & JPPLIEDICLIA 32 MULTIPLE CONSTRUCTION AND PLAN OF DORRECTION VS-CONTE SUPPLEY RICKINEL ATION, ILL MISSE COMPLETEL A BULLING \_ RECEIVED HAL064032 3 M. 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ACCIPESS OF YISTAME INPODDE NOV 1 2 2019 891 NOELL LANE HUNTER HILL SENIOR LIVING ADULT CARE LICENSURE SECTION ROCKY MOUNT, NC 27804 -RALEIGH SUMMARY STATEMENT OF DEFICIENCIES 24:15 PHOVIDER'S PLAN OF CORRECTION PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIV FACH CORPECTIVE ACTION 91-OULD BE PEGULATORY OR LAC IDENTIFYING INFORMATION TAS " NE ETE CHICASI-REFLEENCED TO THE APPROPRIATE CERCENCY D 000 Initial Comments D 000 The Adult Care Licensure Section conducted an annual and follow up survey on October 2, 2019. D 139 10A NCAC 13F .0407(a)(7) Other Staff D 139 Staff C Failed to Qualifications bring back fingerprint in timely manner. He 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall (7) have a criminal background check in had a family emergency and returned after accordance with G.S. 114-19.10 and 131D-40: This Rule is not met as evidenced by: Based on interviews and record reviews, the survey team closed out. facility failed to complete a criminal background check on 1 of 3 sampled staff (Staff C). Administrator & Human The findings are: Resources will ensure Review of a personnel record for Staff C. background for out of-state potential statt is complete prior to hire. personal care aide (PCA) revealed: -Staff C's date of hire was 09/25/19. -There was a release form for a criminal background check signed by Staff C on 09/24/19. -There was documentation on Staff C's release form that he lived in another state from January 2019 through September 2018. -There was documentation a state criminal background check was completed 09/24/19. -There was no documentation that a national criminal background check had been completed on Staff C. Attempted telephone interview with Staff C on 10/04/19 at 11:30am was unsuccessful Interview with the Administrator on 10/04/19 at 11.40am revealed: -Staff C was hired and started working at the facility on 09/25/19 vision of Health Service Regulation PORKTORY CIRECTORY OR NECONDER KURPICKIE HENNESPROOTINE & PLANT OFF

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Division of Health Service Re				PRINTED: 10/22/2019 FORM APPROVE
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-She was responsible criminal background upon hire for all staff -A national criminal been completed on staff C had not least five years.	le for making sure the checks were completed i. packground check had not Staff C because she did not of resided in the state for a	C 139		
Examination & Immu  (a) Upon admission resident shall be test in compliance with the by the Commission for specified in 10A NCA subsequent amendments are available the Department of He Tuberculosis Control	Tuberculosis Test, Medical nizations to an adult care home, each ed for tuberculosis disease e control measures adopted	en co co	Ithough we dis ith this as a impany's detaile e are continu- isore all stational sidents are in ompliance, Pro- mpany operations the se	nay, ping to revious revious residents
falled to assure 2 of 5	as evidenced by W and interview, the facility residents sampled (#4-#5) ulosis (TB) disease upon	in ta	they already to tacility upon the over 6-1-	19
The findings are:			Serum For TB	
06/08/19 revealed diag acute ischemic stroke, renal disease, hypersh	t #4's current Ft2 dated gnoses included diabetes. hypertension, end stage holesterolemia, altered idney injury, and anemia.	ba	ot has been a ack order + The vision was award sent letters	ne Dare

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Interview with the Resident Care Coordinator (ROC) on 10/04/19 at 2:45pm revealed  Ore ensuring + mon'rtoring	Interview with the Res	ident Care Coordinator	are ensur	ing + monitoring
(RCC) on 10/04/19 at 2:45pm revealed  She was currently responsible for TB skin tests  for residents.	-She was currently re-	2345pm revealed	1 T 5000	rde.
for residents.	for residents.		10 to 14 1 cc	
-Residents were supposed to have a one TB skin test upon admission and a second TB skin test 2  Admin's Frator '= RCD	-Residents were supp	ised to have a one TB skin	NI Land	tor ERCD
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to 3 weeks after the first one.  -She was not the RCC when Resident #4 was admitted to the facility in 2017 so she was not aware Resident #4 did not have two TB skin  -She was not the RCC when Resident #4 was admitted to the facility in 2017 so she was not aware Resident #4 did not have two TB skin  -She was not the RCC when Resident #4 was admitted to the facility in 2017 so she was not aware Resident #4 did not have two TB skin	-She was not the RCC	stione. When Resident #4 was	are ensuri	ng residents
admitted to the facility in 2017 so she was not	admitted to the facility	in 2017 so she was not	1 2 2 61	en 1051,
aware Resident #4 did not have two TB skin	aware Resident #4 did	not have two TB skin	have a s	
2. Review of Resident #5's current FL-2 dated Resident #5 - RN Was 10/3	tesis.		Rosident #	5 - RN was 10/3/
2. Review of Resident #5's current FL-2 dated Called + TR Jost Citien 10/3	2. Review of Residen	#5's current FL-2 dated	DON'S TO	Jack 25000 10/2 19/10

- 155

a DIEAL	of Health Service Reg	X4. PPOVIDER SUPPLIER/O, IA		- Maria Caranta	1.6	RM APPROV
SHO PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDRY	E COMSTRUCTION		T SURVEY
		HAL064032	2. MN-3			
AME OF P	PPOVIDER OR SUPPLIED				1	0/04/2019
			ACCAPSS OF AS	TATE OF VICE		The state of the s
UNIEK	HILL SENIOR LIVING		ELL LANE MOUNT, NC 2:	2804		
(X4) (C)	SUMMARY S	ATEMENT DE ATEMPRICADA				
PREFIX TAG		DY MUST BE PRECEDED BY FULL USC (DENTIFYING INFORMALY, I)	Lefels Lefels	CO AC ANTERNATION OF THE PLANT	CHOLBERT	E ME ET
D 234	Continued From page	е 3	D 234		Total Control of the	1
i	07/02/19 revealed dia	agnoses included diabetes	1	10 1 1 411 2	11	Ì
1	memus type z. hyper	rtension, hypersensitivity B12 deficiency, dermatosis	-	thesident 77 W		111
20	papulosa nigra, long	term use of medicine atnul		Resident #4 wi receive TBSKi	ntest	17/
	alcohol abuse, hyperi	triglycendemia, and		0 000		//
ļ	hypomagnesemia.			1		
	Review of Resident #	5's Resident Register				
1	revealed the resident	was admitted to the facility				
	on 12/24/18.	mas damittod to the facility	on the same of the			1
į f	Review for Resident #5's record revealed.			į		1
1	-There was document	tation that a Tuberculosis	Annual Control			
	(TB) skin test was pla	ced on 12/19/18 and read		Open Control of the C		1
1	as negative on 12/21/	18. entation a second step TB				
- 1	skin test was administ	tered since Resident #5 was				1
	admitted to the facility	on 12/24/18.				
1	Interview with Resider	11 #5 nn 10/03/10 ot				1
1	11:09am revealed:					
1.	-She had received a s	econd TB skin test when				
	she was admitted to tr -She received a third I	ne facility FB skin test on 10/03/19				
	between 9.00am-9.30a	an).				
-	-She was informed that	at another TB skin test as				
1	needed because her "p	paperwork was lost"				
- 1	Interview with the Resi	ident Care Coordinator				i
1 (	(RCC) on 10/03/19 at	11:16am revealed				
-	There was a second 1 Resident #5 on 12/12/	TB skin test placed for				
		to provide documentation	1			1
C	of a second step TB te	st for Resident #5	The Control of the Co			
7	She was the person re FB skin tests were con	esponsible for ensuring all appleted.				
, ti	nterview with the Adm	inistrator on 10/03/19 at				
1 1	1:26am revealed:		1			10
;	She was not aware the	e documentation for a				

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES X1. PROVIDER SUPPLIER/OLIA AND PLAN OF DORRECTION WO MULTIFUE CONSTRUCTION IDENTIFICATION NUMBER X31 DATE SUPVEY A BUILDING COMPLETE: HAL084032 E. VALCE\_\_\_ NAME OF PROVIDER OR SUPPLIER 10/04/2019 STREET ADDRESS OF STATE OF CODE HUNTER HILL SENIOR LIVING 891 NOELL LANE ROCKY MOUNT, NC 27804 (X4, 1D) SUMMARY STATEMENT OF DEFICIENCIES PREFIX EACH DEFICIENCY MUST BE PALICEDED BY FUL 10 PROVIDER'S FLANCY CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY. D 234 Continued From page 4 0 234 second TB skin test was missing from Resident #5's record. -She did not receive any residents' records from the previous owner. -The RCC was the person responsible for ensuring all TB skin tests were completed. -She expected TB skin tests to be completed. D 310<sub>1</sub> 10A NCAC 13F .0904(e)(4) Nutrition and Food D 310 Orders For dietary Service supplements will be documented in Resident 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be Chart and also in served as ordered by the resident's physician. Dietary Notebook. This Rule is not met as evidenced by Based on observations interviews and record Administrator will reviews the facility failed to assure that nutritional ensure families who supplements were served as ordered for 2 of 2 sampled residents (#1 and #4). provide supplements are providing both correct supplements is supply is sufficient, The findings are. 1. Review of Resident #1's FL-2 dated 06/11/19 revealed diagnoses included recurrent falls, mood disorder anemia hypertension hyperlipidemia, osteoarthritis and Parkinson's disease. ACD + Dietary Mar will communicate to Review of a physician's order for Resident #1 dated 09/10/19 revealed a nutritional supplement to be administered three times a day. ensure dietary staff Review of a physician's dietary order for Resident #1 dated 09/24/19 revealed are aware of supplement -There was an order for nutritional supplements (Brand A) to be administered three times a day order + quantities

. . . .

Division of Health Service Registratement of Depotencies	(X1) PROVIDER SUPPLIER		FORM APPROV
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A PULLPING	OSMARTED
Mark And Burk Lang Column Colu	HAL064032	P-VAN-5	
NAME OF PROVIDER OR SUPPLIER	STREET	ACCRESS UTV. STATE 29 2006	1 10/04/2019
HUNTER HILL SENIOR LIVING		ELL LANE	
LIVING.		MOUNT, NC 27804	
X4-IE SUMMAR (ST.	ALLMENT OF DEPOSITIONS		1000 M
THE PERSON LEVEL SERVICE	Y MUST BE PRECEDED BY PULL SELIDENTIFYING INFORMATION	PROVIDENS PLANUE OF A	turn of more
D 310 Continued From page	6	DEFF. IENCY.	
with meals.		Dietary Mar Co	-ported
-If nutritional supplement	Cont (Francis)	Dic 100 of 11 of 1	and
Unavailable, then may	ent (brand A) was r substitute with putritional	10 100 on 101	7/19
supplement (Brand B)	substitute with nutritional	a cog	111
1		a log on 10/1 + has communi	icated
Review of Resident #1	1's September and October	with dietary: this log; sign and it is bein	· Ilala
1 20 18 electronic medic	ation administration reports	with dietary	770257
(erviAns) revealed their	TO Was no entry for the	11 - 1 - 6500	France
nutritional supplement	s on the eMARs.	This log 1 2191	as i Con ion
Into a law and		1 1 1 100510	a
Interview with a medical 10/03/19 at 9 40am rev	ation aide (MA) on	and it is ween	9
-She did not know if the	vealed:		Locumented
nutritional ausoloment	esident #1 had an order for	maintained 4	accounter the
nutritional supplements	s or now often the		1 '
nutritional supplements served to Resident #1.	s were supposed to be	maintained to	al ·
-There was no docume	entation of the		i
administration of nutriti	Onal supplements on		
resident #1's eMAR.			
-Staff did not document	t nutritional supplements		1
on the eMARs because	nutritional sunniemente		
were not entered on the	e eMARs.		i i
Interview with a second	1.1.1		
Interview with a second 9:43am revealed:	r WIA on 10/03/19 at		
	sident #1 had an order for		
nutritional supplements.	sident #1 had an order for		
-The dietary staff was re	esponsible to ensure		
nutritional supplements	Were administered to the	The state of the s	
residents if they were or	rdered.		
-There was no documer	itation of administration of		1
nutritional supplements	On Resident #1's eMAR	**************************************	
pecause the dietary staf	f was responsible for		
ensuring nutritional supr	olements were		
administered and not the -She did not know if diet	e ivas.	-	
nutritional supplements	to Resident #1		
-She did not know if duct	ary staff documented the		
administration of Reside	of #1's nutritional		
supplements.	Engineer of a		
of Health Servico Regulation			i

Division of Health Service Regulation STATEMENT OF DEFICIENCIES X1+ PROVICER SUPPLIED COM MOROUGESTAND BANTLUM SA AND PLAN OF CORRECTION IDENTIFICATION NUMBER X31 CATE SUPVEY 4 CONCURS \_ COMPLETED 9 VANG \_ .\_ HAL064032 NAME OF PROVIDER OR SUFFLICE 10/04/2019 STREET ADDRESS OF FIRST OF YOUR HUNTER HILL SENIOR LIVING 891 NOELL LANE ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES 1X40 ID negetix 1 PROVIDER'S FLANCE CORRECTION (EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY HULL TAG RESULATORY OR LSC IDENTIFYING INFORMATION. SPERTY CAMPLICE DATE CHOSSIPPERENCED TO THE APPROPRIATE DEFICIENCY, D 310 | Continued From page 6 D 310 Observation of the facility's therapeutic diet list dated 09/19/19 posted in the kitchen revealed there was no listing for nutritional supplements to be administered to Resident #1 as prescribed by her physician. f Observation of the facility's nutritional supplement supply on 10/03/19 at 10:00am revealed. -There was an opened case of strawberry flavored nutritional supplements (Brand A) and a box of vanilla flavored nutritional supplement (Brand A) on the second shelf of a rack on the left side of the walk-in cooler in the kitchen. -There was a single eight-ounce bottle of chocolate flavored nutritional supplement (Brand B) on the top shelf of the rack in the walk-in cooler. Interview with a dietary aide on 10/03/19 at 10 00am and 10/04/19 at 1.07pm revealed -He did not know if Resident #1 had an order for nutritional supplements. -Resident #1's family member brought in the chocolate flavored nutritional supplement (Brand B) for the resident to drink when Resident #1 did not eat well. -Resident #1 was offered a nutritional supplement (Brand B) staff notified the dietary staff that Resident #1 did not eat well during meal times. -He worked in the kitchen during the lunch meal on 10/04/19. -He could not remember giving Resident #1 a nutritional supplement with her lunch meal. Interview with the Resident Care Coordinator (RCC) on 10/03/19 at 10.45am revealed She did not know about Resident #1's physician's orders for nutritional supplements. -If Resident #1 had a physician's order for

Division of Health Service Regulation STATEMENT OF DEFICIENCIES X1. PROVIDER SUPPLIERIOUS KA MULTIPLE CONSTRUCTION AND PLAN OF GOPRECTION ICENTIFICATION NUMBER X3+DATE SUPVEY 4. BUILDING \_ COMPLETEL HAL064032 8 VALUE NAME OF PROVIDER OF SUPPLIER 10/04/2019 STREET AUTHORS CITY STATE CIP CODE HUNTER HILL SENIOR LIVING 891 NOELL LANE ROCKY MOUNT, NC 27804 0/4/10 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PUR PREFIX | PROVIDERS PLAN OF CORPECTION TAG REGULATORY OR LIST IL ENTIFYING INFORMATION. PREFIX SEACH CORPECTIVE ACTION SHOULD BE THE ETE POSS PERIPPINED TO THE APPROPRIATE DEFICIENCY D 3101 Continued From page 7 D 310 nutritional supplements then she gave it to the dietary manager to implement -The dietary staff were responsible to ensure Resident #1 received any ordered nutritional supplements. Observation during the lunch meal service on i 10/03/19 from 12:55pm through 1:15pm revealed. -Resident #1 ate 25% overall of her lunch served. -A personal aide (PGA) called for the dietary staff to bring Resident #1 a nutritional supplement. -A dietary aide brought a nutritional supplement (Brand B) for Resident #1 from the kitchen to the PCA in the dining room area, The PCA gave the nutritional supplement (Brand B) to Resident #1 and the resident drank 100% of the nutritional supplement. Interview with the PCA on 10/03/19 at 1:10pm revealed: -Resident #1 was given a nutritional supplement (Brand B) when she did not eat well during meal times or sometimes Resident #1 was given a nutritional supplement (Brand B) as a snack per request of Resident #1's family member. -Staff got the nutritional supplements from dietary staff in the kitchen -She did not know Resident #1 had physician's orders for nutritional supplements (Brand A) three times a day with meals. -Resident #1 was not given nutritional supplements three times a day with meals, -Resident #1 received nutritional supplements (Brand B) about three or four times a week. -She did not know who was responsible to ensure nutritional supplements were given to Resident Based on observations, interviews, and record reviews, it was determined Resident #1 was not

Division of Health Service Rec	gulation			FURIN APPROVED
STATEMENT OF DEFICIENCIES AND PLASS OF COPRECTION	(X1) PROVIDER/SUPPLIER/CLIA	WO-MULTIPLE OF	DNS TRUSTION	V3vDAJE SURVEY
	IDENTIFICATION NUMBER	A BUILDING		COMPICIED
			The state of the s	
	HAL064032	a. VAI.5	-	10/04/2019
NAME OF PROVIDER OR SUPPLIER	SIRCET	ADDRESS, DITTE STATE	70.005	10/04/2015
HUNTER HILL SENIOR LIVING		ELL LANE		
The state of the s		MOUNT. NC 27804		
(X4) ID SUMMARY S FREETX TEACH LEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ir.	PROVETES PLANGE OF REPORTED	The state of the s
TAG REGULATORY OF	SI SO IDENTIFYING INFORMATION	PAGEN	FACH CORRECTIVE ACTION SHOULD BE CHICAGE OF THE APPROPRIES	2 1 27 MFLETC
			CEFICIENCY	OF SATE
D 310   Continued From page	ge 8	D 310		
interviewable.				1
				1
Telephone interview	With Resident #1's family			1
-She did not know if	at 6 25pm revealed Resident #1's physician had			;
prescribed any nutrit	tional supplements			1
-She brought nutritio	nal supplements (Brand R) to			1
the facility for Reside	ent #1 because she had a			
poor appetite.	esident #1 could get			
nutritional supplement	nts from the facility if the			
physician ordered the	em.			
-She asked the staff	to give Resident #1 the			-
#1 did not set well at	nt (Brand B) when Resident			-
-She usually brought	uring her meal times. t six bottles of nutritional			
supplement (Brand E	B) to the facility and the six			
bottles lasted about a	a week for Resident #1.			
-Resident #1 did not	drink a nutritional			
during meal times at	meal when she visited			
-She last visited the f	acility on 10/01/19 during	The second secon		
dinner time.		i		
Observation during the	as kimali in a t			
10/04/19 from 12 40r	ne lunch meal service on om through 1.00pm revealed			
Resident #1 did not re	eceive a nutritional	-		
supplement with her	lunch meal.			
Intopilotopilo				4 11 111
1:05pm revealed	nd PCA on 10/04/19 at			2
-Resident #1 did not i	receive a nutritional			
supplement with her t	lunch meal.			
-She did not know Re	esident #1 had a physician's	Parameters of		Act and a second
day.	upplements three times a			
-The dietary staff usu	ally brought the nutritional			
supplements to the re	sidents who had orders for			and the second
nutritional supplemen	ts	No. of the last of		alau page
-1		4		2

Division of Health Service Regulation STATEMENT OF DEFICIENCIES IX11 PROVIDER SUPPLIER/CLIA DESCRIPTION STRUCTURY AND HIAN OF CORRECTION STATE SURVEY IDENTIFICATION NUMBER CONCLETED A BUILDING \_ HAL064032 B. MING 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS OF STATE OR CODE HUNTER HILL SENIOR LIVING 891 NOELL LANE ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROMOTE AND AN ARREST MANAGEMENT OF COMMENCES OF CASE EACH DEHOIENCY MUST BE PRECEDED BY FULL PREFIX FREHV REGULATOR / OR USO IDENTIFYING IMPORMATION TAG OTMPLETE. CHRICKNOY D 310 Continued From page 9 D 310 Interview with the Administrator on 04/10/19 at 10:40am revealed -The dietary staff were responsible for ensuring Resident #1 received her nutritional supplements. -She did not know dietary staff were not giving Resident #1 her nutritional supplements (Brand A) three times a day with her meal, -She did not know Resident #1's family member was bringing nutritional supplements (Brand B) for Resident #1 to drink. -There was no system in place to ensure staff were administering nutritional supplements as ordered for the residents at the facility. Refer to interview with a second MA on 10/03/19 at 9:43am. Refer to interview with a PCA on 10/03/19 at Refer to interview with the Dietary Manager on 10/03/19 at 10:05am. Refer to interview with the RCC on 10/03/19 at 10 45am. Refer to second interview with the RCC on 10/04/19 at 12:53pm. 2. Review of Resident #4's current FL-2 dated 06/08/19 revealed: -Diagnoses included diabetes, acute ischemic stroke, hypertension, end stage renal disease. hypercholesterolemia altered mental status. acute kidney injury and anemia. -There was an order for a nutritional supplement (Brand C - a supplement designed specifically to meet the nutritional needs of those receiving dialysis) drink 1 can at bedtime.

Division of Health S	e Colt. 5		The second secon		FORM APPROV
AND PLAN OF CORRECT	ION	DENTIFICATION NUMBER	IXI MULTIPLE C	A. NSTPUCTION	
		A SECTION OF THE PROPERTY OF T	A SUILDING		DOMPLETED
				And the second second second second	SAMPLE ICL
		HAL064032	FL VMVFS		
IAME OF PROVIDER OF	SUPPLIER	The second secon			10/04/2019
			COLPESS OF STATE	DE SCOP	
HUNTER HILL SENIO	RLIVING		ELLLANE		
(X4) ID	SETMACOVET	ROCKY	MOUNT, NC 27804		
PREFIX , IEA	-17 1 m 1-11 14-1-1	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY TIE:	(5)	PROVIDER'S PLANOR CORPECT	Cat:
TAG PFG	SULATORY OR I	LSC IDENTIFYING INFORMATION	PRETIX	JEACH COMPRESTOR ASTISE OF A	P. m.d.
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	-		1	CHUSSHI FERENCED TO THE APPRO DEFICIENCY	PRIATE CATE
D 310 Continued	From page	10	D 310		
			D 0.0		1
dated 06/0	08/19 reveal	4's physician's order sheet	1		j
-There wa	s an order a	entry for (Brand C)			
nutritional	supplement	t drink 1 can at bedtime.			
- There was	s a handwri	tten note beside the imme			,
C) Hautuor	iai supplem	ent that noted "allo			
(alscontint	ie) provided	by dietan/"	1		
-There wei	re no initials	or date written peside the			
note.		000000			1
					1
Review of	Resident #4	s care plan signed by the	1		
primary car	re provider	(PCP) on 07/16/19			1
deviments	ne of the res	sident's dietary needs was			2
2 outralian	ed as nutritic	onal supplement (Brand D			•
-a supplem	ient designe	ed to help manage blood			4
sugar in ais	abetics) onc	e daily.			i.
Review of F	Resident #A	's diet order sheet dated			1
09/24/19 re	vealed:	s diet order sneet dated	1		į.
		r (Brand D) nutritional			
Supplement	t once a day	/.			1
-There was	no order fo	r any other nutritional			
! supplement	s on the die	et order sheet.			1
					Ĭ
' Observation	of the facil	ity's therapeutic diet list			
gated 09/19	/19 posted	in the kitchen revealed			
(Brand D) n	utritional su	oplement once daily was			
listed for Re	isident #4.				
Paviau of D	mandant II .				
2019 electro	esident #4;	s August 2019 - October			
(eMARs) rev	vesled:	tion administration records			
		any nutritional			
supplement	on the eMA	Re			
-No supplem	ients were	documented as			
administered	d to the resi	dent.			
Observation	of the facili	ty's nutritional supplement	-		
Supply on 10	0/03/19 at 1	0:00am revealed there	-		
were two car	ses of (Bran	nd D) nutritional	1		i

STATEMEN	of Health Service Red TOF DEFICIENCIES	WIN PROMITER SUPPLIENCUM	T			
AND PLAN	OF COPRECTION	IDENTIFICATION NUMBER	A SA SAS		STATE STATE	
			A. BUILDING	The second section of the second seco	O.MAGLETAD	
		HAL064032	6. W16_		-	
MANE OF D	10/04/20	19				
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TAG	REGULATORY OF	LISC IDENTIFYING INFORMATION	TAS	SEACH COPRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPA	ULD BE cor POPPIATE	MOLE:
2010				DEFICIENCY	500 - 07-1990	
טונט	Continued From pag	je 11	D 310			-
	supplement on the to	op shelf of a rack on the left				
	side of the walk-in co	ooler in the kitchen.				
	loter in the					
	10:00am revealed:	ary aide on 10/03/19 at	44-6-100		*	
		tional supplements on the top	auto de			
	shelf belonged to an	other resident and not	1		1	
	Resident #4,					
	-He did not know Re	sident #4 was supposed to				
1	be receiving nutrition	al supplements.	į			
	handled the ordering	Coordinator (RCC) usually for residents' nutritional				
	supplements.	tor residents nutritional				
		ny nutritional supplements				
	had been ordered for	Resident #4			7	
	Observation during t	he first lunch meal service on				
1	10/03/19 from 12 15 <sub>k</sub>	on through 12:38pm				
	revealed Resident #4	was not offered a nutritional				
	supplement during th	e lunch meal.			-	
	Observation of the fire	st dinner meal service on	The state of the s		**	
	10/03/19 at 5:14nm n	evealed Resident #4 was not				
	offered a nutritional s	upplement during the dinner				
1	meal.	, and the second				
	Interview with a maxi	Called and Arab				
i	Interview with a medi 10/04/19 at 12 15pm	revealed				
	-Nutritional suppleme	ints for residents used to be				
	included and docume	ented on the eMARs				
		re responsible for passing				
4	them out.				1	
,	-A lew months ago, the	ne nutritional supplements				
	out so the orders no I	bility of dietary staff to pass onger appeared on the			1	
1	eMARs.				1	
the Landson	-She did not know if F	Resident #4 was receiving				
1	(Brand D) nutritional s	supplement from dietary	-			
	staff.					
	-Nesident #4 had broi	ught some samples of				

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES ON PROVIDER SUPPLIERICLIA AND PLAN OF COPPECTION IXD MS TPLE CONSTRUCTION ICENTIFICATION NUMBER DISTRICT SUPPLY A FULDING COMPLETES HAL064032 B. Value 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE DRICOGS HUNTER HILL SENIOR LIVING 891 NOELL LANE ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES 3X4/10 FEACH DEFICIENCY MUST BE PRECEDED BY FULL REHALLATORY OF LISC IDENTIFYING INFORMATION PREFIX TAG AUTOBRACO 40 NA SPIRECTION pogety 75. CONFLETE EACH CORRECTIVE ACTION SHOULD BE CHUSS PEREPENCED TO THE APPROPRIATE DEFICIENCY. D 310 Continued From page 12 D 310 (Brand C) nutritional supplement from his dialysis appointment on Monday, 09/30/19, -There was a note on the bag with the (Brand C) nutritional supplements to give the resident 1 can -She thought there were 5 cartons of the supplements and she had given the resident 1 carton on Monday and Tuesday nights (09/30/19) and 10/01/19) when she worked on those nights. -She did not document that she gave the (Brand C) nutritional supplements to Resident #4 -She did not notify the RCC she had received and administered the (Brand C) supplements to the resident. -There was 1 carton of (Brand C) supplement remaining. Observation of the medication cart on 10/04/19 at 12:15pm revealed: -There was a plastic bag with a logo from the dialysis center printed on the bag -There was a yellow sticky note stapled to the front of the bag with Resident #4's name written -There was a handwritten note, "give to med tech. 1 per day". -There was no other information written on the -There was one 8-ounce carton of (Brand C) nutritional supplement in the bag. Interview with Resident #4 on 10/04/19 at 10:38am revealed: -He used to get a nutritional supplement every week but that stopped "about a month ago" -He did not know why he was not receiving the nutritional supplement anymore. -His appetite was "good", and he thought his weight had been stable.

STATEMENT OF DEFICIENCIES AND PLAN OF CORPECTION  ILENTIFICATION NUMBER		VX1) PROVIDER SUPPLIER/CLIA (UBATIFICATION NUMBER	A BUILDING		ZELBATE SURVEY COMPLETES
			and the second and the second	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		HAL064032	E 48.13	And the second s	10/04/2019
VAME OF D	PAINARIS AC ASONO	STREET	ADDRESS CITY STOL	CIENTOE	1 100010
HUNTER	HILL SENIOR LIVING		ELL LANE		
		ROCKY	MOUNT, NC 27804		
(X4) ID PREHIX TAG	REAGH DEFICIEN	TATEMENT OF PETICIENCIES OY MUST BE PRECEDED BY FULL LISO IDENTIFYING INFORMATION	10 FREAX 745	PROVIDER'S PLAN OF OUR FACH OPPRECTIVE ACTION S OPC 83-REPERCIVED: "UITHE A DEFIGIENCY.	MOULD BE NOWEE
D 310	Continued From pag	e 13	D 310		
	Interview with the Ro	CC on 10/04/19 at 12 50pm			
1	revealed	0 0 0 1 10 0 4 10 at 12 30pm			
	-She was not aware	Resident #4 was not			ì
	receiving (Brand D)	nutritional supplement as			5
	ordered on the dieta	ry order sheet on 09/24/19.			
,	-She forwarded the d	orders to the dietary staff and	1		
	dietary staff was responsible for implementing the				
1	Order.				
	on the eMARs since	ent orders would not be listed			
1	on the eMARs since the MAs were not responsible for giving them to the residents.				
	-She did not know if the dietary staff were				
1	documenting when the	ney gave nutritional			
i	supplements to resid				,
	<ul> <li>Samples of (Brand C) from dialysis or that t resident any.</li> </ul>	Resident #4 had received I nutritional supplements he MA had given the	in the state of th		
-					1
	Telephone interview #4's dialysis center or revealed:	with a dietician at Resident n 10/04/19 at 3:25pm			1
2	-At one time, (could r	not recall dates) Resident #4			
	was getting (Brand C	) nutritional supplements but			
i	his insurance change	d and he could not afford it			
	anymore.		1		ì
	-She thought the resi	dent's family was getting			
	(Brand D) nutritional				I .
1	substitution for (Bran-	d C).			İ
	<ul> <li>The resident should nutritional supplement</li> </ul>	be detting (Brand D)			
1	-She had sent about	ns once a day. 10 sample cartons of (Brand			1
1	C) nutritional supplem	nent from dialysis to the	-		5
	facility with the reside	int in the last few weeks			
1	because she was cor	10erned about the resident's			
	recent weight loss.				
	-She usually sent 5 c		1		
1	-The resident had los	t 4% dry weight in the past	-		
		ights taken at dialysis, so			
1	sne sent the samples	to help with the weight lines	1		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES X1: PROVIDER SUPPLIFRIGEA ACIMULTIPLE CONSTRUCTION AND PLAN OF COPPECTION ICENTIFICATION NUMBER OF DATE SUPVEY 4 PURENCE COMPLETED HAL064032 e vatas. 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. GITY STATE ZRICODE HUNTER HILL SENIOR LIVING 891 NOELL LANE ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFIDIENCIES (X4) ID PROVIDER'S PLAN OF CORPECTION EACH DEFICIENCY MUST BE PRECEDED BY FILL PREFIX EACH OWERE STAFF ACTION SHOW OF PAREN REGULATORY OF LING IDENTIFYING INFORMATION TA.3 MAJE LATE CRUSS PEFERENCEL TO THE APPROPRIATE TAG DEFICIENCY D 310 | Continued From page 14 D 310 Attempted telephone interview with Resident #4's family member on 10/04/19 at 3:50pm was unsuccessful. Telephone interview with Resident #4's PCP on 10/04/19 at 9:53am revealed. The order for (Brand D) nutritional supplement on Resident #4's dietary order form that she signed on 09/24/19 was based on a previous order that she thought originated from the resident's dialysis provider. -She expected the dietary order she signed to be implemented as ordered. -She had not been notified the resident was not receiving (Brand D) nutritional supplements. -She was not aware of any significant changes in the resident's weight. Refer to interview with a second MA on 10/03/19 at 9-43am. Refer to interview with a personal care aide (PCA) on 10/03/19 at 11:03am. Refer to interview with the Dietary Manager on 10/03/19 at 10.05am. Refer to interview with the RCC on 10/03/19 at Refer to second interview with the RCC on 10/04/19 at 12:53pm Interview with a second MA on 10/03/19 at 9:43am revealed: -Residents' nutritional supplement orders were given to the dietary staff. -There was no documentation of residents administration of nutritional supplements on the

DIVISION	of Health Service Reg				FORM APPROV
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	X1. PROVIDER:SUPPLIER/CLIA	OX2 MUNTIPLE :	PASTRUMENTAL N	
DENTIFICATION LOWERS			Y Comments of the Comments of	73: LATE SUPVEY COMPLETED	
				and the second s	30m EC. (CD
		HAL064032	5 6005		
AME OF F	ROVIDER OR SUPPLIER				10/04/2019
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PREHX	SUMVARYS FACH DEHICIPA	TATEMENT OF SEFICIENCIES SY MUST BE PRESEDED BY FULL	1 15	PROVIDEDS PLAN OF COR	DOCTOR!
TAG	REGULATORY OR	LSC IDELITIEVING INFORMATION	HRESIX TAG	LACH CORRECTIVE ACTION	SINTER TOOL IN THE
			1	CHUSS-PEFERENCED TO 1HH A	PROPERTY CATE
0.310	Continued From pag	e 15	5.040		
			D 310		
	for appuring mater	dietary staff was responsible	and the second s		
	not ensuring nutrition	al supplements were			
1	administered and not	t the MAs.			
	residents' nutritional	e administration of the			
	on their eMAR.	supplements were not done			
1		dietary staff documented the			
	administration of resi	depts' putofficial			
	supplements.	derns nutritional			
	, ,				
į	Interview with a PCA	on 10/03/19 at 11 03am			
	revealed:	on to our oat it usan			
4	-The residents' nutriti	onal supplements were			
į	supplied by the dietar	v staff,			
	-The MAs and PCAs	were not responsible for			
ī	ensuring residents re-	ceived their nutritional			
	supplements because	the dietary staff were			
	responsible for that				
í	Interview with the Dia	top: \\			
	10:05am revealed.	tary Manager on 10/03/19 at			1
		tary Manager at the facility	i		
	for approximately thre	ia wasta			
	-He did not process the	ne physician's orders for			
Î	nutritional supplement	te			
	-He received copies of	f the physician's orders for			
	nutritional supplement	is from the PCC			
	-He filed the copies of	the physician's orders in a			
- 1	notebook in his office.				
	-The list of residents v	vho received nutritional			- 1
	supplements was pos	ted in the kitchen for the			
i	dietary staff to go by.				
,	The dietary staff adm	inistered nutritional	Para		
, ,	Supplements according posted in the kitchen.	g to the dietary list that was			
į.	-Nutrit onal supplemen	nts were sent from the			
1	kitchen to the staff in t	he dining room during meal			
	times to give to the res	sidents.			
	Ine dietary staff did n	ot document administration			
1 4	of nutritional suppleme	ents to the residents	1		

Division	of Health Service Reg	ulation			FOR	M APPROVED
STATEMEN	TOF DEFICIENCIFE OF CORRECTION	IX1. PROVIDER SUPPLIERQUA IDENTIFICATION NUMBER	A BUILDING		COMP.	SUPVL:
		HAL064032	8. VANG	Annual State Special Conference of Conference on Special Conferenc	10	/04/2019
HAMP OF P	POVIDER OR SUFFLIER	STREET A	ACDRESS ON STATE	35 (65)	Charles of the Control of the Contro	
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	THE SEMISK LIVING	ROCKY	MOUNT. NC 27804			
(X4) (0	SUMMANY S	TATEMENT OF MECHANISMS	-, 1			
PREFIX 1AG	PERULATORY OF	CV MUST BE PRECEDED BY FULL LING IDENTIFYING INFORMATION	FPCF,X	FROMIDERS PLAN OF COMMECTIVE ACTION SHOW, CROSS-REFERENCED TO THE APPRO- CROSS-REFERENCED TO THE APPRO- CRECIENCY.	DEF	C Ar Lur
D 310	Continued From pag	re 16	D 310		of the latest and the	-
the state of the s	There was no proce ensure nutritional surthe residents as order linterview with the RC revealed:  -She processed any supplements and ga -She gave the physic nutritional supplement implement.  -Physician's orders fibe administered to the dietary staff to implement.  -She was responsible orders for nutritional staff after they were reductional supplement as ordered accument residents in supplements as ordered to the dietary staff were reductional supplement as ordered to the dietary staff to make sure nutritional supplements.  -Nutritional supplements as ordered their nutritional supplements.  -Nutritional supplements as ordered the supplements are supplements.	pplements were served to pered by the physician.  CC on 10/03/19 at 10:45am physician's for nutritional vertiem to the dietary staff clan's orders for residents' into to the dietary staff to principle or nutritional supplements to be residents were written for plement.  To getting the physician's supplements to the dietary written.  Sponsible to ensure at were given and to received nutritional red by the physician, a see if the residents as ordered asponsibility of the dietary tritional supplements were the dietary staff is were given their nutritional onts were not put on the dishe did not know how sted when nutritional				
1	dietary staff to ensure were served as order	nutritional supplements				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION X1: PROVIDER SUPPLIENCLIA X2: MULTIPLE CONSTRUCTION CANTE SUPVEY IDENTIFICATION NUMBER A BURGHAD \_ B MNG\_ HAL064032 10/04/2019 NAME OF PROVIDER OF SUPPLIER STRUET ADDRESS ON Y STATE TIP DODE 891 NOELL LANE HUNTER HILL SENIOR LIVING ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES (X4) 10) PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FUL. EACH CORRECTIVE ACTION SHOULD BE CHURN HET LIFENCED TO THE APPROPRIATE DEFICIENCY. PREFIX FPEFIA DUNE STE REGULATORY OF LISCHDENTHYING INFORMATION. TAG Tain D 310 Continued From page 17 D 310 12:53pm revealed: -The facility did not realize the dietary staff were not ensuring residents received nutritional supplements as ordered by the physician. -She and the Administrator were in the process of working out a plan to ensure nutritional supplements were administered to the residents as ordered by the physician. D 358: 10A NCAC 13F .1004(a) Medication D 358 Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications. prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record: and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION. The Type B Violation was abated. Non-compliance continues. Based on observations, interviews, and record

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES IX1) PROVIDER SUPPLIERICHA AND PLAN OF GORRECTION XII MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER OCH DATE SURVEY A BUILDING. COMPLETED HAL064032 B CONG 10/04/2019 MAME OF PROVIDER OR SUPPLIER STREET FORRESS, OF Y STATE OF CORE HUNTER HILL SENIOR LIVING 891 NOELL LANE ROCKY MOUNT, NC 27804 少4.10 SUMMARY STATEMENT OF DIFFICIENCIES IEACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION FREFIX TAG EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION CLAN LETT 7.40 CHORSE-KETERENCHLITCITHE APPROPRIATE DEFICIENCY, D 358 Continued From page 18 D 358 reviews, the facility failed to administer medications as ordered and in accordance with the facility's policies for 1 of 3 residents (#6) observed during the medication pass including errors with insulin and a liquid antipsychotic medication. The findings are: 1. The medication error rate was 6% as evidenced by the observation of 2 errors out of 31 opportunities during the 9:00am medication pass on 10/03/19. RN was contacted + Review of Resident #6's current FL-2 dated did another Drabetic 04/30/19 revealed diagnoses included chronic allergic rhinitis, type 2 diabetes mellitus. Training on idiolia hypertension, hyperlipidemia, and schizophrenia, a. Review of Resident #6's current F1.-2 dated MA was counseled after Survey team exited +
was again observed
by Administrator + RNI
giving proper dose w/
proper primings proper
dose on Lisvids.
MA has passed state 04/30/19 revealed -There was an order for Novolog insulin to be administered four times a day according to the following skiding scale: 151 - 200 = 2 units: 201 -250 = 4 units. 251 - 300 = 6 units 301 - 350 = 8 units: 351 - 400 = 10 units: 401- 450 = 12 units: 451-500 =14 units. >501= 15 units and call medical doctor. (Novolog insulin is rapid-acting insulin used to lower blood sugar. The manufacturer recommends eating a meal within 5 to 10 minutes after the injection. The Novolog Flexpen should be primed with a 2-unit air dose before each use to assure the insulin is flowing through the needle and to remove any air Survey exam 10/31/19, bubbles. The needle must remain under the skin for at least 6 seconds to ensure the full dose has been injected.) Review of Resident # 6's October 2019 electronic medication administration record (eMAR)

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (Y1) PROVICES SUPPLIER/OL A IOENTIFICATION NUMBER AC, MOLLIPLE CONSTRUCTION AND PLAN OF CORPECTION VA CATE SUPVEY A. BUILDING \_\_ COMPLETED HAL064032 U VANA 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADVISESS CITY STATE OF CODE HUNTER HILL SENIOR LIVING 891 NOELL LANE ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES X47 E3 REACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION CACH CORRECTIVE AUTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TALL REGULATORY OR LEG IDENTIFYING INFORMATION: DEECIN JOHPLETH 114 DEFICIENCY D 358; Continued From page 19 D 358 revealed. -There was an entry for Novolog Flexpen sliding i scale with scheduled administration times of § 9:00am, 11:45am, and 5.00pm, and 9:00pm. r -The resident's blood sugar ranged from 79-171 i from 10/01/19-10/03/19. Opservation of the 9 00am medication pass on 10/03/19 revealed: -The resident's blood sugar was 171 at 8:49am. -The medication aide (MA) administered 2 units of Novolog insulin into Resident #6's left side of the abdomen at 8:50am. -The MA did not dial and perform a 2 unit air shot prior to dialing and administering the 2 units of Novolog sliding scale insulin. | -The MA pressed the dose button until the , counter clicked and returned to zero and then immediately pulled the insulin pen from the resident's abdomen. -The MA did not hold the dose button for 6 seconds as required to ensure the complete dosage of insulin was administered. Interview with Resident #6 on 10/03/19 at 8:51am revealed the resident had already eaten breakfast Interview with the MA at 1:58pm on 10/03/19 -She had completed diabetic training, but she could not recall when it was completed. -She usually administered Resident #6 s insulin after breakfast because it was scheduled on the eMAR at 9.00am. -Breakfast was usually served at 7:00am. -She thought the Novolog insulin pen was only supposed to be primed once when the pen was first opened with a 2-unit air shot. -If an insulin pen needed to be primed before

Division of Health Service Regulation STATEMENT OF DEFICIENCIES IX1; PROVIDER/SUPPLIER/CLIA X2-MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION X3 DATE SURVEY IDENTIFICATION NUMBER A BUILDING \_ COMPLETED HAL064032 a MNO\_ 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ANCIPESS OF STATE, DEDCCE 891 NOELL LANE HUNTER HILL SENIOR LIVING ROCKY MOUNT, NC 27804 (X4) (D) SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REACH CORRECTIVE ACTION SHOULD BE CHURST-REFERENCED TO THE APPROPRIATE PREFIX \_ JV-\_E-E TAG REGULATORY OR USCHDENTIFYING INFORMATION DEFICIENCY D 358 Continued From page 20 D 358 each use it was usually noted on the eMAR or label. -She did not know the insulin pen should be held in for 6 seconds when injected. Interview with Administrator on 10/03/19 at 2:14pm revealed: -Diabetic training was completed for MAs when the nurse completed their clinical skills checklist. -Diabetic training included the use of insulin pens. -The MAs were supposed to prime the pen before each use. -The MAs should know how to use the insulin pens. -The facility's policy was to check blood sugars and administer insulin before meals. Interview with Resident Care Coordinator (RCC) on 10/03/19 at 2:17pm revealed. -The MAs had a class on diabetes and were trained on how to use the insulin pens. -The MAs were supposed to prime the insulin pen with 2 units before each use. -She thought the insulin pen should be held in for 2 to 3 seconds. -Insulin should be administered before meals. -Breakfast was at 7:30am. -She was not aware Resident #6's Novolog was scheduled for 9:00am. -The Novolog scheduled time should be 7:15am. Interview with Resident #6 on 10/03/19 at 4:28pm -Her blood sugar was checked 3 to 4 times a day. sometimes before meals and sometimes after meals -The MAs usually took the insulin pen out of her skin as soon as they injected it. Telephone interview with Resident #6's primary

	of Health Service Reg	(X1) PROVIDER SUPPLIERIOLIA	-x2-MGTIPLE C	ORGETTA CONCR.	And the Apple of the Apple of the
	OF COMPECTION	ICENTIFICATION NUMBER	A BUILDING		VOLDATE SURVEY COMPLETED
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ari alah di dalam sa da sa da sa		HAL064032	P. VMv5.		10/04/2019
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		ROCKY	MOUNT, NC 27804		
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D 358	Continued From pag	ge 21	D 358	t Might sight sa an ann an ann an an an an an an an an	,
	care provider (PCP)	on 10/04/19 at 9:53am	The second	(	1
	revealed.	55 1575 77 10 GL 5 00GH	1		
	-Resident #6's blood	d sugar should be checked			
	before meals.		A constant		
		olog sliding scale insulin			1
	before the resident	ered within 15 to 20 minutes			
		d if the resident's blood sugar			4
		meal and Novolog was			3
	administered based	on that reading it would not			
		e amount of insulin needed to	a de la companya de		
		fasting blood sugar.			!
		require more insulin if based after a meal because the	i		
		end to be higher after meals.			
		n should be administered			
	based on the blood	sugar reading before meals			
	b. Review of Reside	ent #6's physician's order			
	dated 06/05/19 reve	ealed an order for Haldel			
		l take 1ml (2mg) twice a day			
		psychotic behaviors. (Haldol			
	Concentrate is an a	ntipsychotic.)			
		#6's October 2019 electronic			
		tration record (eMAR)			
	revealed:	if and Indiah Company			1
		y for Haldol Concentrate Img) twice a day with			
		ration times of 9.00am and			
	9:00pm.				1
	4	was documented as			
	administered from 1	10/01/19-10/03/19,	- Committee		
	Observation of the 1 10/03/19 revealed	9 00am medication pass on	The same and the same and same	(	
		te (MA) used an oral 10 ml			
	syringe to measure	Resident #6's Haldol			
	Concentrate.				1
	<ul> <li>The oral syringe h</li> </ul>	ad markings in 1-unit			

\* \*

Division of Health Service R STATEMENT OF DEFICIENCIES	(X1) PROVIDER(SUPPLIER/CLIA	25, 36, 95, 51	210 70 10 20	·
AND PLAN OF CORRECTION	ABONIC/GOPPLIEMOLIA	X2: MULTIPLE O		(X3) DATE SURVEY COMPLETED
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OTT EXTILE SERIOR EIVING	ROCKY	MOUNT. NC 27804		
IX4+10 SUMMAR PREFIX :EACH DEFIC	YSTATEMENT OF SEFICIENCIES	10	PROVIDERS PLANOL CORRE	CUM
TAG REGULATOR	IENCY MUST BE PRECEDED BY FUIL. FOR LSC IDENTIFYING INFORMATION	.74.) EDEMA	GEACH CORPECTIVE ACTION SHO CROSS REFERENCED TO THE APP DEFICELNOW	DULL PE OTHER
D 358 Continued From J	page 22	D 358		
increments from	1 ml to 10 ml			
-The MA filled the	oral syringe approximate 1/8th			į.
inch below the fin	e marking 1 ml,	B)		
-When asked hov	v much Haldol was in the cral	I		i i
syringe the MA st	ated, "1 ml".			
-Surveyor interve	ned and asked MA again how	į		
much Haldol was	in the syringe.			
	ated there was 1 ml in the			
Syringe.	and the AAO at	1		
the 1 ml line on th	nowed the MA the marking for ne syringe, the MA			1
	e liquid Haldol she measured			
was below the 1 r			(	
-The MA then add	red enough Haldol Concentrate			
to measure the 1	ml marking.			ļ
-The MA administ	ered the Haldol Concentrate to			
Resident #6 at 9:3	22am.	Contraction of the Contraction o		
Interview with the	MA on 10/03/19 at 2:08 pm	-		
revealed				
-She had always	used the same oral syringe to			
	t #6's Haldol Concentrate.	-		1
	e she measured below the 1 ml			1
line that morning	on 10/03/19. measured the liquid all the way			The state of the s
to the 1ml line.	measured the liquid all the way			
Interview with the	Administrator on 10/03/19 at			
2:16pm revealed:				
-The MAs had be-	en trained on how to measure			
liquid medications				
	ave measured the liquid Haldol			
to the line marking	9 (11)).	-		
Telephone intervie	ew with Resident #6's primary			
	P) on 10/04/19 at 9:53am			
revealed:				
-She expected Re	esident #6 to be administered			
the ordered dose				
- the MAs should	measure the Haldol liquid			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES X1) PROVIDER SUPPLIERICLIA X2 MULTIPLE GONSTRUCTION X3: DATE SURVEY AND PLAN OF COPRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING \_\_\_\_\_ HAL064032 6. 70/45 10/04/2019 NAME OF PROVIDER OR SUPPLICE STREET ADDIRESS CITY STATE, ZEP LIDER 891 NOELL LANE HUNTER HILL SENIOR LIVING ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF INSPICIENCIES (ZA) (C) PROMIDERS FLAN OF CORPLOTION EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE PIPERIX 2015/100 REGULATURY OR LIST ICENTIFYING INFORMATION, ING 740 UPUSS-PEFERENCED TO THE APPROPRIATE DEFICIENCY D 358 Continued From page 23 D 358 dosage all the way to the 1ml marking on the oral syrings to ensure the resident received the full amount ordered. -She was not aware of any current behavior changes or issues with Resident #6. D 366 10A NCAC 13F .1004 (i) Medication D 366 Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. MA received a verbal warning regarding logging on + OFF EMAR system. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure recording of MA stated it was an oversight due to being nervous about survey the administration on the medication administration records was by the medication aide who actually administered 9.00am. medications to 6 of 6 residents sampled (#2, #7 #8. #9, #10, #11) on 10/03/19. and assured to be diligent in the Future. The findings are Observation of the women's hall on 10/03/19 at 8:45am revealed: -There were 2 medication carts on the women's Administrator + RCD hall

		(X1) PROVIDER SUPPLIERCULA IDENTIFICATION NUMBER	A PULCANA		COMPLETED	
-		HAL064032	8. TANG	- Manage of the control of the contr	10/04/2019	
JAME OF F	ROVICER OR SUPPLIER	STREET	ADORESS ON A STAT	34 210 01.50	1010-12010	
HINTER	HILL SENIOR LIVING		ELL LANE	The ball with the		
TOTAL LICE	HILL SCHIOK CIVING		MOUNT, NC 278	nd		
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PROFIX	LEAUL DE CIENC	DY MUST BE PRECEDED BY FULL LOCIDENTIFYING INFORMATION	PAGETY FAG	FROUDER'S FLAN OF DORREY FACH COPPRESTAVE ACTION SAY ONORS ARE ENAUGED TO THE APP DEFIDIENCY.	Lavos 39 auc	
D 366	Continued From page	e 24	D 366		0 10-1	
	-There were 2 medic	ation aides (MAs) on the	1	will rundomly co	whome	
	women's hall adminis	stering medications.		will randomly co check login!	•	
	Interview - 544					
	revealed:	on 10/03/19 at 9 15am		· C	1	
		administer medications for	1		•	
	the men's hall.		1			
i	-She had completed	administration of the				
1	morning medications on the men's hallShe was currently helping the MA who was					
and the second s	assigned to the women	eiping the MA who was en's hall.			•	
	A second interview w	ith the MA assigned to the			7	
	men's hall on 10/03/1	19 at 1:15pm revealed:			1	
	-When she worked or	n the men's hall and finished			1	
1	first, she would go to other MA.	the women's hall to help the				
	-She did not usually s	sign into the electronic				
i	medication administra	ation record (eMAR) when				
1		dications on the women's or MA was already signed in .			1	
1	-If she signed into the	e-MAR for the women's		1		
1	half to document her	initials the MAs would have				
Ī	to count and reconcile	e the controlled substances,			,	
į	which would take too				1	
	-one could not sign in	nto the eMAR unless the				
	other MA signed out,	igned in on the eMARs, any	0.00			
i i	medications she click	ed as administered would			1	
	have the other MAs in	nitials listed on the eMARs.			1	
1	-She administered 9:0	00am medications to			1	
ł		#9 #10 and #11 that				
	morning on 10/03/19,					
1	women's hall since th	the eMAR system for the e other MA was already				
1	signed in.	- valor mit was already				
	-The 9.00am medicat	ions on 10/03/19 for those 8				
		er MAs initials documented		i		
,	as administering thos				į.	
	-She actually adminis	tered the morning			1	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES X1) PROVIDER SUPPLIENCIA AS MULTIPLE CONSTRUCTION. JE DATE SLAVEY AND FLAN OF CORRECTION IDENTIFICATION LUMBER COMPLETED A BUILDING B CANG. HAL064032 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ACCRESS SITE STATE, JE SIGE 891 NOELL LANE HUNTER HILL SENIOR LIVING **ROCKY MOUNT, NC 27804** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU X4-10 PROVIDER 9 PLAN OF CORPECTION PREFIX (FACI- CORRECTIVE ACTION & HOULD BE CROSS-REFERENCED TO THE AMPROPRIATE PRESIX TAG 5 3,45 0 2 REGULATORY OR USC IS ENTIFYING INFORMATION. ING 22.5 SERICIFNOY D 366 Continued From page 25 D 366 medications for those 6 residents so the documentation on the eMARs was not correct. 1. Review of Resident #7's current FL-2 dated 07/23/19 revealed diagnoses included multiple sclerosis depressive disorder, anxiety, gastroesophageal reflux disease, difficulty with walking, muscle weakness, history of impacted femoral fracture, and normal grief reaction. Observation of the 9:00am medication pass on 10/03/19 revealed: -The medication aide (MA) assigned to the men's hall administered medications to Resident #7 on the women's hall at 9 16am. -The MA clicked on the electronic medication administrated record (eMAR) that the medications had been administered after she observed the resident take the medications. Review of Resident #7's October 2019 electronic medication administration record (eMAR) revealed: -Fourteen medications scheduled for 9:00am were documented as administered on the morning of 10/03/19: Docusate Sodium 100mg (stool softener). Erythromycin EG 250mg (antibiotic for infection): Linzess 72mcq (for constipation); Loratadine 10mg (for seasonal allergies); Lorazepam 0,5mg (for anxiety); Magnesium Oxide 400mg (for low magnesium): Pantoprazole 40mg (for acid reflux): Problotic Formula (for maintaining healthy digestive tract): Sertraline 100mg (for depression) Sucralfate 1gm (to treat and prevent stomach ulcers); Topiramate 25mg (for seizures or mood disorders), Triamcinolone nasal spray (for allergies): Vitamin B-12 500mcg (vitamin supplement): and Vitamin D3 1000 units (for Vitamin D deficiency).

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	-X2: MULTIP, FICONSTRUCTION A BUILDINGS		X2 DATE SURVEY	
art albeite i promi i mon gagera a s		HAL064032	6 YANG		40/04/3040	
NAME OF P	POVIDER OR SUPPLIER	STREET	SYCPESS CITY STAIL	Inc. or ase	10/04/2019	
	IIII) Amiyam i		ELL LANE	· · Process		
RUNTER	HILL SENIOR LIVING		MOUNT, NG 27804			
X4. IC PREFIX TAC	IEACH DEFIGIEN	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL PLSC IDENTIFYING INFORMATION.	ID HP6FIX TAG	PROVIDERS PLAN OF CORR PACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY,	HOULD BE CTURE	
D 366	Continued From pag	ge 26	D 366			
	hall cart was docume	A assigned to the women's ented for administering those and of the MA who actually			į ·	
	revealed the MA ass	ent #7 on 10/03/19 at 2.12pm ligned to the men's hall ident's 9.00am medications 13/19.				
	Refer to interview wi 10/03/19 at 2:16pm	th the Administrator on revealed:				
	05/28/19 revealed or acute gastric ulcer. C coordination, atheros chronic pain syndror cognitive communica- bones, thrombocytop disorder, anxiety disa	sclerotic heart disease, ne, chronic viral Hepatitis C, ation deficit, fracture of nasal penia major depressive order, cardiomegaly, igia, intervertebral disc				
	medication administrative revealed: -Ten medications solution of the commented as administrative and the commented as administrative pressure): Capsaicin arthritis pain). Cefurcinfection): Cetirizine allergies): Clopidographic Clots). Furosemide 2 Linzess 72mog (for commented pain records.	0.025% cream (topical for exime 250mg (antibiotic for			Property and the state of the s	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUP (DENTIFICATION NUMBER	A ROLDING		O'SHEATE SURVEY COMPLETED	
***		HAL064032	h anda	The later was a second of the later was a se	10	0/04/2019
IAME OF P	HOVIDER OF SUPPLIER	STREFTA	DORESS CITY STATE	E ZIV 650g		-
UNTER	HILL SENIOR LIVING	891 NOE	LL LANE			
		ROCKY	MOUNT, NC 2780	4		
(X4) ID PREFIX TAG	:EACH CEFICIEN	TATEMENT OF DEFICIENCIES DY MUST SE PRECEDED BY FUCU LISC IDENTIE VIEWS INFORMATION	JE PREFIX	PROVIDER'S PLAN OF COR IFACH CORRECTIVE ACTION: CROSS REPERMUED TO THE A DEFIDIENCY	SHOULD BE	TIMPLE LATE
D 366	Continued From pag	e 27	D 366			
	administering those	cart was documented for 10 medications instead of the ninistered the medications.		1		
		ns. Interviews, and record mined Resident #2 was not				
	Refer to interview wi 10/03/19 at 2:16pm	th the Administrator on revealed:				
	05/03/19 revealed di	nt #6's current FL-2 dated agnoses included anxiety , hyperlipidemia, mental zophrenia,				
	medication administr	#8's October 2019 electronic ration record (eMAR)				
	revealed:	scheduled for 9:00am were				
	documented as adm	inistered on the morning of ith Vitamin D 600/400		(		
	(vitamin supplement (topical for arthritis p	). Capsaicin 0.025% cream ain): Docusate Sodium				
	seasonal allergies) antipsychotic): Parox	(etine 20mg (for depression);	dispersion of the			
	-The initials of the m	(narcotic pain reliever). edication aide (MA) assigned part was documented for				
	The second secon	7 medications instead of the ninistered the medications.				
	revealed the MA ass	ent #8 on 10/03/19 at 4:58pm igned to the men's half had ident's morning medications i3/19.				
	Refer to interview wi	th the Administrator on revealed				

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STATEMEN	of Health Service Rec	(X1: PROVIDER'SUPPLIER'C.JA	) - N. HEID, T.		
AND PLAN OF COPPECTION		IDENTIFICATION NUMBER	AZ MULTIPLE C		0/3) DATE SURVEY
			A BULDING	are an all all and a series and	COMPLETED.
		HAL064032	B. VMtr.)		
10145 55 55		117460402			10/04/2019
NAME OF P	ROVIDER OR SUPPLIER	SIREET	ADDRESS, DITY STATE	OF COLE	
HUNTER	HILL SENIOR LIVING	891 NO	ELL LANE		
		ROCKY	MOUNT, NC 27804	20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(X4) ID FREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL	1C+	PROVIDER & FLAN OF CORRECTIV	M 116
TAG	REQULATORY OF	* LSG IDENTIFYING INFORMATION	PREFIX.	LIACH COARESTIVE ACTION SHOUL CHARAESE DE COECH SOMESES RESERVAN	DBE SIMPLE
				DEFICIENCY	
D 366	Continued From pag	ge 28	D 386		
	1		1		
	4. Review of Reside	int #9's current FL-2 dated			
	04/30/19 revealed d	lagnoses included acidosis.			
	respiratory failure, a	nemia, depression, diabetes			
	mellitus type 2, hype	ertension, injury of part of			
	small intestine lace	ration of spleen, and multiple			
	sclerosis.				
	Paulous of Dogudant	#9's October 2019 electronic			
	medication administ	ration record (eMAR)			
	revealed:	adon record (elwark)			
	-Ten medications scheduled for 9:00am were				
	documented as administered on the morning of				
	10/03/19. Allopurinol 300mg (for gout). Calcium		1		
		ium supplement). Colorys		(	
	0.6mg (for gout); Cr	anberry 200mg (supplement			
	for urinary health): P	luoxetine 40mg (for			
	Metaproid 100mg (	de ER 2.5mg (for diabetes) for high blood pressure).			1
		or multiple sclerosis). Victoza			
	18mg (for diabetes):	and Vitamin D3 5000 units			1
	(for Vitamin D defice				1
		nedication aide (MA) assigned	i		
		cart was documented for			
		10 medications instead of the			
	MA who actually adr	ministered the medications.			
	Intongous with Doord	ant #0 an 40/02/40 -+ 5:04-			
		ent #9 on 10/03/19 at 5:01pm at could not recall if she			
	received medication	s that morning or who may			
	have administered to	nem.			
		ith the Administrator on			
	10/03/19 at 2:16pm	revealed			
	5. Review of Reside	nt #10's current FL-2 dated			
	06/04/19 revealed d				
		roesophageal reflux disease.			
	and glaucoma.		1		
	3.		1		

STATEMENT OF DEPICIENCIES AND PLAN OF COPPLECTION		(Å1) PROVIDER SJAPLIER CLIA IDENTIFICATION NUMBER	K2 MUTIPLE CONSTRUCTION A BUILDING		29-DATE SURVEY DOMPLETED	
		HAL064032	B WNG		10/04/20	19
NAME OF P	POVIDER OF SUPPLIER	STREET	ADDHESS OFF STATE	S DIF CODE		
HUNTER I	HILL SENIOR LIVING		ELL LANE MOUNT, NC 2780	4		
74) IO PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEPICIENCIES CY MUST BE PRECEDED BY FULL KLISC ICENTIFYING INFUPNATION.	PPSEIX TAG	PPOVIDENS FLANCE OCHRECH JUDIES ACTOR POLICERNOS FEDIL GENERAL TO TO DEPENDENT PROPERTY DEFICIENCY	OBE of	MOLETE MOLETE
D 366	Continued From pag	ge 29	D 366			-
	(eMAR) revealed: -Three medications documented as adm	#10's October 2019 n administration record scheduled for 9:00am were ninistered on the morning of a 10mg (for seasonal				
	allergies); Risperido and Simbrinza 1-0.2 glaucoma). -The initials of the m to the women's nall administering those	ne 4mg (an antipsychotic):  % suspension (eye drop for medication aide (MA) assigned cart was documented for 3 medications instead of the ministered the medications.				
	5 04pm revealed the half had administere medications that mo					
	10/03/19 at 2:16pm 6. Review of Reside	nt #11's current FL-2 dated				
	disorder, seizures, s crisis, hypothyroidis Vitamin D deficiency gastroesophageal re	lagnoses included bipolar sickle cell disease without m. chronic pain syndrome, / schizophrenia, aflux disease, degenerated ctive pulmonary disease, and				
	medication administ revealed -Ten medications so documented as adm 10/03/19: Divalproe mood disorders). Do softener): Folic Acid	#11's October 2019 electronic tration record (eMAR; cheduled for 9,00am were ninistered on the morning of x 250mg (for seizures or pousate Sodium 100mg (stooi i 1mg (vitamin supplement) diuretic for swelling). Percocet				

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VISION OF Health Service Rec	X1 PROVICER SUPPLIERIOUS				
D PLAN OF COPRECTION	IDENTIFICATION NUMBER	A BUILDING		COMPLETED	
HAL064032		8 7353		10/04/2019	
ME OF PROVIDER OR SUPPLIER	STREET	ADDRESS OF STATE	∃P.cobe	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
INTER HILL SENIOR LIVING	10N P88	ELL LANE			
	ROCKY	MOUNT, NC 27804			
X411C SUMMARYS	STATEMENT OF DEPICIPACIES	15 15	PROVIDER'S PLAN OF CORRECTIO		
REFIX (EACH DEFICIEN TAG REGULATORY OF	ICY MUST BE PRECEDED BY FULL RUSC IDENTIFYFYS IMPORYATIONS	FEETX 1	SA IN CORRECTIVE ACTION SHOULD CRUSS REFERENCED TO THE APPROPRIESE OF THE APPROPRIES	BE COMPE	
D 366 Continued From pag	ge 30	D 366			
5/325mg (narcotic p	ain reliever). Paliperidone ER	1			
3mg (an antipsychol	tic): Miralax powder (laxative)	1			
Quetiapine 100mg (	an antipsychotici: Senna Pius				
(laxative): and Vitar	nin B-12 500mcg (vitamin			i .	
supplement).			*		
- I ne initials of the m	nedication aide (MA) assigned				
to the women's half	cart was documented for				
MA who actually adv	10 medications instead of the ministered the medications.				
mir mo dotdany ad.	ministered the medications.				
Interview with Resid	Interview with Resident #11 on 10/03/19 at				
5:06pm revealed the	5:06pm revealed the MA assigned to the men's			1	
hall had administere	d the resident's morning				
medications that mo	ming on 10/03/19.				
Refer to interview wi	ith the Administrator on				
10/03/19 at 2:16pm	revealed:				
2:16pm revealed:	iministrator on 10/03/19 at				
-The MA who admin	stered medications was				
supposed to be logg	ed into the eMARs and		(		
document the admin	istration of the medications.				
ant originally pagians	other MA on a hall they were ed. the MA not administering				
Was supposed to log	out of the eMAR system and				
the MA assisting sho	ould log into the eMAR	1		1	
system before admir	stering medications.				
-The MAs had been	trained on how to use the				
eMARs and the MAs	knew to sign into the eMAR				
system anytime they	administered medications.			4.00	
eMAR would not be	the documentation on the			į.	
	accurate.  e MAs were not logging in to	Approximate			
the e-MAR system a	s required.			\$	
D935 G.S.§ 131D-4.5B(b)	ACH Medication Aides	D935			
Training and Compet	tency	2000			
	,				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES X1 PROVIDER SUPPLIER CUA VS-DATE SURVEY O'Z MUCTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING \_ 9. WNS HAL064032 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS GITY STATE ZIP CNOW 891 NOELL LANE HUNTER HILL SENIOR LIVING ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFILIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REDULATORY OF LAC IDENTIFYIN - INFURMATION PROVIDER'S PLAN OF CORRECTION BACH CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY. PREFIX COMPLETE CHELLY IAG D935 Continued From page 31 D935 G.S. § 131D-4.5B (b) Adult Care Home Medication Aides: Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all (1) A five-hour training program developed by the Department that includes training and instruction in all of the following. a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of nire the individual must have completed the following a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding b. An examination developed and administered by the Division of Health Service Regulation in

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORPECTION IX1: PROVIDER/SUPPLIER/OLIA XC MULTIPLE CONSTRUCTION 73 DATE SURVEY IDENTIFICATION NUMBER COMPLETED A BUILDING 8 .4443 HAL064032 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS OF STATE ZIP CODE 891 NOELL LANE HUNTER HILL SENIOR LIVING ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PPHAIDER'S PLAN OF CORPECTION (SA. 15 EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CHUSS-RELEPENCED TO THE APPRIOR RIATE Mai aru CATE PREFIX L DEFIX REGULATORY OR USO IDENTIFYING INFORMATION TAG 7 2 2 DEFICIENCY D935 DOSE Continued From page 32 accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 1 of 2 sampled medication aides (Staff A) who administered medication had successfully passed the state medication aide written exam within 60 days of hire. Staff A has med aide certification as of The findings are: 10/31/19, She was Review of a personnel record for Staff A. medication aide/personal care aide (MA/PCA) under impression that the had 90 days to take exam but missed revealed -There was documentation Staff A was hired on 07/03/19. -There was documentation dated 07/09/19 that Staff A had completed the state-approved 15-nour medication administration training -There was documentation dated 07/09/19 that Cut-off For 157 October Staff A had completed the medication clinical skills competency validation and was signed by a Exam. She immediately registered nurse. -There was no documentation Staff A had scheduled next exam successfully passed the state written medication administration examination within 60 days of hire date. She took's passed Review of the residents' September 2019 electronic medication administration records exam 10/3//19 (eMARs) revealed there was documentation that Staff A administered medications to all residents on 09/09/19, 09/12/19, 09/16/19, 09/20/19,

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Regulation of Deficiencies	*A4 SOUNDED SABBINDACHY	WE MULTIPLE OUTSTRUCT	ON ONE SURVEY
AND PLAN OF CORRECTION		RRECTION IDENTIFICATION NUMBER		to the property of
			A. BUILDING	NAVE OF TO THE OF THE O
		HAL064032	B. MN3	10/04/2019
NAME OF P	ROVIDER OR SUPPLIER	STREETA	CORUSS OF STATE OF CODE	
HUNTER	HILL SENIOR LIVING		LL LANE	
	THE OF HOLY FLAME	ROCKY	MOUNT. NC 27804	
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF SEPTOIE WORK	IC T	PROVIDERS PLAN OF CURRECTION X
TAG	PEGULATORY OR	IY MUST BE PRECEDED BY FULL. LSC IDENTIFYING INFORMATION:	PREFIX . · E	ACH CORRECTIVE ACTION SHOULD BE ASSERTED TO THE APPROPRIATE FA
	<del></del>		1	DEFICIENCY:
D935	Continued From page	e 33	D935	NI == lmd-c
	09/21/19. 09/22/19. 09/22/19. 09/27/19. 09/28/19.			+ Administrator
	i 09/29/19, and 09/30/	19 during the 7 00am to	11:01	monitor more
	3:00pm shift.		1000	1 . son hire +
	Review of the resider	nts' October 2019 eMAR	Clos	monitor more bely upon hire + ughout training to one new staff Know eline & timeline.
	revealed there was a	no October 2019 BIMAK	1110	unland training To
	revealed there was documentation that Staff A admin stered medications to residents on 10/01/19 and 10/02/19 during the 7.00am to		TANID	of the Doning
			0.061	is new start hour
ì	3:00pm shift.		ELISI	i timeline.
3	lates to the second		quid	eline & mile
Statement of the	Interview with a resident revealed Staff A administered medications to the resident.		2	
	Interview with the Resident Care Coordinator			1
1	(RCC) on 10/04/19 at 11:30am revealed -Staff A had been working as a medication aide at the facility for approximately over one monthStaff A was supposed to be scheduled to take		2	
ĺ			t t	
1	the state written modi	u to be scrieduled to take loation administration exam.		1
i	-She was not sure of	the date Staff A scheduled		i
!	to take the state written medication administration exam			š.
				1
	Intonuous with the Age	ministrator on 10/04/19 at		1
	9:50am revealed:	ministrator on 10/04/19 at		
	Control of the Contro	king at the facility for almost		
1	two months as a med	ication aide and should still		
	be within ninety days	of her date of hire for taking		
i	the state written medi			
		taff A was currently still administering		
	medications because she had not reached ninety days from when she began training for a medication aide.  -Staff A was scheduled to take her state written medication administration exam on 10/11/19.			
1				
1				
				1
		was "okay" to continue		
	administering medica	tions at the facility because		
	she did not know about the rule that medication aides had to pass the state written administration			31
1	test within sixty days			
ion of Has	Ath Service Regulation	VI TION THE GATE.		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES X1: PROVIDER/SUPPLIER/OLA (X2 MULTIPLE CHASTRUCTION DISCOUNT SUPPLY AND PLAN OF CORRECTION IDENTIFICATION NUMBER OCMELITED ALBURIORIS \_ F. VANS HAL064032 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET AUDRESS, DITY STATE, ZIP CODE 891 NOELL LANE HUNTER HILL SENIOR LIVING ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL 124:10 PROVIDER'S PLAN OF CORRECTION PREFIX PPEFIX EACH CORRECTIVE ACTION SHOULT BE and HTE REGULATORY OR LSC IDENTIFYING INFORMATION. DEPOSES REFERENCES TO THE ASPROPRIATE D935 | Continued From page 34 D935 -She and the RCC were responsible for keeping up with the number of days staff worked prior to taking the state written medication administration exam. Interview with Staff A on 10/04/19 at 2:55pm revealed: -She started training as medication aide about a one week after she started working at the facility in July 2019. -She had administered medications to the residents at the facility since she completed her medication skill checklists until today (10/04/19). -She had not taken the state written medication administration exam yet because she had not registered for the examination or paid her registration fees. Second interview with the Administrator on 10/04/19 at 3:50pm revealed she was not aware Staff A was not scheduled to take the state written medication administration exam on 10/11/19.