Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
74101 1244	or contraction	IDENTIFICATION NOTIFICAL	A. BUILDING: _			
		HAL076027	B. WING		10/3	1/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE		VIEW ROAD AN, NC 27317			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licenannual survey on Oct	sure Section conducted an ober 30-31, 2019.				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	to meet the routine ar of residents. This Rule is not met Based on observation reviews, the facility fa	assure referral and follow-up nd acute health care needs				
	#1, #2, and #3) relate	e, weights (#3), a laxative				
	The findings are:					
	05/09/19 revealed dia	nt #3's current FL2 dated agnoses included acute illure, congestive heart and Type 2 diabetes.				
	dated 06/11/19 revea	t #3's physician's order led magnesium oxide (a eat decreased magnesium times a day.				
Division of Lle	Review of Resident #	3's September 2019				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			
		HAL076027	B. WING		10/	31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	•	
NORTH P	OINTE		EVIEW ROAD			
0/0/15	STIMMADY ST	ATEMENT OF DEFICIENCIES	MAN, NC 27317	PROVIDER'S PLAN OF CORRE	ECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
D 273	Continued From page	: 1	D 273			
	electronic Medication (eMAR) revealed: -There was an entry f mg scheduled at 6:00 pmMagnesium oxide 40 as administered for 9 09/01/19 through 09/3 -Staff documented "re for 7 of the 9 missed o -Staff documented "m missed doses. Review of Resident # revealed: -There was an entry f mg scheduled at 6:00 pmMagnesium oxide 40 as administered for 20 10/01/19 through 10/2 -Staff documented "re for 23 of the 26 misse -Staff documented "re missed doses. Review of Resident # no documentation the	Administration Record or magnesium oxide 400 am, 12:00 pm, and 5:00 0 mg was not documented of 90 opportunities from 80/19. esident refused medication" doses. elissed dose" for 2 of the 9 3's October 2019 eMAR or magnesium oxide 400 am, 12:00 pm, and 5:00 0 mg was not documented of 89 opportunities from 29/19. esident refused medication"				
	and October 2019.	loses in September 2019				
	Policy revealed "Foliorefusals, the MD will be	s Medication Administration wing three medication be contacted and the RCC umentation will be made in				
	Observation of medic	ations on hand for Resident				

Division of Health Service Regulation

STATE FORM 6899 6TKV11 If continuation sheet 2 of 50

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· · ·	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL076027	B. WING		10)/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
NORTH P	OINTE		NEVIEW ROAD EMAN, NC 27317			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 273	Continued From pag	e 2	D 273			
	dispensed on 10/18/ -There were 53 table remaining.	ets of magnesium oxide 19. ets of magnesium oxide				
	Interview with Resident #3 on 10/31/19 at 5:15 pm revealed: -The staff administered all medicationsShe did not refuse magnesium oxide in September 2019 and October 2019.					
	Telephone interview with a representative from the facility's contracted pharmacy on 10/31/19 at 12:05 pm revealed there were 84 tablets of magnesium oxide dispensed on 07/19/19, 08/16/19, 09/13/19, and 10/11/19.					
	1	with a first shift medication r on 10/31/19 at 1:05 pm				
	October 2019.	esident #3 refusing September 2019 and nt #3's PCP regarding				
		CP notification in the ere was no documentation of				
	PCP notification in th	e progress notes.				
	(RCC) on 10/31/19 a -She did not know Romissed magnesium of September 2019 and -She expected staff to ordered and notify he	esident #3 refused and oxide several times in				

Division of Health Service Regulation

STATE FORM 6899 6TKV11 If continuation sheet 3 of 50

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50.25			
		HAL076027	B. WING		10/31/201	9
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE	1195 PINE	EVIEW ROAD			
RANDLEN		MAN, NC 27317				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COM	X5) IPLETE ATE
D 273	Continued From page	3	D 273			
	consecutive medication	to notify the PCP regarding				
	4:50 pm revealed: -She did not know Remissed magnesium of October 2019The facility policy was consecutive medicationThe RCC/MA was repered programmed in the programmed in the programmed in the programmed but she has noten and in the last emaker and in the programmed in the programmed in the programmed but she has noten and in the programmed in th	sponsible for contacting the ation refusals. uld be documented on the gress notes. print a noncompliance t requested the report. had been conducting				
	4:47 pm revealed: -She did not know Re administered magnes September and Octol -She expected the fac medications are refus -Magnesium oxide wa Resident #3 had decr -If Resident #3 was n	cium oxide as ordered in oer 2019. Cility to notify her if ed or missed. As prescribed because eased magnesium levels. Cot administered magnesium uld result in decreased				

Division of Health Service Regulation

October 2019.

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Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING: _			
		HAL076027	B. WING		10	/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
NORTH P	OINTE		EVIEW ROAD MAN, NC 27317			
2411.15	QUIMMA DV QT	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN (OF CORRECTION	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page 4		D 273			
	dated 09/10/19 reveal 0.65% solution (a me	nt #3's physician's order aled deep sea nasal spray edication used to treat dry or ges) one spray into each				
	Review of Resident #3's October 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for deep sea nasal spray 0.65% solution, one spray into each nostril twice daily at 8:30 am and 8:30 pm. -Deep sea nasal spray was not documented as administered for 7 of 59 opportunities from 10/01/19 through 10/29/19. -Staff documented "resident refused medication" on the eMAR.					
	no documentation the	f3's progress notes revealed e primary care provider egarding deep sea nasal ober 2019.				
	Review of the facility's Medication Administration Policy revealed "Following three medication refusals, the MD will be contacted and the RCC made aware and documentation will be made in the resident chart".					
	#3 on 10/31/19 at 4:0 -Deep sea nasal spra administered. -One bottle (44 ml) or last dispensed on 03. -The bottle was half f	day was available to be f deep sea nasal spray was /25/19.				

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(VO) MILITIPLE	CONOTRUCTION	(VO) DATE OUDVEV		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDIEAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		OOM LETED	
		HAL076027	B. WING		10/31/2019	
					10/01/2010	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE	1195 PIN	EVIEW ROAD			
NORTH	OIIIIE	RANDLE	MAN, NC 27317	•		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE	-
				DEI ICIENCI)		
D 273	Continued From page	e 5	D 273			
	,					
	-The staff administere					
	-She did not refuse de	eep sea nasal spray in				
	October 2019.					
		sentative from the facility's				
		on 10/31/19 at 12:05 pm				
	revealed deep sea na	asal spray was last				
	dispensed on 03/25/1	9 (44 ml bottle).				
	Telephone interview with a first shift medication aide (MA)/Supervisor on 10/31/19 at 1:05 pm					
	revealed:					
	-She remembered Re	esident #3 refusing deep sea				
	nasal spray in Octobe	- · · · · · · · · · · · · · · · · · · ·				
	-She notified Residen					
	refusals (date unknov					
	-She documented PC	•				
	progress notes.					
	ı · •	ere was no documentation of				
	PCP notification in the					
	Interview with the Res	sident Care Coordinator				
	(RCC) on 10/31/19 at					
		esident #3 refused deep sea				
	nasal spray several ti	•				
		administer medications as				
		r with consecutive refusals.				
		y conducting eMAR audits to				
	look for medication re	-				
		to notify the PCP regarding				
	consecutive medication					
		sponsible for contacting the				
		ument any PCP notification				
	in the progress notes	•				
	Intonvious suith the A-I	ministrator on 10/04/40 at				
		ministrator on 10/31/19 at				
	4:50 pm revealed:					
		esident #3 refused deep sea				
		al occasions in October				
	2019.					

Division of Health Service Regulation

STATE FORM 6899 6TKV11 If continuation sheet 6 of 50

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		COMPLETED	
		HAL076027	B. WING		10/3	31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE		VIEW ROAD				
			MAN, NC 27317				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
D 273	Continued From page	e 6	D 273				
	consecutive medicatical -The RCC/MA was re PCP regarding medical -PCP notification shows the PCP notification of PCP notification in PCP notification shows the PCP notification show	sponsible for contacting the ation refusals. uld be documented on the gress notes. print a noncompliance t requested the report. had been conducting					
	4:47 pm revealed: -She did not know Re administered deep se September and Octol-She expected the fac medications were refu-Deep sea nasal spra Resident #3 had com-If Resident #3 was n nasal spray as ordere increased nasal cong-Resident #3 was last October 2019. c. Review of Resident dated 09/10/19 reveat twice a day and notify (PCP) if BP was great Review of Resident # electronic Medication (eMAR) revealed:	a nasal spray as ordered in per 2019. cility to notify her if used or missed. y was prescribed because plained of nasal congestion. ot administered deep seated she could experience estion. It seen by the PCP in It #3's physician's order led blood pressures (BP) If the Primary Care Provider ter than 150/90. 3's September 2019 Administration Record					
	-There was an entry t	o check blood pressure PCP if BP greater than					

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL076027	B. WING		10/3	1/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE		/IEW ROAD AN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	-Staff documented Re of 60 opportunities fro 09/30/19BP ranged from 120-Review of Resident # revealed: -There was an entry to twice a day and notify 150/90 scheduled at 3-Staff documented Re of 59 opportunities fro 09/30/19BP ranged from 114-Review of Resident # no documentation the BP refusals in Septer 2019. Interview with Reside pm revealed: -Staff monitored her E oftenShe did not rememb	B:00 am and 8:00 pm. esident #3 refused BP for 4 om 09/01/19 through -146/48-95. 3's October 2019 eMAR o check blood pressure o PCP if BP greater than B:30 am and 8:30 pm. esident #3 refused BP for 7 om 09/01/19 through -187/55-90. 3's progress notes revealed e PCP was notified regarding other 2019 and October Int #3 on 10/31/19 at 5:15 BP but she did not know how er refusing BP checks.	D 273			
	aide (MA)/Supervisor revealed: -The personal care ai obtain BPs.	vith a first shift medication on 10/31/19 at 1:05 pm de (PCA) and MA could				
	on the eMARThe MA was respons regarding BP refusals -Resident #3 often re -She did not rememb					

Division of Health Service Regulation

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Division of Health Service Regulation

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	, ,		COMPLETED	
			_			
		HAL076027	B. WING		10/31/2019	
NAME OF D			DDEGG OITY OTA	TE 7/D 00DE	10/01/2010	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	II E, ZIP CODE		
NORTH P	OINTE		EVIEW ROAD			
	I		MAN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 273	73 Continued From page 8		D 273			
	-She did not know there was no documentation of PCP notification in the progress notes.					
	Interview with the Res (RCC) on 10/31/19 at	sident Care Coordinator				
	-She knew Resident #	#3 had an order for staff to				
	obtain BP twice a day	/. sident #3 refused several				
		19 and October 2019.				
	-The PCA and MA could obtain BPThe MA was responsible for documenting BPs on the eMAR.					
		o obtain BPs as ordered and				
	notify her with consect -Staff were expected	to notify the PCP regarding				
	refusals.					
	-The RCC or MA was	•				
	and should document	consecutive BP refusals any PCP notification in the				
		as not documented she				
	would assume contact					
	look for BP refusals.	conducting eMAR audits to				
	Interview with the Adr 4:50 pm revealed:	ministrator on 10/31/19 at				
		d obtain resident BPs but				
	the MA was responsible on the eMAR.	ole for documenting the BP				
		sident #3 refused BPs in				
	September 2019 and					
	-The facility policy wa consecutive BP refus	s to contact the PCP after 3 als.				
		responsible for contacting				
	the PCP regarding BF	P refusals.				
		uld be documented on the				
	eMAR and in the prog					
		print a noncompliance t requested the report.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.112 7 27 11 1	or contraction.	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL076027	B. WING		10/3	31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE		VIEW ROAD			
	T		IAN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 273	Continued From page	9	D 273			
	random eMAR audits -The last eMAR audit 2, 2019.	had been conducting . was completed on October nformed her of medication				
	Interview with Resident #3's PCP on 10/31/19 at 4:47 pm revealed: -She did not know Resident #3 refused BPs in September 2019 and October 2019She expected the facility to notify her if a resident refused ordered BP checksShe ordered BPs twice a day because Resident #3 had increased BP in the pastResident #3 was last seen by the PCP in October 2019 and her BP was stable. d. Review of Resident #3's physician's order dated 09/10/19 revealed weekly weight and notify					
	(lb) weight (wt) gain of Review of Resident # electronic Medication (eMAR) revealed: -There was an entry to the PCP with a 5 lb work scheduled once a we-Staff documented "u" patient refused mediopportunities from 09-Resident #3's wt range Review of Resident # revealed: -There was an entry to the PCP with a 5 lb work selection.	3's September 2019 Administration Record o check weekly wt and notify it gain or loss in one week ek at 7:00 am. nable to take medication" or cation" for 3 of 5 /01/19 through 09/30/19. ged from 109-110 lbs. 3's October 2019 eMAR o check weekly wt and notify it gain or loss in one week				
	-Staff documented "u "patient refused medi opportunities from 09 -Resident #3's wt rang Review of Resident # revealed: -There was an entry t the PCP with a 5 lb w scheduled once a we	nable to take medication" or cation" for 3 of 5 /01/19 through 09/30/19. ged from 109-110 lbs. 3's October 2019 eMAR to check weekly wt and notify to gain or loss in one week				

Division of Health Service Regulation

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
		HAL076027	B. WING		10/31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE		/IEW ROAD			
			AN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	2 10	D 273			
	for 2 of 4 opportunities and staff did not document a wt for 2 of 4 opportunities from 10/01/19 through 10/30/19. -There was no wt documented for October 2019. Review of Resident #3's progress notes revealed no documentation the PCP was notified regarding wt refusals in September 2019 and October 2019. Interview with Resident #3 on 10/31/19 at 5:15 pm revealed: -Staff monitored her wt but she did not know how					
	often.	or refusing weights				
	-She did not remember	er refusing weights.				
		vith a first shift medication on 10/31/19 at 1:05 pm				
	obtain resident wts.	de (PCA) and MA could				
	on the eMAR.	sible for documenting the wt				
	regarding wt refusals.	sible for notifying the PCP wt checks several times a				
	month.	er if she notified the PCP of				
		ld be documented in the				
	-She did not know the PCP notification in the	ere was no documentation of e progress notes.				
	(RCC) on 10/31/19 at -She knew Resident a obtain weekly wts.	#3 had an order for staff to sident #3 refused several 9 and October 2019.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
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		HAL076027	B. WING		10/3	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE	1195 PINEV				
	OLIMANA DV. OT		AN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 11	D 273			
	-The MA was responsithe eMARShe expected staff to notify her with consectorsStaff were expected refusalsThe RCC or MA was notification regarding should document any progress notesNo one was currently look for wt refusals. Interview with the Adr 4:50 pm revealed: -The PCA or MA could	sible for documenting wts on obtain wts as ordered and cutive refusals. to notify the PCP regarding				
	refused wts in Septen 2019.	aff documented Resident #3 mber 2019 and October as to contact the PCP after 3 als.				
	-The RCC or MA was the PCP regarding wt -PCP notification show eMAR and in the prog- -The pharmacy could report but she has no -The cooperate office random eMAR audits -The last eMAR audit 2, 2019. -Cooperate had not in	responsible for contacting trefusals. uld be documented on the gress notes. print a noncompliance of requested the report. had been conducting				
	September 2019 and	esident #3 refused wts in October 2019. cility to notify her if a resident				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	COME		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING:		
		HAL076027	B. WING		10/31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH POINTE		VIEW ROAD				
	OLIMAN DV OT		AN, NC 27317		<u>, </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLI	ETE
D 273	Continued From page	e 12	D 273			
	refused ordered wt ch	necks. wts because Resident #3				
	3. Review of Resident #2's current FL2 dated 07/30/19 revealed: -Diagnoses included Alzheimer's dementia, anxiety, anemia, hypothyroidism, depression, hypertension, and gastrointestinal refluxThere was an order for lactulose 10 gram/15 ml give 30 ml twice daily (a medication used to treat constipation).					
	Review of Resident #2's September 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for lactulose 10gm/15 ml give 30 ml twice daily scheduled at 9:00 am and 9:00 pmLactulose was documented as not administered for 3 of 60 opportunities from 09/01/19 through 09/30/19Doses missed were non-consecutiveStaff documented "resident refused medication" for 2 of 3 missed doses.					
	revealed: -There was an entry f give 30 ml twice daily 9:00 pmLactulose was docur for 12 of 60 opportuni 10/29/19Consecutive doses r am, 10/17/19 at 9:00p am.	2's October 2019 eMAR for lactulose 10gm/15 ml scheduled at 9:00 am and mented as not administered ities from 10/01/19 through missed from 10/17/19 at 9:00 om, and 10/18/19 at 9:00 esident refused medication"				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1			(3) DATE SURVEY COMPLETED	
,		15211111101110111011152111	A. BUILDING:			
		HAL076027	B. WING		10/31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH POINTE		VIEW ROAD IAN, NC 27317	,			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	no documentation the (PCP) was notified re September 2019 and Observation of medic #2 on 10/31/19 at 4:4 -Lactulose was availa -There were 473 ml of 10/22/19There were almost a remaining. Interview with Reside 9:33 am revealed: -She did not know Rein September and Octations were refused resident and psychiatric providerShe had complied with	2's progress notes revealed a primary care provider garding lactulose refusals in October 2019. ations on hand for Resident 6 pm revealed: able to be administered. If lactulose dispensed on full bottle of lactulose ations on hand for Resident 6 pm revealed: able to be administered. If lactulose dispensed on full bottle of lactulose ations PCP on 10/31/19 at 1995 ations provided the provided for the provided lactulose to the control of the provided lactulose to the control of the provided lactulose to the control of the provided lactulose to the provided	D 273			
	pm revealed: -The staff administere -She did not know wh takingShe took her medica aide (MA) brought the -She did not refuse la and October 2019. Telephone interview w	nt #2 on 10/31/19 at 1:00 ed all medications. eat medications she was tions when the medication				

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
			A. BUILDING	A. BUILDING:	
		HAL076027	B. WING		10/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
NORTH POINTE		VIEW ROAD			
	OUR MARK OT		AN, NC 27317		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 14	D 273		
	12:37 pm revealed th dispensed on 10/22/1	ere were 437 ml of lactulose 9.			
	Telephone interview v				
		/31/19 at 1:07 pm revealed: er Resident #2 refusing			
	lactulose in Septembe	er 2019 and October 2019.			
	-	sident #2's PCP regarding d medications 3 times in one			
	week per the facility p				
	_	refused 2 or 3 times in			
	October 2019, but the consecutive.	e refusals had not been			
	-The MAs were respo	nsible for documenting			
	refusals in the progre				
	the progress notes fo	cumenting any refusals in r Resident #2.			
	Interview with the Res (RCC) on 10/31/19 at	sident Care Coordinator : 11:05 am revealed:			
	-She did not know sta	iff documented Resident #2			
	refused lactulose sev 2019 and October 20	eral times in September			
		administer medications as			
	ordered and notify he	r with consecutive refusals.			
	 -No one was currently look for medication re 	conducting eMAR audits to			
		to notify the PCP regarding			
	-	f medication refusals per			
	policyThe MA/RCC was re	sponsible for contacting the			
	PCP of medication re	· ·			
	Interview with the Adr	ministrator on 10/31/19 at			
	-She did not know Re	sident #2 refused lactulose			
	several times in Septe 2019.	ember 2019 and October			
		s to contact the PCP after 3			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL076027	6027 B. WING		10/31/2019	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE	,	
		EVIEW ROAD			
NORTH POINTE		MAN, NC 27317			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 273 Continued From pa	ge 15	D 273			
-The RCC/MA was PCP regarding merIf a PCP was notifithe progress notes -The cooperate offit random eMAR aud -The last eMAR aud -The last eMAR aud -The last eMAR aud 10/02/19Cooperate had no refusals. 4. Review of Resident evealed: -There was an order wraps, apply to bilating the morning and -There was a six-medated 09/10/19 that wraps, apply to bilating the morning and -There was a six-medated 09/10/19 that wraps, apply to bilating the morning and Review of Resident electronic Medicating (eMAR) revealed: -There was an entropial bilateral lower extremely and remove at night 8:30pm dailyThere was documbled wraps six times 09/11/19, 09/20/19 -There was no documbled primary care physical	responsible for contacting the dication refusals. ed, it would be documented in the dice had been conducting its. dit was completed on the tinformed her of medication the	D 273			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
	HAL076027		B. WING		10/31/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE		EVIEW ROAD			
		RANDLE	MAN, NC 27317			
(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 273	Continued From page	e 16	D 273			
	Review of Resident # revealed: -There was an entry fibilateral lower extremand remove at night is 8:30pm dailyThere was documentleg wraps nineteen times 10/16/19 and 10/19/11 -There was no document was notified regarding wear the leg wraps. Review of Resident # wraps were disconting health treating wounds. Based on record reviet interviews with staff, if #1 was not interviews with staff, if #1 was not interviews with resident 11:20am revealed: -She ordered the leg edemaFacility staff had not refused leg wrapsHad the staff made in reassessed the resident #1 was get toe on her left foot, but staff applying the leg -She was in the facility the staff should have refused leg wraps. Interview with a day staff with a day s	for leg wraps, apply to dities, apply in the morning scheduled for at 8:30am and station Resident #1 refused mes from 10/01/19 to 9 to 10/22/19. The nentation the resident's PCP of the resident refusing to the resident refusing to the resident resident's leg. The second revealed the legued on 10/22/19 due home as on the resident's leg. The property of the resident's leg. The property of the resident and the resident and the resident was determined Resident able. The property of the resident #1 was determined Resident #1 and the resident #1 are aware she could have ent's edema related to the thing treatment to the great at that should not impede wraps. The property of the resident #1 was determined her Resident #1				
	Interview with a day s 10/31/19 at 11:36am					

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DIVISION	of Health Service Regu	ilation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		1141.070007	B WING		40/04/0040	
		HAL076027			10/31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1195 PINE	VIEW ROAD			
NORTH P	DINTE		MAN, NC 27317			
			11A14, 140 27017			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		
1710		,	17.0	DEFICIENCY)		
D 273	Continued From page	e 17	D 273			
	7am shift were resno	nsible for applying and				
	removing Resident #					
	•	edication pass checked				
		aps to ensure the leg wraps				
	•					
	were on and applied	-				
		e the leg wraps on the				
		oposed to ask the resident to				
	allow staff to put the I					
		ed the leg wraps, the MA was				
	to document the refus					
		veral times (unable to recall				
	• '	Resident #1's leg wraps				
		ecause staff were unable to				
	-	she documented the				
	resident refused the l	-				
		olicy after three refusals the				
	MA was to notify the					
	-If Resident #1's PCF	was notified there should				
	be documentation in	the resident's record.				
	-Resident #1's PCP s	should have been notified				
	regarding the residen	it's refusals, but she was				
	unable to find docume	ent the PCP had been				
	notified.					
	Interview with the Adr	ministrator on 10/31/19 at				
	4:35pm revealed:					
	-She was not aware F	Resident #1 refused leg				
	wraps nineteen times	in October 2019.				
	-The MA should docu	ment if the resident refused				
	the leg wraps or if the	ey were not available.				
	-The facility's policy w	vas to contact the PCP after				
	three consecutive ref	usals.				
	-The Resident Care C	Coordinator (RCC) and MA				
		ontacting the PCP regarding				
	refusals.	5 5 5				
		should be documented on				
		resident's progress notes.				
	. ,					

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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	
	HAL076027		B. WING		10/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	•
NORTH P	DINTE		EVIEW ROAD		
040.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	MAN, NC 27317	PROVIDER'S PLAN OF CORRECTIO	N OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 280	Continued From page	e 18	D 280		
D 280	10A NCAC 13F .0903 Professional Support	• /	D 280		
	registered nurse, occ physical therapist in t evaluation of the residual plan and care provide (a) of this Rule, is cordays of admission or a resident develops the least quarterly therea following: (1) performing a physical performing a physical performing a physical performing the resident as related to current condition requests specified in Part (2) evaluating the resident provided; (3) recommending charses being provided; (3) recommending charses performed as needed by assessment and evaluation resident; and	assure that participation by a upational therapist or he on-site review and dents' health status, care ed, as required in Paragraph impleted within the first 30 within 30 days from the date ne need for the task and at fter, and includes the sical assessment of the the resident's diagnosis or uiring one or more of the ragraph (a) of this Rule; sident's progress to care in anges in the care of the ased on the physical uation of the progress of the activities in Subparagraphs			
	This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure a quarterly Licensed Health Professional Support (LHPS) evaluation was completed for 1 of 5 (Resident #5) sampled residents with LHPS tasks for oxygen, a nebulizer, and bipap machine.				
	The findings are:				

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DIVISION	or rieditir Service Regu	iation			ı	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			1			
		HAL076027	B. WING		10/31/2019	
NAME OF D	DOVIDED OD CURRUED	CTDEET ADE	NDECC CITY CTA	TE 710 CODE		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	II E, ZIP CODE		
NORTH P	OINTE	1195 PINE	VIEW ROAD			
NORTH	Olivie	RANDLEM	AN, NC 27317	•		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	\ -7	
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE	
			1	DEFICIENCY)		
D 000			D 000			
D 280	Continued From page	e 19	D 280			
	Review of Resident #	Fla gurrant El 2 datad				
		ignoses included chronic				
	obstructive pulmonary					
	hypertension, chronic	pain syndrome,				
	restlessness and agit	ation, major depressive				
	disorder, difficulty wal	lking, and dependent on				
	supplemental oxygen					
	- cappiomontal oxygon					
	Paviow of Pacident #	5's record revealed there				
	was no documentatio	n of an LHPS evaluation.				
	5					
		t #5's current FL2 dated				
		ere was a physician order for				
	continuous oxygen at	2 liters per minute (lpm) via				
	nasal canula.					
	Review of Resident #	5's August, September, and				
	October 2019 electron	• •				
		d (eMAR) revealed there				
	was no entry for conti					
	was no entry for conti	illuous oxygen z ipin.				
	Ob					
		ent #5's room on 10/31/19 at				
	4:30 pm revealed:					
	-There was an oxyge	n concentrator at the				
	bedside.					
	-Resident #5 was not	wearing oxygen.				
	Interview with Reside	nt #5 on 10/31/19 at 4:35				
	pm revealed:					
	·	pm via nasal canula at night				
	only.					
	_	ce shortness of breath				
	T =	SHOULIESS OF DIEALIT				
	during the day.	e veleted to conserve a 1.0				
	_	e related to oxygen and the				
	concentrator.					
	Refer to interview with					
	Coordinator (RCC) or	n 10/31/19 at 4:00 pm.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,		is a contract of the contract	A. BUILDING:		00 22.725
		HAL076027	B. WING		10/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
NORTH P	OINTE		VIEW ROAD AN, NC 27317		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	V (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 280	Continued From page	e 20	D 280		
	Refer to interview with 10/31/19 at 4:50 pm.	h the Administrator on			
	Refer to telephone int LHPS nurse on 10/31	terview with the contracted /19 at 5:38 pm.			
	11/16/18 revealed the lpratropium Bromide a medication used to tropulmonary disease).	t #5's current FL2 dated ere was a physician order for and Albuterol Sulfate (a eat chronic obstructive 0.5-2.5 3mg/3ml, inhale ree times a day.			
	orally via nebulizer three times a day. Review of Resident #5's August 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Ipratropium and Albuterol nebulizer solution, inhale 1 vial via nebulizer three times a day scheduled at 6:00 am, 12:00 pm, and 5:00 pm. -Staff documented the resident self-administered the Ipratropium and Albuterol 40 of 93 opportunities.				
	revealed: -There was an entry f nebulizer solution, inf times a day schedule 5:00 pm.	5's September 2019 eMAR for Ipratropium and Albuterol hale 1 vial via nebulizer three d at 6:00 am, 12:00 pm, and e resident self-administered hlbuterol 8 of 90			
	revealed: -There was an entry f nebulizer solution, inh	5's October 2019 eMAR for Ipratropium/Albuterol hale 1 vial via nebulizer three d at 6:00 am, 12:00 pm, and			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		HAL076027	B. WING		10/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
NORTH P	OINTE	1195 PINI	EVIEW ROAD		
NORTH		RANDLE	MAN, NC 27317		
(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 280	Continued From page	e 21	D 280		
	-Staff did not docume self-administered the	ent the resident Ipratropium/Albuterol.			
	Observation of Resid	ent #5's room on 10/31/19 at			
	and Albuterol located				
	01/23/18 with 16 vials	•			
	every 6 hours and inh	ctions to inhale 3 ml orally nale 3 ml orally every 2 hours			
	as needed for shortne	ess of breath.			
		with a representative from ed pharmacy on 10/31/19 at			
	and Albuterol Sulfate	as for Ipratropium Bromide 0.5-2.5 3mg/3ml, inhale			
	orally via nebulizer th -There was no order				
		of Ipratropium/Albuterol last			
	Interview with Reside pm revealed:	nt #5 on 10/31/19 at 4:35			
	-Staff did not adminis	d all duoneb treatments. ter Ipratropium and			
	AlbuterolShe kept the duoneb				
	administered once da -She managed all car	re related to the nebulizer.			
	Refer to interview with Coordinator (RCC) or	h the Resident Care n 10/31/19 at 4:00 pm.			
	Refer to interview with 10/31/19 at 4:50 pm.	h the Administrator on			
	Refer to telephone in LHPS nurse on 10/31	terview with the contracted /19 at 5:38 pm.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
		HAL076027	B. WING	B. WING		/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
NORTH P	OINTE	1195 PIN	EVIEW ROAD			
- NORTH		RANDLE	MAN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 280	Continued From page	22	D 280			
	c. Review of Residen dated 06/25/19 revea bedtime.	t #5's physician's order led bipap machine at				
	October 2019 electro	d (eMAR) revealed there				
	Observation of Resident #5's room on 10/31/19 at 4:30 pm revealed there was a bipap machine on the bedside table.					
	pm revealed: -She used the bipap i	nt #5 on 10/31/19 at 4:35 machine at night only. e related to the bipap				
	Refer to interview with Coordinator (RCC) or	n the Resident Care n 10/31/19 at 4:00 pm.				
	Refer to interview with 10/31/19 at 4:50 pm.	n the Administrator on				
	Refer to telephone in LHPS nurse on 10/31	terview with the contracted /19 at 5:38 pm.				
	(RCC) on 10/31/19 at -She did not know wh Professional Support the previous weekThe Administrator wa LHPS evaluations we -She did not know ReLHPS evaluation com	at a Licensed Health (LHPS) evaluation was until as responsible for ensuring are completed. asident #5 did not have an apleted. #5 had orders for oxygen,				

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL076027	B. WING		10/31/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE		IEW ROAD			
	CLIMMADY CT		AN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 280	Continued From page	23	D 280			
D 358	Interview with the Administrator on 10/31/19 at 4:50 pm revealed: -She was responsible for ensuring the residents were evaluated quarterly by a LHPS professionalShe did not know Resident #5 required an LHPS evaluationThe contracted LHPS nurse completed all LHPS evaluations for the facilityShe did not know Resident #5 was ordered oxygenShe knew Resident #5 had an order for a nebulizer and bipap. Telephone interview with the contracted LHPS nurse on 10/31/19 at 5:38 pm revealed: -She came to the facility once a monthShe completed an LHPS for residents according to a list provided by the AdministratorShe did not know Resident #5 required an LHPS evaluationResident #5 was not on the list of residents requiring an LHPS evaluation.		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 and TYPE B VIOLATION	as evidenced by:				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7. BOILDING:				
		HAL076027	B. WING		10)/31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
NODTU D	OINTE	1195 PIN	EVIEW ROAD				
NORTH P	OINTE	RANDLE	MAN, NC 27317				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	24	D 358				
	reviews, the facility fa were administered as prescribing practitions	ns, interviews, and record illed to assure medications ordered by the licensed er for 1 of 5 sampled rrors with administration of a					
	The findings are:						
	encephalopathy and a -There was an order tablet daily along with	generalized weakness with urinary tract infection. for Coumadin 1 mg take 1					
	03/26/19 revealed: -There was an order thalf tablet (0.5 mg) da 5.5 mgThere was an order to	4's physician's orders dated for Coumadin 1 mg take 1 aily along with 5 mg to equal for Coumadin 5 mg take 1 half tablet of 1 mg (0.5 mg)					
	revealed: -INR results on 08/01	zed Ratio (INR) lab results /19 were 1.4 (Normal 2.0 to 3.0 for a therapeutic ng Coumadin). /19 were 1.8. /19 were 5.2. /19 were 2.3. /19 were 2.8. /19 were 1.1.					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL076027	B. WING		10/3	31/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE		VIEW ROAD			
			AN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 25	D 358			
	-INR results on 08/29	/19 were 2.0.				
	orders revealed: -There was an order of Coumadin 7 mg daily -There was an order of Coumadin to 7.5 mg of There was an order of discontinue Coumadin 08/15/19There was an order of Coumadin 5 mg daily -There was an order of Coumadin to 6 mg daily -There was an order of Coumadin 6 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 7 mg daily -There was an order of Coumadin to 8 mg daily -There was an order of Coumadin to 8 mg daily -There was an order of Coumadin to 8 mg daily -There was an order of Coumadin to 8 mg daily -There was an order of Coumadin to 8 mg daily -There was an order of Coumadin to 8 mg daily -There was an order of Coumadin to 9 mg daily -There was an order of Coumadin to 9 mg daily -There was an order of Coumadin to 9 mg daily -There was an order of Coumadin to 9 mg daily -There was an order of Coumadin to 9 mg daily -There was an order of Coumadin to 9 mg daily -There was an order of Coumadin to 9 mg daily -There was an order of Coumadin to 9 mg daily -There was an order of Coumadin to 9 mg daily	dated 08/06/19 to increase daily. dated 08/13/19 for to n and check INR on dated 08/15/19 for dated 08/20/19 to increase hily. dated 08/23/19 to continue dated 08/29/19 to increase hily. dated 08/29/19 to increase hily. dated 08/29/19 to increase hily.				
	be given with 6 mg to	for Coumadin 1 mg daily (to equal 7 mg) scheduled at r date of 08/01/19 and there ate.				
	-There was an entry f be given with 1 mg to 5:00 pm with an orde discontinue date of 00 -Coumadin was not d on 08/01/19 and 08/0 administered 7 mg of	or Coumadin 6 mg daily (to equal 7 mg) scheduled at r date of 08/01/19 and a 8/06/19. ocumented as administered 2/19; staff should have Coumadin. for Coumadin 7.5 mg daily				
	08/06/19 and a discortion 08/06/19, Couma mg to equal 7 mg) an	ntinue date of 08/13/19. Indin 1 mg (to be given with 6 of 6 mg (to be given with 1 of 1 mg of Coumadin,				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			X3) DATE SURVEY COMPLETED	
		HAL076027	B. WING		10)/31/2019	
NAME OF PROVIDER	OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		1195 PIN	EVIEW ROAD				
NORTH POINTE		RANDLE	MAN, NC 27317				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358 Contir	nued From page	= 26	D 358				
was dinave a From mg ar equal docum admir held posterior of the schedo o	ocumented as a administered 7. 108/07/19 thround Coumadin 1 7 mg), totaling nented as administered 7.5 mg 8/14/19, Couma equal 7 mg) was instered and Coumadin 19 and a disconding of the coumadin. 108/17/19 thround Coumadin 1 7 mg), totaling nented as administered and Coumadin 1 7 mg), totaling nented as administered 5 mg of e was an entry fulled at 5:00 pm/19 and a disconding of the coumadin 1 mg), totaling nented as administered 5 mg of e was an entry fulled at 5:00 pm/19 and a disconding of the coumadin. 108/20/19, Couma equal 7 mg) was instered and starof Coumadin. 108/21/19 to 08/20/19 to 08/20/	administered; staff should 5 mg. gh 08/12/19, Coumadin 7.5 mg (to be given with 6 mg to to 8.5 mg of Coumadin, was nistered; staff should have of Coumadin. adin 1 mg (to be given with 6 as documented as umadin should have been 08/13/19. For Coumadin 5 mg daily in with an order date of intinue date of 08/20/19. adin was not documented as ff noted the "medication should have administered 5 addin 1 mg (to be given with 6 as documented as umadin 5 mg of was not inistered and staff noted the to take the medication"; ininistered 5 mg of coumadin, was nistered; staff should have	D 358				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
		HAL076027	B. WING		10/31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE	1195 PINE	VIEW ROAD			
NORTH		RANDLE	MAN, NC 27317			
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	E
D 358	Continued From page	e 27	D 358			
	documented as admin administered 6 mg of -Coumadin was not d when it should have to 08/01/19, 08/02/19, a -There were 3 doses August 2019. -There were 21 doses as administered to Re than ordered in August	nistered; staff should have Coumadin. ocumented as administered been administered on nd 08/15/19. of Coumadin missed in s of Coumadin documented esident #4 at a dose different st 2019. 4's September 2019 INR lab /19 were 5.0. /19 were 2.8. /19 were 0.9. /19 were 1.1. /19 were 1.1. /19 were 1.1. /19 were 1.4. /19 were 2.2. /19 were 3.0.				
	09/10/19 revealed: -There was an order tablet daily along with -There was an order tablet daily. Review of Resident # physician's orders rev -There was an order of discontinue Coumadi 09/05/19There was an order of Coumadin 1 mg daily	for Coumadin 6 mg take 1 4's September 2019 /ealed: dated 09/03/19 to n and check INR on dated 09/05/19 to start . dated 09/09/19 to increase				

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	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		HAL076027	B. WING		10/31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1195 PINI	VIEW ROAD			
NORTH P	OINTE	RANDLE	MAN, NC 27317	•		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLE	ETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE	É
				DEFICIENCY)		
D 358	Continued From page	e 28	D 358			
	Thorowas an order	dated 09/11/19 to increase				
	Coumadin to 4 mg da					
		•				
		dated 09/13/19 to increase				
	Coumadin to 5 mg da					
		dated 09/16/19 to increase				
	Coumadin to 6 mg da	dated 09/20/19 to increase				
	Coumadin to 6.5 mg					
	Coumadin 6.5 mg dai	dated 09/23/19 to continue				
	_	-				
	-There was an order of Coumadin 6 mg daily					
	-There was an order					
	Coumadin 6 mg daily	dated 09/30/19 to hold				
	Coumadin and check					
	Cournaum and theck	INR 011 10/03/19.				
	Review of Resident #	4's September 2019 eMAR				
	revealed:	To depletified 20 to entrate				
		or Coumadin 1 mg daily (to				
	_	equal 7 mg) scheduled at				
		r date of 08/01/19 and				
	discontinue date of 09					
	-There was an entry f	or Coumadin 6 mg daily				
	,	with an order date of				
	l	inue date of 09/03/19.				
		adin 1 mg (to be given with 6				
	mg to equal 7 mg) wa	• •				
		umadin should have been				
	held per order dated (09/03/19.				
	-	adin 1 mg (to be given with 6				
	mg to equal 7 mg) wa					
		ff noted the "patient [was]				
		edication"; staff should have				
	administered 1 mg of					
		or Coumadin 1 mg daily				
	,	with an order date of				
		ntinue date of 09/09/19.				
		adin 1 mg (to be given with 6				
		d Coumadin 1 mg were not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER SUPPLIER (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX TAG COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 documented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of CoumadinOn 09/08/19, Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered 1
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 documented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered 1 mg not coumand in 1 mg, totaling to 2 mg of Coumadin, were both documented as administered 1 D 358 STREET ADDRESS, CITY, STATE, ZIP CODE 195 PINEVIEW ROAD PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE O 358 D 368 D 378 D
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 documented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered 1 mg not coumand in 1 mg, totaling to 2 mg of Coumadin, were both documented as administered 1 D 358 STREET ADDRESS, CITY, STATE, ZIP CODE 195 PINEVIEW ROAD PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE O 358 D 368 D 378 D
NORTH POINTE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 Competence of the decidence
NORTH POINTE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 Competence of the decidence
NORTH POINTE RANDLEMAN, NC 27317 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 documented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of Coumadin. -On 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered 1 RANDLEMAN, NC 27317 ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE D 358 D 358 D 358 D 358
(X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Deficiency Must be preceded by Full Regulatory or LSC IDENTIFYING INFORMATION) Deficiency Must be preceded by Full Regulatory or LSC IDENTIFYING INFORMATION) Deficiency Must be preceded by Full Regulatory or LSC IDENTIFYING INFORMATION) Deficiency Deficiency D 358 Continued From page 29 Commented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of Coumadin. -On 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 29 documented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of Coumadin. -On 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 358 Continued From page 29 documented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of Coumadin. -On 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
D 358 Continued From page 29 documented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of Coumadin. -On 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
documented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of CoumadinOn 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
documented as administered, and staff noted the "medication [was] on hold"; staff should have administered 1 mg of CoumadinOn 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
"medication [was] on hold"; staff should have administered 1 mg of CoumadinOn 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
administered 1 mg of CoumadinOn 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
-On 09/08/19, Coumadin 1 mg (to be given with 6 mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
mg to equal 7 mg) and Coumadin 1 mg, totaling to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
to 2 mg of Coumadin, were both documented as administered; staff should have administered 1
administered; staff should have administered 1
ing of Countain.
-There was an entry for Coumadin 2 mg daily
scheduled at 5:00 pm with an order date of
09/09/19 and a discontinue date of 09/11/19.
-On 09/09/19, Coumadin 1 mg (to be given with 6
mg to equal 7 mg) was not documented as
administered and staff noted the "order [was]
discontinued"; staff should have administered 2
mg of Coumadin.
-On 09/10/19, Coumadin 1 mg (to be given with 6
mg to equal 7 mg) and Coumadin 2 mg, totaling
to 3 mg of Coumadin, were both documented as
administered; staff should have administered 2
mg of Coumadin.
-There was an entry for Coumadin 4 mg daily
scheduled at 5:00 pm with an order date of
09/11/19 and a discontinue date of 09/11/19.
-On 09/11/19, Coumadin 1 mg (to be given with 6
mg to equal 7 mg) was documented as
administered and staff should have administered
4 mg of Coumadin.
-There was no Coumadin documented as
administered from 09/13/19 through 09/15/19 and
staff should have administered 5 mg of
Coumadin.
-From 09/16/19 through 09/19/19, Coumadin 5
mg was documented as administered and staff
should have administered 6 mg of Coumadin.
-There was an entry for Coumadin 6 mg daily
scheduled at 5:00 pm with an order date of
09/19/19 and no discontinue date.
-From 09/20/19 through 09/23/19, Coumadin 6
mg was documented as administered and staff

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	TEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		HAL076027	B. WING		10/31/2019	
NAME OF D			DDDEGG OITY OTAT	TE 7/D 000E	1 10/31/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT EVIEW ROAD	E, ZIP CODE		
NORTH P	OINTE		MAN, NC 27317			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPLET	ľΕ
D 358	Continued From page	e 30	D 358			
	-Coumadin was not d when it should have to 09/05/19, 09/07/19, 0 09/15/19, 09/19/19. -There were 7 out of missed in September -There were 11 doses as administered to Re than ordered in Septe	9/09/19, 09/13/19, 09/14/19, 18 doses of Coumadin 2019. s of Coumadin documented esident #4 at a dose different ember 2019. 4's October 2019 INR lab /19 were 1.3. /19 were 1.6. /19 were 2.0. /19 were 1.9.				
	physician's orders rev -There was an order	vealed: dated 10/03/19 for				
	Coumadin to 5 mg da -There was an order of Coumadin 5 mg daily	dated 10/08/19 to increase ally. dated 10/10/19 to continue . dated 10/21/19 to continue				
	revealed: -There was an entry f scheduled at 5:00 pm 10/03/19 and a discorThere was no Coumadministered to Residuate staff should have admition coumadin.	dent #4 on 10/03/19 and				

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HAL076027 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD	
1195 PINEVIEW ROAD	2019
1195 PINEVIEW ROAD	
NORTH POINTE	
RANDLEMAN, NC 27317	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CONTINUED.)	(X5) COMPLETE DATE
D 358 Continued From page 31 scheduled at 5:00 pm with an order date of 10/08/19 and no discontinue date. -There was no Coumadin documented as administered on 10/08/19 and 10/08/19 and staff should have administered 5 mg of Coumadin. -Coumadin was not documented as administered when it should have been administered on 10/03/19, 10/08/19, and 10/13/19. -There were 3 doses of Coumadin missed in October 2019. Observation of Resident #4's medications on hand on 10/30/19 at 3:30 pm revealed there were 28 tablets of Coumadin 5 mg dispensed on 10/18/19 with 22 tablets remaining and available for administration. Telephone interview with a representative from the contracted pharmacy on 10/30/19 at 4:34 pm revealed: -Resident #4's medications were cycle filled every month. -Cycle fill dates were different every month because cycle filled medications were dispensed every 28 days. -The number of Coumadin tablets dispensed with new orders varied because the number dispensed would get Resident #4's Coumadin orders to the pharmacy. -The facility faxed Resident #4's Coumadin orders to the pharmacy would be delivered to the facility on the same day in the evening, and if an order was faxed past the delivery cut off time, the medications would be delivered the next day. -The pharmacy delivered medications would be delivered the next day. -The pharmacy delivered medications to the	

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						
		HAL076027	B. WING		10/31/2019	
NAME OF DE	ROVIDER OR SUPPLIER	STDEET AF	DRESS, CITY, STA	TE ZID CODE		
NAME OF T	TOVIDER OR OUT FILE			(IL, ZII GOBE		
NORTH PO	DINTE		VIEW ROAD			
		RANDLEI	MAN, NC 27317	,		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	
				52.16.2.16.1)		
D 358	Continued From page	e 32	D 358			
	-The eMAR was phar					
	•	discontinued medication				
	orders on the eMAR.					
	-The facility staff had	the ability to add temporary				
	orders on the eMAR.					
	-She did not know if t	he facility added, changed,				
	or discontinued order	s on the eMAR and each				
	facility would have the	eir own policy on what they				
	could modify on the e					
		was the current order for				
	Resident #4.	,				
		ets of Coumadin 5 mg were				
	dispensed.					
	•	ets of Coumadin 5 mg were				
	dispensed.	oto or obtained in a mig wore				
	•	ets of Coumadin 4 mg were				
	dispensed.	ets of Cournadin 4 mg were				
	•	ets of Coumadin 6 mg were				
	dispensed.	ets of Cournadin o mg were				
	•	ts of Coumadin 5 mg were				
		is of Coumadin 5 mg were				
	dispensed.	to of Coursedia 4 may work				
		ts of Coumadin 4 mg were				
	dispensed.	1 (0)				
		ets of Coumadin 2 mg were				
	dispensed.					
		ets of Coumadin 1mg were				
	dispensed.					
		adin was discontinued.				
	-On 08/22/19, 28 tabl	ets of Coumadin 6 mg were				
	dispensed.					
	-On 08/20/19, 3 table	ts of Coumadin 6 mg were				
	dispensed.					
	-On 08/26/19, the pha	armacy received another				
	order for Coumadin 6	mg, but Coumadin 6 mg				
	was the same dose o	-				
		ts of Coumadin 5 mg were				
	dispensed.					
	•	adin was discontinued.				
		ts of Coumadin 7.5 mg were				

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dispensed.

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			R WING	B. WING			
		HAL076027	B. WING		10)/31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
NODTU D	OINTE	1195 PIN	IEVIEW ROAD				
NORTH P	OINTE	RANDLE	MAN, NC 27317				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 33	D 358				
	-On 08/01/19, 22 tabl 15 tablets of 1 mg we Coumadin 7 mg dose -There was not a 7 m the combination of the only way the dose wa	ets of Coumadin 6 mg and the dispensed to total the ordered. g tablet for Coumadin and e 6 mg and 1 mg was the last dispensed.					
	Interview with the Resident Care Coordinator (RCC) on 10/31/19 at 8:50 am revealed: -Resident #4's INR labs were collected by a contracted Registered NurseResident #4's INR lab results were called to the provider and the provider either faxed a Coumadin order or verbalized an order over the						
	telephoneThe Coumadin order pharmacy or the orde pharmacyShe was now respon	was either called into the					
	-The Administrator was processing Resident:	as responsible for #4's Coumadin orders in aber 2019, and October					
	revealed: -She was not aware (administered as order	n 10/31/19 at 10:52 am Coumadin was not red in August 2019,					
	eMAR to review beca because when they a the administration red -She reviewed the Se October 2019 eMAR	sident #4's August 2019 huse of technical difficulties ttempted to pull the eMAR, cord was blank. eptember 2019 eMAR and with the Administrator trator processed Resident					

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DIVISION	or rieditir Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAI 076027 B. WING			10/04/00/0	
		HAL076027] 5		10/31/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1195 PINE	VIEW ROAD			
NORTH P	OINTE		IAN, NC 27317	,		
	OLIMANA DV OT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	<u> </u>	
				DEFICIENCY)		
D 250	0 (15	0.4	D 250			
D 358	Continued From page	2 34	D 358			
	-On 09/07/19, Couma	•				
	because they did not	know what to administer to				
	Resident #4.					
	-On 09/13/19, 09/14/1	15, and 09/15/19, Coumadin				
	was held because the	e staff did not know what to				
	administer to Resider	nt #4 because Resident #4's				
	INR was collected on	09/13/19 and staff did not				
	know if the PCP chan	ged the Coumadin order.				
		were collected late on a				
	Friday afternoon, the	PCP may not respond with				
	a Coumadin order.	, ,				
	-Staff should have cal	lled the provider on call if				
	they did not reach the	•				
	_	y staff did not follow up with				
	the provider.	y stail ala list lollow up with				
	-On 09/16/19, 09/17/1	10 and 00/18/10 the				
		medication aide (MA) to				
		ng to total to the 6 mg				
	Coumadin dose order	•				
		d the MA to document the				
	· · · · · · · · · · · · · · · · · · ·	g plus the 5 mg dose of				
		ment section in the eMAR.				
	-On 09/20/19, 09/21/1					
		MA to give 0.5 mg with the				
	6 mg to total to the 6.					
	ordered for Resident					
		d the MA to document the				
		mg plus the 6 mg dose of				
		ment section in the eMAR.				
		d extra Coumadin tablets				
	for Resident #4.					
		adin was kept by the facility				
	unless it was expired.					
		y Resident #4's Coumadin				
	was not documented					
	10/03/19, 10/08/19, a					
	-If Coumadin was not	documented on Resident				
	#4's eMAR, then it wa	as not administered.				
	-There was no addition	onal documentation outside				

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of the eMAR for the administration of Resident

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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
			B. WING		40/04/0040
		HAL076027			10/31/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
		1195 PIN	EVIEW ROAD		
NORTH P	OINTE		MAN, NC 27317		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	
PREFIX TAG	•	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPI	
				DEFICIENCY)	
D 050	0 " 15	0.5	D 050		
D 358	Continued From page	35	D 358		
	#4's Coumadin.				
	-Staff did not docume	nt Coumadin doses			
		lent #4's August 2019,			
	September 2019, and	•			
	comment section in the				
	-The facility should ha				
	_	#4's Coumadin order was			
	late.				
	-The RCC and Admin	istrator were responsible for			
	calling the PCP.	·			
	~	nsible for MAR audits.			
	T	sident #4's MAR or record			
	because she was nev	v to the position.			
	-MAs should not have	e made the judgment to hold			
	Resident #4's Couma	din.			
	-MAs were responsib	le for medication			
	administration and do	cumenting administration in			
	the eMAR.				
	-She did not notice ar	ny bleeding or bruising with			
	Resident #4 in Octob	er 2019.			
	-Resident #4 was not	a resident that refused			
	medications.				
		as not notified of Coumadin			
	_	ed as ordered in August			
	2019, September 201	9, and October 2019.			
		nt #4 on 10/31/19 at 11:10			
	am revealed:				
		for a mechanical heart			
	valve.				
	-She took Coumadin				
	-MAs administered he				
	-She did not remember	er missing a dose.			
	Talankana () () (.:			
		vith Resident #4's PCP on			
	10/31/19 at 11:32 am				
		scribed Coumadin for mitral			
	valve replacement.				
	-She did not know Co	umadin was not			

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administered to Resident #4 for 3 doses in August

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DIVISION	of Health Service Regu	lation	_			
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			B. WING			
		HAL076027	B. WING		10/3	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
				,		
NORTH P	OINTE		EVIEW ROAD			
		RANDLE	MAN, NC 27317	-		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATURT UR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	KIAI E	DAIL
D 358	Continued From page	e 36	D 358			
		tember 2019, and 3 doses in				
	October 2019.					
	-She did not know Co					
	administered as orde	red to Resident #4 for 21				
	doses in August 2019	and 11 doses in September				
	2019.					
	-Coumadin was a ver	ry important medication to				
	monitor, and every time Coumadin was					
	administered, medication aides should have					
	verified the time Cour	madin was administered and				
	that the correct dose	was administered.				
	-There were serious s	side effects if Coumadin was				
	not administered correctly, and the risk for side					
	effects was why she was checking Resident #4's					
		en Resident #4 used to be				
	checked once a mont					
		side effects, like bleeding				
	with Resident #4.	3				
		ministered more than the				
		ent #4 could have bleeding				
	anywhere in the body	_				
	•	ministered below the ordered				
		uld have a blood clot in the				
	mitral valve.					
		sident #4's INR lab test				
	' '	ast two months because				
	Resident #4's INR res					
		at #4's INR was 2 to 3.5.				
	_	administer Resident #4's				
		the handwritten and verbal				
	_	9, September 2019, and				
	October 2019.	are verbally sives to the				
		ere verbally given to the				
	Administrator and the	e ilist stillt supervisor.				
		ministrator on 10/31/19 at				
	11:40 am revealed:					
		results were sent to the				
		, the PCP may not reply, and				
	the Administrator wou	ıld not get an order until late				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	, ,		COMPLE	
			7 50.12510.			
		HAL076027	B. WING		10/3	1/2019
		TIALUT 0021			10/3	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE	1195 PINE	EVIEW ROAD			
		RANDLEI	MAN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	Continued From page	37	D 358			
D 358	that evening or the ne- She was the only one #4's Coumadin orders August 2019, Septem 2019She was the only one #4's Coumadin orders September 2019, and -If she needed clarific Coumadin order, she aides (MAs) to hold R dose until she heard f -When she told MAs t Coumadin, she mean Resident #4's Couma she got clarification fr -When an order for R sent to the pharmacy the previous Coumad eMAR in order to star -The Coumadin order in the eMAR before th available for documer -She was the only one Coumadin orders in th September 2019, and -She would approve F order as soon as it wa which was usually the -When Resident #4's there were only two N time, and the Adminis MAs the Coumadin or -She would not wait for Coumadin order to be	ext day. e that received Resident e from Resident #4's PCP in aber 2019, and October e that processed Resident e in August 2019, I October 2019. ation on Resident #4's verbally told medication desident #4's Coumadin from the PCP. To hold Resident #4's t for the MA to hold din for thirty minutes until om the PCP. esident #4's Coumadin was the pharmacy would put in order on hold in the t the new Coumadin dose. would need to be approved the medication would be neation in the eMAR. e to approve Resident #4's the eMAR in August 2019, I October 2019. Resident #4's Coumadin as available on the eMAR, e next day. Coumadin order changed, MAS working the cart at the effect.	D 358			
	that was not showing -She only needed to t	ninister the ordered dose in the eMAR. ell the MA working the cart change because Resident				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COMPLETE TAG CONTINUED FROM THE APPROPRIATE D 358 Continued From page 38 #4 received her Coumadin once daily and then the Coumadin order would be on the eMARIf Resident #4 was ordered Coumadin 5 mg, and a 5 mg tablet was not on hand, she would tell MAs to administer for 1 mg tabletsThe Administrator told the MA's to administer leftover Coumadin, totaling to the ordered dose, and document the dose administered in the comment section in the eMAR to document different doses administered in August 2019, September 2019, and October 2019If the Coumadin order changed for Resident #4, and the order was not approved in the eMAR, the medication should never be held and should be administered at the current dose ordered by the PCPShe kept Resident #4's extra Coumadin cards in case Resident #4's extra Coumadin rads in case Resident #4 needed them and if Resident #4 had dose changes.		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY) D 358 Continued From page 38 #4 received her Coumadin once daily and then the Coumadin order would be on the eMAR. -If Resident #4 was ordered Coumadin 5 mg, and a 5 mg tablet was not on hand, she would tell MAs to administer five 1 mg tablets. -The Administrator told the MA's to administer leftover Coumadin, totaling to the ordered dose, and document the dose administered in the comment section in the eMAR. -She did not know the MAs did not use the comment section in the eMAR to document different doses administered in August 2019, September 2019, and October 2019. -If the Coumadin order changed for Resident #4, and the order was not approved in the eMAR, the medication should never be held and should be administered at the current dose ordered by the PCP. -She kept Resident #4's extra Coumadin cards in case Resident #4's extra Coumadin cards in case Resident #4 needed them and if Resident				A. BUILDING: _			
NORTH POINTE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317			HAL076027	B. WING		10/3	1/2019
CALL DEFICE DEFIC	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES IDEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 38 #4 received her Coumadin once daily and then the Coumadin order would be on the eMAR. -If Resident #4 was ordered Coumadin 5 mg, and a 5 mg tablet was not on hand, she would tell MAs to administer five 1 mg tablets. -The Administrator told the MA's to administer leftover Coumadin, totaling to the ordered dose, and document the dose administered in the comment section in the eMAR. -She did not know the MAs did not use the comment section in the eMAR to document different doses administered in August 2019, September 2019, and October 2019. -If the Coumadin order changed for Resident #4, and the order was not approved in the eMAR, the medication should never be held and should be administered at the current dose ordered by the PCP. -She kept Resident #4's extra Coumadin cards in case Resident #4 needed them and if Resident			1195 PINE\	/IEW ROAD			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 38 #4 received her Coumadin once daily and then the Coumadin order would be on the eMAR. -If Resident #4 was ordered Coumadin 5 mg, and a 5 mg tablet was not on hand, she would tell MAs to administer five 1 mg tablets. -The Administrator told the MA's to administer leftover Coumadin, totaling to the ordered dose, and document the dose administered in the comment section in the eMAR. -She did not know the MAs did not use the comment section in the eMAR to document different doses administered in August 2019, September 2019, and October 2019. -If the Coumadin order changed for Resident #4, and the order was not approved in the eMAR, the medication should never be held and should be administered at the current dose ordered by the PCP. -She kept Resident #4's extra Coumadin cards in case Resident #4 needed them and if Resident	NORTH P	OINTE	RANDLEM	AN, NC 27317	•		
#4 received her Coumadin once daily and then the Coumadin order would be on the eMARIf Resident #4 was ordered Coumadin 5 mg, and a 5 mg tablet was not on hand, she would tell MAs to administer five 1 mg tabletsThe Administrator told the MA's to administer leftover Coumadin, totaling to the ordered dose, and document the dose administered in the comment section in the eMARShe did not know the MAs did not use the comment section in the eMAR to document different doses administered in August 2019, September 2019, and October 2019If the Coumadin order changed for Resident #4, and the order was not approved in the eMAR, the medication should never be held and should be administered at the current dose ordered by the PCPShe kept Resident #4's extra Coumadin cards in case Resident #4 needed them and if Resident	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
#4 received her Coumadin once daily and then the Coumadin order would be on the eMAR. -If Resident #4 was ordered Coumadin 5 mg, and a 5 mg tablet was not on hand, she would tell MAs to administer five 1 mg tablets. -The Administrator told the MA's to administer leftover Coumadin, totaling to the ordered dose, and document the dose administered in the comment section in the eMAR. -She did not know the MAs did not use the comment section in the eMAR to document different doses administered in August 2019, September 2019, and October 2019. -If the Coumadin order changed for Resident #4, and the order was not approved in the eMAR, the medication should never be held and should be administered at the current dose ordered by the PCP. -She kept Resident #4's extra Coumadin cards in case Resident #4 needed them and if Resident	D 358	Continued From page	e 38	D 358			
-In August 2019 and September 2019, Resident #4's Coumadin orders were changing so frequently and Resident #4's INR results were "good" up until September 2019, and then Resident #4's "INR was being checked every other day." -She knew Coumadin was a blood thinner, but she did not know why Resident #4 was taking CoumadinShe knew she needed to make sure Resident #4 took her Coumadin, and if Resident #4 did not receive her Coumadin as ordered, Resident #4's PCP should have been notified immediatelyMAs should contact Resident #4's PCP if Coumadin was not administered as orderedMAs were not allowed to hold Resident #4's Coumadin without an orderThe RCC was now responsible for Resident #4's	D 358	#4 received her Counthe Coumadin order valid Resident #4 was of a 5 mg tablet was not MAs to administrator to leftover Coumadin, to and document the docomment section in the She did not know the comment section in the different doses admin September 2019, and and the order was not medication should net administered at the corper. She kept Resident #4 case Resident #4 need #4 had dose changes In August 2019 and \$1 mg and \$	nadin once daily and then would be on the eMAR. rdered Coumadin 5 mg, and ton hand, she would tell e 1 mg tablets. Id the MA's to administer staling to the ordered dose, se administered in the ne eMAR. A man would not use the ne eMAR to document histered in August 2019, and October 2019. For changed for Resident #4, to approved in the eMAR, the ever be held and should be current dose ordered by the word would be considered them and if Resident so were changing so ent #4's INR results were mber 2019, and then as being checked every would was a blood thinner, but word Resident #4 was taking and the Resident #4 was taking and the Resident #4 did not a so ordered, Resident #4's en notified immediately. Resident #4's PCP if dministered as ordered. See to hold Resident #4's order.	D 358			

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NAME OF PROVIDER OR SUPPLIER NORTH POINTE STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 39 -She did not audit Resident #4's record or eMAR.	STATEMENT OF DEFICI AND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 39 D 358 D 358 D 358				A. BUILDING: _			
NORTH POINTE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 39 1195 PINEVIEW ROAD RANDLEMAN, NC 27317 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) COMPLETE DATE DATE			HAL076027	B. WING		10/3	1/2019
NORTH POINTE RANDLEMAN, NC 27317 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 39 D 358	NAME OF PROVIDER O	R SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RANDLEMAN, NC 27317 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 39 CONTINUED REPROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) D 358 CONTINUED FROM 10 10 10 10 10 10 10 10 10 10 10 10 10			1195 PINE	/IEW ROAD			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 39 D 358	NORTH POINTE		RANDLEM	AN, NC 27317			
Sommed From page 66	PREFIX (E	EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
	D 358 Continu	ed From page	39	D 358			
-Resident records and eMARs were audited randomly by a representative from corporate and she did not know the last time Resident #4's record and eMAR were audited. -She did not notice any health changes or bleeding with Resident #4 in August 2019, September 2019 and October 2019. -She expected MAs to document medication administration on the eMAR. Interview with a medication aide (MA) on 10/31/19 at 12:56 am revealed: -She administered medications to Resident #4. -She knew Resident #4 had frequent Coumadin order changes in August 2019, September 2019 and October 2019. -For a while, she would ask the Administrator for the exact dose of Coumadin to administrator and the Primary Care Provider (PCP) and waiting on the PCP to change Resident #4. -There was a lot of "back and forth" between the Administrator and the Primary Care Provider (PCP) and waiting on the PCP to change Resident #4's Coumadin dose different than what was on the eMAR. -In the past, Resident #4 was ordered 6 mg of Coumadin dose different than what was on the eMAR. -In the past, Resident #4 was ordered 5 mg of Coumadin and she had administered six 1 mg tablets of Coumadin to total a 6 mg dose. -The Administrator instructed the MA to administer a combination of Coumadin doses to total to the ordered dose and document the dose administered in the comment section in the eMAR. -She did not know the exact dates when she administered a to the weeks. -She did not know the exact dates when she administered a say if any MA ever documented	-She did record a -She did record a -She did bleeding Septem -She ex adminis Interview 10/31/19 -She ad -She kn order ch and Oct -For a w the exact Resider -There w Adminis (PCP) a Resider -She did Coumac eMARIn the p Coumac tablets of -The Ad adminis total to the adminis total to the adminis total to the adminis eMARShe did adminis but it ha	d not audit Reint records and by a represent know the and eMAR were donot notice arguith Resider 2019 and pected MAs to tration on the word with a media at 12:56 amount and serious and serious at 12:56 amount and serious and serious and serious at 12:56 amount and serious at 12:56	sident #4's record or eMAR. d eMARs were audited entative from corporate and last time Resident #4's re audited. hy health changes or ht #4 in August 2019, October 2019.	D 358			

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
		HAL076027	B. WING		10/3	1/2019
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NAME OF FI	NOVIDER OR SUFFLIER		, ,	TE, ZIF CODE		
NORTH PO	DINTE		/IEW ROAD			
		RANDLEM	AN, NC 27317			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
D 358	Continued From page	40	D 358			
	Continued From page	. 10				
	in the comment section	on in the eMAR.			ľ	
	-The "comment section	on" was the same as the			ľ	
	note section on the el	MAR.			ľ	
		not make the judgement to			ľ	
		oumadin without an order.			ľ	
		edications to Resident #4			ļ	
		and based on instructions			ľ	
					ļ	
	from the Administrator.				ļ	
	-If Coumadin was held, the MA would need to				ļ	
	notify the PCP.				ļ	
	-She never held Resident #4's Coumadin unless				ļ	
	she was told to do so by the Administrator.				ļ	
	-She documented in the eMAR she administered				ļ	
	1 mg of Coumadin to	Resident #4 on 08/11/19			ļ	
	and 6 mg of Coumadi	n to Resident #4 on			ļ	
	08/22/19 and 08/29/1					
	-She did not remember	er if she administered a			ļ	
	different dose to Resi				ľ	
		19 and she did not document			ļ	
		nt section in the eMAR.			ļ	
	-She knew it was critic				ļ	
					ļ	
		n because it was a blood			ļ	
	thinner.				ļ	
	-She did not know wh	y Resident #4 took				
	Coumadin.				ļ	
	-If Resident #4's Cour	madin was not documented			ļ	
	in the eMAR, then it w	vas not administered.			ļ	
	-She did not see any	bleeding or bruising with			ļ	
	_	t 2019, September 2019,			ļ	
	and October 2019.				ļ	
		an in-service training on			ļ	
	Coumadin.	_				
	-MAs did not approve					
	-The RCC was respon	nsible for auditing the				
	eMARs.					
	-A representative fron	n corporate also audited the				
	•	udit was two to three weeks				
	ago.					
	-3					

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Telephone interview with first shift supervisor on

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DIVISION	n rieaith Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
7.1.12 . 27.11 .		1521111110711101111011152111	A. BUILDING: _			
		HAL076027	B. WING		10/3	1/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		1195 PINE	VIEW ROAD			
NORTH PO	DINTE	RANDLEM	AN, NC 27317	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 41	D 358			
	10/31/19 at 12:56 pm -She administered me medication orders, re faxed orders to the ph medication cartsShe worked directly administered Resider -She used the eMAR to administer to Reside document medication eMARIf she ever had an issuould call the pharmanotify the RCCThe PCP told her to Coumadin about a me months agoThe only time Reside was when there was a Care Provider (PCP)She did not know Codocumented as admin August 2019, 7 doses doses in October 201 -She did not know Codocumented and admidoses in August 2019The Administrator tol #4's Coumadin using total the dose ordered 1 mg to equal the ord -The MAs did not admitablets to Resident #4-She did not know who document the Couma Resident #4.	revealed: edications, processed ceived medication orders, narmacy, and audited with Resident #4 and she at #4's Coumadin. to know what medications dent #4 and she would administration on the sue with a medication, she acy first and then she would hold Resident #4's conth and a half to two ent #4's Coumadin was held an order from the Primary numadin was not nistered for 3 doses in s in September 2019, and 3 9. numadin was not ninistered as ordered for 21 o and 11 doses in September d her to administer Resident a combination of tablets to d; for example, six tablets of ered 6 mg of Coumadin. ninister a combination of that often". ere the MAs should din doses administered to				
	Third interview with th	ne RCC on 10/31/10 at 4:30				

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pm revealed:

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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: _		COMPL	ETED
		HAL076027	B. WING		10/3	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1195 PINE	VIEW ROAD			
NORTH P	OINTE		MAN, NC 27317			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	, -	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
D 358	Continued From page	e 42	D 358			
	-MAs, supervisors, the Administrator sent met pharmacyThe RCC and the Adstaff that could approve Resident #4The first shift supervice Coumadin before the 2019When Resident #4 recommended to be approved be could be started; the start on the September 20 Coumadin showed diswhen it should have the and for the new Counter The Administrator, the start on the September 20 Coumadin showed diswhen it should have the and for the new Counter The Administrator, the	e RCC, and the edication orders to the Iministrator were the only we Coumadin orders for isor was responsible for RCC started in October eceived a new order for accy would discontinue the rder and the new Coumadin y the Administrator before it new order took two days to er 2019 eMAR. 019 eMAR, Resident #4's scontinued over two days aken one day to discontinue				
	10/31/19 at 4:35 pm r -She was the only one #4's Coumadin orders -The supervisor had to medication orders in the -The supervisors did in Resident #4's Couma -The RCC was now re INR and Coumadin order pharmacy discontinue MA had no active ord MAs did "not have an -Resident #4 was sup	e that received Resident s from the PCP. the ability to approve the eMAR. not have anything to do with idin orders. esponsible for Resident #4's rders. er changed and the ed the previous order, the er on the eMAR and the ything to go off of." oposed to receive Coumadin previously told the MAs to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:			E SURVEY PLETED	
		HAL076027	B. WING		10)/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
NORTH P	OINTE		EVIEW ROAD MAN, NC 27317			
(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 ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	-The pharmacy need Coumadin order for t dose was discontinue -She solely relied on eMAR and she was r RCC and the AdminiseMAR. The facility failed to a administered as orde in errors of administra in abnormal INR result in bleeding anywhere blood clot. This failur	ed to put an active he same day the previous ed. the pharmacy to modify the now looking at having the strator modify orders in the assure medications were ered for Resident #4 resulting ation of Coumadin resulting altis; and could have resulted e in Resident #4's body and a e was detrimental to the elfare of the residents and	D 358			
D 375	The facility provided violation in accordance 10/31/19. CORRECTION DATE VIOLATION SHALL N 17, 2019.	a plan of protection for this ce with G.S. 131D-34 on	D 375			
	Medications (a) An adult care however the competent as self-administer their requirements are me (1) the self-administration physician or other performed prescribe medication documented in the research and the competence of the	medications if the following t: ation is ordered by a rson legally authorized to s in North Carolina and				

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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	
		HAL076027	B. WING		10	/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
NORTH P	OINTE		EVIEW ROAD			
			MAN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 375	Continued From page	: 44	D 375			
	prescription medication medication label.	ons are printed on the				
	interviews, the facility sampled residents (#8 self-administer a nebu	ns, record reviews, and failed to assure 1 of 5 5) had physicians' orders to				
	The findings are:					
	pulmonary disease (C hypertension, chronic restlessness and agit disorder, difficulty wal supplemental oxygen -An order for Ipratropi Sulfate (a medication	ded chronic obstructive COPD), essential pain syndrome, ation, major depressive king, and dependent on . um Bromide and Albuterol				
	Medication Administrative revealed: -There was an entry for nebulizer solution, inhibitimes a day scheduler 5:00 pmStaff documented the the Ipratropium/Albute	or Ipratropium and Albuterol lale 1 vial via nebulizer three d at 6:00 am, 12:00 pm, and e resident self-administered lerol 40 of 93 opportunities.				
	revealed:	5's September 2019 eMAR				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		l \ /	(X3) DATE SURVEY COMPLETED	
		HAL076027	B. WING	<u>-</u>	10)/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
NORTH P	OINTE	1195 PINE	VIEW ROAD			
		RANDLEI	MAN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 375	Continued From page	· 45	D 375			
	times a day scheduled 5:00 pmStaff documented the	ale 1 vial via nebulizer three d at 6:00 am, 12:00 pm, and e resident self-administered erol 8 of 90 opportunities.				
	revealed: -There was an entry for nebulizer solution, inhitimes a day scheduler 5:00 pmStaff did not docume	Ipratropium/Albuterol from				
		5's record revealed no elf-administer Ipratropium f-administration				
	4:30 pm revealed: -There was a nebulize and Albuterol located -The Ipratropium and 01/23/18 with 16 vials -The label had instruc	Albuterol was dispensed on remaining tions to inhale 3 ml orally ale 3 ml orally				
	facility's contracted ph 12:05 pm revealed: -The current order wa and Albuterol Sulfate orally via nebulizer the -There was no order the	o self-administer. of Ipratropium and Albuterol				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL076027	B. WING		10/3	1/2019
NAME OF P	ROVIDER OR SUPPLIER	1195 PINE\	RESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 375	Continued From page	e 46	D 375			
	pm revealed: -Staff did not administ three times a dayShe kept the Ipratroproom and administered Interview with a first standard 10/31/19 at 12:50 pm -The Ipratropium and medication cart and the for Resident #5.	shift medication aide (MA) on revealed: Albuterol was kept on the ne MA set up the nebulizer by the Ipratropium and the medication cart. copium and Albuterol				
	10/31/19 at 1:05 pm r -She observed Reside Ipratropium and Albut -She did not know if F administer orderShe did not normally Interview with the Resident A -She knew Resident A treatmentShe did not know Re Ipratropium and Albut -She thought the Ipra on the medication car -She thought the MA Albuterol treatment for	ent #5 self-administer the erol. Resident #5 had a self work on Resident #5's hall. sident Care Coordinator 4:00 pm revealed: #5 was ordered a nebulizer sident #5 self-administered erol. tropium and Albuterol was t. set up the Ipratropium and				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		TE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		CON	MPLETED
		HAL076027	B. WING		1	0/31/2019
NAME OF D	ROVIDER OR SUPPLIER	OTDEET A	DDDECC CITY CTA	TE 710 CODE		
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE		IEVIEW ROAD			
		RANDLE	EMAN, NC 27317			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO		DATE
				DEFICIENC	CY)	
D 375	Continued From page	e 47	D 375			
		nd shift MA on 10/31/19 at				
	4:45 pm revealed:					
		ny the Ipratropium and				
	Albuterol was not on -She would re-order t					
		не ірганорічні анч				
	AlbuterolShe did not know the Ipratropium and Albuterol					
	was in Resident #5's room.					
	-Staff must have used the last dose of the					
	Ipratropium and Albuterol on first shift.					
	-She may have documented Resident #5					
	self-administered the Ipratropium and Albuterol					
	because she set up the					
	resident completed th					
		ed the Ipratropium and				
	Albuterol was administ Resident #5 if she ha					
	-She did not know if F					
	self-administer order.					
		ninister order was required if				
		administering the nebulizer.				
		ministrator on 10/31/19 at				
	4:50 pm revealed:	saidant #F was and made				
	-Sne did not know Re nebulizer.	esident #5 was ordered a				
	-She did not know wh	no administered Resident #5				
	the Ipratropium and A					
	-She did not know Re					
	Ipratropium and Albut					
	•	administer all medications				
	as ordered.	Danida at #5 had a				
	-She did not know if F					
	self-administer order Albuterol.	ioi ipiatiopiuiii allu				
		ninister order was required.				
		with Resident #5's Primary				
	Care Provider (PCP)	on 10/31/19 at 4:47 pm				

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revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL076027	B. WING		10	0/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	•	
NORTH P	OINTE		NEVIEW ROAD			
	0,11,11,15,1,07		EMAN, NC 27317	DDOWNERS BLANCE	000000000000	
(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 375	Continued From page 48		D 375			
	10/29/19Resident #5 was pre Albuterol for COPDShe expected the st Ipratropium and Albu -She did not know Re self-administering the -If Resident #5 did no	terol.				
D912	G.S. 131D-21 Decla Every resident shall I 2. To receive care ar adequate, appropriat	claration of Residents' Rights ration of Residents' Rights nave the following rights: and services which are e, and in compliance with state laws and rules and	D912			
	reviews, the facility fareceived care and se appropriate and in co	ns, interviews and record ailed to assure residents ervices that were adequate, ompliance with federal and and regulations related to				
	Based on observation reviews, the facility fa	ns, interviews, and record ailed to assure medications s ordered by the licensed				

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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							
HAL076027		B. WING		10/31/2019								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
NORTH POINTE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE						
D912	prescribing practitioner residents related to er blood thinner (#4). [Re		D912									

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