AND PLA	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071015	(X2) MULTIE A. SUILDING		TE SURVEY MPLETED
VAME OF	PROVIDER OR SUPPLIER				/24/2019
	t Burkeyer -	office ( Mo		WHITE, DF CODE	
NONE G	ARDENS	BURGAW	ASHE STI	ADULT CARE LICENSURF SECTION	
(X4) ID PREFIX	SUMMARY ST	TEMENT OF DEFICIENCICE	10	PROVIDER'S PLAN OF CORRECTION	· · · · ·
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
D 079	an annuel survey, a complaint investiga 09/20/19 and 09/23 Pender County Dep initiated 6 of 7 comp 07/01/19, 07/05/19, and 09/05/19. 10A NCAC 13F .030 Furnishings 10A NCAC 13F .030 Furnishings (a) Adult care home (5) be maintained in orderly manner, free hazards;	ansure Section and the Pender to Social Services conducted follow up survey and a tion from 09/17/19 through /19 through 09/24/19. The partment of social services plaint investigations on 07/19/19, 08/06/19, 08/16/19, 06(a)(5) Housekeeping and es shall an uncluttered, clean and of all obstructions and vito new and existing	D'000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report, the Plan of Correction is prepared solely as a matter of compliance with State Law.	
T G G G G G G G G G G G G G G G G G G G	nterviews, the facility was free of hazards r pre-moistened packs esident rooms and h he residents on the s The findings are: Observations on 09/2 :55am revealed: There was an opene isposable wipes on t	ns, record reviews, and related to assure the facility related to opened of washcloths left in the fallway and assessable to all	URE EVE	EC. DIT III	
FORM	Plan	of Come		DIN REVIEWEDE	alisen 1.07225 Accep

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			E SURVEY PLETED
			B. WING			R
		HAL071015	1		09/;	24/2019
	PROVIDER OR SUPPLIER		TASHE STR	STATE, ZIP CODE PEET		
ASHE G/	ARDENS		, NC 28425			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
D 000	County Departmen an annual survey, a complaint investiga 09/20/19 and 09/23 Pender County Dep initiated 6 of 7 com	ensure Section and the Pender t of Social Services conducted a follow up survey and a ation from 09/17/19 through 8/19 through 09/24/19. The partment of social services plaint investigations on , 07/19/19, 08/06/19, 08/16/19,	D 000	Responses to the cited deficient do not constitute an admission agreement by the facility of the the facts alleged or conclusions forth in the Statement of Deficie or Corrrective Action Report; th of Correction is prepared solely matter of compliance with State	or truth of set encies e Plan as a	
D 079	Furnishings 10A NCAC 13F .03 Furnishings (a) Adult care hom (5) be maintained orderly manner, fre hazards;	06(a)(5) Housekeeping and 06 Housekeeping and les shall in an uncluttered, clean and le of all obstructions and ly to new and existing	D 079			
	interviews, the facil was free of hazards pre-moistened pack resident rooms and the residents on the	ions, record reviews, and ity failed to assure the facility s related to opened ks of washcloths left in the I hallway and assessable to all				
	9:55am revealed: -There was an ope	9/24/19 from 9:30am to ned pack of premoistened n the bedside table in resident ;				

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STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION (X3)	DATE SURVEY COMPLETED
		HAL071015	B. WING		R 09/24/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
ASHE GA	ARDENS		" ASHE STF , NC 28425		
(X4) 1D		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E COMPLETE
D 079		-	D 079	The following systems were implemen to assure the community is maintained	
		sident was sitting in a recliner		clean, uncluttered and orderly manner	
		side table and was asleep.		of all obstructions and hazards;	
		ened pack of pre-moistened			
		n the bedside table in resident sident was not in the room.		-Training provided on items that may	
		ned pack of pre-moistened		present hazards in a special care unit	
		n the bedside table in resident		examples of how to protect the resider	
		sident was in bed with eyes		Training provided by the Executive Dir	
	opened.			on 10/7/2019.	11/15/201
		ned pack of pre-moistened		-Daily shift rounds are being complete	4
		itting on a chair rail on the 200		to assure Residential areas are free of	
	hall next to room #2	207.		hazards to assure the safety, health ar	
		t #19's FL-2 dated 11/29/18		welfare of the Residents. These round are conducted by the Medication Aides	s
	revealed:				
		ed dementia, pain, and			
	generalized weakned -The resident's level				
	domiciliary/special			Quality Assurance:	
	dormoniary/special			The Executive Director in coordination	
	Review of Resident	t #19's care plan dated		with onsite personnel including a	
	01/25/19 revealed:	·		Registered Nurse makes frequent rout to monitor for compliance. Implement	
		a history of wandering and		10/7/2019 ongoing.	11/15/201
	ambulated with aid			Torrizo to origoing.	11/10/201
		forgetful and sometimes		The Divisional and Senior Level	
	disoriented.			Management Personnel monitor and c	
	Review of an Accid	ent/Incident report for		compliance during site visits. Impleme	
		d 08/01/19 revealed:		10/7/2019 ongoing.	11/15/201
		00am, Resident #19's eyes		The SVP monitors compliance during	site
	were red and swoll	en and the resident		visits, weekly conference calls and mo	
	complained of eye			systems, tools and processes with the	
		were applied to both eyes and		onsite Registered Nurse and Executiv	
		ary care provider (PCP) was		Director at a minimum of twice weekly	
	notified.	ant to the least amorgane.		Implemented 9/25/19 ongoing.	11/15/201
		sent to the local emergency irned with diagnoses of	]		
	periorbital cellulitie	(inflammation and infection of			
		ons of skin around the eye			
		al septum) and conjunctivitis			

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If continuation sheet 2 of 223

TATÈMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COM	SURVEY PLETED
		HAL071015	B. WING	······································		R 24/2019
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
SHE G	ARDENS		T ASHE STRI V, NC 28425	EET		
(X4) ID Prefix Tag	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLE DATE
D 079	Continued From pa	ge 2	D 079		·= ···	
	(inflammation of the and the inner surfac	e outermost layer of the eye ce of the eyelids).			•	
	#19 dated 08/01/19	ospital ER report for Resident revealed: ed at the ER via ambulance at				
	-The resident prese had been rubbing h had used 1 pack of	nted with eye problems. She er eyes with baby wipes and wipes since last night. ´ ilateral eye redness and				
	swelling. -The resident was d	liagnosed with bilateral and bilateral conjunctivitis.				
	09/19/19 revealed:	tical Nurse (DRC/LPN) on				
	the hospital on 08/0 conjunctivitis and pe	ident #19 was transported to 1/19 and was diagnosed with eriorbital cellulitis. resident had wiped her		· · ·		
	face/eyes with multi -He was not aware to wipes in the resident	ple pre-moistened wipes. the staff left the packs of ts' rooms and hallway.				
	had access to them -The packs of wipes community bathroor	s were stored in the locked ms				
	from the residents' r	the staff to remove the wipes rooms and did not know if the d staff to remove the wipes rooms.				
	(PCA) on 09/24/19 a -Resident #19 was	confused and required				
		vities of daily living (ADLs). a wheelchair to ambulate but rt distances.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		(X3) DATE SURVEY COMPLETED
		HAL071015	B. WING		R 09/24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
ASHE GA	ARDENS		ASHE STRI	EET	
		BURGAW	, NC 28425		
(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 APPR DEFICIENCY)	JLD BE COMPL
D 079	Continued From pa	age 3	D 079		
	-Around the last we started using the di disposable wipes, v rooms, to clean he -The PCA observed disposable wipes to	eek of July 2019, the resident isposable pre-moistened which were left in the residents'			:
	occasions. -She did not think the wipes would harm the resident since staff used the wipes to clean the residents' "bottoms". -She thought the resident was only using the wipes, but later observed the resident rinsing the wipes under running water at her bathroom sinf	i used the wipes to clean the silent was only using the served the resident rinsing the	: :		
	and pumping the a dispenser on the w perineal/vaginal are -The resident's fac	es under running water at her bathroom sink pumping the antibacterial soap from the enser on the wipes to wash her face and he neal/vaginal area. e resident's face was observed with a red ra the area around both eyes were red and			
	-The resident comp hurting and observ scrub her face nea -The PCA told the r	resident not to use the wipes or		· · · ·	
	resident was confu -The resident was eye infection and y				
	Director (ED) to rei #19's room (but on	ructed by the former Executive move the wipes from Resident other residents' rooms) and replaced with a milder soap			
	after Resident #19 08/02/19.	came back from the ER on			· .
	have access to the -The wipes should	be stored out of the residents of the room and locked in the			
	Observations made	e on 09/24/19 at 9:30am			
ision of H	ealth Service Regulation		5899 r	DI4D11	If continuation sheet 4

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F 09/2	{ 4/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G/	RDENS		ASHE STF NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 079	disposable wipes o	a pack of pre-moistened n the hand rails on the 200 hall (across the hall) from	D 079			
	5:25pm revealed: -She was not aware because she had o since last week. -The former ED sho wipes were remove rooms due to the w used properly since and had dementia. -There should not b rooms or in the hall -All of the disposab	urrent ED on 09/24/19 at e of the incident with the wipes nly been working at the facility ould have assured all of the d from all of the residents' ipes could be a hazard if not the residents were confused e any wipes left in residents' way. le wipes would be removed rooms and stored in a locked				
D 270	Supervision	01(b) Personal Care and 01 Personal Care and	D 270			
· .	(b) Staff shall provi	de supervision of residents in ch resident's assessed needs, nt symptoms.				
	This Rule is not me TYPE A1 VIOLATIC					

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If continuation sheet 5 of 223

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION (X	(3) DATE SUR COMPLETI	
		HAL071015	B. WING	·	R 09/24/2	:019
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	,	
ASHE GA			T ASHE STR			
		BURGAW	, NC 28425			
(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 F CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE C	(X5) Omplete Date
D 270	Continued From pa	age 5	D 270			
	reviews, the facility to 6 of 12 sampled #19) in accordance and assessed need #2, #3, #7, #8,) hav on the floor, and su include fractures ar #2, #3, #7, and #8)	ions, interviews, and record failed to provide supervision residents (#1, #2, #3, #7, #8, with their current symptoms ds resulting in Residents (#1, ving multiple falls, being found istaining multiple injuries to nd facial and head injuries (#1, and a resident (#19) having hen unsupervised causing an				
	The findings are:					•
	from 8:30am to 10:	the initial tour on 09/17/19 15am revealed some resident Id stars on the name plates.		The following systems have been implemented to include staff training education;		)/24/2019
	revealed: -The "Fall Risk Ass "for all residents ad that may contribute -Staff completed ar for any fall. Staff w family/responsible   -The Executive Dire should determine a required based on -Staff completed a falls to investigate   contributing to the f observations of the fall. Interview with the p Coordinator (RCC) revealed:	Incident Report in its entirety		<ul> <li>-New fall risk assessments complete residents on 9/19/2019.</li> <li>-Residents identified as a fall risk are indicated with a symbol on their room on 9/19/2019.</li> <li>-Staff trained on fall risks, supervision interventions 9/19/2019 thru 10/7/20 training continues daily throug obser- and monitoring.</li> <li>-Angel program implemented to enha supervision of resdientss who were in as a fall risk. Program promotes enga and continuous supervision during w hours which reduces risk of falls, ber and improves personal care needs. Implemented 10/24/2019.</li> <li>-Fall management program impleme 9/24/19 in conjunction with the Angel Program. Implemented 10/24/2019.</li> </ul>	e n door n and 19 and vations ance the dentified agement aking naviors nted	0/24/201

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
·		HAL071015	B. WING		R 09/24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 3	STATE, ZIP CODE	
ASHE G	ARDENS		T ASHE STR , NC 28425	EET	
(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 270	the vital signs and physician (PCP), e (EMS), and family -The fall policy did supervision. Interview with a pe 07/19/19 at 10:44a -If a resident fell, s aide (MA). -Residents were ch	contacting the primary care mergency medical system of the resident. not include increased rsonal care aide (PCA) on m revealed: he would go get a medication mecked on every 2 hours.	D 270	<ul> <li>-Fall management program include monthly meetings to review falls, in reports, trends, supervision, intervand follow-up in coordination with therapy provider (as applicable). Implemented 9/24/2019.</li> <li>-Who am I Forms" completed. Por confidentially inside closets for eas for those caring for the residents. Completed 9/18/2019.</li> <li>-Training provided on environment</li> </ul>	ncident ventions, physical 10/24/201 sted sy access 10/24/201
	frequently. -Residents were no minutes unless the instructed staff to c			other hazards that could cause ha accessible by residents. Training p on 10/7/2019 by Executive Directo by Registered Nurse on 10/22/201	rm if provided r and
	revealed: -After a resident ha responsible for play monitoring. -The 72-hour moni signs were checke checked for bruisin	A on 07/19/19 11:01am ad a fall, the MAs were bing the resident on 72-hour toring meant the resident's vital d and the resident was g or injuries for 72 hours. toring did not include increased		-Review of personal care and supe needs and processes are reviewed daily stand up meetings to assure appropriate measures are taken an up needs are met. Meetings are co by the Executive Director. -Twenty-four hour communication I	during d follow onducted 10/24/201
	monitoring such as Telephone interview at 9:05am revealed responsible for ass	15 or 30 minute checks. w with another MA on 08/16/19 I the ED or RCC were uring the fall program or ion needs were implemented.		established as an avenue to comm the needs of the residents from shi shift. The communication logs are reviewed by the Care Managers an Executive Directors to assure conti care. Established 9/25/2019.	ft to d
	Licensed Practical at 10:50am reveale Risk Assessment T	Director of Resident Care / Nurse (DRC/LPN) on 08/20/19 of he was not aware of a Fall ool being used at the facility. with the DRC/LPN on prevealed:		-Employees received education an training related to notification of leadership in regards supervision, falls, injuries, incidents and reportir Training provided on 9/25/2019.	care,

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY
			B. WING		F	
		HAL071015			09/2	4/2019
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, T <b>ASHE STR</b>	STATE, ZIP CODE		
ASHE GA	ARDENS		, NC 28425			
(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 A DEFICIENCY)	Hould be	(X5) COMPLETI DATE
D 270	-Fall risk assessme computer after eac DRC/LPN, RCC or -He did not know if been completed pe date of 07/15/19. -The fall risk assess on all falls since he -After each fall, the be initiated which como monitoring. -Monitoring consists checking for chang pain, or other injuris for 72 hours. -The 72 hours. -The 72 hours fall mo the electronic media (eMAR). Interview with MA of revealed: -The fall prevention monitor and docum -The documentation 1. Review of Resid 06/03/19 revealed: -Diagnoses include onset, Type II diabet therapy, frequency weakness, other at mobility, dysphagia with behavioral dist	ents were completed on the h fall for all residents by the the MAs. any fall risk assessments had or the policy prior to his hire sments had been completed started (on 07/15/19). fall prevention program was to onsisted of 72-hour ed of checking vital signs and es in mental status/condition, es related to the fall every shift onitoring was documented on cation administration record on 09/18/19 at 3:14pm oplan meant staff would thent vital signs for 72 hours. In would be on the eMAR. lent #2's current FL-2 dated of Alzheimer's disease with late etes, other long-term drug of micturition, muscle onormalities of gait and , and unspecified dementia		Quality Assurance: The area of personal care and are monitored daily through of systems and process reviews Executive Director in coordinat onsite supervisors and dept h systems include, but not limite communication log, rounds, of review of incident reports, foll interventions, and the Angel F Additional onsite support is pri- assigned onsite Registered N Manager on duty implemente and after hours. The MOD m community to assure complia hours and weekends. The Divisional Teams follow-u and conduct bi-monthly site vi- compliance in the area of pers and supervision. The SVP monitors compliance visits, weekly conference calls through systems, tools and pri- the Executive Director, onsite DVPO each week. A status update is provided b	bservations, by the ation with the leads. These ed to observations, ow-up Program. rovided by an lurse. d for weekend onitors the nce after p each week sits to confirm conal care e during site s and monitors ocesses with RN and	10/24/20 10/24/201
	semi-ambulatory wi -There was docume	ith the aid of a wheelchair. entation Resident #2 needed eting, bathing and dressing.		to the SVPO weekly to assure with all systems.	e compliance	10/24/201
	Review of Resident revealed:	t #2's Resident Register				

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If continuation sheet 8 of 223

	of Health Service Re NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION		E SURVEY
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		сом	PLETED
						R
		HAL071015	B. WING		09/	24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ASHE G	ARDENS	300 WES	ST ASHE STRE	ET		
		BURGA	V, NC 28425			
(X4) ID		TEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		DATE
				DEFICIENC	·Υ)	
D 270	Continued From pa	ige 8	D 270			
		dmitted to the facility on	1			
		nabilitation (rehab) facility.				
		ignificant memory loss and	!			
i	required re-directio					
		ed assistance from staff with				
	dressing, bathing, r					
		ith care and scheduling				
	appointments.	0				
		: #2's Resident Service Plan				
	(care plan) dated 0					
		entation the resident was				
		ted and was forgetful and				
	needed reminders.					
		entation the resident was				
	ambulatory.	entation the resident needed				
		vith bathing and eating and				
	was independent fo					
		s and needed supervised				
	assistance with dre					
		ice Plan was signed by				
		ary Care Provider (PCP) and				
	dated on 01/28/19.	,				
			1			
		assessment for Resident #2				
	dated 09/01/19 reve					
		entation of a history of falls. Entation the resident had an				
i	unsteady gait and b					
		entation the resident had				
	visual impairment.	shadon the resident field				
		entation the resident had use				
	of an assistive device					
		entation the resident memory				
		or problem solving capability				
	-There was docume	entation the resident had				
Ì	urinary incontinence		1 1			
		entation the resident was				
	noncompliant with s	afety needs or reminders.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
			A. BUILDING: _			-
		HAL071015	B. WING	<u></u>		R <b>24/20</b> 19
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	FATE, ZIP CODE		
SHE G	RDENS		Г ASHE STRE /, NC 28425	ET		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
D 270	Continued From pa	ge 9	D 270			
	Observation of Pos	ident #2's door to her room on				1
		revealed there were no gold				
		ickers on the a name plate				
	which indicated her	room number and her name.				
		sonal care aide (PCA) on				
		revealed there was no way to				
	tell by looking at the fall risk.	e resident's doors if they are a				BE COMPLET
		ident #2 on 08/06/19 at				
	2:15pm revealed:	• • • • • • • • • • • • • • • • • • •				
	-She was in the act her chair alarm inta	ivity room in a wheelchair with				
		leasantly confused, and neatly				
	groomed.	,, ,,, ,, ,, ,, ,				
		ident #2 on 09/17/19 at				
	9:04am revealed: -The resident was i	n bod				
		at placed on the floor by her				
	bed.					
	-The bed alarm wa	s in place.				
		onal care aide (PCA) on				
	09/18/19 at 7:31am					
	-Resident #2 could	stand with assistance to				
		not do it without staff		·		
	assistance.					
		hecked on about every 30				
		was not at the nurse's desk. ept at the nurses' desk during				
		he tried to get out of her				
	wheelchair.					
		be monitored more frequently	'			
		ried to get up and fell.				
		roken her hip from a fall. ed toileting assistance every 2				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
			A. BUILDING.			R
		HAL071015	B. WING			24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ASHE G/	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From pa	ge 10	D 270	, <u> </u>		- <b>.</b>
	hours, and staff ass dressing, and trans -In June 2019, Res bed/chair alarm and -The fall mat and be Resident #2 was in -The chair alarm wa was in the wheelcha and walk. -If the alarms did no hospice. -There had been ar working about a mo a. Review of an Acc Resident #2 dated 0 -Resident #2 had a leg area. -Resident #2 was a fracture. Interview with the m documented Reside Report dated 04/28, revealed: -Resident #2 was w had an unwitnessed	sistance with bathing, ferring. ident #2 got a fall mat and d they were initiated. ed alarm were used every time the bed. as used when Resident #2 air because she tried to get up of work, the staff were to notify in issue with the chair alarm not onth ago, but it was fixed now. Sident/Incident report for D4/28/19 at 8:38pm revealed: fall with injury to the hip and dmitted to hospital for a hip medication aide (MA) who ent #2's Accident/Incident /19 on 08/08/19 at 6:45pm ralking in the front lobby and				
	services (EMS) was out to emergency de	s contacted, and she was sent epartment for evaluation.				
	5:21pm revealed: -Facility staff reporte couch, landing on h	call report dated 04/28/19 at ed Resident #2 fell from a er right hip. ained of right hip pain.				
		l emergency room encounter ed 04/28/19 at 6:29pm				

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Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL071015	B. WING			२ 2 <b>4/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G		300 WES	T ASHE STR	EET		
		·····	, NC 28425			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 270	Continued From pa	ige 11	D 270			
	after a fall. -The radiology repo -The resident would room on 04/29/19. Review of a Care N 04/29/19 at 7:22am	complaining of right hip pain ort showed a right hip fracture. d proceed to the operating lote for Resident #2 dated n revealed the resident was		· ·		
	Review of Resident	pital for a right femur fracture. t #2's fall risk assessments no fall risk assessments 4/28/19 fall.				
	records revealed sl	t #2's hospital discharge he was discharged to a b) facility on 05/03/19.				
		s and record reviews Resident nto the facility from rehab on				
	revealed there was	t #2's fall risk assessments no fall risk assessment for pon her re-admission to the				
	dated 06/06/19 rev	ian's order for Resident #2 ealed there was an order for and assist if appropriate.				
		ian's order for Resident #2 ealed there was an order for a				
	06/11/19 revealed t	notes for Resident #2 dated there was a wheelchair illity and signed for by staff.				
Division of H	Review of a physic ealth Service Regulation	ian's order for Resident #2				

Division	of Health Service Re	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY
		HAL071015	B. WING			R 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY: 8	STATE, ZIP CODE		
ASHE G	ARDENS	300 WES1	ASHE STR			
(X4) ID Prefix Tag	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 12	D 270			
	dated 06/18/19 reve	ealed there was an order for a spital bed, and fall mat.				
	06/20/19 revealed t	notes for Resident #2 dated here was a chair/bed alarm, all mat delivered to the facility aff.				
	#2 dated 06/27/19 r for a chair/bed alarr	physician's order for Resident evealed there was an order n and a wheelchair. (This was d alarm and wheelchair order				
	06/27/19 revealed ti	notes for Resident #2 dated here was a chair/bed alarm elivered and signed for by			•	
	nurse (RN) on 09/19 -Resident #2 was of 06/10/19 which was 06/11/19 but was giv -Resident #2 was of and chair alarm on 0 delivered to another 06/20/19. -Resident #2 was us wheelchair and did i during her visit on 0 -She had been to th on 06/25/19 and the alarm activated or ir	e facility to see Resident #2 resident did not have a chair place.				
Division of He	Resident #2 on 06/2 the facility on 06/27/	esident near the nurses'				

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Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F 09/2	₹ 4/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
	DDENG		ASHE STR			
ASHE G		BURGAW	NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 270	Continued From pa	ige 13	D 270			
:		ond Accident/Incident report for 07/05/19 at 6:59pm revealed fall.				
	Review of an EMS dated 07/05/19 at 6 -Resident #2 was s and scooting herse -"Staff is sitting on t room not helping th just watching her ca around." -Resident #2 told E pointed to her right -"Staff reports that ' her head and that is -EMS found a small the side of Resident Review of a hospita encounter for Resident Review of a hospita encounter for Resident -Resident #2 was o buttocks, right leg a her wheelchair. -Resident #2 had a not remember what -Radiology reports Review of Care No 07/05/19 at 11:44pt returned from the h orders. Review of Resident medication adminis	call report for Resident #2 5:59pm revealed: itting on the floor in her room if around the room. the bed and in a chair in the e resident or comforting her, all for help and move herself MS that her buttocks hurt and buttock's cheek. there is a bump on the side of s why they called EMS." Il maybe dime size bump on tt #2's head. al emergency department dent #2 dated 07/05/19 at complaining of pain in the and right arm after falling from itered mental status and could				
	-	following the 07/05/19 fall. t #2's fall risk assessments				
Division of H	ealth Service Regulation	· · · · · · · · · · · · · · · · · · ·				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			(X3) DATE COMP	
		HAL071015	B. WING		F 09/2	
NAME OF I	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		ST ASHE STRI N, NC 28425	EET		
(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)	SHOULD BE	c
D 270	Continued From pa	age 14	D 270			
		no fall risk assessments after the 07/05/19 fall.				
	Resident #2 dated	Accident/Incident report for 07/07/19 at 8:00pm revealed fall with no injury and was not ncy department.				
	07/07/19 at 9:13pm	ut of the wheelchair. No injury				
	Accident/Incident F 08/08/19 at 6:45pm -The MA did not re- incident. -The MA did not re- put in place for Res -The MA did not re-	ent #2's Care Note and Report dated 07/07/19 on				
	on 07/07/19. Review of Residen revealed there was	t #2's July 2019 eMAR no documentation of the 72				
	Review of Residen revealed there was	from 07/07/19-07/11/19. t #2's fall risk assessments no fall risk assessments after the 07/07/19 fall.				
-	Resident #2 dated -Resident #2 was c right arm and leg.	th Accident/Incident report for 07/18/19 at 9:00pm revealed: In the floor with injuries to the he fell out of the wheelchair.				

<u>Division</u>	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY
		HAL071015	B. WING			२ 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		r ASHE STR , NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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	(X5) COMPLETE DATE
D 270	Attempted telephor completed Resider dated 07/18/19 on unsuccessful. Review of a Care N 07/18/19 at 9:30pm -Resident #2 was fit tears and a lacerati tear on the right leg -First aid was prefo -The primary care p attorney (POA), and Review of Resident revealed: -There was docume monitoring following 07/19/19 and endin -The vital signs (blo respirations and ten were documented of 07/19/19 on 7:00an 07/21/19 during the -There was a secon :monitor status for in mental status/co related to fall every or no changes start 07/21/19. -There was docume each shift starting of 7:00am-3:00pm sh 11:00pm -7:00am s	he interview with the MA who it #2's Accident /Incident report 09/19/19 at 4:15pm was lote for Resident #2 dated in revealed: pund on the floor with skin ion on the right arm and a skin i, irmed to stop the bleeding. provider (PCP), power of d hospice were notified. t #2's July 2019 eMAR entation of the 72-hour g the 07/18/19 fall starting on ig on 07/21/19. pod pressure, pulse, mperature) for Resident #2 each shift starting with n-3:00pm shift and ending on a 11:00pm-7:00am shift. nd entry for fall documentation 72 hours for bruising, change ndition, pain, or other injuries shift document any changes ting on 07/19/19 and ending on entation of no changes on on 07/19/19 for the ift through 07/21/19 on the				
		ident #2 on 07/19/19 at				
Division of H STATE FOR	ealth Service Regulation		6899	DI4D11	If continuation	sheet 16 of 223

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY	
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	IPLETED	
			HAL071015 B. WING			R	
		HAL071015			09/	09/24/2019	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
ASHE GA	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID		TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PROVIDER'S PLAN OF C			(X5)	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLI DATE	
D 270	Continued From pa	ige 16	D 270			i	
	12:00pm revealed:						
		d without a bed alarm in use.					
		e bed alarm but was only able					
	to to find the cord to	o the bed alarm.					
	e, Review of a fifth	Accident/Incident report for					
		08/10/19 at 3:45am revealed:	j l				
	-Resident #2 was for	ound on the floor and had a					
		nt arm by the elbow.					
		r Your Information" (FYI)	<b> </b> [				
		n-call provider for Resident					
1	#2's PCP and hosp	program was initiated.					
		be monitored for 72 hours for					
		mental status/condition, pain					
	or other injuries rela						
	Review of a Care N	lote for Resident #2 dated					
	08/10/19 at 4:05am					1	
	-Resident #2 was for						
		and the POA were notified.					
		skin tear on the right arm by					
		no complaints of pain or					
	discomfort.						
		#2's August 2019 eMAR					
	revealed:	ntation of 70 hours manifest					
		entation of 72-hour monitoring 19 fall starting on 08/10/19					
	and ending on 08/13						
	-The vital signs (blo						
		nperature) for Resident #2					
		each shift starting on 08/10/19					
		B:00pm shift and ending on					
		11:00pm-7:00am shift.					
		id entry for fall documentation 2 hours for bruising, change					
		dition, pain, or other injuries					
		shift document any changes					
	or no changes start		1			1	

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STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY	
	of connection	DEITH IN TOWN TO MOEN.	A. BUILDING:			R	
		HAL071015	B. WING			09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREETAI	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE GA	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 270	Continued From pa 08/13/19. -There was docume each shift starting of -3:00pm shift throu -7:00am shift. f. Review of an EM 8:42am revealed: -Resident #2 was fi door of her room. -Resident #2 had a Review of a Care N 09/01/19 at 8:31am found on the floor a department. Review of a hospita dated 09/01/19 for -Resident #2 had a -A computed tomog showed no injury. ( x-rays from different bones, soft tissues Review of Resident revealed: -There was docum following the 09/01, and ending on 09/0 -The vital signs (blo	age 17 entation of no changes on on 08/10/19 during the 7:00am gh 08/13/19 on the 11:00pm S call report dated 09/01/19 at ound on the floor behind the laceration on her left arm. lote for Resident #2 dated n revealed the resident was and sent to the emergency al emergency department note Resident #2 revealed: n unwitnessed fall. graphy (CT) scan of the head A CT scan provides a series of at angles to provide images of , and blood vessels). t #2's September 2019 eMAR entation of 72-hour monitoring /19 fall starting on 09/01/19 14/19. bod pressure, pulse,	D 270				
	were documented during the 3:00pm- 09/04/19 on the 111 -There was a seco :monitor status for in mental status/co related to fall every	mperature) for Resident #2 each shift starting on 09/01/19 11:00pm shift and ending on :00pm-7:00am shift. nd entry for fall documentation 72 hours for bruising, change ndition, pain, or other injuries shift document any changes ting on 09/01/19 and ending or		·			

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED	
						R	
	<u></u>	HAL071015	B. WING			09/24/2019	
NAME OF I	PROVIDER OR SUPPLIE			STATE, ZIP CODE			
ASHE G	ARDENS		ST ASHE STRI V, NC 28425	EET			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 270	each shift starting -11:00pm shift to 0 -7:00am shift. Interview with a P revealed: -She did not reme Resident #2 had of -After Resident #2 placed on 72-hour -The 72-hour mon checks for a certa 30-minute checks long the 15- or 30 performed. -During the 15- or 30 performed. -During the 15- or note where the resi they were safe. -Resident #2 sat u the time because -The chair alarm v she was in the wh -Resident #2 was -Residents on the residents. Review of a physio 09/02/19 revealed chair alarm on whi order to have bed Observation of Re 12:00pm revealed -Resident #2 was other residents.	nentation of no changes on on 09/01/19 on the 3:00pm 09/04/19 on the 1:00pm CA on 09/18/19 at 12:20pm mber anything about the fall on 09/01/19. fell on 09/01/19 she was monitoring. itoring consisted of 15 minutes in amount of time then . She could not remember how minute checks were 30-minute checks staff had to sident was located, and that up at the nurses' desk most of of her trying to get up and fall. vas kept on Resident #2 when eelchair. on the 200 hall. 200 hall were the heavier care cian order for Resident #2 dated there was an order to have the le up in the wheelchair and an alarm on bed while in bed. sident #2 on 09/18/19 at in front of the nurses' desk with trying to get up out of the	D 270				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
					R		
		HAL071015	B. WING			09/24/2019	
AME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
SHE GA	ARDENS		FASHE STRE , NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 270	Continued From pa	age 19	D 270				
	-A staff member ca assist Resident #2.	me from behind the desk to					
	revealed:	on 09/18/19 at 3:14pm					
	have her chair aları	o stand up a lot so she must m on all the time. esident #2 had several falls but					
	did not know anythi	ing about them. d on the 100 hall and Resident					
	(PCP) on 09/18/19	dent #2's primary care provider at 11:36 revealed: ed a geri chair, but that was a					
	restraint and restra -Resident #2 thoug	ints could not be used. ht she could walk; this could					
	-He did not remem	n every time Resident #2 fell. ber the dates staff had called					
	ago Resident #2 ha	ients fails. ber the date, but a few months ad fractured her hip due to a					
	placed an order for	2 returned from rehab, he hospice to see her.					
		/ed chair/bed alarm and a fall from rehab to help prevent					
		taff to keep Resident #2 at the ne daytime because she nonitoring.					
	-He had not written nurses' station duri	an order to keep her at the				2	
	could be monitored						
	Interview with Direc						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	e survey Pleted	
	-	HAL071015	B. WING		,	R 09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
ASHE G/	ARDENS		FASHESTRE , NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
D 270	Continued From pa	age 20	D 270		·		
	09/19/19 at 8:25an -He was not aware Resident #2 were in her falls. -He thought he had assessments after falls which were in 2019. -Resident #2 could times, but she got balance. -Resident #2 requires she would try and g -Resident #2 was ke during the day.	the fall risk assessments for not completed after her each of completed the fall risk each of the resident's last 2 August 2019 and September walk without assistance at weak or would lose her red close monitoring because get up out of her wheelchair. tept at the nurse's desk a lot		· · · · · · · · · · · · · · · · · · ·			
	09/19/19 at 4:21pm -Resident #2 had s -She fractured her then went to rehab -Resident #2 would -She went to visit R and her chair alarm -She asked a staff but she did not get not being used. -The chair alarm ha (no dates provided) -Resident #2 also h -She knew there ha Resident #2 got the was as many as sh use of the alarms.	everal falls. hip and had to have surgery after one of her falls. I not stay in her wheelchair. esident #2 about a month ago was not on/in use. member about the chair alarm, an answer about why it was ad been on the visits after that b ad a bed alarm. ad been some falls since alarms but did not think it e had been having prior to the					
	Director (ED) on 09 -She could not say	v with the former Executive //20/19 at 1:00pm revealed: if Resident #2 had the chair a she was in the chair or had a					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		HAL071015	B. WING			к 24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, ST	TATE, ZIP CODE		
SHE G	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 270	Continued From pa		D 270	<u></u>		
	fall.	ot considered a fall risk.				
	Interview with curre revealed:	ent ED on 09/20/19 at 2:05pm				
	Resident #2 had fa	ng in the facility when lls and sustained injuries. ted the staff to use the chair				
	-Fall risk assessme each resident on ac significant change.	ents should be completed on dmission and if there was any				
		why fall risk assessments were would be completed from now				
		ions, record reviews, and etermined Resident #2 was				
		assessments were requested 09/18/19; however, were not irvey exit.				
	Refer to the observ 09/17/19 at 4:10pm	rations of the 100-hall on n.				
	Refer to the second on 09/20/19 at 11:4	d observation of the 100-hall 0am.				
	Refer to the intervie (PCA) on 09/17/19	ew with a personal care aide at 09:03am.				
	Refer to the intervie 09/17/19 at 03:58p	ew with a second PCA on m.				
	Refer to interview v 4:15pm.	vith a third PCA on 09/17/19 at				
	Refer to the intervie	ew with a medication aide (MA)	)			

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		HAL071015	B. WING			R 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	• • • • •	
ASHE G	ARDENS		T ASHE STRE	ET		
0(0)10		TEMENT OF DEFICIENCIES	V, NC 28425		CORRECTION	<u> </u>
(X4) ID Prefix Tag	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE	(X5) COMPLET DATE
D 270	Continued From pa	ge 22	D 270		, <b>11 - 12</b>	
	on 09/17/19 at 4:38	pm.				
i	Refer to the intervie 09/18/19 at 7:31am	w with a fourth PCA on				
:	Refer to the interview with a second MA on 09/20/19 at 11:49am.					
	Refer to the intervie at 11:57am.	w with a fifth PCA on 09/20/19				
		one interview with the former (ED) on 09/20/19 at 1:00pm.				
		w with the facility's Clinical 09/22/19 at 1:45pm.				
	03/28/19 revealed: -Diagnoses includer metastatic breast ca disorder, hernia pro nephrolithiasis.	ent #1's current FL-2 dated d Alzheimer's dementia, ancer, major depression lapsed, and history of				
	constantly disorient -There was docume ambulatory and had -The recommended	entation the resident was I a rollator walker.				
:	revealed: -Resident #1 was at 08/09/18 from a me -Resident #1 was fo					
	dressing, bathing, n	ed assistance from staff with ail care, ambulation, getting ng, grooming, skin care, and				

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TATEMEN	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				•	F	
		HAL071015	B. WING		09/2	4/2019
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
SHE G	ARDENS		ST ASHE STRE N, NC 28425	:E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	lD PREFIX TAG	PROVIDER'S PLAN OF COD (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
D 270	Continued From pa	age 23	D 270			
	mouth care.					l
	(care plan) dated 0 -The resident was a device -The resident was t	ambulatory with an aide or fully dependent upon staff for				
	bathing, toileting, a assistance with tran ambulation room to assistance with dre -The Resident Serv	nd mobility except for limited nsfers to/from chair/bed and p room and extensive		••		
	dated 02/06/19. Based on record re	eviews and interviews, ischarged from the facility to				
	a. Review of an Ac Resident #1 dated	cident/Incident Report for				
	skin tear on the rig was slightly bruised -The fall prevention vital signs for three	5 centimeter (cm) by 2 cm ht forearm and the right knee d. n program was initiated;check days every shift with start dat	e			
	who documented F report dated 04/23/	tor of Resident Care (DRC) Resident #1's Accident/Incident '19 was no longer employed ble for interview during the	t			
		t #1's April 2019 electronic stration record (eMAR) v for the fall prevention				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
						-	
		HAL071015	B. WING			R 09/24/2019	
IAME OF I	PROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, S	TATE, ZIP CODE			
SHE G	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5) COMPLE	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 270	Continued From pa	age 24	D 270				
	instructions to check every shift. -There was docume shift of blood press temperature. -There was no other prevention program b. Review of an Er (EMS) call report da revealed: -Resident #1 was la floor by the bed. -Resident #1 said s onto her bed.	and end date of 04/26/19 with ok vital signs for three days entation on 04/26/19 for each ure, pulse, respirations, and er documentation of the fall n. nergency Medical Services ated 05/19/19 at 10:56pm aying on her left side in the she slipped and fell trying to get hematoma on the back of the					
	encounter for Resid revealed: -The resident was e 05/20/19.	al emergency department dent #1 dated 05/19/19 evaluated and discharged on luded head injury without loss nd fall.					
	05/20/19 revealed: -The resident had a to the emergency d	lote for Resident #1 dated a good day after being sent out epartment on 05/19/19. ot complained of pain or out the shift.			· · · · ·		
	on 05/19/19 when F 2:30pm revealed: -Resident #1 had at to the bathroom.	nedication aide (MA) on duty Resident #1 fell on 08/07/19 at n unwitnessed fall when going ed her head and was sent out					

STATE FORM

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DI4D11

If continuation sheet 25 of 223

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		HAL071015	B, WING			R 09/24/2019	
					09/	24/2019	
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
SHE G	ARDENS		ST ASHE STRE IV, NC 28425				
(X4) ID		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)	
PRÈFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
D 270	Continued From pa	age 25	D 270				
	to the emergency o	department.					
	Roview of Posidon	t #1's May 2019 eMAR					
		no documentation of 72-hour					
	monitoring after the						
	c Review of an Acc	cident/Incident report for					
	Resident #1 dated	07/14/19 at 10:40am revealed					
	Resident #1 had a						
	Interview with the N	MA who documented Resident					
		ent Report dated 07/14/19 on					
	08/07/19 at 3:57pm	revealed:					
	-Resident #1 was v	valking into another resident's					
		knocked her teeth out. ying on the floor approximately					
	5 minutes before E						
		pice nurse was notified and					
		ot sent out to the emergency					
	department per the	e hospice RN.					
	Review of a Care N	Note for Resident #1 dated					
	07/15/19 at 1:35pm						
	-Resident had a bri on 07/14/19 but ha	uise on her top lip from a fall					
		not complained of pain or					
	discomfort through						
	Interview with Resi	dent #1 family member on					
	09/19/19 at 4:54pm	n revealed:					
	-The family membe falls.	er was concerned the residents	6				
		ell in July 2019 and had some					
	bumps, bruising an	id broken teeth.					
	-The hospice RN c after the fall.	ame out to assess Resident #	1				
		aware of any safety					
		place for Resident #1.					
	-The facility had no	t discussed any increased					
	supervision needs ealth Service Regulation	or safety inventions with the					

Division of Health Service Regulation STATE FORM

6899

Division	of Health Service Re	egulation				AFFROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
		HAL071015	B. WING			२ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		TASHE STR , NC 28425	EET		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL G REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
D 270	family. Interview with Resid Nurse (RN) on 09/2 -Facility staff contact #1 had a fall. -Resident #1 had a in the resident knoct -Resident #1 was n department. -She had no inform interventions put int prevent falls prior to Review of Resident revealed there was implementation of th 72-hour monitoring Interview with Resid Provider (PCP) on 0	dent #1's Hospice Registered 0/19 at 10:40am revealed: oted her whenever Resident fall on 07/14/19 that resulted king her teeth out. ot sent out to emergency	D 270			
Division of He	ordered intervention -She wanted the res nursing station for in Interview with curren 09/20/19 at 2:05pm -Fall risk assessme each resident on ad significant change. -She did not know w not completed but w on. Resident #1 was dis	sident moved closer to the ncreased supervision nt Executive Director (ED) on				

STATE FORM

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION		E SURVEY PLETED
			A, BULDING.			R
		HAL071015	B. WING			24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
SHE G	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 270	Continued From pa	age 27	D 270			
		nts were requested for 18/19; however, were not ırvey exit.				
	Refer to the observ 09/17/19 at 4:10pm	vations of the 100-hall on 1.				
	Refer to the second on 09/20/19 at 11:4	d observation of the 100-hall Юат.				
	Refer to the intervie (PCA) on 09/17/19	ew with a personal care aide at 09:03am.				
	Refer to the intervie 09/17/19 at 03:58p	ew with a second PCA on m.				
	Refer to interview v 4:15pm.	vith a third PCA on 09/17/19 at				
	Refer to the intervie on 09/17/19 at 4:38	ew with a medication aide (MA 3pm.	)			
	Refer to the intervie 09/18/19 at 7:31am	ew with a fourth PCA on ı.				
	Refer to the intervie 09/20/19 at 11:49a	ew with a second MA on m.				
	Refer to the intervie at 11:57am.	ew with a fifth PCA on 09/20/19	9			
		one interview with the former (ED) on 09/20/19 at 1:00pm.				
		ew with the facility's Clinical 09/22/19 at 1:45pm.				
	3. Review of Resid 11/29/18 revealed:	ent #3's current FL-2 dated				

STATE FORM

Division	of Health Service Re	egulation				
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL071015	B. WING			२ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE		
ASHE G	ARDENS		r ASHE STR , NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 270	Continued From pa	ge 28	D 270			_
	-Diagnoses include -There was docume constantly disorient -There was docume semi-ambulatory. -The recommended documented as dor care unit (SCU). Review of Resident (care plan) dated 12 -Resident #3 wande and had significant -The resident requir staff with bathing, d Observation of Res 09/17/19 at 4:12pm indicated her room sticker beside her n Sticker beside her n Sticker beside her n Sticker beside her n Observation of Res 9:55am revealed: -There was fall mat bed. -A chair alarm was a wheelchair. Review of Resident Accident/Injury Rep dated between 01/2 Resident #3 fell or v least 6 different occ a. Review of an Acc Resident #3 dated 0	ed vascular dementia. entation the resident was ed. entation the resident was d level of care was niciliary and "other"/special #3's Resident Service Plan 2/18/18 revealed: ered, was always disoriented memory loss. red extensive assistance from ressing, mobility, and toileting. ident #3's door to her room on revealed a name plate which number, her name, a gold star ame and a half orange circle ame. ident #3 room on 09/20/19 at observed under the resident's attached to resident's #3's Care Notes, orts, and hospital records 6/19 and 06/19/19 revealed was found on the floor on at			· · ·	
Division of H	ealth Service Regulation			· · · · · · · · · · · · · · · · · · ·		

		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION			
101011	of bonneonon	BERTI TO MON HOMBER.	A. BUILDING:				
		HAL071015	B. WING			R 09/24/2019	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
SHE GA	RDENS		ST ASHE STRE V, NC 28425	ET			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLET	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE	
D 270	Continued From pa	ige 29	D 270				
	call record dated 04 -Resident #3 was in forward onto the flo -Resident #3 denie- palpation of the neo Review of a hospita Encounter for Resid 4:40pm revealed: -Resident #3 fell for and struck her head -A CT scan showed -Resident #3 was d with a diagnosis of Review of a Care N 04/11/19 dated 1:55 -Resident #3 was re the emergency dep -72-hour monitoring increased supervisi Telephone interview (MA) who documer	d pain; however, grimaced on ck. al Emergency Department dent #3 dated 04/10/19 at rward out of the wheelchair d on the floor. I no acute injury. lischarged back to the facility fall from a wheelchair. lote for Resident #3 dated 5am revealed: esting well after returning from vartment due to a fall. g was to be complete with ion. v with the medication aide ited Resident #3's Care Note					
	08/16/19 at 9:05am -The MA did not rec incident.	call the specifics of the					
		call any safety interventions of or Resident #3 after the fall.					
	10:11am revealed: -She did not remen #3's fall on 04/10/19						
		f anything was put in place as n for the resident after the fall.					

Division	of Health Service Re	egulation			1 0144	
	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL071015	B. WING	·····		२ 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STF /, NC 28425			
(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 APPR DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 30	D 270			
	Resident #3 on 09/ provided prior to su	18/19; however, were not rvey exit.				
	for Resident #3 dat -Resident #3 was le wheelchair and was	d over again and fell forward;				
	7:28pm revealed: -Resident #3 was s hallway and fell suc head. -Staff stated Reside	call report dated 04/12/19 at itting in the wheelchair in the Idenly forward and onto her ent #3 initially complained of not complaining anymore.	5			
	Encounter for Resid 10:08pm revealed: -Resident #3 fell ou head. -Resident #3 was c side of her head. -Resident #3's CT s	I Emergency Department dent #3 dated 04/12/19 at t of the wheelchair and hit her omplaining of pain on the left scan of the head, neck and for any acute findings and the osed with fall.				
	Note and Accident/I	nented Resident #3's Care ncident Report dated vailable for interview on				
	04/13/19 at 2:22am	ote for Resident #3 dated revealed Resident #3 mergency department after a well.				
Division of Li		ts were requested for				
STATE FORM	ealth Service Regulation		6899	DI4D11	If continuation	sheet 31 of 223

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
						R	
		HAL071015	B. WING		09/.	09/24/2019	
AME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S				
SHE G/	ARDENS		T ASHE STRE V, NC 28425	:= 1			
(X4) ID Prefix Tag	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 270	Continued From pa	age 31	D 270	······································	·		
		18/19; however, were not					
	4:58pm revealed: -Resident #3 was ly under her head.	call report dated 04/26/19 at ying on the floor with a towel skin tear on the left forearm.					
	Encounter dated 04 -Resident #3 had a	al Emergency Department 4/26/19 at 5:36pm revealed: witnessed fall from her o the ground and striking her					
	-Resident #3 was s facility. -Diagnoses include	paired with steri-strips. table for discharge back to the d mild closed head injury and from status post fall from	3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	#3's Accident/Incide 08/15/19 at 4:14pm -Resident #3 was le the wheelchair.	IA who documented Resident ent report dated 04/26/19 on n revealed: eaning forward and fell out of dent #3 out to emergency					
	department for eva Fall risk assessme	luation. nts were requested for 18/19; however, were not					
		th Accident/Incident Report for					

STATE FORM

Division	of Health Service Re	egulation			
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL071015	B. WING		R 09/24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
ASHE G	ARDENS		FASHE STR , NC 28425	EET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 COMPLETE
	was observed on th -Resident #3 had a -Resident #3 compl -The fall prevention Review of an EMS 2:55pm revealed: -Resident #3 was la sleeping upon EMS -Resident #3 had a recently.	lained of neck pain. plan was initiated. call report dated 04/29/19 at aying on her back in the bed arrival. history of several falls een sleeping and rolled out of			
	-Staff stated when t into bed, she compl -Resident #3 was tr department for eval Review of a Care N 04/29/19 at 3:41am -Resident #3's bed observed on the fall -Resident #3 was o complaining of neck -Resident #3 was se	hey moved the resident back lained of neck pain. ansported to the emergency uation ote for Resident #3 dated revealed: alarm sounded, and she was mat next to her bed. bserved holding her neck and c pain. ent to hospital via EMS.		·	
Division of H	encounter for Resid 03:43am revealed: -Resident #3 appare landed on a fall mat -Resident #3 was di -Diagnoses included dementia. The MA who docum Note and Accident/I	I Emergency Department ent #3 dated 04/29/19 at ently rolled out of bed and ischarged back to the facility. d fall out of the bed and nented Resident #3's Care ncident report dated 04/29/19 oyed and was not available			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED	
		1141.074045				R	
		HAL071015			09/	09/24/2019	
			DDRESS, CITY, S T ASHE STRE	-			
ASHE GA	RDENS	BURGAV	V, NC 28425			· .	
(X4) ID Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 270	Continued From pa	age 33	D 270				
	Resident #3 on 09/ provided prior to su e. Review a fifth Ac Resident #3 dated -Resident #3 slid o -The fall preventior -Hospice ordered F wheelchair. Interview with MA w Accident/Incident F 2:24pm revealed: -Resident #3 fell of clean the floor. -Resident #3 was r notification to the h Fall risk assessme Resident #3 on 09/ provided prior to su f. Review of a sixtl Resident #3 fell of -Hospice ordered F wheelchair to tilt he	ccident/Incident Report for 05/29/19 at 2:24pm revealed: ut of the wheelchair. n program was initiated. Resident #3 a high back who documented Resident #3's Report dated 05/29/19 at ut of wheelchair due to trying to not sent out to hospital after ospice nurse. nts were requested for '18/19; however, were not					
	05/29/19.						
	7:14pm revealed: -Resident #3 was I was some blood or	he fell out of her wheelchair					
	Review of hospital ealth Service Regulation	emergency department note					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
						R	
av. 2.00 m 0.00 km.		HAL071015	B. WING			09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE GA	ARDENS		TASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 270	Continued From pa	age 34	D 270		· · · · · · · · · · · · · · · · · · ·		
	-Resident #3 had a -Resident #3 was o on 06/18/19. -The resident was o	ed 06/18/19 revealed: n unwitnessed fall. lischarged back to the facility diagnosed with minor closed bost fall with skin abrasion to					
	Review of a Care N 06/19/19 at 3:23pm 06/19/19 at 3:30pm -Resident #3 fell ou sent to emergency -Hospice was notifi -Resident #3 return diagnoses of minor fall and a skin abra	t of the wheelchair and was department at 7:15pm. ed and left a voicemail. ed to facility at 10:00pm, with closed head injury status post sion to the forehead.					
		#3's hospice orders dated an order for a high back					
	09/19/19 at 4:25pm	dent #3's family member on revealed after the high back into place, other falls were esident.					
	at 10:15am reveale	linical Instructor on 09/25/19 d she was unable to locate dent#3's fall mat or chair					
	Provider (PCP) on 0 -The PCP was notif -The PCP ordered a Resident #3.	dent#3's Primary Care 09/19/19 at 3:33pm revealed: ied of the resident's falls. a chair alarm and fall mat for desident #3 kept near the					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		HAL071015	B. WING	<u>.</u>		R 09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	IATE, ZIP CODE			
ASHE G	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 270	Continued From pa	ge 35	D 270				
	every 15-30 minute	s if she was in her room.					
	09/20/19 at 2:05pm -She always expect and bed alarms. -Fall risk assessme each resident on ac significant change. -She did not know y not completed but y on.	nt Executive Director (ED) on revealed: ed the staff to use the chair ints should be completed on imission and if there was any why fall risk assessments were vould be completed from now					
	Resident #3 on 09/ provided prior to su Refer to the observ	18/19; however, were not rvey exit. ations of the 100-hall on					
	09/17/19 at 4:10pm Refer to the second on 09/20/19 at 11:4	l observation of the 100-hall					
	Refer to the intervie (PCA) on 09/17/19	w with a personal care aide at 09:03am.					
	Refer to the intervie 09/17/19 at 03:58pi	w with a second PCA on n.					
	Refer to interview w 4:15pm.	rith a third PCA on 09/17/19 at					
	Refer to the intervie on 09/17/19 at 4:38	ew with a medication aide (MA) pm.					
	Refer to the intervie 09/18/19 at 7:31am	w with a fourth PCA on					
	Refer to the intervie 09/20/19 at 11:49ar ealth Service Regulation	w with a second MA on n.					

Division	of Health Service Re	egulation				/
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL071015	B. WING			२ 2 <b>4/201</b> 9
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, 4	STATE, ZIP CODE		
ASHE G	ARDENS	300 WEST	ASHE STR NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ld PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 36	D 270			
	Refer to the intervie at 11:57am.	w with a fifth PCA on 09/20/19				
		one interview with the former (ED) on 09/20/19 at 1:00pm.				
		w with the facility's Clinical 09/22/19 at 1:45pm.				
	11/29/18 revealed: -Diagnoses include with anxiety. -There was docume intermittently disorie -There was docume ambulatory. -The recommended	ent #7's current FL-2 dated d dementia and depression entation the resident was ented and wandered. entation the resident was l level of care was pecial Care Unit (SCU).				
	Review of Resident revealed: -Resident #7 was a 06/13/18 from a hos -Resident #7 has si required redirection -Resident #7 require	#7's Resident Register dmitted to the facility on spital. gnificant memory loss and		Г. 2 .		
Division of He	Plan (care plan) dat -Resident #7 wande had significant mem re-direction. -The resident was a -The resident requir bathing and dressin	#7's Resident Assessment ed 11/29/18 revealed: ered, was always disoriented nory loss and required imbulatory. red extensive assistance with g, limited assistance with dependent with mobility and		- 		

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	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED	
	or connection	-	A. BUILDING:				
		HAL071015	B. WING			R 09/24/2019	
 IAME OF I	PROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, S	TATE, ZIP CODE			
SHE GA	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 270	Continued From pa	ige 37	D 270				
		essment Plan was signed by ary Care Provider (PCP) and					
		views and interviews, scharged from the facility on					
	a. Review of an Accident/Incident Report for Resident #7 dated 05/17/19 at 4:58pm revealed: -Resident #7 had a fall with injury. -Resident #7 had skin tear on the right elbow and arm and complained of back pain when Emergency Medical Services (EMS) touched the resident's back.						
	4:10pm revealed: -Resident #7 was for with several caregiv -The fall was unwith	call report dated 05/17/19 at bund lying supine on the floor vers on the scene with him. nessed, and staff did not know ent had been lying on the floor.					
	05/17/19 at 9:47pm	lote for Resident #7 dated revealed the resident was emergency department after a on the right elbow.					
	Encounter for Resid revealed: -Resident #7 had a	al Emergency Department dent #7 dated 05/17/19 n unwitnessed fall. ed he had a head injury but					
	was not speaking n -The resident had a but no other eviden	nuch. I skin tear on his right elbow					
	Interview with a me	dication aide (MA) on					

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Division	of I	Health	Service	Regulation
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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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		HAL071015	B. WING			24/2019
NAME OF 1	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ASHE G	ARDENS		ASHE STR NC 28425			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR( DEFICIENCY)		COMPLETE DATE
D 270	Continued From pa	ge 38	D 270			
	08/28/19 at 2:12pm interventions were i after the fall on 05/	mplemented for Resident #7				
	2:25pm revealed no	cond MA on 08/28/19 at o safety interventions were esident #7 after the fall on				
	medication adminis revealed there was	#7's May 2019 electronic tration record (eMAR) no documentation of the fall or 72 hour monitoring 19 fall.				
		nts were requested for 18/19; however, were not rvey exit.				
	for Resident #7 data revealed: -Resident #7 was for	nd Accident/Incident Report ed 08/05/19 at 6:34pm ound on the floor. the hospital scheduled for hip				
	6:38pm revealed: -Resident #7 was fo an unwitnessed fall.	omplaining of pain any time				
	08/06/19 at 12:46ar being transported a hospital] for a left hi surgery.	ote for Resident #7 dated n revealed Resident #7 was nd admitted to a [named p fracture and would have				
Division of He	The MA who docum alth Service Regulation	ented Resident #7's Care				

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	
		HAL071015	B. WING		R 09/2	4/2019
	PROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE		
			T ASHE STR			
ASHE G	ARDENS		, NC 28425			
(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 270	Continued From pa	ige 39	D 270			
		Incident report dated 08/05/19 or interview on 08/12/19.				
	Resident #7's Care	v with the MA who documented Note and Accident/Incident 19 on 09/29/19 at 4:25pm eclined interview.				
	(RP) on 09/20/19 a -Resident #7 had a was no communica -The RP received a	dent #7's responsible party t 11:41am revealed: fall on 08/05/19 and there ation received from facility. a telephone call from the update of resident's current		· · · · · · · · · · · · · · · · · · ·		
	Provider (PCP) on the PCP was notified number, with the m	dent #7's Primary Care 09/19/19 at 3:33pm revealed ed of resident falls, unknown to lost recent fall on 08/05/19 lization and discharge from				
	Resident #7 was no	ot available for interview.				
	09/20/19 at 2:05pm -Fall risk assessme each resident on ac significant change. -She did not know	ent Executive Director (ED) on n revealed: ents should be completed on dmission and if there was any why fall risk assessments were would be completed from now				
		nts were requested for 18/19; however, were not ırvey exit.				
Division of	09/17/19 at 4:10pm					
STATE FOR	ealth Service Regulation M		6899	DI4D11	f continuation	sheet 40 of 223

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Division	of Health Service Re	egulation			1 Oran	///////////////////////////////////////
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		SURVEY PLETED
		HAL071015	B. WING	·		R 2 <b>4/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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ASHE G	ARDENS		, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETE ·DATE
D 270	Continued From pa	ge 40	D 270			
	Refer to the second on 09/20/19 at 11:4	d observation of the 100-hall 0am.				
	Refer to the interview with a personal care (PCA) on 09/17/19 at 09:03am. Refer to the interview with a second PCA of 09/17/19 at 03:58pm. Refer to interview with a third PCA on 09/1 4:15pm. Refer to the interview with a medication aid on 09/17/19 at 4:38pm.					
		/ith a third PCA on 09/17/19 at				{
	Refer to the intervie 09/18/19 at 7:31am	w with a fourth PCA on				
	Refer to the intervie 09/20/19 at 11:49ar	w with a second MA on n.				
	Refer to the intervie at 11:57am.	w with a fifth PCA on 09/20/19				
		one interview with the former (ED) on 09/20/19 at 1:00pm.				
		w with the facility's Clinical 09/22/19 at 1:45pm.				
	11/29/18 revealed:	ent #8's current FL-2 dated	-			
	hypertension, histor and muscle weakne					
	intermittently disorie	entation that the resident was ented. entation that the resident was				
	semi-ambulatory.					
	ealth Service Regulation				<del></del>	· · · · · · · · · · · · · · · · · · ·
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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted	
	of contribution		A. BUILDING:				
		HAL071015	B. WING			R 09/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
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D 270	Continued From pa	age 41	D 270		· · · · · · · · · · · · · · · · · · ·		
	-The recommended level of care was documented as "domiciliary/other-special care unit."						
	Plan (care plan) da -Resident #8 was a forgetful and neede -The resident was a device. -The resident was a bathing assistance dressing and indep toileting. -The Resident Asse Resident #8's Prim dated on 12/18/18. Observation of Res 09/17/19 at 9:05am indicated her room was not a gold star	ambulatory with an aide or fully dependent upon staff for and limited to assistance with rendent with mobility and essment Plan was signed by ary Care Provider (PCP) and sident #8's door to her room on n revealed a name plate which number and her name. There sticker or half orange circle					
	2:15pm revealed: -She was ambulatii -She had bruising t purplish/blue in col Based on observat	sident #8 on 08/06/19 at ng with a walker in the hall. to her entire face that was or. ions, interviews and record		н. 			
	interviewable a. Review of an Ac Resident #8 dated -Resident #8 had a	ermined Resident #8 was not ccident/Incident Report for 06/06/19 at 11:20am revealed: a fall in the bedroom with injury. observed sitting on the floor, eft temple.					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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		HAL071015	B. WING	·····		24/2019
Name of I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
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D 270	Continued From p	age 42	D 270			
	Services) on 06/06	MS (Emergency Medical 5/19 at 11:20am. n program was initiated.				
	11:26am revealed:	call report dated 06/06/19 at an unwitnessed fall in the				
	-Resident #8 had a eyebrow on the ter					
	Encounter for Res 11:53am revealed: -Resident #8 prese					
	brow and denied a					
	06/06/19 at 2:39pn	Note for Resident #8 dated n revealed: served sitting on floor.''				
	-The resident was bleeding from the I -The resident retur	bleeding from the fall; some eft side temple. ned to the facility from the				
	emergency departi this time.	ment and was doing good at				
		w on 08/15/19 at 3:50pm with dent #8 to hospital on 06/06/19				
	medication administrevealed there was program and no do	t #8's June 2019 electronic stration record (eMAR) no entry for the fall prevention ocumentation the fall prevention ted or 72 hour monitoring after				
-		nts were requested for '18/19; however, were not				

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI COM	e Survey Pleted	
	or oontheomon	IDENTIFICIATION NON MOMIDEIX.	A. BUILDING:				
		HAL071015	B. WING			R 09/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE			
SHE G	ARDENS		ST ASHE STRE N, NC 28425	ET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
D 270	Continued From pa	nge 43	D 270				
	provided prior to su	irvey exit.					
	b. Review of a seco	ond Accident/Incident Report					
	for Resident #8 dat	ed 07/30/19 at 9:55am					
	revealed -The resident was f	ound on the floor in the					
	bedroom and was i	njured.					
	-The resident was I blood coming from	aying on her left side with her nose.					
	Review of an EMS	call report dated 07/30/19 at					
	10:00am revealed:	ad from a fall regulting in a					
	nose bleed.	ed from a fall resulting in a					
		ent #8 lying in the prone					
	of blood on the gro	disoriented with small amount und.					
		lote for Resident #8 dated m revealed Resident #8 was					
		ncy department after a fall.					
		al Emergency Department					
		dent #8 dated 07/30/19 at					
	12:23pm revealed: -Resident #8 had a	n unwitnessed fall.					
		ared to have landed on her					
	abrasion to her upp	elling to her nose and an per nose.					
	-The resident was	given a prescription for an					
	antibiotic and was t Throat Specialist.	o follow up with Ear Nose and					
		d fall and nasal septum					
	fracture.	·					
	Telephone interview						
		ent #8's Care Note and					
	08/11/19 at 1:45pm	eport dated 07/30/19 on revealed:					
		o Resident #8's room and					

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If continuation sheet 44 of 223

Division	of Health Service Re	egulation		· ·	
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
		HAL071015	B. WING		R 09/24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
ASHE G	ARDENS		T ASHE STR , NC 28425		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE
D 270	found her lying on t conditioner unit. -She contacted EM evaluation. -No safety intervent Resident #8 related Interview with Resid Provider (PCP) on 0 -The PCP was notif -The resident used down. -Resident #8 should station for increase -She expected staff every 15-30 minute Based on observati reviews, it was dete interviewable. Attempted telephon family on 09/19/19 a 11:55am was unsud Interview with curre 09/20/19 at 2:05pm -Fall risk assessme each resident on ad significant change. -She did not know w	he floor next to the air S and sent the resident out for tions were put into place for to her falls. dent #8's Primary Care 09/19/19 at 3:33pm revealed: ied of the resident's falls. a walker and did not like to sit d be kept close to the nursing d supervision. to check on the resident s. ons, interviews and record rmined Resident #8 was not e interview with Resident #8's at 4:40pm and 09/20/19 at ccessful. nt Executive Director (ED) on	D 270	DEFICIENCY)	
	Resident #8 on 09/1 provided prior to sur Refer to the observa	ations of the 100-hall on			
Division of Lic	09/17/19 at 4:10pm. Bath Service Regulation	, 		· · · · · · · · · · · · · · · · · · ·	
STATE FORM			<sup>5899</sup> C	DI4D11	If continuation sheet 45 of 223

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING: _				
		HAL071015	B. WING			R 09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
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(X4) ID		TEMENT OF DEFICIENCIES	lD	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
D 270	Continued From pa	ige 45	D 270				
	Refer to the second on 09/20/19 at 11:4	d observation of the 100-hall 0am.					
	Refer to the intervie (PCA) on 09/17/19	ew with a personal care aide at 09:03am.					
	Refer to the intervie 09/17/19 at 03:58pt	ew with a second PCA on m.					
	Refer to interview v 4:15pm.	vith a third PCA on 09/17/19 at					
	Refer to the intervie on 09/17/19 at 4:38	ew with a medication aide (MA pm.	)				
	Refer to the intervie 09/18/19 at 7:31am	ew with a fourth PCA on					
	Refer to the intervie 09/20/19 at 11:49ar	ew with a second MA on n.					
	Refer to the intervie at 11:57am.	ew with a fifth PCA on 09/20/19	)				
		one interview with the former (ED) on 09/20/19 at 1:00pm.					
		ew with the facility's Clinical 09/22/19 at 1:45pm.					
	4:10pm revealed:	e 100-hall on 09/17/19 at tars on the name plates of					
	some of the resider	nt rooms. star next to the resident name					
	who resided in roor -There were gold st names who resided	tars next to the two resident					

Division of Health Service Regulation STATE FORM

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#### **Division of Health Service Regulation** (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WING HAL071015 09/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 WEST ASHE STREET** ASHE GARDENS BURGAW, NC 28425 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE **REGULATORY OR LSC IDENTIFYING INFORMATION)** CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) D 270 Continued From page 46 D 270 A second observations of the door plates on the 100-hall on 09/20/19 at 11:40am revealed there were no gold stars on the resident name plates. Interview with a personal care aide (PCA) on 09/17/19 at 9:03am revealed: -She knew a resident was a fall risk if they were unstable when they stood up and if they "wobbled". -There was a 72-hour assessment completed when a resident had a fall. -She said that was a "hard question" when asked if she had received instructions on residents that were a fall risk; she did not respond with additional information related to instructions she had received. Interview with second PCA on 09/17/19 at 3:58pm revealed: -At change of shift, the PCAs walked through the hallway completing room by room report on each resident. -The MAs would give the PCAs report. -She was not sure what the gold stars stood for outside of some resident room doors. Interview with third PCA on 09/17/19 at 4:15pm revealed: -If a resident had a gold star outside of their door, the resident was a fall risk. -She could not name all the residents who were fall risks. -If a resident fell, the PCA would notify the MA. the PCAs did not touch the resident. -The PCAs did not check the resident on any specific frequency. They typically rounded every hour and half during the night. Interview with a medication aide (MA) on 09/17/19 at 4:38pm revealed: Division of Health Service Regulation

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
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		HAL071015	B. WING			R 09/24/2019	
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
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D 270	Continued From pa	ige 47	D 270	· ••••	·		
	-Residents that wer book at the desk.	e a fall risk were indicated in a					
	-Most of the resider mats or chair and b	nts that were a fall risk had fall ed alarms.					
	Interview with a fou 7:31am revealed:	rth PCA on 09/18/19 at					
	-She was working to -"The department h	he 200 hall today. ead" did the fall risk					
		s were responsible for the 72					
	hours follow up. -The 72 hours follow checks on the resid	w up required 30 minute					
		ecks were not documented					
		ecks were to make sure the Ind, in a chair, or in the bed.					
	11:49am revealed:	cond MA on 09/20/19 at					
	year.	bloyed at the facility for one stickers on the residents'					
	rooms name plates						
		nt do not resuscitate. rcle meant the resident was a					
	-She remembered t	the stickers being up because them up (no dates provided).					
	Interview with a fifth revealed:	1 PCA on 09/20/19 at 11:57am					
		l at the front desk and in the at listed the residents who had					
		ne were kept on the board for					
	-There used to be s	stickers on residents' room sidents that were fall risk.					

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY	
			A. BUILDING:				
		HAL071015	B, WING			R 24/2019	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
SHE GA		300 WES	T ASHE STRE	ET			
		BURGAV	V, NC 28425				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IÐ PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 270	Continued From pa	ge 48	D 270				
	-The stickers must week."	have been removed "this					
	Director (ED) on 09	v with the former Executive /20/19 at 1:00pm revealed fall /ere to be done monthly on all					
	on 09/22/19 at 1:45 -In November 2018 at the facility to dec -The program was a because of the num -The program enga when awake and st their needs. -When not involved required to check the when not in bed. -The program requiresidents and documents	acility's Clinical Project Director pm revealed: , a program was implemented rease residents' falls. significant to the facility ober of falls and repeated falls. ged the residents in activities aff was trained to anticipate in activities, staff was ne residents every 15 minutes red the staff to monitor the mentation which included the s, falls, incontinent issues, and					
	activities. -The program had r participating and the ratio.	no more than eight residents ere was a 1 to 8 staff/resident s selected by management					
	and trained to work -The program was v decreased falls and -An example provid	in the program. working because there were injuries. ed was a resident was falling					
	decreased to no fall -The ED and anothe copy of the training with the ED.	aced in the program, but s after 90 days in the program er manager were trained and manual was left in the facility D started, she was trained on					
	the program by ano						

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STATEMEN	of Health Service F IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
						R	
		HAL071015	B. WING		09/:	09/24/2019	
NAME OF I	PROVIDER OR SUPPLIEF	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
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	CUMB IA DV C		V, NC 28425	PROVIDER'S PLAN OF C	OPPECTION	()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE	
D 270	Continued From p	age 49	D 270				
	decrease the resid	lents' falls.					
	revealed: - Diagnoses incluc generalized weakr						
	- The resident's red domiciliary/special	commended level of care was care unit					
	01/25/19 revealed -The resident had ambulated with an	a history of wandering and aide or a device.					
	disoriented.	forgetful and sometimes lired extensive assistance from					
	Review of an Accie Resident #19 date -On 08/01/19 at 8: were red and swol complained of pair -Cold compresses	dent/Incident report for d 08/01/19 revealed: 00am, Resident #19's eyes len and the resident					
	department and re periorbital cellulitis the eyelid and por anterior to the orb (inflammation of th	sent to the local emergency eturned with diagnoses of (inflammation and infection of tions of skin around the eye ital septum) and conjunctivitis ne outermost layer of the eye ace of the eyelids).					
	Review of a local l report for Residen -Resident #19 arri department via ar -The resident pres	nospital emergency department t #19 dated 08/01/19 revealed: ved at the emergency nbulance at 8:32am. ented with eye problems. She her eyes with baby wipes and					

Division of Health Serv	ce Regulation				
STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	S (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL071015	B. WING		R 09/24/2019	
NAME OF PROVIDER OR SUP	PLIER STREET AI	DDRESS. CITY.	STATE, ZIP CODE		
		T ASHE STR			
ASHE GARDENS	BURGAV	V, NC 28425			
PREFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
D 270 Continued Fro	om page 50	D 270			
-The resident swelling.	had used one pack of wipes since last night. -The resident had bilateral eye redness and swelling. -The resident was diagnosed with bilateral				
	ulitis and bilateral conjunctivitis.				
Care/Licensed 09/19/19 reve -He was awar	Interview with the Director of Resident Care/Licensed Practical Nurse (DRC/LPN) on 09/19/19 revealed: -He was aware Resident #19 was transported to				
conjunctivitis -The resident watched by th	<ul> <li>08/01/19 and was diagnosed with and periorbital cellulitis.</li> <li>had dementia and needed to be e staff.</li> <li>premoistened wipes when</li> </ul>				
the wipes wer -The staff sho residents' rooi					
Resident #19 resident usual	ow how often the staff checked on when she was in her room but the ly sat in the hallway near the l during the day.				
(PCA) on 09/2 -Resident #19	a first shift personal care aide 4/19 at 9:15am revealed: was confused and required h activities of daily living (ADLs).				
could ambulat -Around the la	used a wheelchair to ambulate but e short distances. st week of July 2019, the resident he disposable premoistened				
disposable wip rooms, to clea	es, which were left in the residents'				
sheets of the v occasions.	vipes to wipe her face on multiple				
wipes and did	op the resident from using the not report it to a supervisor. he resident was only using the				
Division of Health Service Regu					

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	itate, zip code		
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		BURGAW	NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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 270	Continued From pa	ige 51	D 270			
	wipes, but later obs wipes under runnin and pumping the aid dispenser on the wiperineal/vaginal are -The resident's face and the area aroun swollen about one with -The resident comp and observed her up face near her eyes. -The PCA told the r soap in the dispens resident was confu- -The resident contin- minutes and there with supervision after fir Interview with the E 9/24/19 at 5:25pm -She was not aware because she had of since last week. -Staff should have if she was in her roor all of the wipes and removed from her the Based on observation reviews it was deter interviewable. Attempted telephor	erved the resident rinsing the g water at her bathroom sink ntibacterial soap from the ipes to wash her face and her ea. e was observed with a red rash d both eyes was red and week later. Dained her eyes were hurting using the wipes to scrub her resident not to use the wipes or ser to clean her skin but the sed and did not understand. sent to the emergency ated for eye infection. nued to be checked every 30 were no changes in her st seen using the wipes. Executive Director (ED) on revealed: e of the incident with the wipes nly been working at the facility monitored Resident #19 when n (every 15-30 minutes) and hand soap should have been bathroom immediately. tions, interviews, and record rmined Resident #19 was not				

Division	of Health Service Re	egulation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	PLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F 09/2	२ 2 <b>4/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY.	STATE, ZIP CODE		
			T ASHE STI	,		
ASHE G	ARDENS	BURGAW	, NC 28425	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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	(X5) COMPLETE DATE
D 270	The facility failed to 12 sampled resider #19) in accordance procedures and ear and current sympto between 04/28/19 a bone fractures, mut bilateral eye infection hip fracture and a hip sustained a hip fract nose fracture and his sustained 2 closed sustained 2 closed sustained a head in rubbed eyes with m wipes and sustaine The facility's failure harm which constitut for neglect. The facility provided accordance with G. CORRECTION DA VIOLATION SHALL 24, 2019. 10A NCAC 13F .09 (b) The facility shall	provide supervision for 6 of onts (#1, #2, #3, #5, #7, and with the facility's policies and ch residents' assessed needs ons which resulted in 19 falls and 09/01/19 resulting in 3 litiple head injuries and a on. Resident #2 sustained a bead injury; Resident #7 oture; Resident #5 sustained a head injury; Resident #3 head injuries; and Resident #1 jury and Resident #19 who pultiple premoistened body d bilateral eye injury/infection. resulted in serious physical utes a TYPE A1 VIOLATION d a Plan of Protection in S. 131D-34 on 09/18/19. TE FOR THE TYPE A1 . NOT EXCEED OCTOBER	D 270			
Division of the	ealth Service Regulation			<u> </u>		·
STATE FORM			6899	DI4D11	f continuation	sheet 53 of 223

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F 09/2	₹ 4/2019
	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 53	D 273			
	This Rule is not me TYPE A1 VIOLATIC	DN				
	reviews, the facility referral and follow-u residents (#4, #5, # notify the primary ca	ons, interviews and record failed to assure health care up for 4 of 12 sampled 14, #17) including failure to are provider (PCP) of blood		The residents referral and follow-u routine and acute health care need monitored through systems, tools processes as follows;	ds are	
	resident to the eme and sustained a fra- refer a resident to p (#4), and failure to r (#17) with a draining	400 (#5), failure to send a rgency department who fell ctured hip (#14), failure to hysical/occupational therapy notify the PCP of a resident g, red, painful eye; bilateral ng edema; mycotic toenails;		-Chart audits were conducted to a the continuity oif care and coordina health care referral and follow-up in were met. Identified, unmet needs forwarded to the primary care provi to review. Audit completed.	ation of needs s were	10/24/201
	and an open wound 1. Review of Resid 11/29/18 revealed: -Diagnoses include	l to the outer right great toe. ent #14's current FL-2 dated d vascular dementia, ope, chronic kidney disease,		-Resident provider notes, progress and visit reports reviewed for any outstanding referral and follow-up Reviewed as of 9/24/19 and ongo	needs.	10/24/2019
	hyperkalemia and d -There was docume intermittently disorie -There was docume	epressive disorder. entation Resident #14 was		-Twenty-four hour communication implemented on 9/24/19 as an aver shift personnel to communicate re needs from shift to shift. Commun log is reviewed by the Care Manage presented daily to the Executive D	enue for sident nication gers and	
	11/29/18 revealed:	#14's care plan dated sometimes disoriented, had		during morning stand up meetings needs are addressed.		e 10/24/2019
	significant loss of m redirected. -Resident #14 was -There was no docu	ambulatory with a wheelchair. Imentation completed in the ssment of transfers to/from		-Order processing system re-esta with continual oversight. Training on 9/19 & 9/25/19 to the Care Ma and nursing personnel. Establish 9/25/19. Executive Director and c assigned Registered Nurse consu	provided nagers ed onsite	
Division of H		incontinent to bowel and		Care Managers daily to assure th are processed through the system	at orders	10/24/2019

6899

	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From pa	age 54	D 273			
	staff with bathing, o Review of an Incide Resident #14 dated	Resident #14 required extensive assistance from taff with bathing, dressing and toileting. eview of an Incident/Accident report for esident #14 dated 06/12/19 at 5:05am revealed: t was documented the incident occurred on		edical raining n 9/19/19	. 10/24/20	
	<ul> <li>It was documented the incident occurred on 06/12/19 at 5:05am.</li> <li>The incident report was completed on 06/12/19 at 2:39pm by the medication aide (MA) who worked the 11pm-7am shift the previous night (06/11/19) when the incident occurred.</li> <li>The resident was found sitting on the edge of her wheelchair "holding on".</li> <li>The resident had a skin tear on the upper outer right arm.</li> <li>The wound was cleaned, and an antibiotic cream was applied, and it was covered with a 4"x4" bandage.</li> <li>There was no documentation in the sections: location, witnessed, reported, staff who discovered incident, pain observation, body observation, referral/follow-up, or notifications.</li> <li>Review of a second Incident/Accident report for Resident #14 dated 06/12/19 at 2:00pm revealed:</li> <li>It was documented the incident occurred on 06/12/19 at 2:00pm.</li> <li>The incident report was completed by the 06/12/19 at 4:22pm, by the MA who worked the 7am-3pm.</li> </ul>			-Education and training provided importance of following physicia to maintain continuity of care to but not limited to the order proce system, lab orders, blood sugars notification, use of applying/reme hose, UTI's and orders for and u alarms. Training provided by Re Nurse daily from 9/17/19 thru 10 Ongoing through observations a	n orders include, essing s, parameter oving TED se of chair egistered /24/19.	ΓS,
				rounds. -Skin assessments are complete showers and reviewed by Care Skin assessments are presente Executive Director during morni meeting for review in coordination onsite or divisional nursing person assure health care needs are are accordingly. Implemented 10/14	1 Managers. d to the ng stand up on with onnel to ddressed	0/24/2019 g. 10/24/2019
	-The resident was " -There was no furth the pain or location -There was no door location, witnessed discovered incident observation, or refe -There was docume provider (PCP) was	umentation in the sections: , reported, staff who , pain observation, body		-Podiatrist conducted onsite visit 9/26/19 and is scheduled for a for visit on 12/6/19. Procedure estat that if a resident is in need of por services that can't wait until the scheduled visit, they are schedu an external provider in the comm	ollow-up blished diatry next led to see	10/24/201

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	of Health Service Re					01101/01/
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F	4/2019
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NAME OF I	PROVIDER OR SUPPLIER		r ASHE STF	STATE, ZIP CODE		
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(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 pa	age 55	D 273			
	at 2:30pm.					
	report for Resident -At 2:26pm on 06/1 facility. -EMS found Reside "screaming in pain" -Resident #14 was -Resident #14 state -Staff reported Res between 7:00pm ar (on 06/11/19). -The fall was unwith found lying on the f -The staff reported complaining about they called EMS. -Resident #14 had shoulder with contro covered with 4x4 ge -Resident #14 had was dressed by the arrival. -Resident #14 was	a right-hand laceration that facility staff prior to EMS transferred and arrived at the		<ul> <li>-Angel Program implemented to e the supervision of residents who widentified as a fall risk. Program pengagement and continuous supeduring waking hours which reducers risk of falls, behaviors and improved care needs. Implemented 10/24/19</li> <li>-Fall management program implete 9/24/19 in conjunction with Angel implemented on 10/24/19. These will run simutaneously and will be by the Executive Director in coord with nursing and divisional person</li> <li>-Fall management program includer meetings to review falls, incidents trends, interventions, supervision a follow-up. Implemented 9/24/19, or -Appointment calendar procedure on 9/25/19 to assure Resident approximation.</li> </ul>	vere romotes rvision es the es person 9. mented program programs monitored ination nel. es monthly reports, and ongoing. establish	10/24/201 10/24/201 / 10/24/201
	Review of Emerger Resident #14 dated -Resident #14 had -An x-ray of Reside right-sided acetabu	y department at 3:45pm. hcy Department notes for 1 06/12/19 at 4:20pm revealed: significant pain of her right hip. ent #14's hip showed a lar (hip) fracture. admitted to the hospital.		are facilitated as ordered. Transp aide schedules appointments in co with the Care Managers. Appoint calendar is reviewed with departm during stand up meetings conduct Executive Director.	oordinatio ment ient heads	
	Resident #14 dated -Resident #14 was control and consult procedure to repair	bital Discharge Summary for 1 06/21/19 at 2:44pm revealed: admitted on 06/12/19 for pain ation to undergo a major her pelvic fracture. found to be a non-surgical				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		HAL071015			09/2	24/2019
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D 273	candidate. -Resident #14 was care facility on 06/2 consultation and way thinners to prevent -Resident #14 had precautions on her every two hours to Review of Hospice 06/21/19 to 07/11/1 -Resident #14 was 06/21/19 with an or -Resident #14 was bladder. -Resident #14 was bladder. -Resident #14 was bladder. -Resident #14 had Oxycodone 5mg tal minutes prior to per -Hospice was called assess Resident #14 confirmed. Interview with a me 09/24/19 at 2:45pm -She had taken care was admitted on 09 -Resident #14 was complained about a -She was working th when Resident #14 hip pain. -She was told by a worked the 11pm-77 Resident #14 was for the morning of 06/1 -She witnessed Resident #14	discharged back to the adult 1/19 with a hospice build be placed on blood clots and pain medication. strict non-weight bearing right leg and was to be rolled avoid pressure ulcers. Notes for Resident #14 dated 9 revealed: admitted to hospice on der for complete bedrest. incontinent to bowel and ordered Fentanyl Transdermal CG/HR, one patch every 72 rol. to be medicated with blet for pain control, 30 rsonal care and repositioning. d to the facility on 07/11/19 to 14 for death that was dication aide (MA) on revealed: e of Resident #14 since she /28/18. a "sweet lady and never mything in the past". he 7am-3pm shift on 06/12/19 was complaining of severe bersonal care aide (PCA) who am shift on 06/11/19, that ound on the floor at 5:05am		<ul> <li>Training provided on items tha hazards in a special care unit a of how to protect the residents. provided by the Executive Direct 10/7/19.</li> <li>Daily shift rounds are being care bazards to assure the safety, hwelfare of the Residents.</li> <li>Quality Assurance: The Executive Director is resp monitoring in coordiantion with Managers to assure the quality care referral and follow-up and all the previously mentioned stand processes to assure comp. The onsite assigned Registered works with the Care managers clinical aspects in conjunction ED and Divisional Teams.</li> <li>The SVP monitors compliance visits, weekly conference calls monitoring through the previous systems, tools and processes onsite Registered Nurse at a r twice weekly.</li> </ul>	nd examples Training ctor on onducted free of health and onsible for the Care y health d reviews ystems tools oliance. ed Nurse on all with the e during site and usly mention with the	10/24/19

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY	
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:	<u> </u>			
		HAL071015	B. WING			R 09/24/2019	
IAME OF {	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
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		· · · · · · · · · · · · · · · · · · ·		DEFICIENC	Y)		
D 273	Continued From pa	age 57	D 273				
	breakfast and at lu	nch on $06/12/19$					
		4 was eating her breakfast on					
		crying and saying "I'm hurting,					
	I'm hurting".	siying and saying thin hunding,					
		also crying that day (06/12/19)					
	during her lunch m						
		ne moved her in her					
	wheelchair on the morning of 06/12/19 she would						
	"scream in pain".	norming of box rzi to she would					
		ing on Resident #14's hall that					
		), but she knew the other MA					
		n Resident #14's hall was					
		e Resident #14 transported to					
	the emergency dep						
		ther MA had called EMS after					
		n she saw Resident #14 at					
		then that EMS had not been					
:	called yet.						
	Interview with a sec	cond MA on 09/24/19 at					
1	3:00pm revealed:						
		was working the 7am-3pm shift					
		ive Director (ED) when					
		complaining of severe hip pain.					
		king 7am-3pm on 06/12/19					
		re of Resident #14 told her at					
		nt was experiencing a lot of					
		ast and lunch, and was					
		pain" when they put her back in					
	bed after both mea						
		00pm, when she was told by					
		aking care of Resident #14)					
		was having pain, she called					
		lent #14 transferred to the					
	emergency departr						
		e MA who worked the previous					
		/19, that Resident #14 obtained					
		e bathroom door knob during					
		that Resident #14 would not					
	stop yelling out that	t she was hurting.					

Division	of Health Service Re	egulation			i oran	
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL071015	B. WING		R 09/24/2019	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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	-She was told by tw 11pm-7am shift on was found on the file -On 06/12/19, the P #14's 200 hall found and called the MA fi another PCA from t -The two PCA's pick her back in bed. -The 11pm-7am MA report at the time R floor on 06/12/19 at -The MA completed day (06/12/19) when to write an incident -The MA denied tha the floor, but the PC #14 back in the bed statement that Resi the floor screaming duty witnessed Res No one witnessed Res No ene witnessed Res No one witnessed Res No one witnessed Res No ene witnessed Res No one witnessed Res No ene witnessed Res No one witnes	o PCAs that worked the 06/11/19 that Resident #14 bor. CA that worked on Resident 1 her on the floor at 5:00am or help. They then called he 100 hall to help. Ked Resident #14 up and put A did not write an incident esident #14 was found on the 5:05am. The incident report later that in she was called back to work report. It Resident #14 was found on CA who helped put Resident confirmed in a written dent #14 was found laying on in pain and that the MA on ident #14 laying on the floor. Resident #14's fall. witnessed falls was to send imergency department if in pain, and call the PCP t was sent to the emergency for the facility on #14's two incident reports, 6, with one at 5:05am and one information regarding the nt #14. what was outlined in the two ad falls, the resident should be	D 273			
)ivision of He	assessed and if the	e was any indication of injury		· · · · · · · · · · · · · · · · · · ·		<del>.</del>

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STATEME	of Health Service R T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		HAL071015		B. WING		R 09/24/2019	
	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
	ARDENS	300 WES	T ASHE STRE V, NC 28425				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 273	Continued From pa	age 59	D 273				
	emergency departr -The PCP was sup incidents. -Any resident shou emergency departr pain. -She did not know Resident #14 to the 06/12/19. -If Resident #14 ha on 06/12/19, EMS there should not ha until 2:00pm on 06. Attempted interview third shift PCA who 06/11/19 was unsu Attempted interview third shift MA who was unsuccessful. Attempted interview another third shift I 06/11/19 was unsu Attempted interview another third shift I 06/11/19 was unsu Attempted interview member on 09/24// unsuccessful. Telephone interview 09/24/19 at 4:25pm -She was told on th Resident #14 was department becaus found on the floor of 06/11/19.	posed to be notified of all Id be been sent out to the ment if found on the floor in there was a delay in sending e emergency department on ad severe pain during breakfast should have been called then; ave been a delay to call EMS /12/19. w on 09/24/19 at 4:00pm with a b worked 11pm-7am on ccessful. w on 09/24/19 at 4:10pm with a worked 11pm-7am on 06/11/19 w on 09/24/19 at 4:15pm with WA who worked 11pm-7am on ccessful. w with Resident #5's family 19 at 4:20pm was w with Resident #14's PCP on					

STATE FORM

Division	of Health Service R	egulation		· - · · ·		APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL071015	B. WING		R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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ASHE G		BURGAW	I, NC 28425			
(X4) ID PREFIX TAG			id Prefix Tag	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Continued From page 60		D 273			
	11pm-7am shift un she was being tran department for con -It was her expecta the floor and in pai emergency departr -She knew that Rea and was admitted t eligible for surgery. -She knew that Rea the facility "days lat notified "days later" many days later) th 2. Review of Resid 06/03/19 revealed of diabetes with hyper disease, vascular c abnormalities of ga communication def hypertension, and g disease (GERD). Review of Resident revealed an admiss Review of a primar Resident #5 dated -Use Novolog Flexy sliding scale. -Check blood sugar	til 06/12/19 at 2:00pm, when sferred to the emergency aplaints of pain. tion that any resident found on a should be sent to the ment immediately. sident #14 fractured her hip o the hospital but was not sident #14 was discharged to er" on Hospice and she was ' (she can't remember how at Resident #14 had died. ent #5's current FL-2 dated diagnoses included type II rglycemia, Alzheimer's lementia, dysphagia, it, repeated falls, cognitive icit, hyperlipidemia, gastroesophageal reflux				
	stick blood sugar (F units, for FSBS 251 301-350 give 6 unit units, and for FSBS and call the PCP. Review of Resident medication adminis	SBS) result of 201-250 give 2 -300 give 4 units, for FSBS s, for FSBS 351-400 give 8 400 and greater give 10 units #5's July 2019 electronic tration record (e-MAR)				
Division of He	alth Service Regulation					

Division	of Health Service Re	equiation						
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
		HAL071015	B. WING		F 09/2	{ 4/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
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ASHE G	ARDENS	BURGAW	, NC 28425					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		id Prefix Tag	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ige 61	D 273					
D 273	revealed: -There was an entr insulin pen with slid meals and at bedtir FSBS result of: 201 give 4 units, 301-35 units, 400 and grea PCP. -On 07/27/19 at 8:0 Resident #5's FSBS Novolog insulin adr documentation of F -On 07/28/19 at 8:0 Resident #5's FSBS Novolog insulin adr documentation of F Review of Resident revealed: -There was an entr insulin pen with slid meals and at bedtir FSBS result of: 201 give 4 units, 301-35 units, 400 and grea PCP. -On 08/12/19 at 5:0 Resident #5's FSBS Novolog insulin adr documentation of F -On 08/12/19 at 5:0 Resident #5's FSBS Novolog insulin adr documentation of F -On 08/17/19 at 8:0 Resident #5's FSBS Novolog insulin adr documentation of F -On 08/17/19 at 8:0 Resident #5's FSBS	y for Novolog Flexpen 100/ml ling scale; check FSBS before me; follow sliding scale for (-250 give 2 units, 251-300 50 give 6 units, 351-400 give 8 tter give 10 units and call the 00pm, staff documented S was 409 and 10 units of ministered; there was no PCP notification. 00pm, staff documented S was 475 and 10 units of ministered; there was no PCP notification. t #5's August 2019 e-MAR y for Novolog Flexpen 100/ml ling scale; check FSBS before me; follow sliding scale for 1-250 give 2 units, 251-300 50 give 6 units, 351-400 give 8 ater give 10 units and call the 00pm, staff documented S was 507 and 10 units of ministered; there was no PCP notification. 00pm, staff documented S was 507 and 10 units of ministered; there was no PCP notification. 00pm, staff documented S was 410 and 10 units of ministered; there was no PCP notification.	D 273		· ·			
	insulin pen with slid	y for Novolog Flexpen 100/ml ling scale; check FSBS before						
		ne; follow sliding scale for			- · ·			
Division of H	ealth Service Regulation							

STATE FORM

Division	of Health Service Re	egulation			i oran	/
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	. ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL071015	B. WING			२ 2 <b>4/201</b> 9
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
ASHE GARDENS		ASHE STRI NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	give 4 units, 301-35 units, greater than 4 PCP. -On 09/08/19 at 8:0 Resident #5's FSBS Novolog insulin adr documentation that -On 09/09/19 at 8:0 Resident #5's FSBS Novolog insulin adr documentation that	-250 give 2 units, 251-300 50 give 6 units, 351-400 give 8 400 give 10 units and call the 90pm, staff documented 5 was 458 and 10 units of ninistered; there was the PCP was notified. 90pm, staff documented 5 was 403 and 10 units of ninistered; there was the PCP was notified. 5 was 403 and 10 units of ninistered; there was the PCP was notified.				
	Progress Notes rev documentation Res the following blood 07/27/19 at 8:00pm 8:00pm, FSBS 507 FSBS 410 on 08/17 Observation of Res 8:30am revealed:	ealed there was no ident #5's PCP was notified of sugar results: FSBS 409 on , FSBS 475 on 07/28/19 at on 08/12/19 at 5:00pm, or				
	back wheelchair. -The resident had a sore that was cover shin. -The resident had s on both legs.	two-inch diameter reddened ed with a scab on his right everal small reddened sores				
	reviews it was deter interviewable. Interview with a me 09/19/19 at 3:25pm -Resident #5 "alway (above 201) that red	ons, interviews, and record mined Resident #5 was not dication aide (MA) on revealed: /s" had high blood sugars quired additional Novolog				
Division of He	insulin. ealth Service Regulation					<u> </u>

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED	
						R 09/24/2019	
		HAL071015			09/	24/2019	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST ST ASHE STRE				
ASHE G/	RDENS		N, NC 28425				
(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 AC CROSS-REFERENCED TO DEFICIEN(	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From pa	age 63	D 273	***************************************			
	Resident #5's PCF 400 since he was a -If she called the P 400 she would door notes" on the e-M4 -She did not know calling the PCP for 475 on 07/28/19. -The process was the "parameters no Resident Progress greater. -It was the respons Coordinator (RCC) Care/Licensed Pra MAs to assure the by the pharmacy a e-MAR.	PCP for a FSBS greater than sument it in the "parameters AR. why she did not document the 409 BS on 07/27/19 and to document calling the PCP in otes" on the e-MAR or in the Notes for BS results 400 and sibility of the Resident Care b, Director of Resident actical Nurse (DRC/LPN) and medication orders were filled nd listed correctly in the	1				
		w with Resident #5's family 19 at 11:00am was					
	10:15am revealed: -He had started wo 2019.	DRC/LPN on 9/23/19 at orking at the facility in July t #5 had a history of high blood					
	sugars and was or insulin.	a sliding scale Novolog					
	was to immediately under the "parame Resident Progress	SBS result of 400 and greater, y document in the e-MAR ters notes" section, or in the Notes. Resident #5's PCP was not					
	notified for several greater.	FSBS results of 400 and					

_Divisi	on of Health Service Re	egulation				
	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL071015	B. WING		R 09/24/2019	
NAME	OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
L ASHE GARDENS		T ASHE STR 7, NC 28425	EET			
(X4) I PREF TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 2	Interview with Resident #5 had a -Resident #5 had a -She had expected before each meal a sliding scale insulin -She had expected 400 and greater for -She could not rem Resident #5's FSB3 8:00pm, FSBS resident 8:00pm, FSBS resident 8:00pm, FSBS resident 8:00pm, FSBS resident 8:00pm, FSBS resident 8:00pm, -She knew she had several times in Se #5's FSBS greater additional insulin to -The potential effect prolonged uncontro be cardiovascular of disease, neuropath failure. Interview with the E 09/24/19 at 5:00pm -She started as the 09/16/19. -She did not know f notified of FSBS resident -She expected staff FSBS checks and F 3. Review of Reside 07/31/19 revealed: -Diagnoses include	dent #5's PCP on 09/23/19 at history of high blood sugars. the FSBS checks to be done and at bedtime and Novolog given as directed. to be notified for any FSBS Resident #5. ember if she was notified of S result of 409 on 07/27/19 at ult of 507 on 08/12/19 at ult of 507 on 08/12/19 at soult of 410 on 08/17/19 at been notified by the MA ptember 2019 for Resident than 400 and she ordered be given. ts on Resident #5 having olled high blood sugars could disease, peripheral vascular y, visual problems, and kidney excettive Director (ED) on revealed: ED for the facility on Resident #5's PCP was not sults of 400 and greater. f to follow the PCP's orders for PCP notification. ent #17's current FL-2 dated d dementia, hypertension,	D 273	DEFICIENCY)		
	anxiety/acute encer	phary artery disease, and phalopathy. entation the resident was				:
<del></del>	constantly disorient	ed and incontinent of bowel				
Division o	f Health Service Regulation					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	<u> </u>		R	
		HAL071015	B. WING			09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE GA	ARDENS		ST ASHE STRE N, NC 28425	ET			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 273	Continued From p	age 65	D 273				
	and bladder.						
	revealed: -There was an adr -The resident requ dressing, transfers	significant memory loss					
	Assessment Plan revealed: -The resident wan verbally abusive, d always disoriented loss requiring direc -The resident's ski "normal". Pressure were blank. -The resident was bladder. -The resident requist staff with bathing, a ambulation.	at #17's Initial Resident (care plan) dated 08/22/19 dered and resisted care; was lisruptive, injurious to self, ; and had significant memory ction. In section was documented as a areas, decubiti, and other incontinent daily of bowel and ired extensive assistance form dressing, transfers, and fully dependent upon staff for					
	2:15pm revealed: -The resident was showered by a per	Resident #17 on 09/23/19 at sitting in a shower chair being sonal care aide (PCA). ver legs were swollen from his his knees.					
	5:55pm revealed: -He was sitting in a	sident #17 on 09/24/19 at a wheelchair in his room. wearing dark no slip hospital					

ATEMENT OF DEFINIT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY	
			A. BUILDING:				
		HAL071015	B. WING			R 09/24/2019	
VAME OF PROVIDER OR SUPPLIER STREET A		DRESS, CITY, S	TATE, ZIP CODE				
SHE GARDENS			TASHESTRE V, NC 28425	ET			
REFIX (EAC	H DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 273 Continu	ed From pa	ige 66	D 273				
the PCA -The res -The res lower ex -There v bilateral where th Interview on 09/24 -The far had bila -The far have be bilateral Interview Care/Lic 09/19/19 -All staff Primary concern signs ou redness normal f -The las in Augus -Training of the ne	tremities ju vere circum lower extreme ie top of the v with a fam l/19 at 5:58 nily member ceral lower of nily member d the reside y edema. nily member d the reside y edema. nily member of the reside y edema. nily member of the reside fower extreme with the D ensed Prace of at 3:55pm were trained or the reside bruising, a or the reside bruising, a or the reside t training or t 2019. y on when the whire proce with a PC, t manual for the top of the top of the top of the top of the top of the top of the top of the top of the top of the top of the top of the top of the of the top of top of the top of t	ed on when to notify the der (PCP) of resident change in status, falls, vital eter, unresponsiveness, and anything that was not ent. when to notify the PCP was o notify the PCP was also part					

STATE FORM

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			FLGIED	
		HAL071015	B. WING	B. WING		R 09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE GA	ARDENS	300 WES	T ASHE STRE	ET			
		BURGAV	V, NC 28425				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From pa	nge 67	D 273				
	•						
	edema.	a ba a su da ana a ba a la a al falal fila a BAG					
		nber when she had told the MA					
		pilateral lower extremity					
	edema.					Ì	
		e documented when she told					
		17 had bilateral lower extremity					
		e never documented on the					
	residents.	wa kaon raananaihia far					
		ive been responsible for					
		#17's Primary Care Provider					
		sident's bilateral lower					
	extremity edema.						
	Interview with a sec	cond PCA on 09/23/19 at					
	2:19pm revealed:						
		swelling in both of his legs					
	since he first arrive						
		As before Labor Day Residen	t I				
	#17 had swelling in						
		which MA she had told about					
	Resident #17's bilat						
		ient when or who she told					
		's bilateral leg swelling					
		did not document on the					
	residents.						
		with the DRC/LPN on					
	09/23/19 at 2:39pm						
	-The MA who was o	caring for the resident would				ĺ	
		eporting any abnormalities to					
		erson or by a phone call.					
		CP would be documented in					
	the resident care no						
		tact the on-call provider for					
	nights, weekends, o	ent #17's PCP would answer					
	call after hours.						
		dent #17's bilateral lower					
		everal times in passing the					
	resident.	wordi unico in paoolity inc				1	
	ealth Service Regulation						

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Division	of Health Service Re	egulation			1 01 00	
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL071015	B. WING		R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, 8	STATE, ZIP CODE	· · ·	
ASHE G	ARDENS	300 WES1	ASHE STR NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	-Resident #17's low come and go deper resident was up dur -Resident was up dur -Resident #17's PC resident's legs 2 an -That visit was doct and was not in the re- -Not all of Resident been filed in the resident been filed in the resident -Not all of Resident been filed in the resident -Not all of Resident been filed in the resident -Not all of Resident -Not all of Resident -Not all of Resident -Not all of Resident -Resident #17 had s last part of July 201 -She had told Resident -She did not docum Resident #17's legs -She thought Resident PCP on 07/31/19. -She was told by Resident swelling in the resident resident's hernia. -She had not told Resident	rer extremity edema would ading on how much the ring the day. P examined the swelling in the d ½ weeks ago. Imented in a PCP visit note resident's facility record. #17's PCP visit notes had ident's record. all Resident #17's PCP visit filed in Resident #17's record. on 09/23/19 at 3:40pm swelling in his legs since the 9. ent #17's PCP about the leg after 07/29/19. ent informing the PCP of	D 273			
	by the PCP on 07/3 Review of Resident revealed: -There were visit no and 08/14/19.					
Vision of He	Resident #17 on 09, provided prior to sur	s were requested for /23/19; however, were not vey exit. #17's progress notes dated				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CONTECTION	DENTRIOR NOMBER.	A. BUILDING:	·····			
		HAL071015	B. WING			R 09/24/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE G	ARDENS		STASHE STRE V, NC 28425	ET			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET	
D 273	Continued From pa	ige 69	D 273				
	edema. -There was no doct was notified of the	umentation of lower extremity umentation the resident's PCP lower extremity edema.					
	09/24/19 at 5:10pm -He did not know R extremity edema. -He expected staff had bilateral lower assess the resident -Resident #17 used not elevate his legs disease (PVD). (P <sup>V</sup> to the legs occurrin cause pain and cra buttocks.) -If he had been not bilateral lower extre ordered compressi pressure to decrea elevate his legs to o Lasix (a medication the body). -The bilateral lower Resident #17 at ris blood clot), and sta	esident #17 had bilateral lowe to let him know Resident #17 extremity edema so he could t. I a wheelchair for mobility, did b, and had peripheral vascular VD causes reduced blood flow g when the veins narrow which mping in the legs, hips, and ified about Resident 17's emity edema he could have on stockings (hose that emit se swelling), had the resident decrease swell, or ordered in which helps decrease fluid in rextremity edema placed k for deep vein thrombosis (a sis disease because he had	, 1				
	09/24/19 at 6:15pm -She just started at -She did not know I lower extremity ede -She expected the	Executive Director (ED) on a revealed: the facility 09/16/19. Resident #17 had bilateral					

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<b>Division</b>	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL071015	B. WING		R 09/24/2019	
	PROVIDER OR SUPPLIER			STATE, ZIP CODE	001	
			TASHE STR	,		
ASHE G	ARDENS		, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 pa	ige 70	D 273			
	Based on observations, interviews, and record reviews it was determined Resident #17 was unable to answer questions about his bilateral lower extremity edema.					
	5:55pm revealed: -He was sitting in a -The resident was w footies. -The resident's hos a personal care aid -There was an oper dime located on the toe.	tesident #17 on 09/24/19 at wheelchair in his room. wearing dark no slip hospital pital footies were removed by e (PCA). In wound the size of a half e residents right outer great yound was cratered, brownish				
		ne wound was flaky, and redness extending around the				
	09/24/19 at 5:58pm -The family membe had a wound on his -The family membe resident had a woun -The family membe have seen the PCP great toe. -The family membe	r did not know the resident r right great toe. r was upset because the nd on his right great toe. r expected the resident to for the wound on his right r expected to have been ilty the resident had a wound				
Division of H	09/19/19 at 3:55pm -All staff were traine Primary Care Provid	tical Nurse (DRC/LPN) on				

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			R
		HAL071015	B. WING	<u> </u>		24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ASHE G.	ARDENS		「ASHE STRE , NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pa	age 71	D 273			
	redness, bruising, a normal for the resid -The last training of in August 2019. -Training on when t of the new hire prod Interview with the P revealed: -She provided pers -She had not notice #17's right great toe -If she had not notice #17's right great toe -If she had not notice right great toe she of A second interview 09/23/19 at 2:39pm -The MA who was of be responsible for changes in the reside call. -The MA would con nights, weekends, of -Sometimes Reside call after hours. A second interview 09/24/19 at 6:05pm -He had seen the w Resident #17's righ around the second -He did not notify R	n when to notify the PCP was to notify the PCP was also part cess. PCA on 09/24/19 at 5:55pm onal care to Resident #17. ed the wound on Resident #17. ed the wound on Resident #17's would have told the MA. with the DRC/LPN on n revealed: caring for the resident would reporting any abnormalities or dent's skin to the Primary Care ter in person or by a phone tact the on-call provider for or holidays ent #17's PCP would answer with the DRC/LPN on n revealed: yound to the outside of t great toe that was not open week of September 2019. tesident #17's PCP about the		·		
	-Sometimes Reside call after hours. A second interview 09/24/19 at 6:05pm -He had seen the w Resident #17's righ around the second -He did not notify R wound because the closed at that time. -He had not followe	with the DRC/LPN on revealed: yound to the outside of t great toe that was not open week of September 2019. lesident #17's PCP about the wound was scabbed and ed up on Resident #17's wound the wound was healing and				

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Division	of Health Service Re	egulation			10100	
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED
		HAL071015	B. WING			२ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	-	
ASHE G	ARDENS		「ASHE STR , NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Telephone interview 06/24/19 at 6:00pm -He had seen Resid know about the wol right great toe. -He had not been to #17's outer right toe -He expected staff thad a wound. -He would have ord ointment for the word -It was a possibility become infected if the Review of Resident from 06/30/19 to 09 -There was no docu Resident #17's outer -There was no docu was notified of the w right great toe. Interview with the E 09/24/19 at 6:15pm -She just started at -She did not know F his outer right great -She expected Resident informed about the second discovered. Based on observation reviews it was detern unable to answer qu his outer right great c. Observation of Re 5:55pm revealed:	<ul> <li>with Resident #17's PCP on revealed:</li> <li>dent #17 last week and did not und to Resident #17's outer</li> <li>old of a wound to Resident #17</li> <li>o have told him Resident #17</li> <li>ered a triple antibiotic und to prevent infection. the wound could have eft untreated.</li> <li>#17's progress notes dated /20/19 revealed:</li> <li>mentation of a wound to resident *17's outer</li> <li>week and did not awound to prevent infection. The wound could have eft untreated.</li> <li>#17's progress notes dated /20/19 revealed:</li> <li>mentation of a wound to er right great toe.</li> <li>mentation the resident's PCP wound to Resident #17's outer</li> <li>xecutive Director (ED) on revealed:</li> <li>the facility 09/16/19.</li> <li>Resident #17 had a wound to to toe.</li> <li>dent #17's PCP to have been wound as soon as it was</li> <li>ons, interviews, and record mined Resident #17 was uestions about the wound on toe.</li> <li>esident #17 on 09/24/19 at</li> </ul>	D 273			
vivision of He	alth Service Regulation			······································		

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	Сом	E SURVEY PLETED	
HAL071015	B. WING			R 09/24/2019	
STREETA	DDRESS, CITY, ST	TATE, ZIP CODE			
		ET			
TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLET DATE	
ge 73 ed his right eye on request. v to cream colored mucus to upper eye lashes and lid. The l. resident's right upper eye lid n. dents lower right eye was r and swollen. dent #17 on 09/24/19 at bainful. ve helped with the pain. bw long his right eye had been hily member for Resident #17 pm revealed:	D 273	DEFICIENC	27)		
	IDENTIFICATION NUMBER: HAL071015 STREET A 300 WES BURGAN TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 73 ed his right eye on request. v to cream colored mucus to upper eye lashes and lid. The l. resident's right upper eye lid n. dents lower right eye was r and swollen. dent #17 on 09/24/19 at painful. /e helped with the pain. bw long his right eye had been hily member for Resident #17 pm revealed: ight eye pain and drainage for r had told Medication Aides e resident's right eye was r could not remember which an told. sonal care aide (PCA) on revealed she had not seen t eye was red and draining. hirector of Resident t eye was red and draining.	IDENTIFICATION NUMBER:       A. BUILDING:         HAL071015       B. WING         STREET ADDRESS, CITY, ST 300 WEST ASHE STREE BURGAW, NC 28425         TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)       ID PREFIX TAG         ge 73       D 273         ge 74       D 273         ge 75       D 09/24/19 at         painful.       Prehelped with the pain.         pw long his right eye had been       Prehelped with the pain. </td <td>IDENTIFICATION NUMBER:       A. BUILDING:         HAL071015       B. WING         STREET ADDRESS, CITY, STATE, ZIP CODE         300 WEST ASHE STREET         BURGAW, NC 28425         TEMENT OF DEFICIENCIES       ID         PREFIX       PREFIX         CROSS-REFERENCED TO COSE       ID         ge 73       D 273         ge 173       D 273         ge 173       D 273         ge his right eye on request.       V to cream colored mucus to upper eye lashes and lid. The last on the pain.         dents lower right eye was r and swollen.       ID         dents lower right eye had been         will member for Resident #17         pm revealed:         ight eye pain and drainage for         r had told Medication Aldes         e resident's right eye was         r could not remember which an told.         sonal care aide (PCA) on revealed:         revealed she had not seen t eye was red and draining.         irrector of Resident titical Nurse (DRC/LPN) on revealed:         do on when to notify the der (PCP) of resident chard, falls, vital</td> <td>IDENTIFICATION NUMBER:     A. BUILDING:     09/       HAL071015     B. WING     09/       STREET ADDRESS, CITY, STATE, ZIP CODE     300 WEST ASHE STREET     09/       BURGAW, NC 28425     D     PROVIDER'S PLAN OF CORRECTION SHOULD BE       TEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION SHOULD BE       CROSS-REFERENCED BY FULL     PREFIX     PROVIDER'S PLAN OF CORRECTION SHOULD BE       SCIDENTIFYING INFORMATION)     PREFIX     PREFIX       ge 73     D 273     D 273       ad his right eye on request.     v to cream colored mucus to     ppper eye lashes and lid. The       esident's right upper eye lid     n.     D       n.     to cream colored mucus to     ppper eye lashes and lid. The       esident's right upper eye lid     n.     D       n.     to cream colored mucus to     ppper eye lashes and lid. The       esident's right eye was     r     r       r and swollen.     Hend been     Now long his right eye was       r and swollen.     r     r       beinful.     re helped with the pain.     r       r had told Medication Aldes     r     r       r could not remember which     n     r       n told.     sonal care aide (PCA) on     r       revealed:     revealed:     r</td>	IDENTIFICATION NUMBER:       A. BUILDING:         HAL071015       B. WING         STREET ADDRESS, CITY, STATE, ZIP CODE         300 WEST ASHE STREET         BURGAW, NC 28425         TEMENT OF DEFICIENCIES       ID         PREFIX       PREFIX         CROSS-REFERENCED TO COSE       ID         ge 73       D 273         ge 173       D 273         ge 173       D 273         ge his right eye on request.       V to cream colored mucus to upper eye lashes and lid. The last on the pain.         dents lower right eye was r and swollen.       ID         dents lower right eye had been         will member for Resident #17         pm revealed:         ight eye pain and drainage for         r had told Medication Aldes         e resident's right eye was         r could not remember which an told.         sonal care aide (PCA) on revealed:         revealed she had not seen t eye was red and draining.         irrector of Resident titical Nurse (DRC/LPN) on revealed:         do on when to notify the der (PCP) of resident chard, falls, vital	IDENTIFICATION NUMBER:     A. BUILDING:     09/       HAL071015     B. WING     09/       STREET ADDRESS, CITY, STATE, ZIP CODE     300 WEST ASHE STREET     09/       BURGAW, NC 28425     D     PROVIDER'S PLAN OF CORRECTION SHOULD BE       TEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION SHOULD BE       CROSS-REFERENCED BY FULL     PREFIX     PROVIDER'S PLAN OF CORRECTION SHOULD BE       SCIDENTIFYING INFORMATION)     PREFIX     PREFIX       ge 73     D 273     D 273       ad his right eye on request.     v to cream colored mucus to     ppper eye lashes and lid. The       esident's right upper eye lid     n.     D       n.     to cream colored mucus to     ppper eye lashes and lid. The       esident's right upper eye lid     n.     D       n.     to cream colored mucus to     ppper eye lashes and lid. The       esident's right eye was     r     r       r and swollen.     Hend been     Now long his right eye was       r and swollen.     r     r       beinful.     re helped with the pain.     r       r had told Medication Aldes     r     r       r could not remember which     n     r       n told.     sonal care aide (PCA) on     r       revealed:     revealed:     r	

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Division	of Health Service Re	egulation			,	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL071015	B. WING			२ 2 <b>4/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
			ASHE STR			
ASHE G	ARDENS		, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 pa	ige 74	D 273			
	in August 2019. -Training on when t of the new hire proc	to notify the PCP was also part cess.				
	A second interview 09/23/19 at 2:39pm	with the DRC/LPN on revealed:				
		caring for the resident would				
		eporting any abnormalities or dent's eye to the Primary Care				
		er in person or by a phone				
		tact the on-call provider for				
	nights, weekends, d					
	-Sometimes Reside call after hours.	ent #17's PCP would answer				
	6:05pm revealed he	h the DRC/LPN on 09/24/19 at e had just been told by the s right eye was draining and				
	Review of Resident from 06/30/19 to 09	#17's progress notes dated				
		umentation the resident's right				
	eye was red, drainir	ng, and/or painful.				
		umentation the resident's PCP				
	draining, red, and/o	he resident's right eye				
	diaming, red, and/o					
		with Resident #17's PCP on				
	09/24/19 at 6:00pm					
		ne resident 1 week ago. President kept his right eye				
	closed.	resident kept nis fight eye				
		t eye was not draining or red				
	at that visit.					
		o have notified him the				
		was red and draining.				
		' of had conjunctivitis. s right eye was red and			Ì	
Division of He	ealth Service Regulation	ingricoyo was rea ana				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·			e survey Pleted
			B, WING			R
		HAL071015				24/2019
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
SHE G	ARDENS		ST ASHE STRE N, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) Complet Date
D 273	Continued From pa	age 75	D 273	<u></u>		
	draining, he would drops for the resid	have ordered antibiotic eye ent.				
	Interview with the Executive Director (E 09/24/19 at 6:15pm revealed: -She started working at the facility 09/16 -She did not know Resident #17's right painful, red, swollen, and draining. -She expected Resident #17's PCP to h notified the residents right eye was pain ovellon, and draining.	n revealed: ng at the facility 09/16/19. Resident #17's right eye was n, and draining. sident #17's PCP to have been				
	swollen, and draini					
	-He was sitting in a	a wheelchair in his room. wearing dark no slip hospital				
	the personal care a -All ten of the resid dark yellow.	lent's toenails were thick and				
	left great to fifth to tips of his toes. -The resident's left	ht second to fifth toenails and enails extended just past the t great toenail was dark yellow				
	dark gray to black -The left great toe	nail lifted from the nail bed and ed and hail was black in color.	1			
	Care/Licensed Pra 09/24/19 at 6:05pr -He knew Residen	t #17's toenails were thick,				
	and the left great to bed and between f in color with jagge	led past the resident's toes; oe nail was lifted from the nail the nail bed and nail was black d edges. ed Resident #17's toenails to				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		· · · · · · · · · · · · · · · · · · ·				R
		HAL071015	. B. WING		09/	24/2019
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S T ASHE STRE	,		
ASHE G	ARDENS		V, NC 28425	:E I		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pa	ge 76	D 273	, <u>, , , , , , , , , , , , , , , , , , </u>		
	going to refer the re on the next schedu -Resident #17 had the podiatrist. -He did not know w scheduled to visit th -He could not reme podiatrist was at the -The podiatrist was on 09/07/19 but car Dorian.	mber the last time the e facility. scheduled to visit the facility nceled because of Hurricane		·		
	from 06/30/19 to 09 -There was no docuto toenails were thick, resident's toes; and lifted from the nail b and nail was black i -There was no docu	#17's progress notes dated /20/19 revealed: umentation the resident's yellow, and extended past the the left great toe nail was bed and between the nail bed in color with jagged edges. umentation the resident's PCP he resident's toenails.		·		
	09/24/19 at 6:00pm -He had not been n toenails being yellow toes, or the left great nail bed and black a between the nail an -If he had of known would have referred	otified of Resident #17's w, thick, extending past his at toenail elevated from the at the base of the nail and d nailbed. of the resident's toenails, he the resident to podiatry. to have informed him of the				
	09/24/19 at 6:15pm -She just started at -She did not know F	xecutive Director (ED) on revealed: the facility 09/16/19. Resident #17's toenails where led past his toes, and the left				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		E SURVEY PLETED
			A, BUILDING: _			
		HAL071015	B. WING			R 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ASHE GA	ARDENS		T ASHE STRE /, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pa	ge 77	D 273			~~~~
	-She expected Res	evated from the nail bed. ident #17's PCP to have been dition of the resident's toenails red.				
	reviews it was deter unable to answer q 4. Review of Resid 11/21/18 revealed of dementia, anemia, osteoarthritis, depre	ons, interviews, and record rmined Resident #17 was uestions about his toenails. lent #4's current FL-2 dated liagnoses included vascular spinal stenosis, hypertension, ession, gastro-esophageal othyroidism, anxiety, and left ne.				
	revealed: -There was a physic 06/14/19 for physic therapy (PT/OT) to indicated to increas signature for the pri the request and dat -There was a second dated 06/18/19 for large resident may benef of falls, increase sa independence. The PCP on the request -There was a physic PT/OT to evaluate a decrease risks of fa -There was a physic PT/OT to evaluate a perform self-care ta decrease risks of fa	nd physician's order request PT/OT documenting the it from PT/OT to decrease risk fety and increase functional ere was a signature for the t and dated 06/26/19. cian's order dated 08/14/19 for and treat to increase ability to asks, increase safety, and alls. cian's order dated 09/04/19 for and treat to increase overall ty to facilitate increased		· · · · · · · · · · · · · · · · · · ·		
	Review of a face-to	-face primary care provider lent #4 dated 06/19/19				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED
						R
		HAL071015	B. WING	·······	09/	24/2019
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
ASHE G/	ARDENS		ST ASHE STRE N, NC 28425	:61		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	walker. -The resident had a -The resident had a the recent and dista -The resident expe secondary to arthrit knees and had a rig -The resident would improving gait, bala extremities. Review of a face-to encounter for Resid revealed: -The resident was g -The resident was g -The resident had a -The resident had a -The resident had s distant past with co -The resident was not a b walker. -The resident had s distant past with co -The resident had s distant past with co -The resident had s distant past with co -The resident was not a b walker. -The resident was ob rather than using it increasing her insta -A wheelchair was i was observed push sitting and using it a -The resident would improving gait, bala extremities.	generally weak. Jated independently with a a slow shuffling waddle gait. experienced recurrent falls in ant past. rienced multiple joint aches tic changes to both hips and gid gait. d benefit from PT/OT for ance, and strength to lower b-face primary care provider dent #4 dated 08/14/19 generally weak. Jated independently with a a slow shuffled gait. remained unstable and the h risk for falls with injuries. several falls in the recent and nsequent injuries. Intation had declined and the candidate for a cane or a been tried with those assistive baserved carrying the walker appropriately, further ability. mplemented, and the resident ing the wheelchair rather than appropriately. d benefit from PT/OT for unce, and strength to lower				
	Review of Resident	#4's record revealed:				

TATEMEN	of Health Service Re VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL071015	B. WING			R 24/2019
	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
	PROVIDER OR SUPPLIER		TASHE STRE			
SHE G	ARDENS		, NC 28425			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
D 273	Continued From pa	age 79	D 273		<u> </u>	
	dated 07/03/19.	entation for an OT evaluation				
	evaluations for Res	sident #4. umentation for any PT				
	the survey revealed	esident #4 at intervals during I the resident walked in the				
	-	w gait using a rollator walker. primary care provider (PCP) on				
	09/18/19 at 11:30ar				,	
	-Previous fails for F	Resident #4 were "sometimes ng to keep the resident from				
	representative on 0	ontracted therapy provider )9/19/19 at 11:35am revealed: any notes for PT evaluations				
	12/19/18 through 0 unsteadiness which	on physical therapy from 5/16/19 for weakness and n was discontinued by the PCP				
	The physical therap approval from the F					
	which was dated 07 -She thought Resid	lent #4 may have indicated				
	participate in PT. -The therapy provid	uation, that she would not der communicated with the				
	Director (ED) if a re expected the facility	rdinator (RCC) or Executive esident refused therapy and y to document the refusals and				
		continue the therapy. ler screened residents at the				

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Division	of Health Service Re	egulation			
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL071015	B. WING		R 09/24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
ASHE G	ARDENS		ASHE STR NC 28425	EET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROD DEFICIENCY)	D BE COMPLETE
D 273	facility quarterly. -Therapy referrals of screening, from a fa -The 09/04/19 phys referral to PT was we to continue to evalue back to baseline. Second interview we provider representation revealed: -A verbal community former RCC (name #4 refused the PT effective -The contracted the the 08/14/19 order father -The 09/04/19 PT/C received on 09/18/12 called her about the was probably promp- Either the PT or Offective completed today (00 evaluation would be (09/21/19). Interview with the D (DRC/LPN) on 09/1 -Orders for PT/OT effor processing. -He was responsible for evaluations to the provider. -He expected OT/P non-emergent, to be -He was not sure iffective evaluation order was but knew she refused August 2019.	could come from their all, or from the physician. dician's order request for written for a new assessment tate the resident to get her with the contracted therapy tive on 09/19/19 at 2:58pm cation was provided to a d) on 07/03/19 when Resident evaluation after three attempts. Frapy provider never received for OT/PT evaluation. OT evaluation order was 9 when the regional nurse PT/OT evaluations, which beted by surveyor inquiry. T evaluation would be 9/19/19) and the other e completed on Saturday irrector of Resident Care 9/19 at 6:30pm revealed: evaluations were given to him e for sending PT/OT orders e in-house rehab therapy T orders, which he considered e processed within 24 hours.	D 273		
Division of He		ovider, the orders were			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BOILDING.	· · · · · · · · · · · · · · · · · · ·	R		
		HAL071015	B. WING			09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE			
ASHE GA	ARDENS		TASHESTRE V, NC 28425	ET			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLET	
D 273	Continued From pa	age 81	D 273				
	physically handed t	o a therapy provider					
	representative.						
		response from the in-house					
		e same day as the order was					
		tracted therapy provider					
	representative.						
	evaluation order da	hat happened to the PT/OT					
		aled 09/04/19.					
	Telephone interview	v with the previous ED on					
	09/20/19 at 12:25p						
	-Her last day as ED	) was 09/13/19.					
		pration had requested the					
		be sent to the in-house rehab					
	provider.	tion requests were provided to					
		tion requests were provided to provider by "walking it over to					
	them".	provider by waiking it over to					
		evaluations to be initiated					
	within 24 hours.						
		scussed at daily stand up					
	meetings.						
		Resident #4 did not have the					
	ordered.	19 PT/OT evaluations as					
	Based on observat	ions and record review,					
	Resident #4 was no						
	The facility failed to	assure referral and follow up					
		ho sustained an unwitnessed				1	
		as picked up and placed back					
		members, allowed to cry and					
		l emergency management l on 06/12/19. On emergency					
		e resident was found alone, in					
		in pain; later diagnosed with a					
		ng surgery but was not a					
	surgical candidate.	The facility failed to notify					
		nary Care Provider (PCP) of					

Division	of Health Service Re	egulation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE S COMPL	
		HAL071015	B. WING		R 09/24	4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	-	
ASHE G	ARDENS		Í ASHE STR , NC 28425	EET		
(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	(X5) COMPLETE DATE
D 273	Continued From pa	ge 82	D 273			
	and skin breakdow	ema, eye pain and drainage, n. The facility's failure resulted d neglect which constitutes a				
	The facility provided accordance with G.	d a Plan of Protection in S. 131D-34 on 09/19/19.				
		TE FOR THE TYPE A1 . NOT EXCEED OCTOBER				
D 276	10A NCAC 13F .09	02(c)(3-4) Health Care	D 276			
	following in the resid (3) written procedur a physician or other and (4) implementation	assure documentation of the				
,	This Rule is not me TYPE B VIOLATION	N				
	reviews, the facility provider orders were	ons, interviews and record failed to assure primary care e implemented for 5 of 8 #2, #5, #6, #10, #17) for				
Division of He	alth Service Regulation	*			L	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY	
	OF GORREOHON	IDENTIFICATION NOMBER.	A. BUILDING	):			
		HAL071015	B. WING			R 09/24/2019	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
ASHE GA	RDENS		FASHE STR , NC 28425				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	, 110 20420	PROVIDER'S PLAN OF CORREC	rion	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULI. .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLET DATE	
D 276	Continued From pa	age 83	D 276				
	fingerstick blood su	ugar checks (#5, #10),		The Resident health care needs a	nd		
		eterrent (TED) hose (#5),		services have been addressed thr			
		i), laboratory tests (#5, #6, #17) d chair alarms (#2).		the following systems, tools and p	rocesses;		
	and wheelchair and	u chail alarms (#2).		-Chart audits were conducted to	assure		
	The findings are:			continuity of care in coodination			
	-			implementation of procedures, tr			
		ent #5's current FL-2 dated		and other orders, including provide progress and visit notes. Outstar			
	06/03/19 revealed:	ed type II diabetes with		referral and follow-up needs add			
	hvperdlycemia. Alz	heimer's disease, vascular		wtih primary care provider.			
		jia, abnormalities of gait,		Charts completed 9/24/19		1/8/201	
		nitive communication deficit,					
	hyperlipidemia, hyp			-Twenty-four hour communication			
		reflux disease (GERD). documented as constantly		implemented on 9/24/19 as an av			
	disoriented.	documented as constantly		for shift personnel to communicat Resident needs from shift to shift			
		entation resident required		Communication log is reviewed b			
	assistance with bat			managers and presented at daily			
	- · · · · ·			meeting with the Executive Direc			
		t #5's Resident Register sion date of 06/11/19.		onsite assigned RN in coordination			
	revealed an admis	sion date of 00/11/19.		Services and Senior Managemer			
	Review of Residen	t #5's Initial Resident		Leadership review procedure and		e	
		dated 08/29/19 revealed:		during site visits. Ongoing.	•	11/8/201	
		sometimes disoriented, had					
	directed.	loss and needed to be		New leb presedure established	Cara		
		non-ambulatory and required a		-New lab procedure established. managers process all lab orders			
	wheelchair.	····· · ······ · · · · · · · · · · · ·		unable to draw, Care Managers			
		fully dependent upon staff for		and faciliate an alternate solution	ו in		
		n, bathing, dressing, grooming,		coordination with Primary Care F			
	and transferring.			(as applicable). Lab vendor conc labs weekly. Procedure establis		3	
	a. Review of Resid	ent #5's physician's order		10/7/19 and ongoing.		11/8/202	
	dated 06/17/19 rev	ealed an order for fingerstick					
		6) checks four times a day					
	before meals and a	at pedlime.					
		t #5's June 2019 electronic					
icion of H	ealth Service Regulation						

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF		
				a		र	
		HAL071015	B. WING			09/24/2019	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ASHE G	ARDENS	300 WEST ASHE STREET. BURGAW, NC 28425					
(X4) ID Prefix Tag	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 276	Medication Administ revealed: -There was a comp checks four times a bedtime, scheduled and 8:00pm. -There was no door documented from 0 -There were 2 of 4 sugar readings wer -Resident #5's bloo 344 between 06/25 Based on observati reviews, it was dete interviewable. Interview with a me 09/19/19 at 3:25pm -Resident #5 often would sometimes re given based on his -Resident #5's FSB checked every day -She did not know t #5's FSBS checks b Attempted interview member on 09/20/1 unsuccessful. Interview with the F (Former ED) on 09/ -She did not know t #5's FSBS checks b	stration Record (e-MAR) puter-generated entry for FSBS a day before meals and at a t 7:00am, 12:00pm, 5:00pm umentation of any blood sugar 06/11/19 through 06/24/19. opportunities when no blood e documented on 06/25/19. d sugars ranged from 110 to /19 and 06/30/19. tons, interviews, and record ermined Resident #5 was not dication aide (MA) on revealed: had high blood sugars that equire additional insulin to be sliding scale. S was supposed to be before meals and at bedtime. here was a delay in Resident being done in June 2019. v with Resident #5's family 9 at 11:00am was ormer Executive Director 20/19 at 12:30pm revealed: here was a delay in Resident being done in June 2019. coordinator (RCC) audited in July 2019 and did not is a delay in FSBS checks	D 276	-Order processing system re- with training on 9/19 & 9/25/1 Care Managers and Nursing Care Managers are responsit utilizing this system daily. Ex Director and onsite assigned with Care managers daily to a are processed accordingly. C -Training provided by a Regis on 9/19/19 the following; bloo parameters, PCP notification management and emergency treatment. -Additional training and revie on 10/17/19. Training provided on 9/19 & Registered Nurse on the follo -Following physician orders -Maintaining continuity of car -Order processing system uti -TED hose use/application/re -Blood sugar parameters & n -Urinary track infection educa and symptoms -Physician ordered weights & -Chair alarms, use and respo -Lab orders, procedure and r Onsite assigned Registered I systems daily to assure comp coordination with the Care M Executive Director.	9 with the Personnel. ble for recutive RN consult assure orders ongoing. stered Nurse od sugar s, falls, fall y medical w conducted 10/17/19 by owing; e lization emoval otifications ation, preventic documentatic onsibility esponsibility Nurse monitori pliance in anagers and	n	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY
			A. DUILDING	•		२
		HAL071015	B, WING			<u>. 24/2019</u>
NAME OF F	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
ASHE GA	ARDENS		T ASHE STR /, NC 28425			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLE DATE
D 276	Continued From pa	nge 85	D 276	Quality Assurance:		
	Interview with the D	Director of Resident		The Executive Director will m		
	Care/Licensed Prac	ctical Nurse (DRC/LPN) on		compliance in health care pro		
	09/23/19 at 10:15a			implementation and other ord specified in coordination with		
		rking at the facility in July		Care Managers daily during		<b>N</b>
1	2019. He was told there l	had been some delay with		The onsite assigned Registe		
		had been some delay with his FSBS checks prior to his		monitors compliance daily du	ıring	
	hire.			observations, review of syste		
				oversight in coordination with	n all	4 10 100
		dent #5's Primary Care		disciplines.		11/8/20 <sup>-</sup>
		09/23/19 at 1:00pm revealed:		-The SVP monitors complian	ce durina site	
		history of high blood sugars.		visits, weekly conference cal		
		lent #5 was getting his FSBS		controls through systems, too		
	admitted on 06/11/	n sliding scale when he was		process reviews. SVP follow		
		or on 06/17/19 for FSBS		the onsite assigned Register		
		a day before meals and at		Executive Director and Divisi		1
	bedtime.	-		to assure compliance in Hea	ith Care.	11/8/20
		that Resident #5 did not get his				
		he was admitted until				
		time she re-wrote the order.				
	before each meal a	FSBS checks to be done				
		ts on Resident #5 having				
		led high blood sugars could				
	be cardiovascular o	lisease, peripheral vascular				
	· ·	y, vision problems, and kidney				
	failure.					
		if Resident #5 had experienced				
		oms as a result of not checks from his admission to				
	the facility on 06/11					
	Interview with the E	Executive Director (ED) on				
	09/24/19 at 5:00pm	revealed:				
1		ED for the facility on				
	09/16/19.	Decident #E had a data in the				
		Resident #5 had a delay in his 06/17/19 to 06/25/19.				
	-It was her expecta					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	of bolkhedhold	IDENTIFICATION NUMBER.	A. BUILDING:			
		HAL071015	B. WING			R 24/2019
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SHE G	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID Prefix Tag	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE
D 276	Continued From pa	ge 86	D 276	···· ·····	· · · • = =	
	-It was the responsi Clinical Manager (C and manually enter	t #5 as ordered by his PCP. bility of the RCC, ED and M) to process FSBS orders the order onto the eMAR.				
	06/03/19 revealed t Thrombo-Embolic E put on every mornin	ent #5's current FL-2 dated here was an order for Deterrent Hose (TED), to be ig and taken off every night.				
	8:30am revealed: -The resident was s back wheelchair.	ident #5 on 09/18/19 at itting in his room in a high /earing shorts and a				
	short-sleeved shirt l -The resident was n -The resident had a sore that was cover shin.	but had no shoes or socks on. ot wearing TED hose. two-inch diameter reddened ed with a scab on his right				
	on both legs. -Both resident's low approximately one-l	everal small reddened sores er legs were swollen with nalf inch pitting edema on nis socks met his ankles.				
	-The resident was n 09/18/19 at 5:30pm 09/20/19 at 11:50an 09/24/19 at 5:30pm	ons of Resident #5 revealed: ot wearing TED hose on , 09/19/19 at 12:20pm, n, 09/23/19 at 9:00am, and eral lower extremities were				
	swollen and there w inch pitting edema c observation.	as approximately one-half on both ankles during each				
		ons, interviews, and record mined Resident #5 was not				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:			R	
		HAL071015	B. WING			09/24/2019	
IAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	IATE, ZIP CODE			
SHE GA	ARDENS		300 WEST ASHE STREET BURGAW, NC 28425				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE	
D 276	Continued From pa	age 87	D 276				
	09/19/19 at 3:25pm -She often passed since he was admit -She did not know TED hose.	medications to Resident #5 tted on 06/11/19. Resident #5 had an order for					
	hose.	en Resident #5 wear TED ys" had swollen legs.					
	Attempted interview member on 09/20/1 unsuccessful.	v with Resident #5's family 19 at 11:00am was					
	Medication Adminis revealed there was	t #5's June 2019 electronic stration Record (e-MAR) no entry for TED hose to be ng and taken off every night, o ise.	r				
	revealed there was	t #5's July 2019 e-MAR no entry for TED hose to be ng and taken off every night, o ise.	r				
	revealed there was	t #5's August 2019 e-MAR no entry for TED hose to be ng and taken off every night, o ise.	r				
	revealed there was	t #5's September 2019 e-MAR no for TED hose to be put on taken off every night, or ise.					
	(Former ED) on 09 -She did not know for TED hose.	Former Executive Director /20/19 at 12:30pm revealed: that Resident #5 had an order en Resident #5 wear TED					

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
	OF CORRECTION	IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL071015	B. WING			२ 2 <b>4/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		
ASHE G	ARDENS	300 WES	T ASHE STF /, NC 28425	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 276	hose. -Resident #5 "alway Interview with Direc Practical Nurse (DF 10:15am revealed: -He had started wor 2019. -The Executive Direc Coordinator (RCC) should have commu- pharmacy that Resi Hose. -The process to follow DRC/LPN) would no -The pharmacy would the TED Hose. -The ED, RCC or D measurements to the -The ED, RCC or D measurements to the -The ED, RCC or D hose order in the e- Telephone interview facility's contracted 11:00am revealed: -There was no inform system that Resider hose. -She did not know wo order on the FL-2 w by the facility. -TED hose were not records. -It was the facility's r pharmacy of the me the e-MAR. Telephone interview Care Provider (PCP revealed:	/s" had swollen legs. tor of Resident Care/Licensed RC/LPN) on 9/23/19 at rking at the facility in July ector (ED), Resident Care or former DRC at the time unicated with the facility dent #5 did not have TED ow was the staff (ED, RCC or otify the pharmacy of orders. Ild request measurements for RC/LPN would send he pharmacy. RC/LPN would enter the TED	D 276			
Division of He STATE FORM	ealth Service Regulation //		5899	DI4D11	If continuation	sheet 89 of 223

HAL071015     B. WING     R       NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       ASHE GARDENS       SUMMARY STATEMENT OF DEFICIENCIES       REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX     CACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX     PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH OORRECTIVE ACTION SHOULD BE (EACH OORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)     D     PREFIX     CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     COI (EACH OORRECTIVE ACTION SHOULD BE (EACH OORRECTIVE ACTION SHOULD BE (CACH OORRECTIVE ACTION SHOULD BE (EACH OORRECTIVE ACTION SHOULD BE (EACH OORRECTIVE ACTION SHOULD BE (CACH OORRECTIVE ACTION SHOULD BE
<b>BURGAW, NC 28425</b> Continued From page 89       D 276         Continued From page 89       D 276         Steed and the swelling.       -She did not know Resident #5 had not been wearing his TED hose as ordered included an increase in pain due to the swelling.       -She expected Resident #5 to be wearing TED hose every day as ordered on the FL-2 dated 06/03/19.       Interview with the current ED on 9/24/19 at 5:05pm revealed:         Interview with the current ED on 9/24/19 at 5:05pm revealed:         Submit Colspan="2">-She did not know Resident #5 was not wearing his TED hose as ordered.
SSHE GARDENS       BURGAW, NC 28425         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COI         D 276       Continued From page 89 -She did not know Resident #5 had not been wearing his TED hose. -Resident #5 had bilateral lower extremity edema. -The potential effects on Resident #5 not wearing his TED hose as ordered included an increase in lower extremity edema and increase in pain due to the swelling. -She expected Resident #5 to be wearing TED hose every day as ordered on the FL-2 dated 06/03/19.       Interview with the current ED on 9/24/19 at 5:05pm revealed: -She as the ED for the facility on 09/16/19. -She did not know Resident #5 was not wearing his TED hose as ordered.       Interview wearing the facility on 09/16/19. -She did not know Resident #5 was not wearing his TED hose as ordered.
PREFIX TAG       (EACH DEFIGIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COI         D 276       Continued From page 89       D       D 276         -She did not know Resident #5 had not been wearing his TED hose. -Resident #5 had bilateral lower extremity edema. -The potential effects on Resident #5 not wearing his TED hose as ordered included an increase in lower extremity edema and increase in pain due to the swelling. -She expected Resident #5 to be wearing TED hose every day as ordered on the FL-2 dated 06/03/19.       Interview with the current ED on 9/24/19 at 5:05pm revealed: -She as the ED for the facility on 09/16/19. -She did not know Resident #5 was not wearing his TED hose as ordered.       Interview wearing the facility on 09/16/19.
<ul> <li>-She did not know Resident #5 had not been wearing his TED hose.</li> <li>-Resident #5 had bilateral lower extremity edema.</li> <li>-The potential effects on Resident #5 not wearing his TED hose as ordered included an increase in lower extremity edema and increase in pain due to the swelling.</li> <li>-She expected Resident #5 to be wearing TED hose every day as ordered on the FL-2 dated 06/03/19.</li> <li>Interview with the current ED on 9/24/19 at 5:05pm revealed:</li> <li>-She as the ED for the facility on 09/16/19.</li> <li>-She did not know Resident #5 was not wearing his TED hose as ordered.</li> </ul>
<ul> <li>Interstitients for TED hose should have been sent to the pharmacy by the ED, RCC or DRC.</li> <li>It was the responsibility of the RCC, ED and Clinical Manager (CM) to process TED hose orders and manually enter the order onto the eMAR.</li> <li>c. Review of Resident #5's current FL-2 dated 06/03/19 revealed:</li> <li>There was an order for weekly weights.</li> <li>Resident #5's weight was documented 180.6 pounds (lbs).</li> <li>Review of an emergency department admission report dated 07/26/19, Resident #5 weight was documented as 200 lbs.</li> <li>Review of Resident #5's June 2019 electronic</li> </ul>

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DI4D11

If continuation sheet 90 of 223

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A, BUILDING,			R	
	1	HAL071015	B. WING			09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE GA	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN(	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 276	Continued From pa	ge 90	D 276				
	and no weights doc	umented.					
		#5's August 2019 e-MAR no entry for weekly weights, umented.					
	revealed: -There was an entry the first of each mo -There was no entry	#5's September 2019 e-MAR y for vital signs and weight on nth. y for weekly weights. entation of a weight of 179 lbs.					
		ons, interviews, and record mined Resident #5 was not					
	Attempted interview member on 09/20/1 unsuccessful.	with Resident #5's family 9 at 11:00am was					
	(Former ED) on 09/ -She did not know F weekly weights on h -The personal care to have been record -She had discovere weighing residents a she went into the e- and entered monthl all residents on the	aides (PCAs) were supposed ling all weights in a notebook. d that some PCAs were not as they should had been, so MAR system in August 2019, y weights to be completed for first of each month. //19, Resident #5 should have					
	09/20/19 at 1:10pm -There were no weig	isional Registered Nurse on revealed: ghts recorded for Resident #5 ook since he was admitted on					

DI4D11

If continuation sheet 91 of 223

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _				
		HAL071015	B. WING			R 09/24/2019	
ame of F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
SHE GA	ARDENS		ST ASHE STRE N, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 276	Continued From pa	age 91	D 276				
	06/11/19. -The only weight re admission was doo 09/01/19.	ecorded for Resident #5 since cumented on the e-MAR on					
	Practical Nurse (DI 10:15am revealed:	ctor of Resident Care/Licensec RC/LPN) on 9/23/19 at orking at the facility in July	1				
	ordered. -The facility policy f	Resident #5 had weekly weights for all residents was to have hless otherwise ordered by the ider (PCP).					
	Coordinator (RCC) should have clarifie	ector (ED), Resident Care or prior DRC at the time ed with PCP if Resident #5 was ghts versus monthly.	3				
	09/23/19 at 1:00pm -She did not know weekly weights on	Resident #5 had an order for his FL-2.					
	-She expected the ordered. -She did not know	fine" with monthly weights. PCAs to weigh residents as Resident #5 had a weight gain onth when he went to the					
	emergency departr -She thought the w error caused by the						
	5:05pm revealed:	current ED on 09/24/19 at ED for the facility on					
				····			

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Division	of Health Service Re	egulation				ATTROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY
		HAL071015	B. WING			२ 24/2019
	PROVIDER OR SUPPLIER					
NAME OF I			TASHE STR	STATE, ZIP CODE		
ASHE G	·····	BURGAW	, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 276	Continued From pa	ige 92	D 276			
	Clinical Manager (C	ibility of the RCC, ED and CM) to process weight orders the order on the eMAR.				
	dated 08/13/19 revel laboratory tests: co to evaluate overall I (blood test to show over the past 2-3 m to show a measure triglycerides), liver of liver enzymes the li disease), vitamin D level of Vitamin D), measure the level of Review of Resident were no results for Based on observati reviews it was deter interviewable.	enzymes (blood test to show ver releases in response to (blood test to measure the and vitamin B12 (blood test to of Vitamin B12). #5's record revealed there the labs ordered on 08/13/19. ons, interviews, and record rmined Resident #5 was not with Resident #5's family				
	Interview with the for 12:15pm revealed: She was not aware on 08/13/19 were no Orders for labs were a designated binder -The agency that was draw labs for the re- facility every two we	re supposed to be placed into at the nursing station. as contracted by the facility to sidents would come to the beks and would call prior to t to confirm if there were any				
Dhaladara (11)	-During morning sta	and-up meetings at the facility,				
JIVISION OF He	alth Service Regulation					

ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted
						R
		HAL071015	B. WING		09/	24/2019
iame of F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
SHE GA	ARDENS		T ASHE STRE V, NC 28425	E 1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(	FION SHOULD BE	(X5) COMPLET DATE
D 276	Continued From pa	age 93	D 276			
	Director of Resider Nurse (DRC/LPN) up on any new ord 10:15am revealed: -He had started wo 2019. -Resident #5 did not that were ordered of -The management on 09/20/19, at wh Resident #5's tests -He did not know w missed, but it may chronologically in t -He had called an of day, on 09/23/19, at to get the lab tests -He and the RCC w all lab orders. -The facility utilized came to the facility -For routine lab tests a copy of the order paperclip both form designated binder -If the required labs date of the lab provisend a message to schedule an outpai	e Coordinator (RCC) and the ht Care/Licensed Practical were responsible for following ers. DRC/LPN on 09/23/19 at prking at the facility in July ot receive the required lab tests on 08/13/19. team completed a chart audit ich time it was discovered a were not completed. /hy the lab orders were be because it was not filed he record. outpatient provider earlier that and had scheduled Resident #5 completed that week. were responsible for processing a contracted lab provider that				
	Care Provider (PC revealed:	w with Resident #5's Primary P) on 09/23/19 at 1:00pm e Resident #5's labs ordered				

	Division	of Health Service Re	egulation				ALLKOVED
ſ		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		SURVEY
			HAL071015	B. WING			R 24/2019
	NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
	ASHE G	ARDENS		T ASHE STI V, NC 28425			
	(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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 276	on 08/13/19 were n -The labs were order worked with that was could have a baselis Resident #5 before -Her expectation for complete the labs a timeframe ordered. Interview with the E 09/24/19 at 5:00pm -She was not aware on 08/13/19 were n -Her expectations for implemented imme within 24 hours. 2. Review of Resided 07/31/19 revealed: -Diagnoses included alcohol abuse, coro anxiety/acute encep -There was docume constantly disorient bladder, and semi-a Review of Resident 06/17/19 revealed: -Diagnoses included Wernicke Korsakoff Korsakoff Syndrome caused by lack of V -There was docume intermittently disories a. Review of a hosp Resident #17 dated	ot completed. ered by another physician she anted them completed so he ine, since he had not seen r lab orders would be to as ordered within the given Executive Director (ED) on revealed: e Resident #5's labs ordered ot completed. or lab orders was to be diately which was defined as ent #17's current FL-2 dated d dementia, hypertension, inary artery disease, and ohalopathy. entation the resident was ed, incontinent of bowel and ambulatory. #17's previous FL-2 dated d dementia, hypertension, and f Syndrome. (Wernicke e is a type of brain disorder itamin B-1, or Thiamine). entation the resident was ented.	D 276			
710	vision of Ha	discharged 07/29/19					
	ATE FORM	-		6899	DI4D11	if continuation	sheet 95 of 223

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. DUILDING.	A. BUILDING:		R	
		HAL071015	B. WING			09/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE			
SHE G	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	Ton Should be The Appropriate	(X5) COMPLET DATE	
D 276	Continued From pa	ige 95	D 276				
	-There was an orde milligrams (mg) eve	rinary tract infection (UTI). er for Amoxicillin 500 ery eight hours for a total of icillin is a medication used to					
	note for Resident # -The resident was a -The resident was a hospital admission -The resident was a with orders for Ama -The resident was t	y Care Provider (PCP) visit 17 dated 08/07/19 revealed: evaluated for a UTI. diagnosed with a UTI during a from 07/26/19 - 07/29/19. discharged from the hospital exicillin. to complete the course of red at hospital discharge.		· · · · ·			
F # u (/ u d t t F m - - b  c  n	#17 dated 08/26/19 urinalysis (UA) with (A urine test that de urinary tract infection	tory (lab) order for Resident ) revealed an order for a culture and sensitivity (C&S). etects disorders such as a on and grows the bacteria to atibiotic would effectively treat					
	results, and progree -There was no doct been collected per -There was no doct collect a UA C&S. -There was no doct	umentation a UA C&S had the 08/26/19 order. umentation of an attempt to umentation the PCP had been pple could not be obtained in					
	on 09/20/19 at 12:1 -Ordered labs were designated binder a -The agency that w	ormer Executive Director (ED) 5pm revealed: a supposed to be placed into a at the nursing station. vas contracted by the facility to come to the facility every two					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE COMPI		
		HAL071015 B. WING				R 09/24/2019	
	PROVIDER OR SUPPLIER			STATE, ZIP CODE	00/1	II DO TO	
			ASHE STR				
SHE G	ARDENS		NC 28425				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPL DAT	
D 276	Continued From pa	ge 96	D 276				
	to confirm if there w -During morning sta staff would discuss -The Resident Care Director of Resident	Coordinator (RCC) and the t Care/Licensed Practical vere responsible for following		·			
	2:39pm revealed: -It was the responsi medication aides (N orders. -The lab orders wou MA, or RCC by the -Whoever received order and the reside -The lab slip would the lab slip would slip would the lab slip would slip would the lab slip would the lab slip would the lab slip would slip would the required labs date of the lab provi send a message to schedule an outpatic contracted provider sooner.	the lab order would copy the ent face sheet. be completed and placed in he copy of the lab order and					
	to ensure the labs w documents in the lat the labs were obtain received. -He did not know ho reviewed to ensure -He had not reviewe labs were obtained s	vere obtained by reviewing b binder for documentation led and the lab results were w often the lab binder was					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			R
		HAL071015	HAL071015 B. WING			24/2019
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SHE GA	RDENS		ST ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From pa	age 97	D 276			
	dated 08/26/19 for	Resident #17.				
	revealed: -The DRC/LPN wo get the lab orders f -If the DRC/LPN w would get the order -She did not know -UA's would be obt MAs or Personal C -She had tried to co #17. -The UA C&S for R obtained because f the urine collection -She had asked the she tried to collect resident and the re sample. -She never receive DRC/LPN. -She told Resident collect a urine sam -She did not remen she was unable to Resident #17. -She did not remen said regarding colle -She "may not" hav #17's progress note	as not in the building, the MA rs from the PCP. the process for lab orders. ained from the residents by the are Aides (PCAs). ollect the UA C&S for Resident desident #17 could not be the resident would not void in				
	09/23/19 at 6:05pm him a urine sample Resident #17.	with the DRC/LPN on revealed the MA did not tell could not be obtained for				
		ED on 09/24/19 at 5:00pm cted all orders needed to be				

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY	
						R	
		HAL071015	B. WING	·····		09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE G	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLI DATE	
D 276	Continued From pa	age 98	D 276				
	implemented immediately which was defined as within 24 hours.						
	Telephone intervie 09/24/19 at 5:10pn	w with Resident #17's PCP on n revealed:					
	-He did not know w	/hy he ordered the UA C&S					
	dated 08/26/18 for -He did not know the	the resident. ne 08/26/19 UA C&S had not					
	been obtained for t	he resident.					
		to have notified him the UA ned so he could have given					
	different orders.	÷					
		tified the UA C&S for the					
		een obtained, he would have catheterization or sent the					
	resident to the Eme evaluation of a UTI	ergency Department for					
		ions, interviews, and record ermined Resident #17 was not					
		ne interview with Resident er on 09/24/19 at 3:30pm was					
	dated 07/31/19 rev						
	125mg twice daily (	er to discontinue Depakote Depakote is a medication					
		e and bipolar disorders). cation order for Depakote					
	250mg twice daily.						
		atory (lab) order for a					
ŗ		days (08/07/19). (A Depakote test used to determine the					
	concentration of De	epakote in the blood to					
		utic level of the medication in Id monitor toxicity The					
	therapeutic range f						

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If continuation sheet 99 of 223

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COM	E SURVEY PLETED	
		HAL071015	B. WING			R 09/24/2019	
iame of F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
ASHE GA	ARDENS		T ASHE STRI 7, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 276	Continued From pa	ge 99	D 276				
	(PCP) visit notes, la revealed there was	t #17's Primary Care Provider ab results, and progress notes no documentation a Depakote obtained for the order dated					
	Interview with the former Executive Director (ED) on 09/20/19 at 12:15pm revealed: -Ordered labs were supposed to be placed into a designated binder at the nursing station. -The agency that was contracted by the facility to obtain labs on the residents would come to the						
	scheduled visit to c pending ordered lat -During morning sta discuss any new or -The Resident Care	and-up meetings, staff would ders. e Coordinator (RCC) and the					
		t Care/Licensed Practical were responsible for following ers.					
	2:39pm revealed:	PRC/LPN on 09/23/19 at ibility of the medication aides					
	(MA), DRC/LPN, ar -The lab order woul DRC/LPN, or RCC -Whoever received	nd RCC to process lab orders. Id be given to the MA, by the provider to process. the lab order would copy it					
	the lab binder with t resident face sheet	be completed and placed in the copy of the lab order and .					
	facility every other v lab binder, and perf -If the required labs	p provider would come to the week, review the labs in the form the ordered lab. were needed sooner than the ideals portugit, they would					
		ider's next visit, they would the lab provider or would					

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If continuation sheet 100 of 223

Division	of Health Service Re	egulation				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B, WING	·	F 09/2	२ 4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE		
			ASHE STR			
ASHE G	ARDENS	BURGAW	, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 276	Continued From pa	ge 100	D 276			
D 276	schedule an outpati contracted provider sooner. -The DRC/LPN, MA to ensure the labs v documents in the lab obtained and the lal -He did not know ho reviewed to ensure -He had not reviewed labs were obtained -He did not know ar order dated 07/25/1 Interview with a MA revealed: -She did not know a order for Resident # -The DRC/LPN wou get the lab orders fr -If the DRC/LPN wou get the lab orders fr -If the DRC/LPN wa would get the orders -She did not know the Interview with the cu 5:00pm revealed sh to be implemented if defined as within 24 Telephone interview 09/24/19 at 5:10pm -He ordered a Depa medication was at a #17's blood because resident's Depakote -He had not been no	ient visit with another who could complete the tests as, and RCC were responsible vere obtained by reviewing ab binder for documentation b results were received. ow often the lab binder was labs were obtained. ed the lab binder to ensure since he started, 07/15/19. hything about a Depakote level 9 for Resident #17. on 09/23/19 at 3:40pm anything about a Depakote lab #17. Id be the primary person to om the PCP. Is not in the building the MA is from the PCP. he process for lab orders. urrent ED on 09/24/19 at he expected all orders needed immediately which was hours. with Resident #17's PCP on revealed: akote lab to determine if the a therapeutic level in Resident e he was changing the e dosages. otified the 07/25/19 Depakote				
	obtained, he would l	have reordered the level to be				
Division of He	certain the medication	on was at a therapeutic range				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY PLETED	
		HAL071015	B. WING			R 09/24/2019	
VAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE G/	ARDENS		TASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
D 276	Continued From pa	ge 101	D 276				
	in the resident's blo -He expected the D been performed as	epakote lab order to have					
		ons, interviews, and record rmined Resident #17 was not					
#		e interview with Resident er on 09/24/19 at 3:30pm was					
	revealed diagnoses dementia with beha	ent #6's FL-2 dated 05/22/19 i included unspecified ivior disturbance, mental ience, and behavior disorder.					
	dated 06/19/19 reve laboratory (lab) blo thyroid-stimulating l	an's order for Resident #6 ealed there was an order for od work for Resident #6's hormone (TSH) level (A blood ur thyroid gland is working).					
	Primary Care Provi revealed an order to blood count with a c test used to evaluat blood count test me of the blood includin hemoglobin, hemat	ocrit, and platelets, a					
	that measures gluc balance, kidney fun TSH level, and a He	panel (CMP) (A blood test ose level, electrolytes, fluid ction, and liver function), a emoglobin A1c (HbA1c) (A used to diagnose type 1 and					
		#6's lab results revealed: ab results were dated					

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Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL071015	B. WING		F 09/2	र 4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS		TASHE STR , NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	id Prefix Tag	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 276	04/19/19. -There was no lab r on 06/19/19. -Resident #6's had 04/19/19. (The norr was documented at -There was no lab r CMP, and HgbA1c Review of Resident 06/30/19, 07/23/19, 08/21/19 revealed: -Resident #6 had al dated 04/19/19. -Red blood cell cour range is 4.20-5.40). -Glucose (GLU) res range is 70-99). -Blood urea nitroger reference range is 6 -Potassium (K+) res range is 3.3-5.1). -Aspartate aminotra glutamic-oxaloaceti result of 39H (High -Alkaline phosphata 193H (High: referent -Osmolality result of is 285.0-295.0). -Globulin result of 3 2.0-3.5). -TSH result of 7.31H 0.27-4.20). -There was no docu completed beyond t Telephone Interview 09/19/19 at 12:00pr	result for the TSH lab ordered a TSH result of 7.31 on mal reference range for TSH s 0.27-4.20) result for the CBCD, TSH, lab ordered on 08/03/19. #6's PCP Notes dated 08/01/19, 08/04/19, and boormal bloodwork results int of 3.75L (Low: reference full of 114H (High: reference full of 114H (High: reference full of 114H (High: reference for (BUN) result of 20.6H (High: 6-20). sult of 5.3H (High: reference in sferase or serum c transaminase AST (SGOT) : reference range is 0-32). Ise (ALK PHOS) result of foce range is 40-129). f 238L (Low: reference range .8H (High: reference range is H (High; reference range is H (High; reference range is mentation for blood work he date of 04/19/19.	D 276			
Division of He	ealth Service Regulation					

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
	or contraction		A, BUILDING:			
		HAL071015	L071015 B. WING		R 09/24/2019	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SHE GA	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 276	Continued From pa	age 103	D 276			
	-His expectations for complete the lab w	or lab orders would be to ork as ordered.				
	-She was not award on 06/19/19 and 08 -She expected for a	Executive Director (ED) on m revealed: e Resident #6's labs ordered 8/03/19 were not completed. all orders to be implemented was defined as within 24				
	12:15pm revealed: -She was not award on 06/19/19 and 08 -Ordered blood word into a designated b -The agency that w draw blood work or the facility every tw the scheduled visit pending ordered bl -During morning sta staff would discuss -The Resident Care Director of Resident	e Resident #6's labs ordered 0/03/19 were not completed. rk was supposed to be placed inder at the nursing station. ras contracted by the facility to n the residents would call prior to to confirm if there was any ood work. and-up meetings at the facility any new orders. e Coordinator (RCC) and the it Care (DRC)/Licensed 2N) were responsible for				
	10:15am revealed: -He and the RCC w all lab orders. -The facility utilized came to the facility -For routine lab tes a copy of the order then paperclip both	vere responsible for processing a contracted lab provider that every two weeks. ts, he or the RCC would make and complete the lab slip and forms together and put it in a for the lab's next visit.				

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If continuation sheet 104 of 223

Division	of Health Service Re	egulation			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL071015	B. WING		R 09/24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE	······································
ASHE G			T ASHE STR		
		BURGAV	, NC 28425		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES (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 COMPLETE
D 276	Continued From pa	ge 104	D 276		
	date of the lab's ne message to the lab	xt visit, they would send a vendor or would schedule an another contracted provider			
	06/03/19 revealed of Alzheimer's disease diabetes mellitus, d of micturition, musc	ent #2's current FL2 dated diagnoses included e with late onset, type II epressive disorder, frequency ele weakness, unspecified vior disturbance, and			
	records and Accide 04/28/19-09/01/19 r -The resident had a in a hip fracture and stay in a rehabilitati- Resident #2's retur on 06/03/19. -The resident had fi	fall on 04/28/19 that resulted I surgery and a subsequent			
	dated 06/10/19 reve wheelchair. Review of hospice r 06/11/19 revealed th	an's order for Resident #2 ealed there was an order for a notes for Resident #2 dated here was a wheelchair			
	for by staff. Review of a physicia dated 06/18/19 reve chair/bed alarm, hos Review of hospice r	lity for Resident #2 and signed an's order for Resident #2 ealed there was an order for a spital bed, and fall mat. notes for Resident #2 dated here was a chair/bed alarm,			
Division of He	alth Service Regulation	ioro was a chainbou alann,	<u> </u>	L	<u></u>
STATE FORM	+		<sup>6899</sup> [	DI4D11 If c	continuation sheet 105 of 223

STATEMENT OF DEFICIENCIES (3 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	Сом	E SURVEY PLETED	
	·	HAL071015	B. WING			R 09/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
SHE G	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 276	Continued From pa	age 105	D 276			+	
		II mat delivered to the facility					
		ian's order for Resident #2 ealed there was an order for a d a wheelchair.					
	06/27/19 revealed 1	notes for Resident #2 dated there was a chair/bed alarm elivered and signed for by					
	12:00pnm revealed -She was in her be -A medication aide	sident #2 on 07/19/19 at l: d without a bed alarm in use. (MA) looked for the bed alarm o to find the cord to the bed					
	dated 09/02/19 rev have the chair alar in the wheelchair a	ian's order for Resident #2 ealed there was an order to m on while the resident was up nd an order to have the bed the resident was in bed.					
	nurse (RN) on 09/1 -Resident #2 was o 06/10/19 which was 06/11/19 but was g	dent #2's hospice registered 9/19 at 12:43pm revealed: ordered a wheelchair on s delivered to the facility on iven to another resident. ordered a hospital bed, fall mat					
	and chair alarm on delivered to the fac another resident. -Resident#2 was u	06/18/19; the items were ility on 06/20/19 and given to sing another resident's					
	during her visit on ( -She had been to t	he facility to see Resident #2 and she did not have a chair					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVE COMPLETED		
						R	
		HAL071015	B. WING			09/24/2019	
NAME OF I	PROVIDER OR SUPPLIEF	R STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE G	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN(	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 276	Continued From p	age 106	D 276	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
		esident #2's wheelchair and 27/19 and it was delivered to 0/27/19.					
	09/18/19 at 7:31 ar -Resident #2 had a -She got the fall m 2019. -The fall mat and b Resident #2 was in -The chair alarm w was in the chair be walk. -Resident #2 could -Resident #2 could transfer but could assistance.	a fall mat, bed and chair alarm. lat, bed and chair alarm in June bed alarm were used every time in the bed. vas used when Resident #2 ecause she tried to get up and d not walk. d stand with assistance to not do it without staff					
	Provider (PCP) on	ident #2's Primary Care 09/18/19 at 11:36 revealed he and bed alarms to be used all					
	09/19/19 at 4:21pr -Resident #2 had s -She fractured her went to rehab after -She went to visit F and the chair alarm -She asked a staff but she did not get -The chair alarm h -Resident #2 also -She could not rem	several falls. hip, had to have surgery, and r one of her falls. Resident #2 about a month ago n was not on. member about the chair alarm, an answer. ad been on the visits after that.					
	-She was not awar and chair/bed alar	re Resident #2's wheelchair m was given to the wrong vered to the facility in June					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			E SURVEY PLETED
			B. WING		R	
	•	HAL071015				09/24/2019
AME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
SHE G	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET
D 276	Continued From pa	ige 107	D 276			
	2019.					
	Interview with the c on 09/20/19 at 10:1	urrent Executive Director (ED) 0am revealed:				
	Resident #2's whee	ng at the facility when Alchair and chair/bed alarm				
	were delivered to the residents.	e facility and given to other				
		what should happen would be pment arrived at the facility	•			
		would be labeled with the				
	-An example provid	led was a wheelchair would be	,			
	the labeled underned the equipment wo	eath the arm. Juid be logged in by the serial				
	numbers and the re	esident name kept on file in the ould be given to the resident.	•			
	-She expected the	correct resident to get				
	equipment when it	was delivered to the facility.				
	Telephone intervie 09/20/19 at 1:00pm	w with the previous ED on				
	-She could not veri	fy Resident #2 had the chair				
	fall.	e she was in her chair or had a				
		s wheelchair was delivered, on the back and it was given to				
	Resident #2.	_				
	delivered.	all the date the wheelchair was				
		a wheelchair and chair/bed red from the durable medical				
	equipment (DME) p	provider for Resident #2 that				
	the resident did not	receive.				
		v with the Clinical Resource //E provider on 09/20/19 at				
	4:30pm revealed:	·				
	-She kept a record	of each time a wheelchair and				

STATE FORM

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If continuation sheet 108 of 223

SYNCHEMIC OF DEFICIENCIES AND PLAN OF CORRECTION         (01) PROVIDER UNITED IDENTIFICATION INNERSE. (02) MULTIPIE CONSTRUCTION A BUILDING:         (02) MULTIPIE CONSTRUCTION BUILDING:         (02) MULTIPIE CONSTRUCTION A BUILDING:         (02) MULTIPIE CONSTRUCTION BUILDING:         (02) M	Division	of Health Service Re	egulation		· · · · · · · · · · · · · · · · · · ·		
HAL071016         B. WM         09/24/2019           MME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZP CODE         300 WEST ASHE STREET         300 WEST ASHE STREET           POID THEM         SIMMENT OF DEPENDENCIES (EACH DEPICENCY VIUST DE PERCENCIES (EACH DEPICENCY VIUST DE PERCENCIES (EACH DEPICENCY VIUST DE PERCENCIES (EACH DEPICENCY OR LISC IDENTIFYING INFORMATION)         PRETX TAG         PROVIDER OF NADIO FORESCENCIES (EACH DEPICENCY OR LISC IDENTIFYING INFORMATION)         D276           D2776         Continued From page 108         D 276         D276         D276           D0.06/11/19 at 2:05pm there was a delivery of a wheelchair to the facility for Resident #2 and signed for by staff. -On 06/21/19 at11:49am there was a delivery for a chair/bed alam delivered on 06/27/19 at1 0:14am for Resident #2 and signed for by staff. -On 07/14719 at 3:09pm there was a pick up of a wheelchair to deal fill there was a delivery for a chair/bed alam delivered on 06/27/19 at 10:14am for Resident #2 and signed for by staff. -On 07/14719 at 3:09pm there was a pick up of a wheelchair to Resident #10's current FL-2 dated 02/06/19 revealed diagnoses included dementia, type II diabetes mathlited, no 8000/19.         Review of Resident #10's current FL-2 dated 02/06/19 revealed there was an order for finger stick todo sugar (FSES) checks every morning before breakfast and call physician if FSES was greater than (-) 200.         Review of Resident #10's electronic medication administration record for August 2019 revealed there was an occurrentation of FSBS having before breakfast and call physician if FSBS was greater than (-) 200.         Review of Resident #10's electronic medication administration record of August 2019 revealed therewas							
300 WEST SHE STREET           Display         SUMMARY STATEMENT OF DEPORTENCES         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL (EACH DEPORTMY MUST BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BE FURC BE SULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY FULL BY FULL BY FULL BY FULL (EACH DEPORTMY FULL (EACH DEPORTMY FULL BY FULL BY FULL (EACH DEPORTMY FULL BY FULL BY FULL BY FULL (EACH DEPORTMY FULL (EACH DEPORTMY FULL (EACH DEPORTMY FULL (EACH DEPORTMY FULL BY FULL			HAL071015	B, WING			
300 WEST SHE STREET           Display         SUMMARY STATEMENT OF DEPORTENCES         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL (EACH DEPORTMY MUST BE PRECEDED BY FULL PREFIX         PROVIDER'S PLAN OF CONRECTION (EACH DEPORTMY MUST BE PRECEDED BY FULL (EACH DEPORTMY MUST BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL BY FULL (EACH DEPORTMY MUST BE FURC BE SULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY MUST BY FULL BY FULL (EACH DEPORTMY FULL BY FULL BY FULL BY FULL (EACH DEPORTMY FULL (EACH DEPORTMY FULL BY FULL BY FULL (EACH DEPORTMY FULL BY FULL BY FULL BY FULL (EACH DEPORTMY FULL (EACH DEPORTMY FULL (EACH DEPORTMY FULL (EACH DEPORTMY FULL BY FULL	NAME OF 1	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
Přičív Tko       (EACH DERICIENCY MIST BE PRECEDED BY FULL RESULATION OR LOCIDENTIFYINS INFORMATION)       PŘĚTX TKO       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED OT HEAPPROPRIATE       DOMÉSTION CONTRACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       DOMÉSTION SHOULD BE CROSS-REFERENCED THE APPROPRIATE       DOMÉSTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       DOMÉSTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       DOMÉSTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       DOMÉSTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       DOMÉSTION SHOULD BE CROSS-REFERENCED APPROPRIATE       DOMÉSTION SHOU	ASHE G	ARDENS	300 WEST	ASHE STR			
<ul> <li>Resideni #2.</li> <li>-On 06/11/19 at 2:05pm there was a delivery of a wheelchair to the facility for Resident #2 and signed for by staff.</li> <li>-On 06/20/19 at11:49am there was a delivery for a chair/bed alarm, hospital bed and a fall mat to the facility for Resident #2 and signed for by staff.</li> <li>-There was a second order for a wheelchair and chair/bed alarm delivered on 06/27/19 at 10:14am for Resident #2 and signed for by staff.</li> <li>-On 07/19/19 at 3:03pm there was a pick up of a wheelchair at facility's request because Resident #2 had two wheelchairs in her room.</li> <li>Based on observations, record reviews, and interviews, it was determined Resident #2 was not interviewable.</li> <li>5. Review of Resident #10's current FL-2 dated 08/06/19 revealed diagnoses included dementia, type II diabetes mellitus, hypertension and chronic renal insufficiency.</li> <li>Review of Resident #10's Resident #10 dated 08/06/19 revealed there was an order for finger stick blod sugar (FSBS) checks every morning before breakfast and call physician if FSBS was greater than (&gt;) 200.</li> <li>Review of Resident #10's electronic medication administration record for August 2019 revealed:</li> <li>-There was an odcumentation of FSBS having been checked two 04/07/19.</li> <li>-There was no documentation of FSBS having been checked on 08/07/19.</li> </ul>	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE
	D 276	Resident #2. -On 06/11/19 at 2:0 wheelchair to the fa signed for by staff. -On 06/20/19 at11:4 a chair/bed alarm, at the facility for Reside -There was a secon chair/bed alarm del for Resident #2 and -On 07/19/19 at 3:0 wheelchair at facility #2 had two wheelch Based on observati interviews, it was de not interviews, it was de not interviewable. 5. Review of Resident revealed she was a Review of Resident revealed she was a Review of physician 08/06/19 revealed t stick blood sugar (F before breakfast an greater than (>) 200 Review of Resident administration recon -There was no doct been checked two of -There was no doct been checked on 08 -There was no doct	5pm there was a delivery of a acility for Resident #2 and 49am there was a delivery for hospital bed and a fall mat to dent #2 and signed for by staff. nd order for a wheelchair and ivered on 06/27/19 at 10:14am d signed for by staff. 9pm there was a pick up of a y's request because Resident hairs in her room. ons, record reviews, and etermined Resident #2 was ent #10's current FL-2 dated diagnoses included dementia, litus, hypertension and iciency, #10's Resident Register dmitted on 08/06/19. n order for Resident #10 dated here was an order for finger SBS) checks every morning id call physician if FSBS was 0. t #10's electronic medication rd for August 2019 revealed: umentation of FSBS having 8/07/19. umentation of FSBS having 8/07/19.	D 276			
	Division of He				l		

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If continuation sheet 109 of 223

STATEMEN	of Health Service Realth Service Realth of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL071015	B. WING		R 24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ASHE GA	ARDENS		ST ASHE STRE V, NC 28425	ET		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 276	Continued From pa	age 109	D 276			
	08/08/19 at 5:58am -Resident was four sugar was 66 at 5:4	nd on the floor and her blood				
	report on 08/08/19	rgency Management Service revealed resident #2 was on the ground alert but				
	discharge record for revealed diagnoses	al emergency department or Resident #2 on 08/08/9 s included hypoglycemia, fall n tear to the right forearm.				
	2:05pm revealed: -She did not know f #10's FSBS every f -She started as the -What should have being sent to the pl -The pharmacy sho -Then it would have Director or Resider	happened was the order harmacy. build have reviewed the order. been approved by the ht Care (DRC) or Resident RCC) and the blood sugar		· · · · · · · · · · · · · · · · · · ·		
	order for compress months for Resider had a history of ong resulting in the resi edema and risk of related to the edem weights as ordered	assure implementation of an ion stockings for over 4 nt #5, who was a diabetic and going lower extremity edema, dent experiencing ongoing worsening edema and pain ha; failed to implement weekly for over seven weeks; and orders for finger stick blood		· .		

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F 09/2	२ 2 <b>4/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	-	
ASHE G	ARDENS		FASHE STR , NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
D 276	Continued From pa	ge 110	D 276			
	sugar checks, incre- high and/or low bloo related to unknown Resident #17 did no a urinary tract infec laboratory (lab) test identify if the UTI w resident at risk of c UTI. Resident #2, w falls, had a delay in a wheelchair and be equipment being gin alarms were not us resident's safety an resident at increase facility's failure was safety, and welfare a Type B Violation. The facility provideo accordance with G. CORRECTION DAT	easing the resident's risk of od sugar and complications high and/or low blood sugar. ot receive an antibiotic to treat tion (UTI) and failed have a completed as ordered to as resolved, placing the omplications of unresolved who had a history of multiple implementation of orders for ed/chair alarms due to the ven to other residents and the ed as ordered for the d to prevent falls, placing the ed risk for falls and injury. The detrimental to the health, of the resident and constitutes d a Plan of Protection in S. 131D-34 on 09/20/19.				
D 229	8, 2019.	NOT EXCEED NOVEMBER	D 338			
<b>U</b> 330	all residents guaran Declaration of Resid and may be exercis This Rule is not me	09 Resident Rights shall assure that the rights of teed under G.S. 131D-21, dents' Rights, are maintained ed without hindrance.	0000			
Division of He		N ons, record review, and ty failed to ensure residents				

#### **Division of Health Service Regulation** (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: R B. WING 09/24/2019 HAL071015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 WEST ASHE STREET** ASHE GARDENS **BURGAW, NC 28425** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 338 D 338 Continued From page 111 were free from verbal abuse related to a staff member treating/speaking to Resident # 13 in a disrespectful and threatening manner. The findings are: Comment: Ashe Gardens takes the responsibility to Review of Resident #13's current FL-2 dated 07/11/19 revealed a diagnosis of dementia. uphold and adhere to all Resident Rights serious and is committed to continue to Interview with Resident #13 on 09/20/19 at facilitate adequate care and services in a signified and respectful manner. Employees 2:20pm revealed: have received continuous education and -About 2 months month ago, Staff C became angry at her because she walked behind the training as each right cross references a rule area. Compliance is monitored daily nurse's station and got a donut. through observations and interactions with -She did not remember what Staff C told her, but Residents Staff C draw her hand back at her. -Staff C did not hit her. The following measures were taken to -Staff C told the resident to watch her [explicative] demonstrate continuous compliance in mouth. upholding Residents' Rights; -She did not report the incident to anyone. -Resident Rights training provided by the Ombudsman on 10/16/19 with an emphasis Interview with Staff C on 09/19/19 at 2:15pm on abuse respect, dignity and the right to revealed: services. -She worked at the facility about 3 1/2 -4 years. -Additional training conducted on 11/5/2019 -All of the residents had Alzheimer's/dementia by the Ombudsman. and some of the residents had their "moments" -Éducation and training conducted on and got agitated or had "sundowner's behaviors". 9/27/19 with staff to include the responsibility -Resident #13 always sat at the nurse's station of immediately reporting to their immediate when she was out of her room. She thought she supervisor and to the Executive Director. worked at the facility and would walk behind the Training included on requirement to report nurse's station or reach over the counter at the to the NC-HCPR for neglect, abuse nurse's station. The staff would always redirect and exploitation. 1/8/2019 her. -About 2 months ago, she was accused of cursing at Resident #13 over donuts after she -Additional systems, tools and processes walked behind the nurse's station and took a to maintain compliance in Resident Rights donut from a box (they were the staff's donuts). are outlined under; Tag # D079, D270, D273, - She asked Resident #13 to put the donut down D276, D344, D358, D451, D465, D468, D912, and leave from behind the nurse's station. D914,D935,& D908 with specified -The former Executive Director (ED) and the completion dates. 11/8/2019 Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ R B. WING HAL071015 09/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 WEST ASHE STREET** ASHE GARDENS **BURGAW, NC 28425** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 338 Continued From page 112 D 338 Quality Assurance: -Follow-up training scheduled for Director of Resident Care (DRC) came to the 11/20/2019 conducted by a Certified facility at 10:45pm one night in July or August Dementia Practitioner. 2019 (do not remember the date) and questioned her about the incident. -Resident Rights are monitored by the -They informed her an anonymous report stated Executive Director in coordination with she had cursed at Resident #13 because she all department heads and onsite assigned picked up a donut from behind the nurses station. Registered Nurse. The Divisional Team -She was suspended for 2 1/2 weeks while the ED monitor to assure the protection of investigated the incident, but was allowed to Resident Rights during onsite visits in come back to work after the investigation was coordination with Senior Level Management completed. site vists. Ongoing -She had not cursed or threatened Resident #13. -The SVP monitors compliance during site visits, weekly conference calls and Confidential former staff interview revealed: review of systems, tools and processes -About 2 months ago (2nd shift), a hospice with assigned Registered Nurse and agency had delivered donuts for the staff and the 1/8/2019 Executive Director. donuts were left on the desk at the nurse's station. -Resident #13 walked behind the nurse's station and picked up one of the donuts, -She was passing medications on the 100 Hall but could view the nurse's station. -She heard and saw Staff C "screaming" at Resident #13 "you are not suppose to be back here, stay your [explicative] from behind here". -This was not the first time she witnessed Staff C screaming at Resident #13. -About 2 weeks before Staff C "hollered" at Resident #13 at the nurse's station. - The resident walked to the front entrance after the Emergency Medical Services (EMS) came to the facility to pick up another resident. -The resident asked EMS what was going on and Staff C screamed at her "none of your [explicative business] and go back where you were. Don't be nosey." -Other staff were present and observed the incident but she did not remember who they were. -Staff C did not hit the residents but she was Division of Health Service Regulation

TATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED	
						ь	
		HAL071015	B, WING			R 09/24/2019	
	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE			
			T ASHE STRE				
SHE GA	RDENS	BURGAV	V, NC 28425				
(X4) ID		TEMENT OF DEFICIENCIES	ID DDDDDD	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET	
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	DATE	
D 338	Continued From pa	ge 113	D 338	211	·····		
	verbally abusive to	-					
		the incident to the former ED					
		not have done anything.					
		ave found out, the former staff					
	not sure what she v	vould have done.					
		Staff C because she often					
		ork and used foul and					
	threatening language	je.					
	Interview with the D	RC on 9/20/19 revealed:					
		owed up with the report of					
		ise of Resident #13 and the		-			
	incident involving th						
	-Interviews by the f	ormer ED with 2 second shift					
		s (PCA) revealed they were no	t				
		ing harsh or verbally abusive					
	to Resident #13.	nded by the former ED for 2					
		nded by the former ED for 2 wed to start back to work after					
	the ED finished her						
	4:05pm revealed:	urrent ED on 09/24/19 at					
		D when the alleged verbal					
	abuse of Resident						
		as that any type of resident					
	abuse, including ve	rbal abuse be reported to her.					
		ld be reported to the					
		nel Registry (HCPR).					
	- There was no doci	umentation of a HCPR report					
	c	use of Resident #13 by Staff					
		assure the residents were					
		nd physical abuse resulting in				1	
		repeatedly subjected to					
		aff C. This failure was					
		esident's health, safety and utes a Type B violation.					
	wenale and constit	ules a Type D violation.	i				

6899

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED R 09/24/2019		
		HAL071015					
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S		1 030	09/24/2019	
	ARDENS		T ASHE STR	•			
	······	····	V, NC 28425			- <u>v</u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	Hould be	(X5) COMPLE DATE	
D 338	Continued From pa	ige 114	D 338	· · · · · · · · · · · · · · · · · · ·			
	The facility provided accordance with G. this violation.	d a plan of protection in S. 131D-34 on 09/24/19 for					
		TE FOR THE TYPE B NOT EXCEED NOVEMBER					
D 344	10A NCAC 13F .10	02(a) Medication Orders	D 344				
	<ul> <li>(a) An adult care h the resident's physic for verification or classifications and tree (1) if orders for administration or reading and the second of admission or reading admission or readmission or readmissi</li></ul>	nission or readmission of the ed and signed within 24 hours dmission to the facility; clear or complete; or sion forms are received upon hission and orders on the					
	reviews the facility f orders for 2 of 6 res			Medications orders are process the order processing system. Managers are responsible for j orders utilizing this system with from the Executive Director an assigned Registred Nurse in c with the Divisional Director of C Services.	The Care processing n oversight d onsite oordination	11/8/201	

STATE FORM

DI4D11

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY	
			A. BUILDING	3:			
		HAL071015	B. WING			R 09/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
SHE GA	ARDENS		T ASHE STR /, NC 28425				
(X4) ID Prefix Tag	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE	
D 344	Continued From pa	ige 115	D 344			<u> </u>	
	the sliding scale co antipsychotic (#17)	verage for insulin (#5) and an					
	The findings are:			Medication Aide and Care Manag conducted on 10/7 & 10/22/19 to			
	06/03/19 revealed:	ent #5's current FL-2 dated		but not limited to; -Responsibility and procedure for orders	clarifying		
	hyperglycemia, Alzl	d type II diabetes with heimer's disease, vascular ia, abnormalities of gait,		-Reconciling Orders -Incomplete Orders -Verifying and clarification of mult	iple forms.		
	repeated falls, cogr hyperlipidemia, hyp gastroesophageal r	nitive communication deficit, ertension, and eflux disease (GERD).		orders from hospitals and other lo care providers Training conducted by Registered	ong term	11/8/20	
	45units subcutaned	er for Levemir100u/ml inject busly twice a day. (Levemir is a used to lower high blood		-Chart audits conducted to assur			
	sugar.) -There was an orde	er for Novolog 100u/ml per		medication orders were processe according to physician orders to continuity of care. Clarification of	assure		
	sliding scale four fir rapid-acting insulin sugar.)	nes per day. (Novolog is a used to lower high blood		and processing continues on a d basis. Chart audits completed 9/ 10/20/19.	aily	1/8/201	
		t #5's Resident Register sion date of 06/11/19.		-Order processing system re-est			
	(PCP) order for Real revealed fingerstick	quent Primary Care Provider sident #5 dated 06/17/19 s blood sugar (FSBS) checks		with training provided on 9/19 & with the Care Managers and Nu Personnel. Executive Director ir coordination with the onsite assi	rsing า gned		
		fore meals and at bedtime. quent PCP order for Resident		Registered Nurse review and co with Nursing Personnel daily to a that orders are processed through	assure		
	#5 dated 07/25/19			system.		11/8/20 <sup>-</sup>	
	-Check FSBS before -Administer Novolo	re meals and at bedtime. g per sliding scale for blood e 2 units, for blood sugars					
	251-300 give 4 unit	s, for blood sugars 301-350 od sugars 351-400 give 8					

Division of Health Service Regulation STATE FORM

DI4D11

If continuation sheet 116 of 223

Division	of Health Service Re	egulation			FORM	APPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL071015	B. WING		R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		TASHE STR , NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 APPRC DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 344	10 units and call the Review of the pham Resident #5 from 0 revealed three Now pens were dispense Review of Resident Medication Adminis revealed: -There was an entry Insulin pen; 100u/m subcutaneously twid -There was docume given at 8:00am an 06/30/19. -There was no entry insulin pen with slid 06/30/19. -There was no entry insulin pen with slid 06/30/19. -There was a comp checks four times a bedtime, scheduled and 8:00pm. -There was no docu documented from 0 -There were 2 of 4 or results were docum -Resident #5's FSB 344 from 06/25/19 the Review of Resident revealed: -There was an entry Insulin pen; 100u/m subcutaneously twid -There was docume given at 8:00am and 07/31/19. -There was an entry	<ul> <li>PCP.</li> <li>macy dispensing records for 6/01/19 through 09/23/19 olog Flexpen 100/ml insulined to the facility on 07/26/19.</li> <li>#5's June 2019 electronic tration Record (e-MAR)</li> <li>/ for Levemir FlexTouch U-100 linject 45 units cedaily.</li> <li>entation Levemir 45 units was d 8:00pm 06/12/19 to</li> <li>/ for Novolog Flexpen 100/ml ing scale from 06/11/19 to</li> <li>/ uter-generated entry for FSBS day before meals and at at 7:00am, 12:00pm, 5:00pm</li> <li>imentation of FSBS results 6/11/19 through 06/24/19. opportunities when no FSBS ented on 06/25/19. S results ranged from 110 to o 06/30/19.</li> <li>#5's July 2019 e-MAR</li> <li>/ for Levemir FlexTouch U-100 linject 45 units</li> </ul>	D 344	-Twenty-four hour communication implemented on 9/25/19 as an avenue for shift personnel to com Resident needs from shift to shift. Communication log is reviewed by Care Managers and presented da the Exectuvie Director during mor stand-up meetings for review. Th assigned Registered Nurse, DVP Divisional DCS reviews during sit in coordination with Senior Manage Leadership site visits and reviews Quality Assurance: -Care Managers follow-up daily u order processing system, followin on clarifications and pending item and reviewing the medication ad dashboard. -Care Managers review status of during daily stand-up meetings w Executive Director. -Onsite assigned Registered Nurs coordination with the DDSC and Level Management Personnel mo the order processing and medica administration system during ons visits and reviews of documentatic confirm continued compliance.	municate y the iily to ning e onsite O and e visits gement sing the g-up is, ministration follow-up ith the se in Senior pnitor tion ite	pn
vision of He	-There was an entry Insulin pen; 100u/m subcutaneously twid -There was docume given at 8:00am and 07/31/19. -There was an entry insulin pen with slid ealth Service Regulation	I inject 45 units ce daily. entation Levemir 45 units was d 8:00pm from 07/01/19 to r for Novolog Flexpen 100/ml ng scale; check blood sugar	8899	DI4D11	continuation s	heet 117 of 223

	Health Service Re of DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	<u></u>	HAL071015	B. WING		09/24/2019	
AME OF PRO	VIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
SHE GAR	DENS		FASHE STRE , NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
be 20 30 ar -T 10 ps so w se -T be ar -F 4 bl ac -F 4 bl ac -F 4 - E do 2- op Birei in NOS -V th w	01-250 give 2 unit 01-350 give 6 unit nd greater give 10 There was no doc 00/ml insulin pen 10 erformed and Nov cale order from 07 as no documenta ection. There was a comp necks four times a edtime, scheduled nd 8:00pm. Resident #5's FSE 12 from 07/01/19 lood sugars above dministration of sl t was documented sulin pen with slic SI administered p 7/31/19. Resident #5's FSE 75 from 07/25/19 Between 07/25/19 Bocumentation Res -10 units of Novol pportunities that h ased on observat eviews it was dete terview with a me 9/19/19 at 3:25pm When Resident #5 ne pharmacy had hat sliding scale i	at bedtime; follow sliding scale: is, 251-300 give 4 units, is, 351-400 give 8 units, 400 ) units and call the PCP. umentation Novolog Flexpen with sliding scale was volog administered per sliding 7/01/19 to 07/24/19 and there tion in the "Exceptions" outer-generated entry for FSBS a day before meals and at d at 7:00am, 12:00pm, 5:00pm 8S results ranged from 116 to to 07/24/19, with 74 out of 96 e 201 that would have required iding scale insulin (SSI). d that Novolog Flexpen 100/ml ling scale was performed and er order from 07/25/19 to 8S results ranged from 130 to to 07/31/19, there was sident #5 received between og insulin for 21 out of 26 is blood sugar was above 201. ions, interviews, and record rmined Resident #5 was not edication aide (MA) on a revealed: 5 was admitted on 06/11/19, called her to get clarification on nsulin (SSI) to use. P and left a message that	D 344			

Division of Health Service Regulation STATE FORM

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**DI**4D11

If continuation sheet 118 of 223

Division	of Health Service Re	egulation				
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE		
			ASHE STR			
ASHE G	ARDENS		, NC 28425			
			[			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' 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 344	Continued From pa	ge 118	D 344			
	-She was working a Director (ED) at the was following up wi #5's sliding scale in -She did not know F with sliding scale w 07/25/19, over 6 we admitted. -Resident #5 "alway (above 201) that re- insulin. -There were severa Resident #5's PCP 400 since he was a -For all new admiss the pharmacy. -The pharmacy wou new order in the e-I Coordinator (RCC), Care/Licensed Prace would approve the of the e-MAR for the s -It was the responsi and MAs to assure filled by the pharma e-MAR. Telephone Interview facility's contracted 9:45am revealed: -Resident #5's FL-2 by the facility on 06/	and helping the new Executive time and thought another MA th the PCP to get Resident sulin order clarified. Resident #5's Novolog Flexpen as not implemented until beks from when he was /s" had high blood sugars quired additional Novolog I times she had to call for blood sugars greater than dmitted. ions, the FL-2 was faxed to Ild add the medication as a MAR and the Resident Care Director of Resident ctical Nurse (DRC/LPN) or MA order and it would appear on taff to see. bility of the RCC, DRC/LPN the medication orders were cy and listed correctly on the / with the pharmacist from the pharmacy on 09/20/19 at was faxed to the pharmacy				
	5:21pm and spoke	with a MA to get clarification e to use with the Novolog				
	Flexpen 100/ml insu					
		not received any additional				
		a facility, so the pharmacy				
	called the PCP on 0	6/17/19 for clarification of the				
	sliding scale.					
Division of He	ealth Service Regulation		h			

DI4D11

If continuation sheet 119 of 223

IDENTIFICATION NUMBER:	A. BUILDING:		1	PLETED	
			R		
HAL071015	B. WING			09/24/2019	
		ET			
Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE	(X5) COMPLET DATE	
s given on 06/17/19 by the PCP of a sliding scale. was not entered by the e-MAR until 07/25/19. why the order was not entered n 06/17/19. oharmacy dispensed three 00/ml insulin pens. ver received any feedback or ne facility regarding the Novolog Flexpen sliding scale. w with Resident #5's family 19 at 11:00am was t #5's Care Notes revealed: a sent notification to the PCP n which read "Resident's blood gh lately, he has a Novolog Pen e it or a sliding scale. Can you sugars." PCP responded "yes". MA documented the PCP was ent #5's blood sugar was 530 at ave a one time dose order of g and then a sliding scale Former Executive Director //20/19 at 12:30pm revealed: as a delay in starting Resident g scale insulin after he was 19		DEFICIENC	εΥ)		
	STREET AL 300 WES BURGAW ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) age 119 s given on 06/17/19 by the PCP of a sliding scale. was not entered by the e-MAR until 07/25/19. why the order was not entered n 06/17/19. oharmacy dispensed three 00/ml insulin pens. ver received any feedback or ne facility regarding the Novolog Flexpen sliding scale. w with Resident #5's family 19 at 11:00am was t #5's Care Notes revealed: A sent notification to the PCP n which read "Resident's blood gh lately, he has a Novolog Pen e it or a sliding scale. Can you I sugars." PCP responded "yes". MA documented the PCP was ent #5's blood sugar was 530 at ave a one time dose order of g and then a sliding scale	STREET ADDRESS, CITY, ST         STREET ADDRESS, CITY, ST         300 WEST ASHE STRE         BURGAW, NC 28425         ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)         JD         PREFIX TAG         age 119         D 344         add colspan="2">add colspan="2"         add colspan="2"	STREET ADDRESS, CITY, STATE, ZIP CODE         SOUWEST ASHE STREET         BURGAW, NC 28425         ATEMENT OF DEFICIENCIES         YMUST BE PRECEDED BY FULL       PREFIX         JSC IDENTIFYING INFORMATION)       D         age 119       D         s given on 06/17/19 by the PCP       D         of a sliding scale.       Nos not entered by the         e-MAR until 07/25/19.       why the order was not entered         n 06/17/19.       offenties         oharmacy dispensed three       00/ml insulin pens.         ver received any feedback or       re facility regarding the         Novolog Flexpen sliding scale.       with Resident #5's family         19 at 11:00am was       t         t #5's Care Notes revealed:       was a not entered in bood         yh lately, he has a Novolog Pen       it or a sliding scale. Can you         sugars."       -CP responded "yes".         VA documented the PCP was       -         ant #5's blood sugar was 530 at       -         ave a one time dose order of       -         y and then a sliding scale       -         Former Executive Director       -         /20/19 at 12:30pm revealed:       -         as a delay in starting R	Industries       Industries         STREET ADDRESS, CITY, STATE, ZIP CODE         300 WEST ASHE STREET         BURGAW, NC 28425         ATEMENT OF DEFICIENCIES         yildstig Erected by the PCP         scionentrerying INFORMATION)         age 119         b a sliding scale.         vas not entered by the e-MAR until 07/25/19.         why the order was not entered n 06/17/19.         sharmacy dispensed three 00/ml insulin pens.         ver received any feedback or re facility regarding the Novolog Flexpen sliding scale.         w with Resident #5's family 19 at 11:00am was         it #5's Care Notes revealed: seen notification to the PCP n which read "Resident's blood ph lately, he has a Novolog Pen it or a sliding scale. Can you isugars."         °CP responded "yes". WA documented the PCP was ent #5's blood sugar was 530 at ave a one time dose order of y and then a sliding scale         *ormer Executive Director /20/19 at 12:30pm revealed: as a delay in starting Resident g scale insulin after he was 19.         *ormer Executive Director /20/19 at 12:30pm revealed: as a delay in starting Resident g scale insulin after he was 19.	

STATE FORM

DI4D11

If continuation sheet 120 of 223

Division of	of Health Service Re	egulation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F 09/2	₹ 4/2019
NAME OF PI	Rovider or Supplier			STATE, ZIP CODE	•	
ASHE GA	RDENS		r ASHE STR ', NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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 344	Continued From pa	ge 120	D 344			
	faxing the FL-2 to the any required clarific	he pharmacy as well as getting ation.				
I	Interview with DRC. revealed:	/LPN on 9/23/19 at 10:15am				
		rking at the facility in July				
	-He did not know R	esident #5 had a delay in his				
		le insulin upon admission. ow was the staff (ED, RCC or				
	DRC/LPN) would no	otify the pharmacy of orders				
	for new admissions pharmacy	by faxing the FL-2 to the				
	The pharmacy wou	uld enter the medications in				
		ED, RCC, DRC/LPN or MA				
		he system to approve or which time the order would				
;	appear for the facili	ty staff to see.				
		red clarification, it was the DRC/LPN, RCC and MAs to				
	contact the PCP an					
		" in the space on the eMAR,				
		the medication had not been because the facility staff had				
	not approved it in th	e eMAR.				
		ack in June 2019, there was				
		o was approving or modifying s on the eMAR, so there was				
4		lent #5's medications "got				
		lent #5's PCP on 09/23/19 at				
	1:00pm revealed: -Resident #5 had a	history of high blood sugars.				
-	-She was not aware	that Resident #5 did not get				
	his Novolog sliding : admitted from 06/11	scale insulin after he was				
		the FSBS checks to be done				
1	before each meal a	nd at bedtime and Novolog				
	sliding scale insulin	given as ordered.				

STATE DEFICIENCIES AND PLAN OF CORRECTION     (P)     PROVIDERSUPPLIERVICUL UDENTIFICATION NUMBER     (P)     (P)     COMPLETE     R       MAE OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     R     09/24/2019     R       MAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     R     09/24/2019     R       ASHE GARDENS     SUMMAIN'S TATEMENT OF DEGREGIES (EACH DEFICIENCY MUST STATEMENT OF DEGREGIES)     ID     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST STATEMENT OF DEGREGIES)     ID     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST STATEMENT OF DEGREGIES)     ID     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST STATEMENT OF DEGREGIES)     ID     ID     ID     ID     ID     ID     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST STATE PERCEDED BOY FULL (EACH CORRECTION YOR LS DEATTIFIANTION)     ID	Division	of Health Service Re	egulation		1	
HAL071016     B. WING     09/24/2019       NAME OF PROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE. ZIP CODE     300 WEST ASHE STREET       ASHE GARDENS     300 WEST ASHE STREET     BURGAW, NC 28425       (MAID)     SUMMARY STATEMENT OF DEFICIENCIES REDULATORY OR LSC IDENTIFYING INFORMATION)     PD     PROVIDERS PLAN OF CORRECTION SHOULD BE (CACH DEFICIENCY MUST BE HERCEDED BY FULL REDULATORY OR LSC IDENTIFYING INFORMATION)     D     PROVIDERS PLAN OF CORRECTION SHOULD BE (CACH DEFICIENCY MUST BE HERCEDED BY FULL REDULATORY OR LSC IDENTIFYING INFORMATION)     D     D       D 344     Continued From page 121     D     D     D     D     D       -The potential effects on Resident #5 having prolonged uncontrolled high blood sugars could be cardiovascular disease, peripheral vascular disease, neuropathy, visual problems, and kidney failure.     D     D     D       -She did not know if Resident #5 had experienced any of these symptoms as a result of not receiving his Novolog insulin per slding scale insulin as ordered from 06/11/19 to 07/25/19.     Interview with the current Executive Director (ED) on 09/24/19 at 500pm revealed: -She did not know that Resident #5 had a delay in Novolog siding scale insulin after he was admitted on 06/11/19.     Interview with the Resident #5 had a delay in Novolog siding scale insulin after he was admitted on 06/11/19.     Interview with the pharmacy, validating receipt of the medications and signing off the order on the eMAR so it will appear in the was admitted on 06/11/19.     Interview with the pharmacy, walidating receipt of the medications and signing off the order on the eMAR so it will appear in t	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		·	
300 WEST ASHE STREET BURGAW, NC 28425           CASHE Trob         SUMMARY STATEMENT OF DEFICIENCES (EACH OFFICENCY MIST BE PRECEDED BY FULL (EACH OFFICENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         PREFIX TAG         PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ANTION OR LSC IDENTIFYING INFORMATION)         PAGE           D 344         Continued From page 121         D 344         D 344         D 344         Image: Continued From page 121         D 344           -The potential effects on Resident #5 having prolonged uncontrolled high blood sugars could be cardiovascular disease, peripheral vascular disease, neuropathy, visual problems, and kidney failure.         D 344         Image: Control of the control of the control of the receiving his Novolog insultin per sliding scale insulin as ordered from 08/11/19 to 07/25/19.         D 344         Image: Control of the facility on 09/16/19.         Image: Control of the facility on 00/11/19.         Image: Control of the facility on 00/11/19.         Image: Control of the facility on 00/13/10 revealed:         Image: Control of the facility on 00/13/10 revealed:			HAL071015	B. WING	·	
ASHE GARDENS     BURGAW, NC 28425       (W) ID PREFIX TAG     ISUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     0(%) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY     0(%) OWFLITE DATE       D 344     Continued From page 121     D 344     D 344     D 344       -The potential effects on Resident #5 having prolonged uncontrolled high blood sugars could be cardiovascular disease, peripheral vascular disease, neuropathy, visual problems, and kidney failure.     D 344     D 344       -She did not know if Resident #5 had experienced any of these symptoms as a result of not receiving his Novolog insultin per sliding scale insulin as ordered from 06/11/19 to 07/25/19.     Interview with the current Executive Director (ED) on 09/24/19 at 5:00pm revealed: -She started as the ED for the facility on 06/16/19.     -She did not know that Resident #5 had a delay in Novolog skiding scale insulin after he was admitted on 06/11/19.     -It was he responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders of faxing them to the pharmacy, validating receipt of the medications as ordered by his PCP. -It was the responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders of waing them to the pharmacy, validating receipt of the medications and signing of the order on the eMAR so it will appear in the system to be given.     . Review of Resident #17's current FL-2 dated 07/31/19 revealed: -Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalpathy.     . The resident was do	NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	
Preferst Txg       (EACH DEPICIENCY MUST as PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFX Txg       (EACH DORRECT WE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)       OWNED DEFICIENCY         D 344       Continued From page 121       D 344       D 344       D 344         -The potential effects on Resident #5 having prolonged uncontrolled high blood sugars could be cardiovascular disease, peripheral vascular disease, neuropathy, visual problems, and kidney failure.       D 344       D 344         -She did not know if Resident #5 had experienced any of these symptoms as a result of not receiving his Novolog insulin per sliding scale insulin as ordered from 06/11/19 to 07/25/19.       D 344       Interview with the current Executive Director (ED) on 09/24/19 at 5:00pm revealed: -She did not know that Resident #5 had a delay in Novolog sliding scale insulin after he was admitted on 06/11/19. -It was her exponsibility of the RCC, ED and Clinical Manager (CM) to process medication orders by faxing them to the pharmacy, validating receipt of the medications as ordered by his PCP. -It was the responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders by faxing them to the pharmacy, validating receipt of the medications and signing off the order on the eMAR so it will appear in the system to be given. 2. Review of Resident #17's current FL-2 dated 07/31/19 revealed: -Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiet/acute encephalopathy. - The resident was documented constantly	ASHE G/	ARDENS			EET	
<ul> <li>The potential effects on Resident #5 having prolonged uncontrolled high blood sugars could be cardiovascular disease, peripheral vascular disease, neuropathy, visual problems, and kidney failure.</li> <li>She did not know if Resident #5 had experienced any of these symptoms as a result of not receiving his Novolog insulin per sliding scale insulin as ordered from 06/11/19 to 07/25/19.</li> <li>Interview with the current Executive Director (ED) on 09/24/19 at 5:00pm revealed:</li> <li>She started as the ED for the facility on 09/16/19.</li> <li>She started as the ED for the facility on 09/16/19.</li> <li>She started as the ED for the facility on 09/16/19.</li> <li>Interview with the current Executive Director (ED) on 01/11/19.</li> <li>Interview with the current Executive Director (ED) on 09/16/19.</li> <li>She started as the ED for the facility on 09/16/19.</li> <li>Interview of the section for staff give Resident #5 had a delay in Novolog sliding scale insulin after he was admitted on 06/11/19.</li> <li>It was her expectation for staff give Resident #5 his medications as ordered by his PCP.</li> <li>It was the responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders by faxing them to the pharmacy, validating receipt of the medications and signing off the order on the eMAR so it will appear in the system to be given.</li> <li>Review of Resident #17's current FL-2 dated 07/31/19 revealed:</li> <li>Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy.</li> <li>The resident was documented constantity</li> </ul>	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE COMPLETE
<ul> <li>prolonged uncontrolled high blood sugars could be cardiovascular disease, peripheral vascular disease, neuropathy, visual problems, and kidney failure.</li> <li>-She did not know if Resident #5 had experienced any of these symptoms as a result of not receiving his Novolog insulin per sliding scale insulin as ordered from 06/11/19 to 07/25/19.</li> <li>Interview with the current Executive Director (ED) on 09/24/19 at 5:00pm revealed:</li> <li>-She started as the ED for the facility on 09/16/19.</li> <li>-She did not know that Resident #5 had a delay in Novolog sliding scale insulin after he was admitted on 06/11/19.</li> <li>-It was her expectation for staff give Resident #5 his medications as ordered by his PCP.</li> <li>-It was the responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders by faxing them to the pharmacy, validating receipt of the medications and signing off the order on the eMAR so it will appear in the system to be given.</li> <li>2. Review of Resident #17's current FL-2 dated 07/31/19 revealed:</li> <li>-Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy.</li> <li>-The resident was documented constantly</li> </ul>	D 344	-	-	D 344		
<ul> <li>-She did not know if Resident #5 had experienced any of these symptoms as a result of not receiving his Novolog insulin per sliding scale insulin as ordered from 06/11/19 to 07/25/19.</li> <li>Interview with the current Executive Director (ED) on 09/24/19 at 5:00pm revealed:</li> <li>-She started as the ED for the facility on 09/16/19.</li> <li>-She did not know that Resident #5 had a delay in Novolog sliding scale insulin after he was admitted on 06/11/19.</li> <li>-It was her expectation for staff give Resident #5 his medications as ordered by his PCP.</li> <li>-It was her expectation for staff give Resident #5 his medications as ordered by his PCP.</li> <li>-It was her expectation for staff fight and the responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders by faxing them to the pharmacy, validating receipt of the medications and signing off the order on the eMAR so it will appear in the system to be given.</li> <li>2. Review of Resident #17's current FL-2 dated 07/31/19 revealed:</li> <li>-Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy.</li> <li>-The resident was documented constantly</li> </ul>		prolonged uncontro be cardiovascular o disease, neuropath	blled high blood sugars could disease, peripheral vascular	,		
Interview with the current Executive Director (ED) on 09/24/19 at 5:00pm revealed: -She started as the ED for the facility on 09/16/19. -She did not know that Resident #5 had a delay in Novolog sliding scale insulin after he was admitted on 06/11/19. -It was her expectation for staff give Resident #5 his medications as ordered by his PCP. -It was the responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders by faxing them to the pharmacy, validating receipt of the medications and signing off the order on the eMAR so it will appear in the system to be given. 2. Review of Resident #17's current FL-2 dated 07/31/19 revealed: -Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy. -The resident was documented constantly		-She did not know i any of these sympto receiving his Novol	oms as a result of not og insulin per sliding scale	ł		
<ul> <li>She started as the ED for the facility on 09/16/19.</li> <li>She did not know that Resident #5 had a delay in Novolog sliding scale insulin after he was admitted on 06/11/19.</li> <li>It was her expectation for staff give Resident #5 his medications as ordered by his PCP.</li> <li>It was the responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders by faxing them to the pharmacy, validating receipt of the medications and signing off the order on the eMAR so it will appear in the system to be given.</li> <li>Review of Resident #17's current FL-2 dated 07/31/19 revealed:</li> <li>Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy.</li> <li>The resident was documented constantly</li> </ul>		Interview with the c	urrent Executive Director (ED)			
Novolog sliding scale insulin after he was admitted on 06/11/19. -It was her expectation for staff give Resident #5 his medications as ordered by his PCP. -It was the responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders by faxing them to the pharmacy, validating receipt of the medications and signing off the order on the eMAR so it will appear in the system to be given. 2. Review of Resident #17's current FL-2 dated 07/31/19 revealed: -Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy. -The resident was documented constantly		-She started as the 09/16/19.	ED for the facility on			
his medications as ordered by his PCP. -It was the responsibility of the RCC, ED and Clinical Manager (CM) to process medication orders by faxing them to the pharmacy, validating receipt of the medications and signing off the order on the eMAR so it will appear in the system to be given. 2. Review of Resident #17's current FL-2 dated 07/31/19 revealed: -Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy. -The resident was documented constantly		Novolog sliding sca admitted on 06/11/1	ale insulin after he was 19.			
receipt of the medications and signing off the order on the eMAR so it will appear in the system to be given. 2. Review of Resident #17's current FL-2 dated 07/31/19 revealed: -Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy. -The resident was documented constantly		his medications as -It was the respons	ordered by his PCP. ibility of the RCC, ED and			
<ul> <li>2. Review of Resident #17's current FL-2 dated 07/31/19 revealed:</li> <li>-Diagnoses included dementia, hypertension, alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy.</li> <li>-The resident was documented constantly</li> </ul>		receipt of the medic order on the eMAR	cations and signing off the			
alcohol abuse, coronary artery disease, and anxiety/acute encephalopathy. -The resident was documented constantly		2. Review of Reside 07/31/19 revealed:				
		alcohol abuse, corc anxiety/acute ence	onary artery disease, and phalopathy.			
semi-ambulatory.		disoriented, incontin		ł		
Review of a medication order dated 08/05/19 for Resident #17 revealed there was an order for "Haldol 5mg BID prn agitation may take with Klonapin". (Haldol is an antipsychotic medication		Resident #17 revea "Haldol 5mg BID pr Klonapin". (Haldol i	aled there was an order for rn agitation may take with is an antipsychotic medication			
used to treat certain mental disorders.         Clonazepam is generic for Klonapin and is a         Division of Health Service Regulation		Clonazepam is gen	eric for Klonapin and is a			

DIVISION OF Hea	<u>Ith Service Re</u>	egulation	_			
STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		SURVEY PLETED
		HAL071015	B. WING			R 24/2019
NAME OF PROVIDE	R OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE GARDEN	8		T ASHE STR /, NC 28425	EET		
	ACH DEFICIENCY	ITEMENT 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)	LD BE	(X5) COMPLETE DATE
D 344 Contir	ued From pa	ge 122	D 344			
	ve medication y, and panic o	n used to treat seizures, disorders).				
08/29/ order 1	19 for Reside	an's order sheet dated ent #17 revealed there was an g twice daily prn agitation. azepam.				
admin reveal -There prn ag -There admin 1:10ar 2:48ar 08/17/ 08/20/ 08/22/ 9:24pr	istration reco ed: was an entri tation. May was docume istered on 08. n, 08/12/19 a n and 2:42pn 19 at 9:24pm 19 at 3:14pm	019 electronic medication rd (eMAR) for Resident #17 y for Haldol 5mg twice daily take with Clonazepam. entation Haldol was /08/19 at 7:01pm, 08/11/19 at t 12:38pm, 08/13/19 at n, 08/16/19 at 1:39am, , 08/16/19 at 8:00am, , 08/21/19 at 8:00am, , 08/23/19 at 10:55am and t 8:19am, 08/25/19 at 8:24pm, 51am.				
#17 re -There prn ag -There admini 1:30pn 09/10/	vealed: was an entry itation. May f was docume stered on 09/ n, 09/09/19 a 19 at 6:42pm	er 2019 eMAR for Resident / for Haldol 5mg twice daily /ake with Clonazepam. entation Haldol was /04/19 at 4:38pm, 09/06/19 at t 1:41pm and 4:34pm, , 09/11/19 at 3:24pm, , and 09/16/19 at 6:22pm.				
09/19/ -Twice every f -Twice -She w	19 at 11:50an daily prn agit our to six hou daily meant t ould adminis on to Residen	dication aide (MA) on n revealed: ation meant to administer urs as needed for agitation. to administer two times a day. ter Haldol twice daily prn t #17 when he was agitated.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:			R	
		HAL071015	B. WING	وم الم الم الم الم الم الم الم الم الم ال		9/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
SHE GA	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(	THE APPROPRIATE	COMPLE DATE	
D 344	Continued From pa	ige 123	D 344				
	would only adminis a day because it wa -She did not know I the Haldol as need remained agitated of there was not a spe -If Resident #17 wa administering one of would "maybe" wait administering a sec -She had never had Haldol 5mg as need #17.						
	on 09/19/19 at 12:1 -Her first day at the -The facility did not -She did not know f Resident #17's Hal -Haldol twice daily p incomplete order be or time frame spect -The Haldol twice d clarified to avoid un harm to Resident # -She expected the twice daily prn time	5pm revealed: facility was 09/16/19. have a twice daily prn policy. there was an order for dol that needed clarification. orn agitation was an ecause there was not an hour ified to administer the Haldol. laily prn order needed to be necessary administration or 17. prescribing provider to provide					
	Care/Licensed Prad 09/18/19 at 11:00ar -The DRC/LPN, M/ Coordinator (RCC) the Primary Care P -Whoever received	As, or Resident Care would be given the orders by					

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PREFIX CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE CON	
HAL071015     B. WING     09/24/20*       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     300 WEST ASHE STREET       ASHE GARDENS     BURGAW, NC 28425     BURGAW, NC 28425       (X4) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY)     CON D       D 344     Continued From page 124 needed clarification for that specific order. -The medication order was then faxed to the pharmacy, the medication order was placed in a new order folder, pharmacy would enter the mediation order in the electronic medication system, the DRC/LPN or RCC would compare the original medication order to what was entered     D 344     ID	(5) PLETE
ASHE GARDENS           300 WEST ASHE STREET BURGAW, NC 28425           (X4) ID PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         (continued From page 124 needed clarification for that specific order. -The medication order was then faxed to the pharmacy, the medication order was placed in a new order folder, pharmacy would enter the mediation order in the electronic medication system, the DRC/LPN or RCC would compare the original medication order to what was entered         D 344	PLETE
ASHE GARDENS BURGAW, NC 28425          (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (COM D         D 344       Continued From page 124 needed clarification for that specific order. -The medication order was then faxed to the pharmacy, the medication order was placed in a new order folder, pharmacy would enter the mediation order in the electronic medication system, the DRC/LPN or RCC would compare the original medication order to what was entered       D 344	PLETE
BURGAW, NC 28425         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (COM D         D 344       Continued From page 124 needed clarification for that specific order. -The medication order was then faxed to the pharmacy, the medication order was placed in a new order folder, pharmacy would enter the mediation order in the electronic medication system, the DRC/LPN or RCC would compare the original medication order to what was entered       D 344	PLETE
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COM D         D 344       Continued From page 124       D 344       D 344 </td <td>PLETE</td>	PLETE
needed clarification for that specific order. -The medication order was then faxed to the pharmacy, the medication order was placed in a new order folder, pharmacy would enter the mediation order in the electronic medication system, the DRC/LPN or RCC would compare the original medication order to what was entered	
-The medication order was then faxed to the pharmacy, the medication order was placed in a new order folder, pharmacy would enter the mediation order in the electronic medication system, the DRC/LPN or RCC would compare the original medication order to what was entered	
-The medication order was then faxed to the pharmacy, the medication order was placed in a new order folder, pharmacy would enter the mediation order in the electronic medication system, the DRC/LPN or RCC would compare the original medication order to what was entered	
new order folder, pharmacy would enter the mediation order in the electronic medication system, the DRC/LPN or RCC would compare the original medication order to what was entered	
mediation order in the electronic medication system, the DRC/LPN or RCC would compare the original medication order to what was entered	
system, the DRC/LPN or RCC would compare the original medication order to what was entered	
the original medication order to what was entered	
medication orders matched, the medication order	
would then be released for the MA to administer	
the medication.	
A cocord interview with the DBC/LDN er	
A second interview with the DRC/LPN on 09/23/19 at 1:15pm revealed:	
-It was the responsibility of the medication aides	
(MAs) to contact the prescribing provider for	
medication clarification.	
-The MA would tell the DRC/LPN, RCC, and/or	
ED of the need for medication clarification so	
everyone would know what was going on with the medication.	
-He was not told clarification was needed for	
Haldol 5mg twice daily prn agitation.	
Attempted interview with Resident #17's family member on 09/24/19 at 3:30pm was	
unsuccessful.	
Based on observations, interviews, and record	
reviews it was determined Resident #17 was not interviewable.	
The facility failed to assure clarification of	
medication orders for Resident #5 who was an	
insulin dependent diabetic and went from	
06/11/19 - 07/24/19, a total of 43 days, without	
clarification of Novolog sliding scale coverage	
with 74 out of 96 opportunities from 07/01/19 -	
07/24/19 of a blood sugar greater than 201 which placed the resident at risk for high blood sugar,	
vision of Health Service Regulation	

Division	of Health Service R	egulation			FURIMAPPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL071015	B. WING		R 09/24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
			ASHE STR		
	ARDENS	BURGAW	NC 28425		
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 344	Continued From pa	age 125	D 344		
	facility's failure was safety, and welfare a Type B Violation. The facility provide accordance with G this violation. CORRECTION DA	ease, and kidney failure. The detrimental to the health, of the resident and constitutes d a plan of protection in .S. 131D-34 on 09/24/19 for TE FOR THE TYPE B NOT EXCEED NOVEMBER			
D 358	10A NCAC 13F .10 Administration	04(a) Medication	D 358		
	<ul> <li>(a) An adult care h preparation and ad prescription and no by staff are in acco</li> <li>(1) orders by a lice which are maintain</li> </ul>	nome shall assure that the ministration of medications, on-prescription, and treatments			
	TYPE A1 VIOLATI				
STATE FOR	М		6899	DI4D11 If	continuation sheet 126 of 223

TAG         REGULATORY OR LSC IDENTIFYING INFORMATION)         TAG         CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY         DATE           D 358         Continued From page 126         D 358         D 358         Medication administration procedures and practices are monitored through the following systems, tools and processes to assure accurate preparation and administration of medications;         Medication administration procedures and practices are monitored through the following systems, tools and processes to assure accurate preparation and administration of medications;		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER         STREET ADRESS. GTV, STATE, ZIP CODE           300 WEST ASHE STREET BURGAW, NC 28425         PROVIDERS PLAN OF CORRECTION (#COT OR DESCRETCH ACTION SHOLD BE (#COT ACTION SHOLD BE (#COT OR DESCRETCH ACTION SHOLD BE (#COT OR DESCRETCH ACTION SHOLD BE (#COT ACTION			HAL 071015				
300 WEST ASHE STREET BURGAW, NC 28425           OWEST ASHE STREET BURGAW, NC 28425           Continued From page 126         D Ref Continued From Page 1						1 09/2	4/2019
Durg AW, NC         Durg AW, NC         Der ROYDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOLD BE (EACH CORRECTIVE ACTION SHOLD ACTION SHOLD BE (EACH CORRECTIVE ACTION SHOLD BE (EACH CORRECTIVE ACTION SHOLD BE (EACH CORRECTIVE ACTION ACTION ACTION ACTION ACTION ACTION (EACH CORRECTIVE ACTION ACTION ACTION ACTION ACTION ACTION (EACH CORRECTIVE ACTION ACTION ACTION ACTION ACTION ACTION ACTION (EACH CORRECTIVE ACTION ACTION ACTION ACTION ACTION ACTION (EACH CORRECTIVE ACTION ACTI		NOVIDER ON OUT LIER					
Preferst TAG         Celect DeFICE NOY MUST BE PRECEDED BY FULL PREVIDENCY         Preferst TAG         Preferst TAG           D 358         Continued From page 126         D 358         Medication administration procedures and procedures were established and maintained for medications, interviews, and record reviews, the facility failed to assure safe policies and procedures were established and maintained for medications were established and maintained for medications were established and maintained for medications to treat infection, hypertension, fluid and urinary retention, and two vitamin supplements (#5), dry eyes and allergic rhinitis (#19), medications for hypertension, high cholesterol, urinary retention, gastoesophageal reflux disorder, fluid retention (#5), missed doses of medication used to treat hypertension, heart full cations used to treat hypertension, high blood sugar, depression and psycholic disorders, and alking scale insulin (#2), and failure to administer an antibiotic and delay in administration of medications used to treat hypertension, heart full retention (#17).         Medication Administration administration proper procedures. Availability of medications. Fregistered Nurse re-validated to assure accuracy. Observation of 3 errors out of 30 opportunities during the 8:00am and 9:00am medication passes on 09/18/19.         D 326           a. Review of Resident #5's current FL-2 dated OB/03/19 revealed: -Diagnoses included type II diabetes with hyperfension, and gastroesophageal reflux disease (GERD).         D 326         Medication administration procedures. Administration procedures. Administration or deview of administration or deview of any refusals. Executive Director and onsite assigned Registered Nurse review process and status with Care Managers ality.         10/24/20 <td>ASHE GA</td> <td>RDENS</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ASHE GA	RDENS					
<ul> <li>Based on observations, interviews, and record reviews, the facility failed to assure safe policies and procedures were established and maintained for medication administration; failed to assure medications were established and maintained for medications or trade infection. Hypertension, fluid and urinary retention, and two vitamin supplements (#5), dry eyes and allergic rhinitis (#19), and or 6 of 7 residents (#5), and real teroid reviews (#2, #4, #5, #6, #17, #19) including delays in starting antibiotics after in the synchrotic discorders, and sliding scale insulin (#2), and failure to administration of medications used to treat hypertension, high blood sugar, depression and psychotic discorders, and sliding scale insulin (#2), and failure to administration of medications used to treat hypertension, high blood sugar, depression and psychotic discorders, and sliding scale insulin (#2), and failure to administration of medications used to treat hypertension, high blood sugar, depression and psychotic discorders, and sliding scale insulin (#2), and failure to administration of medications used to treat hypertension, high blood sugar, depression and psychotic discorders, and sliding scale insulin (#2), and failure to administration grocedures and naccuracy. Observations implemented on 10/24/2019 (nogoing) to monitor medication passes on 09/18/19.</li> <li>a. Review of Resident #5's current FL-2 dated 60/03/19 revealed:</li> <li>a. Review of Resident #5's current FL-2 dated 60/03/19 revealed:</li> <li>a. Review of Resident #5's current FL-2 dated 06/03/19 revealed:</li> <li>bign of Hatih Service Regulation</li> </ul>	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE
<ul> <li>reviews, the facility failed to assure safe policies and practices are monitored through the following systems, tools and processes to assure accurate preparation and acministration of medication passes, including errors with medication and training provided to include, but not limited to; Six rights of medication administration, fuld and urinary retention, and two vitamin supplements (#5), dry eyes and allergic rhinitis (#19), and for 6 of 7 residents (#5), an oral steroid (#19), medications for hypertension, high photod sugar, depression and psychotic disorders, and sliding scale insulin (#2), and failure to administer an antibiotic and delay in administration of medications used to treat hypertension, heart failure, depression, gastroesophageal reflux disorder, and alcohol withdrawal (#17).</li> <li>The findings are: <ol> <li>The findings are:</li> <li>The medication passes on 09/18/19.</li> <li>a. Review of Resident #5's current FL-2 dated 06/03/19 revealed:</li> <li>Diagnoses included type II diabetes with hyperglycemia, Abcheimer's disease, vascular dementia, dysphagia, repeated falls, cognitive communication defails, cognitive communication defails, cognitive communication defails, cognitive dimentia, dysphagia,</li></ol></li></ul>	D 358	Continued From pa	age 126	D 358			
<ul> <li>The intensity of the intens</li></ul>		Based on observatively and procedures we for medication administration of 5 residents (#5, medication passes medications to treat and urinary retentions supplements (#5), (#19); and for 6 of reviews (#2, #4, #50) delays in starting a (#19), medications use blood sugar, depretional sliding scale in administration of medications in the starting of medications use blood sugar, depretional sliding scale in administration of medications, heart gastroesophageal withdrawal (#17).	tions, interviews, and record related to assure safe policies are established and maintained ninistration; failed to assure administered as ordered for 2 #19) observed during the at infection, hypertension, fluid on, and two vitamin dry eyes and allergic rhinitis 7 residents sampled for record 6, #6, #17, #19) including ntibiotics (#6), an oral steroid for hypertension, high retention, gastroesophageal d retention (#5), missed doses d to treat hypertension, high ssion and psychotic disorders, isulin (#2), and failure to iotic and delay in nedications used to treat t failure, depression,		and practices are monitored throu following systems, tools and proce assure accurate preparation and administration of medications; -Medication adminstration educat training provided to include, but n to; Six rights of medication admin proper procedures/technniques, a of medications, infection control, n to treat diagnosis, the importance administering medications per ph order, (ie: diabeti, hypertension, h urinary retention, refluxm psychot antibiotics, cholesterol, steroids, a vitamins medications). Training p by Registered nurse on 10/22/19. -Medication Aides were re-validat assure proper technique when ad medications. Registered Nurse re completed 9/24/19.	gh the esses to ion and ot limited istration, availability medication of ysician eeart, ropic, allergy, provided ed to ministerin e-validatio	ns 10/24/2019 g ns 10/24/2019
a. Review of Resident #5's current FL-2 dated 06/03/19 revealed: -Diagnoses included type II diabetes with hyperglycemia, Alzheimer's disease, vascular dementia, dysphagia, repeated falls, cognitive communication deficit, hyperlipidemia, hypertension, and gastroesophageal reflux disease (GERD). ston of Health Service Regulation	1. The medication error rate evidenced by observation of opportunities during the 8:00		rvation of 8 errors out of 30 g the 8:00am and 9:00am		medication administration procedu accuracy. Observations conducte Registered Nurse or qualified des -Care Managers are reviewing me	ures and d by ignee. edication	10/24/201
		06/03/19 revealed: -Diagnoses include hyperglycemia, Alzl dementia, dysphag communication def hypertension, and g disease (GERD).	d type II diabetes with heimer's disease, vascular ia, repeated falls, cognitive icit, hyperlipidemia,		duplications of orders, medication administered as orders and review any refusals. Executive Director onsite assigned Registered Nurse review process and status with C	ns are w of and e are	10/24/201
ATE FORM 6899 DI4D11 If continuation sheet 127 of	ision of He ATE FORM			6899	DI4D11 If	continuation o	heet 127 of 9

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	
			A. BUILDING	::	F	
		HAL071015	B, WING			4/2019
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		ASHE STR			
	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	NC 28425	PROVIDER'S PLAN OF CO	PRECTION	0.00
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET8 DATE
D 358	<ul> <li>There was an order daily. (Amlodipine E blood pressure).</li> <li>There was an order (Fish Oil is used to There was an order daily. (Tamsulosin i retention).</li> <li>There was an order is used to treat fluid.</li> <li>Review of Resident order sheet dated 0.</li> <li>There was an order order sheet dated 0.</li> <li>There was an order.</li> <li>Review of Resident 09/12/19 revealed to Doxycycline is an an infection.)</li> <li>Review of Resident electronic medication (eMAR) revealed:</li> <li>There was an entry documentation of a 09/14/19 at 9:00 am at 9:00 am.</li> <li>There was an entry daily with documen 09/13/19 to 09/18/1</li> </ul>	er for Amlodipine Besylate 5mg Besylate is used to treat high er for Fish Oil 100mg daily. treat high cholesterol). er for Tamsulosin HCL 0.4mg s used to treat urinary er for Lasix 40 mg daily. (Lasix d retention). #5's subsequent physician 08/29/19 revealed: er for Amlodipine 5mg daily. er for Tamsulosin 0.4mg daily. er for Tamsulosin 0.4mg daily. er for Fish Oil 1000mg daily. er for Lasix 40mg daily. er for Amlodipine 5mg daily with dministration from 09/01/19 to and on 09/16/19 to 09/18/19 er for Vitamin B-12 1000mcg tation of administration from	D 358	-Medication cart audit sched to include review of the MAP medications on hand on 9/2 ongoing. Medication aides a a specific number of Reside each week and submit an au to the Care Managers. Exect reviews cart audits durign da assure medications are avai for administration. Care Mar conducting verifications cher accruacy and compliance. -Order processing system re with training provided 9/19 & the Care Managers and Nur Executive Director and onsit Registered Nurse consult wi managers daily to assure th processed through the syste -Medication compliance rep being pulled by the Care Mar reviewed during morning st Executive Director in coordi the onsite assigned Registe DDCS during site visits.	R and 4/19 and are assigned nts to review udit for review cutive Director aily stand-up to ilable as orderen agers are cks to assure e-established & 9/25/19 to rsing Personnel te assigned ith the Care at orders are em. borts are anagers and and-up by the ination with	d 10/24/201

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If continuation sheet 128 of 223

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING	ť <u></u>		
		HAL071015	B. WING		F 09/2	र <u>4/2019</u>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G/	ARDENS		T ASHE STR /, NC 28425			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF		(X5) COMPLETE
Prefix Tag		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE
D 358	Continued From pa	age 128	D 358	Quality Assurance:		
	daily for ten days w	ith documentation of		Medication administration pr		
	administration on 0			practices are monitored by the		
	-There was an entry	y for Fish Oil 1000mg daily		assigned Registered Nurse,		
	with documentation	of administration from		in coordination with the Exec during daily reviews. DDCS		
	09/01/19 - 09/18/19			provide additional oversight		
		y for Lasix 40mg daily with		during site visits in coordinat		
		dministration from 09/01/19 to		Level Management Personn		10/24/2
		7/19 to 09/18/19 at 9:00am.			on origonig.	10/2 //2
		y for Tamsulosin 0.4mg daily		-The SVP monitors compliar	ice during site	
		of administration from	ł	visits, weekly conference cal		
	09/01/19 to 09/18/1	9 at 9:00am.		monitoring of systems, tools	and processe	s
				with the onsite assigned Reg	istered nurse	
	Observation of the 8:00am and 9:00am medication passes on 09/18/19 revealed:			at a minimum of twice weekl	y. Ongoing.	10/24/2
		de (MA) prepared oral morning				
		sident #5 in a plastic tration cup, including				
		asix 40mg, Vitamin B-12 tablet				
		vcline 100mg capsule,				
		capsule, and a Fish Oil				
	1000mg capsule.					
		easpoons of applesauce in a				
		edication administration cup.				
		ne Amlodipine, Lasix, and				
	Vitamin B-12 tablet					
		e crushed medications into the				
	••	eparate plastic medication				
	cup.	o conculor of Downwoling and				
		e capsules of Doxycycline and rinkled the granules on the	]	1		
	applesauce.	ninico die granules on die				
ļ		of the Fish Oil capsule and				
	squeezed the oil on					
		apple sauce with the crushed				
	tablets, granules, ar					
		red two separate servings of				
		at contained the prepared				
	medications to Resi					
		plastic medication cup in the				
		the medication cart.				
sion of He	alth Service Regulation			<u>L</u>		
TE FORM	-		6899 1	DI4D11	If continuation s	haat 120 of

	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			СОМ	E SURVEY PLETED
		HAL071015	B, WING			R 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STRE V. NC 28425	ET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	D ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLE DATE
D 358	Continued From pa	ge 129	D 358			
	teaspoon of the app medications. -The applesauce we insides of the cup, a administer the med -Portions of the app spoon were tinted p -Also, in the apples of the plastic medic were tablet fragment color. -The fragments also the plastic medicati Interview with the M revealed it was norm	auce and on the inside sides ation cup and on the spoon nts that were pink, and white ir o remained on the inside of				
	administered Resid A second interview 12:37pm revealed:	en she prepared and ent #5 his medications. with the MA on 09/19/19 at				
	administer medicati working at the facili -If she had been tra administer medicati	lined on how to mix and ions in applesauce, she would the applesauce with prepared				
	09/18/19 at 11:00ar -The MAs should al applesauce needed administer to reside	ctical Nurse (DRC/LPN) on n revealed: ways use the least amount of I to mix medications and ents to be certain all the ninistered to the resident.				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		CONSTRUCTION		E SURVEY PLETED
			A, BUILDING;			
		HAL071015	B. WING		R 09/24/2019	
iame of i	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ASHE GA	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	(X5) COMPLE DATE
D 358	Continued From pa	ge 130	D 358	<b>***</b> 7,		
	#5.					
		#5's September eMAR				
	revealed:	rmed the 09/18/19 8:00am				
		ation passes administered 7				
	out of 17 doses of A	Amlodipine to the resident from	1			
		9, on 09/10/19, and from				
	09/17/19 to 09/18/1	9. rmed the 09/18/19 8:00am	1			
		ation passes administered 2				
		tamin B-12 to the resident				
	from 09/17/19 to 09					
		rmed the 09/18/19 8:00am ation passes administered 1				
		oxycycline to the resident on				
	09/18/19.					
		rmed the 09/18/19 8:00am				
		ation passes administered 7 Fish Qil to the resident from				
		9, on 09/10/19, and from				
	09/17/19 to 09/18/1					
		rmed the 09/18/19 8:00am ation passes administered 7				
		asix to the resident from				
		9, on 09/10/19, and from				
	09/17/19 to 09/18/1					
		rmed the 09/18/19 8:00am ation passes administered 7				
		amsulosin to the resident				
		/05/19, on 09/10/19, and from				
	09/17/19 to 09/18/1	9				
	Telephone interview	with the Licensed Health				
	Professional Suppo	rt (LHPS) nurse on 09/19/19				
	at 3:07pm revealed				4	[
[		edication pass observations. edication pass observation				
		h ago on first and third shifts.				
		during the 09/18/19 8:00am	1			

TATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		COM	E SURVEY PLETED	
		HAL071015	B. WING	· · · · · · · · · · · · · · · · · · ·		R 09/24/2019	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
<u></u>		300 WES	T ASHE STRE	ET			
SHE GA	RDENS	BURGAV	V, NC 28425				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
	wiz-041			DEFICIENC	-1)		
D 358	Continued From pa	ge 131	D 358			1	
	and 9:00am medics	ation passes was observed by					
	her one month ago						
		icerns with the MA during the				1	
	random medication						
		urrent Executive Director (ED)					
	on 09/19/19 at 3:55						
	-She had started we	orking at the facility on					
		MAs to administer all the					
		residents' medications.					
		MAs to look in the medication					
	cup to verify all the						
		Iministered before throwing					
		n cup to ensure all the entire					
		ns were administered.					
		v with Resident #5's Primary ?) on 09/23/19 at 1:25pm					
	hypertension.	escribed to treat the resident's					
		known as a "silent killer" that					
		art attack or stroke if the			•		
	resident did not rec						
	Amiodipine because increase.	e the blood pressure would					
		ed to the resident to treat the					
	resident's lower ext						
		d the resident's lower					
		ould worsen by not receiving					
	the full dose of Lasi	x.					
		ver extremity edema did					
		ise pain and delayed wound					
	healing because of						
		escribed to treat urinary					
		etention is the inability to					
	urinary tract infectio	Illy empty the bladder causing					
	-Not receiving the fu						

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Division	of Health Service Re	egulation				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
		HAL071015	B. WING			२ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STR , NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	cause an increase i -Doxycycline was p treat an infection. -She could not reme prescribed Doxycyc -Doxycycline was "p resident to treat a re -Not receiving the fu- cause the infection resident to receive a antibiotics or possib -She was not conce receiving a full dose B-12 because they b Based on observative reviews it was deter interviewable. Attempted telephon family member on 0 unsuccessful. b. Review of Resided 11/29/18 revealed d pain, and generalize -There was a medic 0.5% 1 drop (gtt) in -There was a medic micrograms (mcg) p each nostril daily. Review of a physicia #19 dated 08/29/19 -There was a medic 0.5% 1 gtt in both ey -There was a medic	in urinary retention. rescribed for the resident to ember the exact reason she sline to the resident. probably" prescribed to the espiratory infection. ull dose of Doxycycline could not to clear requiring the a longer dose of oral obly intravenous antibiotics. erned about the resident not e of the Fish Oil or Vitamin were vitamins. ons, interviews, and record mined Resident #5 was not e interview with Resident #5's 09/20/19 at 11:00am was ent #19's current FL-2 dated liagnoses included dementia, ed weakness. eation order for Refresh Tears both eyes daily. eation order for Refresh Tears to order sheet for Resident revealed: eation order for Refresh Tears	D 358			
Division of He	alth Service Regulation					

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	FOR CONNECTION		A. BUILDING:				
	HAL071015		B. WING			R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE G	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET	
PRÉFIX TAG		( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE	
D 358	Continued From pa	ge 133	D 358				
	electronic medication (eMAR) revealed: -There was an entry actuation instill 1 sp documentation as a 09/17/19 at 8:00am -There was an entry 1gtt in both eyes tw as administered fro 8:00am and 8:00pm Observation of the medication passes -Resident #19 was the dining room to t the 200 hallway. -The medication aid medication cart dra -The MA told anoth locate Resident #19 medication cart. -The Refresh Tears not administered to -The MA did not loc administer to Resid -Fionase was not a Interview with the M revealed Resident # medication pass off because she could on the medication of A second interview 10:30am revealed: -She was unsure w	y for Refresh Tears 0.5% instill rice daily with documentation m 09/01/19 to 09/17/19 at n. 8:00am and 9:00am on 09/18/19 revealed: pushed in her wheelchair from the medication cart located on de (MA) searched through the wers. er MA she was unable to 9's Refresh Tears on the were not located and were Resident #19. ok for the Flonase to lent #19. dministered to Resident #19. MA on 09/18/19 at 8:27am #19 had received all the r the 8:00am and 9:00am her than the Refresh Tears not locate the Refresh Tears					

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
		BENTH IOANON NUMBER.	A. BUILDING:				
	HAL071015		B. WING			R 09/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
SHE G	ARDENS		T ASHE STRE /, NC 28425	ET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLI	
D 358	Continued From pa	ge 134	D 358				
	on 09/17/19 becaus Tears were on the o -Resident #19's Flo during the medication the medication cart. -She did not know w was not on the medi- -The Director of Re. Nurse (DRC/LPN) s 09/18/19 after the m Refresh Tears and I today (09/18/19) by Interview with the D 11:00am revealed: -As soon as a medi- available for admini pharmacy and have "STAT". -There should neve a medication was m because it could be contacting the pharm four doses remainin -He was told the mo #19's Refresh Tears removed from the m -Resident #19's Floo medication cart on 0 expired. -The pharmacy was Resident #19's Refr had not been receiv	nase was not administered on pass because it was not on why Resident #19's Flonase lication cart. sident Care/Licensed Practical said the pharmacy was called nedication pass and the Flonase would be delivered the pharmacy. RC/LPN on 09/18/19 at cation was discovered not stration the MA was to call the the medication delivered r have been a situation when ot available for administration prevented by cycle fills or macy when there were about og or ordering "STAT". orning of 09/18/19 Resident s had expired and was nedication cart 09/17/19. nase was pulled from the 09/17/19 because it had also a called 09/17/19 for a refill on resh Tears and Flonase but red.					
	because Resident #	called again today (09/18/19) 19's Refresh Tears and t been received as discovered					
	during the 8:00am a observation.	ind 9:00 am medication pass					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		OCT STATES STREET, SUPPLIER, CLIA (X1) PROVIDER, SUPPLIER, CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL071015		B. WING			R 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, ST	TATE, ZIP CODE		
	ARDENS	300 WES	T ASHE STRE	ET		
		BURGAV	V, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLE <sup>-</sup> DATE
D 358	Continued From pa would be delivered	-	D 358			
	Telephone interview facility's contracted 3:15pm revealed: -Refresh Tears was 07/22/19 and shoul -Refresh Tears was after opening. -Resident #19's Flo 06/24/19. -Resident #19's Flo the bottle and shou -The Flonase disperant out 08/25/19 or -Resident #19's refi Tears and Flonase (named) MA on 09/ -The refills were to (09/18/19) because "STAT". -If the facility had ca Refresh Tears and the medications co delivered that night -Pharmacy services facility twenty - four week. -There was a back- after hours, nights, the regular pharma -If a medication wa weekends, or holids ordered "STAT" and immediately either is contracted pharma -If a medication wa medication would b	v with a Pharmacist at the pharmacy on 09/18/19 at a last filled for Resident #19 on d have lasted 75 days. a to be disposed of 90 days onase was last dispensed onase contained 120 sprays in ld have lasted 60 days. onase on 06/24/19 should have 08/26/19. ill request order for Refresh was sent from the facility by 17/19 at 10:55pm. be sent the next business day a they were not ordered alled and said they needed the Flonase the night of 09/17/19, uld have been sent and s were always provided for the hours a day seven days a -up pharmacy for the facility for weekends, and holidays when cy was closed. s needed after hours, nights, ays the medication could be d would be delivered from the facility's main cy or the back-up pharmacy. s ordered the same day. s not ordered "STAT" after				

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Division	of Health Service Re	egulation				AFFNOVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
	HAL071015		B. WING		R 09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS	300 WEST	ASHE STR NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 136	D 358			
	business day.	-				
	Interview with a sec 4:20pm revealed: -The Executive Dire #19's Flonase and f medication cart duri 09/17/19. -She did not know v medication cart bec Refresh Tears to Re 09/17/19. -The ED told her to #19's Refresh Tears -She faxed a refill re Refresh Tears and f the night of 09/17/19 -She did not fax the #19's Refresh Tears because she was ne "STAT".	equest for Resident #19's Flonase to the pharmacy on 9. refill request for Resident 8 and Flonase as "STAT" of told to request the refills as and Flonase that were nedication cart on 09/17/19				
	09/18/19 at 4:26pm -The Refresh Tears a transparent brown labeled for the resid	bottle was blue and stored in plastic medication vial ent.				
	07/30/19 documente plastic medication v Tears bottle.	vritten opened date of ed on the transparent brown ial that contained the Refresh				
Division of He	handwritten opened -The Refresh Tears an electronic expirat	bottle had documentation of a dated of 04/30/19. bottle had documentation of tion date of April 2021. bottle was approximately				- -

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TATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION			
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED		
	HAL071015		B. WING			R 09/24/2019	
IAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE			
		300 WES	TASHE STRE	ET			
ASHE GA	ARDENS	BURGAV	N, NC 28425				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	CORRECTION	(X5) COMPLET	
PREFIX TAG		SC IDENTIFYING INFORMATION	PREFIX TAG	CROSS-REFERENCED TO 1	THE APPROPRIATE	DATE	
D 358	Continued From pa	age 137	D 358				
	Obcompation of Pag	sident #19's Flonase bottle on					
	09/18/19 at 6:00pm						
	-The Flonase bottle	e was in a transparent brown					
		vial labeled for the resident.					
		written opened date of					
		ted on the transparent brown					
	residents Flonase	vial that contained the					
		e had an electronic label with					
		e and a date of 05/17/19.					
		e had documentation of an					
	-	n date of November 2020.					
		e was approximately 1/4th full.					
		current ED on 09/18/18 at		,			
	4:40pm revealed:	two bottles of Refresh Tears					
		cart during the 09/17/19					
	medication cart au						
		bottle of Resident #19's					
		the Flonase from the					
		09/17/19 during a medication					
	cart audit.						
		Resident #19's Refresh Tears					
		eded to be re-ordered					
		date for both bottles were					
	greater than 30 days old. -She did not know what happened to the one						
		#19's Refresh Tears that was					
		ion cart during the 09/17/19					
	medication cart au	dit.					
		Resident #19's Refresh Tears					
		medication cart during the					
	09/17/19 cart audit						
		nt #19's unexpired bottle of named) MA on 09/17/19					
		ent had an order for Refresh					
	Tears that was due						
		at at a volume					

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Division	of Health Service Re	egulation		· · · ·	1 01 111	ATTROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL071015	B. WING		F 09/2	२ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
ASHE G	ARDENS		ASHE STR NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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 358	A second interview 09/18/19 at 6:03pm -She did not know v dates on Resident at transparent brown p contained the Refree -She did not know v date on Resident # that contained the Refree -She did not know v date on Resident # that contained the Refree -She did not know v date on Resident # that contained the Refree 09/17/19 revealed: -There was a label -There was a label of the request. A second interview of 09/19/19 at 3:55pm -The open date for 1 documented on the -The Flonase was n cart because the 05 good. -The Refresh Tears and removed from t audit on 09/17/19. -She told (named) M Flonase and Refres 09/17/19 so they wo same night. Interview with the D 12:45pm revealed: -There was no excu	with the second MA on revealed: who documented the opened #19's Refresh Tears bottle or blastic medication vial that who documented the opened 19's Flonase medication vial Flonase bottle. acy refill request dated for Resident #19's Refresh for Resident #19's Flonase. itten documentation which top left corner of the refill with the current ED on revealed: Resident #19's Flonase was	D 358			
Division of He	pass. ealth Service Regulation			<del></del>		

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY	
NU PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<u> </u>			
	HAL071015		B. WING			R 09/24/2019	
IAME OF F	PROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, ST	IATE, ZIP CODE			
SHE G	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 358	Continued From pa	ge 139	D 358				
	-Medications order would be delivered ordered. -He expected provie medications were m Telephone interview 09/23/19 at 1:25pm -Refresh Tears was for dry eyes. -She expected Refit to Resident #19 as -Not administering as ordered could ca causing pain and di -Flonase was prese allergic rhinitis. -She expected the ordered. -Not administering as ordered could ca congestion. -She had not been receive the Refresh Based on observati reviews it was dete interviewable. 2. Review of Resid 11/21/18 revealed of dementia, anemia,	ed "STAT" from the pharmacy the same day or night ders to be notified when not administered. w with Resident #19's PCP on a revealed: s prescribed to Resident #19 resh Tears to be administered ordered. Refresh Tears to Resident #19 ause the resident's eyes to dry iscomfort. cribed to Resident #19 for Flonase to be administered as the Flonase to Resident #19 ause an increase in allergy and notified Resident #19 did not					
	rotator cuff syndron Review of a primar	othyroidism, anxiety, and left ne. y care provider (PCP) Patient dent #4 dated 07/17/19					

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Divisio	on of Health Service Re	egulation				
	IENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		R 09/24/2019	
NAME C	F PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE	•	<u> </u>
			ASHE STR			
ASHE	GARDENS	BURGAW	, NC 28425			
(X4) II PREFI TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIN (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 35	8 Continued From pa	ige 140	D 358	·		
D 3	-The resident was a a recent emergence for a diagnosis of "a -Staff indicated the medications and wa another residents a 20mg (used in conj levels of cholestero controlled substance panic disorders), ar treat hypertension a Review of a Medica Administrator/Mana 07/08/19 revealed: -Resident #4 was li -The date of the err 07/05/19. -There was docume report was complet given to the wrong -In addition to the m 07/17/19 PCP patie administered, other administered were 250-200-40-1mg (v treat eye disorders) treat gastro-esopha	seen for follow-up status post y department visit on 07/05/19 accidental overdose". resident had taken her own as accidentally administered nedications. administered Atorvastatin unction with diet to treat high il), Clonazepam 0.5mg (a se used to treat seizures and nd Carvedilol 12.5mg (used to and heart disorders) in error. ation Error Report with an ager (ED) signature dated sted as the named resident. for was documented as entation the medication error ed because medication was resident. nedications listed as preservision areds itamin supplement used to , omeprazole 40mg (used to ugeal reflux disease and	D 358			
	schizophrenia), and	done 0.5mg (used to treat Oxycodone 5-325mg (a				
	controlled substanc	e used to treat pain).				
	dated on 07/05/19 a -Resident #4 was "a [medications] by [a]	accidentally given wrong meds				
	temperature 99.2 d	egrees Fahrenheit, pulse rate				
Distat		pressure at 155/83mm/Hg.				
L/IVISION Of	Health Service Regulation			й. С		

ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1,	CONSTRUCTION		E SURVEY	
	ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		PLETED	
HAL071015		B. WING			R 09/24/2019	
ME OF PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, S	TATE, ZIP CODE			
		T ASHE STRE				
HE GARDENS	BURGAV	V, NC 28425				
REFIX (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 DEFICIENC	FION SHOULD BE	(X5) COMPLE DATE	
D 358 Continued From p	age 141	D 358	<u></u>	···· <del>·································</del>	-	
local hospital ED a -There was docum	returned to the facility from a at 11:46pm on 07/05/19. The report was the report was the report					
revealed: -There were no ph Atorvastatin, Clona Risperidone, Oxyc any dosage or free -There was a phys omeprazole capsu	Review of physician orders for Resident #4 revealed: -There were no physician's orders for Atorvastatin, Clonazepam, Carvedilol, Risperidone, Oxycodone, or preservision areds in any dosage or frequency. -There was a physician's order dated 11/21/18 for omeprazole capsule delayed release 20mg capsule every morning.					
Administration Rec revealed: -There was docum Lorazepam (used 1 8:00pm by the forr -There was docum Duloxetine (used t delayed release 30 former MA. -There was docum Duloxetine delayed 8:00am. -There was docum Aspirin (used to tra delayed release ta -There was docum Furosemide (used two tablets at 8:00 -There was docum Potassium Chlorid	entation of administration of o treat depression and anxiety) Omg capsule 8:00pm by the entation of administration of d release 30mg capsule at nentation of administration of eat heart disorders) 81mg blet at 8:00am. entation of administration of to treat fluid retention) 20mg					
	•					

STATE FORM

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Division	of Health Service Re	egulation			i oran	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL071015	B. WING			२ 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY.	STATE, ZIP CODE	, <u>, , , , , , , , , , , , , , , , , , </u>	
ASHE G	ARDENS	300 WEST	ASHE STR			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	-	D 358			
	Omeprazole 20mg 6:30am. -There was docume Diclofenac sodium y topical at 8:00am and Interview with Resid Provider (PCP) on 0 he was very worried received another re- along with her own Second interview w 09/18/19 at 11:54ar -Resident #4 had be else's medication of -He thought the me new medication who -Resident #4 was p medications and the administered includ medications. (The I medications the res- -Resident #4 was se emergency departmr -He wanted the hos overnight for monitor hospital emergency told facility staff notified the facility. -He did not know ho voiced concern with happen again".	dent #4's Primary Care 07/10/19 at 2:50pm revealed d because Resident #4 sident's medications in error medications. ith Resident #4's PCP on n revealed: een administered someone ne time. dication aide was training a en the incident occurred. rescribed blood pressure e other resident's medications ed blood pressure PCP did not name the ident had been administered). ent to the local hospital nent for evaluation. pital to keep the resident oring but could not tell the department what to do, so he watch" the resident. the occurrence immediately. d him the resident returned to ow the incident occurred, but the Administrator "that it not				
		n revealed: at the facility from 10/2018 to				
Division of He	alth Service Regulation					

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
•				····	R		
		HAL071015	B. WING			09/24/2019	
IAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
SHE G	ARDENS		TASHE STRE 7, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
D 358	Continued From pa	age 143	D 358	,			
	medication administered -The former trained prepared for another the medications to personal call during -She left to take the former trainee she -The MA from the off help out the former - The MA from the off medication cart for -She did not know administered the off guessed the other paying attention wh -She had already a 8:00pm medication -She had prepared medication and left drawer of the medi -When she returned telephone call, she other MA coming off together. -She asked them was Resident #4's room -The MA said they medications to Res -The incident occur 7:00pm and 8:00pr -She contacted the was sent out to the	other hall (named) came to MA trainee. 200 hall "took my place on the 100-hall." how or why Resident #4 was ther resident's medication, but MA and trainee were not here she left off to take the call. dministered Resident #4 her is. the other resident's the medications in the top cation cart. d from answering her noticed the former trainee and ut of Resident #4's room what they were doing in had just given Resident #4 her ho administered the wrong sident #4. red after dinner between n. Supervisor and the resident hospital for evaluation. a had not been "signed off" to					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED
		HAL071015	B. WING		R 09/24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
ASHE GA	RDENS		FASHE STR , NC 28425	EET	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 COMPLETE
D 358	Continued From page	ge 144	D 358		
	administered the me	edications and had not vas told when the staff went to			
	4:07pm revealed: -She was working o the MA.	amed MA on 09/19/19 at In the 200-hall on 07/05/19 as Resident #4's room with the			
	on 09/19/19 at 3:31 -She left the medica went to answer the call from a family me	ation cart unlocked when she emergent personal telephone			
	-She was trained to anytime she was lea -She had administer to the resident and h resident's eMARs. -She had prepared t medications and che	lock the medication cart aving the medication cart. red Resident #4's medications had signed them off on the the other resident's ecked "prep" but had not edications prior to answering			
	Director (ED) on 09/ -She was aware Rea administered the war remember exact dat -The MA who was re cart [named] prepare and left the medicati cart, went to answer former MA trainee "t	ong medications but could not te. esponsible for the medication ed a resident's medication ions out on the medication r a telephone call when the took it upon herself and edications prepared for			
sion of He	alth Service Regulation		<sup>1899</sup> Г	DI4D11 If c	ontinuation sheet 145 of 223
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Division of Health Service Regulation

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL071015	B. WING			R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE			
ASHE G	ARDENS		TASHESTRE √, NC28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 358	-She thought there prepared in the me to Resident #4 in e -During training, the touch the medication the medication card -The medication card -The medication air only "shadow" the I not be left on the m -The former MA sh telephone call until completed. Interview with the c 2:50pm revealed: -She was not at the would be hearsay. -She knew one MA MA and stepped av -The trainee admin medications to Res -She would expect MA, the trainee sho medication.	were seven (7) medications dication cup and administered rror. e trainee was not supposed to on cart, keys, or anything on t. de in training was supposed to MA, and medications should nedication cart. ould have never taken the the medication pass was current ED on 09/20/19 at e facility so anything she said was training another staff as a way from the medication car. istered the prepared					
	09/23/19 at 12:30p -He was hired at th -He only remember about the medication -He thought there we not know the name	m revealed: e facility on 07/15/19. red the former ED asking him on error report. vere 6 or 7 medications but did as of the medications "alleged"					
	09/23/19 at 1:25pm -When she sent re- provided EMS with	erview with the former MA on 1 revealed: sident #4 out by EMS, she a list of all the other resident's uled for the 8:00pm medicatior					

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Division	of Health Service Re	egulation				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL071015	B. WING		F 09/2	र 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY.	STATE, ZIP CODE		
ACUEO			ASHE STR			
ASHE G	ARDENS	BURGAW	, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / 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 358	Continued From pa	ge 146	D 358			
	pass, except insulir not prepared the ins -The former trainee on the medication of -She had not been management as to another staff on the Interview with the C 09/23/19 at 9:17am -She was told the for trainee on the medi something with ano MA trainee alleged the wrong resident. -She was told the m Resident #4 in error drawer of the medic names of the medic -Every time a MA st medication cart, it w	a because she knew she had sulin. had not had any prior training cart with her. provided any instructions from what to do when training medication cart. Clinical Manager (CM) on revealed: ormer MA was training another cation cart, went to do ther resident, and the former y administered medications to nedications administered to were left in a cup in the top cation cart but was not told the cations in the cup. epped away from the vas supposed to be locked. e interview on 09/19/19 at				
	<ul> <li>7:23am with the form as having administer resident's medication</li> <li>3. Review of Resider 06/03/19 revealed of Alzheimer's disease diabetes mellitus, do of micturition, musc dementia with behardysphagia.</li> <li>a. Review of Resider 06/03/19 revealed the of the off off off off off off off off off of</li></ul>	with late onset, type 2 epressive disorder, frequency le weakness, unspecified vior disturbances and ent #2's current FL-2 dated here was medication order for				
N. 4-1-1		ke one tablet twice daily.				
Jivision of He	alth Service Regulation					

TATEMEN	of Health Service Ri IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	Сом	E SURVEY PLETED	
		HAL071015	B. WING			R 09/24/2019	
ame of P	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
SHE GA	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID Prefix Tag	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CO       ICH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE ACTIO       GULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THID		FION SHOULD BE	(X5) COMPLET DATE		
D 358	••••••••••••••••••••••••••••••••••••••	age 147 to treat behaviors and/or	D 358				
	mental health disor						
	medication adminis revealed: -There was an entr	t #2's July 2019 electronic stration record (eMAR) ry for Depakote 250mg take ily with administration times					
so -1 ao do	scheduled as 8:00a -There was docum administered from	am and 8:00pm. entation Depakote was not 07/01/19 - 07/05/19 with n 07/01/19 - 07/05/19 which					
	records revealed: -There were 12 tab dispensed on 06/05	ets of Depakote 250mg					
		ions, record review and letermined Resident #2 was					
	Provider (PCP) on -He did not remem Resident #2 did no -Missing doses of I the resident's beha -He did not remem increased behavior	ber if Resident #2 had					
		lered and to be notified if she					
	nurse (RN) on 09/1	ident #2's hospice registered 19/19 at 12:43pm revealed: made aware that Resident #2					

Division	of Health Service Re	egulation	_			AT TROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3:		SURVEY
	·	HAL071015	B. WING			R 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS CITY	, STATE, ZIP CODE		
			T ASHE ST			
ASHE G	ARDENS		V, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pa had missed any me -Missed doses of D contributed to some 2019. -She expected to be missed doses of he Interview with a pha contracted pharmad revealed if Residen Depakote she could problems. Interview with the fo 09/20/19 at 12:38pr Resident #2 was no ordered in July 2019 Refer to the intervie current Executive D 3:55pm. Refer to the intervie 09/20/19 at 12:38pr Refer to the second on 09/23/19 at 12:3 Refer to the intervie 09/24/19 at 5:00pm Refer to the second on 9/24/19 at 5:25p b. Review of Reside	Interview with the current ED on the former ED on the for	D 358			
	for Glipizide 10mg t (Glipizide is used to	ake one tablet every day. treat elevated blood sugars).				
) Vivision of He	ealth Service Regulation	#2's July 2019 electronic	L			
STATE FORM			6899	DI4D11	If continuation a	sheet 149 of 223

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	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e survey Pleted	
			A, BUILDING:				
	;	HAL071015	B. WING			R 09/24/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE GA	ARDENS		STASHESTRE N, NC 28425	ET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
D 358	Continued From pa	age 149	D 358	····			
	medication adminis	stration record (eMAR)					
		y for Glipizide 10mg take one h a scheduled administration					
	time of 8:00am.	entation Glipizide was not					
	administered on 07						
	07/14/19 at 8:00am						
	unavailable." -There was docum	entation on 07/15/19 at					
	8:00am which read	"will reorder today."					
		entation on 07/16/19 at "waiting on refill order from					
	-There was docum	entation on 07/18/19 at					
		"I have wrote a refill order for east 3 times and gave it to the					
	-There was docum	entation from 07/19/19 -					
	07/21/19 at 8:00am available."	ı which read "drug not					
		entation of finger stick blood ging from 137mg/dl - 490 9 - 07/21/19.					
		t #2's pharmacy dispensing					
		ets of Glipizide 10 mg					
	dispensed on 06/05 -There were 30 tab dispensed on 07/22	lets of Glipizide 10 mg					
		ions, record review and					
	interviews, it was de not interviewable.	etermined Resident #2 was					
		dent #2's Primary Care 09/19/19 at 12:00pm revealed					
		Glipizide could have caused	•			1	

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If continuation sheet 150 of 223

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
						R	
		HAL071015	B. WING		09/	24/2019	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
ASHE G	ARDENS		ST ASHE STRE V, NC 28425	:= 1			
(X4) ID PREFIX TAG			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACT		(X5) COMPLE DATE	
D 358	Continued From pa	ige 150	D 358				
	-His expectation wa her medications as she did not. -He did not remem	sugars to be elevated. as for the resident to receive al ordered and to be notified if ber being notified Resident #2 Glipizide as ordered.					
	contracted pharma revealed if Residen	armacist from the facility's cy on 09/19/19 at 3:49pm t #2 missed doses of I have increased blood sugars.					
	09/20/19 at 12:38pi	ormer Executive Director (ED) m revealed she was not aware ot receiving her medication as 9.					
		ew with the DRC/LPN and Director (ED) on 09/19/19 at					
	Refer to the intervie 09/20/19 at 12:38pr	ew with the former ED on n.					
	Refer to the second on 09/23/19 at 12:3	I interview with the DRC/LPN 7pm.					
	Refer to the intervie 09/24/19 at 5:00pm	ew with the current ED on					
	Refer to the second on 9/24/19 at 5:25p	I interview with the current ED m.	-				
	06/03/19 revealed t for Lisinopril 20mg t	ent #2's current FL-2 dated here was a medication order take one tablet every day. o treat high blood pressure).					
		#2's July 2019 electronic tration record (eMAR)					

STATEMEN	of Health Service R NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED	
			A, BUILDING:		R		
		HAL071015	B. WING			09/24/2019	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
ASHE G	ARDENS		ST ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
D 358	revealed: -There was an entr tablet every day wit time of 8:00am. -There was docum administered from with documentation unavailable." Review of Residen records revealed: -There were 6 table dispensed on 06/02 -There were 30 tab dispensed on 07/02 Based on observat interviews, it was d not interviewable. Interview with Resi Provider (PCP) on -Missing doses of L Resident #2's blood -His expectation wa medications as ord did not. -He did not remem Resident #2 did no ordered. Interview with a pha- contracted pharma- revealed if Residen	ry for Lisinopril 20mg take one th a scheduled administration entation Lisinopril was not 07/01/19 - 07/06/19 with n which read "drug t #2's pharmacy dispensing ets of Lisinopril 20 mg 5/19. blets of Lisinopril 20 mg	D 358	DEFICIENC	Y)		
ision of H	09/20/19 at 12:38p	ormer Executive Director (ED) m revealed she was not aware ot receiving her medication as					

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Division	of Health Service Re	egulation			FORM	APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL071015	B. WING	: 		R 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE		
ASHE G	ARDENS		TASHESTR , NC 28425	EET		
/X4\ ID	SUMMARY STA	TEMENT OF DEFICIENCIES	<u>í</u>	PROVIDER'S PLAN OF CO	PRECTION	0/20
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 152	D 358			
	ordered in July 201	9.				
		ew with the DRC/LPN and Pirector (ED) on 09/19/19 at				
	Refer to the intervie 09/20/19 at 12:38pr	ew with the former ED on n.				
	Refer to the second on 09/23/19 at 12:3	l interview with the DRC/LPN 7pm.				
	Refer to the intervie 09/24/19 at 5:00pm	w with the current ED on				
:	Refer to the second on 9/24/19 at 5:25p	l interview with the current ED m.				
	06/03/19 revealed to for Tamsulosin 0.4n	ent #2's current FL-2 dated here was a medication order ng take one tablet every day. I to treat urinary retention).				
		#2's July 2019 electronic tration record (eMAR)				
ŀ	-There was a comp Tamsulosin 0.4mg t a scheduled admini					
	records revealed: -There were 15 tabl dispensed on 06/26	#2's pharmacy dispensing ets of Tamsulosin 0.4mg /19. es of Tamsulosin 0.4mg				
	dispensed on 07/23			· · · ·		
Division of He	alth Service Regulation			········		

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	Сом	E SURVEY PLETED	
		HAL071015	B. WING			09/24/2019	
iame of a	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
SHE G/	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF COI       CY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE ACTION       LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THE       DEFICIENCY)     DEFICIENCY		on Should be Heappropriate	(X5) COMPLET DATE		
D 358	Continued From pa	age 153	D 358				
	Based on observations, record review and interviews, it was determined Resident #2 was not interviewable.						
	Interview with Resident #2's Primary Care Provider (PCP) on 09/19/19 at 12:00pm revealed: -Missing doses of Tamsulosin could have caused Resident #2 to have difficulty urinating. -His expectation was for her to receive all her medications as ordered and to be notified if she did not. -He did not remember being notified that Resident #2 did not receive her Tamsulosin as ordered.						
	contracted pharma revealed if Residen	armacist from the facility's cy on 09/19/19 at 3:49pm It #2 missed doses of d cause difficulty with urination					
	09/20/19 at 12:38pi	ormer Executive Director (ED) m revealed she was not aware ot receiving her medication as 9.					
		ew with the DRC/LPN and Director (ED) on 09/19/19 at					
	Refer to the intervie 09/20/19 at 12:38pt	ew with the former ED on m.					
	Refer to the second on 09/23/19 at 12:3	d interview with the DRC/LPN 37pm.					
	Refer to the intervie 09/24/19 at 5:00pm	ew with the current ED on n.					
	Refer to the second	d interview with the current ED					

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	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	HAL071015	B. WING	······································		R 09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE G	ARDENS		T ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 358	Continued From pa	ge 154	D 358				
	on 9/24/19 at 5:25p	em.					
	06/03/19 revealed t for Mirtazapine 7.5r	ent #2's current FL-2 dated here was a medication order ng take one tablet every day apine is used to treat					
	medication adminis revealed: -There was a comp Mirtazapine 7.5mg a scheduled admini -There was docume administered from 0	#2's July 2019 electronic tration record (eMAR) wher generated entry for take one tablet every day with istration time of 8:00pm. entation Mirtazapine was not 07/01/19 - 07/24/19 with ch read "drug unavailable."					
	records revealed: -There were 6 table dispensed on 06/05	lets of Mirtazapine 7.5mg					
		ons, record review and etermined Resident #2 was					
	09/19/19 at 8:25am -He stated at the fac	tical Nurse (DRC/LPN) on revealed:					
	Provider (PCP) on ( -Missed doses of M	lent #2's Primary Care 09/19/19 at 12:00pm revealed: irtazapine could have caused an increase in behavior					

STATE FORM

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	or contraction	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL071015	B. WING			R 09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE G	ARDENS		ST ASHE STRE V, NC 28425	ET			
(X4) ID		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	HE APPROPRIATE	COMPLET DATE	
D 358	Continued From pa	age 155	D 358				
	medications as ord did not. -He did not remem	y "sundowners". as for her to receive all her lered and to be notified if she ber being notified that t receive her Mirtazapine.					
	Interview with the fo 09/20/19 at 12:38p	ormer Executive Director (ED) m revealed she was not aware ot receiving her medication as					
		ew with the DRC/LPN and Director (ED) on 09/19/19 at					
	Refer to the intervie 09/20/19 at 12:38p	ew with the former ED on m.					
	Refer to the second on 09/23/19 at 12:3	d interview with the DRC/LPN 37pm.					
	Refer to the intervie 09/24/19 at 5:00pm	ew with the current ED on n.					
	Refer to the second on 9/24/19 at 5:25p	d interview with the current ED om.					
	dated 06/28/19 rev Novolog Flex Pen I /milliliter(ml) sliding a day before meals sliding scale: for fin of 0-200, give 0 uni 2 units; for FSBS of	ician's order for Resident #2 ealed there was an order for Insulin 100 units (U) I scale insulin (SSI) three times according to the following oger stick blood sugar (FSBS) its; for FSBS of 201-250, give of 251-300, give 3 units; for give 4 units; and for FSBS	5				
	greater than 350 ca	all the physician. (Novolog Fle» ig insulin used to lower blood	<				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY
	HAL071015	B. WING		F 09/2	र 24/2019
NAME OF PROVIDER OR SUPPLIER		DRESS CITY :	STATE, ZIP CODE		
		ASHE STR			
ASHE GARDENS		, NC 28425			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358 Continued From page	ge 156	D 358			
Review of Resident medication administ revealed: -There was an entry /ml SSI three times to the following slidin sugar (FSBS) of 0-2 201-250, give 2 unit 3 units; for FSBS of FSBS greater than 3 scheduled administr 12:00pm, and 5:00p -On 07/01/19 at 5:00 was documented as required 4 units of S SSI documented wa administration site d -On 07/02/19 at 5:00 was documented as Novolog SSI docum was no administratio -On 07/04/19 at 12:0 was documented as required 3 units of S SSI documented wa administration site d -On 07/05/19 at 12:0 was documented as required 2 units of S SSI documented wa administration site d -On 07/07/19 at 12:0 was documented as required 3 units of S SSI documented wa administration site d -On 07/07/19 at 12:0	<ul> <li>#2's July 2019 electronic tration record (eMAR)</li> <li>y for Novolog Flex Pen 100U a day before meals according ng scale: for finger stick blood</li> <li>200, give 0 units; for FSBS of s; for FSBS of 251-300, give 301-350, give 4 units; and for 350 call the physician with ration times of 7:00am, m.</li> <li>Dpm, Resident #2's FSBS</li> <li>332 which would have SI; the quantity of Novolog is 0 Units and there was no occumented.</li> <li>Dpm, Resident #2's FSBS</li> <li>361mg units; the quantity of ented was 0 units and there on site documented.</li> <li>Dpm, Resident #2's FSBS</li> <li>261mg which would have SI; the quantity of Novolog is 0 units and there was no occumented.</li> <li>Dpm, Resident #2's FSBS</li> <li>261mg which would have SI; the quantity of Novolog is 0 units and there was no occumented.</li> <li>Dpm, Resident #2's FSBS</li> <li>250mg which would have SI; the quantity of Novolog is 0 units and there was no occumented.</li> <li>Dpm, Resident #2's FSBS</li> <li>250mg which would have SI; the quantity of Novolog is 0 units and there was no occumented.</li> <li>Dpm, Resident #2's FSBS</li> <li>250mg which would have SI; the quantity of Novolog is 0 units and there was no occumented.</li> <li>Dpm, Resident #2's FSBS</li> <li>250mg which would have SI; the quantity of Novolog is 0 units and there was no occumented.</li> <li>Dpm, Resident #2's FSBS</li> <li>293mg which would have SI; the quantity of Novolog is 0 units and there was no</li> </ul>				

Division of Health Service Regulation STATE FORM

**Division of Health Service Regulation** 

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			E SURVEY PLETED
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		HAL071015	_071015 B. WING			
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, S	TATE, ZIP CODE		
		300 WES	T ASHE STRE	ET		
ASHE GA	ARDENS	BURGAV	V, NC 28425			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE
				DEFICIEN	CY)	
D 358	Continued From pa	age 157	D 358			
	SSI documented w	as 0 units and there was no				
	administration site					
		entation Novolog SSI was not				
		07/09/19 - 07/20/19.				
	-On 07/11/19 at 12:	:00pm, Resident #2's FSBS				
	was documented a	s 343 which would have				
	required 4 units of	SSI; the quantity of Novolog				
		as 0 units and there was no	1			
	administration site					
		:00pm, Resident #2's FSBS				
		s 294 which would have				
		SSI; the quantity of Novolog				
		as 0 units and there was no				
	administration site					
		:00pm, Resident #2's FSBS s 261 which would have				
		SSI; the quantity of Novolog				
		as 0 units and there was no				
	administration site					
		entation on 07/19/19 at				
		2's FSBS was documented as				
		ave required 4 units of SSI; no				
		red with documentation which				
	read "drug unavaila					
	-There was docum	entation on 07/20/19 at				
		2's FSBS was documented as				
		ave required 2 units of SSI; no				
		red with documentation which				
	read "drug unavaila					
		entation on 07/20/19 at				
		2's FSBS was documented as				
		ave required 2 units of SSI; no				
		red with documentation which				
	read "drug unavaila					
	Interview with a me	dication aide (MA) on				
	09/24/19 at 2:55 pr					
		esult was entered into the				
		of SSI to administer				
	automatically came		1 1			1

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY
						२
	<del>.</del>	HAL071015	B. WING	······	09/2	24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	STATE, ZIP CODE		
	ARDENS	300 WEST	ASHE STR	EET		
	ARDENS	BURGAW	NC 28425			
(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)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From pa	age 158	D 358	ve wannefikitik fa		
		the site of administration must				ļ
	be entered in manu					
		how to tell if Resident #2 was				
		SI as ordered or not.				
		nber not administering				
		on 07/01/19 and 07/02/19 at				
	5:00pm.	why Quinite was decumented		~		
		why 0 units was documented //02/19 as administered and no				
		on was documented.				
		cument 0 units if none was				
	need according to t					
	-	-				1
		: #2's August 2019 eMAR				
	revealed:					
		y for Novolog Flex Pen 100U				
		a day before meals according ing scale: for finger stick blood				
	sugar (ESBS) of 0.1	200, give 0 units; for FSBS of				
	201-250 give 2 unit	ts; for FSBS of 251-300, give				
		f 301-350, give 4 units; and for				
		350 call the physician with				
		ration times of 7:00am,				
i	12:00pm, and 5:00p	· · · · · · · · · · · · · · · · · · ·				
	-There was docume	entation of 45 times SSI was				
	due, but SSI was do	ocumented as given 33 times.				
		00pm, Resident #2's FSBS				
		s 269 which would have	1			
		SSI; the quantity of Novolog				[
		as 0 units and there was no				
	administration site of					
		00pm, Resident #2's FSBS s 242 which would have				
		SSI; the quantity of Novolog				
		as 0 units and there was no				
	administration site d					
		00pm, Resident #2's FSBS				
1		s 260 which would have				
		SSI; the quantity of Novolog				
		as 0 units and there was no				

#### **Division of Health Service Regulation** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING 09/24/2019 HAL071015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 WEST ASHE STREET** ASHE GARDENS **BURGAW, NC 28425** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 358 Continued From page 159 D 358 administration site documented. -On 08/22/19 at 5:00pm, Resident #2's FSBS was documented as 342 which would have required 4 units of SSI; the quantity of Novolog SSI documented was 0 units and there was no administration site documented. -On 08/23/19 at 12:00pm, Resident #2's FSBS was documented as 324 which would have required 4 units of SSI; the quantity of Novolog SSI documented was 0 units and there was no administration site documented. -On 08/24/19 at 12:00pm, Resident #2's FSBS was documented as 305 which would have required 4 units of SSI; the quantity of Novolog SSI documented was 0 units and there was no administration site documented. ~On 08/25/19 at 5:00pm, Resident #2's FSBS was documented as 298 which would have required 3 units of SSI; the quantity of Novolog SSI documented was 0 units and there was no administration site documented. -On 08/26/19 at 5:00pm, Resident #2's FSBS was documented as 300 which would have required 3 units of SSI; the quantity of Novolog SSI documented was 0 units and there was no administration site documented. -On 08/27/19 at 12:00pm, Resident #2's FSBS was documented as 320 which would have required 4 units of SSI; the quantity of Novolog SSI documented was 0 units and there was no administration site documented. -On 08/28/19 at 5:00pm, Resident #2's FSBS was documented as 219 which would have required 2 units of SSI; the quantity of Novolog SSI documented was 0 units and there was no administration site documented. -On 08/29/19 at 5:00pm, Resident #2's FSBS was documented as 240 which would have required 2 units of SSI; the quantity of Novolog SSI documented was 0 units and there was no Division of Health Service Regulation

Division	of Health Service Re	egulation			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	<u></u>	HAL071015	B. WING		R 09/24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
ASHE G	ARDENS		ASHE STR , NC 28425	EET	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULI. SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE
D 358	Continued From pa	ge 160	D 358		
	administration site of -On 08/31/19 at 12: was documented as required 2 units of \$ SSI documented was administration site of Review of Resident records revealed: -There were 3 Novo 06/14/19.	documented. 00pm, Resident #2's FSBS s 210 which would have SSI; the quantity of Novolog as 0 units and there was no			
		ons, record review and etermined Resident #2 was			
	2:05pm revealed: -When the FSBS re eMAR, the amount administered came -She did not know v documentation of 0 given. -She did not know if	why the eMAR had would units if there was insulin to be 0 units meant it was since she was not the MA on			
Division of He	revealed: -Once the FSBS res eMAR, the amount of came up. -The site of adminis manually, but the nu and did not have to	d MA on 09/24/19 at 3:20pm sult was entered on the of SSI to be administered tration must be documented umber of units of SSI came up be manually documented. to tell if Resident #2 was			

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING.			п
		HAL071015	71015 B. WING		R 09/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ASHE G/	ARDENS		ASHE STRE NC 28425	ET		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
D 358	Continued From pa	ge 161	D 358			
	remembered admir Interview with the F (RCC) on 09/19/19 -When the FSBS re eMAR, the amount came up. -The number of uni site of administratio -She did not know i was given or not, si Interview with Resid Provider (PCP) on -Missed doses of N Resident #2's blood were. -It would also have eating if her blood s higher. -His expectation wa her medications as she did not. -He did not rememinant Resident #2 did not ordered. Interview with a pha contracted pharmatic revealed if Resident	SI as ordered unless the MA histering the SSI. Resident Care Coordinator at 8:12am revealed: esult was entered onto the of SSI to be administered ts of SSI administered and the on must be documented. f Resident #2's SSI insulin ince it was not documented. dent #2's Primary Care 09/19/19 at 12:00pm revealed: lovolog SSI could have caused d sugars to be higher than they depended on what she was sugars would have been as for the resident to receive all ordered and to be notified if ber being notified that t receive her Novolog SSI as armacist from the facility's cy on 09/19/19 at 3:49pm t #2 did not receive her Id have caused her blood			·	
	09/20/19 at 12:38pi	ormer Executive Director (ED) m revealed she was not aware ot receiving her medications as		·		
	-	urrent Executive Director on				

<u>Division</u>	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
		HAL071015	B. WING		R 09/24	4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	ARDENS		ASHE STR			
ASHE G		BURGAW	, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( 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)	DBE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 162	D 358			
	units of SSI on Res should have been S -She did not know h was administered of Refer to the intervie current Executive D 3:55pm. Refer to the intervie 09/20/19 at 12:38pr Refer to the second on 09/23/19 at 12:3 Refer to the intervie 09/24/19 at 5:00pm	ain the documentation of 0 ident #2's eMAR when there SSI administered. how to tell if Resident #2's SSI ir not. we with the DRC/LPN and Director (ED) on 09/19/19 at we with the former ED on m. I interview with the DRC/LPN 7pm.				
	07/31/19 revealed: -Diagnoses include alcohol abuse, coro anxiety/acute encep	ent #17's current FL-2 dated d dementia, hypertension, nary artery disease, and				
	bladder, and semi-a	ed, incontinent of bowel and ambulatory. #17's previous FL-2 dated				
	06/17/19 revealed: -Diagnoses included Wernicke Korsakoff Korsakoff Syndrome by lack of Vitamin B	d dementia, hypertension, and Syndrome. (Wernicke e is a brain disorder caused -1 or Thiamine.) entation the resident was				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:			R	
		HAL071015	B. WING			09/24/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE GA	ARDENS		T ASHE STRE V. NC 28425	ET			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)	
PRÉFIX TAG		y Must be preceded by full .Sc identifying information)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE	
D 358	Continued From pa	age 163	D 358				
	<ul> <li>a. Review of a hospital discharge summary for Resident #17 dated 07/29/19 revealed:</li> <li>The resident was admitted 07/26/19 and discharged 07/29/19.</li> <li>The diagnosis was documented as Enterococcus faecalis urinary tract infection (UTI).</li> <li>There was an order for Amoxicillin 500 milligrams (mg) every eight hours for a total of nine doses. (Amoxicillin is an antibiotic used to treat infection).</li> <li>Review of Resident #17's current FL-2 dated 07/31/19 revealed:</li> <li>There was a medication order which read</li> <li>"Amoxicillin 500mg".</li> <li>The medication order for Amoxicillin did not have a frequency or duration documented.</li> </ul>						
	administration reco 2019 revealed ther	t #17's electronic medication rd (eMAR) for July and August e was no entry for Amoxicillin hours, and no documentation ministered.					
		t #17's pharmacy dispensing moxicillin had not been dent #17.					
	note for Resident # -The resident was r Department because administration of ar -There was a Urina	al Emergency Department visit 17 dated 08/04/19 revealed: referred to the Emergency se of confusion, after nother (named) medication. Ilysis (UA), Reflex performed. ermine bacterial infection. If					
	infection is resulted culture determines	A, a culture is performed. A the bacteria causing the antibiotic will treat the					

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Division	of Health Service Re	egulation		,		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F 09/2	₹ 4/2019
	PROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE	•	
	-ROVIDER OR OUFFEIER		ASHE STR			
ASHE G	ARDENS		, NC 28425			F
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 358	Continued From pa	ige 164	D 358			
	(Leukocytes are en When leukocytes a Indication of infection negative). -The leukocytes leve to 3). -The resident was of (Cystitis is an inflam usually related to a Review of a hospital	contained trace leukocytes. zymes in white blood cells. re present in urine there is an on. The normal values are vels were 8. (Normal value is 0 diagnosed with acute cystitis mation of the urinary bladder bacterial infection). al Emergency Department or Resident #17 dated 08/04/19				
	500mg three times (Cephalexin is an a infections such as u Interview with the D	an order for Cephalexin daily for seven days. ntibiotic used to treat urinary tract infections). Pirector of Resident Care Nurse (DRC/LPN) on				
	07/29/19 hospital di Resident #17. -The hospital discha used for medication provider did not kno residents were takin -The residents' Prin would be called who hospital to obtain or -The medication aid resident's hospital p returned from the hor reviewing and proce -He never saw Resi -The Amoxicillin ord FL-2 was an incomp	ber anything about the ischarge summary for arge summaries were not orders because the hospital ow what medications the ng. hary Care Provider (PCP) en residents returned from the rders. de (MA) who received the opper work when the resident ospital was responsible for essing the orders. ident #17's 07/31/19 FL-2. ler on Resident #17's 07/31/19 olete order because there was				
	not a frequency or o	luration listed.	_			
Division of He	ealth Service Regulation					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	1	HAL071015	B. WING	<u> </u>		R 24/2019
	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, S	IATE, ZIP CODE		
			T ASHE STRE			
ASHE GA	ARDENS	BURGAV	V, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
D 358	Continued From pa	ge 165	D 358	······································		
		r Resident #17 was not listed L-2 was probably never faxed				
	revealed: -The MAs reviewed medications and co -The FL-2s were fa MAs compared the -After the FL-2s we were given to the D complete the orders -A fax transmission print after the FL-2 -The Amoxicillin 500 FI-2 dated 07/31/19 Interview with a sec 3:40pm revealed: -She faxed Resider	impare them to the eMARs xed to the pharmacy after the m to the eMARs. re faxed to the pharmacy, they RC/LPN for review and s after entered by pharmacy. confirm receipt report would was faxed to the pharmacy. Omg order on Resident #17's was an incomplete order. cond MA on 09/23/19 at ht #17's 07/29/19 hospital				
	resident returned fm -The hospital discha- in the resident's fac- the pharmacy. -She did not know w 07/29/19 discharge after she faxed it to	arge summaries would be filed ility record after being faxed to who filed Resident #17's summary in his facility record				
	Resident #17. -She should have c the Amoxicillin was -She completed Re 07/31/19.	Amoxicillin was not sent for ontacted the pharmacy when not sent for Resident #17. sident #17's FL-2 dated he order for Amoxicillin 500mg				
sion of H	on Resident #17's o -She transcribed the	current FL-2 dated 07/31/19. e Amoxicillin 500mg order s 07/29/19 hospital discharge				

STATE FORM

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Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·		(X3) DATE COMP	SURVEY
		HAL071015	B. WING		1	२ 24/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY	STATE, ZIP CODE		
	ARDENS	300 WEST	ASHE STR NC 28425	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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	(X5) COMPLETE DATE
D 358	summary onto the of -She did not know v Amoxicillin order or -She did not know f faxed Resident #17 FL-2 and the 07/29, summary to the pha -The DRC/LPN was the FL-2 sto ensure clarification was new -The FL-2's were fil after they were faxe -She did not remem in the facility record -Resident #17 was Amoxicillin because the eMAR. Review of Resident revealed there was confirmation report Interview with the cr on 09/19/19 at 3:48 returned from the he MAs would both rev records for orders. A second interview 0 09/24/19 at 5:00pm orders to be implem defined as within 24 A third interview with at 6:15pm revealed about Resident #17 Telephone interview 09/24/19 at 5:10pm	current FL-2 dated 07/31/19. why she did not complete the the FL-2. for certain, but believed she 's current FL-2 dated 07/31/19 /19 hospital discharge armacy. a responsible for reviewing all a they were complete, and no eded. ed in the resident's record's ad to the pharmacy. ber filing Resident #17's FL-2 not administered the a it was not documented on #17's FL-2 dated 07/31/19 no fax transmission attached to the FL-2. urrent Executive Director (ED) pm revealed when a resident ospital, the DRC/LPN and the riew the resident's hospital with the current ED on revealed she expected all tented immediately which was hours. In the current ED on 09/24/19 she did not know anything 's Amoxicillin order. with Resident #17's PCP on revealed:	D 358			
Division of He	-He had not been not ealth Service Regulation	otified the resident was not			]	

STATE FORM

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted	
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:				
		HAL071015	B, WING			R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE G	ARDENS		ST ASHE STRE N, NC 28425	ET			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 358	Continued From pa	age 167	D 358				
	07/29/19 hospital d -He expected the madministered Amox 07/29/19 hospital d -The resident could receiving the ordern effectively treat the life-threatening com bloodstream which failure, and death) -He expected to had did not receive the could have reasses ordered repeat anti Based on observat reviews it was dete interviewable. Attempted telephor #17's family memb unsuccessful. Refer to the intervie 09/20/19 at 12:38p Refer to the intervie 09/23/19 at 12:37 Refer to the intervie 09/24/19 at 5:00pm	esident to have been ticillin as ordered on the ischarge. I have become septic by not ed dose of Amoxicillin UTI.(Sepsis is a potential idition caused infection in the can lead to shock, organ we been notified the resident Amoxicillin as ordered so he seed the resident for a UTI and biotics if needed. ions, interviews, and record rmined Resident #17 was not he interview with Resident er on 09/24/19 at 3:30pm was ew with the DRC/LPN and Director (ED) on 09/19/19 at ew with the former ED on m. d interview with the DRC/LPN 87pm. ew with the current ED on h.					

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED
			A. BUILDING;			
		HAL071015	B. WING			R <b>24/2019</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES XY 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	(X5) COMPLE DATE
D 358	Continued From p	age 168	D 358		·	
	06/19/19 revealed for Coreg 3.125 m meals hold for sys than 110 and hear	tent #17's previous FL-2 dated there was a medication order illigrams (mg) twice daily with tolic blood pressure (SBP) less t rate (HR) less than 60. (Coreg ed to treat hypertension and				
	summary dated 07	nt #17's hospital discharge //29/19 revealed there was an 125mg twice daily with meals.				
	07/31/19 revealed	at #17's current FL-2 dated there was a medication order a twice daily with meals.				
	summary dated 08	it #17's hospital discharge /08/19 revealed there was an 125mg twice daily with meals.				
	dated 08/29/19 rev Coreg 3.125mg tw	It #17's physician order sheet realed there was an order for ice daily with meals hold for or HR less than 60.				
	medication administrevealed: -There was an entr	t #17's June 2019 electronic stration record (eMAR) ry for Coreg 3.125mg twice				
	HR less than 60 sc 8:00pm. -There was docum	old for SBP less than 110 and cheduled at 8:00am and entation Coreg was not				
	8:00am and 8:00pr unavailable.	06/22/19 to 06/26/19 at m because the medication was				
	administered on 06 resident refused.	entation Coreg was not 5/27/19 at 8:00pm because the entation Coreg was not				

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or contraction.		A. BUILDING:	<u> </u>		
		HAL071015	B. WING			R 24/2019
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SHE GA	RDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 358	Continued From pa	age 169	D 358			
	administered on 06	/28/19 at 8:00am because the				
	medication was not					
		entation Coreg was not				
		30/19 at 8:00pm because the				
	medication was not					
		entation Coreg was				
		/27/19 at 8:00am without	.			
	rate prior to admini	lents blood pressure and heart stration	·			
		umentation vital signs had				
		any date with the Coreg				
	administration.	,				
		ninistered for 12 out of 18				
		medication was not available.				
		t #17's July 2019 eMAR				
	revealed:					
	- There was an entr	y for Coreg 3.125mg twice Id for SBP less than 110 or HR	,			
		uled at 8:00am and 8:00pm.	`			
		entation Coreg was not				
		on 07/29/19 at 8:00pm and				
		and 8:00pm because Coreg				
	had not been receiv	ved from the pharmacy.				
		t #17's August 2019 eMAR				
	revealed:	y for Coreg 3.125mg twice				
		Id for SBP less than 110 or HR				
		uled at 8:00am and 8:00pm.	`			
		entation Coreg was not				
		08/01/19 to 08/04/19 at				
		n because Coreg had not				
	been received from					
		od pressure and heart rate				
	were not document					
	08/05/19 to 08/31/1	administration of Coreg from				
		y for the fall prevention				
	program which incl					

Division	of Health Service Re	egulation			1 01 111	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l • <i>'</i>	LE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL071015	B. WING		+	२ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	ARDENS	300 WES1	ASHE STR	EET		
ASHE G		BURGAW	, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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 358	Continued From pa	ge 170	D 358			
	each shift.	-				
		od pressure on 08/05/19 on				
		nented as 136/78 and the HR				
		ift Resident #17's blood				
		mented as 156/78 and the HR				
	was 81. -Resident #17's blo	od pressure on 08/06/19 on				
		nented as 120/62 and the HR				
		ift Resident #17's blood				
		mented as 152/76 and the HR				
	was 76.					
		od pressure on 08/07/19 on 2 and the HR was 60.				
		od pressure on 08/08/19 on				
		08 and the HR was 135.				
		od pressure ranged from				
		om 08/05/19 to 08/08/19.				
	- The resident's HR 08/05/19 - 08/08/19	ranged from 60 - 135 from				
	00/00/13 - 00/00/13					
		#17's pharmacy dispensing				
		ere were 60 tablets of Coreg				
	3.125mg dispensed 07/31/19 and 08/03	on 06/21/19, 06/26/19,				
	07731719 and 08/03	/19.				
	Interview with a MA revealed:	on 09/20/19 at 11:50am				
		Resident #17's blood pressure				
	and HR each time p	prior to Coreg administration				
	-When she would d					
		sident #17 there would be a				
	HR.	e residents blood pressure and			ĺ	
		ent Resident #17's blood				
		the eMAR when documenting				
	Coreg as administe	red.				
	Interview with the D	irector of Resident				
		tical Nurse (DRC/LPN) on				
		n revealed the process for				
Division of He	ealth Service Regulation	I				

TATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COM	E SURVEY PLETED
· ·		HAL071015	B. WING			R 24/2019
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		300 WES	T ASHE STRE	ET		
SHE G	ARDENS	BURGAV	V, NC 28425			
(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 TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From pa	ane 171	D 358	, n ,		
		-				
		were as follows he did not ut the Coreg for Resident #17.				
	Know anything abo	ut the coregitor Resident #17.				
	A second interview	with the DRC/LPN on				
	09/23/19 at 2:39pm					
		dent #17's blood pressure and				
		assessed prior to Coreg				
		parameters followed per				
	orders.					
		lood pressure and pulse to ented under the vital signs entry	,			
	that was in the eMA		/			
		parameters for Coreg were not				
		ise there was nowhere in the				
	Coreg eMAR order	to document the parameters				
	associated with Co	reg administration.				
		P and HR could have been				
		the vital signs section in the				
	eMAR,	the to decrease patientian to				
		IAs to document notification to dent's progress notes.				
		so document PCP notification				
		the medication that was not				
		use there was a drop-down				
	box that would allow	w documentation of additional				
		l of only documenting				
	"medication not ava					
	-The SBP and HR					
		use the MAs did not think of in the vital sign section of the				
	emening the results	sin the vital sign section of the				
		I, RCC, or pharmacy could				
		task of entering the				
	parameters for Cor	eg in the eMAR.				
	-He expected the N	IAs to have notified Resident				
		oreg was not administered as				
	ordered.					
		ility policy to notify the PCP				
	medication.	as not administered a				
	ealth Service Regulation	· · · · · · · · · · · · · · · · · · ·				1

Division of Health Service Regulation STATE FORM

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Division	of Health Service Re	egulation				AFFROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL071015	B. WING			₹ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		TASHESTR /, NC28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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 358	Continued From pa	ge 172	D 358		•	
	3:38pm revealed: -The Coreg was to residents SBP was than 60. -She would obtain If when administering nowhere to docume resident in the eMA Interview with a thir revealed: -There was nowher Resident #17's SBF -If Resident #17's SBF -If Resident #17's SBF -If Resident #17's SBF -If Resident #17's b obtained, they would the resident's progr -It was the respons MA to be certain the always available for -If medications were should have been of medication. -The conversation value been documented in notes. -At shift change, the provided verbal rep #17's medication. -The DRC/LPN sho status of the medication Telephone interview 09/24/19 at 5:10pm -Coreg was prescrill his cardiac risk for a blood pressure and heart.	d MA on 09/23/19 at 3:40pm re on the eMAR to enter P or HR for the Coreg. lood pressure and HR were d have been documented in ess notes. ibility of the DRC/LPN and the residents' medications were administration. e not available the pharmacy called immediately to order the with the pharmacy should have n the resident's progress e on-coming shift should have ort of the status of Resident culd have followed up on the ations.				
Division of He STATE FORM	alth Service Regulation		6899		16 an alfan an the	had 470 - 1 000
	n			DI4D11	ir continuation s	sheet 173 of 223

If continuation sheet 173 of 223

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	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
	:	HAL071015	B. WING			R 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, ST	ATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From pa	age 173	D 358			
	hypertension, a stra (a myocardial infarc condition that usua the heart muscle is damage. The heart repaired). -He was not notified doses of Coreg. Based on observat reviews it was dete interviewable.	te the resident to have oke, or a myocardial infarction ction is a life-threatening Ily occurs when blood flow to abruptly cut off causing tissue muscle can never be d Resident #17 had missed ions, interviews, and record rmined Resident #17 was not				
	member on 09/24/ unsuccessful. Refer to the intervie			· · · ·		
	Refer to the intervie 09/20/19 at 12:38pt	ew with the former ED on m.				
	Refer to the second on 09/23/19 at 12:3	d interview with the DRC/LPN 7pm.				
	Refer to the intervie 09/24/19 at 5:00pm	ew with the current ED on n.				
	Refer to the second on 9/24/19 at 5:25p	d interview with the current ED				
	07/31/19 revealed t 40 mil <b>l</b> igrams (mg) gastroesophageal i					
	Review of Resident ealth Service Regulation	t #17's hospital discharge				<u> </u>

Division	of Health Service Re	egulation				///////////////////////////////////////
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	E SURVEY PLETED
		HAL071015	B. WING			२ 24/2019
NAME OF J	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G		300 WES	T ASHE STR	REET		
		BURGAV	V, NC 28425	i		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI.I. SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	uld be	(X5) COMPLETE DATE
D 358	Continued From pa	ige 174	D 358			
	summary dated 07/ order for Protonix 4	⁄29/19 revealed there was an 0mg daily.				
		: #17's previous FL-2 dated here was an order for Protonix fast.				
	medication adminis revealed: -There was an entry before breakfast sc -There was docume administered from 0 the medication was	entation Protonix was not 06/22/19 to 06/30/19 because				
	revealed: -There was an entry before breakfast at -There was docume administered from 0 the medication was -There was docume at the facility from 0 -There was no docu administered 07/30/	entation Protonix was not 07/01/19 to 07/04/19 because not available. entation the resident was not 7/05/19 to 07/29/19. umentation Protonix was				
	revealed: -There was an entry before breakfast sci 08/01/19 to 08/06/11 08/07/19 to 08/21/19 to 08/31/19.	#17's August 2019 eMAR / for Protonix 40mg daily heduled at 8:00am from 9, 7:00am to 11:00am from 9, and 9:00am from 08/21/19 entation Protonix was not				
	alth Service Regulation		<u>I</u>			L
STATE FORM	Л		6899	DI4D11 I	f continuation s	sheet 175 of 223

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMI	SURVEY PLETED
		HAL071015	B. WING			R 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STRE /, NC 28425	ET		
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC\	on should be Heappropriate	(X5) COMPLET DATE
D 358		-	D 358			
	medication was no -There was docum administered from the medication was -There was docum	entation Protonix was not 08/03/19 to 08/06/19 because				
	records revealed th	t #17's pharmacy dispensing here were 30 tablets of I on 07/31/19 and 08/14/19.				
	current Executive E 3:55pm revealed it	Director of Resident ctical Nurse (DRC/LPN) and Director (ED) on 09/19/19 at was not acceptable for dications not to be available for				
	revealed: -It was the respons MA to make certain were always availa -If medications wer should have been of medication. -The conversation	on 09/23/19 at 3:40pm ibility of the DRC/LPN and the the residents' medications ble for administration. re not available the pharmacy called immediately to order the with the pharmacy should have	,		• ,	
	notes. -At shift change, th provided verbal rep #17's medication.	in the resident's progress e on-coming shift should have port of the status of Resident puld have followed up on the ations.		<b>.</b>		
	06/24/19 at 5:10pm	cribed to the resident for				

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If continuation sheet 176 of 223

Division	of Health Service Re	egulation		· ·		
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL071015	B. WING		1	२ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE	-	
			ASHE STR			
ASHE G	ARDENS		, NC 28425	, Kong Sengi T		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 176	D 358			<u>.</u>
	-Not administering prescribed could ca acid production.	Protonix to the resident as use an increase in reflux and of the resident complaining of				
		ons, interviews, and record mined Resident #17 was not				
	Attempted interview member on 09/24/1 unsuccessful.	v with Resident #17's family 9 at 3:30pm was				
		w with the DRC/LPN and irector (ED) on 09/19/19 at				
	Refer to the intervie 09/20/19 at 12:38pr	w with the former ED on n.				
	Refer to the second on 09/23/19 at 12:3	interview with the DRC/LPN 7pm.				
	Refer to the intervie 09/24/19 at 5:00pm	w with the current ED on				
	on 9/24/19 at 5:25p 5. Review of Reside 06/03/19 revealed: -Diagnoses included hyperglycemia, Alzh dementia, dysphagi repeated falls, cogn hyperlipidemia, hyper gastroesophageal re	ent #5's current FL-2 dated d type II diabetes with neimer's disease, vascular a, abnormalities of gait, itive communication deficit,				
Division of H		asylate is used to treat high				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or oor action		A. BUILDING:			
		HAL071015	B. WING			R 24/2019
AME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
SHE GA	RDENS		TASHESTRE /, NC28425	ET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OP	CORRECTION	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLE DATE
D 358	Continued From pa	ge 177	D 358			
	10mg at bedtime. ( <i>i</i> to treat high choles -There was an order (Fish Oil is used to -There was an order daily (Tamsulosin is retention). -There was an order 40mg at bedtime (F generic for Protonic gastroesophageal r -There was an order (Furosemide is use Review of Resident revealed an admiss Review of Resident Medication Administrat documented as 06/ -There was an entry 10mg scheduled for with a start date do -There was an entry scheduled for admi start date documen -There was an entry daily scheduled for a start date documen	er for Fish Oil 100mg daily treat high cholesterol). er for Tamsulosin HCL 0.4mg a used to treat urinary er for Pantoprazole Sodium Pantoprazole Sodium is c and it is used to treat reflux disease). er for Furosemide 40mg daily d to treat fluid retention). ##5's Resident Register sion date of 06/11/19. ##5's June 2019 electronic tration Record (e-MAR) y for Amlodipine Besylate 5mg tion at 8:00am with a start date 21/19. y for Atorvastatin Calcium r administration at 9:00pm cumented as 06/21/19. y for Fish Oil 1000mg daily nistration at 8:00am with a ted as 06/21/19. y for Tamsulosin HCL 0.4mg administration at 8:00am with ented as 06/21/19. y for Pantoprazole Sodium r administration at 9:00pm				
	-There was an entry	cumented as 06/21/19. y for Furosemide 40mg daily nistration at 8:00am with a				
	start date documen					

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		e survey Pleted
			A. BUILDING:			
		HAL071015	B. WING			R 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE		
	ARDENS	300 WES	T ASHE STRE	EET		
	ANDENG	BURGAW	, NC 28425			
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLI DATE
D 358	Continued From pa	age 178	D 358			
	administered from	/19 to 06/20/19. edications documented as 06/11/19 to 06/20/19 and there nented in the "Exceptions"				
	records revealed: -Amlodipine Besyla dispensed on 06/1 -Atorvastatin Calci dispensed on 06/1 -Fish Oil 100mg qu 06/11/19. -Tamsulosin HCL 0 dispensed on 06/1 -Pantoprazole Sod dispensed on 06/1 -Furosemide 40mg on 06/11/19. Based on observat	um 10mg quantity of 30 was 1/19. uantity of 30 was dispensed on 0.4mg quantity of 30 was 1/19. ium 40mg quantity of 30 was				
	09/19/19 at 3:25pm -She did not know receive his medica 06/11/19 until 06/2 his daily doses of in -For all new admiss the pharmacy by th (RCC), Director of Practical Nurse (DI -The pharmacy wo new order in the e- or MA would appro appear on the e-M/	why Resident #5 did not tions after he was admitted on 1/19, even though he received nsulin when he was admitted. sions, the FL-2 was faxed to re Resident Care Coordinator Resident Care/Licensed				

D14D11

TATEMEN	of Health Service R IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY	
nd plan	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL071015	B. WING			R 09/24/2019	
AME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE			
SHE CI	ARDENS	300 WES	ST ASHE STRE	ET			
		BURGAV	V, NC 28425				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 358	Continued From pa	age 179	D 358	,,			
		the medication orders are acy and listed correctly in the					
	Attempted interviev member on 09/20/ unsuccessful.	w with Resident #5's family 19 at 11:00am was					
	facility's contracted 9:45am revealed: -Resident #5's FL-2 by the facility on 06 -Resident #5's Aml Atorvastatin Calciu Tamsulosin HCL 0. 40mg, and Furosei and delivered to the 11:00pm. -The medications v by the pharmacy of	odipine Besylate 5mg, m 10mg, Fish Oil 100mg, 4mg, Pantoprazole Sodium mide 40 mg were all dispensed e facility on 06/11/19 at vere all entered on the e-MAR n 06/11/19.					
	(Former ED) on 09 -She did not know #5's medications fr -It was the response	Former Executive Director /20/19 at 12:30pm revealed: there was a delay in Resident om 06/11/19 to 06/20/19. sibility of the DRC/LPN, RCC s all new admission orders by he pharmacy.					
	revealed: -He had started wo 2019. -He did not know R medications upon a -The process to fol	low was the staff (ED, RCC or					
		otify the pharmacy of orders s by faxing the FL-2 to the					

Division of Health Service Regulation STATE FORM

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6899

Division	of Health Service Re	egulation				
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL071015	B. WING			२ 2 <b>4/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASHE G	ARDENS	300 WES	FASHE STR , NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES '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 358	Continued From pa	ge 180	D 358			
	-The pharmacy would the eMAR and the I would then go into the modify the order, at appear for the facility administration. -If there were an "X that would indicate started yet possibly not approved it in the -He was told by a M there was only one the pharmacy order a chance that Reside missed", meaning the added to the eMAR Interview with Reside Provider (PCP) on C -She was not aware his medications from -She expected the se medications accord were otherwise notified	Ald enter the medications in ED, RCC, DRC/LPN or MA the system to approve or which time the order would ty staff to see as scheduled for " in the space on the eMAR, the medication had not been because the facility staff had the eMAR. IA that back in June 2019, person who was signing off s on the eMAR, so there was lent #5's medications "got ney did not get signed off and lent #5's Primary Care 09/23/19 at 1:00pm revealed: that Resident #5 did not get in 06/11/19 - 06/21/19. staff to give Resident #5 all ing to the orders unless she fied.				
	Amlodipine Besylate blood pressure whic attack and stroke.	t of Resident #5 not receiving 9 5mg daily would be high h was a "silent killer" for heart				
	effect of Resident # Calcium 10mg daily medication had a lot cholesterol.	oncerned with the potential 5 not receiving Atorvastatin for 11 days because the ng half life and it was for high				
	not receiving Fish O -The potential effect Tamsulosin HCL 0.4 retention.	of Resident #5 not receiving mg daily would be urinary				
Shider of the	Pantoprazole Sodiul	of Resident #5 not receiving m 40mg daily would be gastro				
Division of He	ealth Service Regulation					

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DI4D11

If continuation sheet 181 of 223

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		e survey Pleted	
				A. BUILDING.		R	
1		HAL071015	B. WING			09/24/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASHE GA	ARDENS		T ASHE STRE V, NC 28425	ET			
	SUMMARY ST			PROVIDER'S PLAN OF	CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE	COMPLI DATE	
D 358	Continued From pa	age 181	D 358				
	reflux.						
	Furosemide 40mg	ct of Resident #5 not receiving daily would be lower extremity s a result of the edema.					
	-She had not been	notified that Resident #5 had					
		f these symptoms as a result or nedications from 06/11/19 until					
		current Executive Director (ED)					
	on 09/24/19 at 5:00 -She started as the 09/16/19.	0pm revealed: e ED for the facility on					
	medications from ( -It was her expecta	Resident #5 had a delay in his 06/11/19 - 06/21/19. ation for staff to administer					
	PCP.	edications as ordered by his					
		ew with the DRC/LPN and Director (ED) on 09/19/19 at					
	Refer to the intervi 09/20/19 at 12:38p	ew with the former ED on om.					
	Refer to the secon on 09/23/19 at 12:	d interview with the DRC/LPN 37pm.					
	Refer to the intervi 09/24/19 at 5:00pr	ew with the current ED on n.					
	on 9/24/19 at 5:25	d interview with the current ED pm. lent #6's FL-2 dated 05/22/19					
	revealed diagnose dementia with beh	s included unspecified avior disturbance, mental inence, and behavior disorder.					
	Review of a hospit	al After Visit Summary for					

STATE FORM

DI4D11

If continuation sheet 182 of 223

STATEMENT OF DEFICIENCIES AND FLAY OF CORRECTON         (N1) PROVIDERSUPFLIERCUA IDENTIFICATION NUMBER HALO71015         (X2) MULTIFILE CONSTRUCTION A. BUILDING         (X2) DATE SUMMAY BUILDING           NAME OF PROVIDER OR SUPPLIER ASHE GARDENS         INING	Division	of Health Service Re	egulation				
HAL071015         B. WINC         09/24/2019           NAME OF PROMDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, 2P CODE         300 WEST ASHE STREET         300 WEST ASHE STREET           OWDD TWO TWO         SUMMARY STATEMENT OF DEPICENCIES (PACH DEFICIENCY NOT IS DE PROCEDED BY ULL (PACH DEFICIENCY NOT IS DE DEPICENCIES (PACH DEFICIENCY NOT IS DE PROCEDED BY ULL (PACH DEFICIENCY NOT IS DE DEPICENCIES (PACH DEFICIENCY NOT IS DE DEPICENCIES (PACH DEFICIENCY NOT IS DE DEPICENCIES (PACH DEFICIENCY NOT IS DEPICENCIES (PACH DEFICIENCY NOT IS DEPICENCIES (PACH DEFICIENCY OR IS DEPICENCIES (PACH DEFICIENCY OR IS DEPICENCIES (PACH DEFICIENCY OR IS DEPICENCIES (PACH DEFICIENCY OR IS DEPICENCIES (PACH DEFICIENCY)         DEFICIENCY (PACH DEFICIENCY)         OPPECK (PACH DEFICIENCY)         COMMARY IS DEPICENCIES (PACH DEFICIENCY)         OPPECK (PACH DEFICIENCY)         COMMARY IS DEFICIENCIES (PACH DEFICIENCY)         OPPECK (PACH DEFICIENCY)         OPPE	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 · ·			
NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS. CITY, STATE, ZIP CODE           ASHE GARDENS         300 WEST ASHE STREET           DVIDD TRO         TROUTORY OR LSC DENTFORMATION         D REVENTORY OR LSC DENTFORMATION         D REVENTORY OR LSC DENTFORMATION           D 358         Continued From page 182         D 358         Continued From page 182         D 358           Review of the New Oncer/Notification/Clarification for Resident 8f% reason for visit was cough. -Her diagnosis was upper respiratory tract infection, unspecified type.         D 358         S           Review of the New Oncer/Notification/Clarification for Resident 8f% table 07/09/19 revealed a verbal order from the primary care provider (PCP) for Ciprofloxacin HOD mg twice a day for seven days.         Review of Resident 8f% subject on the stant date of 07/10/19 and an end date 07/16/19 revealed at 8:00am and 8:00pm with a start date of 07/10/19 and an end date 07/16/19.         S           -There was an entry for Ciprofloxacin HCL 500mg twice cally with administration times scheduled at 8:00am and 8:00pm with a start date of 07/10/19 and an end date 07/16/19.         S           -There was a documentation Resident #6's Ciprofloxacin HCL was first administered at 8:00am and 7/15/19.         S           -There was a documentation Confortoxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/18/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Confortoxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/18/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no doc			HA1 071015	B. WING			
ASHE GARDENS         300 WEST ASHE STREET           CMUD PREEX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH OBPLIENCY MUST BE PRECIDED BY FULL TAG         PROVIDEN'S PLAN OF CORRECTION (EACH OBPLIENCY MUST BE PRECIDED BY FULL TAG         PREEX (EACH ORACTIVE ACTION SHOULD BE CROUDENTY OF LICE DEFIFICIENCIES (EACH OBPLIENCY MUST BE PRECIDED BY FULL TAG         PREEX (EACH ORACTIVE ACTION SHOULD BE CROUDENTY OF LICE DEFIFICIENCIES (EACH OPPLIENCY MUST BE PRECIDED BY FULL TAG         D 358         PREVIOUS CORRECTION (EACH OPPLIENCY MUST FULL         Opplies (EACH OPPLIENCY MUST FULL         D 358         PREVIOUS CORRECTION (EACH OPPLIENCY MUST FULL         Opplies (EACH OPPLIENCY MUST FULL         D 358         PREVIOUS CORRECTION (EACH OPPLIENCY MUST FULL         Opplies (EACH OPPLIENCY MUST FULL         D 358         D 358         PREVIOUS CORRECTION (EACH OPPLIENCY MUST FULL         Opplies (EACH OPPLIENCY MUST FULL         D 358         D 358         PREVIOUS CORRECTION (EACH OPPLIENCY MUST FULL         Opplies (EACH OPPLIENCY MUST FULL         D 358         D 358         PREVIOUS CORRECTION (EACH OPPLIENCY MUST FULL         Opplies (EACH OPPLIENCY MUST FULL         D 358         D 358         PREVIOUS CORRECTION (EACH OPPLIENCY MUST FULL         Opplies (EACH OPPLIENCY MUST FULL         D 358         D 358         PREVIOUS CORRECTION (EACH OPPLIENCY MUST FULL         Opplies (EACH OPPLIENCY MUST FULL FULL FULL CACH OPPLIENCY MUST FULL FULL CACH OPPLIENCY MUST FULL FULL FULL CACH OPPLIENCY FULL FULL CACH OPPLIENCY FULL FULL CACH OPPLIENCY FULL FULL CACH OPPLIENCY FULL CACH OPPLIENCY FULL CACH OPPLIENC FULL CACH OPPLIENCY FULL CACH OPPLIENCY FULL CACH OP						09/2	4/2015
ASHE GARDENS         BURGAW, NC 28425           041 ID PHETK TKS         SUMMARY STATEMENT OF DESCREPTION (EXCH CONTRECTOR ADD TO PHETK)         D PHETK TKS         D PHETK PHETK         D PHETK PHETK         D PHETK PHETK         D PHETK TKS         D PHETK PHETK         D PHETK	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
DURGAW, NC 2825           PREFX         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY PULL REGULTRY OR LSC IDENTIFYING NFORMATION)         PREFX TVG         PROVIDER'S ITAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY PULL PREFX         Continued From page 182         D 358           D 358         Continued From page 182         D 358         D 358         D 368         D 368           Resident #6 dated 07/08/19 revealed: -Resident #6 dated 07/08/19 revealed: -Resident #6 dated 07/08/19 revealed: -Resident #6 dated 07/08/19 revealed a verbal or der from the primary care provider (PCP) for Ciprofloxacin 500 mg twice a day for seven days.         D 368         D 368           Review of Resident #6 dated 07/08/19 revealed a verbal or der from the primary care provider (PCP) for Ciprofloxacin 500 mg twice a day for seven days.         Review of Resident #6's July 2019 electronic Medication Administration Records (eMARs) revealed: -There was an entry for Ciprofloxacin HCL 500mg twice daily with administration interes scheduled at 8:00am and 8:00pm with a start date of 07/16/19 and an end date of 07/16/19. -There was no documentation Resident #6's Ciprofloxacin HCL was first administered at 10:00am and 8:00pm on 07/15/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/16/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to	A SHE G		300 WEST	LASHE STR	EET		
Přěčký TX6       (EACH CORRECTVE ACTION SHOULD BE BEGULATORY OR USCIDENTEYNNI NONNON)       PŘĚKU TX6       (EACH CORRECTVE ACTION SHOULD BE CROSS-REFERCED TO THE APPROPRIATE DEFICIENCY)       CACH CORRECTVE ACTION SHOULD BE CROSS-REFERCED TO THE APPROPRIATE       D 358         D 358       Continued From page 182       D 358       D 358       D 358         Resident #6 dated 07/08/19 revealed: -Resident #6 dated 07/08/19 revealed: -Resident #6 dated 07/09/19 revealed a verbal order from the primary care provider (PCP) for Ciprofixacin 500 mg twice a day for seven days.       D 358       D 358         Review of Resident #6's July 2019 electronic Medication Administration Records (eMARs) revealed: -There was an entry for Ciprofixacin HCL 500mg twice daily with administred at 007/16/19. -There was an ettry for Ciprofixacin HCL 500mg twice daily with administred at 8:00am and 8:00pm on 07/15/19. -There was no documentation Resident #6's reused the 8:00pm ciprofixacin Aces on 07/15/19. -There was no documentation Resident #C reused the 8:00pm ciprofixacin Ciprofixacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/16/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentati			BURGAW	, NC 28425			
Resident #6 dated 07/08/19 ervealed: -Resident: #6's reason for visit was cough. -Her diagnosis was upper respiratory tract infection, unspecified type. Review of the New Order/Notification/Clarification for Resident #6 dated 07/09/19 revealed a verbal order from the primary care provider (PCP) for Ciprofloxacin 500 mg twice a day for seven days. Review of Resident #6's July 2019 electronic Medication Administration Records (eMARs) revealed: -There was an entry for Ciprofloxacin HCL 500mg twice daily with administration scheduled at 8.00am and 6.00pm with a start date of 07/10/19 and an end date of 07/16/19. -There was documentation Resident #8's Ciprofloxacin HCL was first administered at 08:00am on 07/16/19. -There was documentation Resident #8's Ciprofloxacin HCL was first administered at 08:00am on 07/16/19. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/17/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/18/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/18/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "Exceptions" section related to the missed doses. -There was no documentation in the "	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
<ul> <li>-Resident's #2's reason for visit was cough.</li> <li>-Her diagnosis was upper respiratory tract infection, unspecified type.</li> <li>Review of the New Order/Notification/Clarification for Resident #6 dated 07/09/19 revealed a verbal order from the primary care provider (PCP) for Ciprofloxacin 500 mg twice a day for seven days.</li> <li>Review of Resident #6's July 2019 electronic Medication Administration Records (eMARs) revealed:</li> <li>There was an entry for Ciprofloxacin HCL 500mg twice daily with a start date of 07/10/19 and an end date of 07/16/19.</li> <li>-There was documentation Resident #6's Ciprofloxacin HCL was first administered at 08:00am on 07/15/19.</li> <li>-There was documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/17/19 and no documentation the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation the "Except</li></ul>	D 358	Continued From pa	ge 182	D 358			
<ul> <li>-Her diagnosis was upper respiratory tract infection, unspecified type.</li> <li>Review of the New Order/Notification/Clarification for Resident #6 dated 07/09/19 revealed a varbal order from the primary care provider (PCP) for Ciprofloxacin 500 mg twice a day for seven days.</li> <li>Review of Resident #6's July 2019 electronic Medication Administration Records (eMARs) revealed:</li> <li>-There was an entry for Ciprofloxacin HCL 500mg twice daily with administration times scheduled at 8:00am and 8:00pm with a start date of 07/10/19 and an end date of 07/16/19.</li> <li>-There was documentation Resident #6's Ciprofloxacin HCL was first administered at 08:00am on 07/15/19.</li> <li>-There was no documentation Resident #6's Ciprofloxacin HCL was first administered at 08:00am on 07/15/19.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00pm on 07/18/19 and no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00pm on 07/18/19 and no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00pm on 07/18/19 and no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/18/19 and no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/19/19 and no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in the "Exceptions" section related to the missed doses.</li> <li>-There was no documentation in t</li></ul>							
infection, unspecified type. Review of the New Order/Notification/Clarification for Resident #6 dated 07/09/19 revealed a verbal order from the primary care provider (PCP) for Ciprofloxacin 500 mg twice a day for seven days. Review of Resident #6's July 2019 electronic Medication Administration Records (eMARs) revealed: - There was an entry for Ciprofloxacin HCL 500mg twice daily with administration times scheduled at 8:002m and 8:00pm with a start date of 07/10/19 and an end date of 07/16/19. - There was documentation Resident #6's Ciprofloxacin HCL was first administered at 08:00am on 07/15/19. - There was documentation Resident #6 refused the 8:00pm Ciprofloxacin dose on 07/15/19. - There was no documentation Resident #6 refused the 8:00pm Ciprofloxacin dose on 07/15/19. - There was no documentation Resident #6 refused the 8:00pm Ciprofloxacin dose on 07/15/19. - There was no documentation Resident #6 refused the 8:00pm diministered at 8:00am and 8:00pm on 07/17/19 and no documentation in the "Exceptions" section related to the missed doses. - There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/18/19 and no documentation HCL 500 mg was administered to the missed doses. - There was no documentation Ciprofloxacin HCL 500 mg was administered to the missed doses. - There was no documentation Ciprofloxacin HCL 500 mg was administered to the missed doses. - There was no documentation Ciprofloxacin HCL 500 mg was administered to the missed doses. - There was no documentation Ciprofloxacin HCL 500 mg was administered to the missed doses. - There was no documentation the "Exceptions" section related to the missed doses. - There was no documentation the "Exceptions" section related to the missed doses. - There was no documentation the "Exceptions" section related to the missed doses. - There was no documentation the "Exceptions" section related to the missed doses. - There was no documentation the "Exceptions" section related to							
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500 mg was administered at 8:00am and 8:00pm on 07/19/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/20/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm		•					
on 07/19/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/20/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm							
"Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/20/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm							
-There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm on 07/20/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm							
on 07/20/19 and no documentation in the "Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm		-There was no docu	Imentation Ciprofloxacin HCL				
"Exceptions" section related to the missed doses. -There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm							
-There was no documentation Ciprofloxacin HCL 500 mg was administered at 8:00am and 8:00pm							
500 mg was administered at 8:00am and 8:00pm							
					· ·		
	Division of H		stered at 0.00am and 0.00pm				

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STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL071015	B. Wild		1 09/	24/2019
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, S			
ASHE GA	RDENS		T ASHE STRE V, NC 28425	ET		
(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) COMPLET DATE
D 358	"Exceptions" sectio -There was docum administered a tota Ciprofloxacin HCL ( at 8:00am, and 7/11 Review of the phan Resident #6 reveal Ciprofloxacin HCL ( dispensed on 07/05 Telephone interview 09/19/19 at 12:00p -He was not aware Resident #6's Cipro -He had no recolled administration of C ago. -There were not am what he saw when facility this week. -He was unsure wh order dated 07/09/2 Resident #6. -He did not know w hospitalized on 07/4 Interview with medi	o documentation in the on related to the missed doses. entation Resident #6 was al of three doses of on 7/15/19 at 8:00am, 7/16/19 6/19 at 8:00pm. macy dispensing history for ed a quantity of 14 500 mg tablets were 9/19. w with Resident #6's PCP on m revealed: that there was a delay in ofloxacin, ordered on 07/09/19. ction there was a delay in the iprofloxacin; it was too long by negative outcomes from he visited Resident #6 in the ny he had even written the 19 for the Ciprofloxacin for why Resident #6 was				
	MA or Care Manag pharmacy. -The staff who faxe wait for a confirmat -The pharmacy wo new prescription or	cation order was written the ers would fax the order to the ed the medication order would tion fax. uld add the medication as a rder, but the medication would MAR as scheduled for				
ision of He		the Care Managers approved AR system.				

STATE FORM

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If continuation sheet 184 of 223

T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				e survey Pleted	
		A. BUILDING.			D	
	HAL071015	B. WING			R 09/24/2019	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
RDENS			ET			
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLE DATE	
		140				
Continued From pa	ge 184	D 358				
	nd MA on 09/19/19 at				2	
	cation order was received the					
fifteen minutes to make sure the pharmacy received the fax. -Her goal was to try to get the medication as						
quickly as possible	for the resident.					
medication orders s	o the order would be added to	,				
-She was unsure if anyone else had the acces						
approve new medic	ation orders onto the eMAR.					
-He started his posi	tion at the facility on 07/15/19.					
Ciprofloxacin which	was ordered on 07/09/19 was					
administration of Ci	profloxacin occurred.					
approval from the Ir	nterim Resident Care					
Coordinator (RCC), (SIC).	or the Supervisor-in-Charge					
09/18/19.	·					
	there was a delay in floxacin ordered on 07/09/19					
	Continued From pa Interview with secono Continued From pa Interview with secono 03:39pm: -When a new media MAs would fax the -She would call the fifteen minutes to m received the fax. -Her goal was to try quickly as possible -The Care Manager medication orders as the eMAR and sche -She was unsure if approve new medic Interview with the D Care/Licensed Prace 09/19/19 at 06:20pr -He started his posi -His primary respond clinical situations who passes and residen -He was not aware Ciprofloxacin which not started until 07// -He was unsure of v administration of Ci -He questioned whe was sitting in the dra approval from the Ir Coordinator (RCC), (SIC). Interview with the cu on 09/20/19 at 11:33 -She started her posi- 09/18/19. -She was not aware	OF CORRECTION       IDENTIFICATION NUMBER:         HAL071015         ROVIDER OR SUPPLIER       STREET AI         RDENS       300 WES         BURGAW       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 184         Interview with second MA on 09/19/19 at 03:39pm:         -When a new medication order was received the MAs would fax the order to pharmacy.         -She would call the pharmacy in about ten to fifteen minutes to make sure the pharmacy received the fax.         -Her goal was to try to get the medication as quickly as possible for the resident.         -The Care Managers would approve the new medication orders so the order would be added to the eMAR and scheduled for administration.         -She was unsure if anyone else had the access to approve new medication orders onto the eMAR.         Interview with the Director of Resident Care/Licensed Practical Nurse (DRC/LPN) on 09/19/19 at 06:20pm revealed:         -He started his position at the facility on 07/15/19.         -His primary responsibilities were oversight of all clinical situations which included medication passes and resident's care.         -He was not aware that Resident #6's Ciprofloxacin which was ordered on 07/09/19 was not started until 07/15/19 (a 6 day delay).         -He was unsure of why the delay in the administration of Ciprofloxacin occurred.         -He questioned whether the Ciprofloxacin HCL was sitting in the drawer because it was	DF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         HAL071015       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATEMENT OF DEFICIENCIES         RDENS       300 WEST ASHE STREE         BUMMARY STATEMENT OF DEFICIENCIES       ID         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         Continued From page 184       D 358         Interview with second MA on 09/19/19 at 03:39pm:       D 358         -When a new medication order was received the MAs would fax the order to pharmacy.       She would call the pharmacy in about ten to fifteen minutes to make sure the pharmacy received the fax.       D 358         -Her goal was to try to get the medication as quickly as possible for the resident.       The Care Managers would approve the new medication orders so the order would be added to the eMAR and scheduled for administration.       She was unsure if anyone else had the access to approve new medication orders onto the eMAR.         Interview with the Director of Resident Care/Licensed Practical Nurse (DRC/LPN) on 09/19/19 at 06:20pm revealed:       He started his position at the facility on 07/15/19.         -His primary responsibilities were oversight of all clinical situations which included medication passes and resident's care.       He was not aware that Resident #G's Ciprofloxacin which was ordered on 07/109/19 was not started until 07/15/19 (a 6 day delay).         -He was unsure of why the delay in the administration of Ciprofloxacin occurred.	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         HAL071015       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         RDENS       300 WEST ASHE STREET         BURGAW, NC 28425       BURGAW, NC 28426         SUMMARY STATEMENT OF DEFICIENCIES       ID         REGULATORY OR LSC IDENTIFYING INFORMATION)       PRETX         Continued From page 184       D 358         Interview with second MA on 09/19/19 at 03:39pm:       D/More an ew medication order was received the MAs would fax the order to pharmacy.         She would call the pharmacy in about ten to fifteen minutes to make sure the pharmacy received the fax.       Her goal was to try to get the medication as quickly as possible for the resident.         -The Care Managers would approve the new medication orders so the order would be added to the eMAR and scheduled for administration.       She would call the pharmacy in about ten 10 garrow reme else had the access to approve new medication orders on the eddex com to the eMAR.         Interview with the Director of Resident       CareGilly on 07/15/19.         Carefulciensed Practical Nurse (DRC/LPN) on 00/19/19 at 06:20pm revealed:       He was not aware that Resident 6 care.         He was not aware that Resident Care       Corofinator (RCC), or the Supervisor-in-Charge SiC).         He was not aware that Resident Care       Corofinator (RCC), or the Supervisor-in-Charge SiC).         Non 09/20/19 at	OPPCORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:       COM         INDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       09/         ROMDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       09/         REDENS       300 WEST ASHE STREET       PROVIDERS PLAN OF CORRECTION ACTION SHOLD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOLD BE (EACH CORRECTIVE ACTION SHOLD ACTION SHOLD ACTION SHOLD ACTION SHOLD BE (EACH CORRECTIVE ACTION SHOLD ACTION SHOLD ACTION SHOLD ACTION SHOLD ACTION SHOLD ACTION SHOLD A	

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If continuation sheet 185 of 223

TATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		
	OF CONNECTION	DENTIFICATION NOMBER.	A. BUILDING:			
		HAL071015	B, WING		R 09/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
SHE G	ARDENS		ST ASHE STRE	ET		
		BURGAN	V, NC 28425			
(X4) ID Prefix Tag	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 358	Continued From pa	age 185	D 358			
	and not started unt	il 07/15/19				
		or a new medication order was				
		immediately (within 24 hours)				
		ack-up pharmacy if an order				
	came in after hours					
	-The staff who rece	eived the new order would fax				
		armacy, place a phone call to				
		onfirm receipt of the fax, and to				
		ation of when the medication				
		ailable to the facility.				
		cy received the new medication	ן ו			
		y would typically add the new ito the eMAR within one hour.				
		the DRC/LPN would print the				
	orders and check f					
		e ED, RCC, or DRC/LPN				
		w medication and it would				
	appear on the Resi					
	-Her expectation m	oving forward included the				
		ollow the bucket system.				
		ormer ED on 09/20/19 at				
	12:15pm revealed:					
	-The former ED's la 09/13/19.	ast day in her position was on				
	-She did not know t	that Resident #6's				
		red on 07/09/19 was not				
	started until 07/15/					
		a new medication order would				
		CC, or DRC/LPN would fax to				
	the pharmacy.					
		sn't covered the facility was				
		owing up with the provider.				
		or a new medication order that I immediately within 24 hours.				
		vith MA on 09/20/19 at				
	02:35pm revealed:					
		was the interim/acting RCC o approve new medications in				
	, and one was able l	o approvo now modicationo lit	-			1

STATE FORM

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If continuation sheet 186 of 223

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		e survey Pleted
			A. BUILDING:	······································		R
		HAL.071015	B. WING			24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ASHE GA	ARDENS		ST ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
	pharmacy, the facil arrival of the new m medication would b -She was not sure v administration of Re Refer to the intervie (DRC/LPN) on 09/1 Refer to the intervie 09/20/19 at 12:38pr Refer to the intervie 09/20/19 at 12:38pr Refer to the second on 09/23/19 at 12:3 Refer to the intervie 09/24/19 at 5:00pm Refer to the second on 9/24/19 at 5:25p 7. Review of Reside 11/29/18 revealed of pain, and generalize Review of an Accide Resident #19 dated -On 08/01/19 at 8:0 red and swollen and eye pain of both eye -Cold compresses v the resident's prima notified.	rders should be faxed to the ity staff would wait for the hedication, and then the new he approved for the eMAR. why there was a delay in the esident #6's Ciprofloxacin. we with the Director of nsed Practical Nurse 9/19 at 8:25am. we with the DRC/LPN and Director (ED) on 09/19/19 at ew with the former ED on m. Interview with the DRC/LPN 7pm. we with the current ED on - Interview with the current of m. ent #19's current FL-2 dated liagnoses included dementia, ed weakness. ent/Incident report for 08/01/19 revealed: 0am, Resident #19 eyes were d the resident complained of es. were applied to both eyes and ry care provider (PCP) was	D 358			
	alth Service Regulation	ent to the local emergency				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	of connection		A. BUILDING:	<u> </u>			
		HAL071015	B. WING			R 09/24/2019	
AME OF F	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	TATE, ZIP CODE			
SHE GA	ARDENS		ST ASHE STRE V, NC 28425	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) Comple Date	
D 358	Continued From pa	age 187	D 358				
	department and rel periorbital cellulitis	turned with diagnoses of and conjunctivitis.					
	report dated 08/01/	ospital emergency department 19 revealed: ented with eye problems. She					
	had been rubbing had used 1 pack of -The resident was	ner eyes with baby wipes and i wipes since last night. diagnosed with bilateral and bilateral conjunctivitis and					
	ordered an antibiot -The resident was f	ic to treat the infected eye.					
	document from a lo 08/02/19 revealed	order/Notification/Clarification local ophthalmologist dated an order to begin Medrol 4mg supply (a steroid prepackaged treat cellulitis).	ŀ				
	Resident #19 from	iption History document for the facility's pharmacy nacy received the order for the pack on 08/02/19.					
	contracted pharma revealed:	armacist at the facility's cy on 09/24/19 at 3:55pm					
	was received and o -The medication wa	Pack order for Resident #19 lispensed on 08/02/19. as delivered to the facility on n and a medication aide (MA) ication.					
	medication adminis revealed:	t #19's August 2019 electronic stration record (eMAR) ctions to administer Medrol for					
	6 days.						

AND PLAN OF CORRECTION     DENTIFICATION NUMBER:     A. BUILDING:       HAL071015     B. WING       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       ASHE GARDENS     300 WEST ASHE STREET       BURGAW, NC 28425     BURGAW, NC 28425       (C4) ID     SUMMARY STATEMENT OF DEFICIENCIES     ID       PREFIX     REGULATORY OR LSC DENTIFYING INFORMATION)     PREFIX       TAG     Continued From page 188     D 358       -On day one (08/03/19) there were instructions to administer two tablets before breakfast ( 8:00am), one tablet after lunch (12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administer one tablet before breakfast ( 8:00am), one tablet after lunch (12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administer one tablet before breakfast ( 8:00am), one tablet after lunch (12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administer one tablet before breakfast ( 8:00am), one tablet after lunch (12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol.       -On day three (08/05/19) there were instructions to administer one tablet before breakfast ( 8:00am), one tablet after supper (at 5:00pm), and one tablet after supper (at 5:00pm), and one tablet after supper (at 5:00pm), and one tablet after supper (at 5:00pm). There was no documentation of administration of Medrol.       -On day four (08/06/19) there were instructions to administer one tablet of medrol.     -On day	FICIENCIES RECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY	
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         ASHE GARDENS       300 WEST ASHE STREET         BURGAW, NC 28425       BURGAW, NC 28425         TAG       (EACH DEFCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH DEFCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH DEFCIENCY MUST TAG         D 358       Continued From page 188       D 358       D 358         -On day one (08/03/19) there were instructions to administer two tablets before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and one tablet after supper (at 5:00pm). There was no documentation of administration of Medrol.         -On day four (08/06/19) there were instructions to administer one tablet before breakfast ( 8:00am). There was no documentation of administration of Medrol.         -On day four (08/06/19) there were instructions to administer one tablet of medrol before breakfast 98:00am). There was no documentation of administration of Medrol.         -The first dose of Medrol       - On day four (08/06/19) there were instructions to administeration of Medrol.			A. BUILDING:				
ASHE GARDENS           300 WEST ASHE STREET BURGAW, NC 28425           (%) ID PREFIX         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST TAG           D 358         Continued From page 188         D 358         D 358         D On day one (08/03/19) there were instructions to administer two tablets before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol.         -On day two (08/04/19) there were instructions to administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol.         -On day three (08/05/19) there were instructions to administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and one tablet at bedtime (9:00pm). There was no documentation of administration of Medrol.         -On day four (08/06/19) there were instructions to administer one tablet of medrol before breakfast 89:00am). There was no documentation of administration of Medrol.         -On day four (08/06/19) there were instructions to administer one tablet of medrol before breakfast 89:00am). There was no documentation of administration of Medrol.         - - The first dose of Medrol was documented as administered on 08/06/19 at 12:00pm.		HAL071015	.B. WING			R 09/24/2019	
BURGAW, NC 28425           (X4)D PREFIX         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTION SHOULD (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTION SHOULD (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTION SHOULD (EACH DEFICIENCY)           D 358         Continued From page 188         D 358         D<	R OR SUPPLIER	STREETAD	DDRESS, CITY, S	TATE, ZIP CODE			
(X4) ID PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)           D 358         Continued From page 188         D 358         D 358         D 358           -On day one (08/03/19) there were instructions to administer two tablets before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol. -On day two (08/04/19) there were instructions to administration of Medrol. -On day two (08/04/19) there were instructions to administration of Medrol. -On day three (08/05/19) there were instructions to administration of Medrol. -On day three (08/05/19) there were instructions to administration of Medrol. -On day fure (08/06/19) there were instructions to administration of Medrol. -On day four (08/06/19) there were instructions to administration of Medrol. -On day four (08/06/19) there were instructions to administration of Medrol. -On day four (08/06/19) there were instructions to administration of Medrol. -On day four (08/06/19) there were instructions to administer one tablet of medrol before breakfast 98:00am). There was no documentation of administration of Medrol. -The first dose of Medrol was documented as administration of Medrol. -The first dose of Medrol was documented as administrered on 08/06/19 at 12:00pm. -There was documentation of     ID PREFIX 8:00am     ID PREFIX TAG	6			ET			
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH DORRECTIVE ACTION SHOULD CROSS-REFERENCE) TO THE APPROPE DEFICIENCY)         D 358       Continued From page 188       D 358       D 358         -On day one (08/03/19) there were instructions to administer two tablets before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol.       D 358         -On day two (08/04/19) there were instructions to administer one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol.       - On day three (08/05/19) there were instructions to administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and one tablet at bedtime (9:00pm). There was no documentation of administration of Medrol.         -On day four (08/06/19) there were instructions to administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and one tablet at bedtime (9:00pm). There was no documentation of administration of Medrol.         -On day four (08/06/19) there were instructions to administer one tablet of medrol before breakfast 98:00am). There was no documentation of administration of Medrol.         -The first dose of Medrol was documented as administered on 08/06/19 at 12:00pm.         -There was documentation of administration of Medrol.         -The first dose of Medrol Vas documented as administered on 08/06/19 at	SUMMARY STA		1	PROVIDER'S PLAN OF (	CORRECTION	(X5)	
<ul> <li>-On day one (08/03/19) there were instructions to administer two tablets before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol.</li> <li>-On day two (08/04/19) there were instructions to administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol.</li> <li>-On day three (08/05/19) there were instructions to administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and one tablet at bedtime (9:00pm). There was no documentation of administration of Medrol.</li> <li>-On day four (08/06/19) there were instructions to administration of Medrol.</li> <li>-On day four (08/06/19) there were instructions to administration of Medrol.</li> <li>-On day four (08/06/19) there were instructions to administration of Medrol.</li> <li>-On day four (08/06/19) there were instructions to administration of Medrol.</li> <li>-On day four (08/06/19) there were instructions to administer one tablet of medrol before breakfast 98:00am). There was no documentation of administration of Medrol.</li> <li>-The first dose of Medrol was documented as administered on 08/06/19 at 12:00pm.</li> <li>-There was documentation of administration of administration of administration of medrol before breakfast</li> </ul>			PREFIX	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	ON SHOULD BE	(X5) COMPLET DATE	
administer two tablets before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol. -On day two (08/04/19) there were instructions to administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and two tablets at bedtime (9:00pm). There was no documentation of administration of Medrol. -On day three (08/05/19) there were instructions to administer one tablet before breakfast ( 8:00am), one tablet after lunch ( 12:00pm, one tablet after supper (at 5:00pm), and one tablet at bedtime (9:00pm). There was no documentation of administration of Medrol. -On day four (08/06/19) there were instructions to administration of Medrol. -On day four (08/06/19) there were instructions to administration of Medrol. -On day four (08/06/19) there were instructions to administration of Medrol. -On day four (08/06/19) there were instructions to administration of Medrol. -On day four (08/06/19) there was no documentation of administration of Medrol. -The first dose of Medrol. -The first dose of Medrol. -The first dose of Medrol. -The first dose of Medrol. -There was documentation of administered on 08/06/19 at 12:00pm. -There was documentation of	ued From pa	ge 188	D 358				
Interview with a second shift MA on 09/23/19 at 5:45pm revealed: -Resident #19 did not receive the Medrol until 08/06/19 at 12:00pm. -She did not know why the resident's Medrol was not started the day it was delivered. -When the medication was delivered to the facility by the pharmacy, it should have been placed in the narcotic box on the medication cart because it was a new medication and needed to be	ster two table blet after lund r (at 5:00pm) m). There was stration of M ay two (08/04 ster one table blet after lund r (at 5:00pm) m). There was stration of M ay three (08/00 inister one table after supper ( a (9:00pm). inistration of a four (08/06 ster one table after supper ( 9 four (08/06 ster one table m). There was stration of M stered on 08 was docume a from 00 ew with a sec n revealed: ent #19 did n 19 at 12:00pr id not know v rted the day i the medicati pharmacy, it cotic box on	ets before breakfast ( 8:00am), ch ( 12:00pm, one tablet after , and two tablets at bedtime as no documentation of edrol. (19) there were instructions to et before breakfast ( 8:00am), ch ( 12:00pm, one tablet after , and two tablets at bedtime as no documentation of edrol. 5/19) there were instructions ablet before breakfast ( after lunch ( 12:00pm, one at 5:00pm), and one tablet at There was no documentation Medrol. /19) there were instructions to et of medrol before breakfast as no documentation of edrol. /19) there were instructions to et of medrol before breakfast as no documentation of edrol. /06/19 at 12:00pm. entation of administration of 8/06/19 through 08/10/19. ond shift MA on 09/23/19 at ot receive the Medrol until n. /hy the resident's Medrol was t was delivered. on was delivered to the facility should have been placed in the medication cart because it					

STATE FORM

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If continuation sheet 189 of 223

	DI AN OF CODDECTION INDENTIE/CATION NUMBED		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		СОМ	E SURVEY PLETED
		HAL071015	B. WING		R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	FATE, ZIP CODE		
SHE G	ARDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 358	-The MAs would ha administration whe the eMAR on 08/03 -She did not know y medication being a Medrol was on the Interview with the E 11:15am revealed I #19's Medrol dose after delivery on 08 08/06/19. Interview with Resi provider (PCP) on -She was aware a for Resident #19 or -The medication wa periorbital cellulitis as soon as it was d prevent the worsen -The PCP was not started until 08/06/ -The Medrol was e periorbital cellulitis. Interview with the o on 9/24/19 at 5:25p worked at the facili aware of the delay Medrol Dose Pack. Refer to the intervie Resident Care/Lice (DRC/LPN) on 09/1	Ave known it was approved for in the medication appeared on 3/19. Why there was a delay in the dministered because the eMars on 08/03/19. DRC/LPN on 09/24/19 at the did not know why Resident pack was not administered /03/19 and not started until dent #19's primary care 09/24/19 at 4:26pm revealed: Medrol dose Pack was ordered to 08/02/19. as ordered to treat the and should have been started lelivered to the facility to ing of the cellulitis. aware the medication was not 19. ffective in treating the current Executive Director (ED) om revealed she had only ty since last week and was not in starting of Resident #19's ew with the Director of onsed Practical Nurse				

6899

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. DOILDING.		R	
	· · ·	HAL071015	B. WING			24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
SHE G	ARDENS		T ASHE STRE	ET		
-	1		V, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 358	Continued From pa	ge 190	D 358			
	Refer to the intervie 09/20/19 at 12:38pr	ew with the former ED on m.				
	Refer to the second on 09/23/19 at 12:3	l interview with the DRC/LPN 7pm.				
	Refer to the intervie 09/24/19 at 5:00pm	w with the current ED on				
	Refer to the second on 9/24/19 at 5:25p	l interview with the current ED m.				
	Interview with the D					
	Care/Licensed Prac 09/19/19 at 8:25am	tical Nurse (DRC/LPN) on revealed:				
		bucket system for orders. order was faxed to the				
	pharmacy the order	would be placed in the				
	bucket system:	axed to the pharmacy they				
	were placed in a yel					
	-Once the order was	s entered in the electronic				
		by the pharmacy the order				1
	medication delivery.	range folder to wait for				
		complete, required a				
		n, needed a hard copy, or				
	placed in a red folde	rization by the physician were				
		dical equipment, labs,				
	oxygen, therapy, or	required follow up from a				
		laced in a blue folder.				
		in the residents' facility				
	record were placed	in a green folder. sident Care Coordinator				
		monitored the folders.				
	-The night shift MA	look the medication and				
	pulled the faxed ord	er and checked off that the				
	medication was in the					
	alth Service Regulation	at were not checked off were				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A, BUILDING:	·		
		HAL071015	B. WING			R 24/2019
IAME OF F	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, S	TATE, ZIP CODE		
SHE GA	RDENS		TASHE STRE V, NC 28425	ET		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLET
PRÉFIX TAG		( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
D 358	Continued From pa	ge 191	D 358			
	to be followed up or	n.				
	-Cycle fill medicatio	ins came in four days before				
	they were to start.					
		as sending the medications				
		cycle back and starting on the	ł			
	new packets of me					
		the medications to run out o get a new cycle of				
	medications.	o get a new cycle of				
		e MAs on the procedure of				
	reordering medicati	ions and calling the physician				
-	on 08/16/19. Medications should	d be re-ordered when there				
	were 3 days of med					
		of medication had a date				
		n it could be reordered.				
		ad a barcode sticker that				
		, placed on a re-order page,				
	and faxed to pharm	acy for refills.				
		on a medication could not be illing or an order change, then				
		e notified to obtain a hold				
		order, or any additional orders.				
		lot of staff turn over the last				
	few months.					
		n was not being followed.				
		ng the medication carts or				
	being held account	able.				
	Interview with the D	RC/LPN and current				
		(ED) on 09/19/19 at 3:55pm				
	revealed:					
	-The current ED ha on 09/16/19.	d started working at the facility	/			
		et initiated a cart audit for the				
	facility but was in th	ne process of initiating cart				
	audits.	rted completing cart audits				
		end of July 2019 or the first of				
	August 2019.	ond of easy 2010 of the filst of				

<u>Division</u>	of Health Service Re	egulation				
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL071015	B. WING			२ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS CITY	STATE, ZIP CODE		
			ASHE STR			
ASHE G	ARDENS	BURGAW	, NC 28425			-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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 358	Continued From pa	ge 192	D 358			
D 358	-The DRC/LPN wou from the eMAR and -The MA's would co to the medications of assure all the medic matched the orders administer to the re -The DRC/LPN had there were always a medications on han -"Sometimes" the D the MAs to assure to performed. -The DRC/LPN did medication cart aud -He had not checke the cart audits were -The previous RCC audits but he did no Interview with the for (ED)on 09/20/19 at -The DRC/LPN and following up on orde -The DRC/LPN, RC for making sure the building and availab -The pharmacy sho	Ald print the resident's orders give to the MAs. Sompare the medication orders on the medication cart to cations were accounted, and enough were on hand to sidents. I told the MAs to be certain at least three days worth of d for all residents. PRC/LPN would check behind he cart audits were being not know when the last lit was performed. If was performed. If behind the MAs to assure performed. may have done the cart t know for certain. The executive Director 12:38pm revealed: RCC were responsible for ers. C and MAs were responsible medications were in the ble for administration. uld have been notified r any medication that was not	D 358			
	-The physician shou	Ild have been notified and an	1			
	delivered.	old the medication until It was				
	-Medication cart aud	dits should have been done				
	monthly.					
		been re-ordered when there				
	was a 7 day supply					
		Id have been notified for a				
		e prescription should have				
Division of He	ealth Service Regulation	nacy, so the medication could	J			

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If continuation sheet 193 of 223

TATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	of bonnebnon		A. BUILDING:	· .		
		HAL071015	B. WING			R 24/2019
AME OF P	ROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, S	TATE, ZIP CODE		
SHE GA	RDENS		T ASHE STRE V, NC 28425	ET		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	Comple Date
D 358	Continued From pa	age 193	D 358		·	
	be available in the ran out.	facility before the medication				
		with the DRC/LPN on				
	09/23/19 at 12:37p	m revealed: ew orders on the eMARs was				
		ders were faxed to the facility				
		rmacy would enter the orders,				
		into an "approval" section in cation administration record				
	(eMAR).					
	-The DRC/LPN or I	RCC would review the orders				
		was on the eMAR to the				
		th matched the order would be eMAR for the MAs to				
	administer the med					
		ted working at the facility in				
		report which showed ministered to the residents				
		ations were not available.				
		ne process prior to his start				
	date of 07/15/19.					
	Interview with the o	urrent Executive Director (ED)				
	on 09/24/19 at 5:00	Dpm revealed:				
	-She started as the 09/16/19.	ED for the facility on				
		ibility of the RCC, ED,				
		ical Manager (CM) to process				
		by faxing them to the ng receipt of the medications				
		and signing off the order on				
	the eMAR so the m	nedication would appear as				
	scheduled for adm	inistration.				
	Second interview w	vith the current ED on 9/24/19				
	at 5:25pm revealed	l medications which were				
		red to the facility should be e next dose time after delivery				
	unless a clarificatio					

Division of Health Service Regulation STATE FORM

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	of Health Service Re					•
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY
	of oothic officia	BLATH IOANON NUMBER.	A. BUILDING:		COM	PLETED
						R
		HAL071015	B. WING		09/	24/2019
IAME OF I	PROVIDER OR SUPPLIER	STREETAI	DRESS, CITY, S	TATE, ZIP CODE		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			TASHE STRE			
SHE G	ARDENS		V, NC 28425			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACT		(X5) COMPLE
TAG	REGULATORT OR L	SCIDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC		DATE
					.,	
D 358	Continued From pa	ige 194	D 358			
			1			
	The facility failed to	assure medications were				
		dered for 6 of 7 residents	1 [			
	sampled for record	review (#2, #4, #5, #6, #17,				
		was administered another				
	resident's medication	on in error which resulted in				
	emergent evaluatio					
	emergency departn	nent and diagnosed with an				
		e"; Resident #17 a urinary				
	tract infection (UTI)	and did not receive an				
	antibiotic as ordered	d to treat the UTI resulting in				
		reated in the emergency				1
	department and dia	gnosed with acute cystitis and				
	required a prescript	ion of a different antibiotic and				
		at risk for sepsis (Sepsis				
	occurs when chemi					
		t an infection trigger				
		can cause multiple organ				
	system failure resul	ting in death). Resident #17				
		ed 13 out of 18 doses of				
		, placing the resident at risk				
1		roke, and/or death from a				
		ent #5, who had a history of				
		ower extremity edema, missed				
ļ		treat edema) from 06/01/19 -				
[		e resident at risk for lower				
		d pain. Resident #2, who				
		ed Glipizide from 07/01/19 -				
		d the resident at increased				
		sugar. Residents #2, #5, and				
		e doses of medications				
	prescribed to treat r	high blood pressure which				
		d risk for high blood pressure				
		nt #19 had a 4-day delay in an I to treat cellulitis and				
		ng in the resident having				
		and eye swelling. Resident #6				
		i starting an antibiotic ospital visit for a UTI. The				
[		Ited in the resident's not being				]
	alth Service Regulation	nea in the resident's not being				

DI4D11

If continuation sheet 195 of 223

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			R
		HAL071015	B. WING			24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ASHE G	ARDENS		ST ASHE STRE N, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From pa	age 195	D 358	. <u></u>		
	maintain their phys	nedication prescribed to lical and mental health and A1 Violation for serious				
	The facility provide accordance with G	d a Plan of Protection in .S. 131D-34 on 09/19/19.				
		TE FOR THE TYPE A1 L NOT EXCEED OCTOBER				
D 451	10A NCAC 13F .12 and Incidents	212(a) Reporting of Accidents	D 451			
	Incidents (a) An adult care h department of soci incident resulting in accident or incident resident requiring n	212 Reporting of Accidents and nome shall notify the county al services of any accident or n resident death or any it resulting in injury to a referral for emergency medical lization, or medical treatment				
	Based on interview facility failed to ass and emergency roo	et as evidenced by: vs and record reviews, the sure incidents resulting in injury om evaluation were reported to Social Services for 3 of 3 (#2, #10, #17).				

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If continuation sheet 196 of 223

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY
		HAL071015	B, WING		F 09/2	र 4/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE		-1/2010
ASHË GA	PDENS	300 WES	T ASHE STR	REET		
			V, NC 28425	5		
(X4) ID Prefix Tag	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY)	IN SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
	and Fire Safety Pol incident required init aid, an Accident and sent to the local con Services (DSS) with 1. Review of Resid 06/03/19 revealed: -Diagnoses include: onset, Type II diabet therapy, frequency weakness, other ab mobility, dysphagia, with behavioral distr -There was docume semi-ambulatory wi Review of the Care 09/01/19 at 8:31am found on the floor a emergency departm Review of an Emerg call report dated 09/	y's Accident/Falls/Emergency icy revealed if the accident or tervention greater than first d Incident Form should be unty Department of Social hin 48 hours. ent #2's current FL-2 dated d Alzheimer's disease with late tes, other long-term drug of micturition, muscle normalities of gait and and unspecified dementia urbance. entation Resident #2 was th the aid of a wheelchair. Note for Resident #2 dated revealed the resident was nd sent to the hospital		The following systems, too were implemented to assu in Reporting of Accidents a that are tracked and review Executive Director and Clir -Procedure implemented of Executive Director and Clir Resident accident or incid Managers or Supervisor in -Executive Director review and incident reports to ass reporting for incidents resu or injury requiring for emet hospitalization, or medical than first aid. Executive Di reports daily and consults heads during stand-up me Established 9/25/19. -Executive Director also ver reports indicate notification Guardian, family, physician Departmetn of Social Serv applicable per 10A NCAC Established 9/25/10.	are compliance and Incidents ved by the nical Disciplines: on 9/27/19, the ed of any ent by the Care of Charge. The charge complete sall accident sure timely ulting in death regency evaluation treatment greate rector reviews with department etings.	11/15/201 n, er 1/15/2019
	-Resident #2 had a	laceration on her left arm. ansported to the ED.		Established 9/25/19.	as condcuted with	11/15/201 າ
	Encounter note date revealed: -Resident #2 had ar -A computed tomog showed no injury. (A x-rays from differen bones, soft tissues,	raphy (CT) scan of the head \ CT scan provides a series of t angles to provide images of		staff to include the respon- immediately reporting to th and to the Executive Direc completed 9/27/19 by the Director.	eir supervisor tor. Training	1/15/201

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED
				•	۲   F	२
		HAL071015	B. WING			24/2019
AME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SHE G	ARDENS	300 WES	T ASHE STR	REET		
		BURGAW	I, NC 28425			· · · · · · · · · · · · · · · · · · ·
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
D 451	Continued From pa	ge 197	D 451	Quality Assurance:		
	<ul> <li>51 Continued From page 197</li> <li>Reports revealed there was no Accident/Incident report dated 09/01/19 and no documentation the local Department of Social Services (DSS) was notified.</li> <li>Interview with the current Executive Director (ED) on 09/24/19 at 10:50am revealed she did not</li> </ul>			-Accident and incident report are monitored by the Exect in coordiantion with the ons Regsitered Nurse and the Divisional Teams monitor of during site visits and weekl calls. Ongoing.	tuvie Director site assigned DDCS. The compliance	es 11/15/20
kr cc R 09	completed for this i Refer to the intervie 09/13/19 at 9:55am	/Incident report was ncident or if DSS was notified. w with the Former ED on w with a medication aide (MA)		-SVP monitors compliance site visits, weekly conferer monitoring of systems, too with the onsite assigned R Nurse and Executive Direct	nce calls and ols and processo Registered	
	on 09/24/19 at 9:30	am. w with the current ED on		of twice weekly. Ongoing		11/15/20
	07/31/19 revealed: -Diagnoses include hypertension, and o -There was docume ambulatory and cor Review of an Accid Resident #10 dated revealed: -Resident #10 had to the right hip. -Emergency Medica and Resident #10 w emergency departm -The report was sig Resident Care (DR	ent/Incident Report for I 08/23/19 at 11:05pm a fall in his room with an injury al Services (EMS) was called vas transferred to the hospital				
		umentation on the report that nt of Social Services (DSS)				

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL071015	B. WING		F 09/2	२ 2 <b>4/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		ASHE STR NC 28425	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' 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 451	Continued From pa	ge 198	D 451			
	on 09/24/19 at 10:5 know if an Accident completed for this in Department of Soci Refer to the Intervie 09/13/19 at 9:55am Refer to the intervie on 09/24/19 at 9:30 Refer to the intervie 09/24/19 at 10:50ar 3. Review of Reside 07/31/19 revealed of hypertension, alcoh disease, and anxiet Review of an Emerg report for Resident revealed: -Resident #17 fell o right side of his hea -Resident #17 real evaluation. Review of Resident Review of Resident Reports revealed th report dated 07/31/7 local Department of notified. Interview with the cu on 09/24/19 at 10:50 know if an Accident	w with a medication aide (MA) am. w with the current ED on n. ent #17's current FL-2 dated liagnoses included dementia, ol abuse, coronary artery y/acute encephalopathy. gency Medical Services (EMS) #17 dated 08/02/19 at 5:08pm ut of a wheelchair and hit the d and elbow. transported to the hospital for #17's Accident/Incident ere was no Accident/Incident 19 and no documentation the Social Services (DSS) was urrent Executive Director (ED) Dam revealed she did not				
Division of He	alth Service Regulation					

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		HAL071015	B. WING			R 09/24/2019	
	PROVIDER OR SUPPLIER	•	DDRESS, CITY, S			27/2013	
			ST ASHE STRE	•			
SHE G	ARDENS		N, NC 28425				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE	
D 451	Continued From pa	age 199	D 451				
	Refer to the Intervi 09/13/19 at 9:55an	ew with the Former ED on n.					
	Refer to the intervi on 09/24/19 at 9:30	ew with a medication aide (MA Dam.	)				
	Refer to the intervi 09/24/19 at 10:50a	ew with the current ED on m.			<i>,</i>		
	on 09/13/19 at 9:59 -The medication ai for completing the which consisted of responsible party, t (PCP), and the Res (RCC). -The ED sent the core reports to the Depa (DSS) by fax or em	des (MAs) were responsible Accident/Incident reports, vitals, notifying the family or the Primary Care Physician sident Care Coordinator completed Accident /Incident artment of Social Services nail.					
	revealed: -The MAs were res Accident/Incident r signs and a descrip -The MAs were res responsible party a -The Accident/Incid the computer and r -The MA was not a	A on 09/24/19 at 9:30am sponsible for completing the eports, which included vital otion of the incident. sponsible for contacting the and the PCP. dent reports were entered into management reviewed them. ware of the process of being reported to DSS.					
	Interview with the of 10:50am revealed: -The process for D duty at the time an was responsible fo computer and it wo	current ED on 09/24/19 at					

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Division	of Health Service Re	egulation			1		AFROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		LE CONSTRUCTION	· · · · · · ·	(X3) DATE COMF	SURVEY PLETED
		HAL071015	B. WING		_		र 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE			
ASHE G	ARDENS		T ASHE STF /, NC 28425				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIN CROSS-REFERENCE		D BE	(X5) COMPLETE DATE
D 451	Continued From pa	ge 200	D 451				
	report until the repo -The ED was respo email.	ort was closed. Insible for notifying DSS via					
D 465	10A NCAC 13F .13	08(a) Special Care Unit Staff	D 465				
	(a) Staff shall be provide the sufficient number to residents; but at no one staff person, what training requirement Section, for up to eisecond shifts and 1 additional resident;	08 Special Care Unit Staff resent in the unit at all times in o meet the needs of the time shall there be less than ho meets the orientation and ts in Rule .1309 of this ght residents on first and hour of staff time for each and one staff person for up to d shift and .8 hours of staff onal resident.					
	interviews, the facili minimum number o 30 shifts sampled o - 07/08/19 to meet t	et as evidenced by: ons, record reviews and ty failed to assure the f staff were present on 11 of n 10 dates between 04/28/19 he needs of the residents ial Care Unit (SCU).					
	The findings are:						
	Review of the facility revealed the facility capacity of 60 beds.	y's current 2019 license was licensed as a SCU with a	ſ				
	census report dated -The census was 44			A seasoned Executive responsibility for dail on 9/13/19, with exter with Special Care Ur understanding of the	y and clinical c ensive experier hits and a clear	peration ice	s 11/15/2019
Vision of He STATE FORM	alth Service Regulation		1899	DI4D11	lf co	ontinuation s	heet 201 of 223

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPI	SURVEY .ETED
		HAL071015			R 09/2-	4/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	ARDENS	300 WES	T ASHE STR	EET		
ASHE G/		BURGAW	I, NC 28425	·		
(X4) ID P <b>RE</b> FIX 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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) Complete Date
D 465	third shift, a shortage Review of the punct census report date -The census was 4 -The required staff hours. -There were 23.46 third shift, a shortage Review of the punct census report date -The census was 4 -The required staff hours.	staff hours provided on the ge of 21,48 hours. th detail records for staff and d 07/02/19 revealed: 6 residents. hours for third shift was 36.8 staff hours provided on the ge of 13.34 hours. th detail records for staff and d 07/03/19 revealed: 6 residents. hours for third shift was 36.8	D 465	The following systems, tools and are in place to assure continued of -Staffing schedules are reviewed the Executive Director to assure a coverage per requirements. -Education and training provided personnel on the staffing requirem making rounds with shift relief per and assuring relief staff were on of in place prior to leaving their assig -Care Managers and Supervisors responsible for assuring procedur followed. -Manager on Duty (MOD) establis 9/26/19 for after hour and weeker visits to monitor for compliance. Reports are provided to the Exect	complianc daily with adequate for nursin nents, rsonnel duty and gnment. are re is shed on nd site	e;
	third shift, a shorta Review of the punc census report date -The census was 4 -The required staff hours. -There were 39.50 second shift, a sho -The required staff hours. -There were 24.30 third shift, a shorta Review of the punc census report date -The census was 4 -The required staff hours. -There were 32.16 third shift, a shorta	ch detail records for staff and d 07/04/19 revealed: 6 residents. hours for second shift was 46 staff hours provided on the rtage of 6.5 hours. hours for third shift was 36.8 staff hours provided on the ge of 12.5 hours. ch detail records for staff and d 07/05/19 revealed: 6 residents. hours for third shift was 36.8 staff hours provided on the		Director for review. Ongoing. Quality Assurance: -Special Care Unit Staffing require and procedures are monitored by Executive Director in coordination Care Managers during daily scheo reviews. -Onsite assigned Registered Nurs additional oversight to assure com during observations and rounds. -DDCS, DDBM and DVPo monitor compliacne during site visits in con with Senior Level Management Pe -SVP monitors compliance during visits, shift analysis reports, weekl conference calls and monitoring o tools and processes with the onsit Registered Nurse at a minimum of weekly. Ongoing.	ements the with the dule e provide ordination ersonnel. site y f systems te assigne f twice	,

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·	ECONSTRUCTION		E SURVEY PLETED
		HAL071015	B. WING			R
	PROVIDER OR SUPPLIER				09/	24/2019
			T ASHE STRE	TATE, ZIP CODE		
SHE G	ARDENS		I, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
D 465	Continued From pa	ge 202	D 465		· · · · · · · · · · · · · · · · · · ·	
	<ul> <li>The census was 4</li> <li>The required staff hours.</li> <li>There were 29.48 second shift, a short of the required staff hours.</li> <li>There were 16.17 sthird shift, a short of the punction of the punction of the punction of the punction of the required staff hours.</li> <li>The required staff hours.</li> <li>There were 36.11 staff hours.</li> <li>There were 24 staff hours.</li> <li>There were 24 staff shift, a short of the punction of the punction of the punction of the punction of the punction.</li> <li>There were 24 staff hours.</li> <li>There were 24 staff hours.</li> </ul>	hours for second shift was 46 staff hours provided on the rtage of 16.52 hours. hours for third shift was 36.8 staff hours provided on the ge of 20.63 hours. h detail records for staff and d 07/07/19 revealed: 6 residents. hours for second shift was 46 staff hours provided on the tage of 9.89 hours. hours for third shift was 36.8 if hours provided on the third 12.8 hours.				
	incident /accident re	eports revealed Resident #2 3:00pm and was not sent to				
	census report dated -The census was 46 -The required staff I hours.	hours for third shift was 36.8				
	-There were 21.02 s third shift, a shortag	staff hours provided on the je of 15.78 hours			• · · ·	
	hall revealed there	18/19 at 7:22 am of the 200 were three personal care e medication aide (MA) one				

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STATEMEN	of Health Service Re TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		HAL071015				R 09/24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		300 WES	T ASHE STRE	ET		
	ARDENS	BURGAV	V, NC 28425			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLET
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
D 465	Continued From pa	age 203	D 465			
		terview revealed sometimes				
		ersonal care aides (PCAs) shift, and staffing was good				
	"today".	shin, and staning was good				
		ew with a second staff member				
	revealed:	uther a DOA a ser first shift				
		y three PCAs on first shift. ur PCAs on duty at times.				
		two medication aides (MA) on				
	duty.					
		e were three PCAs was the				
	past week.					
		\ on 09/17/19 at 3:14pm				
	revealed:	As scheduled to work on				
		m-11:00pm) each day.				
		CAs scheduled to work on				
	second shift each o					
	-On third shift (11:0	00pm - 7:00am), there was one				
	MA and three PCA	s scheduled each day.				
	Interview with a res 09/19/19 at 11:05a	sident's family member on m revealed:				
		er visited the facility three times	;			
	a day almost every	day (morning, afternoon and				
	evening).					
		enough staff to care for the				
	facility.	family member was at the				
		taff in the facility this week				
		mber had ever observed.				
	-Usually, there was	only one MA administering				
		residents on both halls and				
	one PCA on each h					
		s family member often because				
		e would not be taken care of or ident such as a fall and the				1
	ealth Service Regulation		1. 1			<u> </u>

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE			
			A. BUILDING:			R
	·	HAL071015	B. WING		09/24/2019	
IAME OF F	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
SHE GA	RDENS		ST ASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE	(X5) COMPLET DATE
D 465	Continued From pa	age 204	D 465		· · · · · · · · · · · · · · · · · · ·	
	staff would not find	her.				
	3:10pm revealed: -She had previously Resident Care Coo period of time. -Her responsibilities work schedule. -Sometimes, she w short. Interview with the D Care/Licensed Prac 09/24/19 at 11:32pr -He started work at -He did the staffing -He scheduled four first shift and two m -He scheduled four MAs. -He scheduled three MA.	ctical Nurse (DRC/LPN) on m revealed: the facility on 07/15/19. schedule. personal care aides (PCA) on redication aides (MA). PCAs on second shift and two e PCAs on third shift and one				
	had to find coverage Second interview w 5:45pm revealed: -She was the interir -When she complet schedule, she used example to determi schedule. -She scheduled thre 7:00am - 3:00pm sh on the 3:00pm - 11: and one MA on 11:0	en there was a call out and he e. ith a MA on 09/24/19 at n RCC for about two months. ted the employee work an old schedule as an ne how many staff to se PCAs and two MAs on the nift, four PCAs and two MAs 00pm shift, and three PCAs 00pm - 7:00am shift. uidelines to use but she was				
	not able to figure the				· .	

TEMENT	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMI	SURVEY	
	J CONALCHON		A. BUILDING:		R		
		HAL071015	B. WING		09/:	24/2019	
IE OF PF	ROVIDER OR SUPPLIER			STATE, ZIP CODE			
HE GAI	RDENS		ST ASHE STR V. NC 28425	EET			
4) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	on Should be Heappropriate	(X5) COMPLET DATE	
465	Continued From pa	 age 205	D 465		7 ania		
	-	the current number of					
	10A NCAC 13F .13 Orientation And Tra	309 Special Care Unit Staff ain	D 468				
	10A NCAC 13F .13 Orientation And Tra	309 Special Care Unit Staff aining					
	receive at least the training: (1) Prior to establis administrator shall 20 hours of training be served for each operated. The adm plan to train other s identifies content, to schedules regardin (2) Within the first employee assigned special care unit sh orientation on the n residents. (3) Within six moni- responsible for pers within the unit shall specific to the popu- to the training and of Rule .0501 of this S of orientation requin (4) Staff responsib	sure that special care unit staf following orientation and shing a special care unit, the document receipt of at least g specific to the population to special care unit to be ninistrator shall have in place a staff assigned to the unit that exts, sources, evaluations and ig training achievement. week of employment, each d to perform duties in the nall complete six hours of nature and needs of the ths of employment, staff sonal care and supervision I complete 20 hours of training ulation being served in addition competency requirements in Subchapter and the six hours red by this Rule.	<b>a</b>				
	12 hours of continu	ling education annually, of all be dementia specific.					
,	which six hours sha alth Service Regulation	all be dementia specific.	6899		DI4D11	DI4D11 If continuation	

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	COMP	SURVEY
		HAL071015	B. WING		F 09/2	२ 2 <b>4/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STF /, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
	reviews, the facility sampled staff (Staff in a Special Care U orientation training w The findings are: Review of the facilit 01/01/19 revealed ti "Alzheimer's/ Deme capacity of 60 resid Review of Staff A's -Staff A was hired o aide for 2nd shift on -There was no docu hours of (SCU) train employment. Interview with the Ad 2:15pm revealed: -Staff A worked on 2 residents with perso -She did not know S documentation for 6 within the first week -She was responsib the SCU received th their first week of en G.S. 131D-21 (2) De G.S. 131D-21 Deck Every resident shall 2. To receive care a	et as evidenced by: ons, interviews and record failed to assure that 1 of 3 fA) assigned to perform duties nit (SCU), received 6 hours of within the first week of hire. y's current license effective he facility was an entia" SCU licensed for a ents. personnel record revealed: n 07/19/19 as a personal care the SCU. Imentation Staff A received 6 hing within the first week of dministrator on 09/23/19 at 2nd shift in the SCU assisting onal care and meals. Staff A did not have b hours of orientation training of employment. le for ensuring staff working in he 6 hours of training during		Special Care Unit Orientation Training is monitored by the Director in coordination with Manager and supported by the Director of Business Manage The following procedures have established to assure continu- Employee files were audited compliance with, but not limit orientation to the population If specific hours required at diffintervals from hire to six mon Audit completed 10/24/2019. -New hire checklist implement to assure orientation and train requirements are met and ve Executive Director. Ongoing. Quality Assurance: -Executive Director will review prior to assignments to assure and training requirements are -Onsite assigned Registered N review and coordinate require components for new hires. On -The Divisional Teams monito during site visits to include reiv personnel files by the DDBM a with oversight from the DVPO -SVP will provide additional ov monitoring to assure continued during site visits. Ongoing.	Executive the Business he Divisional ement. ve been led compliance to verify ed to; being served, erent ths and annual hed on 9/25/19 ning rified by the new hires orientation met. Ongoing, Nurse will d clinical going. r compliance vew of and DDCS . Ongoing versight and d compliance	lly.

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Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL071015	B. WING		F 09/2	4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY.	STATE, ZIP CODE		
ASHE GA		300 WEST	ASHE STR NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( 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
D912	Continued From pa	ge 207	D912			
	-	d state laws and rules and				
	reviews, the facility received care and s appropriate and in o federal and state la related to medicatio medication aide tra The findings are: 1. Based observati reviews the facility for orders for 2 of 6 res resident who went 4 the sliding scale co antipsychotic (#17), NCAC 13F .1002(a Violation)]. 2. Based on intervie facility failed to ensi- medications had co the state approved was competency va medications resultin another resident's r Tag D935 G. S. 13	et as evidenced by: ions, interviews and record failed to ensure residents services which were adequate, compliance with relevant ws and rules and regulations on orders and adult care home ining and competency. ions, interviews, and records failed to clarify medication sidents sampled for a diabetic 43 days without clarification of verage for insulin (#5) and an . [Refer to Tag D344 10A ) Medication Orders (Type B ews and record review, the ure a staff who administered ompleted at least 5 hours of medication aide training and alidated prior to administering ng in Resident #4 receiving medication in error. [Refer to ID-4.5(B)(b) ACH Medication Competency (Type B		Comment: Ashe Gardens takes the responsi uphold and adhere to all Resident serious and is committed to contin facilitate adequate care and servid dignified and respectful manner. Employees have received continue education and training as each Ri references a rule area. Complian measures are monitored each dat observations and interactions with Residents. Refer to Tag D344, 10A NCAC 13F .1004(a) Medication Refer to D935 G.S. 131D-4.5(b)(b) ACH Medication Training and Competency.	t Rights nue to ces in a ious ght cross ce y during n the	
Division of H	ealth Service Regulation	· · · · · ·	6899	Di4D11 If	continuation 4	heet 208 of 223
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Division	of Health Service R	egulation		and the second	- FOINM	AFFROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COM	SURVEY PLETED
		HAL071015	B. WING			२ 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	-	
ASHE G	ARDENS		T ASHE STR , NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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	(X6) COMPLETE DATE
D914	Continued From pa	ige 208	D914			
D914	G.S. 131D-21(4) D	eclaration of Residents' Rights	D914			
	Every resident shal	laration of Residents' Rights I have the following rights: ntal and physical abuse, tation.				
	reviews, the facility received the care a maintain their physi neglect related to re administration, hea personal care and s The findings are: 1. Based on observ reviews, the facility to 6 of 12 sampled	ons, interviews and record failed to ensure residents nd services necessary to cal health and were free of esident rights, medication Ith care, implementation, and		Comment: Ashe Gardens takes the responsib uphold and adhere to all Resident I serious and is committed to protect Residents from mental, physical at neglect, and exploitation. Employees have received continuc education and training as each Rig references a rule area. Complianc measures are monitored each day observations and interactions with Residents.	Rights ting ouse, ous ht cross e during	
	and assessed need #2, #3, #7, #8,) hav on the floor, and su include fractures ar #2, #3, #7, and #8) access to wipes wh eye injury. [Refer to .0901(b) Personal ( Violation).]	s resulting in Residents (#1, ing multiple falls, being found staining multiple injuries to id facial and head injuries (#1, and a resident (#19) having en unsupervised causing an Tag D270 10A NCAC 13F Care and Supervision (Type A1		Refer to Tag 270 10A NCAC 13 F . 0901(b) Persona Care and Supervision	I	10/24/2019
	reviews, the facility referral and follow-u residents (#4, #5, # notify the primary ca sugars greater than ealth Service Regulation	vations, interviews and record failed to assure health care up for 4 of 12 sampled 14, #17) including failure to are provider (PCP) of blood 400 (#5), failure to send a				
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	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	· ·	HAL071015	B. WING		09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SHE G	ARDENS		ASHE STR , NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
D914	resident to the eme and sustained a fra refer a resident to p (#4), and failure to (#17) with a drainin lower extremity pitti and an open wound	ergency department who fell actured hip (#14), failure to ohysical/occupational therapy notify the PCP of a resident g, red, painful eye; bilateral ing edema; mycotic toenails; d to the outer right great toe. 10A NCAC 13F .0902(b)	D914	Refer to Tag D273 10A NCAC 13 F .0902(b) Heal		
	reviews, the facility and procedures we for medication adm medications were a of 5 residents (#5, s medication passes, medication passes, medications to trea and urinary retentio supplements (#5), o (#19); and for 6 of 7 reviews (#2, #4, #5 delays in starting an (#19), medications cholesterol, urinary reflux disorder, fluid of medications user blood sugar, depres and sliding scale in administration of m hypertension, heart gastroesophageal r withdrawal (#17). 13F .1004(a) Medic Violation)].	dry eyes and allergic rhinitis 7 residents sampled for record , #6, #17, #19) including ntibiotics (#6), an oral steroid for hypertension, high retention, gastroesophageal d retention (#5), missed doses d to treat hypertension, high ssion and psychotic disorders, sulin (#2), and failure to		Refer to Tag D358 10A NCAC 13 F .1004(a) Media Administration	cation	

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Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY PLETED
		HAL071015	B, WING			R 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G/	ARDENS		T ASHE STF , NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D914	Continued From pa	ge 210	D914			
	policies of the facilit maintained for supe medication orders, special care unit sta	y were implemented and ervision, health care, medication administration, affing, adult care home ining, and resident rights. G. S. 131D-25		Refer to Tag D980 G.S. 131D-25 Implementation		10/24/2019
	reviews, the facility provider orders wer sampled residents ( fingerstick blood su thrombo-embolic de weekly weights (#5) and wheelchair and	vations, interviews and record failed to assure primary care e implemented for 5 of 8 (#2, #5, #6, #10, #17) for gar checks (#5, #10), eterrent (TED) hose (#5), b, laboratory tests (#5, #6, #17) chair alarms (#2). [Refer to C 13F .0902(c)(3-4) Health ion)].		Refer to Tag D276 10A NCAC 13 F .0902 ( c )(3-4) He Care	ealth	11/8/2019
	interviews, the facili were free from veba member treating/sp disrespectful and th	vations, record review, and ty failed to ensure residents al abuse related to a staff eaking to Resident #13 in a reatening manner. [Refer to C 13F .0909 Resident Rights		Refer to Tag D338 10A NCAC 13 F .0909 Resident Rig	ghts	11/8/2019
D935	G.S.§ 131D-4.5B(b) Training and Compe	ACH Medication Aides; etency	D935			
	G.S. § 131D-4.5B (k Medication Aides; T Evaluation Requirer	raining and Competency				
	home is prohibited f any unsupervised m that individual has p	per 1, 2013, an adult care from allowing staff to perform nedication aide duties unless previously worked as a ing the previous 24 months in				
Division of He STATE FORM	alth Service Regulation		3899	DI4D11 If c	continuation	sheet 211 of 223

Division of Health Service Regulation					T ONMIN	
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE S COMPLE	
		HAL071015	B. WING		R 09/24	/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		ASHE STR NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D935	of the following: (1) A five-hour train Department that ind in all of the following a. The key principle administration. b. The federal Cent Prevention guidelin applicable, safe inje procedures for mor bleeding occurs or exists. (2) A clinical skills e NCAC 13F .0503 a (3) Within 60 days f individual must hav a. An additional 10- developed by the D training and instruc 1. The key principle administration. 2. The federal Cent Prevention guidelin applicable, safe inje procedures for mor bleeding occurs or exists. b. An examination of H accordance with su	e or successfully completed all ing program developed by the cludes training and instruction g: as of medication ers for Disease Control and es on infection control and, if action practices and itoring or testing in which the potential for bleeding evaluation consistent with 10A nd 10A NCAC 13G .0503. From the date of hire, the e completed the following: hour training program epartment that includes tion in all of the following: as of medication ers of Disease Control and es on infection control and, if action practices and informing or testing in which the potential for bleeding developed and administered ealth Service Regulation in bsection (c) of this section.	D935			
	This Rule is not me	et as evidenced by:				
Division of He STATE FOR	ealth Service Regulation		6899	DI4D11	f continuation she	eet 212 of 223

Division	of Health Service Re	egulation			1 01007	
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1. 7	LE CONSTRUCTION	(X3) DATE S COMPLI	
		HAL071015	B. WING		R 09/24	/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STF /, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D935	Continued From part TYPE B VIOLATION Based on interviews facility failed to ensu- medications had co- the state approved was competency var- medications resulting another resident's re- The findings are: Review of an Event revealed: - Resident #4 was " medications by a tra- -The resident had re- emergency departmo- orders. -The resident had be hours, was fine, and observation. Review of the formet trainee's personnel -The former trainee personal care aide of -There was documed passing the written exam on 07/18/17. -There was no docu- the state approved a medication aide trai Telephone interview	Ige 212 N s and record review, the ure a staff who administered impleted at least 5 hours of medication aide training and alidated prior to administering ng in Resident #4 receiving medication in error. Details report dated 07/05/19 accidentally" given wrong ainee. eturned to the facility from the nent on 07/05/19 with no new een observed for over two d nothing had occurred during er medication aide (MA) record revealed: was hired on 06/07/18 as a (PCA). entation of successfully medication administration imentation of medication tency validation. imentation of completion of 5, 10 and/or 15-hour ning course.	D935		rocesses d compliant impetency; dited to 10 edication exam, betes, ng. oleted valdiation e Care with ng on t utilized required viewed lidation petency, n nts.	ce
Division of Ha	a former Medication the MA trainee on 0	Aide (MA) who was training	i	Completed 9/24/19.	<sup>1</sup>	1/8/2019
STATE FORM		6	iaaa (ees	DI4D11 If a	ontinuation she	et 213 of 223

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL071015	B, WING		R 09/24/2019	
	PROVIDER OR SUPPLIER	<b>V</b>		STATE, ZIP CODE	. 0.072	
			T ASHE STR			
SHE GA	ARDENS		V, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D935	-Another (named) M place on the medica came to help out the personal call. -The former MA tra (the MA) had prepara administered the m when she was answ -The former MA tra she had administer not followed what is trainee) to do. -When she was trait another MA, she ar prepared ("popped" medications togethe administer the med her "right behind m -When it became to she trained them the preparing the medications and she trainee administering there with the them -After she prepared she let the former M medications and she MA trainee as the m by the trainee. Interview with the M on 09/19/19 at 4:07 -She was working of the MA. -She did not go in F former MA trainee to Telephone interview	ohone call. r trainee she would be back. MA from the 200 hall "took my ation cart for 100-hall" and e trainee while she took the inee took the medications she red for another resident and edications to Resident #4 wering the personal call. inee told "management" that ed the medications and had she (the MA) told to her (the ined on the medication cart by hd the MA training her ' the medications) the er and as a trainee, she would lications with the MA training e". me for her to train a new MA, he way she was trained by cations together and the ng the medications with her I medications for a resident, MA trainee administer the he was present with the former medications were administered MA identified by the former MA		-Medication Aide training co 10/22/19 and reviewed all as medication administration. provided by Registered Nurs Quality Asssurance: -Executive Director reviews documentation to assure re are met at the required inte scheduling employee to pe asigned duty. Ongoing. -The Divisional Director of I Management conducts ons to monitor compliance with aide training and orientation findings to the Executive Di DVPO. Ongoing. -SVP monitors compliance visits, weekly conference co monitoring of systems, tool with the onsite assigned Re Nurse in coordination with to Director. Ongoing.	spects of Training se. all new hire equirements rval prior to rform an Business ite reviews medication n and reports irector and during site alls and s and processe egistered	11/8/201

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVE COMPLETED	
	. <u></u>	HAL071015	B. WING		R 09/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
			ASHE STRI			
ASHE G	ARDENS		, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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)	DBE COM	(X5) MPLETE DATE
D935	Continued From pa	ge 214	D935			
	medications that ha another resident in remember the exact -The former (name the medication cart resident's medication medications out on -While the MA who answering the phor upon herself" and a prepared for the oth -During training, the touch the medication the medication cart was three times. -She did not know h trainee had trained the incident when R	esident #4 was administered ad been prepared and order for error but she could not at date of the incident. d) MA who was responsible for on that hall prepared a bons and left the prepared the medication cart. prepared the medications was he, a former MA trainee "took it idministered the medication her resident to Resident #4. e trainee was not supposed to on cart, keys, or anything on , and "they are shadowing". Iber of times a staff trained on for medication administration how many times the former MA on the medication cart prior to tesident #4 was administered medications in error.		·		
	2:50pm revealed: -She expected MAs 10 hour, and/or 15-1 and corporate online going out to shadow medication cart. -When one MA was should not be admin -After a MA trainee medication cart, the Support (LHPS) nur the MA trainee's me competency during pass prior to the MA administer medication	urrent ED on 09/20/19 at to complete their required 5, hour medication aide training e medication training before v another MA on the training another, the trainee histering medications. shadowed a MA on the Licensed Health Professional se was supposed to validate edication administration skills observation of a medication A trainee being able to ons independently. eing trained and "shadowing"				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	or obtalemon	IDENTITION TOTAL TOTAL TOTAL TOTAL	A. BUILDING:				
		HAL071015	B. WING			R 24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AD	ET ADDRESS, CITY, STATE, ZIP CODE				
SHE G/	ARDENS		FASHE STRE , NC 28425	ET			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D935	Continued From pa	age 215	D935				
	another MA, the MA trainee was only supposed to "watch" the MA administer medications.						
		Interview with the Clinical Manager (CM) on 09/23/19 at 9:17am revealed:					
	-Each facility identified their strongest medication						
	aide supervisor to train "newcomers".						
	-She did not have a role in training the MAs who were trainers for MA trainees.						
		d conducting the state					
	approved 5 hour ar	nd 10 hour or 15-hour					
	medication aide tra						
		MAs to follow the six rights of stration and not to administer					
	medications they d						
	-She instructed MA	s to ask the residents to state					
		administering medications.					
		eared more toward technique nistering medications.					
		As working in the facility had					
		mpetency clinical skills					
	re-validated.						
		th professional support (LHPS) ible for completing medication					
:		etency validation for MAs.					
	•	-					
		.HPS nurse on 09/23/19 at					
	11:12am revealed:	d completing clinical skills					
	competency validat						
	-She completed the	e medication clinical skills					
		tion after the MAs had					
	aide training course	e approved 15-hour medication					
		e. ted the medication aide clinical					
	skills validation che	ecklist for a MA, the document					
	would be in their pe	ersonnel record.					
	Second interview w	vith the former MA on 09/23/19					
	at 1:25pm revealed		1 I			1	

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
			A. BULDING.			R
		HAL071015	B, WING		1	24/2019
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
SHE G	ARDENS		TASHE STRE V, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D935	Continued From pa	age 216	D935			· · · · ·
	-The day Resident resident's medication the former MA train medication cart with -She had not been medication administ former ED or anyor to do when training Interview with the D Care/Licensed Prace 09/24/19 at 3:35pm -The MA was was or supposed to "provid to the MA trainee. -Instructions provid conducting the train shadowing, to go at see what the MA was look at the compute administration reco -He did not know of training provided to training to others. -The MA who was the was "not really a tra- -All training was con Attempted telephon 3:29pm, 09/19/19 at 7:23am with the form as having administer resident's medication The facility failed to administered medica 5 hours of the state training and was con	<ul> <li>#4 was administered another ons in error was the first day the had trained on the her.</li> <li>given any instructions of Resident other MAs.</li> <li>Director of Resident the traine was the for a visual demonstration."</li> <li>ed to the MA who was and to let the trainee other so they could see electronic rds (eMARs).</li> <li>f any written instructions or the MAs who provided</li> <li>Desing shadowed by the trainee the mainer but a demonstrator."</li> <li>mpleted by the LHPS nurse.</li> <li>t 5:08pm, and 09/23/19 at the trainee who was identified ered Resident #4 another ons was unsuccessful.</li> </ul>				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTITIOATION NOMBER.	A. BUILDING:	·		
		HAL071015	B. WING		F 09/2	र 24/2019
iame of i	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SHE G	ARDENS		r ASHE STR , NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) Complet Date
D935	Continued From pa	ge 217	D935			
		failure was detrimental to the fety, and welfare and 3 Violation.				
		a plan of protection in S. 131D-34 on 09/23/19 for				
		TE FOR THE TYPE B NOT EXCEED NOVEMBER				
D980	G.S. § 131D-25 lm	plementation	D980			
	G.S. 131D-25 Imple	ementation				
	this Article shall res facility. Each facility training to staff to in	plementing the provisions of t with the administrator of the y shall provide appropriate nplement the declaration of luded in G.S. 131D-21.				
	This Rule is not me TYPE A1 VIOLATIO	2		Ashe Gardens assigned a se Executive Director with 34 ye		
	reviews, the former (ED)/Administrator management, oper facility were implem supervision, health medication adminis			experience operating long ter communities as of 9/13/19 wh all daily and clinical operation management, adherence to p procedures, monitoring of sys but not limited to; health care orders, medication administra care unit staffing, medication	no assumed is on 9/16/19, olicies and tems to include , medication tion, special aide training	
	and resident rights.			and Resident Rights. Ongoin	ıg	10/24/20
	The findings are:					
	Confidential staff in	terview revealed:				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	(X2) MULTIPLE CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	):	COMF	LETED
		HAL071015	B. WING			र 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
ASHE G/			T ASHE STR			
			/, NC 28425			·
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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) Completi Date
D980	Continued From pa	age 218	D980	-Ashe Gardens restructured		
	-The former ED sta come out or commi- not a communicato Confidential intervia revealed if the staff usually had to find to Confidential intervia -The former ED sta closed. -When a telephone ED, whether hospit	'good" facility at one time. ayed in her office and did not unicate with staff. She was r. ew with a second staff had to call out of work, they their own coverage. ew with a third staff revealed: ayed in the office with the door call came in for the former al or family member, she essage or instruct staff to talk		services to include a dedica Registered Nurse to provide clinical guidance, education and observation in coordina Executive Director. Ongoing -Additional support provided Team to include a Registere Business Manager (ED), Sa DVPO. Ongoing -SVP/Senior Level Manager guidance, support to include monitoring, review of syster and processes and follow u Director and onsite assigne Nurse in coodination with th Ongoing.	e support, , monitoring ition with the d by the Division ed Nurse, ales and ment providing e onsite ns, tools p with Executive d Registered	
	-There was a time was a sked for assistance	ew with a fourth staff revealed: when the former ED was e with a task (task identified) the assistance requested from				
	-The former ED wor issues. -The staff had react about 3 months ago was "not going in a -About 3 months ag admitting residents	o it was felt the facility was who were not appropriate; ementia, but those residents				
	revealed: -Everything that was staff (named), the for she took over respo	w with a concerned citizen s put in place by two corporate ormer ED changed it when onsibility at the facility. zen did not think the former				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY
			A. BUILDING	, 		
	HAL071015		B. WING		R 09/24/2019	
AME OF I	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE		
SHE GA	ARDENS		T ASHE STR /, NC 28425			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLET DATE
D980	Continued From pa	nge 219	D980			
	ED paid attention to	o what was told to her about				
	what was going on					•
	-The former ED wo	uld not answer telephone				
		om family members.				
	Interview with the D	Divisional Vice President of				
		7/19 at 8:50am revealed:				
		ast day working at the facility				
	was on 09/13/19.					
	-The new ED starte	ed on 09/16/19.				
	Non-compliance wa	as identified at violation level in				
	the following rule a					
		vations, interviews, and record failed to provide supervision				
1		residents (#1, #2, #3, #7, #8,				
		with their current symptoms				
		ls resulting in Residents (#1,				
		ving multiple falls, being found				
		istaining multiple injuries to				
		nd facial and head injuries (#1,				
		and a resident (#19) having hen unsupervised causing an				
		Tag D270 10A NCAC 13F				
		Care and Supervision (Type A1		Refer to Tag 270		
	Violation).]			10A NCAC 13 F.0901(b) Persona	al Care	
	2 Based on observ	vations, interviews and record		and Supervision		1
		failed to assure health care				
		up for 4 of 12 sampled				
	residents (#4, #5, #	14, #17) including failure to				
		are provider (PCP) of blood				
		1 400 (#5), failure to send a				
		ergency department who fell				
		ctured hip (#14), failure to bhysical/occupational therapy				
		notify the PCP of a resident				
		g, red, painful eye; bilateral				
	lower extremity pitti		1			1

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY PLETED
		HAL071015	B. WING		R	
	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·			09/	24/2019
			T ASHE ST	STATE, ZIP CODE		
SHE G	ARDENS		V, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLE DATE
D980	Continued From pa	ge 220	D980			
	and an open wound [Refer to Tag D273 Health Care (Type /	l to the outer right great toe. 10A NCAC 13F .0902(b) A1 Violation)].		Refer to Tag D273 10A NCAC 13 F. 0902(b) Heal	th Care	
	reviews, the facility and procedures we for medication adm medications were a of 5 residents (#5, # medication passes, medication passes, medication to treat and urinary retentio supplements (#5), c (#19); and for 6 of 7 reviews (#2, #4, #5, delays in starting ar (#19), medications is cholesterol, urinary reflux disorder, fluid of medications used blood sugar, depres and sliding scale ins administer an antibi administration of me hypertension, heart gastroesophageal re- withdrawal (#17). [F	Try eyes and allergic rhinitis residents sampled for record #6, #17, #19) including ntibiotics (#6), an oral steroid for hypertension, high retention, gastroesophageal retention (#5), missed doses to treat hypertension, high ssion and psychotic disorders, sulin (#2), and failure to otic and delay in edications used to treat		Refer to Tag D358 10A NCAC 13 F.1004(a) Medic Administration	ation	
	reviews, the former to assure the manageolicies of the facility maintained for super medication orders, r	nedication administration,				
		ffing, adult care home ning, and resident rights. G. S. 131D-25		Refer to Tag D 980 G. S. 131D-25 Implementation		

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If continuation sheet 221 of 223

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL	
			A. BUILDING	<u></u>	R	
		HAL071015	B. WING	a a start and a		/2019
IAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SHE G	ARDENS		ASHE STF NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLE DATE
D980	Continued From pa	ge 221	D980			
	Implementation (Ty	pe A1 Violation)].				
	reviews, the facility provider orders wer sampled residents fingerstick blood su thrombo-embolic do weekly weights (#5 and wheelchair and	rations, interviews and record failed to assure primary care re implemented for 5 of 8 (#2, #5, #6, #10, #17) for Igar checks (#5, #10), aterrent (TED) hose (#5), ), laboratory tests (#5, #6, #17) I chair alarms (#2). [Refer to AC 13F .0902(c)(3-4) Health tion)].		Refer to Tag D276 10A NCAC 13 F .0902( c ) (3-4) Health Care		
	interviews, the facil were free from mer to a staff member t #13 in a disrespect	vations, record review, and ity failed to ensure residents ntal and physical abuse related reating/speaking to Resident ful and threatening manner. 10A NCAC 13F .0909 /pe B Violation)].		Refer to Tag D338 10A NCAC 13 F .0909 Resident F	Rights	
	reviews the facility orders for 2 of 6 res resident who went the sliding scale co antipsychotic (#17)	ions, interviews, and records failed to clarify medication sidents sampled for a diabetic 43 days without clarification of verage for insulin (#5) and an . [Refer to Tag D344 10A .) Medication Orders (Type B		Refer to Tag D344 10A NCAC 13 F .1002(a) Medica Orders	tion	
	facility failed to ens medications had co the state approved was competency va medications resulti another resident's r Tag D935 G. S. 13	ews and record review, the ure a staff who administered ompleted at least 5 hours of medication aide training and alidated prior to administering ng in Resident #4 receiving medication in error. [Refer to 1D-4.5(B)(b) Adult Care Home aining and Competency (Type		Refer to Tag D935 G.S. 131D-4.5 (B) (b) ACH Medic Training and Competency	ation Aide	

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			СОМ	E SURVEY PLETED
	HAL071015		B. WING			R 24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
ASHE G	ARDENS		T ASHE STRE /, NC 28425	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D980	Continued From pa	ge 222	D980			
	5:25pm revealed: -The former ED sho her supervisor (the any staff shortages -The ED was instru concerns or probler on the managemen Monday). -The former ED rep problems related to fired, but not overal The former ED/Adm responsible for the facility, failed to ass implementation of r to, personal care ar medication adminis special care unit sta resulted in residents physical injuries, to and head injuries, to and head injuries, so not being administe receiving health car maintain their physic constitutes a Type A physical harm and r The facility provided accordance with G.:	urrent ED on 09/24/19 at build have communicated to vice president of operations) or any staffing issues. cted to communicate any ms to their supervisors weekly t conference calls (held every orted a couple of staff staff members who were I staffing shortages. ninistrator, who was overall operations of the ure responsibility for the ules and regulations related ad supervision, health care, tration, residents' rights and affing. The ED's failure include fractures and facial taff shortages, and residents red medications and/or not e services necessary to cal and mental health which A Violation for serious neglect. T a Plan of Protection in S. 131D-34 on 09/24/19. TE FOR THE TYPE A1 NOT EXCEED OCTOBER				

DI4D11

If continuation sheet 223 of 223



Burgaw Health Holdings, Licensee Ashe Gardens PO Box 2568 Hickory, NC 28603

November 12, 2019

Linda Kirby, RN, Licensure Consultant Adult Care Licensure Section 2708 Mail Service Center Raleigh, NC 27699

Email: linda.kirby@dhhs.nc.gov

Facility: Ashe Gardens County: Pender Licensure Number: HAL-071-015

Re: Plan of Correction

Dear Ms. Kirby:

Ashe Gardens has assigned a seasoned Executive Director on September 13, 2019 who assumed daily and clinical operations as of September 16, 2019. We have implemented intense oversight and monitoring to assure quality care and services to the Residents. We have systems, tools and processing that will be utilized at Ashe Gardens to achieve and maintain compliance.

We have enhanced our strategic processes and partnerships by persistent collaboration within our organization. Our Senior Leadership Professionals have met with the Divisional Team and committed resources to support and provide oversight in specific areas of expertise to include a Registered Nurse with 36 years of experience who's providing onsite support, guidance, education during daily observations.

Our internal Senior Leadership Team will work in unison with the Divisional and onsite teams to address, direct and support continuity of care and compliance. We have taken measures to improve all systematic procedures and deliberately restructured executive level onsite monitoring of all operational and clinical processes.

We have completed the plan of correction for the survey ending September 24, 2019. Please let us know if you have any questions.

Sincerely,

Sandra Korzeniewski Sandra Korzeniewski, Senior Vice President

Enclosure: Plan of Correction cc: File