Division of Health Service Regulation

HAD F DAY (FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	and share a frame of the set of		E SURVEY PLETED
		FCL060019	B. WING		R 10/10/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	DORESS, CITY, STATE	, ZIP CODE	,	11116113
SHADY HA	ARBOUR ADULT LIVIN	0	HUNTER ROAD			
(X4) (D	Diluterov		OTTE, NC 28213			
PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PRIEFIX TAG	PROVIDER'S PLAN O IEACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5 COMP) DATI
C 000	Initial Comments		C 000			
	Mecklenburg County	nsure Section and the y Department of Social an annual and follow-up 10/10/19.				
C 176	10A NCAC 13G 050 Cardio-Pulmonary R	07 Training on esuscitation	C 176			
	C 176 10A NCAC 13G 0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G 0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training					
	This Rule Is not met TYPE B VIOLATION					
f v c (t	acility failed to assur- vas on the premises completed a cardio-p CPR) and choking m	and record reviews, the e at least one staff person at all times who had ulmonary resuscitation ranagement course within r 3 of 3 sampled staff (Staff				
Т	The findings are:		provide the factor			

Reviewed and accepted with revisions by CD on 12/06/19

	T OF DEFICIENCIES OF CORRECTION	COD PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER FCL060019	(X2) MULTIPLE C		COM	E SURVEY PLETED R
		10200015		1 10	0/10/2019	
LAME OF 1	ROVIDER OR SUPPLIER		DDRESS, CITY STATE	E, ZIP CODE		
нару н	ARBOUR ADULT LIVING		HUNTER ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION : TAG GROSS-REFERENCED TO THE A DEPICIENCY)		ON SHOULD BE	(X5) COMPLETI DATE
C 176	Continued From page	e 1	C 176			
	 Staff A was hired at i date was not provide Staff A was hired as There was document completion of a CPR expiration date of 09/ There was no document completed an addition Interview with Staff A 10/09/19 at 9:00am in the facility every high Refer to interview with 10/10/19 at 10:30am Refer to interview with 10/10/19 at 10:30am Refer to interview with 10/10/19 at 10:30am Refer to interview with 30 at 9:00am in the facility every high Refer to interview with 10/10/19 at 10:30am Review of Staff B' Staff B was hired at -Staff B was hired at -Staff B was hired as There was document completion of a CPR expiration date of 09/ There was no document completed an addition Interview with Staff B revealed: She had not taken a -She thought the Adm schedule a CPR class was not sure of the dischedule a CPR class was not sure of the dischedule a She usually worked at Monday-Saturday fro 9:00pm. 	the Administrator itation of successful course on 09/01/16 with an 01/18. nentation Staff A had nal CPR course. (the Administrator) on evealed she worked alone at t and all day on Sundays h the Administrator on s personnel record revealed the facility on 04/30/2011. the Supervisor in Charge tation of successful course on 09/01/16 with an 01/18. nentation Staff B had nal CPR course. on 10/09/19 at 3:30pm CPR course since 09/01/16. hinistrator had attempted to s for October 2019, but she ate.				

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If continuation sheet 2 of 18

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER FCL060019	(X2) MULTIPLE CONSTRUCTION A BUILDING.		(X3) DATE SURVEY COMPLETED R 10/10/2019	
	ROVIDER OR SUPPLIER	908 TOM	DDRESS, CITY, STATE	, ZIP CODE		
SHAUT HA	TREOOR ADDLT LIVIN	*L3	OTTE, NC 28213			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LBC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	UX5) COMPLET DATE
	-Staff C was hired a (specific date was r -Staff C was hired a -There was docume completion of a CPI expiration date of 00 -There was no doc. completed an additi Interview with Staff revealed. -She worked as a cl assistant (PCA) -She had not taken -All facility staff took time and renewed it -She worked Monda and would be alone leave to transport re run errands which si Refer to interview with the Ad 10:30am revealed. There were three st worked at the facility -All three staff receiv recertification on the -The facility had bee months. The staff's CPR cer he facility was close until she reopened ir She was responsibl and certifications we	C's personnel record revealed: at the facility in August 2009 not provided) as a cook. antation of successful R course on 09/01/16 with an 9/01/18. amentation Staff C had onal CPR course C on 10/10/19 at 8.30am cok and personal care a CPR course since 09/01/16. The CPR course at the same at the same time. ay-Saturday 6:00am-3:00pm if the Administrator had to isidents to appointments or to he did often. at the Administrator on h. at the CPR course since 09/01/16. The CPR course at the same at the same time. at the sam	C 176			

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STATEMEN	T OF DEFICIONCIES	(X1) PROVIDER/SUPPLIER/CLIA				
ND PLAN	OF CORRELITION	IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
International Academic of		FCL060019	B. WING			₹ 10/2019
IAME OF P	ROVIDER OF SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE		
SHADY H	ARBOUR ADULT LIVIN		HUNTER ROAD			
	ANGOON NOOCT LIVIN		OTTE, NC 28213			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES RCY MUST BE PRECEDED BY FULL R LSC 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
C 176	Continued From page	ge 3	C 176			
	for all staff to be rec		L'AU	1.		
	ior ar stan to be rec	enned				
The facility failed to ensure at least one staff in the facility at all times had successfully compli- Cardio-Pulmonary Resuscitation within the last months which placed the residents at risk for possible delay of life-saving measures if need This failure was detrimental to the health and safety of the residents and constitutes a Type Violation.	es had successfully completed Resuscitation within the last 24 d the residents at risk for the P-Saving measures if needed imental to the health and		Administration Assure What K Staff have Cu	111 mut	10/12/2	
	accordance with G.S this violation.	a plan of protection in 5 131D-34 on 10/10/19 for E FOR THE TYPE B		CPR fraining a 911 times	ı <i>4</i>	
		NOT EXCEED NOVEMBER		All staff com	sleted	
C 205	10A NCAC 13G .070 and Medical Examin	2(c)(2) Tuberculosis Test ation	C 205	CPR training or	0 12/0	9. 1.0
	Medical Examination (c) The results of the to be entered on the Medicaid Program Lo MR-2, North Carolina Retardation Services following: (2) The FL-2 or MR-2 before admission or a upon admission and administrator or supe	e complete examination are FL-2, North Carolina ong Term Care Services, or a Medicaid Program Mental which shall comply with the shall be in the facility accompany the resident be reviewed by the rivisor-in-charge before emergency admissions.				

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If continuation sheet 4 of 18

	T OF DEFICIENCIES OF CORRECTION	(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER FCL060019	(X2) MULTIPLE C A BURLDING: B, WING	ONSTRUCTION	CON	E SURVEY IPLETED R 0/10/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS_CITY_STATE	ZPCODE		
			HUNTER ROAD	, a wore		
SHAUY H	ARBOUR ADULT LIVIN	6	OTTE, NC. 28213			
(X4) ID	SUMMARY :	STATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF COR		
PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL RESCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLET DATE
C 205	Continued From page	ge 4	C 205			
	facility failed to assu (Resident #3) had a	views and interviews, the ire 1 of 3 sampled residents n FL-2 completed which dical examination prior to				
	The findings are:					
	08/12/19 revealed: -Diagnoses included obstructive pulmona dementia, gastroesc hypertension, and so -There was handwrit attached" under the -Attached to the FL-; printout with a medic Review of Resident # revealed an admission Interview with a medic (MA)/Administrator of revealed: -Resident #3 was real another facility on 08 -She requested the to FL-2 with the resident -She took Resident # Care Provider (PCP) appointment, sometir readmission to the far remember the exact of -Resident #3's PCP of 08/12/19) and provide medications. She thought Resider	2 was a physician's office ation list dated 09/17/19 73's Resident Register on date of 08/08/19. Indiate of 08/08/19. Indiate of 08/08/19. Indiate to this facility from 708/19 without an FL-2. Fansferring facility send an t, but they did not do so. 3 to see her former Primary during his first available ne in August 2019 after her cility (she could not				

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If continuation sheet 5 of 18

	TOF HELICIC PULS DP CORRECTION	(X1) PROVIDER/SUPPLIER/SUM IDENT/FICATION NUMBER	(X2) MULTIPI A BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
a an an an an and a		FCL060019	B. WNG		R 10/10/2019	
VAME OF P	ROWDER OR SUPPLIER	STREET	ADORESS, CITY, ST	ATE, ZIP CODE	1 10/10/2013	
SHADY H	ARBOUR ADULT LIVI		M HUNTER ROAL			
		10	OTTE, NC 28213			
(X4) ID PREFIX TAG	EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	CALD BE CTANT	
C 205	#3's PCP on 10/10/	in the facility. The interviews with Resident (19 at 8 54am and 10/11/19 at	C 205	Adm will Assure Nesidents have a l FL2 upon Admiss Fracility will not	adr. + 11/12/1	
	 Advantation telephone interviews with Resident #3's PCP on 10/10/19 at 8 54am and 10/11/19 at 11.30am was unsuccessful. 292 10A NCAC 13G 0905 (d) Activities Program 10A NCAC 13G 0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. 		C 292	A NEW RIS. dert 4 FL 2 is in place BUAILABLE	w loss	
Bas revi acti The Obs then	reviews, the facility f activities per week to The findings are: Observation on 10/0	ons, interviews and record failed to provide 14 hours of o residents, 19/19 at 11:00am revealed l activities calendar for the				

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If continuation sheet 6 of 18

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE C A. BUILDING: B: WING	ONSTRUCTION	COM	E SURVEY PLETED R 0/10/2019
NAME OF F	ROVIDER OR SUPPLIER	STREET	DRESS, CITY, STATE	-		01012013
				, ZIP CODE		
SHADY H	ARBOUR ADULT LIVIN	0	HUNTER ROAD			
(84) 10	SUMMARY S	TATEMENT OF DEFICIENCIES	and a spectrum as the second		and a second	
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FUEL CSCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO IEACH CORRECTIVE ACTION DROSS-REFERENCED TO THE DERIGIENCY)	SHOULD BE	IX6) CCMAPLET DATE
C 292	Continued From pag	e 6	C 292			
	Observation on 10/0 organized group acti 4:00pm.	9/19 revealed there were no vities between 9 00am and				
	Observation of a resi revealed he was sitti coloring a picture.	ident on 10/09/19 at 2:20pm ng at the dining room table				
	revealed: -The facility did not o they had supplies for as coloring and word	lent on 10/09/19 at 2:20pm ffer scheduled activities, but independent activities such searches. Jud take residents on a trip to				
	2:30pm revealed she reading her bible and					
	2:30pm revealed: -Sometimes facility st as bingo or spades w play. -There was no set act	nd resident on 10/09/19 at aff would play games such ith residents who wanted to ivities schedule. layed "when everyone felt				
	8:40am revealed. -He went to "school" a -On the third Saturday would take him to an " and he would eat then the way back to the fa	resident on 10/10/19 at I few days each week. I of each month the facility art class" for a few hours e, and then go shopping on cility. I we a lot of group activities				
1	nterview with a fourth	resident on 10/10/19 at				

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If continuation sheet 7 of 18

	LOF DENCIENCIES OF CORRECTION	(X1) PROVIDERSUPPLERCUA IDENTIFICATION NUMBER: FCL060019	A BUILDING	UNSTRUCTION	сом	E SURVEY PLETED R 1/10/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET &	ODRESS, CITY, STATE		1 1	1012019
		DED TRA		L, ZIP CODE		
SHADY H	ARBOUR ADULT LIVING	2	HUNTER ROAD			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF	Conductions	
TAG		2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFIX TAG	IEACH CORRECTIVE ACT CROSS-REFERENCED FOIT DEFICIENCE	ION SHOULD BE HE APPROPRIATE	COMPLET COMPLET GATE
C 292	Continued From pag	e 7	C 292			-
	8:45am revealed. -Sometimes the facil cards with residents -There were no sche Observation on 10/10 -Activity supplies obs included three decks -The facility also had available for resident Interview with facility revealed: -The facility did not o but did have supplies -The facility staff would often, but it was never "when everyone felt I -She was planning to wanted to play bingo Observation on 10/10 played bingo with ress Interview with the Addi 10:05am revealed: -She had an active Ad- -She had an active Ad- -She had not had a cl activity calendar for C -The facility staff would of residents "when resid -Other activities staff included watching mo	ity staff would play bingo or during the week. duled activities at the facility. D/19 at 9:00am revealed served in a dining room hutch of cards and bingo supplies, markers and coloring books is to use. staff on 10/10/19 at 9:00am ffer any scheduled activities for bingo and cards. Id play bingo with residents is scheduled. They played ike playing." ask the residents if they today. D/19 at 9:15am revealed staff idents who wanted to play. ministrator on 10/10/19 at ctivities Director certification hance to complete an D/ctober 2019 offered any scheduled sidents returned to the a. ften play bingo or cards with ents wanted to play." frequently did with residents wies, reading the paper, and	C 262			
	discussing current ev The facility also had	ents. materials available for ich as word searches and				

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If continuation sheet B of 18

Division of Health Service Regulation	
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TATEMENT OF DEFICI NO PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
	and the second second	FCL060019	B WING			R 10/10/2019	
AME OF PROVIDER OF	R SUPPLIER	STREET	DORESS CITY STAT	E, ZIP CODE			
HADY HARBOUR	ADULT LIVING		HUNTER ROAD				
(X4) ID PREFIX (E TAG RE	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD HE	(X5) COMPLETE DATE	
-A few re exercises studies v -One res so staff o -She was 14 hours activity o -She had calendar minimum returned C 330 10A NCA Administr 10A NCA (a) A fam preparatic prescripti- by staff ai (1) orders which are (2) rules i and proce This Rule Based on reviews, ti were adm prescripti- to a medicat mineral su	s, and a few when facility s adent enjoyer often engage s aware the f of activities alendar post i not had a cf to assure the requirement to the facility of 13G 1004 ration C	d participate in chair residents enjoyed bible staff offered these activities d one-on-one conversations, d him in conversations actility was required to offer per week and to have an ed in the home. hance to make a new a facility was meeting the since the residents in August 2019 (a) Medication Medication Administration e shall assure that the histration of medications, prescription and treatments	C 292		are don is posted insteady the be	10/12/1	

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Division of Health Service Regulation

	Y OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER FCL060019	(X2) MULTIPLE C A BUILDING; B. WING		сом	E SURVEY PLETED R D/10/2019
AME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATI	C 215 AODE	1 1	10/2013
		600 TO:	HUNTER ROAD	5, 207 WODE		
SHAUY H	ARBOUR ADULT LIVING	3	OTTE, NC 28213			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE OBFICIENCY)	N SHOULD RE E APPROPRIATE	(XS) COMPLETE DATE
C 330	Continued From pag	ie 9	C 330			
C 330 Continued From page 9 urine less acidic, a medication used to treat constipation, and a medication used to treat arthritis. Review of Resident #3's current FL-2 dated 08/12/19 revealed: -Diagnoses included bipolar disorder, chronic obstructive pulmonary disease, constipation, dementia, gastroesophageal reflux disease, hypertension, and schizoaffective disorder - There was handwritten documentation "see attached" under the medications section. -Attached to the FL-2 was a physician's office printout with a medication list dated 09/17/19. Review of Resident #3's Resident Register revealed an admission date of 08/08/19. a. Interview with a medication aide (MA)/Administrator on 10/10/19 at 10:15am						
	another facility on 08 -She requested the to FL-2 with the resident -She took Resident # Care Provider (PCP) after readmission to to remember the exact -Resident #3's PCP of 08/12/19) and provide medications. -She could not remem- was attached to Resident had detached the list Resident #3's record -She did not think the Resident #3's FL-2 (or original list attached to	completed a new FL-2 (dated ed a current list of her nber which medication list dent #3's FL-2 because she and filed it separately in medication list attached to lated 09/17/19) was the				

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	(X2) MULTIPLE C A BUILDING: B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED R 10/10/2019	
NAME OF P	ROVIDER OR SUPPLIER	Milet a			<u>I N</u>	10/2019
Contract of the	THE REAL OF COMPLEX		DDRESS, CITY, STATE	ZIP CODE		
SHADY H	ARBOUR ADULT LIVIN	0	HUNTER ROAD			
(X4) ID	Summary o	TATEMENT OF DEFICIENCIES	DTTE, NC 28213			
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OK LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
C 330	Continued From pag	je 10	C 330			
	same date as the Ft -She located a medi PCP dated 08/30/19 -Resident #3 was re- medications, empty i electronic medication (eMARs) from the tra- -She used the medic by the transferring fa- medications until she to an appointment w- current list of medica- -She and the other M- medications to Resid- orders from 08/08/19 Review of Resident # from 08/08/19-08/30/ documentation Resid following medications anipiprazole 15mg on antipsychotic medica- tablet daily (a medicat- supplement), pravast medication used to the D2 50000 units one of telmisartan-Hctz 40-1 medication used to the bupropion 150mg one antidepressant), and the twice daily (a medicat- obstructive pulmonary on Review of Resident	-2 (08/12/19) cation list from Resident #3's admitted to the facility with medication containers, and n administration records ansferring facility. ations and eMARs provided icility to administer a was able to get Resident #3 ith her PCP and obtain a tions (08/30/19) tA had administered lent #3 without medication +08/30/19 K3's August 2019 eMARs 19 revealed there was lent #3 was administered the s without physician's orders e tablet daily (an tion), cetinzine 10mg one tion used to treat alliergies), ablet daily (a mineral atin 40mg one tablet daily (a eat high cholesterol), vitamin apsule weekly, 2 5mg one tablet daily (a eat high cholesterol), vitamin apsule weekly, 2 5mg one tablet daily (a eat high blood pressure), e tablet twice daily (an Advair diskus inhale 1 puff ion used to treat chronic y disease).	C 330			
	There was document	ation Resident #3 was Dunits/gm one application to				

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Division of Health Service Regulation

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTINE (A. BUILDING:	CONSTRUCTION		e survey Pleteo	
		FCL060019	B WING		10	R /10/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STATE	E ZIP CODE			
SHADY H	ARBOUR ADULT LIVIN	0	HUNTER ROAD				
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE	
C 330	affected area twice treat fungal infectio - There was docume taking trazodone 10 (an antidepressant) - There was docume taking potassium ci daily (a medication acidic). - There was docume taking Linzess 145r treat constipation). - There was docume taking meloxicam 1 to treat arthritis) Review of Resident from her PCP's offic - There was docume taking nystatin 1000 affected area twice - There was docume taking trazodone 10 - There was docume taking potassium cit daily. - There was docume taking trazodone 10 - There was docume taking trazodone 10 - There was docume taking trazodone 10 - There was docume taking bit trazes 145m - There was docume taking meloxicam 19 Telephone interview representative from 10/10/19 at 8:54am - Resident #3 had cu nystatin 100000units affected area twice o - Resident #3 had cu	daily (a medication used to ns). entation Resident #3 was 20mg two tablets at bedtime entation Resident #3 was trate 10mEq two tablets once used to make the urine less entation Resident #3 was nog one capsule daily (used to entation Resident #3 was 5mg daily (a medication list be dated 09/17/19 revealed entation Resident #3 was 200units/gm one application to daily. entation Resident #3 was 300 recepsule daily. entation Resident #3 recepsule daily. entation Resident	C 330				

Division of Health Service Regulation STATE FORM

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Division of Heal	th Service	Regulation	
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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER FCL060019	(X2) MULTIPLE C A. BUILDING		CON	E SURVEY IPLETED R 0/10/2019
	ROVIDER OR SUPPLIER ARBOUR ADULT LIVIN	IG 908 TON	DDRESS. CITY, STATE HUNTER ROAD DTTE, NC 28213	. ZIP CODE		0/10/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
	-Resident #3 had or potassium citrate 10 since 08/30/19. -Resident #3 had or Linzess 145mcg one 08/30/19. -Resident #3 had or meloxicam 15mg da Review of Resident electronic medicatio (eMAR) and Octobe (10/01/19-10/09/19) -There was no docu trazodone, potassiur meloxicam had beer Observation of Resid available for adminis 1:30pm revealed the trazodone, potassiur meloxicam had beer Observation of Resid available for adminis 1:30pm revealed the trazodone, potassiur meloxicam available Telephone interview facility's contracted p 9:12am revealed: -The pharmacy did n nystatin, trazodone, j meloxicam for Resid -The pharmacy had i Resident #3's Linzes same day (10/08/19) Interview with the me (MA)/Administrator o revealed: -Resident #3 was res	urrent medication orders for DMEq two tablets once daily urrent medication orders for a capsule daily since urrent medication orders for illy since 08/30/19. #3's September 2019 n administration record r 2019 eMAR revealed: for nystatin, trazodone, nzess, or meloxicam. mentation nystatin, n citrate, Linzess or h administered. dent #3's medications stration on 10/09/19 at the was no nystatin, n citrate, Linzess or for administration. with a representative at the sharmacy on 10/10/19 at ot have current orders for potassium citrate, or ent #3 received an order for s on 10/08/19 and filled it the	C 330			

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STATEMEN AND PLAN	D PLAN OF CORRECTION IDENTIFICATION NUMBER		A BUILDING:			SURVEY LETED R 10/2019
AME OF P	ROVIDER OR SUPPLIER	STEELTA	DDRESS, CITY, ST		1 10	1012013
SHADY H	ARBOUR ADULT LIVIN	G	HUNTER ROAD			
(2:4) (D	SUMMARY S	STATEMENT OF DEFICIENCIES		1		
PREFIX	EACH DEPICIEN	ICY MUST BE PRECEDED BY FULL RESCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
C 330	-She requested the FL-2 with the reside -She took Resident Care Provider (PCP after readmission to remember the exact -Resident #3's PCP 08/12/19) and provid inadications -Even though she w unsigned medication for administering me and October 2019, s inadications on the I -There were medica medication list from not tunk were active -She thought nystal diffate. Linzess, and discontinued by the facility because the i medications on their those medications w was readmitted to the -She had not attemp from Resident #3's PCP Attempted telephone #3's PCP on 10/10/1 11:30am was unsuce 10A NCAC 13G .100 (b) All prescription a medications stored b requiring refrigeratio	transferring facility send an nt. but they did not do so #3 to see her former Primary) sometime in August 2019 the facility (she could not (date). completed a new FL-2 (dated dod a current list of hor as using Resident #3's in lists from her PCP's office edications in September 2019 she did not administer all list. tions on Resident #3's her PCP's office that she did a orders. In trazodone, potassium meloxicam had been PCP at Resident #3's former facility did not have the eMAR and did not send with Resident #3 when she is facility ted to obtain clarification PCP for these medications. a interviews with Resident 9 at 8:54am and 10/11/19 at cessful. 06(b) Medication Storage and non-prescription by the facility, including those in, shall be maintained in a pocked security except when	C 353	DEFICIENCY, Adm. W. II Ass BAE CLAR, Fiel Howfon upon & Communication Actaysed between Doctor, Adm, And Pharmoc.	w. the the admissions w. 11 be en doctor	n 12 /1

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STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060019	A BUILDING:		(X3) DATE SURVEY COMPLETED R 10/10/2019		
NAME OF P	ROWDER OR SUPPLIER	STREET	ET ADDRESS, CITY, STATE, ZIP CODE				
U VALAUS		550 FOL	HUNTER ROAD	.01 0002			
STADT TH	ARBOUR ADULT LIVIN		OTTE, NC 28213				
(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 CD (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLET DATE	
C 353	Continued From pag	ie 14	C 353				
	supervision of staff in administration.	n charge of medication					
	This Rule is not met TYPE B VIOLATION						
	failed to assure press by the facility were m under locked security immediate or direct p	ns and interviews, the facility cription medications stored paintained in a safe manner of except when under the physical supervision of staff in administration for 5 of 5 the facility.					
	The findings are:						
	-The personal care a unlocked, lower level revealed five unlocke prescription medication	d plastic containers of ons					
	pain), chlorthalidone i causes the body to lo	amadol (a controlled at moderate to severe a diuretic medication that se excess fluid and salt).					
	(medications used to olanzapine, paliperido aripiprazole (all anti-p	sychotic medications), used to treat diabetes),					
1	Interview with the PC/ revealed the residents kept in the unlocked k	A on 10/09/19 at 1:30pm s' medications were always itchen cabinet					
1	Observations on 10/0	9/19 and 10/10/19 at					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIERCUA IDENTIFICATION NUMBER	(X2) MULTIPLE (A. BUILDING	10851701/-910N		E JUNEYEY PLETED
		FCL060019	e wing		R 10/10/2019	
VALAE OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATI	E, ZIP CODE		
SHADY H	ARBOUR ADULT LIVIN	0	HUNTER ROAD DTTE, NC 28213			
(X4) ID PREI IX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (FACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
C 353	staff in charge of me -The kitchen was loo dining room and a c -Residents passed to the common living a rooms. -Residents used the exit the facility. -Residents sat at the kitchen if they were Review of five reside -Four of the five reside -Four of the five reside -Four of the five residents and or diagnoses. -One of the five residents being intermittently of -Three of the five residents being ambulatory and was decumented as Interview with the me (MA)/Administrator of revealed: -The facility had bee months and had reo -Medications had be kitchen cabinets since two months ago. -During the facility's installed, and she did the new cabinets. -She knew medication locked security, and decide whether she of 	led: of continuously monitored by edication administration cated between the common common living area. through the kitchen to reach area from the residents' e exterior door in the kitchen to e small dining table in the eating alone ents' records revealed idents had a diagnosis of he of the five residents had a ta. dents were documented as confused. sidents were documented as id one of the five residents being semi-ambulatory.	C 353			

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION UMBER: FCL060019		ORRECTION IDENTIFICATION NUMBER: A BUILDING		(X3) DATE SURVEY COMPLETED R 10/10/2018	
NAME OF P	ROVIDER OR SUPPLIER	. Ottober		and the second	10/10/2019	
			ADDRESS, CITY ST/			
SHADY H	ARBOUR ADULT LIVIN	16	MHUNTER ROAD OTTE, NC 28213			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R USC IDENTIFYING INFORMATION	PREFix TAG	PROVIDER'S PLAN OF COD (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COMPLE	
C 353	Continued From par laundry door for sto The facility failed to	ring medications	C 353	Adm. will As. Are locked at	All times	
	inedications were m under locked securit direct physical supe medication administ residents with menta intermittent confusio access to other resid controlled substance blood thinner, medic pressure, antipsyche medication and an a residents were at ris medications not orde failure was detrimen	aintained in a safe manner ty except when under the rvision of staff in charge of ration. This failure resulted in		When med te Not have the on them Key only be Avail, to med techs. Will be stored well Ventilat	w.11 Able Meds	
	accordance with G.S this violation. CORRECTION DATE	a plan of protection in 3. 131D-34 on 10/10/19 for E FOR THE TYPE B NOT EXCEED NOVEMBER				
C 912	G.S. 131D-21(2) Dec G.S. 131D-21 Decla Every resident shall f 2. To receive care ar adequate, appropriat	claration of Residents' Rights ration of Resident's Rights have the following rights: nd services which are e, and in compliance with state laws and rules and	C 912			

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER	(XZ) MULTIPLE C	CONSTRUCTION	(K3) HADE STUR	
			A BUILDING		COMPLETED	
		FCL060019	B. WING	and the second	R 10/10/2019	
AME OF F	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	. 21P CODE	1 100700	-
HADY H	ARBOUR ADULT LIVIN		HUNTER ROAD			
	The second secon		OTTE, NC 28213			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN DF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(KS) XOMPLETE DATE
C 912	reviews, the facility the received care and set appropriate, and in confederal and state law. The findings are: A. Based on intervie facility failed to assume the findings are: A. Based on intervie facility failed to assume the remises completed a cardio-properties of the last 24 months for A, B, and C). [Refert: 0507 Training on Cardio and Chardward Context and the last of the facility failed to assume the last of the facility failed to assume the last of the facility failed to assume the immediate or direct and the immediate or direct and the immediate of the staff in charge of the mediate of the staff in charge of the staff.	t as evidenced by: ons, interviews, and record failed to assure residents ervices which were adequate, compliance with relevant vs and rules and regulations. why and record reviews, the re at least one staff person at all times who had culmonary resuscitation management course within or 3 of 3 sampled staff (Staff to Tag 176 10A NCAC 13G ardio-Pulmonary	C 912	Assure that CP. training is Curren at all times	R /1	2/12/20

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