	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:	A. BUILDING:		
		HAL029010	B. WING		R 11/21/2019	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
RAYSO	N CREEK OF WELCO	OME	D US HWY 52 FON, NC 2729	5		
(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) COMPLET DATE
{D 000}	Initial Comments		{D 000}			
		ensure Section conducted a November 20-21, 2019.				
{D 273}	10A NCAC 13F .09	02(b) Health Care	{D 273}			
		02 Health Care Il assure referral and follow-up and acute health care needs)			
	Based on record re facility failed to noti sampled residents	et as evidenced by: eviews and interviews, the fy the physician for 1 of 5 (#2) regarding laboratory tests ctober 2019.				
	The findings are:					
		t #2's current FL-2 dated diagnoses included weakness localized edema.				
	-There was a physi a complete blood c metabolic panel, lip hormone level.	t #2's record revealed: cian's order dated 10/23/19 fo ount, comprehensive ids, and thyroid stimulating oratory results collected in	r			
	-There was no doc laboratory tests ord	umentation concerning the lered 10/23/19.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
	0. 00		A. BUILDING:	· · · · · · · · · · · · · · · · · · ·			
		HAL029010	B. WING	B. WING		R 11/21/2019	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	N CREEK OF WELCO	6781 OL	D US HWY 52				
SKAT SU		LEXING	TON, NC 2729	5			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID			(X5) COMPLET	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	THE APPROPRIATE	DATE	
				DEFICIENC	(Y)		
{D 273}	Continued From pa	ige 1	{D 273}				
	Interview with Resi	dent #2 on 11/21/19 at 10:07					
	am revealed:						
		abs drawn by a representative					
		ompany every six months.					
		sium and thyroid laboratory					
	tests done to monit	for the levels. hysician seeing her at the end					
		id he told her that her labs					
	would be drawn in						
		her labs drawn after the					
	physician told her in	n October 2019.					
	Telephone interview	v with a representative from					
		ed laboratory company on					
	11/21/19 at 10:18 a						
		ers for Resident #2 in the					
	computer system for	icked up by the laboratory					
	courier.	leked up by the laboratory					
		nt the orders back to the					
	laboratory and the	results of the laboratory					
	samples were sent	to the facility electronically.					
	Telephone interview	v with Resident #2's physician					
	on 11/21/19 at 11:1						
		or Resident #2 on 10/23/19 and	d b				
		ncluded completed blood					
		ive metabolic panel, lipids, lating hormone level.					
		the laboratory results from the	-				
		y but the facility received	-				
	residents' laborator						
	-He reviewed the re	sults when he visited the					
	facility on Wedneso						
		ed any laboratory results for					
	Resident #2 recent	ly. d by the facility that Resident					
		laboratory tests were not					
	collected or comple						

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Division	of Health Service Re	egulation			FORM	IAPPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. BOILDING.	······		
		HAL029010	D10 B. WING		R 11/21/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
GRAYSO	N CREEK OF WELCO	OME	D US HWY 52			
0.0.000		LEXING	ON, NC 2729	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	age 2	{D 273}			
. ,						
	11/21/19 at 10:30 a -All residents' labor the laboratory noted the physician's visit -When the laborator the orders were pio -The laboratory res Director. -She was given the Director and she pl for the physician to each week. -She had not seen orders for Resident -She had not discus orders with the phy	atory orders were placed into book by the MA on duty during the ory courier came on Thursdays eked up from the notebook. ults were emailed to the aced the results by the aced the results into a folder review on Wednesdays of or been given any laboratory t #2. ssed Resident #2's laboratory sician. mented any notes concerning				
	am revealed: -The physician gav she completed a la -She printed out the in the laboratory no courier knew which -She did not know l done from 10/23/19 -There was no doc refusal of labs and spoke with at the la -She had a process laboratory orders w the results provided and comparing it to laboratory orders for	umentation of Resident #2's she did not know who she boratory company. s that she used to ensure all vere completed by looking at d by the laboratory company a spreadsheet containing				
		pratory spreadsheet. ble for ensuring the physician				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		HAL029010	B. WING		11/2	21/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
GRAYSC	ON CREEK OF WELCO	OME	D US HWY 52 ON, NC 2729	5		
(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 DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 3	{D 273}			
	was notified when I ordered.	abs were not completed as				
	11/21/19 at 11:45 a -She expected labs by the physician wit physician's order. -If the laboratory te expected the Direct determine what wo resident. -She did not know f were not completed -The Director was r	ssistant Administrator on m revealed: to be completed as ordered hin 7 to 10 days after the st was not completed, she for to notify the physician to uld be done next for the Resident #2's laboratory test I from October 2019. esponsible for ensuring the ed when laboratory tests were				
{D 358}	 (a) An adult care h preparation and adult prescription and no by staff are in account (1) orders by a lice which are maintained (2) rules in this See and procedures. This Rule is not me Based on observation reviews, the facility were administered prescribing practition observed during the 	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments rdance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies	{D 358}			

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STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		HAL029010	L029010 B. WING			R 11/21/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
GRAYSO	N CREEK OF WELCO	OME	D US HWY 52 FON, NC 2729	5			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF ((X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLET DATE	
{D 358}	Continued From pa	age 4	{D 358}				
	The findings are:						
	evidenced by the o	or rate was 10.7% (percent) as bservation of 3 errors out of 28 g the 8:00 am medication pass	3				
	02/13/19 revealed of anxiety, arthritis, as deficiency, stage 3	ent #6's current FL2 dated diagnoses included anemia, sthma, sleep apnea, B12 chronic kidney disease, ease, and depression.					
	orders dated 09/01	t #6's subsequent physician's /19 revealed an order for iistamine used to treat ily.					
	Resident #6 on 11/2 -The morning medi nasal spray and 15 include one loratad -The MA administer resident.	red the medications to the red medication administration					
	Medication Adminis revealed: -There was an entr be administered at	was documented as					
	hand on 11/21/19 a	sident #6's medications on It 09:54 am revealed: tablets were available for					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		HAL029010	B. WING			R 11/21/2019	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
RAYSO	N CREEK OF WELCO	OME	D US HWY 52	-			
			FON, NC 2729		CORRECTION		
(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) COMPLE DATE	
(D 358}	Continued From pa	age 5	{D 358}				
	medication adminis -Resident #6's nam on the loratadine by -Resident #6's lora over-the-counter co Interview with the n administering Resid the morning medica am revealed: -She did not admin on the morning of 1 -She "normally" add Resident #6 every administration on th -She documented of that she administer 11/21/19. -Since she did not a Resident #6 on 11/2 the November 2019 not administered at administered. Interview with the E am revealed: -She did not know 1 administered to Re 11/21/19. -If a medication wa	tadine medication was in an ontainer. nedication aide (MA) dent #6's medications during ation pass on 11/21/19 at 9:45 ister Resident #6's loratadine 11/21/19. ministered loratadine to morning but she missed the ne morning of 11/21/19. on the November 2019 MAR red Resident #6's loratadine or administer loratadine to 21/19, she should have circled 1/19 and wrote on the back of 9 MAR that the medication was nd the reason it was not	n 5				
	was not administer circling their initials	ed on the MAR by the MA and writing the reason the t administered to the resident					
	Interview with a rer	presentative from the facility's					

	of Health Service Re NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING:			PLETED
		HAL029010	B. WING		R 11/21/2019	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
	PROVIDER OR SUPPLIER		DDRESS, CH 1, SI D US HWY 52	TATE, ZIP CODE		
GRAYSC	ON CREEK OF WELC	OME	FON, NC 2729	5		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETI
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
{D 358}	Continued From pa	age 6	{D 358}			
	contracted pharmacy on 11/21/19 at 10:11 am					
	revealed:	daily was the current order for				
	Resident #6.	daily was the current order for				
		s notified in August 2019				
		vn) that Resident #6's family				
	would supply lorata					
		prescribed loratadine for ay become symptomatic, such				
		d nasal drainage, if loratadine				
	was not administer					
		dent #6's family member on				
	11/21/19 at 10:26 a					
	facility.	lent #6's loratadine to the				
	5	ne exact date loratadine was				
	delivered to the fac of months.	ility, but it had been a couple				
	Interview with Resi am revealed:	dent #6 on 11/21/19 at 10:41				
	-He did not know a	Il the medications that were				
	administered to hin					
		nd he did not know if he took for allergies on 11/21/19				
		ations were mixed together in				
	a cup.					
		ed in the spring and fall, and				
		increase in nasal drainage an	y			
	more than usual wi	th allergies in the fall.				
	Interview with the A 11:45 am revealed:	Administrator on 11/21/19 at				
	-She did not know					
	administered to Re					
		nistered by the MA on 11/21/19				
	not miss medicatio	s to follow the MAR so they did n administrations	1			
		is not administered, she				
vision of H	ealth Service Regulation		μ			1

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	IT OF DEFICIENCIES OF CORRECTION	Egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		HAL029010	B. WING		R 11/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
GRAYSC	N CREEK OF WELCO	OME	D US HWY 52 TON, NC 2729	5		
(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 THE APPROPRIATE	(X5) COMPLET DATE
{D 358}	Continued From pa	ige 7	{D 358}			
	document the rease	rcle their initials on the MAR, on the medication was not e back of the MAR, and notify				
	Resident #6's medi	ew with the MA administering cations during the morning n 11/21/19 at 9:45 am.				
	Refer to the intervie 11/21/19 at 10:00 a	ew with the Director on m.				
	Refer to the intervie member on 11/21/1	ew with Resident #6's family 9 at 10:26 am.				
	Refer to the intervie 11/21/19 at 11:45 a	ew with the Administrator on m.				
	02/13/19 revealed t	ent #6's current FL2 dated there was an order for biotin a dietary supplement)daily.				
		t #6's subsequent physician's /19 revealed an order for biotir	n			
	Resident #7 on 11/2 -The morning medi nasal spray and 15 one biotin 10,000 m -The MA administer resident.	red the medications to the ed medication administration	t			
	Review of Resident Medication Adminis revealed:	t #6's November 2019 stration Record (MAR) y for biotin 1,000 mcg daily to				

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If continuation sheet 8 of 17

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		E SURVEY PLETED	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED	
		HAL029010	B. WING			R 11/21/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
DAVEO	N CREEK OF WELC	OME 6781 OL	D US HWY 52				
SKAI 30		LEXING	TON, NC 2729	5			
(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) COMPLE DATE	
(D 358}	Continued From pa	age 8	{D 358}				
	be administered at -Biotin 1,000 mcg v administered on 11	vas documented as					
	hand on 11/21/19 a -Biotin 10,000 mcg available for admin -There was no prin medication adminis -Resident #6's nam on the biotin bottle.	ted label with directions for stration on the biotin bottle. he and "8AM" were handwritten in medication was in an	n				
	administering Resid the morning medica am revealed: -On 11/21/19, she a bottle labeled biotir -She did not know f she administered to not match the dose was biotin 1,000 m -Resident #6's fam to the facility becau use an outside sou contracted pharma -The MA working a delivered was resp medication name a the MAR. -The MA administe responsible for ensis matched the dose of	ily member supplied the biotin ise it was less expensive to rce rather than the facility's cy. t the time the medication was onsible for ensuring the and dose matched the order or ring the medication was suring the dose administered on the MAR.					
	am revealed:	Director on 11/21/19 at 10:00 ily member supplied Resident					

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:				
		HAL029010	B. WING			R 1/21/2019	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
RAYSO	N CREEK OF WELCO	OMF	D US HWY 52				
		LEXING	TON, NC 2729				
(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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{D 358}	Continued From pa	ige 9	{D 358}				
	 #6's biotin. She did not know fa administered to Re ordered dose. The MA working at was delivered was medication against If the biotin dose d should have notified (PCP) for a new ord member of the incomedication to the fa Interview with a rep contracted pharmatic revealed: Biotin 1,000 mcg of Resident #6. The pharmacy was orders into the MAF The pharmacy was (exact date unknow would provide biotin -Biotin was a suppli- negative outcome if administered to Re Interview with Resid 11/21/19 at 10:26 at -He supplied Resid -He was never contour regarding an incorr -He did not know the delivered to the fact of months. 	the dosage of biotin sident #6 did not match the t the time Resident #6's biotin responsible for checking the the MAR. id not match the MAR, the MA d the Primacy Care Provider der or notified the family prrect dose and returned the amily member. oresentative from the facility's cy on 11/21/19 at 10:11 am laily was the current order for s responsible for entering R. s notified in August 2019 (n) that Resident #6's family n. ement and there was no f the wrong dose was sident #6. dent #6's family member on					
	am revealed: -He did not know al administered to him ealth Service Regulation	ll the medications that were n daily.					

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STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL029010	B. WING		R 11/21/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
GRAYSC	N CREEK OF WELCO)MF	D US HWY 52	F		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ON, NC 2729	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLETE DATE
{D 358}	Continued From page 10		{D 358}			
	-His family member	r brought him some vitamins.				
	Provider (PCP) on -Resident #6 was o -He was aware Res provided biotin. -He was not concer biotin 10,000 mcg in 1,000 mcg.	dent #6's Primary Care 11/21/19 at 11:07 am revealed rdered biotin as a supplement sident #6's family member rned that Resident #6 received instead of the ordered dose of ring the wrong dose of biotin tcome.				
	Interview with the Administrator on 11/21/19 at 11:45 am revealed: -MAs were responsible for checking in medications supplied by residents' family members, and if the medication was incorrect, the MA clarified the order or brought the issue to the Director. -If the dose supplied by a family member was incorrect, the order should be changed by the PCP or the medication should not be accepted. -There was no system in place for checking in medications supplied by residents' family members and there was no documentation for checking in medications when the medication was supplied by residents' family members. -She did not know the biotin dose administered to Resident #6 was not the ordered dose. -If the biotin dose was not correct, the MA should have reported the issue to the Director.					
	Resident #6's medi medication pass on	ew with the MA administering cations during the morning 11/21/19 at 9:45 am. ew with the Director on m.				

Division	of Health Service Re	equlation			FORM	APPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL029010	B. WING		R 11/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CRAVEC		6781 OL	D US HWY 52			
GRAISC	ON CREEK OF WELCO	LEXING	TON, NC 2729	5		
(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 ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ige 11	{D 358}			
		Refer to the interview with Resident #6's family member on 11/21/19 at 10:26 am.				
	Refer to the intervie 11/21/19 at 11:45 a	ew with the Administrator on m.				
	02/13/19 revealed t "calcium/vitamin D3	ent #6's current FL2 dated there was an order for 3 600/200 mg" (calcium with ary supplement) two times				
	orders dated 09/01	t #6's subsequent physician's /19 revealed an order for amin D3 200 mg two times				
	Resident #6 on 11/2 -The morning medi nasal spray and 15 one calcium with vi -The MA administer resident.	red the medications to the ed medication administration	3			
	Medication Adminis revealed: -There was an entr D3 200 mg two time 8:00 am and 8:00 p -Calcium 600 mg v	t #6's November 2019 stration Record (MAR) y for calcium 600 mg vitamin es daily to be administered at om. itamin D3 200 mg was ministered on 11/21/19.				
vision of H	hand on 11/21/19 a	ident #6's medications on t 09:54 am revealed: ⁄ith vitamin D3 20 mcg tablets t were available for				

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Division	of Health Service Re	equilation			FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		CIES (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING			R 21/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
GRAYSC	N CREEK OF WELCO)ME	D US HWY 52				
		LEXING	ON, NC 2729				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
{D 358}	Continued From pa	ge 12	{D 358}				
	medication adminis vitamin D3 bottle. -The front of the bo with Vitamin D3". -The ingredients lis were "Vitamin D3 2 600 mg". -Resident #6's nam handwritten on the -Resident #6's calc over-the-counter co	ted label with directions for stration on the calcium with ttle was labeled "Calcium 600 ted on the back of the bottle 0 mcg (800 IU)" and "Calcium he, "8AM", and "8PM" were calcium with vitamin D3 bottle. ium with vitamin D was in an ontainer.					
	administering Resid the morning medica am revealed: -On 11/21/19, she a vitamin D3 tablet fro 600 with Vitamin D3 -She did not know t dosage administered match the dose on ingredients were ca 20 mcg, and the Ma vitamin D3 200 mg -She did not look at	dent #6's medications during ation pass on 11/21/19 at 9:45 administered a calcium with om the bottle labeled "Calcium 3" to Resident #6. the calcium with vitamin D3 ed to Resident #6 did not the MAR; the bottle's labeled alcium 600 mg with vitamin D3 AR entry was calcium 600 mg					
Division of H	am revealed: -She did not know t vitamin D3 adminis match the ordered -Resident #6's fami #6's calcium with vi -If the vitamin D3 do	ly member supplied Resident					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Equiation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	HAL029010		B. WING			R 11/21/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
GRAYSO	ON CREEK OF WELCO	OME	D US HWY 52 ON, NC 2729	5			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE	
{D 358}	Continued From pa	age 13	{D 358}				
	the family member returned the medic -If the PCP did not facility staff would g pharmacy until the supply the ordered -Resident #6's MAF to Resident #6's MAF to Resident #6's fan purchase medicatio (date unknown). Interview with a rep contracted pharma revealed: -Calcium 600 mg w current order for Re -The pharmacy was orders into the MAF -The pharmacy was orders into the MAF -The pharmacy was (exact date unknow would provide calci -Calcium with vitam there was no negat was administered to Interview with Resid 11/21/19 at 10:26 a -He supplied the Re vitamin D to the fac -He was never com an incorrect dosage -He did not know th vitamin D was delive been a couple of m	R (month unknown) was given mily member in order to on from an outside source presentative from the facility's cy on 11/21/19 at 10:11 am <i>v</i> ith vitamin D3 200 mg was the esident #6. s responsible for entering R. s notified in August 2019 vn) that Resident #6's family um with vitamin D3. nin D3 was a supplement and tive outcome if the wrong dose o Resident #6. dent #6's family member on um revealed: esident #6's calcium with cility. tacted by the facility staff abou e of a medication. ne exact date the calcium with vered to the facility, but it had					
		ll the medications that were n daily.					

Division	of Health Service Re	gulation			FORM	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING			R 21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GRAYSO	ON CREEK OF WELCO	DME	0 US HWY 52 ON, NC 2729	5		
(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 ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 14	{D 358}			
	-His family member	brought him some vitamins.				
	Provider (PCP) on - Resident #6 was o D3 as a supplement -He was aware Res provided calcium w -He was not concer- vitamin D3 20 mcg vitamin D3 200 mg. -There was no nega- receiving the wrong Interview with the A 11:45 am revealed: -MAs were respons medications supplied members, and if the the MA should have the issue to the Dire- lf the dose supplied incorrect, the order PCP or the medicat -There was no system medication supplied and there was no d medications when t by residents' family -She did not know t dose administered to ordered dose. -If the calcium with correct, the MA sho the Director. Refer to the intervie Resident #6's medi	sident #6's family member ith vitamin D3. ned that Resident #6 received instead of the ordered dose of ative outcome for Resident #6 dose of vitamin D3. dministrator on 11/21/19 at ible for checking in ed by residents' family e medication was incorrect, e clarified the order or brought ector. d by a family member was should be changed by the tion should not be accepted. em in place for checking in d by residents' family members ocumentation for checking in he medication was supplied				

Division	of Health Service Re	equiation			FORM	APPROVE
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL029010	B. WING			R 21/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CRAVEO	N CREEK OF WELCO	6781 OL	D US HWY 52			
GRAISU		LEXING	FON, NC 2729	95		
(X4) ID			ID	PROVIDER'S PLAN OF C		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	HE APPROPRIATE	DATE
-				DEFICIENCY	<i>(</i>)	
{D 358}	Continued From pa	ige 15	{D 358}			
	Pofor to the intervie	- www.ith the Director on				
	Refer to the interview with the Director on 11/21/19 at 10:00 am.					
	Defer to the intervie	ew with Resident #6's family				
	member on 11/21/1					
	Refer to the interview with the Administrator on					
	11/21/19 at 11:45 a	m.				
	Intonyiow with the n					
	Interview with the medication aide (MA) administering Resident #6's medications during					
		ation pass on 11/21/19 at 9:45				
	am revealed:					
	-With each medicat	tion administration, she read				
	the MAR, compare					
		stered the medication to the				
	resident, and signe					
		esponsible for auditing the esident records, and MARs.				
		onsible for auditing the				
		esident records, and MARs.				
	-She did not know the last time Resident #6's					
	MAR and medication					
		ue with a medication, the MA				
	should report the is	ble for keeping the MAR book				
		g MAs documentation was				
		iedication were in stock, and				
	notifying the family	and the pharmacy if				
	medications need t	o be filled.				
	Interview with the C)irector on 11/21/10 at 10:00				
	Interview with the Director on 11/21/19 at 10:00 am revealed:					
	-She was responsible for auditing the medication					
	carts, resident reco	ords, and MARs.				
		ited every two weeks and she				
		st time Resident #6's				
		and MAR were audited.				
		sible for administering				
ivinion of L	ealth Service Regulation					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		UDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		HAL029010	B. WING			R 21/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
RAYSO	N CREEK OF WELC	OME	D US HWY 52 TON, NC 2729	5			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF		F CORRECTION (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 DATE	
[D 358}	Continued From pa	age 16	{D 358}				
	administered as or	dered.					
	11/21/19 at 10:26 a -He purchased "no from an outside so were less expensiv contracted pharma -He received a MA to know what medi (date unknown). Interview with the A 11:45 am revealed: -The MAs were res medications as ord -MAs were response medication adminis	on-prescription" medications ince because the medications ve compared to the facility's acy. IR from the facility staff in order ication and dose to purchase Administrator on 11/21/19 at sponsible administering dered by the PCP. sible for documenting stration on the MAR. s to follow the MAR when					