STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CONRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL060150	B. WING			R 01/02/2020	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
NORTHL	AKE HOUSE		AMES ROAD OTTE, NC 2821	6			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{D 000}	Initial Comments		{D 000}				
	The Adult Care Lice follow-up survey on	ensure Section conducted a 01/02/2020.					
{D 358}	10A NCAC 13F .10 Administration	04(a) Medication	{D 358}				
	 (a) An adult care h preparation and adu prescription and no by staff are in accounce (1) orders by a lice which are maintained 	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					
	reviews the facility f medications as order residents (#4 and # treat dementia, pre- retention, and low p medications used to	ons, interviews and record failed to administer ered for 2 of 5 sampled 2) with medications used to vent blood clots, fluid potassium (#4) and one to treat depression, and a to treat side effects from					
	The findings are:						
	06/10/19 revealed of post-traumatic stress	#4's current FL-2 dated diagnoses included dementia, ss disorder, hypertension, m, atrial fibrillation, and					
	dated 10/31/19 reve	cian orders for Resident #4 ealed a medication order for dementia) 10mg tablet daily.					

Division of Health Service F	Regulation			1 ONW	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	HAL060150	B. WING			R 02/2020
NAME OF PROVIDER OR SUPPLIEF	R STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NORTHLAKE HOUSE		AMES ROAD			
NORTHEARE HOUSE	CHARLO	OTTE, NC 2821	16		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358} Continued From p	age 1	{D 358}			
medication admin Resident #4 revea -There was an ent take one tablet ev -Donepezil 10mg administered for 7 11/01/19 to 11/30/ -There were parer for documenting a from 11/01/19 thro through 11/29/19. -The reason/comm the medication wa staff was waiting of medication.	ry for donepezil 10mg tablet ery day scheduled at 8:00am. was documented as not out of 30 opportunities from				
medications on ha revealed: -There was a bubl tablets with 12 tab administration.	and on 01/02/20 at 3:00pm ble pack of donepezil 10mg lets remaining available for re on the bubble pack was				
Review of Resider refills of medicatio	ensed was 15 tablets. ht #4's pharmacy requests for ns on 01/02/19 revealed the ablets had not been requested				
for refill prior to 11 Telephone intervie the contracted pha revealed: -Resident #4 had donepezil 10mg ta refilled for twelve r	/01/19 and 11/29/19. w with a representative from armacy on 01/02/19 at 2:00pm a current physician order for ablet daily with instructions to be months beginning 10/31/19.				
	nepezil 10mg tablet daily was he facility in the multidose				

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY IPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:				
		HAL060150	B. WING			R 01/02/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
NORTHI	AKE HOUSE		AMES ROAD				
	1		TTE, NC 2821				
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
{D 358}	Continued From pa	ge 2	{D 358}				
	 D 358} Continued From page 2 packaging (MDP) system which was automatically refilled on a weekly basis. A fifteen-day supply was delivered to the facility on 10/01/19, 11/07/19, and 11/29/19. Interview with a first shift medication aide (MA) on 01/02/19 at 3:05pm revealed: She faxed requests for Resident #4's donepezil refill to the pharmacy approximately 5-7 days before he no longer had any donepezil left to administer. She could not remember what day the fax was sent. She always called the pharmacy and confirmed the request was received. She informed the Resident Care Coordinator (RCC) when the medication did not arrive the next day. She did not continue to contact the pharmacy because she was told the RCC would contact them. 						
	at 3:20pm revealed -When Resident #4 on 11/02/19 she con the shift before her had been requested -She was told a req was faxed to the ph -She did not contact donepezil because to the facility on Sun -She did not tell the donepezil. Interview with a sec 3:30pm revealed:	I's donepezil was not available ntacted the MA assigned to shift to ask if the donepezil d from the pharmacy. Juest for refill of the donepezil narmacy. It the pharmacy to ask for the the pharmacy did not deliver indays. RCC about the missing cond shift MA on 01/02/19 at armacy and requested					

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _	. <u></u>		
		HAL060150	B. WING	B. WING		R 02/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NORTHL	AKE HOUSE		AMES ROAD	•		
			OTTE, NC 2821		0000000000	
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
{D 358}	Continued From pa	ge 3	{D 358}			
	the pharmacy to red -The pharmacy told sent the next day w -She did not fax a r	ember what day she contacted quest the donepezil. I her the medication would be ith the scheduled delivery. efill request to the pharmacy. the RCC the donepezil was no				
	Refer to the interview with the RCC on 01/02/19 at 4:00pm.					
		Refer to the interview with the Administrator 01/02/19 at 4:07pm.				
		v with Resident #4's primary) on 01/02/19 at 2:52pm was				
		ons, interviews, and record ermined Resident #4 was not				
	dated 10/31/19 reve	ian orders for Resident #4 ealed a medication order for nt blood clots) 5mg tablet twice)			
	medication adminis Resident #4 reveale -There was an entry one tablet twice dai 8:00pm. -Apixaban 5mg was administered for 8 of 11/01/19 to 11/30/19	y for apixaban 5mg tablet take ly scheduled at 8:00am and s documented as not out of 30 opportunities from 9.				
	for documenting ad from 11/17/19 throu	heses around the staff initials ministration for the apixaban ugh 11/20/19. ents for these dates indicated				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
	or contraction	DENTIFICATION NOMBER.	A. BUILDING:				
		HAL060150	B. WING			R 01/02/2020	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	AKE HOUSE	9108-RE	AMES ROAD				
	ARE HOUSE	CHARLO	OTTE, NC 2821	16			
(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 358}	Continued From pa	ge 4	{D 358}				
		not administered because the the pharmacy to refill the	e				
	Observation of Resident #4's available medications on hand on 01/02/20 at 3:00pm revealed:						
	tablets with 24 table administration.	e pack of apixaban 5mg ets remaining available for					
	12/29/19.	on the bubble pack was nsed was 30 tablets.					
	refills of medication	#4's pharmacy requests for s on 01/02/19 revealed the ets had not been requested for I9.	r				
		v with a representative from macy on 01/02/19 at 2:00pm					
	apixaban 5mg table	current physician order for et twice daily with instructions elve months beginning					
	-Resident #4's apix was not dispensed	aban 5mg tablet twice daily to the facility in the multidose (MDP) that was automatically					
	-A fifteen-day suppl on 10/01/19, 11/07/	y was delivered to the facility 19, and 11/20/19.					
	01/02/19 at 3:05pm -She faxed request	s for Resident #4's apixaban	n				
	refill to the pharmad -She could not rem sent. -She always called	ember what day the fax was					

	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150		CONSTRUCTION	COM	E SURVEY PLETED R 02/2020
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	AKE HOUSE	9108-RE	AMES ROAD			
	ARE HOUSE	CHARLO	DTTE, NC 2821	6		
(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 358}	Continued From pa	ige 5	{D 358}			
	(RCC) when the me next day. -She did not continu	ceived. Resident Care Coordinator edication did not arrive the ue to contact the pharmacy old the RCC would contact				
	at 3:20pm revealed -When Resident #4 she contacted the M her shift to ask if th requested from the -She was told a req was faxed to the ph -She did not contact apixaban because the facility on Sund	I's apixaban was not available MA assigned to the shift before e apixaban had been pharmacy. quest for refill of the apixaban harmacy. et the pharmacy to ask for the the pharmacy did not deliver to ays. e RCC about the missing	•			
	3:30pm revealed: -She called the pha Resident #4's apixa -The pharmacy told sent the next day w -She did not fax a r	cond shift MA on 01/02/19 at armacy and requested aban on 11/18/19. I her the medication would be vith the scheduled delivery. efill request to the pharmacy. the RCC the apixaban was not	t			
	Refer to the intervie at 4:00pm.	ew with the RCC on 01/02/19				
	Refer to the intervie 01/02/19 at 4:07pm	ew with the Administrator 1.				
		v with Resident #4's primary) on 01/02/19 at 2:52pm was				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
				A. BUILDING:		D
		HAL060150	B. WING		R 01/02/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
NORTHL	AKE HOUSE		AMES ROAD	•		
			TTE, NC 2821			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
{D 358}	Continued From pa	ge 6	{D 358}			
	unsuccessful.					
		ons, interviews, and record ermined Resident #4 was not				
	dated 10/31/19 reve	cian orders for Resident #4 ealed a medication order for t fluid retention) 20mg tablet				
	medication adminis Resident #4 reveale -There was an entry take one tablet eve -Furosemide 20mg administered for 9 of 11/01/19 to 11/30/12 -There were parent for documenting ad furosemide from 11 11/23/19 through 12 -The reason/comm the medication was	y for furosemide 20mg tablet ry day scheduled at 8:00am. was documented as not out of 30 opportunities from 9. heses around the staff initials ministration for the /01/19 through 11/04/19, and				
	revealed: -There was a bubbl tablets with 12 table administration. -The dispense date 12/29/19.	ident #4's available ad on 01/02/20 at 3:00pm e pack of furosemide 20mg ets remaining available for on the bubble pack was nsed was 15 tablets.				
		#4's pharmacy requests for s on 01/02/19 revealed the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.				
		HAL060150				R 01/02/2020
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
IORTHL	AKE HOUSE		AMES ROAD			
-			TTE, NC 282 [,]			
(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 AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE
{D 358}	Continued From pa	ige 7	{D 358}			
		ablets had not been requested 01/19, 11/23/19, 11/28/19.				
	the contracted phar revealed: -Resident #4 had a furosemide 20mg to be refilled for twelve -Resident #4's furo not dispensed to th packaging system refilled weekly. -A fifteen-day suppl on 10/01/19, 11/07/ Interview with a firs 01/02/19 at 3:05pm -She faxed request refill to the pharmae -She could not rem sent. -She always called the request was red -She informed the fill (RCC) when the man next day. -She did not continu- because she was to them.	t shift medication aide (MA) on a revealed: s for Resident #4's furosemide cy. ember what day the fax was the pharmacy and confirmed ceived. Resident Care Coordinator edication did not arrive the ue to contact the pharmacy old the RCC would contact				
	-When Resident #4 available she conta shift before her shift been requested fro -She was told a rec furosemide was fax	I's furosemide was not icted the MA assigned to the it to ask if the furosemide had				

STATE FORM

STATEMENT OF DEFICIENCIES (> AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		HAL060150	B. WING			R 01/02/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE			
NORTHL	AKE HOUSE		AMES ROAD	c			
(X4) ID	SUMMARY STA		TTE, NC 2821	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE	
{D 358}	Continued From pa	ge 8	{D 358}				
	to the facility on Su	e the pharmacy did not deliver ndays. RCC about the missing					
	3:30pm revealed: -She called the pha Resident #4's furos -The pharmacy told sent the next day w -She did not fax a r	cond shift MA on 01/02/19 at rmacy and requested emide. I her the medication would be ith the scheduled delivery. efill request to the pharmacy. he RCC the furosemide was					
	Refer to the intervie at 4:00pm.	ew with the RCC on 01/02/19					
	Refer to the intervie 01/02/19 at 4:07pm	ew with the Administrator					
		v with Resident #4's primary) on 01/02/19 at 2:52pm was					
		ons, interviews, and record ermined Resident #4 was not					
	dated 10/31/19 reve	cian orders for Resident #4 ealed a medication order for (to treat low potassium)					
	medication adminis Resident #4 reveale -There was an entry	y for potassium chloride one tablet every day					

Division	of Health Service Re	equilation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL060150	B. WING	B. WING		R 02/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
		9108-RE/	AMES ROAD			
NURTHL	AKE HOUSE	CHARLO	TTE, NC 2821	16		
(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)	N SHOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 9	{D 358}			
	 Potassium 20 mEc administered for 11 11/01/19 to 11/30/19 There were parent for documenting ad chloride from 11/01, through 11/09/19, a The reason/comme the medication was staff was waiting on medication. Observation of Res medications on han revealed: There was a bubbl 20 mEq tablets with available for admini -The dispense date 12/29/19. The quantity disper Review of Resident refills of medication potassium chloride requested for refill p Telephone interview the contracted phar revealed: Resident #4 had a potassium chloride instructions to be re beginning 10/31/19 Resident #4's pota daily was not disper multidose packagin automatically refiller -A fifteen-day supplice 	a was documented as not out of 30 opportunities from 9. heses around the staff initials ministration for the potassium /19 through 11/05/19, 11/08/19 nd 11/24/19 through 11/29/19. ents for these dates indicated not administered because the not administered because the the pharmacy to refill the ident #4's available d on 01/02/20 at 3:00pm e pack of potassium chloride 13 tablets remaining stration. on the bubble pack was nsed was 15 tablets. : #4's pharmacy requests for s on 01/02/19 revealed the 20mEq tablets had not been prior to 11/01/19, 11/29/19. with a representative from macy on 01/02/19 at 2:00pm current physician order for 20mEq tablet daily with efilled for twelve months ssium chloride 20mEq tablet nsed to the facility in the g system (MDP) that was				

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	equilation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL060150	B. WING		R 01/02/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NORTHL	AKE HOUSE		MES ROAD			
			TE, NC 282	PROVIDER'S PLAN OF CORRECTION		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 10	{D 358}			
	01/02/19 at 3:05pm -She faxed requests chloride refill to the -She could not reme sent. -She always called the request was rec -She informed the F (RCC) when the me next day. -She did not continue because she was to them. Interview with the wa at 3:20pm revealed -When Resident #4 available she contact shift before her shift chloride had been me -She was told a req chloride was faxed -She did not contact potassium chloride deliver to the facility -She did not tell the potassium chloride. Interview with a sec 3:30pm revealed: -She called the pha Resident #4's potass -The pharmacy told sent the next day w -She did not fax a rec	s for Resident #4's potassium pharmacy. ember what day the fax was the pharmacy and confirmed evived. Resident Care Coordinator edication did not arrive the ue to contact the pharmacy old the RCC would contact reekend shift MA on 01/02/19 : 's potassium chloride was not cted the MA assigned to the t to ask if the potassium equested from the pharmacy. uest for refill of the potassium to the pharmacy. t the pharmacy to ask for the because the pharmacy did not on Sundays. RCC about the missing cond shift MA on 01/02/19 at rmacy and requested asium chloride. her the medication would be ith the scheduled delivery. efill request to the pharmacy. he RCC the potassium				
Distance (1)	chloride was not ava	allable.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		HAL060150	B. WING			R 01/02/2020	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
IORTHI	AKE HOUSE		AMES ROAD				
		CHARLO	DTTE, NC 2821	6			
(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 358}	Continued From pa	ge 11	{D 358}				
	Refer to the intervie at 4:00pm.	ew with the RCC on 01/02/19					
	Refer to the intervie 01/02/19 at 4:07pm	ew with the Administrator					
		v with Resident #4's primary) on 01/02/19 at 2:52pm was					
		ons, interviews, and record ermined Resident #4 was not					
	02/27/19 revealed of	ent #2's current FL2 dated diagnoses included tia and urinary tract infection.					
	02/27/19 revealed t	ent #2's current FL2 dated here was an order for o treat depression) 15mg one					
	dated 09/25/19 reve	: #2's signed physician's order ealed there was an order for one tablet at bedtime.					
	revealed: -There was an entri- tablet daily schedul -Mirtazapine 15mg administered for 11 12/01/19 to 12/31/1	was documented as not out of 31 opportunities from 9.					
	administered 12/14	was documented as not /19-12/16/19, 12/18-12/22/19, 0-12/31/19 due to "awaiting					
	Observation of Res	ident #2's available					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R 01/02/2020		
	PROVIDER OR SUPPLIER		DRESS, CITY, ST		017	02/2020
				IATE, ZIF CODE		
NORTHL	AKE HOUSE		TTE, NC 2821	16		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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 358}	Continued From pa	ge 12	{D 358}			
	revealed:	nd on 01/02/20 at 10:20am				
	tablets with 30 table administration.	le pack of mirtazapine 15mg ets remaining available for				
	-The dispense date on the bottle was 12/31/19. -The quantity dispensed was 30 tablets.					
	Telephone interview with a representative from the contracted pharmacy on 01/02/20 at 1:45pm revealed: -The pharmacy had an order dated 09/25/19 for mirtazapine 15mg one tablet at bedtime for Resident #2.					
	-The pharmacy dispensed 30 tablets of mirtazapine on 10/05/19, 12 tablets on 10/28/19, and 30 tablets on 12/31/19. -Resident #2 would have ran out of mirtazapine					
	15mg on 11/16/19 i -Resident #2 was a	f administered as ordered. Hospice patient and the ensed a 15-day supply of				
	not on cycle fill, sta	re under Hospice care were ff would need to reorder via telephone call or fax before harmacy.				
	-She did not have a	any correspondence with the nirtazapine 15mg in November				
	there was not docu	t #2's progress notes revealed mentation correspondence h the pharmacy to refill cations.				
	01/02/20 at 2:21pm -She was not able t	dication aide (MA) on revealed: o administer mirtazapine to she worked because it was				

	IT OF DEFICIENCIES OF CORRECTION			CONSTRUCTION		E SURVEY
	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: B. WING		COMPLETED R 01/02/2020	
		HAL060150				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		9108-REA	MES ROAD			
IORTHL	AKE HOUSE	CHARLO	TTE, NC 282 ⁻	16		
(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 DEFICIENC	THE APPROPRIATE	DATE
{D 358}	Continued From pa	age 13	{D 358}			
	pharmacy to delive -She did not docum that she attempted dispensed. -MAs were respons refills from the pha were "running low". -MAs were not sup medication ran out -She could not find November or Dece requested for mirta Interview with anoth revealed: -She normally work -She documented I not administered of 12/31/19. -Each shift that she medications that w	why it took so long for the r the medication. Thent in the resident's record to get the mirtazapine sible for requesting medication rmacy when the medications posed to wait until the to prevent missed dosages. any correspondence in mber 2019 where refills were zapine. Ther MA on 01/02/20 at 3:30pm teed as a 2nd shift MA. Resident #2's mirtazapine was in 12/01/19-12/22/19 and e worked, she wrote down all ere missing and gave the list to ng with her so that the				
	-She began workin and did not commu request refills. -She did not know not available for ad	g as a MA in December 2019 inicate with the pharmacy to why the mirtazapine 15mg was ministration on those dates. Resident #2's medications had				
	Interview with the F (RCC) on 01/02/20 -She did not realize of mirtazapine in D -MAs were suppos	Resident Care Coordinator at 3:52pm revealed: Resident #2 missed 11 doses				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	BUILDING:		
		HAL060150	B. WING			R 02/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
NORTHL	AKE HOUSE		AMES ROAD TTE, NC 2821	c		
	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 358}	Continued From pa	ge 14	{D 358}			
	hospice care only remedications and the prevent residents frequent residents frequent residents frequent residents frequent residents frequent resident frequent resident frequent freq	e tried to pull a missed however had not noticed that t been administered to ember 2019. s to let her know if they were etting medications from the administrator on 01/02/20 at s to order medications 7 days of the medications to ensure hilding before running out. Iways ordered medications know why the mirtazapine was f. RCC to run a compliance the exceptions to catch ministered. The call to Resident #2 mental 01/02/20 at 4:00pm was tions, interviews, and record ermined Resident #2 was not with the RCC on 01/02/19 at with the Administrator on				
	b. Review of a sigr ealth Service Regulation	ned physician's order for				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL060150	B. WING			R 02/2020
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
NORTHL	AKE HOUSE		MES ROAD	16		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	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	IE APPROPRIATE	COMPLET DATE
{D 358}	Continued From pa	ge 15	{D 358}			
	Resident #2 dated 10/16/19 revealed there was an order for amantadine (used to treat side effects from certain medications) 100mg one half tablet every morning. Review of Resident #2's November 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for amantadine 100mg one half tablet every morning scheduled at 8:00am. -Amantadine 100mg was documented as administered from 11/01/19-11/30/19, except for 11/28/19 due to "awaiting".					
	revealed: -There was an entry half tablet every mo- -Amantadine 100m administered for 8 of 12/01/19 to 12/31/1 -Amantadine 100m	#2's December 2019 eMAR y for amantadine 100mg one orning scheduled at 8:00am. g was documented as not out of 31 opportunities from 9. g was documented as not /19-12/10/19 due to "awaiting".				
	revealed: -There was a bubbl tablets with 4 half ta administration. -The dispense date 12/10/19.	ident #2's available ad on 01/02/20 at 10:20am le pack of amantadine 100mg ablets remaining available for on the bubble pack was nsed was 15 tablets.				
	the contracted phar revealed: -The pharmacy hac	w with a representative from rmacy on 01/02/20 at 1:45pm I an order dated 10/16/19 for one half tablet every morning				

Division of Health Service Re STATE FORM

Division	of Health Service Re	egulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		HAL060150	B. WING			R 02/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
NODTU		9108-RE	AMES ROAD			
NORTH	LAKE HOUSE	CHARLC	TTE, NC 2821	16		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 16	{D 358}			
Division of F	amantadine 100mg 11/07/19, and 15 ta -Resident #2 would on 11/15/19 if admin -Resident #2 was a pharmacy only disp medications. -Residents who were on cycle fill, staff wor medications either y it was sent to the ph -She did not have a the facility requeste between 11/07/19-1 Review of Resident there was not docum had been made with Resident #2's media Interview with a me 01/02/20 at 3:31pm -She documented F could not be adminit to medication "awai -She was not able t Resident #2 when s pending from pharm -She could not remo Resident #2's amar -She always contact get medications del -If she could not ge would notify the Res (RCC). -She remembered fa amantadine had no	have ran out of amantadine nistered as ordered. Hospice patient and the ensed a 15-day supply of re under Hospice care was not build need to reorder via telephone call or fax before narmacy. Iny correspondence in which d refills of amantadine 12/09/19. #2's progress notes revealed mentation correspondence h the pharmacy to refill cations. dication aide (MA) on revealed: Resident #2's amantadine istered 12/02/19-12/10/19 due iting". o administer amantadine to she worked because it was nacy. ember why it took so long for ntadine to be refilled. the medication refilled, she sident Care Coordinator telling the RCC that the t been refilled for Resident #2. why it took so long for the				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL060150	B. WING			r 02/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NORTHL	AKE HOUSE		AMES ROAD TTE, NC 282 [,]	16		
(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 DATE
{D 358}	Continued From pa	ige 17	{D 358}			
	that she attempted dispensed. -MAs were respons refills from the phar days before running Interview with the F (RCC) on 01/02/20 -She did not realize amantadine in Dec- -MAs were suppose pharmacy 7 days p medication. -She had notified a hospice care only r medications and th prevent residents fr -Every few days sh medication report, I amantadine had no Resident #2 in Dec -She expected MAs having problems ge pharmacy timely. Interview with the A 3:54pm revealed: -She expected MAs before running out that it was in the bu -She felt the MAs a timely, she did not I not delivered timely -She expected the report daily with all medications not ad	Resident Care Coordinator at 3:52pm revealed: e Resident #2 missed doses of ember 2019. ed to request refills from the rior to running out of the II MAs that residents under eceived a 15-day supply of ey needed to be ordered to rom running out. e tried to pull a missed however had not noticed that of been administered to ember 2019. s to let her know if they were etting medications from the administrator on 01/02/20 at s to order medications 7 days of the medications to ensure ilding before running out. Ilways ordered medications know why the amantadine was ACC to run a compliance the exceptions to catch	5			
vision of L		16 call to Resident #2 mental 01/02/20 at 4:00pm was				

STATE FORM

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL060150			A. BUILDING:			D
		HAL060150	B. WING			R 02/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
NORTHL	AKE HOUSE		AMES ROAD	-		
			TTE, NC 2821		0000000000	
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
{D 358}	Continued From pa	ge 18	{D 358}			
	unsuccessful.					
	Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.					
	Refer to interview with the RCC on 01/02/19 at 4:00pm.					
	Refer to interview with the Administrator on 01/02/19 at 4:07pm.					
	revealed: -The MAs were res on all medications. -The MAs were sup Resident #4's medi the pharmacy. -She was supposed pharmacy to find ou delivered. -She had not comp medication carts to not available.	CC on 01/02/19 at 4:00pm. ponsible for requesting refills posed to notify her when cations were not delivered by I to follow up with the It why the medication was not leted an audit of the review what medications were				
	4:07pm revealed: -The MAs were exp medications prescri always in the buildir -When the MAs had medication for a res the RCC. -She ran medication reports did not inclu not administered. -The RCC had faile	bed for the residents were				