STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010			(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING	01	R 01/03/2020		
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
CROWN C	OLONY		MMERCIAL DRIVE SVILLE, NC 28115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	-	sure Section conducted an ap survey on January 2-3,				
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service		D 310			
	<ul> <li>10A NCAC 13F .0904 Nutrition and Food Service</li> <li>(e) Therapeutic Diets in Adult Care Homes:</li> <li>(4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</li> </ul>					
	reviews, the facility fa ( a nutritional suppler	n, interviews and record hiled to serve mighty shakes ment) three times daily as ent's physician for 1 of 5				
	The findings are:					
	11/18/19 revealed: -Diagnoses included insufficiency, and hyp -There was an order -Resident #4 required	•				
	Review of Resident # revealed an admissic					
		4's subsequent signed 1 12/11/19 revealed the order es three times daily.				

## PRINTED: 01/10/2020 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) [		
		IDERTIFICIATION TO ATTO A TO AT	A. BUILDING:		COMPLETED	
		HAL049010	B. WING		01	R I/ <b>03/2020</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	OLONY		MERCIAL DRIVE SVILLE, NC 28115			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 310	Continued From pag	e 1	D 310			
	Review of Resident #	#4's electronic Medication				
		d (eMAR) for December 2019				
	revealed there was no entry for mighty shakes three times daily.					
	Review of Resident #	#4's eMAR for January 2020				
	Review of Resident #4's eMAR for January 2020 revealed there was no entry for mighty shakes					
	three times daily.	, , ,				
	Observation of Resident #4's during the lunch					
	meal on 01/02/20 served between 12:05pm and					
	1:10pm revealed Resident #4 did not receive a					
	mighty shake with he	er lunch meal.				
	Review of the kitchen menu for residents who					
	were ordered mighty shake supplements on					
	01/02/20 at 2:50pm revealed Resident #4 was not the list to receive mighty shakes three times daily.					
	the list to receive mig	inty snakes three times daily.				
	Interview with two of at 2:54pm revealed:	the dietary staff on 01/02/19				
		facility who received mighty				
	shakes received ther					
	,	re responsible for serving the				
		residents at meal time.				
		d in the kitchen area for the				
	-	for which residents received ow many times daily they				
	were to receive them					
		Coordinator (RCC) or the				
	Medication Aides (M	A) would give the dietary staff				
	•	e list of residents receiving				
	mighty shakes and h					
		t served a mighty shake at ecause she was not on the				
	list to receive a might					
	Interview with the RC	C on 02/03/20 at 8:48am				
	revealed:					
	-The process when r	eceiving orders was to fax				

STATE FORM

ECV211

STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		HAL049010	B. WING		01	R I/ <b>03/2020</b>	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
ROWN C	OLONY		MMERCIAL DRIVE				
		MOORE	SVILLE, NC 28115				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 310	Continued From page	e 2	D 310				
	the order to the phar	nacy and get confirmation					
	the order was receive						
		goes into a pharmacy tote,					
	the pharmacy picked up the tote nightly. -The RCC and the MAs could fax orders to the						
	pharmacy.						
	-The fax confirmation was attached to the order						
	and placed in the resident's record.						
	-The new order or any changes were						
	documented in the resident's progress notes in						
	the resident's record.						
	-Pharmacy placed the order entry on the eMAR,						
	then facility staff were to verify the order with the						
	hard copy.						
	-The mighty shakes should be on the eMAR for						
	the staff to administer to Resident #4 three times daily.						
	•	the order for the mighty					
	shakes three times daily for Resident #4 was not						
	on the eMAR.						
	-The RCC and the M	As were responsible for					
	relaying dietary order	•					
		nt list with new orders.					
		Resident #4 did not receive					
	mighty shakes three	times daily as ordered by the					
	physician.	, ,					
	Review of Resident #	4's progress notes dated					
	12/11/19 revealed:	-					
	-Resident #4 was see	en by the NP on 12/11/19.					
	-Resident #4 had no	new medications changes.					
	-Resident #4 was ordered several laboratory						
	studies.						
		ent #4's Nurse Practitioner on					
	01/03/20 at 8:54am r						
	-Resident #4 was new	<i>w</i> to the facility.					
	-She had seen Resid	ent #4 on 12/11/19 and had					
	written an order for m	nighty shakes three times					
	daily.						

Division of Health

ECV211

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL049010	B. WING		01	R / <b>03/2020</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		
	OLONY					
			SVILLE, NC 28115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	93	D 310			
	-She thought Resident #4 looked fragile, frail and underweight. -The NP was unsure of Resident #4's nutritional					
	status or her eating habits. -She expected the facility to follow the orders as					
	written for the mighty shakes three times daily to					
	Resident #4.					
	-She was not aware the order for the mighty					
	shakes three times a day for Resident #4 was					
	never implemented. -She did not know Resident #4 weighed 110					
	pounds on admission (11/18/19) and 101 pounds					
	on 12/10/19.					
	-She was not aware the facility changed from a					
	stand-on floor scale to a digital scale in					
	December 2019.					
	Telephone interview with the facility pharmacist on 01/03/20 9:05am revealed:					
	-Resident #4 did not have an order for mighty					
	shakes three times daily.					
	-The facility was responsible for faxing new					
	orders to the pharma	-				
		esponsible for entering the				
	new order on the eM	-				
	-The facility was responsible for accepting the new order prior to the MAs administering the					
	medications or treatment.					
	-Mighty shakes were used as a supplement for					
	improving weight and adding protein and vitamins					
	to the resident's nutri	tional status.				
	Interview with the facility manager on 01/03/20 at					
	9:20am revealed: -She relied on the RCC and the MAs to fax new					
	orders to the pharmacy and receive confirmation. -She did not know the mighty shakes were never					
		dent #4 or that the ordered				
	was never implement					
	-	nt #4's mighty shakes were				

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OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
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	HAL049010	B. WING		01	/03/2020	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE			
OLONY						
(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From page	e 4	D 310				
faxed to the pharmace eMAR system. -The staff should hav shakes to see why th Resident #4's eMAR. -The facility changed to a digital scale in D Observation of Resid 9:32am revealed she a walker to the stand weight was 102.8 por Interview with the Add 9:40am revealed: -She was not aware f mighty shakes three -She did not know the mighty shakes was n eMAR. -The facility faxed Re mighty shakes to the pharmacy never enter eMAR. -She relied on the RC to implement new reso on the completion of Based on record revit	ey but was not entered on the e followed up on the mighty ey were not added to from a stand-on floor scale ecember 2019. ent #4 on 01/03/20 at ambulated with the assist of up digital scales, her current unds. ministrator on 01/03/20 at Resident #4 had an order for times daily. e order for Resident #4 ever implemented on the sident #4's order for the pharmacy, but the red on the order on the CC, MAs, and the manager sident's orders and follow-up the new orders. ew, observations, interviews					
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page faxed to the pharmace eMAR system. -The staff should hav shakes to see why th Resident #4's eMAR. -The facility changed to a digital scale in D Observation of Resid 9:32am revealed she a walker to the stand weight was 102.8 pool Interview with the Add 9:40am revealed: -She was not aware I mighty shakes three -She did not know the mighty shakes was n eMAR. -The facility faxed Re mighty shakes to the pharmacy never enter eMAR. -She relied on the RC to implement new reso on the completion of Based on record review with staff it was deter	HAL049010         STREET A         SUMMARY STATEMENT OF DEFICIENCIES         SUMMARY STATEMENT OF DEFICIENCIES         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 4         faxed to the pharmacy but was not entered on the eMAR system.         -The staff should have followed up on the mighty shakes to see why they were not added to Resident #4's eMAR.         -The facility changed from a stand-on floor scale to a digital scale in December 2019.         Observation of Resident #4 on 01/03/20 at 9:32am revealed she ambulated with the assist of a walker to the standup digital scales, her current weight was 102.8 pounds.         Interview with the Administrator on 01/03/20 at 9:40am revealed:         -She was not aware Resident #4 had an order for mighty shakes three times daily.         -She did not know the order for Resident #4 mighty shakes was never implemented on the eMAR.         -The facility faxed Resident #4's order for the mighty shakes to the pharmacy, but the pharmacy never entered on the order on the eMAR.         -The relied on the RCC, MAs, and the manager to implement new resident's orders and follow-up on the completion of the new orders.         Based on record review, observations, interviews with staff it was determined that Resident #4 was	A BUILLING:	A BUILING:         HAL049010         B. WING         ROVIDER OR SUPPLIER         SUMMARY STATEMENT OF DEFICIENCIES         ID         PROVIDER'S PLAN OF         SUMMARY STATEMENT OF DEFICIENCIES         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID       PROVIDER'S PLAN OF         Continued From page 4       D 310         faxed to the pharmacy but was not entered on the eMAR system.         - The staff should have followed up on the mighty shakes to see why they were not added to Resident #4's eMAR.         - The facility changed from a stand-on floor scale to a digital scale in December 2019.         Observation of Resident #4 on 01/03/20 at 9:32am revealed she ambulated with the assist of a walker to the standup digital scales, her current weight was 102.8 pounds.         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WING     Ot       ROWDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     291 COMMERCIAL DRIVE MOORESVILLE, NC 28115     291 COMMERCIAL DRIVE MOORESVILLE, NC 28115     0     PROVIDER'S PLAN OF CORRECTION (EACH OERICENCY MUST BE PRECEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION)     D     PROVIDER'S PLAN OF CORRECTION (EACH OERICENCY MUST BE PRECEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION)     D     PROVIDER'S PLAN OF CORRECTION (EACH OERICENCE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY)       Continued From page 4     D 310     D     Continued From page 4     D 310       The staff should have followed up on the mighty shakes to see why they were not added to Resident #4's eMAR.     D     D       The facility changed from a stand-on floor scale to a digital scale in December 2019.     D     D       Observation of Resident #4 an 01/03/20 at 9:32am revealed she ambulated with the assist of a walker to the standup digital scales, her current weight was 102.8 pounds.     Street for Resident #4 had an order for mighty shakes was never implemented on the eMAR.       The facility faxed Resident #4 had an order for mighty shakes was never implemented on the eMAR.     Street for Resident #4 had an order for mighty shakes was never implemented on the eMAR.       The facility faxed Resident #4 factor of the emighty shakes was never implemented on the eMAR.     Street for the resident #4 had an order for mighty shakes was never implemented on the eMAR.       The facility faxed Resident #4 had an order for the emighty shakes to the pharmacy, but the pharmacy never entered o	

ECV211