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D 000	Initial Comments		D 000		·	
,	annual and follow-up 2019 through Nover	nsure Section conducted an p survey on November 20, mber 22, 2019 with an exit shone on November 25, 2019.				
D 119	0A NCAC 13F .0311	(j) Other Requirements	D 119			
100	<ul><li>(j) Except where oth facilities housing per without staff assistar residents with hand I</li></ul>	1 Other Requirements nerwise specified, existing isons unable to evacuate nce shall provide those bells or other signaling uplies to new and existing				
   †   <b>1</b>	failed to ensure resid	ns and interviews, the facility lents unable to evacuate ice were provided a hand bell				
-	The findings are:		ļ			
1   ii	10/21/19 revealed dia nfarction, chronic kid	6's current FL2 dated agnoses included cerebral ney disease, and lux disease (GERD).				
p  -	eass on 11/21/19 at 1 Resident #6 walked o	ent #6 during the medication 1:12am revealed: down the hall towards the old the medication aide (MA)				
t/   -{   n	nat he was having ch She asked Resident itroglycerin tablet (us	est pain. #6 if he wanted a ed to treat chest pain).				
tr   -1	ne MA found the med	d that the resident may				

Reviewed and Accepted 01/29/20 PH

#### Tag. 119 10A 13 F .0311 (j) Other Requirements

Johnson Better Care staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan, and current symptoms.

BOM and RCC immediately began to review and identify each resident to determine those at risk for falls and who are mentally or physically unable to evacuate without assistance and ensure appropriate interventions were put in place, including supervision and hand bells. The identified residents were given hand bells. BOM and RCC or designee to conduct weekly falls meeting to review effectiveness of interventions and to review newly identified residents at risk for falls.

These meetings will be documented and reviewed with the Administrator. A Hotspot communication log has been implemented and will be checked daily for any changes in resident's status that need to be addressed.

BOM and RCC of designee will conduct daily rounds to ensure supervision is being provided in accordance with the residents' needs. Fall prevention training was provided for the staff on 12/17/19. All newly hired staff will attend this training going forward.

#### Tag. 164. 10A NCAC 13F .0505

POP on 11/22/19. Med Tech's were supervised for med passes until training was completed on November  $25^{\text{th}}$  2019 for Diabetic Care. All medication related staff attended this class.

See attached class outline for state requirements. This training is covered in the 15 hour training that all staff attended.

All online CEU's from Relias online training for current staff has been completed by all staff. The deadline for the annual completion was 12/31/19.

BOM and RCC or designee will monitor staff going forward to ensure training is up to date and in compliance with rules. This will be monitored monthly by BOM and RCC or designee.

See attached classes and outline of classes.

corrected 11/25/19.

#### D. 165. 10A NCAC 13F .0506 Physical Restraints

Physical restraints have been removed, and appropriate safety measures put in place including increased supervision and floor mats. Patients were also given bells and encouraged to ring bells when they needed assistance. The facility will ensure that if a restraint is ordered for a resident as a last resort, the staff will receive appropriate training. This will be monitored by the BOM, RCC or designee to ensure compliance with the rules going forward.

# D. 271. 10A NCAC 13F .0901 Personal Care and Supervision

\*Refer to Tag. 119.\*

A Hotspot documenting method was implemented by the facility BOM and Administrator. Staff have been trained on how to use this form. All concerns are to be documented in Hotspot document. These reports will be checked daily by BOM and RCC to ensure follow up measures are taken to address concern immediately.

A laundry position has been created so aides can spend more time supervising and assisting residents.

Weekly meetings will be held to ensure tools are being used and to monitor outcomes for the first 90 days and monthly meetings thereafter.

All staff received Residents Rights training on 12/3/19 by Intrepid Health Services.

# D. 276. 10A NCAC 13F .0902 © (3-4) Healthcare

BOM and RCC audited all orders immediately against EMAR system to ensure accuracy.

RCC will be responsible for tracking orders daily to ensure all orders are followed and documented.

All orders will be signed and dated by person reviewing and faxing orders to Pharmacy or doctors' offices.

They will also print a fax confirmation and attach it to ensure completion.

Pharmacist came from contracted LTC Pharmacy on 12/23/19 to go behind BOM and RCC to ensure accuracy.

Meeting held with all staff to ensure they follow through all orders and provide documentation of same. Staff will encourage all residents of the importance of treatments deemed necessary for health and safety.

A new recliner was purchased for #1 to encourage leg elevation. #1's PCP advised he still will not use his compression pump.

Staff will continue to encourage residents and try to re-direct when they do not like the taste, smell, or consistency of medication or treatment.

Staff will explain what it is for and the potential health outcomes and report to RCC or BOM. If resident still refuses, resident will be requested to sign a refusal form when refusing treatment or medications.

Corrected on 12/23/19.

# Tag 282. .0904. (a) (1) Nutrition and Food Service

Harnett County Health Department re-inspected the facility on 11/21/19 and the facility received a 95 (A).

A plastic box was purchased and sanitized. The scoops are sealed in the box when not in use.

All containers are labelled and dated. All containers have been cleaned and sanitized or replaced with new ones.

A conversation was had with HC Health Inspector on 12/31/19 in relation to contamination potential from food containers states this is not an issue.

The kitchen is cleaned daily. A new ice machine cleaning log has been implemented. BOM or designee will monitor kitchen daily.

Corrected on 11/21/19.

# Tag. D316 10A NCAC 13F. .0905 © Activities Program

There are 16 hours of scheduled activities per week. The karaoke was rescheduled and completed on 11/23/19 (hosted by BOM), as RCC was not feeling well.

Residents go to stores and eateries every day Monday-Friday. Residents go to Walmart per request at least 1 day a week.

Staff will continue to encourage participation in activities and all staff will participate in activities. Resident council meetings are held each month. Meetings were last held on the following dates:

11/16/19 at 9:30-10:30 a.m., 12/11/19 at 9:30-10:30 a.m., and 01/08/20 at 9:30-10:30 a.m. All residents will be encouraged to attend and suggest new activities they would like to do.

Facility will organize and reinstate visits to the cinema or bowling every other month.

Activities director has received a reduced schedule on RCC duties to attend more activities. BOM will take over RCC duties. New BOM hired on 01/13/20 (start date).

Corrected on 12/4/19.

#### Tag. D.338 10A NCAC 13F. .0909 Residents Rights

New Administrator hired on December 21\*. New BOM hired with a start date of 01/13/2020. Assistant Administrator to attend NCALA's AIT Program in February. Immediately reviewed all staff with any allegations or write ups for misconduct, abuse, and neglect accusations. Staff have been relieved of duty.

Current BOM and RCC trained in how and when to do a 24 hour and 5 day report to HCPR per rules and regulations and company policy on 12/23/2020.

24 hour report was completed on these allegations on DSS, HC Sheriff Department, PCP and family members all notified of allegations. This investigation is ongoing and pending outcome.

All staff attended a Resident's Rights in service by Intrepid on 12/3/19. All staff to notify supervisors, BOM or RCC of any allegations of abuse or neglect by a resident, their family, staff and visitors.

Activity Director will address concerns of residents in monthly resident council meeting. She will also interview residents monthly to ensure their rights are being upheld.

Reporting to the HCPR rule will be followed per rules and regulations.

New policy has been implemented for anyone who has witnessed a situation. They must fill out the new grievance paperwork and give it to supervisor, RCC or BOM.

See attached Grievance form.

Stand up meetings and monthly meeting will be held by Administration, BOM, and RCC to ensure policies and procedures are being followed per rule.

Corrected 12/23/2019

## Tag 358 10A NCAC 13F .1004. (a) Medication Administration

POP implemented on 11/22/19. It was applied.

All MA staff received a Diabetic Training class on 11/25/19. All MA staff completed their CEU's on Relias online training.

They had a completion due date of 12/31/19 per rule to be in compliance with state rules and regulations.

New Administrator hired on 12/21/19.

New BOM hired on 01/13/20.

Orders for coumadin on patient #6.

All directions were followed per PCP's orders. All orders were immediately audited against EMAR orders system to ensure accuracy by RCC and BOM. Pharmacist audit was done on 11/25/19 to ensure all orders were accurate.

RCC and BOM will ensure all orders are sent and received by pharmacy.

Refer to Tag 367 for New Medication Policies

BOM, RCC, Administrator and a designee will follow new policy going forward.

Corrected on 12/25/19.

## Tag 366 10A 13F .1004 (i) Medication Administration

POP implemented on 11/22/19. It was applied.

Please see attached documentation in relation to Resident # 6 and # 8, from Pharmacy and PCP.

Please refer to Tag 164,276, 119, 338, 367 and 358 respectively.

Corrected on 12/25/19

## Tag 367 .1004 (j) Medication Administration

POP implemented on 11/22/19. It was applied.

All MA staff were trained on how to document standing ordered medications on the EMAR to ensure accuracy and safety.

All MA staff received a Diabetic Training class on 11/25/19. All MA staff completed their CEU's on Relias online training.

## Administrative and Supervisory Staff will:

Review Daily Summary Report on QuickMar to monitor staff behavior.

Utilize Recent Order Profile Changes report on QuickMar to monitor staff behavior.

Utilize Medication Pass Details report on QuickMar to monitor staff behavior.

Utilize Medication Cart Audit report to conduct med cart audits routinely.

Procedure created to process all new orders.

Procedure created to file all orders in a timely manner.

Plan of Correction Action Plan for Medication Administration:

# Bullets 1-3 to be completed for 6 months and continued quarterly

- 1. Facility medication audit weekly (1 cart per week).
- 2. Pharmacy will complete monthly cart audit to review staff audits and provide a report.
- 3. Pharmacy will complete monthly medication pass with medication techs and provide a report.
- 4.All medication staff will retake eMAR training by the end of January 2020.
- 5. Any new staff will take eMAR training prior to administering medication unsupervised.
- 6. Any new staff will take diabetes training within 30 days of hire.

Please refer to Tag 164, 276, 119, 338, and 358 respectively.

Corrected on 12/25/19

## Tag 438 10A NCAC 13F .1205

New Administrator hired on December 21st. Assistant Administrator to attend NCALA's AIT Program in February. Immediately reviewed all staff with any allegations or write ups for misconduct, abuse, and neglect accusations. Staff have been relieved of duty.

BOM trained in how and when to do a 24 hour and 5 day report to HCPR per rules and regulations and company policy. 24 hour report was completed. DSS, HC Sheriff Department, PCP and family members all notified of allegations. This investigation is ongoing and pending outcome.

All staff attended a Resident's Rights in service by Intrepid on 12/3/19. All staff to notify supervisors, BOM or RCC of any allegations of abuse or neglect by a resident, their family, staff and visitors.

New policy has been implemented for anyone who has witnessed an incident. They must fill out an incident report after the situation has been assessed by a supervisor. The new grievance paperwork and give it to supervisor, also document on hot spot which is checked daily by RCC or BOM.

See attached Grievance form.

Stand up meetings will be held as needed a weekly meeting will be held for the first 90 days and monthly thereafter by BOM, RCC and designee to ensure policies and procedures are being followed per rule.

Corrected on 12/23/19

# Tag 980 GS 131D Implementation

New Administrator hired on 12/21/19.

New BOM hired on 01/13/20.

Refer to tag 119

Refer to tag 164

Refer to tag 165

Refer to tag 271

Refer to tag 276

Refer to tag 282

Refer to tag 316

Refer to tag 338

Refer to tag 358

Refer to tag 366

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Refer to tag 451

FORM APPROVED

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		and he stated, "it wo -The MA found a ch living room located -The MA helped Re- administered one ni	air for Resident #6 in the next to the medication cart. sident #6 sit down and she troglycerin tablet.				
		revealed: -He did not think "the at the facilityHe had fallen arour monthsHe recently fell betwoom, hit his head at shoulderOne night he tripped and fell hitting his facing nose"The staff made rour around twice per shift-lt took facility staff a he had to "yell for he a call system to call s-He had gone to the evaluation for two fall talked him into not go medical evaluation, at the floor and was abloed.  Observation of the well/20/19 at 9:23am a	long time to respond when lp" because he did not have staff for assistance. hospital for medical ls, two falls the third shift MA ping to the hospital for and one fall he crawled on e to pull himself up onto the				
	t	vomen's hall revealed	sidents' room located on the				

		MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G:		E SURVEY IPLETED	
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	D 119	system in the bedrod -There was not free- night stands or place -Interview with a resi revealed: -There was not a cal -She goes to the doo -Staff sometimes res Interview with a seco 10:07am revealed: -She had a free-stand -She kept the free-stand	om. standing bells located on the ed reachable to the residents. Ident on 11/20/19 at 9:55am I bell system in their room. or and "holler help". ponds to her calls. Ind resident on 11/20/19 at	D 119				े प्राप्त
		10:16am revealed: -She had been a residueShe had never had a roomShe "called out" for a help.	dent for three years. free-standing bell in her ssistance when she needed resident on 11/2019 at		The second of the second			
		10:23am revealed: -She had been a resid -There had not been a -There had not been a in her room.	ent for seven years. call system in her room. free-standing bell placed phone to call staff when					
		out for assistance whe	ovided a way for him to call					

Division of Health Service Regulation

STATE FORM

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	f · f · f · f · f · f · f · f · f · f ·	months.  -He recently fell betw room, hit his head, s had no way to call st the floor. His roomm, him off the floor befo hospital for evaluatio. He had chest pain o to the nurses station the Medication Aide.  -Staff made rounds a twice per shift.  -It took staff "a long ti would "yell for help".  -He had his cell phononce, and used his cell phononce, and used his cell phononce, and used his cell phononce, and pull himself is He wanted a call system accould not get the atternation and pull himself is He wanted a call system in the work with the Bus BOM) on 11/20/19 at She did not know an equired for the reside Residents with a physical phononce in their rooms. The bells were placed	veen the two beds in his eperated his shoulder, and aff to help him get up off of ate had to find staff to assist re he was sent to the n.  In 11/21/19 and had to walk to report his chest pain to and checked on him usually me" to respond when he in his pocket when he fell phone to call 911 when he ation of staff.  Ind was able to crawl on the up onto the bed.  Item provided to him by the transistance from the staff iness Office Manager 3:40pm revealed:  Inceptable of the period of the staff of	D 119	DEFICIENCY		
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	was required for the -Free-standing bells residents and placed -The bells were remandable and bells and bring them coffeeThe residents were physician's order for free-standing bell was residents.	at an operational call system residents. had been purchased for all in their rooms. byed because residents it would call the facility staff to required to have a a call bell and a s given to only those specific residents with a physician's ta call system for the				
	Diabetic Resident  10A NCAC 13F .0505 Diabetic Residents An adult care home s the care of residents unlicensed staff prior insulin as follows: (1) Training shall be purse, registered phain practitioner. (2) Training shall included in the management of (b) insulin action; (c) insulin storage; (d) mixing, measuring for insulin administration.	ude at least the following: diabetes and care involved diabetes; and injection techniques on; vention of hypoglycemia	D 164			

Division of Health Service Regulation

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Refer	to the interview with the A	loni-1		1			1	- 1
Admini	strator (AA) 11/21/19 at 2	ssistant					.	ı
1	v vy 11/21/19 at 2	2:58pm.		1	•		1	- 1
							1	1
Rofer +				1			1	- 1
Refer to	of the facility	's Pharmacousting					F	
Refer to	o the review of the facility and Procedure Manual. Regulation	's Pharmaceutical						ı

If continuation sheet 8 of 114

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TPLE CONSTRUCTION	FORM AF
		1	A. BUILDIN	NG:	(X3) DATE SURV COMPLETED
<del></del>		HAL043003	B. WING_		1
NAME OF	PROVIDER OR SUPPLIER				R
		STREET	ADDRESS, CITY, S	STATE, ZIP CODE	11/25/20
	N BETTER CARE FACILIT	Y, INC. HWY 30	)1 NORTH		
(X4) ID	SUMMARY STA	TEMPNEO	NC 28335		
PREFIX_ TAG			ID -	PROVIDER'S BLANCE OF	
	NEGOLATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCE) TO	
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2 104	Continued From page	7	D 164	DETICIENCY)	
1			1 2 104		
	2. Review of Staff C's, I	medication aide (MA)		the transfer that the section	1
,	Faragring record tenes	IAU.		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	-Staff C was hired on 0	5/01/19.			1
1.	There was no documer	ntation that Staff C had		the state of the s	i
				*	
	on 05/21/19.	Training was completed	1		
-	The Medication Clinical	Skills Charleins			1
0	completed on 05/21/19.	THE OFFICIAL WAS			
√R	eview of a residents ele	ctronice Medication			
A	annuaranon kecold (el	MAR) for October 2010			
ine	taff C documented she	had administered			
	sulin injections on 10/26 D0am.	/19 and 10/27/19 at		· · ·	
-S:	taff C documented shall	and admirist			1
				n var de se en	
)	an o pocomented shall	المامل		And the second s	1
,	and undections on 10/03/	10 10/40/40 45/5			.
and	1 10/23/19 at 3:45pm an	d 8:00pm.			
ĺ			1	•	
	riew of a residents eMAl ≘aled:			n de la companya de l	
-Sta	ff C documented she ba	ad administra			1
,.,	mjednoms on 11/10/1	9 at 7:00am 40:45		و الرابع الرابع الأولى الأولى الرابع الر والرابع الرابع الر	.
-Stat	f C documented she ha	d administered			
	in injections on 11/09/19 3/19 at 8:00pm.	9, 11/10/19, and			
1	- · • ат оторш,			÷	
Atten	npted telephone intervie	M/ 14/15 44- 5		F .	1
	~~~~ Li ii 3 Hurse on 11	/21/19 at 10:24==			
was u	nsuccessful,	17 0 at 10.24am			<del>[-</del>
Tolor					
10:30	none interview with Staff	C on 11/21/19 at		······································	
Care A	as working at the facilit ide (PCA) and MA "in tr	y as a Personal		en e	
	e Regulation	aining". (			

	on of Health Service Reg				E. CKIN	ITED: 12. ORM API
ANDPO	AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI	E CONSTRUCTION		OKW AP
1		NOMBER:	A. BUILDING:	2 CONSTRUCTION	(X3) D4	TE SURVE
		1	- 20,00,140;		co	MPLETED
ļ	<del></del>	HAL043003				LLILO
NAME OF	PROVIDER OR SUPPLIER	2010003	B. WING	·	'	R
1		STREET	DDDCoo -	· · · · · · · · · · · · · · · · · · ·	1	1/25/201
JOHNSO	ON BETTER CARE FACILIT	De man	DDRESS, CITY, STA	TE, ZIP CODE		
ļ	ACILII	Y, INC. HWY 301	NORTH	,	•	
(X4) ID	SUMMARY STA	DUNN, N	C 28335			
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D 164	Continued From page			CROSS-REFERENCED TO DEFICIEN	/ INF ADDDARD	DA
	handed from page	3	D 164			
	-She thought she had r	eceived training	104			<del>                                     </del>
			1			1
1	when she had received	the training not remember				1
1	it.	is but could not remember the training or who taught	1 1			1
1	-She administered mod:	4:				1
1	injections to residents wanother MA	cauons and insulin		•		1
		MA examination but had				
1,	rescheduled to restal	MA examination but had		•		
1 -	rescheduled to retake the	examination.	.			
1 "	Medication Clinical Skills	Checklist in May 2019			•	
	Pofor to the control	, 55 10.			1	
10	Refer to the interview with Janager (BOM) on 11/04	the Business Office		•		
10.	lanager (BOM) on 11/21/	19 at 9:15am				
	efer to the interview with	the Resident Care				
100	pordinator (RCC) on 11/2	1/19 at 9:38am				
for	efer to the interview with a	a pharmacist from the	1		_	
		CV 11/21/19 at	1		Tarana Tear	
415	55pm.	3 - M = 13 10 at	ł		-	
	_					
Ref	fer to the interview with th	ne Assistant				
Adn	ninistrator (AA) 11/21/19	at 2:58pm				
			}			
Refe	er to the review of the fac by and Procedure Manus	sility's Pha-	}		1	
Polic	cy and Procedure Manua	inty's Pharmaceutical				
1	- 171411130	l	j			
Inter	view with the Business C	) <del>(</del>	1			
				•		
			ļ	÷ ÷		l
either	duling the training neede	Tor employees	1			- 1
with th	by online training, with the facility's contrasts the	he pharmacy, or	1			- 1
			·			- 1
			1	***	1	- 1
-Sho 4	i-hour medication training	i7	1.			- 1
) One u	I'U HOEKDOM/Staff D	S				- 1
CH-E	eted their diabetic care to	aining.	1		1	- 1
	Zanu C nan administrata	insulin injections				- 1
to resid	lents.	The surrange cuons				
Line III.		J	[		į į	i

ANDPLA	ENT OF DEFICIENCIES NN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE	E CONSTRUCTION	FORM AP (X3) DATE SURVE
					COMPLETED
NAME OF	PROVIDER OR SUPPLIER	HAL043003	B. WING		R
		STREET	ADDRESS, CITY, STA	ATE ZIR CODE	11/25/20
JOHNSC	N BETTER CARE FACILI	TY, INC. HWY 30	1 NORTH	" L, ZIF CODE	
(X4) ID		DUNN N	IC 28335		
PREFIX		ATEMENT OF DEFICIENCIES	ID		1.1599
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT	ION
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D 164	Continued From page	g		DEFICIENCY)	PRIATE D
			D 164		
	-She was responsible	for auditing personnel		the the state of the first	
1	records "ever so often" completed training.	for expired and/or			may per
1	-The diabetic care train	ing for MA's was provided			1
	as an online course.	was provided	1 1		J- ·
				•	
	Interview with the Resid	lent Care Coordinator			
	V 100) OH (1/21/19 at G	38am rouge - 1 /	1 1		
l l	Figure 200 Of the BOW.	cobodul- J	1		
-	employees for their requirements.	ired training.		<del>.</del>	
		pharmacy provided the			
-	The BOM was responsi	ple for auditing personnel	-		
	The contract that announced	istered insulin injections	1		
to	residents.	ingecatoris			
Te	elephone intensions are				
fac	elephone interview with a cility's contracted pharm	a pharmacist from the	1		
	P III I C V C a IEI I	1	ļ		Tan 1977
-Ti	he nurse or a pharmacic	it from the pharman	1		
	THE COURT OF THE COURT OF THE TREE TO SERVICE THE TREE THE TREE THE TREE THE TREE THE TREE TRE	DID ~ E !! F !	1		- " "
,	'Y "G" "I'U WAS AVANANI	office - t		· · · · · · · · · · · · · · · · · · ·	•
			1	A Company of the Comp	
mer	e training was included	during the 15 hour	1	The state of the s	1
pha	macy or in the facility	mpleted either at the			·
~ I DE	training included review	Wing bypo-file		Industry (	
, ,, ,	・・マンマン・ハロ、うけいけつ ぐつうに	insulin and insulin	1		
adm	inistration	and insulin	1		
int	eria				
11/24	view with the Assistant /	Administrator (AA) on	1	terrer i u francisco ere e ere ere ere ere ere ere ere ere	
					- 1
	vas responsible for the ocility.		1	the state of the s	
-He d	id not know that Staff P	and Charles	1		
11100	VOC BOOLEON MORE FOR		1		
1 -0.100	umy (Cuulien Training 6	t - sr	-		
I -He kn	ew that Staff B and Sta	# C b-d	1		1

	AND PLA	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000						- 1	NTED: 12 FORM AP
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			- EATH CATION NUMBER:	(A2) MU	CLIPLE CO	NSTRUCTIO	)N			——————	
				A. BUILD	DING:					(X3) E	ATE SURVI
				1				•		C	OMPLETED
	NAME OF		HAL043003	B. WNG						-	
	NAME OF	PROVIDER OR SUPPLIER						_			R
Ľ.			STREET	ADDRESS, CITY,	STATE ~						11/25/20
<u> </u>	OUNNSO	N BETTER CARE FACILIT	Y. INC HWY 3	01 NORTH	, OTALE, Z	IP CODE					
- 1		1	Dime	OLNOKIH							
1	(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES	NC 28335			÷ ÷				
- 1	TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING	ID							
		MEGULATURY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX	1	PR(	OVIDER'S F	LAN OF C	ORRECTION	ON	
				TAG	1	CROSS_#	CORRECT	IVE ACTIC	ON SHOUL	D BF	0
	D 164	Continued From page 1			1			ED TO TH FICIENCY		PRIATE	COM
1	1	1 rolli page 1	0	D 48:	<del>-  </del> -		·	TOIENCY,	)	•	
1	1	administered insulin to c	liahati-	D 164	1		_				<del></del>
				1							1
1					1						
1	- 1	be monitored and update documentation.	ed with current training	1	1			-			1.
1	}	эчтенавоп,		1	1						1
1	1.	Douglass									1
	1 !	Review of the facility's Ph Procedure Manual reveal	armaceutical Devi-	1	1						1
		Procedure Manual reveal	ed:	1							1-
		Udilillia on the core - c		1	1						1
	İs	provided to unlicensed a	t-# diabetes	1	1						1
	a	dministration of incular	stall phor to the	1 1	1					į	
	_"	Unlicensed staff may not the subcutaneous injustion		1							
	of	her suboutoned	administer insulin or	1 1						1	
	th	her subcutaneous injecti e requirements for training	ons prior to meeting	1						1	
	1 1/2	e requirements for trainin	g and competency							1	
	l va	lidation."		1					·		
	1=									1	
	In	e facility failed to ensure eived training on the care	all medication	1							
	rec	eived training on the care ore administering insulin	e of disheti	1					*	• •	
	bef	ore administering insuling diabetic residents at date	This file	1							
	allo	diabetic residents at rick	This failure placed						+ 32		
	and	diabetic residents at risk it was detrimental to the hard are of the residents and	or incorrect dosing	}	-						
	well	fare of the residents and ation.	ealth, safety, and	ĺ							
	Viola	ation	constitutes a Type B					-		1	
			7,							1	
	The	facility	:	1						1	
	200-	facility provided a Plan o	Protection in	1						}	
	#L:	rdance with G.S. 131D-3 riolation.	4 on 11/22/10 for	1							
	unis v	iolation.	11122119 (0[	1					-		
•	1_		1	1							
	COR	RECTION DATE FOR TH	15 70 (D= -	1	=					1	
	VIOLA	ATION SHALL NOT EXC	IC TARE B	1		•					
	2019.	- " "- LIVOT EXC	EED JANUARY 9.	1		-	: ,			1.	
1	1		· 1	1						1	
D 166	40		1	1							- 1
- 103	TUA NO	CAC 13F .0506 Training	On Physical	1	_					1	- 1
- 1	Restra	ints	On Physical D 1	65			1		- 41		
1		**	•								- 1
	10A NO	CAC 13F .0506 Training (	_	1						1	- 1
1	Restrair	nts	On Physical	1						1	- 1
1				1						1	- 1
11	'a\ ^= -	S.al 61		1							- 1
1	.ч/ АЛ 8 200-	adult care home shall ass	sure that all atom	1							- 1
10	espons	ible for caring for residen	te with 1	1				-		1	1
Un= 111		Regulation	with medical	1						1	- 1

PRINTED: 12/17/2019

AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 5:	FORM AF  (X3) DATE SURV COMPLETED
		HAL043003	B. WING	-	R
NAME OF	PROVIDER OR SUPPLIER	CIDIET			11/25/20
JOHNSO	M DETTED CARR	STREET	ADDRESS, CITY, S	TATE, ZIP CODE	
00111130	N BETTER CARE FACILIT	Y, INC. HAVY 30	1 NORTH IC 28335.		
_ (X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES			
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE con
D 165	Continued From page	11	D 165		
	symptoms that warrant the use of alternatives	restraints are trained on to physical restraint use dents who are physically	D 163		
	This Rule is not met as Based on observations, reviews, the facility faile restraint training for 3 of B, and C) who provided orders for physical restractions.	interviews, and record d to provide physical 4 staff sampled (Staff A, care to two residents with			
-1 -7 -1 -1 -1 -1 -1	Observation of a resident 1/20/19 at 10:33am reverse resident was lying in bead of bed elevated. There was a bedrail pulled position on the right side of the bedrail on the left side wered position. There was a walker location the bed.	ealed: ed on her back with her ed up into a raised of the bed. de of the bed was in a			
-Th out -Th the	erview with the resident: 33am revealed: ne resident did not have t of bed. ne bedrail was used to put bed. ne climbed around the be	any issues with falling			
Inte (BO -Bed resid a lap	rview with the Business M) on 11/21/19 at 9:15a drails were used as a redent to keep them from to belt was used as a restent to keep them from form from from from from from fro	Office Manager m revealed: straint for one falling out of bed, and	-		

	ATEMENT OF MEAITH SERVICE REC PLAN OF CORRECTION			•	PRINT	ED: 12
-	LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUTT	Plus	FO.	RM AP
- 1		IDENTIFICATION NUMBER:	( ta) ( ( d ( ) )	PLE CONSTRUCTION		_
		1	A. BUILDING	G;	(X3) DATE	E SURV
		HAL043003	1		СОМ	PLETED
NAM	E OF PROVIDER OR SUPPLIER	7 1AC043003	B. WING		1	_
	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	CTO	<del></del>		ľ	R
JOH.	NSON BETTER CARE FACILIT	SIKEETA	ADDRESS, CITY, ST	TATE, ZIP CODE	11/	25/20
<u> </u>		1, INC. 1987 301	NORTH			
(X4)		DUNN, N	C 28335			
PRE	FIX (EACH DEFICIENCY	OF DEFICIENCIES				
TA	REGULATORY OR LE	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID D	PROVIDER'S PLAN OF CORRECTION		
<b> </b>		MEORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE ABOULD B	_	(
D.	165 Continued Care				t j	COM
	page From page	12	†	DEFICIENCY)	"=	D/
1	wheelchair		D 165			
l	-There was no docume	-4	1 1			
1	C had received train	ntation that Staff A, B, and	1			
	C had received training restraints.	for the use of physical	1 1	<del></del>		
ŀ	-She did not a=	- J			- 1	
	-She did not answer why completed.	/ training had not been			1	
	-She was -				1	
	-She was responsible for employees for their require	scheduling new		••	-	
	employees for their requi	red training	1			
			}	•	1	
	herself were responsible records "ever-so-offen" to	for monitoring pos-				
	records "ever-so-often" to training has been complete	make sure and		•		
	training has been complet	ed employee	1			
	1		ĺ		1	
į.	Interview with the Residen (RCC) on 11/21/19 at 0:39	t Cara Cara	1			
-	(RCC) on 11/21/19 at 9:38	am revealed	1	•	1	
1		nte with "	1		. 1	
- 1	orders for restraints.	me with physician	1		1	
1	-Either herself or the DOM	Word -	1	· •	1	
}.	scheduling employees for re- Restraint training was to	vere responsible for	1		]	
	-Restraint training was to be	÷quired training.	1		"   "	
10	contracted nurse.	n by the facility's	1			
J -	Staff A, B, and C had not				1	
L	ise of physical restraints.	cerved training on the	1	the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	1	
1 -	Staff A, B, and C had not		1		-	
l re	Staff A, B, and C had not be estraint training class.	en scheduled for a	1.	1:	1	
۲- ا	he BOM was		1		1	
þe	The BOM was responsible for ersonnel records to make	or monitoring	1		1	
ге	ersonnel records to make su quired was completed	re all training	1		-	
1	quired was completed.	•	1		1	
Ta	lenhono :-+-	1				
Δia	lephone interview with a MA le (PCA) on 11/21/19 at 10v	/Personal Caro	1	·	1	
-01	de (PCA) on 11/21/19 at 10:: ne thought she had received	30am revealed	1			- 1
-31	ne thought she had received	training on the	1		1	- 1
use	of physical restraints within other.	the "last arm (		· · · · · · · · · · · · · · · · · · ·	1	- 1
moi	oths".	asi couple of	1			- 1
-She	e did not know why there wa	35.00	.		}	- 1
	THURSDAY THE BOTTON TO	700-15	1		1	ı
use	of physical restraints.	record for the	1			- 1
1						- 1
Inten	view with a PCA on 44 for	_	I			- 1
reves	view with a PCA on 11/22/19 aled: ice Regulation	9 at 11:00am	1			
1.0402		1	1	,		- 1

PRINTED: 12/17/2019

If continuation sheet 14 of 114

STATE AND F	PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVE COMPLETED
		HAL043003	B. WNG		R
NAME	OF PROVIDER OR SUPPLIER	STREE	TADDRESS, CITY, S		11/25/201
JOHN	SON BETTER CARE FACILI	TY III HWY	301 NORTH	BIAIE, ZIP CODE	
	- THE VARE PACIE		, NC 28335		
(X4) I PREF		ATEMENT OF DEFICIENCE			·
TAG	MESODAJORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	Dr. 1
. D1	65 Continued From page	13	D 165		
	-She had not received physical restraints.		D 103	TE STORY OF STREET	
	I veeb her from talling o	s on one residents bed to ut of bed.			
	keep them railing				
	1 1 1/2 1/19 at 2:58bm revi	tant Administrator (AA) on ealed:		1 m - 1 - 1 - 1	:
	I mo residente al file isci	ered physical restraints for lity.		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
	another resident to keep	al restraints for a resident out of bed, and for him from falling out of			
	-He did not know Staff A			NT CHAIR THE COLORS	
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~	c) Staff shall respond imm in accident or incident invo rovide care and intervention	IVIDO a recident to		en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co	
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monitore	and identical	ity for residents to be	1			
-Fall Riev	d and identified for	risk of falls.	1	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		
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a fall occurred	were monitored cl	reatment after	1	. [		- 1
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AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	FORM A	VEY
					COMPLETE	:D
NAME OF	PROVIDER OR SUPPLIER	HAL043003	B. WING		R	
		STREET	ADDRESS, CITY, ST	ATE ZIP CODE	11/25/2	01
JOHNSO	N BETTER CARE FACILIT	Y, INC. HWY 30	1 NORTH			
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D 271	Continued From page	15	D 271			
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	when a fai	Occurred and a fell-				
1	appointment was schen	lilleri	1 1	4 F. 2 47	232	
	<ul> <li>Staff would complete a</li> </ul>	n incident report in its	1 1			
1	onalicity for arry rail.		1			
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-	- Pulliplications of the contractions of	of the resident for 72			4	
	nours after the fall.	· , <u>-</u>			ļ	
F	Review of Resident #6's	Clurrout El O I				
1	0/21/19 revealed diagno	ses included		<del>-</del>		
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∫ ga	astroesophageal reflux o	lisease (GERD).				
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. 10	bservation of Resident # ):20am revealed:	6 on 11/20/19 at			, eq.5 .	
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from	fell recently and could n	ot get assistance		ويوجي المال المعارب المعارب المعارب	<u></u>	
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(MA)	phone to call "911" and to got "mad" at him and to	ne medication aide				
1 - 450	osca to call 9 / 1	ì				
, ⊸He d	lid not have a call system	n in his room to an"	1	- -		i
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1.2000	THE WINDS FOR THE THEORY WE WANTED	for bolass		en en en en en en en en en en en en en e	.   -	
⊣-Heh;	ad fallen five times in the	ast three month-			1	- [

பங்கமா or Health Service Regulation STATEMENT OF DEFICIENCIES PRINTED: 12/17/2019 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION FORM APPROVED (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ (X3) DATE SURVEY COMPLETED HAL043003 NAME OF PROVIDER OR SUPPLIER R STREET ADDRESS, CITY, STATE, ZIP CODE 11/25/2019 JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE Continued From page 16 DEFICIENCY) DATE -He once fell between the two beds in his room, D 271 hit his head and separated his right shoulder breaking the right clavicle bone. -One night he tripped on the wheel on the bed and fell hitting his face on the floor, "I messed up my nose". His sister said he should have gone to the hospital for medical evaluation since he took Coumadin (a medication used to treat and prevent blood clots by thinning the blood), but the third shift Medication Aide (MA) did not think he needed to go and said, "I don't like sending people to the hospital on my shift, it's too much paperwork". -The staff made rounds and checked on him around twice per shift. -He had gone to the hospital for medical evaluation for two falls, two falls the third shift MA talked him into not going to the hospital for medical evaluation, and one fall he crawled on the floor and was able to pull himself up onto the -He did not like the way staff treated him. Attempted telephone interview with the MA on 11/21/19 at 10:26am was unsuccessful. Interview with a first shift personal care aide (PCA) on 11/22/19 at 11:00am revealed: -She was not working when Resident #6 fell and hit his head and separated his right shoulder. -The residents that need help will walk to the nurses station and the residents that are unable to walk to the nurses station will "yell". -She made rounds and checked on residents every 2 hours unless a resident was a higher level of care and then she rounded on them every -When a resident fell, she would report it to the MA or the Business Office Manager (BOM). -The MA was responsible for calling for an

Division of Health Service Regulation STATE FORM

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NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS -		and the second second	25/201
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Service Regulation STATEMENT OF DEFICIENCIES PRINTED: 12/17/2019 AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: (X3) DATE SURVEY COMPLETED HAL043003 NAME OF PROVIDER OR SUPPLIER B. WNG\_ -R STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. 11/25/2019 HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG (X5) D 271 Continued From page 18 COMPLETE DEFICIENCY) DATE a fall occurred were monitored closely for D-271 changes in medical condition or behavior. -Residents who used assistive devices were encouraged to use the devices. -Staff walked along side of residents that required additional assistance with mobility. -The first shift was scheduled with one MA and two Personal Care Aides. Interview with the Resident Care Coordinator on11/22/19 at 11:12am revealed: -There was a fall policy into place. -Residents who had consistent falls, their PCP and/or Psychiatrist were contacted, and a follow up appointment was scheduled. -When a resident had a fall, the staff who had reached the resident first assessed the resident to see if they had been hurt from the fall. -The paramedics were called if the resident had sustained an injury. -Residents who had refused medical assistance, a follow up appointment was made with their -Residents vital signs were checked. -Residents or other residents who had witnessed the fall yelled out for help if staff were did not witness the fall. -The RCC completed a fall risk assessment on Residents when there was a history of falls. -There were at least eight residents who had been fall risks. -Incident reports were completed for residents who had fallen. -Residents were reminded and encouraged to use their assistive devices. -The shifts were properly staffed to monitor residents who were fall risks.

Interview with the Resident Care Coordinator (RCC) on 11/22/19 at 11:59am revealed:

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Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: (X3) DATE SURVEY COMPLETED HAL043003 NAME OF PROVIDER OR SUPPLIER R 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DEFICIENCY) D 276 DATE Continued From page 21 D 276 Based on observations, interviews, and record reviews, the facility failed to ensure the implementation of physician's orders for 2 of 5 sampled residents for administering a medication to cleanse the bowels for a colonoscopy procedure (Resident #1) and applying a lymphedema intermittent pneumatic compression pump (a device used to treat leg swelling by inflating sleeves that squeeze the legs to promote blood flow to prevent blood clots) (Resident #3). The findings are; 1. Review of Resident #1's current FL2 dated 08/26/19 revealed diagnoses included dementia with behaviors, seizure disorder, and a history of myocardial infarction, cerebrovascular accident, and brain aneurysm. Observation on 11/20/19 at 9:40am revealed there was a 6-ounce bottle of Suprep bowel prep (a medication used to cleanse the bowels before having a colonoscopy) sitting on the night stand. Interview with Resident #1 on 11/20/19 at 9:40am revealed: -He was going to have a colonoscopy procedure at 11:40am. -The second shift medication aide (MA) on 11/19/19 gave him the first 6-ounce bottle of Suprep mixed into water to drink at 8:00pm. -The third shift MA brought him the second 6-ounce bottle of Suprep around 6:00am and said, "drink up". She left the bottle of Suprep with him and he had taken a couple of sips, but he did not like drinking it because it made him "run to the bathroom". Observation of Resident #1's room on 11/20/19 at Division of Health Service Regulation

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1	use special equipment to	clean the area out.				- 1
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	a south policies	and procedures.			···	- 1
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Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: \_ (X3) DATE SURVEY COMPLETED HAL043003 NAME OF PROVIDER OR SUPPLIER R STREET ADDRESS, CITY, STATE, ZIP CODE 11/25/2019 JOHNSON BETTER CARE FACILITY, INC. **HWY 301 NORTH** DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE Continued From page 25 D 276 DEFICIENCY) DATE D 276 -She told him she was not working as a personal care aide (PCA) and would need to get someone to help him. -She walked down the hallway and went into another resident's room where a PCA was working. Observations throughout the day on 11/20/19 at 11:15am, 1:30pm, 3:00pm, and 4:30pm revealed the lymphedema pump was on Resident #3's bed and no facility staff assisted the resident with the lymphedema pump. Interview with a PCA on 11/25/19 at 12:02pm revealed: -She had never helped Resident #3 with the lymphedema pump. -She knew he had the pump in his room, but he would put it on himself. -His left leg was swollen last Friday (11/22/19) when she gave him his bath. -She did not know Resident #3 needed help applying the lymphedema pump. Interview with a medication aide (MA) on 11/22/19 at 9:52am revealed: -Resident#3's lymphedema pump was scheduled as needed. -She had helped him apply the pump to his legs several months ago. -She did not document when Resident #3 used the pump on his legs. -He would not tell the staff when he used the pump. Interview with the Resident Care Coordinator (RCC) on 11/25/19 at 12:05 revealed:

helping Resident #3 with the lymphedema pump.
-The MAs were not responsible for documenting

-The MAs or the PCAs were responsible for

and requisition PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ (X3) DATE SURVEY COMPLETED HAL043003 B. WNG NAME OF PROVIDER OR SUPPLIER R STREET ADDRESS, CITY, STATE, ZIP CODE 11/25/2019 JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE D 276 Continued From page 26 DATE DÉFICIENCY) D 276 when Resident #3 used the pump. -She or the MAs had never documented information about the use of the pump on the eMAR -Resident #3 needed help to get the lymphedema pump on his legs because he was a "large man" and it would be hard for him to bend over and put them on correctly, Telephone interview with Resident #3's primary contact on 11/25/19 at 1:05pm revealed: -He was a physician assistant at a local wound clinic that previously followed Resident #3. -He followed Resident #3 at the wound clinic last year because he had a lower extremity ulcer on -He had written the order for the lymphedema pump and transferred the care of the pump to Resident #3's Primary Care Provider (PCP) after he was discharged from the wound clinic. -Resident #3 needed to wear the lymphedema pump to control the edema (fluid) in his lower legs prevent a blood clot or a diabetic ulcer from reoccurring on his legs. -The lymphedema pump was important to improve the circulation in Resident #3's lower legs and prevent future diabetic ulcers. -Resident #3 was at an increased developing a diabetic ulcer if the lymphedema pump was not applied when edema started developing in his lower legs. Telephone interview with Resident #3's Primary Care Provider (PCP) on 11/25/19 at 9:45am revealed: -Resident #3's lymphedema had been well controlled because he kept his feet elevated in a recliner in his room and he was able to ambulate around the facility. -It was important for Resident #3 to keep his legs Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES PRINTED: 12/17/2019 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION FORM APPROVED IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SURVEY COMPLETED HAL043003 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/25/2019 JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE Continued From page 27 DEFICIENCY) DATE elevated to keep the swelling controlled. D 276 -She did not know the recliner was removed from Resident #3's room. -Resident #3 had poor circulation in his lower legs and needed the pump to prevent blood clots by improving the circulation in his legs. -Resident #3 was at an increased risk of a deep vein thrombosis (DVT) if his lymphedema continued to be uncontrolled. Interview with the Assistant Administrator (AA) on 11/22/19 at 12:20pm revealed: -The recliner was removed from Resident #3's room because it was dirty, and the resident would not let the facility staff clean the recliner. -He did not realize the recliner was needed to help control Resident #3's swelling his legs. -The RCC and the BOM was responsible for making sure the PCAs and MAs were following all physician's orders in the facility. -The facility staff should be assisting Resident #3 with the lymphedema pump. Interview with the Administrator on 11/21/19 at 3:00pm revealed the AA was responsible for the day to day operations at the facility. The facility failed to ensure implementation of an order for administering a medication to cleanse the bowels for a colonoscopy procedure for Resident #1, resulting in the physician having poor vision of the colon from an incomplete bowel prep and having to use specialized equipment on the resident to clean the area out and Resident #3 did not receive assistance with applying a lymphedema intermittent pneumatic compression pump to treat leg swelling after requesting assistance from staff to apply the sleeves resulting in increased lower extremity edema in both legs increasing the risk for developing a Division of Health Service Regulation

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Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_\_\_ (X3) DATE SURVEY COMPLETED HAL043003 B. WNG NAME OF PROVIDER OR SUPPLIER R STREET ADDRESS, CITY, STATE, ZIP CODE 11/25/2019 JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION). PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE D 282 Continued From page 29 DATE DEFICIENCY) D 282 Observation of the ice maker located in the kitchen on 11/20/19 at 10:35am revealed; -There were a large silver metal ice scooper and a small blue plastic ice scooper lying on the ice inside of the ice machine. -The ice machine did not have an ice scooper holder attached to it. -The Cook removed the silver metal ice scooper from the ice machine. -A Personal Care Aide (PCA) removed the blue plastic ice scooper from the ice machine and placed it on top of the ice machine. Observation of the inside pantry located off the kitchen on 11/20/19 at 10:45am revealed: -There was a blue container with black and brown stains on sides and the lid. -The blue container was not labeled and dated. -There was another blue container with packets of hot sauce but was not labeled and dated. -There was a red container with packets of mustard and was not labeled and dated. -There was another red contained labeled "grape jelly" but contained mayonnaise packets. -The red container contained with the mayonnaise packets had black and red stains around the outside of the container and on top of the lid and was not labeled and dated. -There was a large clear container with a blue lid of loose macaroni noodles but was not labeled. -There was a large clear container with a clear lid that contained packets of loose spaghetti noodles but was not labeled with date. -There was a large clear container with a blue lid of loose rice that was not labeled and dated. -There was another clear container with a red lid of loose rice and container was stained with a

Interview with the cook on 11/20/19 at 10:57am Division of Health Service Regulation

white powdery substance.

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PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_\_ (X3) DATE SURVEY COMPLETED HAL043003 NAME OF PROVIDER OR SUPPLIER R STREET ADDRESS, CITY, STATE, ZIP CODE 11/25/2019 JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) (D SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X5) CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE D 282 ( Continued From page 32 ..... DEFICIENCY) DATE D 282 properly labeled and dated. -He did not know there was not a cleaning schedule. D 316 10A NCAC 13F .0905 (c) Activities Program D 316 10A NCAC 13F .0905 Activities Program (c) The activity director, as required in Rule .0404 of this Subchapter, shall: (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities and possible cultural differences of the residents: (2) prepare a monthly calendar of planned group The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s activities which shall be easily readable with large print, posted in a prominent location by the first day of each month, and updated when there are any changes; 44.44.19 (3) involve community resources, such as recreational, volunteer, religious, aging and developmentally disabled-associated agencies, to enhance the activities available to residents; evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program; (5) encourage residents to participate in activities; and (6) assure there are adequate supplies, supervision and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities. Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES PRINTED: 12/17/2019 AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING; \_ (X3) DATE SURVEY COMPLETED HAL043003 B. WING\_ NAME OF PROVIDER OR SUPPLIER --R STREET ADDRESS, CITY, STATE, ZIP CODE 11/25/2019 JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC (DENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE (XS) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE D 316 Continued From page 34 ..... DEFICIENCY) - DATE D 316 Observation of the November 2019 activities calendar posted in the hallway on 11/21/19 at 8:30 am revealed; -There was not a disclaimer noted on the calendar that activities were subjected to be changed or canceled. Interview with a resident on 11/20/19 at 9:36am -Only bingo was offered as the activity on Mondays, Wednesdays and Fridays. -The outside activity included only shopping. Interview with a second resident on 11/20/19 at 9:55am revealed: -Bingo was the only activity which was three times a week. There were not any outside activities. -She had made suggestions to have different activities and no one responded to her suggestion. Interview with third resident on 11/20/19 at 10:16am revealed: -Bingo, Bible study and devotion was offered as activities. -There were different church groups that played different games with the residents. -Activities were not scheduled daily. Interview with fourth resident on 11/20/19 at 10:30am revealed: -Activities were not held daily, and the second second -The church came to the facility and held an activity once a week. -The residents did not go to eat out at the local fast food restaurants. Interview with Resident Care Coordinator (RCC) on 11/21/19 at 4:35pm revealed: Division of Health Service Regulation

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1919 EU: 12/1//2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL043003 B. WING NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) Continued From page 36 D 316 D 316 11/21/19 at 4:00pm revealed: -The RCC is the Activities Director. -He did not supervise any activities. -He recently purchased \$500 in supplies just for activities. D 338 10A NCAC 13F .0909 Resident Rights D 338 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure 7 of 15 residents were free of neglect and physical abuse related to Resident #12 being physically abused after an altercation with Staff A, Resident #4 not being treated with respect and dignity related to incontinence care, staff cussing and being disrespectful to multiple residents (Resident #4, #5, #11, #13, and #15), and being afraid to voice a concern due to retaliation by the staff (Resident #3). The findings are: Review of Resident #12's current FL2 dated 09/25/19 revealed diagnoses included insomnia, bipolar, diabetes, and hypertension. Interview with Resident #12 on 11/22/19 at 2:00pm revealed:

Division of Health Service Regulation

-"That girl tried to turn" his arm. -"That girl hurt my arm."

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STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_\_\_\_ COMPLETED HAL043003 B. WING .... R NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) ZAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) D 338 Continued From page 38 D 338 had learned who the staff was that bruised Resident #12's arm. -She expected all the staff to be respectful and kind to the residents and assist them with all their needs. -Some residents had brought their concerns about the PCAs to her attention. -She always reported those concerns to the -She supervised the PCA when assigned to her -She reported the incident of the PCA comments to the BOM. -The MA did not know why the incident occurred. -The MA reported the incident to AA. -The MA stated the AA was upset about the incident. -She did not know if the PCA was reprimanded. -The PCA was still employed. Interview with the Resident Care Coordinator (RCC) on 11/22/19 at 10:15am revealed: -Residents had not complained about staff in over three months, -Residents reported their concerns about staff to the BOM because she had a better rapport with them. -Some staff had been suspended for the use of profanity towards the residents. -Residents' complaints were documented. -She was not sure if any residents had brought their concerns the MAs.

-The last in-service training was held on 07/18/19. Division of Health Service Regulation

complaints.

and the AA.

service and residents' rights.

-She did random checks with residents and

-She reported all complaints received to the BOM

-Staff received in-service training on customer

asked if they had any issues, concerns or

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er recommodivide Regulation TUNIED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HAL043003 B. WING NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DEFICIENCY) D 338 Continued From page 40 D 338 2. Review of Resident #4's FL-2 dated 10/21/19 revealed diagnoses included candidiasis of skin and nails, Type 2 diabetes, retention of urine and central pontine myelinolysis. Review of Resident #4's record revealed an admission date of 10/21/19. Interview with Resident #4 on 11/22/19 at 2:29pm revealed: -A Personal Care Aide (PCA) stated to her that, "This is not a nursing home" about three months -The comment was stated because of "my health care needs." -It made her "Feel some kinda way", "hurt" and "mad". -She reported the incident to the Business Office Manager (BOM). Interview with a resident on 11/21/19 at 4:52pm revealed: -She had recently caught three PCA's going through her belongings because they had accused her of smoking in her room, -She did not like asking the PCA's for help because three of them "play mind games with -She did not want to eat lunch in the dining room because one PCA was so mean to her. When she would ask for something the PCA would say, "I don't care what you want". -She did not know what she had done to make the PCA hate her -She felt terrible from the way staff had treated

5:30pm revealed:

her and she wanted to move to another facility.

Interview with a second resident on 11/21/19 at

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ab	out staff yelling and bein	"rude" towards "				
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f Health Servi	lew with the RCC on 11/. ce Regulation	22/19 at 10:15am		_	1	
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ا الالالالالد الدارالالا STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_\_\_\_ COMPLETED HAL043003 B. WNG NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH **DUNN, NC 28335** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 338 Continued From page 42 D 338 -The Residents had not complained about the PCAs in over three months. -Residents reported their concerns about staff to the BOM because she had a better rapport with them. -Some staff had been suspended for the use of profanity towards the residents. -Residents' complaints are documented. -She was not sure if any residents had brought their concerns the MAs. -She did random checks with residents and asked if they had any issues, concerns or complaints. -She reported all complaints received to the BOM and the Assistant Administrator (AA). -Staff received in-service training on customer service and residents' rights. -The last in-service training was held on 07/18/19, -In-service trainings are mandatory for all staff. Notice that the second of the second -Staff received a written reprimand if they failed to attend the training. -She had not issued any written reprimands to staff relating to violating residents' rights. and the energy of the second -She expected staff treat the residents with dignity and respect. Interview with BOM on 11/22/19 at 3:12pm. -Resident #4 reported the issue of the staff \* \* ----stating "This is not a nursing home" to her. . -She had verbally addressed the PCA for making the comment to Resident #4. - ------The PCA was not suspended for this incident. -The PCA had been suspended about one month ago for not giving a resident a shower. . . . . -The incident involving Resident #4 was not Communication of the second communication of the second contraction of the second contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract co reported to the Health Care Personnel Registry (HCPR). -Staff had received training relating to residents' rights in July 2019.

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Distriction FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HAL043003 R NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 338 Confinued From page 44 D 338 revealed: -If he complained to facility staff, they would deny services to get back at him. The setting and a re--He did not get anything to drink at dinner one night because he had complained about a medication aide (MA). -When he asked for a can of soda from the  $(a_1, a_2) \in \operatorname{Const.}(A_1, a_2) = (a_1, a$ kitchen, the facility staff shook the drink before they gave it to him. Interview with Resident #3 on 11/21/19 at 10:50am and 4:30pm revealed: -He had asked the second shift Medication Aide (MA) on 11/15/19 to administer his medication several times and she told him that she was "busy" and would do it later. -The staff refused to give him soda sometimes from the kitchen refrigerator that he had Durchased He was not allowed in the kitchen to get his soda from the refrigerator. -He felt tormented and got anxious when staff were "mean and retaliate" against him. -He did not want to live at the facility anymore and wanted to transfer to a different facility. Interview with a resident on 11/21/19 at 4:40pm revealed: -Some of the personal care aides (PCA) were "mean". -Her roommate was more outspoken and would "get into it more" with the PCA's. - - 7 . #- 1 - - --She just "walked around on egg shells". niero maintorio de la compresenta -She wanted the Resident Council to be restarted so the residents could voice their opinions. -The facility had not held a functional Resident Council meeting in about a year. Interview with another resident on 11/20/19 at 9:35am revealed:

Division of Health Service Regulation

	Divisio	on of Health Service Regu	ulation				PF	RINTED: 12/17/2019
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- 1	NAME: OF	PROVIDER OR SUPPLIER	HAL043003		B. WING		- 1	R
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	(X4) ID	SUMMARY STAT	CIRCLE OF COLUMN	NN, NC 2	28335			ĺ
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- 1		food if he complained at that was served.	pout the amount of food	- 1	1			
- 1	[							
- 1		<ul> <li>He had asked maintene drawers on his wardrobe had been ignored.</li> </ul>	nce to help fix the	1	1			
- 1	[	had been ignored.	for three months and		1			
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1	abou	did not know how to find at the residents.	staff that cared		1		1	- 1
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		dinator (RCC) on 11/22/1	9 at 10:55am.					
ĺ	Refer	to Tag 276.					1	- 1
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1	Interv	iew with the Resident Ca		1	1			1
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	had a l	better rapport with them.	OM) because she					- 1
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JOH	NSON BETTER CARE FACILIT	Y, INC. HWY	301 NORTH		-	
///	D SIMMARY STA	DUN	N, NC 28335			
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	-Residents' complaints	are documented	1			
	Based on observations,	interviews, and record		1	J	
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	residents were free of n	ealert and about t t				
	1 Totalco to Nesident #17	Daving a basing it			- #	
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	residents (Resident #3 :	#4 #5 #11 #12	1 1	- "		
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,	residents feeling upset, i	gnored, and afraid to			[	
	voice their concerns due	to the staff refusing to		10 TO 10 ST 10 ST 12	<u>.</u>	
	provide services, includir	g personal care,	1 1			
	medications, and dietary, detrimental to the health,	The facility's failure was	1 1	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	V1. da v	-
	the resident and constitut	salety, and welfare of				
	The facility provided a pla	I of protection on				
	11/22/19 in accordance w	th G.S. 131D-34 for this	1			
	violation.	or to this	1			
	TUE COOL					
	THE CORRECTION DATE	FOR THE TYPE A1	1 1			
	VIOLATION SHALL NOTE 9, 2020.	EXCEED JANUARY		e Title en les Centes le <del>g e</del>	:	
D 358	10A NCAC 13F .1004(a) M	edication	D 358	and the second		
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	10A NCAC 13F .1004 Medi (a) An adult care home sha	cation Administration	1 1			- 1
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- 1	prescription and non-prescri	of medications,			::	
	a) aren era iu siccoldauce m	ith:				
- 1	<ol><li>orders by a licensed are</li></ol>	Scribing process.			ſ	
- 1	military are maintained in the i	rapidanta	1		1.	- 1
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a	and procedures.	racinty's policies	ļ		.   -	- 1
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STATEME	n of Health Service Re-				PRINT	ED: 12/17/2
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	- FOR	M APPROV
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- 4,1L () !	PROVIDER OR SUPPLIER	STREET	ADDRESS OTH STA		11/	25/2019
OHNSO	N BETTER CARE FACILI	TV NICE HIMY OF	ADDRESS, CITY, STAT	E, ZIP CODE	_	
	THE PACIE		01 NORTH NC 28335			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF CO.	NC 28335			
TAG			ID I	PROVIDER'S PLAN OF CORRECT	1011	
	. COULTORY DRI	LSC (DENTIFYING INFORMATION)	PREFIX TAG	LEGER CORRECTIVE ACTION BLOCK	_	(X5)
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D 358	Continued From page	47	1	DEFICIENCY)		
[			D 358			
- 1	This Rule is not met a TYPE A2 VIOLATION	as evidenced by:	1 1	-		
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Kevie	w of Resident #8's hosp	pital discharge dated	[		1	
		on list for Resident	[		1	- 1
with D	e Regulation	- Totaldeli(	,		1	- 1

	STATEME	ENT OF DEFICIENCIES				FORM A	PROVED
	AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION	T	
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			HAL043003	B. WING		R	
-	NAME OF	PROVIDER OR SUPPLIER	STRE	ETADDRESS CITY	, STATE, ZIP CODE	11/25/20	019
	JOHNSO	N BETTER CARE FACILIT	V INC HWY	301 NORTH	. STATE, ZIP CODE		1
			DUN	N, NC 28335			- '   '
	(X4) ID PREFIX	SUMMARY STATE	FMENT OF DEFINITION	ID -			
- [	TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL CONTINUE INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION STREETING		(X6)
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1	1	polore preaklast frinch	and dispose building a				
1	1	and in less than or eur	ual to 110 or if nations		THE STREET PROJECT CONTRACTOR	=::-	
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l	, ,	ess than or equal to 110 neal.	or if patient doesn't eat a	1			- 1
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	0	Observation of the medical	ation posses as defined.			ļ	- 1
-		t in cooding revealed the n	Declication wide three	ŀ	The Art State of the Common Assignment	1 - 1 - 277 1 1 1 2	- 1
	, .	Growing Great 12 units of N	0\/0\000 100	- 1		4-46	
	, ,	content #0 Sitel S linders	stick blood sugar	1			
	10	SBS) of 483.	-	1		[	- 1
	R	eview of Resident #8's O		.		-	
	,	Suivation Administration	Record (eMAR)	1 1		-	
	l ie.	vealed:		1	-		
	-T	here was a computer-ger	nerated order for		- TTT: A.S.		- 1
	1 140	wordy mexpen 100/inite/	ml injuré 2 units			.	- 1
	din	bcutaneously twice daily ner, hold if blood sugar is	before lunch and	1 1			
	110	or if patient doesn't eat	s less than or equal to				- 1
	, 44	ininater at 10:45am and :	3:45nm				1
	-140	Volog Flexpen 3 units wa	e document d				- 1
	aun	innistered at 10:45am an	d 3:45pm for 9 of 13				.
	1 opp	OLUHIUES,			· · ·	ļ	
	10/0	sident #8 was administer 01/19, 10/02/19, 10/04/19	ea no insulin on			· 2/2	
	0.40	PIII.			e Port Gaero Maria Ta		
	-On	10/07/19, FSBS was 423	and 6 units of			1	
	114040	was administered				.	1
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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			LKIN)	ED: 12/17/2019
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	1		A BUILDING:	NOC HON	CX3) DAT	ESURVEY
					COM	PLETED
	NAME OF STREET	HAL043003	B. WNG		1	
1	NAME OF PROVIDER OR SUPPLIER				- 1	R
- 1	JOHNSON RETTER ALL	STREET A	DDRESS, CITY, STA	TE 218 0005	11/	25/2019
L	JOHNSON BETTER CARE FACILITY	f, INC. HWY 30:	NORTH	, C, ZP CODE		
- 1		Drum.	C 28336			
- 1	PREFIX (EACH DESIGNATION	EMENT OF DEFICIENCIES	20000			- 1
1	TAG REGULATORY OR LS	EMENT OF DEFICIENCIES WUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID .	PROVIDER'S DI ANI OS O		. 1
1-		DOTTIFTING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE	CTION	(X5)
- 1	D 358 Configured Face		1 "		ROPRIATE	COMPLETE
- 1	page 4	9	1	DEFICIENCY)	- NAIE	DATE
1	breakfast, lunch and di-	iner, hold if blood sugar is	D 358			
1 -	less than or equal to 110	ner, hold if blood sugar is or if patient doesn't eat a	1 1		1	
- 1	meal scheduled to admin	or if patient doesn't eat a	1 1		[	- 1
- 1	10:45am, and 3:45pm	noter at 6.15am,	1 1		1	- 1
- 1	-Novolog Flexpen 4 units		1		1	- 1
- 1	-Novolog Flexpen 4 units administered at 6:15am	was documented as			1	- 1
- 1	administered at 6:15am, for 35 of 42 opportunities.	10:45am, and 3:45pm			1	1
- 1	-On 10/09/19 at 2:45-		[		-	- 1
- 1	-On 10/09/19 at 3:45pm, to Novolog was administe	he FSBS was 143 and	1		1	- 1
- 1	-On 10/11/19 at 6:45	red.	1		1	- 1
- 1	-On 10/11/19 at 6:15am, the Novolog was administed	e FSBS was 120 and	1.		1	- 1
- 1	-On 10/11/19 at 3:45	red,			1	- 1
- 1	-On 10/11/19 at 3:45pm, the no Novolog was administer	e FSBS was 279 and	ſ		1	- 1
i	On 10/15/19 at 3:45	ed.	1		1	- 1
1 .	On 10/15/19 at 3:45pm, the	FSBS was 220 and	1			- 1
- 1	-On 10/16/10 et 3/45	ed.	1		1	1
- 1	-On 10/16/19 at 3:45pm, the	FSBS was 240 and	1		1	1
- 1	no Novolog was administere	ed,	1		]	- 1
- 1	-On 10/17/19 at 3:45pm, the no Novolog was administered	FSBS was 248 and	ſ		1	- 1
- 1	no Novolog was administere	d,	[		1	- 1
1	-On 10/20/19 at 3:45pm, the	FSBS was 241 and	1		ł	- 1
- 1	no Novolog was administered	d.			1	- 1
- 1	-Resident #8 was out of the fa	acility in the hospital	1		1	1
- 1	from 10/22/19 to 11/04/19.		}		1	ı
- 1	Review of D	1	.		1	I
1	Review of Resident #8's Nove revealed:	mber 2019 eMAD	1		1	- 1
- 1 .	Thora was	- SINDA	1		ł	1
1	-There was a computer-general Novolog Flexpen 100upts/	ated order for	[		1	- 1
1	Novolog Fiexpen 100units/mi is subcutaneously three times	niect 10 unite	1		1	- 1
1	subcutaneously three times da	IV before	1		]	- 1
1			ł		,	- 1
1	less than or equal to 110 or if parmeal scheduled to administer of	atient doors't	1 .		}	ı
1	meal scheduled to administer at	6:15am	1		1	
1			. 1			- 1
1	-Novolog Fleynen 40's	tocumenta d	1		1	1
1	administered at 6:15am, 10:45ar for 45 of 55 opportunities from 44	n and auto	1		ſ	1
1	for 45 of 55 opportunities from 11 11/22/19.	1/04/40 A	1		1	I
[	11/22/19.	19 10	1		1	- 1
	-Novolog should have been admittimes during the month of Novo	Distance	1		1	1
1 1	times during the month of Novem administered.	histered 10	1		1	- 1
District	administered.	per but was not	1		Į	- 1
DIVISION of Hea	ith Service Regulation		1		1	1
STATE FORM					1	1

STATEMEN	i of Health Service Requ NT OF DEFICIENCIES				FO	ED: 12/17/ RM APPRO
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION		
		DENTIFICATION NUMBER:			(X3) DATE	SURVEY
		HAL043003	B 14		1	
NAME OF F	PROVIDER OR SUPPLIER	-	B, WING		11/	R 25/2019
		STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		2010
JOHNSOI	N BETTER CARE FACILITY	Y, INC. HWY 30	1 NORTH			
(X4) ID	SUMMARY STAT	TEMENT OF DEDICIENCIES	NC 28335			
PREFIX TAG	(EACH DEFICIENCY	MUST BE DOCCEDED ON THE	ID PREFIX	PROVIDER'S PLAN OF CO.	RRECTION	
,,,,,	REGULATORY OR ES	IC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLE
D 358	0 11 11			DEFICIENCY)	A-PROPRIATE	DATE
D 338	Continued From page 5		D 358			
ļ	-On 11/07/19 at 3:45pm	n, the FSBS was 200 and				
	ing recyclog was admini	stered	1 1		1	
	-On 11/11/19 at 3:45pm	, the FSBS was 242 and	-1		ļ	
	THE INCIPORTION WAS ADMINE	stered	1		j	
	~ ○17 11/12/19 at 3:45pm	the FSBS was 180 and	1 1			
1.	no Novolog was adminis	stered.	1 1		1	
١,	no Novolog was adminis	the FSBS was 134 and	1 1		t	
	On 11/15/19 at 6:15am	the FSBS was 140 and	1 1		,	
1	no Novolog was adminis	tered	1 1		,	
~	On 11/15/19 at 10:45am	the FSRS was 132 and	1 .		٠.	
1 "	to recover was administ	tered	1 1			
1-	On 11/16/19 at 3:45pm,	the FSBS was 220 and			1	
1 "	o Novolog was administ	ered	1 1			
1-0	On 11/20/19 at 6:15am, 1	the FSBS was 210 and			1	
1-6	o Novolog was administe	ered.	1			
12	2 units of Novolog was a	the FSBS was 483 and			1	
-C	on 11/21/19 at 3:45pm, the	he ESPS	1			
4	units of Novolog was ad	ministered	!			
			1		]	-
l Ot	servation of medication	s on hand for Resident				
770	revealed one Novolog P	levnen was available			1	
100	oc administered with 117	Unite remaining and	1		1-	
all	expiration date noted as	12/19/19.				
Tel	ephone interview with a	Dharmaciat for all	1		j	
faci	lity's contracted pharma	ev on 11/21/10 at	].			
5.5	oant tevesied:	1			1	
-Th	e pharmacy dispensed 2	Novolog Flexpens to	1		ł	
11100	went#6 bti 10/0//19 wt	to the directions into at	1		ŀ	
) <del>- u</del> ,	ilis subcutaneously three	e times daily before	ŀ			
111100	115,	1				
expi	th Novolog Flexpen cont	tained 300 units and			[	- 1
QAP1	ou 20 uavs after first he	Δ			ł	ĺ
incre	pharmacy received a pleasing Novolog Flexpen	nysician's order			ļ	- 1
each	meal on 11/04/19 but th	De medication and	ſ		ļ	- 1
was	on file and had not been	dispersed dispersed	1	-		- 1

Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HAL043003 B. WING NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ΙĐ PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) D 358 Continued From page 51 D 358 Interview with the medication aide (MA) on 11/22/19 at 4:41pm revealed; ta a strandarda -She did not know why she gave Resident #8 more insulin than the order listed on the eMAR. -She had called the provider because Resident #8's FSBS was over 400 and told the provider how much insulin she had administered. -The provider said to monitor the resident and recheck his FSBS in one hour. -She did not know why she did not administer insulin to Resident #8 during the morning medication pass on 11/20/19. -She did not remember anything about the month of October related to administering insulin to Resident #8. -She administered medications based on the eMAR. Interview with the Business Office Manager (BOM) on 11/21/19 at 8:10am revealed: She did not know why the MA was not administering insulin as ordered during the  $\frac{1}{2} = \frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1$ medication pass on 11/20/19. -She thinks the MA was confused about the dose of insulin to administer to the residents. Telephone interview with Resident #8's Primary Care Provider (PCP) on 11/25/19 at 9:45am revealed: -Resident #8 had just returned from the hospital following an episode of hyperglycemia. -His FSBS had fluctuated over the past several months. -She did not know the facility was not administering the insulin correctly. -The MA had contacted her regarding Resident #8's elevated FSBS at lunch on 11/20/19. -She did not know Resident #8 did not receive his morning insulin on 11/20/19.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES PRINTED: 12/17/2019 AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: (X3) DATE SURVEY COMPLETED HAL043003 NAME OF PROVIDER OR SUPPLIER B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 11/25/2019 JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PREFIX (XS) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG D 358 ( Continued From page 52 DEFICIENCY) DATE D 358 insulin correctly because she was making changes to his insulin dose to control his diabetes -Not administering the insulin correctly increases the risk of hyperglycemia which causes dizziness, loss of motor control, and palpitations. -If Resident #8 continues to have hyperglycemia over an extended period it increases the risk of declining kidney function and macular degeneration (eye condition that can result in losing vision). Based on observations, interviews, and record reviews, Resident #8 was not interviewable. Refer to the interview with a MA on 11/22/19 at Refer to the interview with a second shift MA on 11/21/19 at 4:00pm. Refer to the interview with the Resident Care Coordinator (RCC) on 11/21/19 at 4:08pm. Refer to the interview with the BOM on 11/21/19 at 3:40pm. Refer to the interview with the Assistant Administrator (AA) on 11/21/19 at 3:00pm. Refer to the interview with the Administrator on 11/21/19 at 3:00pm, b. Review of Resident #9's current FL2 dated 03/18/19 revealed diagnoses included rheumatoid arthritis. Review of Resident #9's physician's order revealed a physician's order dated 10/30/19 for Percocet 10/325mg take 1 tablet four times daily

Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING:\_ COMPLETED HAL043003 NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ΙĐ PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREEIX (EACH CORRECTIVE ACTION SHOULD BE O(5) CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) D 358 Continued From page 53 D 358 (used to treat pain). Observation of the medication pass on 11/20/19 at 4:45pm revealed; -Resident #9 asked for his afternoon medications and was told by the medication aide (MA) he would have to wait for a few minutes. -Resident #9 was leaning against the wall by the medication cart. -Resident #9 stated he could not stand and wait, he would have to come back later. -Resident #9 returned to the medication cart approximately 15 minutes later to take his medications. The MA administered 2 medications to Resident #9. -Resident #9 did not receive a dose of Percocet 10/325. Review of Resident #9's November 2019 electronic Medication Administration Record (eMAR) revealed: -There was a computer-generated entry for Percocet 10/325mg take 1 tablet four times daily scheduled as an as needed medication (PRN). -Percocet was documented as administered 32 times as an PRN medication from 11/01/19 to 11/21/19. -Percocet was documented as administered 8 times from 11/12/19 to 11/21/19. Observation of medications on hand for Resident #9 on 11/21/19 at 10:32am revealed; -There were 27 tablets of Percocet 10/325 dispensed on 11/12/19 with the directions take 1

tablet four times daily available to administer.

-The Percocet was in color coded cassettes

-The cassettes were labeled with a sticker

based on administration times.

AND PLA	n of Health Service Reg NT of DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER			EXIN	FED: 12/1
		IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION		RM APP
		,	A BUILDING:	MONTON	(XS) DAT	E SURVEY
-			1		CON	E SURVEY
NAME OF	PROMPT TO	HAL043003	B. WING		1	
	PROVIDER OR SUPPLIER				1	R
JOHNSO!	BETTER CARE FACILIT	STREE	T ADDRESS, CITY, STA	TE. ZIP CODE		/25/2019
		, INC. 11987,	301 NORTH			
(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES	NC 28335			
PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIEVING BY	JD T			
	MEGULATORY OR LS	MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF C	ORRECTION	
Dane			TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE	(25)
D 358	Continued From page 5	4		CROSS-REFERENCED TO THE DEFICIENCY)		COMPLE
1	The admirts on	7	D 358	- Sicilotti		
].	7:00am 14:00	s on the cassettes were				
1	7:00am, 11:00am, 4:00p	m, and 11:00pm			1	
1 5	Poviou of D	··				
10	Review of Resident #9's Count Sheet for Persons	Controlled Substance	1 1		\$	
14	ount Sheet for Percocei	10/325 on 11/21/50 at	1 1		1	
1.5	35pm revealed:	1/13 at	1		1	
11	he facility received 56 to 325 for Resident #0 and	blets of Perconet	1 1		ſ	
1.7	325 for Resident #9 on	11/12/19.			1	
			1 1		1	
-T7	reocet since 11/12/19 to	Resident #9	1 1		1	
, ,	he facility had 26 tablets	available to administer	1		1	
Inte	Digu with p		1 1	•	1	
12:	rview with Resident #9 54pm revealed;	on 11/21/19 at	1		1	
-He	was taking to		1		,	
-He	was taking two pain me	dications,			1	
			1		1	
-He	ged to 1 tablet four time hought he was getting	s daily on schedule	1		}	
/ as pr	escribed gotting )	is pain medication	ł		1	
-He v	Would sek for a		1			
say h	would ask for it sometime e had to wait untill it wa	es and the MA would	1		1	- 1
	wart untill it was	s due,	1		1	- 1
Telepi	200e Intonia		1		1	- 1
facility	none interview with a ph	armacist from the	1	-	1	- 1
9:38ar	D Peverled	on 11/21/19 at	1		1	- 1
-The p	harmacy filled 455		ļ		[	- 1
10/325	for Resident #9 on 10/3	ts of Percocet	1		1.	- 4
direction	hs to take 1 tables i	0/19 with the	1		1	- 1
-The pi	armacy delivered so	imes daily.	1		.	1
for Res	larmacy delivered 56 tal dent #9 to the facility on	plets of Percocet	1	,	1	I
11/12/19	a se sic racinty on	10/30/19 and	1			- 1
-She did	not know				ſ	- 1
the eMA	R was scheduled as new	nistration time on	ſ		l	ı
<ul> <li>The pre</li> </ul>	VIDUS Order for B	euea,	1		- 1	- 1
prior to 1	0/30/19 had the direction	for Resident #9	1		1	1
as neede	d allectio	ns to administer	}		1	- 1
-She was	going to community		1		1	- 1
11/21/19	wouledt the ord	er today	1		1	- 1
		1	1		1	1
nterview (	vith a MA on 11/21/19 a	1	1		1	- 1
Senice C.	gulation	4:32pm	[		1	- 1
CONTRACT TO						

If continuation sheet 56 of 114

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	PLE CONSTRUCTION	FORM APPI (X3) DATE SURVEY COMPLETED
	HAL043003		B. WING		R
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS OF S		11/25/2019
JOHNSO	N BETTER CARE FACILI	EV INC. HWY 30	ADDRESS, CITY, ST	ATE, ZIP CODE	
		DUNN, N	NC 28335		
(X4) ID PREFIX	SUMMARY ST/	ATEMENT OF DEFINITION			
TAG	THE SECTION OF L	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X)
D 358	Continued From page	55	D 358	- Indian	
	revealed she did not a	ive the Percocet because it	0 336		
	are up a subject to the	eMAR to administer to			
	Resident #9.	art to duminister to	1. [		27 - 23ge (c)
	Intonios su su		1 1	÷	
1	Interview with the Resid	dent Care Coordinator	1 1		1
ł	(11/21/19 at 4	'D8pm rougalant.			
1	Resident #9 and his Da	medications last week to receet was "popping" on		marina di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa di Parisa	
	and control as a schedule	96 madication	1 1		*
1	-She did not know how t	he administration (:	1 1	en en en en en en en en en en en en en e	
1	was uranged to as heer	led hel	1 1	化二甲基苯基甲基苯基基	- , - , ,,-
- 1:	She did not audit the el	MAR after the order was	1 1		
1.	nitially entered on the el	MAR.			
ĺ	elephone interview with	à =		•	1
"	2 2 Main Chillic Oli 11/2/2/	79 of 4:40cc	1		
	residetit #a SHOULD be a	dministered Decree	[		
	rui uilles dally on sched	ule			
-F	resident #9 was being for	pliowed by the pain clinic	1		
1	" The wind told altinning in	his knoos and and	1.		
-R	lated to a partial amputated to a partial amputated his	ation of his right foot.	}	a totat geta, saladagisa ya	
bг	eakthrough pain" at his i	was naving "severe	1		
1 , 0	700710.			The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	patrijuani, in l
[ -TI	he provider had changed	Resident #9's	1		
0	rcocet to scheduled to he eakthrough pain.	elp control the			7- 1-
Die	avn hondu Dalu			and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	-
, ,,,,	Resident #9 did not get I scribed then he would h	rus pain medication as			
disc	comfort.	ave increased			
				Table 1	1
9:52	er to the interview with a cam.	MA on 11/22/19 at			
Refe 11/2	ar to the interview with a 1/19 at 4:00pm.	second shift MA on			
Refe	r to the interview with th	e RCC on 11/21/10			
21,4.0	ори,	011 1112 11 19			·  -
Health Serv	ice Regulation		f		

		on of Health Service Requision of Deficiencies	ulation					PRINT	ED: 12/17/2019
	ANDPL	AN OF CORRECTION	(X1) PROVIDER/SUPPLIER	CLIA	Torman			FO	RM APPROVED
	1		IDENTIFICATION NUME	IER:	(A2) MULT	IPLE CONSTRUCTION			
					A. BUILDIN	VG:		(X3) DATE	SURVEY
	<u> </u>		HAL043003		1			1	PLETED
	NAME OF	PROVIDER OR SUPPLIER	7.7.2043003		8. WING_			İ	r I
- 1				STREET ADD	PEGG AITH				25/2019
1	JOHNS(	ON BETTER CARE FACILITY	YINC	HWY 301 N	D D D D S	STATE, ZIP CODE			2013
ŀ	(X4) ID			DUNN, NC	ORTH				1
1	PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES		28335				- 1
- 1	TAG	REGULATORY OR IS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION		ND	PROVIDE	R'S PLAN OF CORRECT		1
-			O IDENTIFYING INFORMATION	9	PREFTX TAG	(EACH COR)	RECTIVE ACTION SHO	TION	(X5)
- 1	D 358	Continued 5				CROSS-REFEE	WHICH IN THE ADDR	OPRIATE (	COMPLETE DATE
- 1		50 randed From page 5	6		D 358	<del></del>	DEFICIENCY)		SALE
- 1		Refer to the interview w	ith the Business are		D 358				
		Manager (BOM) on 11/2	1/10 of 3:40=	- 1				ļ	1
- 1 -	ł			- 1				. 1	- 1
- 1	1	Refer to the interview with	th the Assistant	- 1		(		1	- 1
- 1	- 1	Administrator (AA) on 11.	/21/19 at 3:00am	- 1				1	- 1
ſ	[	h.c.	o at oloopin.		1				- 1
- 1	1	Refer to the interview witt 11/21/19 at 3:00pm	the Administrator		1			)	- 1
- 1	1	11/21/19 at 3:00pm.		1	1			1	- 1
- 1	1.	. Poulan			1			1	- 1
- 1	10	Review of Resident #7's	Current FL2 dated	- 1				. 1	- 1
- 1					- 1			,	- 1
- 1		europathy, hypertension, ipolar disorder.	depression, and	1	1			ł	- 1
- 1		- Anni disoldel		- 1	1			ł	- 1
- 1	R	eview of Registers #77		- 1	1			1	ĺ
- 1	OE	eview of Resident #7's ph 3/26/19 revealed a physic	ysician's orders dated		1			1	- 1
- 1	/ 10	Ounits/ml inject 5 units	an's order for Novolog	ĺ	1			- 1	- 1
- 1	me	eals; hold if fingerstick his	ocutaneously with		ſ			[	
	les	s than 120 or if patient do	od sugar (FSBS) is						1
- 1	(us	ed to treat diabetes).	es not eat a meal	- 1					- 1
1				1	1			1	- 1
	Re	view of Resident #7's Nov	/ambor ele		1			}	1
1			COLDET GIGCTLODIC	- 1	1			1	1 .
1 .					1			- ]	- 1
- 1	~!ne	ere was a computer-gene	rated entry for	1	1			)	1
1	INON	olog Flexpen 100units/ml	inject 5 unite	1	ſ			ł	1
1				- 1	1			ł	1
1	Scho	120 or if patient does not	eat a meal		ł			1	- 1
1	3:45		5am, 10:45am, and					.	- 1
1	-Nov	NOG Wan order	and		1			1	- 1
	and 3	olog was administered at 0:45pm for 45 pt of 50	6:15am, 10:45am.	1	1			1	1
1	11/01/	:45pm for 45 out of 59 op 19 to 11/20/19	portunities from	1	1			1	I
1	-On 1	1/02/19 at 3:45pm #		1	1			1	- 1
j	no No	1/02/19 at 3:45pm, the FS volog was administered.	BS was 228 and		1 .			1	- 1
1	∫ -On 11	/04/19 at 3:45pm, the Co.	0.0		1			1 .	1
l	no Nov	/04/19 at 3:45pm, the FS rolog was administered.	BS was 232 and	1	1				1
l	-On 11,	/06/19 at 6:15am and 40		1 .	1			ſ	1
	was 15	6 and no Novolog was ad 07/19 at 3:45pm #	45am, the FSBS	ĺ	1			ſ	1
	-On 11/	07/10 at 2:45-	ministered.	1	1			1	1
Division of He	afth Service	Regulation Topin, the FSE	S was 126 and	1	1			1	1
STATE FORM				<del></del>	1		-	1	1

1 CALCARE	of Health Service Reg NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED CLAS			PRINTE FOR	MAPP
1	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION		
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	A. BUILDING:		(X3) DATE:	SURVEY
			1		COWN	ETED
- V1-2		HAL043003	B. WNG		- 1	
NAME OF A	ROVIDER OR SUPPLIER					£
		STREET	ADDRESS, CITY, STA	ATE, ZIP CODE	11/2	5/201
JOHNSON	BETTER CARE FACILIT	Y, INC. HWY 30	1 NORTH	OODE		
		DUNN N	NC 28335			
(X4) ID PREFIX	SUMMARY STA		20335			
TAG			. ID	PROVIDER'S PLAN OF CORRECT		
,	DITORT OR LS	C IDENTIFYING INFORMATION)	PREFIX			(XI
			TAG	NO TOPOCO (1) THE ADDR	1000mm	COMP
D 358	Continued From page 8		<del></del>	DEFICIENCY)		DAT
			D 358			
j	no Novolog was admini	stered,	1 1		}	
. 1	"Un 11/08/19 at 3:45nm	the ECDC			[	
				the second of the second	is we can be	
] -	On 11/11/19 at 3:45pm	the ESBS 400	] [			
			1 1	_	. 1	
1 -	On 11/12/19 at 2:45	the FORCE	1 1			
n	o Novolog was adminis	the FSBS was 132 and	1		ł	
			1 1			
	Novolog was 3:45pm,	the FSBS was 210 and	1 1		ļ	
			]			
12	On 11/15/19 at 6:15am,	the FSBS was 208 and			. [	
					[ .	
J-0	ท 11/15/19 at 10:45am	the ECDC	1		1	
			1	<del></del> .	1	
J -0	<sup>л 77/16/19</sup> at 3:45pm +	no ECDC	ł		ļ	
			1			
1-0	1 11/20/19 at 6:15am #	e FCDC	J	en leef en voor voorste europe		
			j		_	
l-Or	11/20/19 at 10:45cm	ed.			· · · · · · · · · · · · · · · · · · ·	
no	11/20/19 at 10:45am, t Novolog was administer	ne FSBS was 120 and			- 1	
	was auminister	ed.	1			
Ohe	envetion of	1	ŀ		1	
#7 -	ervation of medications	on hand for Resident	Į.		Į	
			J		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					· · · · · · · · · · · · · · · · · · ·	
1	a and an expiration	date noted as	1		[	
12/7	2/19.		1		· [	
		. [	1		1	
Jelep	hone interview with a p	harmacist from the	1		1	
		V On 11/21/10 at	ŀ			
			1			
-The	harmacy dispensed 4	Mourales El.	Į	-7 - <u>-</u> 2 - 2		
			] .	الوالوند الديء المدورة المجيد فدات		
5 units	Subcutaneously #	trie directions inject	] .			1
meals	TOUGHT TOUGHT	umes daily before	[			
evnir	Novolog Flexpen conta	ined 300 units and	1		1	- 1
exbii.60	28 days after first use.				-  -	- 1
1			1		ł	- 1
Intervie	w with the medication a	ide (MA) oc	}		ŀ	- 1
111111111111111111111111111111111111111	S OF A LUMB LOW OF A		1	the second second second	1	- 1
1 -oue al	I not give insulin to Doc	ident #7 L	[		J	- 1
		before				
	Regulation	COCIDENTI- FORE				

	or of Health Service Reg				PRIN	TED: 12/17/20
ANDPL	W OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	- I aven		F	ORM APPROV
1		IDENTIFICATION NUMBER:	(AZ) MUETIS	LE CONSTRUCTION		
		1	A BUILDING	i:	(X3) DA	JE SURVEY
<u> </u>		HAL043003	1		Col	MPLETED
NAME OF	PROVIDER OR SUPPLIER	LHAL043003	B. WING		1	_
		Circa			Ι.	R
JOHNSO	N BETTER CARE DE CA	STREET	ODRESS, CITY, ST	ATE, ZIP CODE	11	1/25/2019
-	THE CARE PACILIT	1, INC. HWY 30	1 NORTH			
(X4) (D	SHAMARA	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) inued From page 58 20 and she thought this was outside of the neters to administer the insulin.				
PREFIX	(EACH DEFICIENCY	EMENT OF DEFICIENCIES				
TAG	REGULATORY OR LS	C IDENTIFYING INTER	lD .	PROVIDER'S PLAN OF CO		
-		THE INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE	ARRECTION	(X5)
D 358	Continue La		1			COMPLETE
	continued From page 5	58	<del>  </del>	DEFICIENCY)	TOPAGE	DATE
1 1	was 120 and she thousa	L	D 358			
1 1	parameters to administra	of this was outside of the	1 1			
1 1	-She administrated	er the insulin.	1 1			j
1 1	eMAR	cations based on the	1 1			
1 1			1 1			
1 1.	Dton day.		1 1			
$\mathbf{I} = \mathbf{I}$	BOW with the Busine	ss Office Manages			1	
I = I'	OUM) on 11/21/19 at 8:1	Cam revealed	1			
			}			
			1		1	- 1
l l'	edication pass on 11/20	/10	1			. 1
	THE UTILIKS THE MA WAS TO		1		1	
of	insulin to administer to t	hased about the dose	1		1	- 1
			1		1	- 1
Te	lephone interview with R	anid	1		1	- 1
Ca	are Provider (PCP) on 11, realed;	esident #7's Primary	ĺ		1	- 1
∫ rev	realed;	/25/19 at 9:45am	1		1	- 1
-Re	sident #7 had from		ł	-		- 1
the	past but her Econ	th hyperglycemia in	}		1	- 1
nov	past but her FSBS seen	ned to be controlled	1		1	- 1
-Sh	e did not loss	1	1	•	}-	- 1
adm	e did not know the facility	/ was not	1		1	- 1
	ninistering her insulin com ant order.	rectly based on	ſ		1	- 1
-Res	sit older.		]			- 1
unle	sident #7 should be admi	histored insulin	1		,	- 1
-Not	ss her FSBS was less the	an 120.	1		1	í
			1		1	I
Cont	dent #7 at risk of hypergi-	/cemia	ŀ		1	- 1
-Con	inued hyperglycemia inc.	Mased the date	ł		1	- 1
dizzin	ess, loss of motor control e in kidney function	Dalpitotion				- 1
declin	e in kidney function, and eration	manulations,	1		]	- 1
degen	eration.	macciar	ſ	en de la estada de la companya de la companya de la companya de la companya de la companya de la companya de l	ļ	- 1
1_		i	1		ł	- 1
Refer	to the interview with a MA	\	1		1	1
9:52an	),	17/22/19 at	1		. 1	ĺ
1		I	1		. }-	- 1
Refer to	o the interview with a sec 9 at 4:00cm	1	1		J	- 1
11/21/1	9 at 4:00pm.	ond shift MA on	ļ			1 .
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Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL043003 B. WING R NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH **DUNN, NC 28335** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ΙD PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) D 358 Continued From page 59 D 358 Refer to the interview with the BOM on 11/21/19 at 3:40pm. Refer to the interview with the Assistant Administrator (AA) on 11/21/19 at 3:00pm. Refer to the interview with the Administrator on 11/21/19 at 3:00pm. d. Review of Resident #11's current FL2 dated 08/26/19 revealed diagnoses included chronic obstructive pulmonary disease (COPD), hypertension, heart failure, and fibromyalgia. i. Review of Resident #11's signed standing orders for medications and treatments dated 08/12/19 revealed a physician's order for Tylenol 500mg take 1 tablet every 4 hours as needed for up to 48 hours (used to treat pain and fever). Observation of the medication pass on 11/21/19 at 11:15am revealed: -Resident #11 asked the medication aide (MA) for Tylenol for pain. -The MA removed a stock bottle of Tylenol 500mg from the medication cart. -The bottle of Tylenol did not have a resident specific label on it. -The MA administered 2 tablets of Tylenol to Resident #11. -The MA did not review Resident #11's eMAR prior to administration. Review of Resident #11's November electronic Medication Administration Record (eMAR) revealed no computer-generated entry for Tylenol 500mg take 1 tablet every 4 hours as needed for up to 48 hours.

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1	- (	Refer to the interview with 11/21/19 at 3:00pm	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	-	,	1	
1	- 1	11/21/19 at 3:00pm.	in the Administrator on	1 .			
1		- at oloopiii.		1 /		· [	
1	[	e. Review of Danie		1 1		ſ	
1	17	e. Review of Resident #1	0's current FL2 dated	1 1		)	
l	1.	06/27/19 revealed diagno	ses included anemia	1 1		j	
l	1.	hypertension, urinary reter obstructive pulmonary dis	ntion, anxiety observe	1 1		Į.	
1	10	obstructive pulmonary dis liabetes	ease (CORD)	1 1		j	
	ļd	liabetes.	and (OOPD), and	1 1		. 1	
	- 1			1 1		ļ	
	10	bservation of the modical	4" -	1 1		Į.	
	at	bservation of the medica t 10:15am revealed;	tion pass on 11/21/19	1 1		1	
	1-8	Resident #10		1 1		ł	
	ŝn	Resident #10 asked the mathing for cough.	edication aide (MA) for	1 1		ł	
	-T	mething for cough,	(**************************************	1 1			
	60	he MA removed a bottle of the medication cost as	of Geri-Tussin liquid	1		ł	j
	100	m the medication cart an sident #11 in the hallway	d administered could		· ·		- 1
	Ke	sident #11 in the hallway	- doministered 5ml to			!	- 1
	1 - 111	UDDING OF God Turner -		1			- 1
	DM.	f) did not have a resident e MA did not review B	Robitussin	1		- 1	- 1
			specific label.	[			- 1
	prio	e MA did not review Resi to administration.	dent #10's eMAR	1		1	- 1
		asimisuation.	1	1		-1	- 1
	Revi	lew of Dools	1	1		1	- 1
	for	iew of Resident #10's sig	ned standing orders	1		1	- 1
	1011	nedications and treatmen	ts dated 08/00/40	ļ		1.	- 1
	ieves	aled a physician's order for take 2 feaspoons ful (40	OF Robitusein Day			ſ	Į
	syrup	take 2 teaspoonsful (10	ml) even e :	[		1	1
	as ne	eded for cough; do not u	so for a sery b nours	[		1	- 1
	) pone	(used for cough).	or ioi more than 48	[		[	- 1
	,		1	[		[	- 1
	Revie	W of Resident Harry	1	[		]	
	Medic	w of Resident #10's Nove	ember electronic	[	And the second second	)	- 1
	Robits	ation Administration Reci	ord (eMAR) for	[		j	- 1
	Buon: 6	issin DM syrup take 2 tea	Spoonsful (10mn	[		ļ	- 1
	for -	hours as needed for co than 48 hours	With do not use	[		r. 12.	- 1
	I in wor	e than 48 hours.	5.1, do not use	J	NA 12	1	1
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	Telepho	one interview with a se-		1		ł	1
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-	4:55pm	contracted pharmacy or revealed:	11/21/19 at	1		1	- 1
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ļ	(OTC) ~	armacy did not send over	the counter	ļ		1	1
	(0,0)11	nedications to each reside	ent.	ŀ		[	1
of Mace						r	

PRINTED: 12/17/2019 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HAL043003 B. WING R NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETÉ DATE DEFICIENCY) D 358 Continued From page 65 D 358 -The pharmacy dispensed OTC medications to the facility to use as "house stock." Interview with the Resident Care Coordinator (RCC) on 11/21/19 at 4:08pm revealed: -The MAs were responsible for checking the eMAR before administering any medications to the residents to make sure they were dispensing the correct medication and amount. -The MAs were responsible for pulling the standing orders for each resident before administering a medication from the standing -All standing order medications dispensed to the residents should be documented in the "Nurse's era di un en engali, legal el pelo julio en  $e^{i t} := e^{i t} e^{-i t} = e^{i t} e^{-i t} e^{-i t} = e^{i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} = e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} = e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{-i t} e^{$ Notes" notebook Telephone interview with Resident #10's Primary Care Provider (PCP) on 11/25/19 at 9:45am revealed: -The MA should have looked at the standing order before administering the Geri-Tussin. -The facility was responsible for administering medications based on the physician orders, including the signed standing orders. -It was important for her to know all the medications the resident received when she reviewed the eMAR prior to a visit, Refer to the interview with a MA on 11/22/19 at 9:52am Refer to the interview with a second shift MA on 11/21/19 at 4:00pm. Refer to the interview with the RCC on 11/21/19 at 4:08pm. Refer to the interview with the Business Office Manager (BOM) on 11/21/19 at 3:40pm. Division of Health Service Regulation

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	IN OF HEAlth SERVICE REG ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G:	FO.	ED: 12/17/2 RM APPRO
-		HAL043003	. [		COM	PLETED
NAME OF	PROVIDER OR SUPPLIER		B. WING			R
JOHNSO	N BETTER CARE FACILIT	STREET)	ADDRESS, CITY, ST	IATE, ZIP CODE	11/25/2019	
		DIME	1 NORTH IC 28335	•		
(X4) ID PREFIX	SUMMARY STA (EACH DEFICIENCY	EMENT OF DEFICIENCIES				
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D 358			TAG	CROSS-REFERENCED TO THE APPROA	LD BE	(X5) COMPLETE
D 358	Continued From page 6	66	D 250	DEFICIENCY)	- · · ·	DATE
	Refer to the interview w Administrator (AA) on 11 Refer to the interview wit 11/21/19 at 3:00pm.	1/21/19 at 3:00pm.	D 358			
E ki di -T 3n fro	L. Review of Resident #6 0/21/19 revealed: Diagnoses included cere dney disease, and gastr sease (GERD), here was a physician's on the tablet daily (us m clotting).	bral infarction, chronic besophageal reflux order for Coumadin ed to prevent the blood			·	
Cou Tue (3.5	view of Resident #6's ph 21/19 revealed a physic Imadin 1mg take 4 table Isday, and Wednesday a Img) on Thursday, Friday day.	an's order for ts (4mg) on Monday,				
Norm meas	ew of a telephone order d 10/24/19 revealed an o padin until 10/28/19 due palized Ratio (INR) (a blo ure how quick blood clot 2.5 to 3.5).	order to hold to an International	-			
	w of "Nurse's Notes" dat ed Resident #6 was sen complaining of rectal bles	L L				
-Reside when he with a va	of Resident #6's hospital of Resident #6's hospital of the selection of the election of 5.8.	revealed: he normal range mergency room			-	
of Health Service	nt #6's hemoglobin dropp Regulation	ped from 13.41 to				

ANDED	SENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	FORM APP
1		MOMBER:	A. BUILDING	G:	(X3) DATE SURVEY
			1		COMPLETED
NAME OF	DDOVED CO.	HAL043003	B. WNG		R
1.	PROVIDER OR SUPPLIER	STREET	DDDEES OF		11/25/2019
JOHNS	ON BETTER CARE FACILIT	TY INC HWY 30:	ADDRESS, CITY, S I NORTH	TATE, ZIP CODE	
		DIMN N	C 28335		
(X4) ID PREFIX	SUMMARY STA		7		
TAG	REGULATORY OR L	YEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTION	
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D 358	Continued From page	67	-	DEFICIENCY)	E DAT
			D 358		
	12.4 over a two-hour pomonitored in the ER.	eriod while he was			1
	-Resident #6 was admir	tod to the t	1 1		1
1	10/23/19	and discharged as	1 1		
]				$\mathcal{L}_{\mathcal{L}}$	1
1	-resident #6 was diagn.	osed with rectal bleeding	1 1		1
	due to self-induced traus with an elevated INR.	ma due to constipation			· 1·-
1	an elevated tive.		' 1		
( )	Review of Resident #6's	October 2019 electronic			ļ
	and the second	Record (eMAD)	j		-
				the state of the state of the state of	
10	There was a computer-g	enerated entry for			1
	oumadin 3,5mg take 1 t dminister at 8:00pm,	ablet daily scheduled to	1		
	The order had an original			*	.
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1	""""" "SICIOU (198V Mom 40	WO 40 :	ĺ		ł
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1110	spital on 10/25/19 and 1	0/26/19,			-
Tei	ephone interview with a	-			]
		pharmacist from the		en en en en en en en en en en en en en e	. /
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-In	ere were 25 tablets of Co	oumadin 1mg			1
			1	and the control of the second of the control of	1
wee	ctions take 3 and 1/2 (3.5)	mg) tablets daily for 1	[		
∫-The	pharmacy received an	ned			
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-ine	pharmacy received an a	Stefan Same			1 1
				ing and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	
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Intervi	ew with Resident #6 on	11/22/19 at 9:40am	]	l	
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1			A. BUILDING:		(X3) DATE	SURVE
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NAME OF		HAL043003	B. WING	<u>.</u> .	- 1	R
NAME OF	PROVIDER OR SUPPLIER					r. 25/201
JOHNSO	N RETTER CARR	STREETA	DDRESS, CITY, STA	TE, ZIP CODE	- 11/	25/20
	ON BETTER CARE FACILI	TY, INC. HWY 301	NORTH			
(X4) ID	SHAMATNA	DUNN, N	C 28335			
PREFIX	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES	7			
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D 358	Continued From page	00		DEFICIENCY)	OPRIATE	DV
	osminaed Prom page	58	D 358			
1	started on Cournadin.		1			
1	-He had to get his bloo	d checked once a week.	1 1		ŀ	
1			1	حييريند بدارجا العقران فالم	!	
ŀ	interview with a medical	ition aide (MA) on 11/22/19	1		1	
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Telep	phone interview with a n. Cardiologist's office as	Ursa from David	]		]	
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ordered		Coumadin as	1	-	1	- 1
	e Regulation					

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	000000000000000000000000000000000000000		FORM APPR
1		IDENTIFICATION NUMBER:	(AZ) MULTIP	LE CONSTRUCTION -	(X3) DATE SURVEY
1		1	A BUILDING		COMPLETED
-		HAL043003	B Mario		
NAME OF	PROVIDER OR SUPPLIER		B. WING		R
1		STREET	ADDRESS, CITY, ST.	ATE, ZIP CODE	11/25/2019
JUHNSO	N BETTER CARE FACILIT	Y, INC. HWY 30	1 NORTH		
- (X4) ID		DUNN N	IC 28335		
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			TAG	THE APPOA	DDI Arron
D 358	Continued From page	69	+	DEFICIENCY)	DATE
			D 358		
	-It was very important if Coumadin dose to be in	or Resident #6's	1 1		
1	prevent a blood clot from	nonitored closely to	1 1		1
	THE STREET PEAR VAIVE		1 1		
j -	-Resident #6's INR shor	Jid be maintaine⊲	1 1		1
, 1	2.5 and 3.5		1 1		
	If the INR dropped belo	w 2.5, Resident #6 was	1 1		1
					/ · [-
			1 1		]
1	isk for death due to a sp nywhere in the body.	ontaneous bleed from	1 1	in the second second second	
			1	÷	
R	lefer to the interview with	1 a MA on 44 mags			)
9;	52am.	- 4 m/s on 71/22/19 at	1		
]_		1			1
Re	efer to the interview with /21/19 at 4:00pm	a second shift MA on			1
) 11	/21/19 at 4:00pm.			and the second of the second of the second	
Re	ifer to the interview with	th- 200			1
at	4:08pm.	the RCC on 11/21/19	-		
1			1		
Rei	fer to the interview with :	the BOM on 11/21/40			
at 3	3:40pm.		1	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	-
Ref	er to the let		1	•	1
Adm	er to the interview with t	he Assistant	1		
	ninistrator (AA) on 11/21		1		.
Refe	of to the interview with the	00 Administrate	-		
11/2	1/19 at 3:00pm.	- Administrator on	1		. [
1		1			1 1
3. Re	view of Resident #3's c	urrent FL2 dated	[		
	~ 10 10 ACGIECT	ı			- 1
hyper	noses included hyperlip	idemia,	[		1
	tension, major depressi arthritis, and schizophre			<del>-</del>	
- rners	Was a physicianic and				
					I
			J		· ]. [
111111111111111111111111111111111111111	S uleit tinse thoroughby	every other day	) -		· [ ]
i illead (	to treat dermatitis).	/ = 1.0, day	1	the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	· [

PRINTED: 12/17/2019 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FORM APPROVED (X2) MULTIPLE CONSTRUCTION A. BUILDING: \_\_ (X3) DATE SURVEY COMPLETED

JOHNSON BETTER CARE FACILIT  (X4) ID SUMMARY STATEMENT (FACILITY OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT OF THE PROPERTY STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATE	r, INC. HWY 3I	ADDRESS, CITY, ST, D1 NORTH NC 28335		
TAG REGULATORY OR LS	C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	N (X5)
D 358 Continued From page 7	o	D 358	DEFICIENCY)	DATE DATE
the face and scalp every	sician's order to continue nampoo apply topically to other day,		in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	·· P
Review of Resident #3's and November 2019 elected Administration Record (elected - There was a computer-grant Neutrogena T-Sal Shamp scalp lather well let sit for	tronic Medication MAR) revealed: enerated entry for			
rinse thoroughly every other face; wash every other day administer at 7:00am	5 to 10 minutes, then er day; also use on scheduled to			
-Neutrogena T-Sal Shampo administered every other di 11/22/19.	ay from 09/01/19 to			
Observations of Resident #3 hand on 11/20/19 at 4:45pm no Neutrogena T-Sal shamp administer to Resident #3.	revealed there was oo available to			· '
Telephone interview with a pi facility's contracted pharmacy 9:38am revealed: -The pharmacy had dispense Neutropena T. Sal Sharmacy	on 11/21/19 at			
01/21/19.	Resident #3 on			
approximately 30 to 60 days d size of the area it was being an -The pharmacy did not have ar the facility had called to reques shampoo during the last 7 to 10	epending on the oplied.  Dylied.  Dylied.  Dylied.			- = -
Interview with Resident #3 on 1 revealed: -He has had the soreson his hea	1/20/19 at 9:58am			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIP	LE CONSTRUCTION		MAPPR
		DEM NEIGHBUN NUMBER;		:	(X3) DATE (	
		HAL043003		······································	1	3
AME OF E	PROVIDER OR SUPPLIER		B. WING		1	(  5/2019
		STREET	ODRESS, CITY, S'	TATE, ZIP CODE		
OHNSO	N BETTER CARE FACILI	TY, INC. HWY 30	I NORTH IC 28335			
(X4) ID	SUMMARY ST	ATEMENT OF DESIGNATIONS				
PREFIX TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	Ser .	(X5) COMPL DATE
D 358	Continued From page	71	D 358			
	months.					
ĺ	-His head was "itchy"	and he would have to try to	1	-	ĺ	
1	har the tiests to belb :	Stop the itching			7.77 55 -	-
ı	-He did not know he w	as supposed to have two				
ſ	different shampoos ap	plied to his scalp				
- 1	•		1 1			
	at a.52ain revealed;	ation aide (MA) on 11/22/19				
-S	She had not been able	to complete the weekly			ļ	
. ] 4	nedication cart audit th	is week and did not know	] 4			
Re	kesident #3°s shampod	Was not available	ľ		[	
1-	She did not know the s	hampoo was laet	1			
10	ilspensed in January 2	019	] ]	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
-3	one thought the shamp	ooo had just "ran out" and				
1 4	ne MA over the weeker nedication.	nd had reordered the	1			
			,		1	
fa	cility's contracted show	red medications from the				
w	ould have brought med	macy and no one else dicine to the facility for		a a amutu saasana ji ja j	778 1 Ad	
∫ hi	m.	rome to the facility for				
[in:	terview with a second s	shift MA on 11/21/19 at				
1 40	JUpm revealed:			and the second of the second of the second		
-S	he did not know why R	esident #3's shampoo				
wa	is not available to admi	inister.			[	
-51	ne ald not remember w	hen the shampoo was				
las	t available on the medi	ication cart.			-	
Inte	erview with the Resider	nt Care Coordinator			)	
1 (150	C) on 11/21/19 at 6:00	Dom revealed:			· · ·	
-Sn	e did not know the sha	IMPON for Recident #2	ł		1	
was	inot available on the n	pedication cost	J			
~Sn	e thought the Neutroge	ena shampoo bad book			. ]	1
uisc	ontinued when the Dei	matologist started				
ano	ther shampoo.					
Tele	phone interview with a	Durse from Resident				
1175	Derinatologist's office	on 11/21/19 at 3:01pm				
1,646	areu.		}.			
	ident #3 should still be					

AND PL	on of Health Service Reg JENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			FOR	D: 12/1 M APPE
	ORKECTION .	IDENTIFICATION NUMBER:	(X2) MULTIPLE	E CONSTRUCTION		
		I STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	A BUILDING:	- Charact (Polit	(X3) DATE	SURVEY
1		1	1		COMPL	ETED
		HAL043003	B Mario		1	
NAME OF	PROVIDER OR SUPPLIER		B. WING		.   F	₹
		STREET	ADDRESS, CITY, STA		11/2	5/2019
JOHNSO	ON BETTER CARE FACILIT	V DIO HINY 20	CONCESS, CITY, STA	TE, ZIP CODE	-	
	- AGILII		1 NORTH	•		
(X4) ID	SUMMARY STA		NC 28335			
PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID ]			
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTIO	N	
-	1	- THO MAPORMATION)	TAG			(X5)
D 358	Confi		1	C COLOGO TO THE ADDRODE	RIATE	COMPLI
1 . 5 550	Continued From page :	72		DEFICIENCY)		5412
[			D 358			
[	Neutrogena T-Sal shan	1poo.	1 1		1	
	-There was no documer was not receiving the	ntation that the resident	1 1	LETT LETT LETT LETT	1	
ļ			1 1		Tan 17. 1	
1		le issues with his acctive	1 1		į.	
ļ			1		- ]	
,	-The dermatologist had a	Proved at	1 1		j	
1	squamous cell carcinoms scalp in October 2010	from Dankin	1			
			1 1			
	The Neutroppe T. O. I.		1			
. 1	to breakdown the will	hampoo was prescribed	1	-	1	
1.6	to breakdown the thick, so	cally scabs the resident			1	
1:	nad on the top of his head	so an antibiotic	1		· · · · / ·	
1	pintment could penetrate caip.	the scabs and reach the	1			
s	carp.	and reading	1	•		
] -	The healing process was	Slowed down by	ł		1	
a	dministering the shampor increased risk of infection	which could	.			
∫aı	n increased risk of infection e sores on Resident #20	or which could result in	1	the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	. 1	
∫ th	e sores on Resident #3's	or and worsening of	,			
(-R	Resident #3 had a fell-	nead,	1		j	
We	Resident #3 had a follow-ceak and the Dermatologis	p appointment in 1			1	
	vere this was for the resid					
1	was for the resident	dent.			. [	
Pa	for to the co.	1	1		[.	
0:5	fer to the interview with a 2am.	MA on 11/22/19 of	1		1	
3.0	2am.		1		1	
		1	. 1	-	t	
Ref	fer to the interview with a	Second objects	.		ł	- 1
11/2	21/19 at 4:00pm.	STORY MA ON	ļ		. 1	i
1		[	1		. 1	- 1
Refe	er to the interview with the		J		1 .	- 1
at 4:	08pm.	RCC on 11/21/19	]			- 1
		1	[			- 1
Rafa	Etatha int	1	[		)	ŧ
Mon	r to the interview with the	Business Office	1		j	- 1
wana	ager (BOM) on 11/21/19	at 3:40nm			~: ]	- 1
			1	and and water that has been also	J	ŀ
Refer	to the interview with the	Assistant	1			- 1
Admir	nistrator (AA) on 11/21/19	TURISHEEU	1		ſ	ı
			1	er er er er er er er er er er er er er e	[	- 1
Refer	to the intension with a		1	**		- 1
11/21/	to the interview with the A 19 at 3:00pm.	Administrator on	ł		ſ	- 1
	o at 3,00pm,		ł		- [	- 1
Interd		1	1		1	1
Health Service	ew with a medication aide	(MA) on throws	j		f	- 1
	- In	**** 9 90 10/22/19 1			1	1

	of Health Service Regi	ulation			FOR	RM APPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	CX3) DATE	SURVEY
	- SOUTH TOTAL	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		1	1			
		HAL043003	B. WNG		1 11	R /25/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE ZID COOF	1 18	25/2019
			1 NORTH	ATE, ZIP CODE		
OHNSO	N BETTER CARE FACILIT	IT, INC.	C 28335			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX . TAG	(EACH DEFICIENCY REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BF	(X5) COMPLETE
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D 358	Continued From page	73	D 358			· ·
		. 70	D 356			
	at 9:52am revealed:	F				
ĺ	on the cart to each res	for auditing the medications	1 1	to protect the second of the second		
	Medication Administra	tion Record (eMAR) weekly				
1	to make sure all media	ations were available to	1 1			
	administer.	ACC GYADADIS (U		÷	.2	
ĺ	-The pharmacy audited	the medication carts	1'			
	monthly for expired me	dications.			T - 12"	
			1	•	i	
	Interview with a second	d shift MA on 11/21/19 at	]			
	4:00pm revealed:				- '	
- 1	- i ne first shift MAs wer	e responsible for faxing		en en en en en en en en en en en en en e	-	
	new medication order to auditing the medication	o the pharmacy and	1 1			1
1.	-She was responsible for	cart.		Elementary and the second		- 1
١,	medications based on t	he eMAR				- 1
		or approving medication	1 .	1		
- 10	orders on the eMAR if a	in order "came through"				
0	during second shift.	·		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		
١.						- 1
	nterview with the Resid	ent Care Coordinator	] [	ter er en en en en en en en en en en en en en		
1	RCC) on 11/21/19 at 4:	08pm revealed:	1			- 1
6	She or the MA on duty t	were responsible for n orders to the pharmacy		me as a wow table self		1
fo	or the pharmacy to ente	or on the eMAP				
13	She or the MA on duty v	Were responsible for				
a	pproving medication or	ders for the eMAR			2	- 1
-5	She or the MA on duty v	vere responsible for				- 1
a	uditing the new medical	tion order with the entry				- 1
OI	n the eMAR before app	roving the entry.				- 1
-8	She or the Business Off	ice Manager (BOM) were				.
re	sponsible for auditing a	Ill medication orders	1			İ
l at	proved by the MAs.					
in	terview with the BOM o	n 11/21/10 of 3:40em				
re	vealed:	11 11/2 I/ 18 at 3.40pm	j			- 1
	he was not responsible	for medication				1
ad	ministration or auditing	medication carts				- 1
[ -T3	ne RCC was responsibi	e for monitoring the			: -	
me	edication administration	process.	1			1

AND D	on of Health Service Request of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA			FOR	ED: 12/1 RM APPR
MOPL	AN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPL	LE CONSTRUCTION		
1		TOWN NOW BEEK	A. BUILDING:	:	(X3) DATE	SURVEY
			1		COME	LETED
		HAL043003	B. WING	-	- 1	_
NAME O	F PROVIDER OR SUPPLIER					R
		STREETA	DDRESS, CITY, STA	ATE, ZIP CODE	11/	25/2019
Commo	ON BETTER CARE FACILIT	TY, INC. HWY 301	NORTH	,		
(X4) ID	Cinnan	DUNN, N	C 28335	·		
PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	1		· · · · ·	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT	ION	
<del></del>		or or or or or or or or or or or or or o	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO		(X5) COMPL
D 358	Continued From page	7.4		DÉFICIENCY)	PRIATE	DATE
1			D 358			
1	-The RCC or the MAs	were responsible for			T	
ĺ						
1	-She would "fill-in" for the	he RCC if she was out			1	
! !	Interview with the Assisi	tant Administrator (AA) on	1 1		1	
1	11/21/19 at 3:00pm reve	ealed:	1		[	
ſ	-The RCC and the BOM	were responsible for		***	[	
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	make sure all medications administration.	s were available for	1		ļ	
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a	The RCC or the MAs wer	re responsible for	ł		- 1	
} -	pproving medications for	the eMAR.	1			
l fr	iterview with the Ad-i-		1		1	
3:	terview with the Administ	trator on 11/21/19 at	1	and the second second	t	
da	00pm revealed the AA way to day operations at the	as responsible for the	ľ		-	
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Res	ident #3 that prolonged to	he healing program	1			- 1
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declin	ning kidney function, and	Macular				- [
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ine fa	acility's failure to administ	ter medications as	[		1	1
projera	ed by a physician put the antial risk for harm and ne	residents at	ſ	· -	-	1
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PRINTED: 12/17/2019 FORM APPROVED.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED R HAL043003 B. WING 11/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HWY 301 NORTH JOHNSON BETTER CARE FACILITY, INC. **DUNN, NC 28335** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 358 Continued From page 75 D 358 constitutes a Type A2 violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/22/19 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 25, 2019, D 366 10A NCAC 13F .1004 (i) Medication D 366 Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medication aides observed residents take their medications after administration for 3 of 14 residents related to leaving medications in the residents rooms (Resident #3, and #14). The findings are: Review of the facility's Pharmaceutical Policy and Division of Health Service Regulation

STATE FORM

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AND PLA	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURV
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MAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS OF T		11/25/20
JOHNSO	N BETTER CARE FACILIT	L'INCE 1	ADDRESS, CITY, S	TATE, ZIP CODE	
		Y, INC.	1 NORTH		
(X4) ID	SUMMARY STA	LEMENT OF DECISION	NC 28335		
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D 366	Continued From page	76	+	DEFICIENCY)	,
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	Procedure Manual reve	ealed:	.1		[
	- The adult care home s	hall permit residents who			
	and perent and phys	Sically objects	1	ļ	
	sem-administer their me	dications if the	]	- :	1
İ	serr-administration is or	fered by a about :	1 1		}
ł	Aniel Belanti legaliv atili	Intitod to present	1 . 1		
1	medications and it is doc	cumented in the residents	1 1		
	rocoid,		1 1		
J	The facility shall ensure	that medications are	1 1		
	Administration to Lesigeus	Within one have been	]		. [
	or one nour after the bles	scribed or scheduled	1		
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1 "	realization to the resident	and share at the second	[		1
1	POPONIC GLOCALITY TAKING THE	h modelination	1		
	the administration of an edication."	other resident's	1		
- / '''	edication."	į	1		ļ
1 4	Review of David	ſ	1		j
ne.	Review of Resident #1's 1/26/19 revealed:	current FL2 dated	[		
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se	iagnoses included deme	ntia with behaviors,	t		··· /
an	izure disorder, history of	cerebrovascular	ł		
an	cident, myocardial infarct	ion, and brain	J	· · · · · · · · · · · · · · · · · · ·	
-Th	lere were no objective			• • •	
sel	ere were no physician or f-administer medications.	ders to	t		
-Th	ere was a modifications.		ļ	the first term of the second	
foni	ere was a medication ord	ter for Preparation-H		<del>f</del> ile of the second	
1	cal application three time nemorrhoids.	es a day as needed	. ]	A CONTRACTOR OF THE SECOND	
			ſ	+ H. M.D. (1994)	
650	ere was a medication ord	er for Tylenol arthritis	1 .		
3300	ing by mouth daily at bed	ltime.	ł	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	J
Ober	enterior on et innere	- [	1		
, Res	ervation on 11/20/19 at 9	:40am revealed:	J	· -	
1,100	"UCII(#) Was in his room	sitting on his bank	J		
, ,,,,	¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬	00 Aug 1	1		.
/ 0110 1	white tablet sitting on the was a tube of Preparat	Diabt stone d	1	· · · · · · · · · · · · · · · · · · ·	ŀ
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AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	2000 0000	
		IDENTIFICATION NUMBER:	A. BUILDING			E SURVEY PLETED
					]	
		HAL043003	B. WING			R / <b>25/2019</b>
AME OF R	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE. ZIP CODE		25/2019
OHNSO!	N BETTER CARE FACILIT		NORTH			
		DUNN, N	IC 28335			
(X4) ID PREFIX	SUMMARY STA (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID.	PROVIDER'S PLAN OF CORRECTION	MAT .	<del></del>
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				CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
. D 366	Continued From page	77	D 366		· ·	·
1	medication used to an	oly topically to hemorrhoids	1 2 3 3 3			1
1	for pain relief), labeled	with Resident #1's name,		<u> </u>		1.
- 1	lying on top of his dres	ser.	1			
- 1			1			
1	Interview with Resident	t#1 on 11/20/19 at 9:40am	1 1			
	revealed;					
1	- I he third shift MA on 1	1/19/19 left the white pill in	1 [		[	
1	like taking it all of the tir	"It's just Tylenol but I don't	1 1			
[.	-He kept the tube of Pre	eparation-H in his room to		•		
	use when he needed it	for painful hemorrhoids.	1 [			
1.	-One of the MA's gave h	nim the Preparation-H to				
	keep in his room.					
1	Theoryption of Desident	al de				
13	11:01am revealed:	#1's room on 11/20/19 at	] ]	·	/-	
	Resident #1 was not in	his room		-1	- 1	
-/	A white pill remained in	a plastic medication cup		<del></del>		
10	n nis nightstand.					. <del></del>
-	The tube of Preparation	-H ointment was on his	1		1	
l a	resser.					
R	eview of Resident #1's	olootronia k.t., at				
A	dministration Record (e.	MAR) for Nevember	[	- (as '	1	
20	019 revealed:	WATO IOI NOVEITIBE!	1	T T + 15 (\$1.50 )		
/ -T	here was a computer of	enerated entry for				
j he	emorrhoidal ointement a	pply to rectal area				
to	pically three times a day	as needed for	ļ	and the second of the second		
	emorrhoids,			• • • •		
Oir	here was no documenta ntment had been admini	tion the hemorrhoidal	1	<del></del> ,	·	
-Ti	here was a computer ge	Stered.		· <del>.</del>		
art	hritis pain extended reli	ef 650mg take one		na tanàna mandritry ny taona 2008–2014. Ny fivondronana amin'ny faritr'i Nobel Santana ao amin'ny faritr'i Ame Ny INSEE dia mandritry ny taona 2014–2014. Ny faritr'i Amerika ao amin'ny faritr'i Amerika ao amin'ny faritr'i		
tab	Het by mouth at bedtime	. No more than		•	-	
300	00mg acetaminophen fr	om all sources in 24				
nou	Jrs.	1			.	
-An	thritis pain extended reli	ef was documented as	1		ļ	
adn	ninistered at 8:00pm fro	m 11/01/19 to		to the table	[	
1 (1/3	19/19.		1		Į	

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G:	(X3) DATE S	MAPP URVE
		HAL043003	- 1		COMPLI	EIED
NAME OF	PROVIDER OR SUPPLIER		B. WING_		R	
		STREET	ADDRESS, CITY, ST	TATE, ZIP CODE	1/2	5/201
	ON BETTER CARE FACILIT		1 NORTH			
(X4) JD PREFIX	SUMMARY ST		NC 28335			
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRI		COMP
D 366	Continued From page	78	+	DEFICIENCY)		DA
	Interview with the Resi		D 366			_
	(RCC) on 11/20/19 at 1	dent Care Coordinator				
ł	Oute aid tiot know may	Posidont #4 t	1 1		f 1923-325-1	
ł	THE WILDLES IN THE MOON	lond -b	1 1			
ł	and prisiness Office	Manager (BOM)/MA	1 1			
· ·	and at Mach		1 1	* * * * * * * * * * * * * * * * * * *		
1	-The MA's were not sup medications in residents	posed to leave	1 1		ł	
]	resident had a physician	rooms unless the 's order to self-administer	1 1			
					1 -	
) -	She expected the MA's	to follow the facility's		·	1	
1 -	policies and procedures nedications.	for administering				
''	redications,	•	1		1	
ir	terview with the BOM/N	A suponina			[	
	TOWN IS ALL THURSON FORM	-ci			· ·· .	
1-1-	(esident #1 had been to	kan ta bia				
			1			
, ,	"" will folknow that Pa	Bidoni Hiller	1	to the transfer field of a color		
-T	he MA's were not suppo	ven to him by the MA's.				
1 11112	Proping With regidents		ł			
-Si	te expected the MA's to	follow the same	1		ł	
1	icles and procedures for dications.	administering	1			
, ,,,,,	uications,	-	1	-		
inte	rview with the BOM/MA	SUppnésses			1	
1	or is at 11.208m retract	nd:			-	
j-Me	dications such as inhale	IP product	ſ		]	
011111	ricinis, and/or eve drope	Thimme - days a second				
1	ication cart and not supplent rooms.	posed to be left in		for the second second second		
-The	MA should have watch	ed Posidona na		1125 (121)	. 1	
,	and and sign the	eMAR after the	1	ante de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya d		
were	administered.	and they	1			
Atton	into d to look			* "	1	
11/21	pted telephone interviev	w with the MA on	1			
	19 at 10:26am was uns	uccessful,			[ .	
l Into- d	ew with the Assistant Ad	1	1		[	- 1

STATEMENT OF DEFICE AND PLAN OF CORRECT	TION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:		TPLE CONSTRUCTION	FORM APP  (X3) DATE SURVE  COMPLETED
		HAL043003	B. WING_	_	R
NAME OF PROVIDER OR	SUPPLIER				11/25/201
		STREET	ADDRESS, CITY, 1	STATE, ZIP CODE	
JOHNSON BETTER (	CARE FACILIT	Y, INC. HWY 30	1 NORTH		
(X4) ID	SHAMARY	DUNN, N	IC 28335		
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		<u></u>	TAG	ON DOOR PERENCED TO THE APP	PROPRIATE D
D.366 Continued	From page 7	79		DEFICIENCY)	
l l			D 366		
-He did as	at 2:58pm rev	ealed:	1	1	1
in recident	Know some	MA's had left medications	1		
l in residetili	LIDOMS FOR the	em to east administra			
the medical	tion water	y for the MA to administer			
are michigo	AUDII, WHICH IF	IC (Psident take the	Ī		1
medication	i, ariu docume	ent on the eMAR the	1		
-Medication	i was auminisi Te ware not to	tered to the resident	1		
for them to	self-administr	be left in resident rooms or unless the resident		-	1
had a physi	ician order to	er unless the resident self administer	j .		
medications	s.	serr administer	!		
-He expects	r. ≘d staff to folk	w the medication	! !		1
policies and	Drocedures f	or administering		· · · · · ·	
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wheezing.	ened tot shot	tness of breath and			. 1
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nasal spray to	treat seeses	der for Flonase (a al allergies) 0.05%			
nasal spray sr	ייבפו ארשפיון:	each nostril once			
ually.					
-There were no	physician or	ders to			F
self-administer	medications	-0.5 (0			1
ł			1		1
Observation on	11/22/19 at 1	0:19am revealed:	ł		-
1,62(06))[#14 A	vas sittina on	his had in his			
I THOUGH WAS A VE	eniolin inhaia	rand haw - '			
i rionase labeled	With Resider	if #14's name side	[-		
on the nightstan	id in Resident	#14's room.	1		1
Interview with Re			1	•	
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COLUMN TIME	n of Health Service Requ ENT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIED TO	<del></del>		FO	ED: 12/17/. RM APPRO
1	- OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION		_
l		l la la la la la la la la la la la la la	A BUILDING	i:	(X3) DATE	SURVEY
L			1		COM	LETED
No.		HAL043003	B. WING			R
MAME OF	PROVIDER OR SUPPLIER	Pine				25/2019
JOHNSO	N BETTER CARE FACILIT	SIRLET A	DDRESS, CITY, ST	ATE, ZIP CODE	- 111	-3/2019
	THE PACILIT	Y, INC. HWY 301	NORTH			_
(X4) ID	SUMMARY STAT		C 28335			
PRÉFIX TAG	REGIA ATOMY	MUST BE PRECEDED BY FULL	ND	PROVIDED DI AMONTO		
	- SOUTOR UR LS	C IDENTIFYING INFORMATION)				(X5)
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D 306	Continued From page 8	30	Dage	DEFICIENCY)		HAVE
l	12:05pm revealed:		D 386	-		
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1	room for him to self-adm	oinister	1	Fig. 4. Fig. 1. Strategy of the	··· 0 = ··· •	-
- 1	-ne aid not know how of	for the	1 1		1	
	DUNN, NC 28335  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREPARATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  DUNN, NC 28335  ID PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE					
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1.	nterview with a first shift	medication aide (MA) ~	1			
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10	one thought Resident #1	4 could keep his	1			
1 00	onwin innaler and Flona	ise nasal spray in his	1			
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his	s inhaler and page!	f was supposed to use	Į	the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th		
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-Re	esident #14 would tall be		1	1	1	- 1
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	- TO THE ENDAR THE	medications w	1		ļ	- 1
adn	ninistered.	outcauons were	į.			- 1
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Inte	rview with the Resident (	Care Coordinator	ļ		ł	- 1
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7 3011-	ourninister his Ventolin in	haler or Flonase	ł		.	- 1
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self.	did not know why Resid	ent #14 was	1 .	na ann aa marka ah <del>al</del> aa jiraa iyo d		[
	administering the Ventolii spray to himself.	n inhaler or Flonase			1.	- 1
			ł	· · · · · · · · · · · · · · · · · · ·	1: -:	- 1
medic	MA's were not supposed actions in residents room	to leave	ł	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
self-ar	dministration unless to	s for	ł		1	- 1
order.	dministration unless they	had a physician's	ł		ľ	- 1
-It was	the facility's policy for the				1	- 1
the me	the facility's policy for the dication, watch the resident	ne MA to administer	1		.	- 1
medica	ation, and document and	ent take the	1	- <u> </u>	1	
			1	s . "	-	- 1
0.	specied the MA's to follow	the resident.	1		.	- 1
	Regulation					

AND PLA	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE	M APP SURVEY
		HALD43D03	B. WANG			R
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS AVE.		11/2	25/201
JOHNSO	N BETTER CARE FACILIT	HWV 20	ADDRESS, CITY, STA 1 NORTH	ITE, ZIP CODE		
	THE CARE PACIETY	DUNN, A	NC 28335			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEPOSIT				
TAG	NESCENIORY OR D	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X COMP DA
D 366	Continued From page	81	D 366			
	policies and procedure administration.	s regarding medication				
	Interview with Resident 2:58pm revealed:			N = 2		
1	-He had lived at the fact	ility around 10 years and	1 1	and the second second		
},	around three times per of the facility.	is inhaler and nasal spray day since he had lived at				
[:	He did not have a sche	duled time to use his				
1	ilialer and nasal sprav.	he used them whenever	1 1			
1	ne "can't breathe good".	,	1			
11	nterview with the Assista 1/22/19 at 3:30pm revea	ant Administrator on				
[ -	He did not know why Re	sident #14 had a			ſ	
ro	entolin innaler and Flon: oom.	ase nasal spray in his				
[ Pr	le did not know if Residence in the ROM and IROS.	dminister medical			-	
1 - 1	he BOM and RCC were e medication orders in to	responsible for files	,	in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th		
1-41	was the facility's policy	for the MA to administra	J	en en en en en en en en en en en en en e		
1 1116	Fireulcation, watch the	tesident take the		2 · · · · · · · · · · · · · · · · ·	- f	
4716	suication, and document	on the elder #-	]			
1-Ti	edication was administer ne MA's were not suppos	red to the resident.	[	•		
, me	acations in the resident	S FOOTH Linkees there	.		-	
me	dication.	self-administer				
-He	expected the MA's to fo	bllow the facility's	1		.	
Poli	cies and procedures for ninistration and storage.	medication [	}			
2. R	eview of Resident #3's o	current FL2 dated				
) 00/2	av 19 revealed diagnose	s included	ļ	·		
distri	erlipidemia, hypertension der, anxiety, osteoarthri cophrenia.	n, major depressive tris, and		H <del>er</del> anger		
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S LUCIENTE	n of Health Service Reg ent of Deficiencies N of Correction	(X1) PROVIDER/SUPPLIER/CLIA			PRINTED: 12 FORM API
1	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	
1			A. BUILDING		(X3) DATE SURVE
L			ı		COMPLETED
NA.		HAL043003	B. WNG	<u>.</u>	: R
NAME OF	PROVIDER OR SUPPLIER	A			11/25/201
JOHNSO	N DCTTO A	STREET	DDRESS, CITY, ST.	ATE, ZIP CODE	11/25/201
	N BETTER CARE FACILIT	TY, INC. HWY 301	NORTH	-	
(X4) JD	SIMMADVET	DUNN, N	C 28335	the same and	
PREFIX	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC (DETERMENT)	ID		
TAG	REGULATORY OR L	MOST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO CORRECTED TO	TION
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D 366	Continued From page	92	+	DEFICIENCY)	OPRIATE DA
[			D 366		
[	Observation on 11/20/:	19 at 4:10pm revealed:			
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	medication cup cor	ntained one beige and tan			
,	apsule.	- and tall	1		
1 ~	The MA returned to the	medication cart and	ŀ	the second second	1
1 ~	ontinued administering	medications.	1		. [
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Tel Co	eview of Resident #3's p	physician's orders	ł	-	
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Inte	anziou with the		1		1
rev	ealed:	on 11/20/19 at 4:16pm	ļ		1
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ate	was supposed to take dinner.	the Flomax after he	J	-	
	MA "trusts me to take		j	•	
1 ,,,,,	Y WE'L MINES THE TON MAN	my Medicine,"	}	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
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-The	MA does not watch po	reidont 40 to 1	]		
Flom	ax.	Suberit #3 take his		· · · · · · · · · · · · · · · · · · ·	
Interv	New with a medical		1		
at 4:3	riew with a medication a 2pm revealed:	aide (MA) on 11/20/19	1	and the community of the second second	
-She	"usually" watches Resid		ł	and the second second	1
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-Resid	ient #3 was "peculiar at omax		1	-	] .
the Fig	max.	pout the timing" of	1		
-Sheig	lave the Flomay to Pasi	id1 m	ł		
would	not get upset if she didr	dent #3 so he	1		-
			1	T	
She kr	new she was supposed	********	1		) !
	his medications.	ICI MOTOR Desires	1		ı .

AN	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE	M APPI SURVEY LETED
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NAL	AE OF PROVIDER OR SUPPLIER	CTDETTY				25/2019
JOF	INSON BETTER CARE FACILIT	TV ING HWY 20	ADDRESS, CITY, STA 1 NORTH	ITE, ZIP CODE		
-		DUNN, J	NC 28335	<del>-</del> -		
	4) ID SUMMARY ST/	TEMENT OF OFFICER AND ADDRESS.	ID ID			
	TO SERVICE OF L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		(X5 COMPL DAT
D	366 Continued From page	83	D 366	oci idicinor)		
	-Resident #3 would get administered his Floma everydayThe MAs were suppose take their medications uphysician's order to self-She expected the MA's policies and procedures medications.	1:06am and on 11/21/19 at upset if he was not x at the same time ad observe the residents nless the resident had a administer medications, to follow the facility's for administering				
	-The MA's were not supp medications with the resid physician's order to self-a He expected the MA's to policies and procedures for administration and storage	osed to leave dents unless they had a dminister medication. follow the facility's or medication				
	3:00pm revealed the AA w day to day operations at th	8S feenoneible for the			.  -	
D 367	10A NCAC 13F .1004(j) Me Administration	edication	D 367			
	10A NCAC 13F .1004 Medi (j) The resident's medication record (MAR) shall be accurately following: (1) resident's name; (2) name of the medication of (3) strength and dosage or quadministered;	or administration rate and include the or treatment order; ruantity of medication				
- [ (	<ol> <li>instructions for administer</li> </ol>	ring the medication				- 1

D7W811

Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HAL043003 B. WNG NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CRY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL N) PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) D 367 Continued From page 84 D 367 or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the electronic Medication Administration Records (eMARs) for 2 of 13 residents (Resident #10 and #11) observed during a medication pass related to not documenting the administration of standing order medications. The findings are: Review of Resident #11's current FL2 dated 08/26/19 revealed diagnoses included chronic obstructive pulmonary disease (COPD), hypertension, heart failure, and fibromyalgia. Review of Resident #11's signed standing orders Division of Health Service Regulation STATE FORM

D7WB11

If continuation sheet 85 of 114

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	FORM APPRO
		TOTAL ISSUED IN COMMENT	A. BUILDIN	G:	(X3) DATE SURVEY COMPLETED
		HAL043003	B. WNG_		R
NAME OF P	PROVIDER OR SUPPLIER				11/25/2019
OPWSO	N DETTER CARE TO THE	STREETA	ADDRESS, CITY, S	TATE, ZIP CODE	
	N BETTER CARE FACIL	ITY, INC. HWY 30'	1 NORTH IC 28335		
(X4) ID PREFIX	· SUMMARY S	TATEMENT OF DEPOSITION			
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROVIDENCY)	- (A3)
D 367	Continued From pag		D 367	DEFICIENCY)	
1	for medications and t	reatments dated 08/12/19		1	
	revealed a physician'	S Order for Tulenal con-	1.		
	made i lablet every 4	DOURS as peopled for the total	1		
	hours (used to treat p	ain and fever).			
	Observation of the me	edication pass on 11/21/19			
	- vivioani jevealea:				1
1	rine ma did not review Prior to administration.	w Resident #11's eMAR	1		1
15	The MA did not door	nent the administration of	1 1		
ti	he Tylenol on Residen	nt #11's eMAR.			
R	eview of Resident #1	1's November electronic	1		
1 101	reurcation Administrati	IOD Record (altern)			
116	vealed no computer-r	Deperated acts (for T)	f		
100	to 48 hours.	ery 4 hours as needed for	1		
Int	terview with Resident	#11 on 11/22/19 at		oriente <del>tulia -</del>	-
.   2.0	pupm revealed:	,	1		
-SI	me needed the Tyleno	to help with pain from	1		).
ino,	viriyaldia and a mach	IFOC diek	1		
ata	i time.	er two tablets of Tylenol		للكوريات مرجدات	
lele Car	prione interview with	Resident #11's Primary		the second	] <u> </u>
-	e Provider (PCP) on 1	11/25/19 at 9:45am			
-The	facility was responsi	ble for documenting all			
med eMA	resident wa	as administered on the	}	The special of the second	.  -
-It wa	as important for her to	know all the	1		
meui	ications the resident n	eceived whom she	1		
1646	WED THE SMAR DRIVE &	n a violit			1
-Sne	never looked at the "!	Nurse's Notes" while	1		1
she w	vas in the facility.		1	•	
Refer	to interview with a me	edication aide (MA) on			
11/21/	/19 at 10:16am.	and (mry) of	]		
alth Sen4	ce Regulation		. ]	***	1
And Selvi	~ regulation				11

Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (XZ) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: (X3) DATE SURVEY COMPLETED HAL043003 B. WING -NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/25/2019 JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 --SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL Ю REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X.5) CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE D 367 DEFICIENCY) Continued From page 86 D 367 Refer to telephone interview with a pharmacist from the facility's contracted pharmacy on 11/21/19 at 4:55pm. Refer to interview with the Resident Care Coordinator (RCC) on 11/21/19 at 4:08pm. Refer to interview with the Business Office Manager (BOM) on 11/21/19 at 3:40pm. Refer to interview with the Assistant Administrator (AA) on 11/21/19 at 3:00pm. Refer to interview with the Administrator on 11/21/19 at 3:00pm. Review of Resident #10's current FL2 dated 06/27/19 revealed diagnoses included anemia, hypertension, urinary retention, anxiety, chronic obstructive pulmonary disease (COPD), and diabetes. Review of Resident #10's signed standing orders for medications and treatments dated 08/09/18 revealed a physician's order for Robitussin DM syrup take 2 teaspoonsful (10ml) every 6 hours as needed for cough; do not use for more than 48 hours (used for cough). Review of Resident #10's November electronic Medication Administration Record (eMAR) for Robitussin DM syrup take 2 teaspoonsful (10ml) every 6 hours as needed for cough; do not use er Diskonnom gile olike er grag olik for more than 48 hours. Observation of the medication pass on 11/21/19 at 10:15am revealed: -The MA did not review Resident #10's eMAR prior to administration. -The MA did not document the administration of Division of Health Service Regulation STATE FORM

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If continuation sheet 87 of 114

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE	M APPR
		HAL043003	B. WING		i .	R
NAME OF	PROVIDER OR SUPPLIER	STREET				25/2019
JOHNSO	N BETTER CARE FACILIT	V INC. HWV 10	ADDRESS, CITY, STA 1 NORTH	(TE, ZIP CODE		
	7	DUNN, I	NC 28335	•		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	JD ]			
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D 367	Continued From page	87	1	DEFICIENCY)		-
	the Geri-Tussin on Res		D 367			
ŀ		'			ļ	
ł	Telephone interview wit	th Resident #10's Primary	1 1		}	
1	Care Provider (PCP) or revealed:	11/25/19 at 9:45am		-	1	
	i c voaicu,				1	
1	medications a resident	sible for documenting all was administered on the		· · · · · · · · · · · · · · · · · · ·		
	Cianal /				-	
[]	It was important for her	to know all the			1	
[: ]	medications the resident reviewed the eMAR prior	received whom also		4 No. 2 4 44 (1.2 2 4		
- [-	She never looked at the	"Nurse's Neterland"		- ·		
s	she was in the facility.	worse's works while		•		
F 1	Refer to interview with a r 1/21/19 at 10:16am.	medication aide (MA) on		The second second		
1 ""	efer to telephone intervio om the facility's contract 1/21/19 at 4:55pm.	ew with a pharmacist ed pharmacy on				
Re	efer to interview with the pordinator (RCC) on 11/2	Resident Care 21/19 at 4:08pm.				
Re Ma	fer to interview with the mager (BOM) on 11/21/1	Business Office 19 at 3:40pm.				
Rei (AA	fer to interview with the A \$\times \text{on 11/21/19 at 3:00pm}\$	Assistant Administrator		$\mathcal{E}_{i} = \{ e_i \in \mathcal{E}_i \mid e_i \in \mathcal{E}_i \}$		
Ref 11/2	er to interview with the A 1/19 at 3:00pm.	dministrator on				
	view with a medication a			en en en en en en en en en en en en en e		
,	does not document adnications on the standing	Order on a seed to				
1 -1000	Adminis	stration Record			. ]	- 1
(curv	rv).					
	administration of medica ice Regulation	itions on the	1		-	- 1

Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (XZ) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HAL043003 B. WING NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX-(EACH CORRECTIVE ACTION SHOULD BE ćX51 CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE D 367 Continued From page 88 DEFICIENCY) -D 367 standing orders were documented in the "Nurse's Notes." -The MA's were responsible for completing the Nurse's Notes every shift. -She had never documented the administration of a standing order on a Resident's eMAR during the three years she had worked at the facility as a MA. Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/21/19 at 4:55pm revealed: -The facility specific standing orders are automatically loaded in the eMAR. -The MA should be able to look up a specific standing order and add the order to the eMAR. Interview with the Resident Care Coordinator (RCC) on 11/21/19 at 4:08pm revealed: -The MAs were responsible for documenting the administration of medications from the standing orders in the "Nurse's Notes" notebook. -The MAs never documented the standing order administration on the eMAR. -The MAs should look up the standing order before administering medication to make sure of the correct dose. Interview with the Business Office Manager (BOM) on 11/21/19 at 3:40pm revealed: She did not know the standing orders were not listed or documented as given on the eMARs. -She would work to make sure the standings orders were added to the eMAR for each resident -The RCC was responsible for making sure the eMARs were correct and monitoring the

Interview with the Assistant Administrator (AA) on Division of Health Service Regulation

medication administration process.

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	FORM APPE (X3) DATE SURVEY COMPLETED
		HAL043003	B. WNG		R
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST		11/25/2019
JOHNSO	N BETTER CARE FACILIT	Y, INC. HWY 30	1 NORTH	CODE	
(X4) ID	1	DUNN. I	NC 28335		
PREFIX	TO THE DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	(D	PROVIDER'S PLAN OF CORRECTIO	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	[ IPWO CURRECTIVE ACTION PRODUCTS	
D. oce			1715	CROSS-REFERENCED TO THE APPROP	RIATE COMPL
D 367	Continued From page	89	D 367		·
	11/21/19 at 3:00pm rev	realed:	- 00,		
1	-He did not know the a/	Iminietration of 4.	1 1	l Tarangan sa sa sa sa sa sa sa sa sa sa sa sa sa	
1	standing orders were n	ot being documented on	1 1		
ł	are citically.		1 1		
ł	-The RCC and the BOM making sure the eMARs	were responsible for			
1	overseeing the medicati	On administration	1 1		* .
ŀ	process.	I minou adON	1 1		-
1	Intensions with at a con-				)
13	Interview with the Admin 3:00pm revealed the AA	strator on 11/21/19 at		1	
1	3:00pm revealed the AA day to day operations at	was responsible for the	1		1
1				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
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Į F	Registry	and i crantifiel	D 438	77-	.
1	0A NGAC 13E 120E !-				1
1 . ,	0A NCAC 13F .1205 Hei egistry			H 14 H 2 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 2 1 2	
TI	he facility shall comply w	ith G.S. 131F-256 and		in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	.
[	apporting Rules 10A NC/ 102.	AC 130 .0101 and			
		}			
Thi	is Rule is not met as evi	denced by			
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1.01	ows, the racility failed to	Complete Health of	1		
1		FOR ordinary and	1		-  -
11:140	Suyduon reguliremente u	uidain de na ca			
1 4	ay requirements for 3 of 3 #12 and #13) who were	Cubicate da			. [
abus	se and sustained bruises	to their arm		•	
- 1		1			
7. Re	eview of Resident #4's F	L-2 dated 10/21/19			1 1
1.0700	Pier Midulioses Inclinion	Condidient			.
44.10	nails, Type 2 diabetes, re al pontine myelinolysis.	etention of urine and			
,					
Health Serv ≀M	ice Regulation				1 1

. AND PLA	ENT OF DEFICIENCIES W OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	FOR	M A
		TOTAL POWINER!	A. BUILDING	:	(X3) DATE 8	SUR
		HAI Admes			COMPL	ETE
NAME OF	PROVIDER OR SUPPLIER	HAL043003	B. WING		-   - F	₹
		STREET	ADDRESS, CITY, ST.			5/2
JOHNSO	N BETTER CARE FACILIT	Y. INC. HWY 30	1 NORTH	ALE, ZIP CODE		
(X4) ID		DUNALA	IC 28335			
PREFIX		EMENT OF DEFICIENCIES				٠.
TAG		S IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES.		
D 438	Continued From page §	00	<del></del>	DEFICIENCY)		
1			D 438		<del></del>	_
ł	Review of Resident #4's	**Das-d	1 1		1	
1	admission date of 10/21	/19 /19	1 1		1: +12.:	
[			1 1	•	1	
[	Interview Resident #4 or revealed	11/22/19 at 2-20pm	] [	William Communication		
			1 1		[	
- 13	A PCA stated to her that	"This is not a nursing				
	The comment was stated are needs,"					
[ -	It made her "Feel some t	inda wew "house -	1	-		
			ł	*.	. ]	
1-5	She reported the incident	to the BOM.	1		ſ	
1-1	The PCA was still employ	ed.	1		-	
nt	terview with a rate	*****			ł	
	terview with a relative on vealed:					
-R	esident #4 had been a re	sident for about to		the second		
					***************************************	
1 -17	ne resident had not repor h the staff.	ted having any issues				
					· [:	
	esident #4 had a fall but to of the fall.					
He-	learned of the fall from	relative who	1	the second	}	
1	PODIL #4 DAD Intorposed AL		[			
, -,-	THE THE PROPERTY OF A STREET	· · · · · · · · · · · · · · · ·	)			
1:	or the appointments	i.	1			
Refe	t to Interview with the Me	edication 4 de com			1	
on 1:	1/21/19 at 4:48pm.	MA)		Ti (1400 Y 4 00 0 14 444 74) Ti (17 4 0 17 0 17 0 17 0 17 0 17 0 17 0 17		
1						
(MA)	to interview with a seco	nd Medication Aide	-			
(MA)	on 11/22/19 at 2:08pm.	100			- 1	
Refer	to Interview with During					
11/22/	to Interview with Busines 19 at 3:12pm.	is Officer (BOM) on		1 1 19 <del>71</del>   111   11   11   11   11   11   11		
J				· · · · · ·		
Refer	to Interview with Assistan	t Administrator on				
_11/22/1	9 at 3:12pm. Regulation		1		- 1	

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL043003 R B. WING 11/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID. PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 438 Continued From page 91 D 438 2. Review of Resident #12's current FL2 dated 09/25/19 revealed diagnoses included insomnia, bipolar, diabetes, and hypertension. Interview with Resident #12 on 11/22/19 at 2:00pm revealed: -"That girl tried to turn" his arm. -"That girl hurt my arm," -"That girl person twisted" his neck and his "Adam's apple." -He did not remember when the incident occurred, but stated it happened "a while ago." -He reported the incident to the "Owner". -"The girl" still worked at the facility and had worked on today. -He was taken to the hospital and he told the hospital staff what happened to his arm. Interview with the Personal Care Aide (PCA) on 11/22/19 at 2:47pm revealed: -She noticed a large red bruise on Resident #12 right arm when she reported to work at 5:30am. -The incident occurred about two months ago on the third shift. -Resident #12 was crying and said, "Look at what she did to me." -Resident #12 stated that "a girl did it" and pointed out "the girl" as a staff who had bruised his arm. -Resident #12 had fallen later than day around 12:00pm and was taken to the hospital. -The PCA reported the incident to the Assistant Administrator -The PCA stated the Assistant Administrator was "shocked" and "angry" and that he was going to address the incident. -The staff was a PCA and was still employed. Refer to Interview with the Medication Aide (MA) Division of Health Service Regulation

AND PLA	n of Health Service Regi ent of deficiencies N of correction	(X1) PROVIDER/SUPPLIED (X1)	00-11-1		FOR	MAPP
. S.D. FLA	OF CURRECTION	IDENTIFICATION NUMBER:	(X2) MULTH	PLE CONSTRUCTION	Towns	Citize :-
			A. BUILDING	G:	(X3) DATE COMP	Survey Lêted
		HAL043003	B. WANG		- 1	R
NAME OF	PROVIDER OR SUPPLIER					25/2019
		STREET	ADDRESS, CITY, S	TATE, ZIP CODE		-WZ013
TOHNSO	N BETTER CARE FACILIT	Y, INC. HWY 30	1 NORTH			
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ma	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	LEMON CORRECTIVE ACTION Since		(XX
D 400			1	CROSS-REFERENCED TO THE APPRI	PRIATE	COMP DAT
D 438	Continued From page	92	D 438	PE IOLEVET)		
İ	on 11/21/19 at 4:48pm.		D 438			
i	-		1		[	
ł	Refer to interview with a	a second Medication Aide	1		[	
1	(MA) on 11/22/19 at 2:0	Born.				
- 1			1 1		1	
- 1	Refer to the interview w	ith the Resident Care	, 1			
j	Coordinator on 11/22/19	at 10:55am	1 . 1			
- 1			1 1		1	
[	Refer to Interview with the	ne Business Officer	] ]		:. 1	
[ ]	Manager (BOM) on 11/2	2/19 at 3:12pm,				
1	Refer to Interview with 4L	e Assistant Administrator			1	
10	on 11/21/19 at 6:26pm.	e Assistant Administrator			. ].	
	_					
11	nterview with the Medica	tion Aide (MA) on	!	·		
	"" " 13 dt 4,400m reves	ian.	1		· ·	
1-3	she had received comols	ainte from encident	- 1	•		
1 4	bout staff yelling and bei	ng "rude" towards the				
1	2,001,00		ł	· · · · · · · · · · ·		
re	he had not witness the fi sidents.	CAs being rude to the	ŀ	200	[.	
	fad addressed the reside	antol assessment	1	• • •	ſ	
71.	was being fude towards i	the resident	1			
1-0	ne mad reported resident	S' concerns to the	ļ			
BC	M and RCC.	Notifie to tile				
Jane	handar and a				1	
2:0	erview with a second MA 8pm revealed;	on 11/22/19 at		ang tanàna ao <del>ao</del> amin'ny faritr'i Samu		
1 4.0	obiii ievesied:			11. 11. 11. 11. 11. 11. 11. 11. 11. 11.		
abo	me residents had brough ut the PCAs to her atten	nt their concerns			·	
-Sh	e always reported those	tion,				
,,	41,					
-She	was aware of a PCA st	ating to Recident #4		- 1 <del>-</del> 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	J	
,,	r ∼ not a nuising boome '	,	ļ			
j-Ine	PCA also stated to Res	ident #4 "Ch-				
1,1000	ieu το start doing for her	holf H				
j - Kes	ident #4 informed her o	f the PCA behavior	ļ			
10000	as the resident.					
-Ine	incident occurred about did supervisor the PCA	three months.		27	.	- 1
Some	did supervisor the PCA in ice Regulation	ethan and and	1		1	- 1

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY
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		HAL043003	. B, WING			R
NAME OF PE	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	Form To Annual	1 11/	25/2019
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(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEPICIENCIES	ID			
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	De-	(X5) COMPLÉ DATE
D 438	Continued From page	93	D 438			
1	her shift.		]	ŀ	-	
		fent of the PCA comments	1		ļ	
1	to the ROM:					-
1-	The MA was informed	of Resident #12's incident.			- 1	
) -	She noticed there was	a red bruise on		·		
F	Resident#12's right am	n.				
	Resident #12 informed	f her that "a gir! twisted"	1 [			
111	is am.		1 1		1	
1.5	The MA did not know v	why the incident occurred.	1 1			
A	The MA reported the indiministrator.	icident to Assistant	1		.	
		istant Administrator was	1 1		1	
ur	oset about the incident	stant Administrator was	1 1		1	
-S	she did not know if the	PCA was reprimanded.				
-T	he PCA was still empl	oyed,		en en en en en en en en en en en en en e	. ].	
Int	terview with the Reside	ent Care Coordinator	1			
(R	CC) on 11/22/19 at 10	:15am revealed:	1		. [	
-K	esidents had not comp	plained about staff in over	· .			
] 011	ee months,				-	
-Re	esidents reported their	concerns about staff to	1	And the second second second second		
the	BUM because she ha	ad a better rapport with				
Dro.	ime stair had been sus fanity towards the resi	spended for the use of	1			
-Re	sidents' complaints ar	dents.	]		1	
-Sh	e was not sure if any r	e documented.			)	
i i i i i i	r concerns the MAs	J	1			
-Sh	e did a random check	With residents and			1	
ask	ed it they had any issu	es, concerns or				
com	ipiaints.		1	<u></u> <u></u> .		
-She	reported all complain	its received to the BOM				
and	ine Assistant Administ	rator.			77	
-Sta	f received in-service to	raining on customer	1			
servi	ice and residents' right	ts.	J			
-ine	last in-service training	was held on 07/18/19.			1	
/ -III-St	ervice trainings are ma	andstory for all staff	1		)	- 1
atten	received a written rep of the training.	primand if they failed to	ł			- 1
-She	a are training.		J		1	ſ
-0116	had not issued any wr ics Regulation	men reprimends to			1	- 1

Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: \_ (X3) DATE SURVEY COMPLETED HAL043003 B. WNG NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX. PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE Continued From page 94 DEFICIENCY) D 438 staff relating to violating residents' rights. -She expected staff treat the residents with dignity en a metalle og søkte grenne far kom<u>er</u>ne ande and respect. Interview with Business Officer Manager (BOM) on 11/22/19 at 3:12pm. -Most residents reported their issues and concerns about staff to her. -Resident #4 reported the Issue of the staff stating "This is not a nursing home" to her, -She had verbally addressed the PCA for making the comment to Resident #4. -The PCA was not suspended for this incident. -The PCA had been suspended about one month ago for not giving a resident a shower. -The incident involving Resident #4 was not reported to the Health Care Personnel Registry (HCPR). -Resident #12 reported to the MA that a staff member had twisted and bruised his arm. -The Assistant Administrator informed the BOM about Resident #12's arm being bruised by staff. -The staff was no loner an employee when she had learned who the staff was that bruised Resident #12's arm. -She did not report the incident to the HCPR. -Staff had received training relating to residents' rights in July 2019. -Another in-service training was scheduled for December 2019 on residents' rights. -----She expected all the staff to be respectful and the substitution of the kind to the residents and assist them with all their Interview with the Assistant Administrator (AA) on 11/22/19 at 3:12pm revealed: -He had been made award of the "This is not a nursing home" comment to Resident #4. -The incident occurred about three months ago. -The PCA had received a verbal reprimand but

Division of Health Service Regulation

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D 438  Continued From page 95  Was not suspended.  The PCA had been terminated twice but was rehired.  The PCA had siso been suspended previously for her behavior towards residents.  An anger management in-service training was provided to the staff as it related to residents' rights.  Staff meetings are held regularly and are mandatory.  The last staff meeting was held in October 2019 and residents rights was addressed.  He did not tolerate staff mistreating residents. He was upsed to learn of the comment made to Resident #4.  He had not made any reports to HCPR.  D 451  10A NCAC 13F. 1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in righty to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid.  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to report to the County Department of Social Services a fall for 1 of 2		of Health Service Regu	llation			FORM APPROVE
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of Health Service Regulation	1			ļ		

AND PLA	ENT OF DEFICIENCIES W OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	FORM A (X3) DATE SUR
		HAL043003	1		COMPLETE
NAME OF	PROVIDER OR SUPPLIER	1.043003	B. WING		-   R
	-	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	11/25/2
	N BETTER CARE FACILIT	Y, INC. HWY 30	1 NORTH		
(X4) ID PREFIX	SUMMARY STA		IC 28335		
TAG		DEMENT OF DEPICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID	PROVIDER'S PLAN OF CORRECT	
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D 451	Continued From page :	ne -	<del></del>	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DPRIATE
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,	referral for emerger	sident #6), which required	1 1		
1	referral for emergency	nedical evaluation,	1 1	$\frac{1}{2} \left( \frac{1}{2} \right) \right) \right) \right)}{1} \right) \right)} \right) \right)} \right) \right)} \right)} \right)} \right)} \right)} \right$	
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- 1				•	1
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			1		
15	Observation of Resident :	#6 on 11/20/19 at	1		
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d	He was in his room walki hair with a gait belt arour	ng from the bed to a	1		
		roote Di -		- Section and Section	<del></del>
1 . ,	TOTAL TOTAL DISTORTION OF THE	gait belf	1		
1 7	re ngu dii unsteady ask	r			1
	e was wearing a sling or	his right arm.		$ -\frac{1}{2} (1 - \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac{1}{2} (1 + \frac$	·
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1000	-unitentation an Incident	an - I &			Į
	s completed on 10/18/19 I sustained a head injury It shoulder with a break		1	nn i se se us su, sse <u>, lugar</u>	
, -	Transfer Will 9 Diese I	and separated his			:
bon	е.	right clavicle	1	- ·	. ]
Intér	Vious with the service		1		ļ
reve	view with Resident #6 o	n 11/21/19 at 9:40am			
his r	aled he recently fell bety com, hit his head and se	naceted his date			
,	91 W HOU ID NO 10 tha	hospital for medical	,		
evalu	lation,	is an institution	1		J
Interv	iew with the RCC on 11/	70/40			
					• .
-It was	s the facility's policy for t	he MA to fill out on			ſ
					ł
	ent reports were filed in a station.	notebook at the	1		
-There	Were two incident				1
with the st	e Regulation	s for Resident #6	1	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	1
	-	CENTROWNON NUMBER:	A. BUILDING;		(X3) DATE SURVI
		HAL043003	B. WING	- <del></del>	R
NAME OF	PROVIDER OR SUPPLIER		<del>-</del>		11/25/20
		STREET	ODRESS, CITY, STA	TE, ZIP CODE	
JOHNSO	N BETTER CARE FACIL	JTY, INC. HWY 30	1 NORTH IC 28335		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES			
PREFIX TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
D 451	Continued From pag	e 97	D 451	Josephony	
- 1	dated 10/20/19 and 1	0/21/19		•	ł
ł	-Resident #6 had fall	en in his room on 10/19/10	1 1		1
1	and broke his right di	avide.			
	<ul> <li>She did not know wh</li> </ul>	V the MA on duty did not su	1 1		1
	out an incident report	on 10/18/19 for Resident #6	1 1		1
F	when he less,				}
1	BOM and she would fi	ne incident report to the			]
1.	The BOM would give	her the incident report and	1 1		
] (	she would file it into th	e notebook they kept at the	1 1		. 1
. 1	nurses station.	o motobook triey kept at the		• •	. }
	Otendow with the Don				1
] n	evealed;	1 on 11/22/19 at 11:14am			
- [-	The PCA reports to the	MA and "me" when a			j
10	esident feli.		·		
1-3	She or the MA would o	all 911 or the residents			1
l a	uending physician and	send the regident to the	ļ		-)
/ "	julea.	lluation if the resident was			
-1	ne MA notified the far	nily when a resident had	1	gradient finds de de la gradient	
Ac	raccident and would f ≿ident Report.	ill out an Incident and			]-
-S	he did not have any in	icident and Applicat		•	
10	ports for Resident #6 t	hat were not filed in the	1	*** .	[
1110	adent and Accident Re	POrt notebook	1		ł
1-01	ne aid not know why ti	16 MA on duty did not ell	1		1
Jour	t an incident report for 10/18/19.	Resident #6 when he fell		and the second second second	
l on	W10/19.				
Inte	erview with the Assista	nt Administrator (AA) on			
1 1 1774	227 19 at 11:45am reve	aled	ł		1
-Th	e MA was responsible	for filling out incident	ļ		ł
and	Accident Reports and	giving them to the	]		1
I POI	vi when a resident fell		[		
Incid	ent reports to the	responsible for faxing	1	•	1
into	a notebook,	al DSS and filed them	1		
	was not aware an Inci	dent and Assider	1		ł
	ort was not filled out fo	don't dritt Accident	1		

Division of Health Service Regulation PRINTED: 12/17/2019 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL043003 R NAME OF PROVIDER OR SUPPLIER" 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH **DUNN, NC 28335** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) D 451 Continued From page 98 D 451 10/18/19 when he fell and separated his right shoulder and broke his right clavide. namina a significa a salah signi -He expected staff to follow the facility's policies and procedures for falls and fill out incident and Accident Reports. D911 G.S. 131D-21(1) Declaration of Residents' Rights D911 G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations 44 . . . related to Resident Rights. The findings are: Based on observations, interviews, and record reviews, the facility failed to assure 7 of 15 residents were free of neglect and physical abuse related to Resident #12 being physically abused after an altercation with Staff A, Resident #4 not being treated with respect and dignity related to incontinence care, staff cussing and being disrespectful to multiple residents (Resident #4, #5, #11, #13, and #15), and being afraid to voice a concern due to retaliation by the staff (Resident #3) [Refer to Tag 338, 10A NCAC 13F .0909 Resident Rights (Type B Violation)]. Division of Health Service Regulation

PRINTED: 12/17/2019 FORM APPROVED (X3) DATE SURVEY COMPLETED 11/25/2019

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: HAL043003 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH **DUNN, NC 28335** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) Continued From page 99 D912 D912 G.S. 131D-21(2) Declaration of Residents' Rights D912 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility falled to assure residents received care and services that are adequate, appropriate, and in compliance with federal and state laws and rules and regulations related to medication administration, staff training on diabetic care, and health care implementation. The findings are: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled Medication Aides (Staff B and C) who administered insulin to residents completed training on the care of diabetic residents prior to the administration of insulin [Refer to Tag 164, 10A NCAC 13F .0505 Training on Diabetic Care (Type B Violation)]. 2. Based on observations, interviews, and record reviews, the facility failed to ensure the implementation of physician's orders for 2 of 5 sampled residents for administering a medication to cleanse the bowels for a colonoscopy procedure (Resident #1) and applying a lymphedema intermittent pneumatic compression

Division of Health Service Regulation

Division of Health Service Regulation PRINTED: 12/17/2019 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_\_ COMPLETED HAL043003 B. WANG R NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 --(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID: PROVIDER'S PLAN OF CORRECTION : REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREEX (EACH CORRECTIVE ACTION SHOULD BE (X5) CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) D912 Continued From page 100 D912 pump (a device used to treat leg swelling by inflating sleeves that squeeze the legs to promote blood flow to prevent blood clots) (Resident #3) [Refer to Tag 276, 10A NCAC 13F .0902(c)4 Health Care (Type B Violation)]. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered by a physician for 5 of 13 residents observed during the medication pass (Residents #7, #8, #9, #10, and #11) and 2 of 6 sampled residents (Residents #3 and #6) related to not administering the correct dose of a blood thinner (#6), not administering the correct dose of fast acting insulin (#7, #8), administering pain medication as needed when the medication order was for scheduled dosing (#9), administering the incorrect dose of two medications listed on the standing orders (#10, #11) and not having a shampoo available to help improve healing after having cancer removed from the scalp (#3) [Refer to Tag 358 10A NCAC 13F ,1004(a) Medication Administration (Type A2 Violation)]. Based on recommendations, interviews, and record reviews, the Administrator failed to assure the management, operations, and policies of the 可以 美国 医动脉性 絕 facility were implemented and rules were maintained for medication administration, health care implementation, accuracy of the electronic mediation administration record (eMAR), resident rights, maintaining an operational call system, supervision, activities, food contamination, health care personal registry, medication aide written exam, and training on diabetic care, infection control, and restraints [Refer to Tag 980, GS 131D-25 Implementation (Type A2 Violation)].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:  HAL043003  NAME OF PROVIDER OR SUPPLIER  STREET A		(X2) MULTII	PLE CONSTRUCTION	FORM APPRI	
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#5,	#11, #13, and #15) and	sidents (Resident #4,			·
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G.S.	131D-4.5B. (a) ACH In	fection Prevention	934		1
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G.S.	131D-4.5B Adult Care F	Home Infection			1 1
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PRINTED: 12/17/2019 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL043003 R NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STAYE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 ----(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX lb PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) . D934 Continued From page 102 D934 Service Regulation shall develop a mandatory, annual in-service training program for adult care and the company of home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 3 sampled Medication Aides (Staff B) had completed the mandatory infection control training before checking fingerstick blood sugars and administering insulin to residents. The findings are: Review of Staff B's, Medication Aide (MA), personnel record revealed; -Staff B was hired on 10/14/19.

Medication Administration Record (eMAR)

Division of Health Service Regulation

There was no documentation Staff B had completed infection control training.

Review of a resident's November 2019 electronic

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (XZ) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL043003 B. WING NAME OF PROVIDER OR SUPPLIER 11/25/2019 STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) D934 Continued From page 103 D934 revealed: Staff B performed fingerstick blood sugars (FSBS) on 11/01/19, 11/05/19, 11/08/19. 11/09/19, 11/14/19, 11/15/19, 11/17/19, and 11/19/19. -Staff B administered insulin on 11/01/19, 11/05/19, 11/08/19, 11/09/19, 11/14/19, 11/15/19, 11/17/19, and 11/19/19. Attempted telephone interview with Staff B on 11/21/19 at 10:26am was unsuccessful. Interview with the BOM on 11/21/19 at 9:15am revealed: -The RCC and herself were responsible for scheduling the training needed for employees either by online training, with the pharmacy, or with the facility's contracted nurse. -Staff B had checked fingerstick blood sugars (FSBS) and administered insulin injections to residents. -She was responsible for auditing personnel records "ever so often" for expired and/or completed training. -She missed Staff B had not completed her infection control training when she audited her personnel record. Interview with the RCC on 11/21/19 at 9:38am revealed: -Either herself or the BOM scheduled new employees for their required training. -She could not provide documentation of infection control training for Staff B. -The facility's contracted pharmacy provided the infection control training. -The BOM was responsible for auditing personnel records for expired and/or completed training. -Staff B had checked FSBS and administered insulin injections to residents. Division of Health Service Regulation

PRINTED: 12/17/2019

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D935	Continued From page	105	D935			
Ī	exists.		1			
	(2) A clinical skills eval NCAC 13F .0503 and (3) Within 60 days from individual must have coa. An additional 10-houdeveloped by the Depatraining and instruction 1. The key principles of administration.	on the date of hire, the completed the following: our training program partment that includes in all of the following: immedication of Disease Control and on infection control and, if in practices and on or testing in which potential for bleeding loped and administered a Service Regulation in				
re sa an ex me	e findings are; view of Staff C's person aff C had completed the	terviews, and record to ensure 1 of 3 s (Staff C) had taken the written medication empletion of the clinical skills validation.				
Tra	arr C had completed the sining on 05/21/19. evice Regulation	2 15-hour Medication				

Division of Health Service Regulation

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injections to residents while supervised by Division of Health Service Regulation

examination.

anti-anxiety medications.

10:30am revealed:

Telephone interview with Staff C on 11/21/19 at

-She was working at the facility as a Personal Care Aide (PCA) and MA "in training".

-She had previously taken the MA exam but did not pass and she had rescheduled to retake the

She administered medications and insulin

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DIVISION	of Health Service Regu NT OF DEFICIENCIES				FOR	M APPROV	
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D935	Continued From page	107	D935				
	another MA.		1 1				
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ľ	Review of the staffing	schedule for 11/15/19	1 1				
	revealed Staff C was to	he only MA on duty for the	1 1				
	11:00pm to 7:00am shi	ift and had administered	1				
	medications during this	shift.					
	Interdess with the form		1 1		ļ		
-	Interview with the Busin (BOM) on 11/21/19 at 9	ness Office Manager					
	-Staff C was training to	n toam revealed;	1.				
	supervised by another	MA when administration					
	medications to resident	s.			ļ		
		nen Staff C had taken the			1		
] [	MA examination but she	edid not pass.	1 1		1		
- [	She did not know why	Staff C had not retaken					
ļt	the MA examination.				1		
	nterview with the Resid	ent Care Coordinator					
10	RCC) on 11/21/19 at 9:	38am revealed:	]				
-	The BOM was respons	ble for auditing personnel	! !				
1 1	ecords for expired and/	or completed training.	! !		1		
-	Staff C had not passed	her MA examination, but			.		
/ tl	hey were allowing Staff	C to administer			- 1		
F	nedications while super	vised by another MA until					
		ination and successfully			. [		
	assed.~						
#5	She knew that Staff C h	ad to successfully pass	Ī		1		
01	f the Medication Clinica	n 60 days of completion					
-5	She did not know why S	taff C had not retaken	[		1		
th	e MA examination yet.	au o nad not retaken	ļ				
in.	tenders with the Assista	nt Administrative (A.A.)					
11	/21/19 at 2:58pm revea	nt Administrator (AA) on	t		ľ	- 1	
-Ti	he BOM and RCC were	responsible for		•		- 1	
, mo	onitoring personnel reco	ords to make sure			1		
tra	ining was completed.		ļ			- 1	
-St	taff C failed her MA exa	mination.				ŀ	
-St	taff C was administering	medications to					
/ res	idents.	1			1	1	

PRINTED: 12/17/2019

AND PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA	OX 21 Miles	IN E CONSTRUCT	FORM APPR
	- CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION KG:	(X3) DATE SURVEY
		1	- Concession		COMPLETED
		HAL043003	B. WING_		. R
NAME OF	PRÖVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	CTATE NO COL	11/25/2019
JOHNSO	N BETTER CARE FACILI	TV INC HWY 30	1 NORTH	STATE, ZIP CODE	
		DUNN, I	NC 28335		
(X4) ID PREFIX	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	DOM: STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE	
TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	3 Edward   V109
D935	Continued From page	108	D935		
	wa examination.	Staff C had not retaken the	3300		
ļ	-He did not know Staff	C could not administer			
j	medications to residen	ts until she had retaken the		arr	
- [	MA examination and si	uccessfully passed.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D980	G.S. § 131D-25 Imple				
7.	2 10 ID-59 mible	mentation	D980	and the first of pages	] .
1	G.S. 131D-25 Impleme	ntation		· · · · · · · · · · · · · · · · · · ·	
[ ]	Responsibility for imple	menting the provisions of			
	i i i Ai licie stali rest wit	h the administrator of the			· · · · · · · · · · · · · · · · · · ·
, ,	activity. Each facility sha	all provide appropriate	1 1		
, ,	animy to statt to implet	Dent the declaration of	1 1		
١	esidents' rights included	in G.S. 131D-21.			
1_					1
1	his Rule is not met as: YPE A2 VIOLATION	evidenced by:		The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	٦.
Ι,	THE AZ VIOLATION				
B	ased on recommendation	ons, interviews, and	1		=
116	cora reviews, the Admi	Distrator failed to account		the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	
	e management, operafi	One and policies of the	1	- 24 500 TOTAL SHOW INCL.	: · ·-
100	ring were implemented	and rules were	1	gradien in Weber was erzicht ist.	
ca	aintained for medication re implementation, acco	administration, health		and the second second second second	: <u> </u>
me	ediation administration	ecord (eMAR), resident	1	a Maria de La Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caración de la Caració	The The .
rig	hts, maintaining an ope	rational call puretous	ł		
su	pervision, activities, foo	d contamination, health			
Gail	a haraorial registry, me	dication aids water		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	and training on diab	etic care, infection			
cor	ntrol, and restraints.		}		
The	findings are:				
Inte	rview with the Administr	Cator on 44 May 4	1		
11:4	Oam and 3:00pm revea	ator on 11/21/19 at	1		
	Proobili 16A83	iicu.			1
-He	"took back over" the fac	cility during the sect	1		1

D7WB11

Division	of Health Service Regu	elation			PRINTE FOR:	D: 12/17 M APPR
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL043003	B. WING		1	R 25/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		20/2019
JOHNSOI	N BETTER CARE FACILIT	Y, INC. HWY 30	1 NORTH IC 28335			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	~
PREFIX TAG		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	DULD BE	COMP DAT
D980	Continued From page	109	D980			
	-Previously, he had re Assistant Administrato -During the past year, facility frequently.	tired and was letting the r (AA) manage the facility. he started visiting the				
	<ul> <li>-He was working to impreplacing the flooring, the walls,</li> </ul>	resident beds, and painting				
	operations of the facility followed facility policies	nsible for the day to day y and making sure the staff s and procedures.				
	-He did not know any s personal care of the re-	pecifics related to the sidents.		- , ene		
- 1	Interview with the AA or revealed:	·				
[ ]	operations of the facility needs of the facility, tra	monitoring the day to day rinduding the banking asportation, structural				
	needs, and the care of t He was "very hands-or	the residents.		· · · · · · · · · · · ·		
-	The Administrator lived and was always availab	next door to the facility				
-	He did not know the sp nedication order proces	ecific details related to sing.			1	
E	Business Office Manage	ordinator (RCC) and the or (BOM) were ng the medication order				
p	rocessing procedures. The RCC and the medic			_		
a n	esponsible for approving couracy of the eMARs.	g medications and the				
fi	nd good help.	affed and they could not				
be	ecause of drug diversion le, the RCC, and the Bi	n				
fa	cility. he BOM was responsib	-				

PRINTED: 12/17/2019 FORM APPROVED

AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL043003	B. WING		· R
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE AND A CONTRACT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART	11/25/2019
JOHNSO	N BETTER CARE FACILIT	HWY 20	NORTH	TALE, ZIP CODE	
	TO CARE FACILIT	Y, INC.	IC 28335		
(X4) ID	SUMMARY STA	TEMENT OF DECICIONS		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	DIBE COMPLETE PRIATE DATE
D980	Continued From page	110	D980		
	regarding resident righ	ts.			
1	Interview with a Person	al Care Aide (PCA) on			
1	11142119 at 2:40pm rev	ealed she reported to the			
	And our daily of the BOW	If they had a concorn		1 <del>1</del>	
1	about a resident or a pr	oblem.	1 1	7 1 - 7 1-4 - 1 1 - 2227 F. F	
	Interview with the BOM revealed:	on 11/21/19 at 3:40pm		er er er er er er er er er er er er er e	
-	She was responsible fo	Estaffing scheduling	1 1		
1 1	esident appointments, r	nanaging the kitchen	1 1		
1 '	waaring alle 1000. Tilling i	in for the PCC appletted	1 1		
٠,	vius controlled substand	P (DVentory, and making			
10	wie die lesidents were i	anny		and the second of the second	1
s	She was working first ships he had to be back by 44	ift today (11/21/19) and	1	****	··
-1	t was common for her to	:00pm to work third shift.	ł		
141	e same day.	1		- 5	
-8	she tried to do everythin	g herself to make sure it			
""	as completed correctly.	1			
ini	terview with the RCC or	11/21/19 at 4:08om			
10	vealed:	1		-2.7**	
-5	he worked when the fac	ility needed her.	1	to the transfer to the constant	
the	he was responsible for or residents.	organizing activities for		177 - 121 - 11	
-St	ne was confused about	which activities wore			
SCI	reduled for 11/20/19 and	Completed the	ł		
jau	ivities scheduled on and	ther day	ļ		1 1
-Sh	e was responsible for a	uditing all new			1
Inex	dication orders and supe	ervising the MAs.	1		>
[-011	e uiu not know the stand	find orders pooded to		A PER STATE AND A STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STA	1,77761-
Adm	locumented on the electricity and the electricity and the electricity and the electricity are the electricity and the electricity and the electricity are the electricity and the electricity are the electricity and the electricity are the electricity and the electricity are the electricity and the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electricity are the electric	tronic Medication			9.5
-The	MAs were responsible	for routewing the			1 1
емд	R prior to medication a	dministration.			
Non-	compliance was identifi	ed at the violation			
levei	in the following rule are	ac. ar are Aleiafield	1	- 1 A A A A A A A A A A A A A A A A A A	. [

Division	of Health Service Regu	ulation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (	CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:		COMP	LETED
			İ			R
		HAL043003	B. WNG		11/3	25/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
		HWY 301	NORTH			
JOHNSON	N BETTER CARE FACILIT	IY, INC. DUNN, N	C 28335			
(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 CORRECTS (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D980	Continued From page	111	D980			
	Based on interview	s and record reviews, the				
		e 2 of 3 sampled Medication				
		who administered insulin to				
	residents completed t	raining on the care of				
ľ	diabetic residents pric	or to the administration of				-
		64, 10A NCAC 13F .0505				
	Training on Diabetic C	Care (Type B Violation)].		•		!
	O. Danad on abandust	inner interviewe and second				
	· ·	ions, interviews, and record				
	reviews, the facility fai	rsician's orders for 2 of 5				
	, , ,	administering a medication	1			
	to cleanse the bowels	•				
	procedure (Resident #					
		ent pneumatic compression				
ŀ	pump (a device used t					
	inflating sleeves that s	queeze the legs to promote				
	blood flow to prevent to	blood clots) (Resident #3)				'
	[Refer to Tag 276, 10A					
	Health Care (Type B V	fiolation)].				
1	2. Based on observation	one intensions and record				
	reviews, the facility fail	ons, interviews, and record				
		neglect and physical abuse				
		2 being physically abused				
		h Staff A, Resident #4 not	1			
-		pect and dignity related to			ĺ	
	incontinence care, stat	<b>-</b> .				
		e residents (Resident #4,				
	#5, #11, #13, and #15)	, and being afraid to voice	!		.	
	a concern due to retali	ation by the staff (Resident				
	#3) [Refer to Tag 338,			-	į	
	Resident Rights (Type	B Violation)].	] [		[	
	4. Resert on observation	ons, interviews, and record				
,	<ol> <li>based on observation reviews, the facility fails</li> </ol>					
	,	by a physician for 5 of 13	-			
		ing the medication pass				
		#10, and #11) and 2 of 6				
		sidents #3 and #6) related				

Division of Health Service Regulation

D7WB11

PRINTED: 12/17/2019 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING; COMPLETED HAL043003 R 11/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON BETTER CARE FACILITY, INC. HWY 301 NORTH DUNN, NC 28335 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREEIX (EACH CORRECTIVE ACTION SHOULD BE TAG (XS) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D980 Continued From page 112 D980 to not administering the correct dose of a blood thinner (#6), not administering the correct dose of ----fast acting insulin (#7, #8), administering pain medication as needed when the medication order was for scheduled dosing (#9), administering the ---incorrect dose of two medications listed on the standing orders (#10, #11) and not having a shampoo available to help improve healing after having cancer removed from the scalp (#3) [Refer to Tag 358 10A NCAC 13F .1004(a) Medication Administration (Type A2 Violation)]. 5. Based on recommendations, interviews, and record reviews, the Administrator failed to assure the management, operations, and policies of the facility were implemented and rules were maintained for medication administration, health care implementation, accuracy of the electronic mediation administration record (eMAR), resident rand meneral vilea terim car rights, maintaining an operational call system, supervision, activities, food contamination, health care personal registry, medication aide written exam, and training on diabetic care, infection CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF control, and restraints [Refer to Tag 980, GS 131D-25 Implementation (Type A2 Violation)]. The Administrator's failure to assure responsibility is istiction of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation of the conjugation for the overall operation of the facility resulted in significant non-compliance with state rules and regulations related to mulitiple residents (Resident #4, #12, and #3) not being treated with dignity and respect related to verbal and physical abuse, administering medications as ordered related to Resident #6 was administered the run - Links- akti incorrect dose of Cournadin resulting in an :... hospitalization for rectal bleeding and an increased risk for life-threatening spontaneous bleeding, Resident #3 was not administered

Neutrogena T-Sal Shampoo for 10 months

	of Health Service Regu	lation			FOR	RM APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			PLETED
		HAL043003	B. WNG		1 11	R /25/2019
NAMEOFF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		720/2015
JOHNSOI	N BETTER CARE FACILIT	TY INC HWY 301	NORTH			
		DUNN, N	C 28335	·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	RTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETE DATE
D980	Continued From page	113	D980			
	resulting in an hospital and fluctuating bloods increased the risk of kidegeneration from prostaff was not trained appointed in a control, restraint use, a medication aide was a without passing the wrexamination, health caregarding a medication prior to a colonoscopy an incomplete bowel proportion in a colonoscopy and Residity and the risk for edema and failure to assure responsaministration, manager	nistered Novolog as ordered lization for hyperglycemia sugar readings that sidney damage and macular longed hyperglycemia, the peropriately on infection additional diabetic care, a diministering medication item medication aide re implementation of or a bowel preparation for Resident #1 resulting in rep and having to use to complete the lent #3 not being applied a int pneumatic compression prove circulation increasing a diabetic ulcer. This insibility for the overall tempt, and supervision of ents at substantial risk for				
{	The facility provided a paccordance with G.S. 1. CORRECTION DATE F //OLATION SHALL NO. 25, 2019.	31D-34 on 11/22/19.				

Division of Health Service Regulatio