PRINTED: 03/18/2020 FORM APPROVED

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
		B. WING		С					
FCL045118			B. WING		03/11/2020				
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
COLINDVI	EW ASSISTED LIVING #	178 KENDR	RICK COURT						
SOUNDVI	SOUNDVIEW ASSISTED LIVING # 3 FLAT ROCK, NC 28731								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE			
C 000	Initial Comments		C 000						
	The Adult Care Licens annual survey on Mai	sure Section conducted an rch 11, 2020.							
C 335	10A NCAC 13G .1004 Administration	4 (f) (1-4) Medication	C 335						
	10A NCAC 13G .1004	4 Medication Administration							
	(f) If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage: (1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed								
	labeled package as s of this Paragraph are container that identifice each medication prepname; (3) A separate container and each plainedications and labe Subparagraph (1) or (4) All containers are separate tray or other the planned time for a	dispensed in a sealed and pecified in Subparagraph (1) kept enclosed in a sealed es the name and strength of pared and the resident's liner is used for each anned administration of the							

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

specified in Rule .1006(d) of this Section.

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING			
FCL045118			B. WING		C 03/11/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
SOLINDVI	EW ASSISTED LIVING #	178 KENI	DRICK COURT		
30011011	LW ASSISTED LIVING #	FLAT RO	CK, NC 28731		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
C 335	Continued From page	e 1	C 335		
	This Rule is not met Based on observation reviews the facility fai prepared for administ identified up to the poprotected from contar who were administere 8:00am medication pa #4). The findings are: Observation of the Stathe medication room revealed: -The SIC was wearing armThe SIC prepared or referring to the electron Administration Recommedications one by one clear plastic medications. Observations of the Stathe arm of the Stathe medications one by one clear plastic medications. There were three clearly multiple or all medications of the Stathe otherThe cups were not laresidents to which the administered toThe medications insi	as evidenced by: as, interviews, and record led to ensure medications ration in advance were bint of administration and mination for 3 of 3 residents and medications during the ass (Residents #1, #3, and upervisor-In-Charge (SIC) in on 03/11/20 at 8:05am g a sling to support her right are resident's medications by onic Medication d (eMAR) and pushing ane from bubble packs into a a cup. SIC in the medication room an revealed. For plastic medication cups dications placed in a row on tion cart. To stack the cups one inside abeled with the names of the amedications were to be de the cups were not			
	Interview with the SIC on 03/11/20 at 8:08am				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				С			
FCL045118		B. WING		03/11	/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
SOUNDVI	EW ASSISTED LIVING #	3	RICK COURT				
		FLAT RO	CK, NC 28731				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
C 335	Continued From page	2	C 335				
C 335	revealed: -She was taking the timedications to three can she had not labeled names"I know I am not support broken arm, I have to done." -Her arm had been brother arm had been	hree plastic cups to give the different residents. the cups with the residents' posed to do this, but with my do this to get everything roken for "six weeks." he cups belonged to d #4. of medications was to be of the three residents even a not labeled with the con 03/11/20 at 8:18am dd the bottom cup of ent #4 who had been seated the time. d the middle cup of ent #3 who had been seated he time. d the top cup of medications doesn't get up for breakfast." not pour three residents' ister at one time. em at once so she would not se trips."	C 335				
	01/27/20 revealed: -Diagnoses included hypertension, hyperlip and chronic painThere was an order for the state of the s	t #1's current FL2 dated schizoaffective disorder, pidemia, rheumatoid arthritis, for calcium 600mg + D calcium and vitamin D) one					

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-There was an order for fluvoxamine 100mg

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A. BUILDING: FCL045118 STREET ADDRESS, CITY, STATE, ZIP CODE SOUNDVIEW ASSISTED LIVING # 3 178 KENDRICK COURT FLAT ROCK, NC 28731 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 178 KENDRICK COURT FLAT ROCK, NC 28731	
SOUNDVIEW ASSISTED LIVING # 3 178 KENDRICK COURT FLAT ROCK, NC 28731	
SOUNDVIEW ASSISTED LIVING # 3 FLAT ROCK, NC 28731	NAME OF PR
	SOUNDVII
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES IN PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
C 335 Continued From page 3 C 335	C 335
(used to treat depression) one tablet twice daily. -There was an order for hydrocodone/acetaminophen 5-325mg (used to treat pain) one tablet twice daily. -There was an order for leflunomide (used to treat rheumatoid arthritis) 20mg one tablet every day. -There was an order for lisinopril 40mg (used to treat hypertension) one tablet every day. -There was an order for melosicam 7.5mg (used to treat arthritis) and tablet every day. -There was an order for melosicam 7.5mg (used to treat arthritis) one tablet every day. -There was an order for metoprolol ER 100mg (used to treat thypertension) one tablet every morning. -There was an order for multivitamin (used as a vitamin supplement) one tablet every day. -There was an order for ziprasidone 80mg (used to treat schizophrenia) one tablet every day. -There was an order for ziprasidone 80mg (used to treat schizophrenia) one capsule twice daily. Review of Resident #1's electronic Medication Administration Record March 2020 (eMAR) revealed there were entries for scheduled 8:00am administrations for calcium 600mg +D, fluconazole, fluvoxamine, hydrocodone/acetaminophen, leflunomide, lisinopril, meloxicam, metoprolol ER, multivitamin, and ziprasidone. Interview with Resident #1 on 03/11/20 at 8:45am revealed: -She had received her medications that morning from the SIC. -She had received the correct medications that morning. Refer to the interview with the Property Manager on 03/11/20 at 2:50pm.	

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Refer to the telephone interview with the

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		B. WING		03/11/2020		
NAME OF B	ROVIDER OR SUPPLIER	STDEET ADI	DRESS, CITY, STA	TE ZIR CODE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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SOUNDVI	EW ASSISTED LIVING #	3	RICK COURT K, NC 28731			
			T, NC 20731			
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C 335	Continued From page	e 4	C 335			
	Administrator on 03/1	1/20 at 3:00pm.				
	Review of Resident #3's current FL2 dated 06/03/19 revealed diagnoses included schizophrenia, hypothyroidism, episodic mood, anxiety, and gastroesophageal reflux disease. Review of Resident #3's physician orders dated 01/03/20 revealed:					
	-There was an order for buspirone 30mg (used to treat the symptoms of anxiety) one tablet two times a day. -There was an order for clozapine 100mg (used to treat schizophrenia) one tablet two times a day. -There was an order for fish oil 1000mg (used to treat hyperlipidemia) one capsule every morning. -There was an order for fluphenazine 10mg (used to treat schizophrenia) one tablet two times a day. -There was an order for hydroxyzine 50mg (used to treat anxiety) one capsule three times a day. -There was an order for lamotrigine 150mg (used to treat seizures) one tablet two times a day. -There was an order for multivitamin (vitamin supplement) one tablet daily. -There was an order for pantoprazole 40mg (used to treat gastroesophageal reflux disease) one tablet daily.					
	-There was an order for ranitidine 150mg (used to treat gastroesophageal reflux disease) one tablet two times a day. Review of Resident #3's physician order dated 01/13/20 revealed change buspirone 30mg one tablet two times a day to buspirone 10mg one tablet three times a day. Review of Resident #3's physician order dated 03/10/20 revealed Vraylar (used to treat depression) 3mg one tablet every morning.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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FCL045118		B. WING		03/11/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW ASSISTED LIVING #	3	RICK COURT			
		FLAT ROC	K, NC 28731			
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C 335	Continued From page	÷ 5	C 335			
	revealed there were e administrations for bu fluphenazine, hydroxy	3's March 2020 eMAR entries for scheduled 8:00am spirone, clozapine, fish oil, zine, lamotrigine, azole, ranitidine, and Vraylar.				
	Interview with Resident #3 on 03/11/20 at 9:20am revealed: -She had received her medications that morningShe had no concerns about her medications. Refer to the interview with the Property Manager on 03/11/20 at 2:50pm. Refer to the telephone interview with the Administrator on 03/11/20 at 3:00pm. 3. Review of Resident #4's current FL2 dated 01/27/20 revealed: -Diagnoses included bipolar with psychosis, anxiety, schizophrenia, and history of pulmonary embolismThere was an order for citalopram 20mg (used to treat depression) 20mg one tablet daily.					
	-There was an order to treat bipolar disord times a day.	or lamotrigine 150mg (used er) 150mg one tablet two or therems-m (vitamin				
	revealed there were	4's March 2020 eMAR entries for scheduled 8:00am alopram, lamotrigine, and				
	Interview with Resident #4 on 03/11/20 at 9:11am revealed: -She routinely received her medications on time and did not run out of any medicationsShe had received her morning medications that					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		FCL045118	B. WING		03/11/2020	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
SOUNDVII	EW ASSISTED LIVING #	3	RICK COURT K, NC 28731			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	<u></u>
C 335	Continued From page	: 6	C 335			
	morning.					
	Refer to the interview on 03/11/20 at 2:50pm	with the Property Manager n.				
	Refer to the telephone Administrator on 03/1					
	at 2:50pm revealed: -It was the facility's pormedicationsAll of their staff who a had been trained not -The SIC had an apportaken off her right arm -Other SICs in nine of the Property Manager SIC with anything she	administered medications to pre pour medications. bintment to get the sling n "soon." ther buildings on site and were available to assist the e needed to take care of the maintain the facility while				
	03/11/20 at 3:00pm re- lt was against the fac medications.	cility's policy to pre pour aides had been trained to				

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