		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			R	
		HAL096031	B. WING		07/06/2020		
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
OLDSBO	RO ASSISTED LIVING	& ALZHEIMER'S CAI	YALE AVENUE				
		GOLDSE	BORO, NC 27534				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
{D 000}	Initial Comments		{D 000}				
	follow-up survey via through 06/26/20, 06	nsure Section conducted desk review 06/23/20 i/29/20 through 07/02/20 and nfection Control onsite visit 20.					
D 276	10A NCAC 13F .090	2(c)(3-4) Health Care	D 276				
	following in the resid (3) written procedure a physician or other and (4) implementation o	assure documentation of the					
	reviews, the facility fa physician order for th thrombo-embolic det	ns, interviews and record ailed to implement a					
	The findings are:						
	03/16/20 revealed di	#5's current FL-2 dated agnoses included nsion, and depressive					

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		A. BUILDING:		R	
	HAL096031	B. WING		07/06/2020	
ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
RO ASSISTED LIVING	& ALZHEIMER'S CAI				
SUMMARY ST			PROVIDER'S PLAN OF	CORRECTION	(X5)
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
Continued From pag	e 1	D 276			
disorder.					
Review of a physician note dated 03/16/20 for					
Resident #5 revealed:					
-Diagnoses included hypertension, edema,					
reflux disease.	lia, and gastro-esophageal				
(used to manage peripheral edema and prevent					
blood clots) daily.	photal cucina and prevent				
administration record 04/2020, 05/2020, ar	ls (eMARs) for 03/2020, nd 06/2020 revealed:				
feet as much as poss	sible.				
-There was no entry removal daily.	for TED hose application or				
	lent #5 on 06/26/2020 at				
	chair in her bedroom				
watching television.					
•					
	g TED hose.				
Interview with Reside	ent #5 on 06/26/2020 at				
	hands and feet were				
swollen.					
member for Resident	t #5 on 06/29/20 at 2:00pm				
	ROVIDER OR SUPPLIER RO ASSISTED LIVING (EACH DEFICIENC REGULATORY OR Continued From pag disorder. Review of a physicia Resident #5 revealed -The resident was set up appointment and -Diagnoses included obesity hyperlipidem insomnia, hypokalem reflux disease. -There was a physici wear thrombo-embol (used to manage per blood clots) daily. Review of Resident # administration record 04/2020, 05/2020, ar -There was a "fyi" (fod dated 02/06/20 printe feet as much as poss -There was no entry removal daily. Observation of Resident 1:00pm revealed: -She was sitting in a watching television. -Her feet were positio -She was not wearing Interview with Reside 1:00pm revealed her swollen. Telephone interview	IDENTIFICATION NUMBER: HAL096031 ROVIDER OR SUPPLIER STREET A ROVIDER OR SUPPLIER 2201 RC GOLDSI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 disorder. Review of a physician note dated 03/16/20 for Resident #5 revealed: -The resident was seen for a three month follow up appointment and blood pressure check. -Diagnoses included hypertension, edema, obesity hyperlipidemia, anemia, dementia, insomnia, hypokalemia, and gastro-esophageal reflux disease. -There was a physician order for the resident to wear thrombo-embolic deterrent (TED) hose (used to manage peripheral edema and prevent blood clots) daily. Review of Resident #5's electronic medication administration records (eMARs) for 03/2020, 04/2020, 05/2020, and 06/2020 revealed: -There was a "fyi" (for your information) entry dated 02/06/20 printed to the eMARs to elevate feet as much as possible. -There was no entry for TED hose application or removal daily. Observation of Resident #5 on 06/26/2020 at 1:00pm revealed: -She was sitting in a chair in her bedroom watching television. -Her feet were positioned flat on the floor. -She was not wearing TED hose. Interview with Resident #5 on 06/26/2020 at 1:00pm revealed her hands and feet were	IDENTIFICATION NUMBER: A. BUILDING: HAL096031 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ROVIDER OA SSISTED LIVING & ALZHEIMER'S CAI 201 ROYALE AVENUE GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D Continued From page 1 D 276 disorder. D Review of a physician note dated 03/16/20 for Resident #5 revealed: - The resident was seen for a three month follow up appointment and blood pressure check. -Diagnoses included hypertension, edema, obesity hyperlipidemia, anemia, dementia, insomnia, hypokalemia, and gastro-esophageal reflux disease. -There was a physician order for the resident to wear thrombo-embolic deterrent (TED) hose (used to manage peripheral edema and prevent blood clots) daily. Review of Resident #5's electronic medication administration records (eMARs) for 03/2020, 04/2020, 05/2020, and 06/2020 revealed: -There was a physicin order for the bedroom watching television. -There was no entry for TED hose application or removal daily. Observation of Resident #5 on 06/26/2020 at 1:00pm revealed: -She was not wearing TED hose. Interview with Resident #5 on 06/26/2020 at 1:00pm revealed her hands and feet were swollen. Telephone interview with the responsible family	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: INTIGE ALTRINER'S CAI STREET ADDRESS, CITY, STATE, ZIP CODE 201 ROYALE AVENUE GOLDSBORO, NC 27534 PROVIDER'S LIVING & ALZHEIMER'S CAI SUMMARY STATEMENT OF DEFICIENCIES (EACH DECINEY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 D 276 disorder. D 276 Review of a physician note dated 03/16/20 for Resident #5 revealed: -The revisa en for a three month follow up appointment and blood pressure check. -Diagnoses included hypertension, edema, obesity hyperlipidemia, and gastro-esophageal reflux disease. -There was a physician order for the resident to wear thrombo-embolic deterrent (TED) hose (used to manage peripheral edema and prevent blood clots) daily. Review of Resident #5's electronic medication administration records (eMARs) for 03/2020, 04/2020, 05/2020, and 06/2020 revealed: -There was nethy for TED hose application or removal daily. Observation of Resident #5 on 06/26/2020 at 1:00pm revealed: -She was returning in a chair in her bedroom watching television. -Her feet were positioned flat on the floor. -She was not wearing TED hose. -She was returning tED hose. Interview with Resident #5 on 06/26/2020 at 1:00pm revealed -She was returning tED hose. Interview with Resident #5 on 06/26/2020 at 1:00pm revealed her hands and feet were swollen. Telephone interview with the responsible family <td>F CORRECTION IDENTIFICATION NUMBER A BUILDING: </td>	F CORRECTION IDENTIFICATION NUMBER A BUILDING:

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
					R	
		HAL096031	B. WING		07	7/06/2020
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
OLDSBC	RO ASSISTED LIVING	& ALZHEIMER'S CAI	OYALE AVENUE BORO, NC 27534			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	O THE APPROPRIATE	COMPLET
D 276	Continued From page	e 2	D 276			
	-Resident #5 was supposed to wear "support" hose.					
	-She had seen the resident wearing TED hose in the past which were a skin tone color.					
	-She had seen swelling in the resident's leg last week.					
		ving some swelling "off and				
	-The resident told the	e family member she was nily member visited her at				
	the resident's room w	-				
	-The resident require socks and shoes on.	d assistance to put her				
		with a personal care aide				
	(PCA) on 06/29/20 at -Resident #5 required	d assistance with dressing.				
	-The resident did not	have any TED hose right				
	now. -The resident needed	d another pair of TED hose				
	ordered.	•				
	-Sometimes the TED	-				
		d probably worked with				
		the resident with TED hose build have been three weeks				
	aqo."					
	0	nose was "a beige/tan color."				
	Telephone interview					
	revealed:	S) on 06/29/20 at 4:10pm				
	-She worked as a MA work as a PCA.	A mainly, and rarely got to				
		elling sometimes in her feet,				
		welling, she instructed the				
	-The resident would '	prop her feet up for a little				
	while." -The resident was no	t wearing TED hose right				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			B. WING		R	
		HAL096031		07	/06/2020	
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
OLDSBC	DRO ASSISTED LIVING	& ALZHEIMER'S CAI	YALE AVENUE SORO, NC 27534			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN) THE APPROPRIATE	COMPLE ⁻ DATE
D 276	Continued From page	e 3	D 276			
	now.					
		earing them but had stopped.				
		about three weeks since				
	the resident had worr	n the TED hose.				
		onsible to put on and remove				
	the TED hose.					
		sident #5 at least 5 - 6 days				
		we been the person to				
	remove the TED hose					
		te provided) to the Resident CC) that Resident #5 was not				
	wearing TED hose.	50) that Resident #5 was not				
	-	g in the resident's ankles,				
	feet, and legs was re					
	-The swelling varied.	0				
		with a second PCA on				
	06/29/20 at 5:55pm r					
	to residents, including	e for providing personal care				
		sident #5 about 2 - 3 days				
	per week.	sident #0 about 2 - 0 days				
		ny TED hose and had never				
	removed any TED for					
	•	ver asked her about TED				
	hose.					
		ocks with grips on the bottom				
	to prevent slipping.					
	-The facility staff kept elevated.	t Resident #5's legs				
		mplained before about her				
	legs hurting.					
		e foot that would not go in				
	her shoe because of					
	-The swelling was va					
	-She had never ment					
		ere swollen because the MAs				
		ld her to keep the resident's				
		e figured the MAs knew				
	about the swelling.					

STATE FORM

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED R	
	HAL096031	B. WING		07	/06/2020
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
DRO ASSISTED LIVING &	AI ZHEIMER'S CAI				
		ID			(X5)
		PREFIX TAG	CROSS-REFERENCED TO	D THE APPROPRIATE	COMPLET DATE
Continued From page	e 4	D 276			
Coordinator (SCUC) or revealed: -Resident #5 did not I because the order wa -She did not know wh hose was written for I -She was not aware of Resident #5 to wear -The order for TED ho Resident #5's eMARs -TED hose were order pharmacy. -It "might" have been she had last seen the hose. -She had put TED ho not remember a date -Resident #5's feet ar -Resident #5's feet ar -Resident #5's hand w -The RCC was aware wearing TED hose be the RCC in February hose. -The pharmacy enter	on 06/30/20 at 1:25pm have an order for TED hose as "never renewed". then the last order for TED Resident #5. of the 03/16/20 order for TED daily. Dose did not populate on the order of the contracted around March 2020 when a resident wearing TED se on Resident #5 and could but was probably March. Ind legs stay puffy. Te Resident #5 was not excluse she had spoken to or March about the TED				
-The RCC was respo					
pharmacy provider or revealed:	n 06/30/20 at 3:09pm				
facility was responsib measurements to the size was sent for the	le for sending pharmacy to ensure correct resident.				
	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER RO ASSISTED LIVING & SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page Telephone interview w Coordinator (SCUC) of revealed: -Resident #5 did not I because the order wa -She did not know wh hose was written for F -She was not aware of Resident #5 to wear -The order for TED ho Resident #5's eMARs -TED hose were order pharmacy. -It "might" have been she had last seen the hose. -She had put TED ho not remember a date -Resident #5's feet ar -Resident #5's feet ar -Resident #5's feet ar -Resident #5's hand w -The RCC was aware wearing TED hose be the RCC in February hose. -The pharmacy enter the eMARs. -The RCC was respo approve new physicia Telephone interview w pharmacy provider or revealed: -When the PCP wrote facility was responsib measurements to the size was sent for the -The facility normally	IDENTIFICATION NUMBER: HAL096031 ROVIDER OR SUPPLIER STREET A DRO ASSISTED LIVING & ALZHEIMER'S CAI 2001 RO GOLDSI (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Telephone interview with the Special Care Unit Coordinator (SCUC) on 06/30/20 at 1:25pm revealed: -Resident #5 did not have an order for TED hose because the order was "never renewed". -She did not know when the last order for TED hose was written for Resident #5. -She was not aware of the 03/16/20 order for Resident #5 to wear TED daily. -TED hose were ordered through the contracted pharmacy. -It "might" have been around March 2020 when she had last seen the resident wearing TED hose. -She add put TED hose on Resident #5 and could not remember a date but was probably March. -Resident #5's feet and legs stay puffy. -Resident #5's hand would get puffy. -The RCC was aware Resident #5 was not wearing TED hose because she had spoken to the RCC in February or March about the TED hose. -The pharmacy entered new physician orders to the eMARs. -The RCC was responsible to process and approve new physician orders. Telephone interview with the contracted pharmacy provider on 06/30/20 at 3:09pm revealed: -When the PCP wrote an order for TED hose the facility was responsible to sending measurements to the pharmacy to ensure correct size was sent for the resident. </td <td>PF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL096031 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ROVIDER OASSISTED LIVING & ALZHEIMER'S CAI 2201 ROYALE AVENUE GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 4 D 276 Telephone interview with the Special Care Unit Coordinator (SCUC) on 06/30/20 at 1:25pm revealed: D 276 -Resident #5 did not have an order for TED hose because the order was "never renewed". -She did not know when the last order for TED hose was written for Resident #5. -She was not aware of the 03/16/20 order for Resident #5 to wear TED daily. -The order for TED hose did not populate on Resident #5's eMARs. -TED hose were ordered through the contracted pharmacy. -It "might" have been around March 2020 when she had last seen the resident waring TED hose. -She had put TED hose on Resident #5 and could not remember a date but was probably March. -Resident #5's hand would get puffy. -The RCC was aware Resident #5 was not wearing TED hose because she had spoken to the eMCS. -The pharmacy entered new physician orders to the eMARs. -The pharmacy entered new physician orders to the eMARs. -The RCC was responsible to process and approve new physician orders. Telephone interview with the contracted p</td> <td>pF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL096031 B. WING CONDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES 201 (ROXALE AVENUE GOLDSBORO, NC 27534 Image: Continued From page 4 D 276 Continued From page 4 D 276 Telephone interview with the Special Care Unit Coordinator (SCUC) on 06/30/20 at 1:25pm revealed: D 276 -Resident #5 did not have an order for TED hose because the order was "never renewed". She was not know when the last order for TED hose was written for Resident #5. -She was not aware of the 03/16/20 order for Resident #5 to was recordered through the contracted pharmacy. She was not aware ordered through the contracted pharmacy. -It' might" have been around March 2020 when she had last seen the resident #5 and could not remember a date but was probably March. -Resident #5 hand would get puffy. -The phose was receident #5 was not wearing TED hose because she had spoken to the RCC in February or March about the TED hose. -The phose because she had spoken to the eMARs. -The phone interview with the contracted pharmacy provider on 06/30/20 at 3:09pm revealed: </td> <td>FC GRRECTION IDENTIFICATION NUMBER A BUILDING: COM HAL096031 B. WING 07 NOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2001 ROYALE AVENUE GOLDSBORD, KC 27334 2001 ROYALE AVENUE GOLDSBORD, KC 27334 07 NOVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES 0 PROVIDER'S LAIN OF CORRECTIVE ACTION SHOULD BE RECOURTORY OR USE DENTFINING INFORMATION) 0 PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY WIST BE PRECEDED BY FULL RECOURTORY OR USE DENTFINING INFORMATION) 0 PREFIX TAG PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Continued From page 4 D 276 D PREFIX TAG D PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Continued From page 4 D 276 D PREFIX TAG DEFICIENCY) Continued From page 4 D 276 D PREFIX DEFICIENCY) DEFICIENCY) Continued From page 4 D 276 D PREFIX DEFICIENCY) DEFICIENCY) Continued From page 4 D 276 D PREFIX D D -Resident #55 did not have an order for TED PREFIX D D<!--</td--></td>	PF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL096031 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ROVIDER OASSISTED LIVING & ALZHEIMER'S CAI 2201 ROYALE AVENUE GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 4 D 276 Telephone interview with the Special Care Unit Coordinator (SCUC) on 06/30/20 at 1:25pm revealed: D 276 -Resident #5 did not have an order for TED hose because the order was "never renewed". -She did not know when the last order for TED hose was written for Resident #5. -She was not aware of the 03/16/20 order for Resident #5 to wear TED daily. -The order for TED hose did not populate on Resident #5's eMARs. -TED hose were ordered through the contracted pharmacy. -It "might" have been around March 2020 when she had last seen the resident waring TED hose. -She had put TED hose on Resident #5 and could not remember a date but was probably March. -Resident #5's hand would get puffy. -The RCC was aware Resident #5 was not wearing TED hose because she had spoken to the eMCS. -The pharmacy entered new physician orders to the eMARs. -The pharmacy entered new physician orders to the eMARs. -The RCC was responsible to process and approve new physician orders. Telephone interview with the contracted p	pF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL096031 B. WING CONDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES 201 (ROXALE AVENUE GOLDSBORO, NC 27534 Image: Continued From page 4 D 276 Continued From page 4 D 276 Telephone interview with the Special Care Unit Coordinator (SCUC) on 06/30/20 at 1:25pm revealed: D 276 -Resident #5 did not have an order for TED hose because the order was "never renewed". She was not know when the last order for TED hose was written for Resident #5. -She was not aware of the 03/16/20 order for Resident #5 to was recordered through the contracted pharmacy. 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WING 07 NOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2001 ROYALE AVENUE GOLDSBORD, KC 27334 2001 ROYALE AVENUE GOLDSBORD, KC 27334 07 NOVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES 0 PROVIDER'S LAIN OF CORRECTIVE ACTION SHOULD BE RECOURTORY OR USE DENTFINING INFORMATION) 0 PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY WIST BE PRECEDED BY FULL RECOURTORY OR USE DENTFINING INFORMATION) 0 PREFIX TAG PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Continued From page 4 D 276 D PREFIX TAG D PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Continued From page 4 D 276 D PREFIX TAG DEFICIENCY) Continued From page 4 D 276 D PREFIX DEFICIENCY) DEFICIENCY) Continued From page 4 D 276 D PREFIX DEFICIENCY) DEFICIENCY) Continued From page 4 D 276 D PREFIX D D -Resident #55 did not have an order for TED PREFIX D D </td

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL096031	B. WING		07	R 07/06/2020	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		2201 RO	YALE AVENUE				
OLDSBC	ORO ASSISTED LIVING 8	& ALZHEIMER'S CAI GOLDSE	BORO, NC 27534				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET DATE	
D 276	Continued From page	e 5	D 276				
	facility.						
	-The family had the option to purchase TED hose						
	over the counter.						
	-The pharmacy had not received Resident #5's						
	measurements for TED hose.						
		not dispensed TED hose for					
	Resident #5.						
	Telephone interview	with the RCC on 07/01/20 at					
	11:00am revealed:						
	-Resident #5's TED h	nose were discontinued in					
	2018 or early 2019 at	fter a hospitalization.					
	-She had overlooked	the 03/16/20 order for					
	Resident #5 to wear	TED hose daily.					
	-She had been sendi	-					
	pharmacy to be enter August 2019.	red into the eMARs since					
	-She could not provid	le an answer as to why the					
		/e a copy of the 03/16/20					
		to wear TED hose daily.					
		se application would show					
	up on the eMAR.						
		ew orders to see if the					
	pharmacy had entere						
		by comparing the current					
	list of orders with the						
		ne back from the hospital of medications to make sure					
	changes were made						
	system.						
	Telenhone interview	with the Administrator on					
	07/01/20 at 2:10pm r						
		out Resident #5's TED hose.					
		nsible for implementing					
	physician orders.						
	-The RCC faxed phys	sician orders to the					
	pharmacy.						
	-The pharmacy enter	ed new orders into the					
	eMAR system.		1				

AME OF PROVIDER OR SUPPLIER GOLDSBORO ASSISTED LIVING & ALZHEIMER'S CAI (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
HALD96031 B. WINC O70667 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAFE, ZP CODE 201 20				A. BUILDING:		R	
DUCLISEDOR A SSISTED LIVING & ALZHEIMER'S CI 2010/USBC/. NC. 27331 0/410 PREFIX 7.60 SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY MUST BE PRECIDED BY FULL (CACH DEFICIENCY OR LSCIDENTIFYING INFORMATION) IP REFIX TAG PROVIDENTS FLAN OF CORRECTION (EACH DEFICIENCY OR LSCIDENTIFYING INFORMATION) IP REFIX TAG PROVIDENTS FLAN OF CORRECTION (EACH DEFICIENCY) D 276 Continued From page 6 D 276 - - The RCC reviewed pending orders and approved the orders. - - - - Since implementing the MAR system, the facility did not performe and of the month review of medications on hand to ensure there were no residents missing medications. - - - When the facility reviewed the medications on hand to ensure there were no resident should be wearing them. - - - She did not know Resident #5 was having any swelling in her ankles, feet, and legs. - - - Telephone interview with the PCP on 07/01/20 at 4.000m revealed: - Resident May Well know weare the TED hose. - The resident was upposed to wear TED hose on when she came to the PCP office. - She did not know if the resident was refusing to wear the TED hose. - She expected Resident #5 to wear the TED hose. D 358 J0A NCAC 13F. 1004(a) Medication (a) Andult care home shall assure that the preparation and administration (a) Anadult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and In			HAL096031	B. WING		07	/06/2020
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preparation and administration of medications, prescription and non-prescription, and treatments							
prescription and non-prescription, and treatments		· /					
sion of Health Service Regulation TE FORM 6899 XZ4J12 If continuation		In Service Regulation		6899 X	Z4J12	If contir	uation sheet 7

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY PLETED		
		HAL096031	B. WING		07	R / 06/2020		
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE				
		2201 RO	YALE AVENUE					
SOLDSBO	DRO ASSISTED LIVING &	& ALZHEIMER'S CAI GOLDSE	30RO, NC 27534					
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PREFIX	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page 7		D 358					
	which are maintained	sed prescribing practitioner in the resident's record; and on and the facility's policies						
	This Rule is not met as evidenced by: Type B Violation							
	interviews, the facility medications as order practitioner for 1 of 5 (Resident #4) related	ed by a licensed prescribing sampled residents						
	The findings are:							
	05/28/20 revealed: -Diagnoses included diabetes mellitus, and -Medication orders in							
	summary report dated -Discharge medicatio 0.2mg tablet take 2 tii -There was documen discharge summary r	ns included clonidine HCL mes daily. tation on the hospital eport with special e taking this medication and						
	Medication Administra revealed:	4's May 2020 electronic ation Records (eMARs) for clonidine 0.2mg twice 9:00pm.						

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING.	A. BUILDING:		R	
		HAL096031	B. WING	07	/06/2020		
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE			
OLDSBC	ORO ASSISTED LIVING &	& ALZHEIMER'S CAI	YALE AVENUE BORO, NC 27534				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLE DATE	
D 358	Continued From page	e 8	D 358				
	-There was documentation clonidine 0.2mg was administered twice daily from 05/01/20 through 05/23/20. -There was documentation Resident #4 was in the hospital from 05/24/20 through 05/28/20. -There was no documentation clonidine 0.2mg was administered from 05/28/20 through 05/31/20.						
	-On 05/12/20 at 11:00	-					
	revealed: -There was no entry f daily on the eMAR. -There was no docum	44's June 2020 eMAR for clonidine 0.2mg twice nentation clonidine 0.2mg nistered from 06/01/20					
	2020 revealed the fol -On 06/02/20 at 11:00 -On 06/09/20 at 10:00 -On 06/16/20 at 10:00	0am, the BP was 162/110. 0am, the BP was 155/118. 0am, the BP was 140/100. 0am, the BP was 170/120.					
	facility's contract pha 12:12pm revealed: -Clonidine 0.2mg tabl on Resident #4's FL2 -The pharmacy did no discontinued the med	ot have an order that lication.					
	- me pharmacy uld no	ot have any orders or FL2s					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
			A. BUILDING:				
		HAL096031	B. WING		07	R / 06/2020	
AME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	RO ASSISTED LIVING 8	R ALZHEIMER'S CAL	YALE AVENUE				
		GOLDSE	SORO, NC 27534				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE ⁻ DATE	
D 358	Continued From page	e 9	D 358				
	dated 05/28/20.						
		posed to send current					
	medication orders to						
		received an order, the order					
	was entered on the e	MARs.					
		lity had to approve the order					
		ble for facility staff to see on					
	the eMAR.						
	- The pharmacy did he clonidine 0.2mg.	ot have orders to discontinue					
	•	s discontinued on the eMAR					
	that was done by faci						
	-	/e access to change or					
		ders in the eMAR system.					
		ce daily was last dispensed					
	on 05/18/20.						
	Telephone interview	with a medication aide (MA)					
	on 06/30/20 at 1:15p						
	-She was responsible						
	medications based of	n what was on the eMAR.					
	-Resident #4's clonid	ine 0.2mg was not currently					
	on the eMAR.						
		s hospitalization 05/24/20					
	-	resident was administered					
	clonidine 0.2mg table	ne 0.2mg tablet had been					
	stopped but she did r						
		it was handled by the RCC.					
	-It had been at least of	•					
	administered clonidin	e tablets to Resident #4.					
	-The Resident Care (Coordinator (RCC) was					
		ving medication orders on					
	the eMARs.						
	•	ed the orders on the eMARs.					
		eived new or changed					
		cluding the FL2s, the RCC					
	-	axing the orders to the					
	phannacy and appro	ving the orders on the					

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUIDENTIFICATION NUMBER: (A) BUILDING: (X2) MULTIPLE CONSTRUIDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL096031	B. WING		R 07/06/2020	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, Z	IP CODE		
GOLDSBC	ORO ASSISTED LIVING	& ALZHEIMER'S CAI	OYALE AVENUE BORO, NC 27534			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 358	Continued From pag	e 10	D 358			
	medication order, the contacting the Prima clarify the medication -She checked the me phone call and Resic tablets were not on the -She was not concer and did consider the Interview with Reside 2:07pm revealed: -She did not know Re hospitalized in May 2 -She did not know cle daily had been stopp -She ordered clonidin blood pressure (BP). -On 02/27/20, she into 0.1mg tablet every et daily. -The facility did not c stopped the medicati -The facility staff sho without first consultin -If facility staff were u order, they should co stopping the medicat -She was "not surpris- high because the fac 0.2mg tablets twice of -She had not previou	edication cart during this lent #4's clonidine 0.2mg he medication cart. ned about Resident #4's BP resident's BP high. ent #4's PCP on 06/30/20 at esident #4 had been 2020. onidine 0.2mg tablet twice red. ne due to the resident's high creased clonidine from ight hours to 0.2mg twice ontact her to inform they fon. uld never stop a medication op the PCP. inclear about a medication ontact the PCP before ion. sed" the resident's BPs were illity stopped the clonidine				
	resident's high BP. -Had she known abo	nake her aware of the ut Resident #4's high BPs red parameters or at least				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
ND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	COMPLETED	
		HAL096031	B. WING		07	R 07/06/2020	
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		2201 RO	YALE AVENUE				
OLDSBO	RO ASSISTED LIVING 8	& ALZHEIMER'S CAI GOLDSE	BORO, NC 27534				
(X4) ID			ID	PROVIDER'S PLAN		(X5) COMPLET	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	DATE	
D 358	Continued From page	e 11	D 358				
	Telephone interview	with a personal care aide					
	(PCA) on 07/01/20 at 1:43pm revealed:						
	-When she worked, s						
	Resident #4 with pers						
		esident #4's BP, so she did					
	not know when the resident's BP was high. -Lately, Resident #4 had been saying she did not						
	•	y dayResident #4 told her					
	when she was not fee						
		resident what specifically					
	made her not feel we						
		rotocol to notify the MA on					
		complained of not feeling					
	well.						
	•	e MA when Resident #4 told					
	her that she did not feel well because the resident						
		t feeling well everyday.					
		hat Resident #4's health had					
	had not told anyone.	ospitalization in May 2020 but					
		with Resident #4 on 07/01/20					
	at 1:53pm revealed:						
		d," I feel weak and tired.					
	two weeks.	g dizzy and weak for at least					
		t arm and hand felt weak.					
		PCA when she was not					
	feeling well but nothing						
	-She had high blood	8					
		, for BP but did not know the					
	name of medication.						
		when her BP was high					
	because she felt dizz	-					
	-	zy and weak today and					
	almost every.						
		eek because she was weak					
	and dizzy.	because the MA helped her					
	- THE WAY Was aware I	NECAUSE LITE INFA LIEIDEU LIEL	1				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096031		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 07/06/2020		
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE		
OLDSBC	ORO ASSISTED LIVING 8	AI ZHEIMER'S CAI	BORO, NC 27534			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN (
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLET
D 358	Continued From page 12		D 358			
	-She told the MA that she fell because she was weak and tired.					
	-The MA checked her result.	⁻ BP but she did not tell the				
	Second telephone int 07/01/20 at 1:15pm re	erview with the MA on				
	-Resident #4 had not complained to her about feeling faint or being dizzy but the resident did					
	have a fall about a week ago complaining of weakness in her arm. -She checked Resident #4's BP and documented					
		s increased but she did not				
	-She think that she ga	ave the report about the fall the RCC, but she was not				
		cident report because				
	the resident did not a					
		mplained that her arm hurt s related to a previous				
	weakness to be relate	ed to the resident's blood or due to not taking the				
	clonidine 0.2mg table	-				
	since she was admitte administered medicat	ed to the facility and was tions to control high blood				
		is checked once a week. Resident #4's current BPs				
	to be high enough to -She considered high	be concerned.				
		ecall who told her "160/90"				
	Interview with the Read (RCC) on 07/01/20 at	sident Care Coordinator t 11:02am revealed:				
		eturned from the hospital on				

If continuation sheet 13 of 16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096031			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED R 07/06/2020	
		B. WING		07			
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	2		
OLDSBC	ORO ASSISTED LIVING 8	& ALZHEIMER'S CAI	YALE AVENUE BORO, NC 27534				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLE ⁻ DATE	
D 358	Continued From page	e 13	D 358				
	05/28/20 she was giv list and a new FL2.	ven a discharge medication					
	-Both the discharge medication list and a new FL2 were signed by the hospital's discharging physician. -Review of the discharge medication list and a new FL2 dated 05/28/20 she saw that clonidine 0.2mg tablet twice daily was ordered on both						
	documents. -She felt the hospital had made a mistake						
	because there was a new order for 0.2mg clonidine patch every seven days added to the						
	resident's medications. -Without consulting the resident's PCP she						
	discontinued the administration of the clonidine 0.2mg tablet twice daily.						
		olicy to contact the PCP dication order, but she did					
		before she stopped clonidine					
	-She had no reason a	as to why she stopped ne without contacting the					
	resident's PCP.						
	-	with the Administrator on					
		vas no medication should be					
	stopped without a phy -The RCC should have	ysician's order. ve contacted the PCP before					
	she stopped Residen twice daily.	t #4's clonidine 0.2mg tablet					
	-	he eMARs and did not know					
	-The PCA should hav	e informed the MA and/or					
	the RCC how the res -The RCC was respo	ident was feeling. Insible for reviewing the BPs					
		s to the resident's PCP.					
	The facility failed to a	 Idminister medications as					

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096031				(X2) MULTIPLE CONSTRUCTION (X3)		
			A. BUILDING:		COMPLETED	
		B. WING		07/06/2020		
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
OLDSBO	DRO ASSISTED LIVING	& ALZHEIMER'S CAI				
			BORO, NC 27534	PROVIDER'S PLAN O		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 358	Continued From pag	e 14	D 358			
	administering clonidin resulting in Resident dizziness, weakness detrimental to the here the resident and const A plan of protection w facility in accordance 07/01/20 for this viola THE CORRECTION	scontinue order and not ne for four and half weeks #4 having hypertension, and a fall. This failure was alth, safety and welfare of stitutes a Type B violation. 				
{D912}	G.S. 131D-21(2) Dec	claration of Residents' Rights	{D912}			
	Every resident shall I 2. To receive care an adequate, appropriat	ration of Residents' Rights have the following rights: hd services which are e, and in compliance with state laws and rules and				
	reviews, the facility fa received care and se appropriate, and in c	ns, interviews, and record ailed to ensure residents rvices which were adequate, ompliance with relevant s and rules and regulations				
	The findings are:					
	interviews, the facility	ews, observations, and / failed to administer ed by a licensed prescribing				

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		HAL096031	B. WING		07	/06/2020
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
OLDSBC	ORO ASSISTED LIVING	i & ALZHEIMER'S CAI				
0(1) ID			BORO, NC 27534	PROVIDER'S PLAN OF		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMP THE APPROPRIATE DA	
{D912}	Continued From page 15		{D912}			
	(Resident #4) relate anti-hypertensive m order.[Refer to Tag	5 sampled residents d to discontinuing an edication without a physician's 0358 10A NCAC 13F .1004(a) tration (Type B Violation).].				