Division	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G:	(X3) DATE COMF	SURVEY LETED
		FCL013034	B. WING		02/2	6/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	, STATE, ZIP CODE		
THE CAP	RRIAGE HOUSE OF C	AKEMUUR	REMOOR P OLIS, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Cabarrus County D conducted an annu	ensure Section and the epartment of Social Services al survey with an onsite visit 21 and a telephone exit on				
C 173	10A NCAC 13G .05 For Licensed Health	04 (c) Competency Validation ୨ Pro	C 173	In order to correct the deficiency listed to the	e left, we	
	10A NCAC 13G .05 Licensed Health Pro	04 Competency Validation For ofessional Support Tasks		have created a new policy so that our staff R notified any time a resident is admitted to the The notification will include when the resider admitted, why they were admitted and when is anticipated. The RN will receive a follow u notification when we have a firm discharge d RN will come to the facility within 24 hours o readmission to Caremoor Retirement Comm perform an assessment and any training that needed. The RN assessment will be complet any new procedure a resident may need. To prevent this from happening again, the as administrator and director will be monitoring residents that are re-admitted from the hospi Monitoring will ensure timely RN assessmen adequate training. The monitoring by administ take place following any discharge from the h over the next ninety days. The new policy went in to effect 03-20-2021, policy is attached,	nt was 1 discharge	
	Paragraph (a) of this professional suppor (a) of Rule .0903 of performance of thes to these tasks excep physician acting und 131D-2(a1) certifies can be competency tasks on a temporar	lidation of staff, according to s Rule, for the licensed health t tasks specified in Paragraph this Subchapter and the se tasks is limited exclusively of in those cases in which a ler the authority of G.S. that non-licensed personnel validated to perform other y basis to meet the resident's innecessary relocation			date. An of nunity to at may be eted prior to ssistant all ital. nts and istration will hospital	
	facility failed to ensu which would approve be competency valid Professional to admi	and record reviews, the re physician certification e non-licensed facility staff to ated by a Licensed Health nister a subcutaneous cation on a temporary basis				
	The findings are:					
	summary dated 02/1 -Diagnoses included	#3's hospital discharge 7/21 revealed: post operative right sided				
ISION OF Hea	alth Service Regulation	R/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE		
VI adi	si Scarle	1		Administrator 3	-24-;	(6) DATE
~ ~	M. Polce	J 6	000	3C2C11	If continuation	m sheet 1 of 5
aren	W. Polce		Received	d and Acknowledged	04/16/	21

Received and Acknowledged

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				and the second			
		FCL013034	B. WING	······································	02/	26/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
THE CAR	RRIAGE HOUSE OF C	MREINUUR	REMOOR PLA POLIS, NC 280				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE	
C 173	Continued From pa	Continued From page 1					
	hip fracture, anemia -There was an order of Lovenox, (a med treat blood clots), 0 days, per the recom surgeon. Review of Resident Physician's order da	-	C 173				
	(PCP) order dated ( health (HH) nurse w subcutaneous inject Observation of Resi available for adminis	#3's Primary Care Physician's 02/18/21 revealed the home /as to administer the Lovenox tions. ident #3's medications stration on 02/25/21 at					
	3:20pm revealed: -There were 17 pref 0.3ml, in a plastic ba -A pharmacy genera bag with Resident #	illed syringes of Lovenox.					
	administration recon revealed: -There was an entry inject 0.3ml subcutat days. Have the HH r -There was documen 02/24/21 the Loveno 8:00am daily by the Seven doses of Lov Resident #3 from 02	ntation from 02/18/21 through x was administered at medication aides (MAs), renox were administered to /18/21 through 02/24/21. #3's record revealed:					
F	There was no Temp Professional Support alth Service Regulation	orary Licensed Health					

Division of Health Service Regulation STATE FORM

3C2C11

## Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		FCL013034	B. WING		02/	26/2021
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	RIAGE HOUSE OF C	AKEMUUR				
(X4) ID		TEMENT OF DEFICIENCIES	OLIS, NC 280			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 173	Continued From pa	ge 2	C 173			
	record. -There was no docu Health Professional	entation in the resident's imentation of a Licensed Support (LHPS) review 30 task of subcutaneous staff.				
	revealed: -She had administe 0.3ml in a prefilled s and 02/23/21. -She was told by the the MAs were allow subcutaneously. -She had not had ar administering the Lo	ovenox. The Lovenox using the same				
	3:10pm revealed: -She had administer Lovenox to Resident hospital. -She administered th 2/19/21, 02/20/21, 03 -She was informed to able to administer th Resident #3 because injection. -She had no other tra administering the Lo	-				
- t t	evealed: She knew Resident hrough a subcutane he MAs.	C on 02/25/21 at 4:10pm #3 was receiving Lovenox ous injection administered by illowed since the MAs were				

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## Division of Health Service Regulation

	FOURRECTION	DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DRRECTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		FCL013034	B. WING		02/	6/2021	
AME OF PR	OVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
	RIAGE HOUSE OF C	4000.041	REMOOR PLA				
		KANNAP	OLIS, NC 280	81			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
att - Cn vi-Cp TiD - Fhist-Sthin-It cc-S ac ac-Spet Sphere anij-Ster Te 2-S and Sha	he residents. She did not know a heeded or that the s validated by the Reg She did not reach of hysician (PCP) for elephone interview Director (RCD) on 0 Resident #3 had re ip surgery with orde ubcutaneously dail She had a converse the SIC regarding R hjections. t was their opinion ould be administer She thought since t dminister insulin su dminister any medi She did not know th ermitted to adminis ubcutaneous injecti She did not know sh hysician approval to be competency valid thicoagulation thera jection. She had not contact mporary LHPS app elephone interview C/26/21 at 10:20am she did not know Re ticoagulants throug she relied on the clin at information.	er insulin subcutaneously to a physician's approval was staff had to be competency gistered Nurse (RN). but to the primary care clarification. with the Resident Care 2/26/21 at 9:42am revealed: turned from the hospital post ers for Lovenox 3ml y for 24 days. ation with the HH nurse and esident #3's Lovenox that a subcutaneous injection ed by the MAs. he MAs were allowed to abcutaneously, they could cation subcutaneously. he was required to obtain o allow non-licensed staff to ated to administer apy through subcutaneous ted the PCP for the proval. with the Administrator on revealed: esident #3 could not receive gh a subcutaneous injection	C 173				

Division of Health Service Regulation STATE FORM

3C2C11

If continuation sheet 4 of 5

### Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL013034	B. WING		02/2	6/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
THE CAI	RRIAGE HOUSE OF C		REMOOR PI OLIS, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 173	Continued From pa	ge 4	C 173				
	staff to be compete anticoagulation the injection. -She had not conta temporary LHPS ap						
	Attempted interview at 4:10pm was unsi	with Resident #3 on 02/25/21 uccessful.					
livision of Her	alth Service Regulation						

STATE FORM

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If continuation sheet 5 of 5