	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
		FCL081047	B. WING		04/14/2021	
ame of Pf	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE		
IOPE CAP	RE CENTER # 1		MILLS, NC 28167			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	The Adult Care Licen annual survey on Apr	sure Section conducted an il 14, 2021.				
C 330	10A NCAC 13G .100 Administration	4(a) Medication	C 330			
	 (a) A family care hom preparation and administration and non-by staff are in accord. (1) orders by a licens which are maintained 	4 Medication Administration ne shall assure that the inistration of medications, prescription and treatments ance with: ed prescribing practitioner in the resident's record; and on and the facility's policies				
	interviews, the facility preparation and admi prescription and non- accordance with orde practitioner for 2 of 3 (Resident #2 and #3) medication to treat ga disease (GERD) and pressure of the eyes	ns, record reviews, and failed to ensure the inistration of medications, prescription, are in ers by a licensed prescribing sampled residents with an order for a astroesophageal reflux a medication for increased (Resident #2) and eat high blood pressure and				
	07/13/20 revealed dia schizophrenia, gastro	#2's current FL2 dated agnoses included besophageal reflux disease obstructive pulmonary				

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL081047	B. WING		04/14/2021	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE	04	14/2021
	RE CENTER # 1	5023 US	HIGHWAY 64			
	RECENTER # 1	UNION	MILLS, NC 28167			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 330	Continued From pag	e 1	C 330			
		nt #2's current FL2 dated n order for Dexilant 60mg) before breakfast.				
	Review of Resident #2's signed physician orders dated 03/25/21 revealed there was an order for Dexilant 60mg before breakfast.					
	medication administr revealed: -There was an entry breakfast.	for Dexilant 60mg before				
	Review of Resident revealed: -There was an entry breakfast.	¢2's March 2021 eMAR for Dexilant 60mg before ocumented as administered				
	revealed: -There was an entry breakfast.	#2's April 2021 eMAR for Dexilant 60mg before ocumented as administered 14/21.				
	#2 on 04/14/21 at 10	cations on hand for Resident :40am revealed there was no ble to administer to Resident				
	04/14/21 at 10:40am	ant went up in price and the nd it.				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		ECI 091047	FCL081047 B. WING				
NAME OF PI	ROVIDER OR SUPPLIER		EET ADDRESS, CITY, STATE, ZIP CODE				
	RE CENTER # 1	5023 US	HIGHWAY 64				
		UNION	MILLS, NC 28167				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
C 330	Continued From page	e 2	C 330				
	administered without paying attention. -She was not sure when she last administered the Dexilant.						
	facility's contracted p 11:55am revealed:	with a pharmacist with the harmacy on 04/14/21 at lispensed Resident #2's blets, on 05/15/20					
	-Resident #2's Dexila reimbursement was of facility would have ha was dispensed.	ant's prior authorization for denied on 07/16/20 and the ad to pay the full amount if it					
	was instructed to not	acted the current SIC and send the medication and e Primary Care Provider					
	12:20pm revealed:	ent #2's PCP on 04/14/21 at					
	records the facility ha	nentation in Resident #2's ad contacted them regarding g administered or regarding					
	-The provider that us	ually saw Resident #2 had d the last time she saw					
	Interview with Reside revealed:	ent #2 on 04/14/21 at 1:28pm					
		at medications he was given. increased heartburn or					
	Refer to interview wit 10:40am.	h the SIC on 04/14/21 at					
	07/13/20 revealed an	nt #2's current FL2 dated order for latanoprost eye ach eye at bedtime (used to					

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL081047	B. WING		04	/14/2021
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE		
OPE CA	RE CENTER # 1		HIGHWAY 64 IILLS, NC 28167			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 330	Continued From page	e 3	C 330			
	treat high pressure in	the eyes).				
	Review of Resident #2's signed physician orders dated 03/25/21 revealed there was an order for latanoprost eye drops, one drop in each eye at bedtime.					
	Review of Resident #2's February 2021 electronic medication administration record (eMAR) revealed: -There was an entry for latanoprost eye drops,					
	administered from 02	drops were documented as /01/21 to 02/28/21, except ere was no documentation				
	Review of Resident # revealed:	2's March 2021 eMAR				
	one drop in each eye	for latanoprost eye drops, at bedtime. drops were documented as				
	administered from 03 for four instances the	/01/21 to 03/31/21 except y were not documented as 06/21, 03/14/21, 03/27/21,				
	Review of Resident # revealed:					
	one drop in each eye -The latanoprost eye	for latanoprost eye drops, at bedtime. drops were documented as /01/21 to 04/13/21 except				
		y were not documented as				
	#2 on 04/14/21 at 10:	ations on hand for Resident 40am revealed there was no s available to administer to				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		FCI 081047	FCL081047 B. WING		04	04/14/2021	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
	RE CENTER # 1		HIGHWAY 64				
	1		WILLS, NC 28167				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
C 330	Continued From pag	e 4	C 330				
	revealed: -She marked the eM, drops as administere -She was not sure w the latanoprost eye d	C on 04/14/21 at 10:40am AR for the latanoprost eye of without paying attention. hen she last administered lrops. with a pharmacist with the					
	facility's contracted p 11:55am revealed: -The pharmacy last c latanoprost eye drop -The facility had not c	harmacy on 04/14/21 at lispensed Resident #2's					
	12:20pm revealed: -Latanoprost was use doctor. -He was unsure who latanoprost eye drop -There was no docur records the facility ha for the latanoprost eye Interview with Reside revealed: -He was not sure who	s. mentation in Resident #2's ad contacted them for orders /e drops. ent #2 on 04/14/21 at 1:28pm at medications he was given. tor about two months ago					
	10:40am.	-					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			
		FCL081047	B. WING		04/14/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
IOPE CA	RE CENTER # 1		HIGHWAY 64 MILLS, NC 28167			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 330	Continued From pag	e 5	C 330			
	hand on 04/14/21 at -There was a bottle of take 1 tablet daily. -The omeprazole wa a 3 month supply. -There were 36 table Review of Resident # revealed there was m omeprazole 40mg da Review of Resident # medication administr revealed: -There was no entry on the eMAR. -There was no docur omeprazole 40mg from Review of Resident # revealed: -There was no entry on the MAR. -There was no docur omeprazole 40mg from Review of Resident # revealed: -There was no docur omeprazole 40mg from Review of Resident # revealed: -There was no entry on the MAR. -There was no docur omeprazole from 04/ Interview with the ph	of omeprazole 40mg tablets s dispensed on 11/30/20, for tts remaining in the bottle. #3's record on 04/14/21 to physician's order for aily. #3's February 2021 electronic ation record (eMAR) for omeprazole 40mg daily mentation of administration of om 02/01/21 to 02/28/21. #3's March 2021 eMAR for omeprazole 40mg daily mentation of administration of om 03/01/21 to 03/31/21. #3's April 2021 eMAR for omeprazole 40mg daily mentation of administration of om 03/01/21 to 03/31/21.				
	revealed: -The pharmacy last o	on 04/14/21 at 1:04pm dispensed Resident #3's)/20 and 12/13/20, quantity				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL081047	B. WING		04/14/2021	
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
IOPE CA	RE CENTER # 1		S HIGHWAY 64 MILLS, NC 28167			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE ⁻ DATE
C 330	Continued From pag	e 6	C 330			
	-The omeprazole wa Resident #3.	s an active order for				
	11:55am revealed:	ent #3 on 04/14/21 at				
	-He had been taking omeprazole for over 2 years. -He had never missed a dose of his omeprazole.					
	Interview with the supervisor in charge (SIC) on 04/14/21 at 11:36am and 1:42pm revealed: -Resident #3's omeprazole was a longstanding					
	order. -She had administered the omeprazole daily					
	bottle.	ctions on the medication				
	-Resident #3's omeprazole was sent in the mail from the VA. -The omeprazole order was accidentally omitted					
	never sent to the pha					
		s not put on the medication y's contracted pharmacy, so on the eMAR.				
		d been documented on the ast, but she could not locate				
	Refer to interview wit 10:40am.	th the SIC on 04/14/21 at				
	hand on 04/14/21 at					
	½ tablet daily.	of lisinopril 10mg tablets take was dispensed last on				
		≴3's record on 04/14/21 o physician's order for				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL081047	B. WING		04/14/2021	
IAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE		
IOPE CAI	RE CENTER # 1		HIGHWAY 64 NLLS, NC 28167			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 330	Continued From pag	e 7	C 330			
	medication administr revealed: -There was no entry -There was no docur lisinopril from 02/01/2 Review of Resident # revealed: -There was no entry -There was no docur lisinopril from 03/01/2 Review of Resident # revealed: -There was no entry -There was no entry -There was no docur lisinopril from 04/01/2 Interview with the pho	for lisinopril on the eMAR. nentation of administration of 21 to 02/28/21. 43's March 2021 eMAR for lisinopril on the MAR. nentation of administration of 21 to 03/31/21. 43's April 2021 eMAR for lisinopril on the eMAR. nentation of administration of 21 to 04/14/21. armacist at the Veteran's				
	revealed: -The pharmacy last o lisinopril on 03/25/21	on 04/14/21 at 1:04pm lispensed Resident #3's current order for Resident				
	11:55am revealed:	ent #3 on 04/14/21 at lisinopril for over 2 years. d a dose of lisinopril.				
	and 1:42pm revealed -Resident #3's lisinop -She had administered according to the direct bottle.	oril was a longstanding order.				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL081047	B. WING		04	/14/2021
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
OPE CA	RE CENTER # 1		HIGHWAY 64 WILLS, NC 28167			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
C 330	Continued From pag	je 8	C 330			
	the VA. -The lisinopril order with the current FL2 on 1 to the pharmacy pro- -The lisinopril order with medication profile with pharmacy, so it was -The lisinopril had be in the past, but she of Attempted telephone primary care provide 12:20pm was unsuce	was accidentally omitted on 0/24/20, so it was never sent vider. was not put on the th the facility's contracted never entered on the eMAR. een listed on the paper MARs could not locate them. e interview with Resident #3's er (PCP) on 04/14/21 at				
	revealed: -She was responsibl medications to the re- -She knew she was the medications adm -She was not compa medications on hanc -She was responsibl	to compare the eMAR with ninistered. rring the eMAR to the				
C 342	10A NCAC 13G .100 Administration	04(j) Medication	C 342			
	(j) The resident's me record (MAR) shall b following:(1) resident's name;	04 Medication Administration edication administration be accurate and include the ication or treatment order;				

STATE FORM

6899

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If continuation sheet 9 of 16

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		FCL081047	B. WING	B WING		04/14/2021	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		04	/14/2021	
			64 HIGHWAY	, ~			
IOPE CA	RE CENTER # 1	UNION	MILLS, NC 28167				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 342	Continued From page	e 9	C 342				
	 (3) strength and dos medication administer (4) instructions for ac or treatment; (5) reason or justificar medications or treatm documenting the rest (6) date and time of ac (7) documentation of medications or treatm omission, including re (8) name or initials of the medication or treats signature equivalent 	age or quantity of ered; Iministering the medication ation for the administration of nents as needed (PRN) and ulting effect on the resident; administration; any omission of nents and the reason for the efusals; and f the person administering atment. If initials are used, a to those initials is to be intained with the medication					
	interviews, the facility accuracy of electroni	ns, record reviews, and / failed to ensure the c medication administration 2 of 3 sampled residents					
	The findings are:						
	07/13/20 revealed dia schizophrenia, gastro	nt #2's current FL2 dated agnoses included besophageal reflux disease c obstructive pulmonary					
		nt #2's current FL2 dated n order for Dexilant 60mg) before breakfast.					
		#2's signed physician orders aled there was an order for e breakfast.					

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		FCL081047	B. WING	B. WING		/14/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	RE CENTER # 1		HIGHWAY 64 MILLS, NC 28167			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE
C 342	Continued From page	e 10	C 342			
	Review of Resident # medication administra	[‡] 2's February 2021 electronic ation record (eMAR)				
	breakfast.	for Dexilant 60mg before				
	-The Dexilant was do from 02/01/21 to 02/2	ocumented as administered 28/21.				
	Review of Resident # revealed:	[#] 2's March 2021 eMAR				
	breakfast.	for Dexilant 60mg before				
	from 03/01/21 to 03/3					
	Review of Resident # revealed:	[‡] 2's April 2021 eMAR				
	breakfast.	for Dexilant 60mg before				
	from 04/01/21 to 04/1	ocumented as administered I4/21.				
		cations on hand for Resident :40am revealed there was no				
	Dexilant 60mg availa #2.	ble to administer to Resident				
	Interview with the SIC revealed:	C on 04/14/21 at 10:40am				
	pharmacy did not ser					
	administered without	AR for the Dexilant as paying attention. nen she last administered				
	the Dexilant.					
	facility's contracted p	with a pharmacist with the harmacy on 04/14/21 at				
	11:55am revealed the alth Service Regulation	e pharmacy last dispensed				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		FCL081047	081047 B. WING				
NAME OF PI	ROVIDER OR SUPPLIER		B. WING 04/14/2021 ET ADDRESS, CITY, STATE, ZIP CODE 04/14/2021				
	RE CENTER # 1	5023 US	HIGHWAY 64				
		UNION	WILLS, NC 28167				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE	
C 342	Continued From pag	e 11	C 342				
	Resident #2's Dexila 05/15/20.	nt 60mg, 30 tablets, on					
	07/13/20 revealed ar	nt #2's current FL2 dated n order for latanoprost eye ach eye at bedtime (used to n the eyes).					
	Review of Resident #2's signed physician orders dated 03/25/21 revealed there was an order for latanoprost eye drops, one drop in each eye at bedtime.						
	medication administr revealed: -There was an entry one drop in each eye -The latanoprost eye administered from 02	for latanoprost eye drops, at bedtime. drops were documented as 2/01/21 to 02/28/21, except ere was no documentation					
	revealed: -There was an entry one drop in each eye -The latanoprost eye administered from 03 for four instances the	#2's March 2021 eMAR for latanoprost eye drops, e at bedtime. drops were documented as 3/01/21 to 03/31/21 except ey were not documented as 06/21, 03/14/21, 03/27/21,					
	revealed: -There was an entry one drop in each eye -The latanoprost eye administered from 04	#2's April 2021 eMAR for latanoprost eye drops, e at bedtime. drops were documented as 4/01/21 to 04/13/21 except y were not documented as					

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: FCL081047 FTEFEL			(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: B. WING				
				04/14/2021			
AME OF PH	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, 3 HIGHWAY 64	, ZIP CODE			
IOPE CAI	RE CENTER # 1		MILLS, NC 28167				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC 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 342	Continued From page 12		C 342				
	administered, on 04/02/21 and 04/05/21.						
	Observation of medications on hand for Resident #2 on 04/14/21 at 10:40am revealed there was no latanoprost eye drops available to administer to Resident #2.						
	Interview with the SIC on 04/14/21 at 10:40am revealed: -She marked the eMAR for the latanoprost eye drops as administered without paying attention. -She was not sure when she last administered the latanoprost eye drops.						
	facility's contracted p 11:55am revealed: -The pharmacy last o latanoprost eye drop -The facility had not o	with a pharmacist with the harmacy on 04/14/21 at dispensed Resident #2's s on 04/23/19. contacted them to refill prost eye drops since					
	2. Review of Resider 10/24/20 revealed dia schizophrenia, dyspr	-					
	hand on 04/14/21 at -There was a bottle of take 1 tablet daily. -The omeprazole was a 3 month supply.	sident #3's medications on 11:40am revealed: of omeprazole 40mg tablets s dispensed on 11/30/20, for ts remaining in the bottle.					
		#3's record on 04/14/21 to physician's order for aily.					
	Review of Resident #	#3's February 2021 electronic					

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081047			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		04	04/14/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
HOPE CAI	RE CENTER # 1		HIGHWAY 64 MILLS, NC 28167			
(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 AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
C 342	Continued From page	e 13	C 342			
	medication administration record (eMAR) revealed:					
	-There was no entry for omeprazole 40mg daily on the eMAR. -There was no documentation of administration of					
	omeprazole 40mg from 02/01/21 to 02/28/21. Review of Resident #3's March 2021 eMAR					
	revealed: -There was no entry for omeprazole 40mg daily					
	on the MAR. -There was no documentation of administration of omeprazole 40mg from 03/01/21 to 03/31/21.					
	Review of Resident #3's April 2021 eMAR revealed:					
	-There was no entry for omeprazole 40mg daily on the eMAR. -There was no documentation of administration of					
	omeprazole from 04/					
		armacist at the Veteran's n 04/14/21 at 1:04pm				
		ispensed Resident #3's /20 and 12/13/20, quantity				
	-The omeprazole was Resident #3.	s an active order for				
	04/14/21 at 11:36am	pervisor in charge (SIC) on and 1:42pm revealed: razole was a longstanding				
	order. -She had administere	ed the omeprazole daily				
	bottle.	ctions on the medication s not put on the medication				
		's contracted pharmacy, so				

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: FCL081047 YAME OF PROVIDER OR SUPPLIER			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 04/14/2021	
		FCI 094047				
		ADDRESS, CITY, STATE	. ZIP CODE	04	14/2021	
	RE CENTER # 1	5023 US	HIGHWAY 64			
		UNION	WILLS, NC 28167			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
C 342	Continued From page 14		C 342			
	-The omeprazole had been documented on the paper MARs in the past, but she could not locate them.					
	 b. Observation of Resident #3's medications on hand on 04/14/21 at 11:40am revealed: There was a bottle of lisinopril 10mg tablets take ½ tablet daily. The lisinopril 10mg was dispensed last on 03/25/21. 					
	Review of Resident #3's record on 04/14/21 revealed there was no physician's order for lisinopril.					
	medication administr revealed:					
		for lisinopril on the eMAR. nentation of administration of 21 to 02/28/21.				
	revealed:	#3's March 2021 eMAR				
		for lisinopril on the MAR. nentation of administration of 21 to 03/31/21.				
	revealed:	≄3's April 2021 eMAR				
		for lisinopril on the eMAR. nentation of administration of 21 to 04/14/21.				
		armacist at the Veteran's on 04/14/21 at 1:04pm				
	lisinopril on 03/25/21	lispensed Resident #3's current order for Resident				

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED 04/14/2021		
			A. BUILDING:			
	FCL081047		B. WING			
IAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
IOPE CA	RE CENTER # 1		S HIGHWAY 64 MILLS, NC 28167			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
C 342	Continued From pag #3.	le 15	C 342			
	and 1:42pm revealed -Resident #3's lisinop -She had administer according to the dire bottle. -The lisinopril order w medication profile wi pharmacy, so it was -The lisinopril had be in the past, but she of Attempted telephone	pril was a longstanding order. ed the lisinopril daily actions on the medication was not put on the th the facility's contracted never entered on the eMAR. een listed on the paper MARs could not locate them. e interview with Resident #3's er (PCP) on 04/14/21 at				