PRINTED: 05/21/2021

FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION 0 2 2021 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ADULT CARE LICENSURE SECTION B. WING HAL092215 04/30/2021 RATEIGH NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section conducted an annual and follow-up survey and complaint investigation on 04/27/21 - 04/30/21. The facility will provide staff for the required D 188 10A NCAC 13F .0604(e) Personal Care And D 188 hours according to census. Other Staffing Staffing sheets will be reviewed by the RSb 10A NCAC 13F .0604 Personal Care And Other or designee daily to make certain Staffing appropriate staffing levels to meet the (e) Homes with capacity or census of 21 or more needs of the residents. shall comply with the following staffing. When the The RSD/ED will review weekly assignment home is staffing to census and the census falls sheets monitor for compliance for four (4) below 21 residents, the staffing requirements for weeks. a home with a census of 13-20 shall apply. (1) The home shall have staff on duty to meet BOD will audit timecard reports weekly for the needs of the residents. The daily total of aide four (4) weeks to capture all documented duty hours on each 8-hour shift shall at all times hours worked. be at least: All corrective measures will be (A) First shift (morning) - 16 hours of aide duty implemented by 6/14/21. for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four Continued monitoring of compliance will be additional hours of aide duty for every additional conducted through QA audits, compliance 10 or fewer residents for facilities with a census trends and patterns. or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (B) Second shift (afternoon) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (C) Third shift (evening) - 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule

Division of Health Service Regulation

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

(D) The facility shall have additional aide duty to meet the needs of the facility's heavy care residents equal to the amount of time reimbursed

.0606 of this Subchapter.)

TITLE

(X6) DATE

STATE FORM If continuation sheet 1 of 114 Poin Joba, Executive Director 5/28/21
Reviewed + Accepted Dira B. Nielson 05/28/21

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 188 D 188 | Continued From page 1 by Medicaid. As used in this Rule, the term, "heavy care resident", means an Individual residing in an adult care home who is defined as "heavy care" by Medicaid and for which the facility is receiving enhanced Medicaid payments. (E) The Department shall require additional staff if it determines the needs of residents cannot be met by the staffing requirements of this Rule. This Rule is not met as ovidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the required staffing hours for the assisted living with a census of 19 to 20 were met for 6 of 15 shifts sampled from 03/23/21 - 04/05/21. The findings are: Review of the facility's current license effective 01/01/21 revealed the facility was licensed for a capacity of 84 beds including a special care unit (SCU) with a capacity of 48 beds. Review of the facility's resident census report dated 03/23/21 revealed there was an assisted living (AL) census of 20 residents, which required 16 staff hours on second shift. Review of the employee time cards dated 03/23/21 revealed there was a total of 7 staff hours provided on second shift in the AL unit with a shortage of 9 hours. Review of the facility's resident census report dated 04/02/21 revealed there was an AL census of 20 residents, which required 16 staff hours on first shift. Review of the employee time cards dated

Division of Health Service Regulation

04/02/21 revealed there was a total of 11 hours

CPUQ11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		John L	O O I II LE I LE D	
		HAL092215	B. WING		04/3	30/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE			
CADENCE	GARNER		IGLEWOOD DRIVE R, NC 27629				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
D 188	in the AL unit with a minutes. Review of the facility dated 04/03/21 reve of 20 residents, whice first and second shift. Review of the employ 04/03/21 revealed: -There was a total of staff hours provided with a shortage of 4. There was a total of staff hours provided with a shortage of 4. There was a total of staff hours provided with a shortage of 4. Review of the facility dated 04/04/21 revealed the staff hours provided with a shortage of 4. Review of the employ 04/04/21 revealed the staff hours provided with a shortage of 4. Review of the facility dated 04/05/21 revealed the staff hours provided with a shortage of 4. Review of the facility dated 04/05/21 revealed the staff hours provided with a shortage of 4. Review of the employ 04/04/21 revealed the and 15 minutes staff.	f hours provided on first shift shortage of 4 hours and 19 It's resident census report aled there was an AL census ch required 16 staff hours on at. It hours and 30 minutes on first shift in the AL unit hours and 30 minutes. If 11 hours and 30 minutes on second shift in the AL unit hours and 30 minutes. If 11 hours and 30 minutes on second shift in the AL unit hours and 30 minutes. It's resident cerisus report aled there was an AL census ch required 8 staff hours on a loyee time cards dated here was a total of 4 hours of on third shift in the AL unit	D 188	DEFICIE			
	Interview with a resid	dent on 04/27/21 at 9:45am					

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: 8. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 188 | Confinued From page 3 D 188 revealed: -The facility was short staffed and they needed more help, especially on second and third shifts. -Sometimes the resident had to sit in the dining room and wait for food for 15 minutes or longer and sometimes the food was cold when it was received because there was not enough staff to pass out the food. -For the evening meal, there was only one staff person to serve the residents and if took "forever" to serve all the residents in the dining room. -There was not enough staff in the evenings because the resident could not get anyone to answer the call bell after 7:00pm. -The resident had to go down the hall in the evenings to find staff if the resident needed something. -Sometimes the resident could not find any staff on the AL side of the facility and had to go the SCU to find staff. Interview with a personal care aide (PCA) on 04/27/21 at 10:25am revealed: -She normally worked first shift and would stay until around 6:30pm to help with second shift. -Most of the time she was the only PCA on the AL halls (Hall A and Hall D). -About once a week there would be a second PCA on the AL to help with resident care. -The medication aide (MA) would help when she could but she was usually passing medications for the whole facility on AL and in the SCU.

Division of Health Service Regulation

one PCA.

Interview with a MA on 04/27/21 at 10:45am

-There are no residents that required two-person assistance on the AL unit, so there was usually

-There was one resident who transferred easier with two people but could be transferred with one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ((X3) DATE SURVEY COMPLETED		
AND LENG	OF GOTTAL STION	DENTIFICATION NUMBER:	A. BUILDING:	(1/12/10/10/10/10/10/10/10/10/10/10/10/10/10/	COM	PLETED	
		HAL092215	B. WING		04	04/30/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE			
CADENCI	E GARNER	200 MIN	GLEWOOD DRIVE				
CADENCE	EGARNER	GARNE	R, NC 27529				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED 1 DEFICII	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
D 188	staff if needed. -She passed the me AL side and in the S MA for the facility. -The Memory Care Resident Services D with half of the morn SCU during the wee Telephone interview 04/30/21 at 8:06am -Staff clocked out for She was the only M most of the time. -She split her time 5 the SCU. Interview with the RS revealed: -The MCM was resp schedule for the facilif there was a call of or RSD. -The MCM and RSD shift coverage or one staffing need. -The facility was using provide additional PC. -There were 3 MAs for the MCM and RSD medication pass on some MA working. Interview with the facility was using the medication pass on some MA working. Interview with the facility was a delay in answered because the She received completere was a delay in answered because the She received completere was a delay in answered because the She received completere was a delay in answered because the She received completere was a delay in answered because the She received completered complete	idications for residents on the iCU when there was only one Manager (MCM) and the Director (RSD) would assist bing medication pass on the ick. with a second MA on revealed: In their breaks. IA in the facility on night shift 10% on AL side and 50% on ISD on 04/30/21 at 3:58pm Is on one of the making the lity. It, staff called into the MCM It called alternative staff to find the of them would cover the lity. It is of them would cover the lity. It is of the facility. It is one of the mould cover the lity. It is one of the mould cover the lity. It is one of the facility. It is one of the facility of the facility. It is one of the facility. It is one of the facility of the facility of the facility. It is one of the facility o	D 188				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
	D	HAL092215	B. WING		04/30/2021	
(0.50 F23 T23 T22 F2	ROVIDER OR SUPPLIER	200 MIN	ADDRESS, CITY, STA GLEWOOD DRIV R, NC 27629			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE	
D 188			D 188			
D 273	to meet the routine of residents. This Rule is not me Based on observation interviews the facility notification of the phresidents who was refor an unknown period of the facility of 15/20 revealed: The findings are: Review of the facility of 15/20 revealed: The staff should obpersonal rights of all free from physical arresidents should be of movement. Physical obstruction not limited to being used a material item pathway; restricting to wander or get out a resident's movemer restraining or blocking lying position. Restraints shall not kind for any resident.	O2 Health Care I assure referral and follow-up and acute health care needs It as evidenced by: Ons, record reviews and y failed to ensure timely hysician for 1 of 6 sampled restrained to her wheelchair iod of time (#7.) It is Restraint Policy dated reserve and respect the I residents including being and chemical restraints. The free of physical obstruction of movement includes but personally involved or having a resident from the freedom to fibed or chair; prevention of ent to and from one area; and and a resident in a sitting or the used for discipline of any	D 273	The facility will provide timely refoliow up to meet the routine an healthcare needs of the resider documented timely notification families. The RSD or designee will review daily to maintain timely, docum follow up. The ED/RSD will review electroweekly for four (4) weeks for convective measures will be by 6/14/21. Continued monitoring of compil conducted through QA audits, of trends and patterns.	nd acute nts to include to PCP and ew shift reports eented healthcare onto charting ompliance. Implemented	

CPUQ11

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL092215	B. WING		04/30/	04/30/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
CADENCI	E GARNER		IGLEWOOD DRIVE R, NC 27629				
O'A ID	SUMMADYS	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	PREFIX TAG	EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE	
D 273	staff or facility at any -Any observation of should be immediate supervisor. Review of the facility Exploitation Policy of -Resident abuse, ne prohibitedShould any resident abuse is suspected, required to immediat persons/agencies as -All Care Partners re elder abuse, incident abuse, and reporting orientation; this train state regulationsAll staff and volunte reporters." -If any Community s observed, suspects, by a resident or othe incident which appeat the incident will be in Resident Services D not available, the inc Administrator; in all be informed as soon -Upon the notice of a suspected or at immediate st the resident is protect abuse and neglect we conducted by the RS resident is interviewe documented; witness	y time. above by a staff member ely reported to their y's Elder Abuse, Neglect and lated 06/15/20 revealed: iglect, and exploitation are It experience abuse or when staff and volunteers are tely provide notification to s described in this policy. eceived in-service training on ice, signs and symptoms of g requirements during initial ining shall be repeated per eers are "mandated Itaff member or volunteer has has knowledge of, or is told er staff member, of an ars to be any form of abuse, mmediately reported to the cases the Administrator will in as possible. reported, observed, intent risk of any form of teps will be taken to ensure orded from potential future while the investigation is gh investigation will be ED or the Administrator; the	D 273	DETOLEN			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 273 Continued From page 7 D 273 evaluation of the resident as necessary; the family/responsible party is notified immediately of the incident; the resident's primary care physician (PCP) is notified immediately as necessary. -Reporting of any suspected, alleged, or witnessed abuse will be completed according to state reporting requirements. -The facility shall immediately notify the county department of social services and the local law enforcement authority as required by law of any mental or physical abuse, neglect or exploitation of a resident. -The facility shall assure the notification of a resident's responsible person or contact person, as indicated on the Resident Register. -Any staff member willfully participating in this abuse will be terminated. Review of Resident #7's current FL-2 dated 10/30/20 revealed: -Diagnoses included left hip fracture, non-operable, bifrontal subarachnoid hemorrhage (AH), advanced dementia, hypertension, hypothyroidism, osteoarthritis and frequent falls. -She was constantly disoriented. -She was non-ambulatory and required total care with personal care assistance. Review of Resident #7's care plan dated 04/28/21 revealed: -She required limited assistance with ambulation/locomotion. -She was independent with transfers. Review of an Incident Report for Resident #7 dated 02/09/21 at 3:45pm revealed: -The incident occurred in Resident #7's room. -The staff observed Resident #7 to be restrained to her wheelchair by a long-sleeved shirt.

Division of Health Service Regulation

-Resident #7 had no visible bruises or injuries

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL092215	8. WING		04	04/30/2021	
	ROVIDER OR SUPPLIER	200 MIN	ADDRESS, CITY, STATE IGLEWOOD DRIVE R. NC 27529	E, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED YO DEFICIEN	CTION SHOULD BE OTHE APPROPRIATE	(XS) COMPLETE DATE	
D 273	and vital signs were Resident #7 had in normal range of mo-The Memory Care on 02/09/21 at 3:45 - Resident #7's prim notified on 02/09/21 - Resident #7's fami 02/09/21 at 8:20pm - Resident #7 was in the staff were to of #7 for any changes - Resident #7 was state or time docum occurred. Review of a witness revealed: - The author of the sassistant (PCA) that 3:00pm-11:00pm sl - She went to Resident #7 tied to waist with some para Review of a second - The witness stater - The author of the waist with some para Review of a second - The witness stater - The author of the was notified by Resident #7 was tie room He went into Resident to be tied to her sleeved t-shirt The shirt was around the wheelchair	e obtained, o loss of consciousness and otion. Manager (MCM) was notified from. hary care physician (PCP) was 1 at 4:30pm. hy member was notified on hy member was no hented for when the PCP visit of statement was a personal care hat was scheduled to work hift on 02/09/21. hent #7's room to look for her he room door was locked, hented wheelchair around her her her was not dated. hy witness statement revealed: hent was not dated. hy witness statement was the	D 273				

Division of Health Service Regulation

CPUQ11

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 273 Continued From page 9 D 273 -Resident #7 was able to move her arms freely. -The staff unfied the shirt and assessed Resident #7 for Injuries. There were no apparent injuries. -There were no changes in Resident #7's mental status and she was responsive as normal. Review of a Health Care Personal Registry (HCPR) 5-Working Day Report dated 02/19/21 revealed: -There was an allegation of resident abuse related to Resident #7 that occurred on 02/09/21 at 3:45pm. -On 02/09/21 around 3:40pm, Resident #7 was discovered in her room by a PCA tied to her wheelchair with a long sleeve t-shirt. -The t-shirt was around Resident #7's upper body and the wheelchair and was fied behind her. -Resident #7 was able to move her arms freely but was not able to get up from the chair freely. -The t-shirt was immediately untied and there were no apparent injuries. -Resident #7's PCP was notified by the supervisor. -The former Administrator notified Resident #7's family member. -There were two 1st shift staff that were contacted and placed on suspension pending the investigation. -One staff stated she last saw Resident #7 on 02/09/21 around 1:00pm in the common area. -The former Administrator attempted to contact the second staff via telephone several times but was not successful. -The second staff responded to the former Administrator via electronic mail (email) and stated that "It wasn't done intentional, it was for

Division of Health Service Regulation

her safety cuz she can't fall again."

-There were 2 staff for 9 memory care residents on the memory care unit; there was a readily

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
			n 11/21/2				
	North Control of the	HAL092215	B. WING		04	1/30/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
CADENCE	E GARNER		GLEWOOD DRIVE				
			R, NC 27529				
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY 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) COMPLETE DATE	
D 273	available supervisor could have been not was needed. Resident #7 was se and 02/18/21. Resident #7's PCP examination" with no The former Adminis Resident #7's family the findings and con Review of a physicial dated 02/18/21 reversedent #7 was sedue to being restrainthe incident occurre Resident #7 was the with no injuries noted The PCP document of the 02/09/21 incided therefore not aware on 02/11/21. Interview with a PCA revealed: She worked on the 102/09/21 on the 7:00. She last saw Reside after lunch at about 100 02/09/21, she have going to tie Resisting at the nurses' staff said it jokingly.	there were other PCAs that diffed if additional assistance of the performed a "thorough of findings of injury. It trator followed up with member and informed him of clusion of the investigation. In svisit note for Resident #7 aled: Leen by her PCP on 02/18/21 aled by staff. Leed on 02/09/21. Loroughly examined by PCP of the discovered was not made aware ent until 02/16/21 and was when she saw Resident #7 Memory Care Unit (MCU) on them-3:00pm shift. Lent #7 at the nurses' station	D 273				
THE THE PROPERTY OF THE PROPER	Administrator and wa investigation results.	Dopm. above events with the former as suspended pending					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 273 D 273 Continued From page 11 reeducated on restraints and reporting abuse. Interview with Resident #7's PCP on 04/29/21 at 1:33pm revealed: -On 02/11/21, she was in the facility and followed up with Resident #7 related to abnormal blood pressure and heart rate. -She was not aware of the incident that occurred with Resident #7 on 02/09/21. -On 02/16/21, she was notified, by telephone, of the incident that occurred with Resident #7 on 02/09/21. -She was informed on 02/16/21 that Resident #7 had a sheet tied around her hands restraining her to the wheelchair and there were no injuries sustained. -She was not sure how long Resident #7 was restrained. -She was not sure what staff member notified her of that incident. -She was informed that the incident was investigated and that the accused person was -On 02/18/21, she was in the facility and followed up with Resident #7 related to the incident that occurred on 02/09/21 and there were no injuries -There was not a restraint order for Resident #7. -There had never been a restraint order for Resident #7. -She was aware that Resident #7 attempted to stand up from her wheelchair unassisted at times but was not aware of any other behaviors. -She was concerned with the facility's delay to notify her of the 02/09/21 incident. -She expected to have been notified immediately of the incident that occurred with Resident #7 on 02/09/21. -Restraints were considered abuse and neglect and should be reported to the Administrator, the

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 273 D 273 Continued From page 12 PCP and the family member immediately. -She addressed her concerns with the management staff however she could not remember who the management staff were or when she addressed the concerns. Telephone Interview with Resident #7's family member on 04/30/21 at 11:10am revealed: -Resident #7 had resided at the facility for about 3 years. -He was notified of Resident #7 being restrained to her wheelchair by her shirt. Based on observations, record reviews and interviews it was determined that Resident #7 was not interviewable. Attempted interview with the former Administrator on 04/30/21 at 10:24am was not successful. Attempted interview with the former personal care assistant (PCA) 04/30/21 at 10:30am was not successful. D 358 D 358 10A NCAC 13F .1004(a) Medication The facility will administer medications as Administration ordered and in accordance within the guidelines of NC state regulations. 10A NCAC 13F .1004 Medication Administration Medication Aides were re-trained by RSD (a) An adult care home shall assure that the utilizing the NC 15 Hour Medication preparation and administration of medications, Curriculum on 5/6/21... prescription and non-prescription, and treatments by staff are in accordance with: Medication administration audits will be

Division of Health Service Regulation

and procedures.

(1) orders by a licensed prescribing practitioner

which are maintained in the resident's record; and

(2) rules in this Section and the facility's policies

This Rule is not met as evidenced by:

completed weekly by RSD/RCC for four (4)

Multidisciplinary review and audits of MAR/ Charts/Med Carts by Pharmacy was

monitor for compliance.

conducted on 5/26/21.

weeks to identify any training needed and to

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GUA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 04/30/2021 HAL 092215 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 358 D 358 Continued From page 13 Quarterly onsite reviews will be conducted TYPE B VIOLATION by the pharmacy according to NC State Regulations. Based on observations, interviews, and record Executive Director will be immediately reviews, the facility failed to administer notified if onsite reviews cannot be medications as ordered and in accordance with conducted. the facility's policies for 2 of 4 residents (#7, #8) observed during the medication passes including Scanner devises will be implemented by errors with medications for treatment of allergy 6/14/21 with staff education by RSD/RCC symptoms, hemorrholds, and dry eyes (#8), and for accurate documentation of medication an extended release pain medication that was administration. crushed (#7); and for 3 of 7 residents sampled All corrective measures will be implemented (#4, #5, #6) for record review including errors with by 6/14/21. insulin (#4), an antidepressant (#5), a medication for prevention of heart disease (#5), and narcotic Continued monitoring of compliance will be pain medications (#5, #6). conducted through QA audits, compliance trends and patterns. The findings are: 1. The medication error rate was 13% as evidenced by the observation of 4 errors out of 30 opportunities during the 8:00am/9:00am medication passes on 04/28/21. a. Review of Resident #8's current FL-2 dated 12/22/20 revealed diagnoses included frontal-temporal dementia, hemorrhoids, gastroesophageal reflux disease, seasonal allergies, lower back pain and left knee pain. Review of Resident #8's physician's orders dated 03/11/21 revealed an order for Ipratropium spray 0.03%, instill 2 sprays into each nostril twice a day. (Ipratropium is used to treat allergy symptoms.) Observation of the morning medication pass on 04/28/21 at 8:09am revealed: -The medication aide (MA) handed Resident #8 her Ipratropium nasal spray without providing her Instructions for administration.

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27629 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 14 0.358 -Resident #8 administered 2 sprays in the right nostril and 1 spray in the left nostril instead of 2 sprays in each nostril as ordered. -The MA did not offer instruction or attempt to remind the resident of the second spray needed in the left nostril. Review of Resident #8's April 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Ipratropium spray 0.03%, instill 2 sprays into each nostril twice a day. -Ipratropium spray 0.03% was scheduled for administration twice a day at 8:00am and 8:00pm -Ipratropium spray 0.03% was documented as administered twice a day from 04/01/21 to 04/27/21 and at 8:00am on 04/28/21. Interview with Resident #8 on 04/28/21 at 8:13am revealed: -She used the Ipratropium nasal spray to help with her allergies. -If she did not take the Ipratropium spray as ordered she would get a runny nose or nose bleed. -She always held and sprayed the nasal spray herself and "usually" did 2 sprays in each nostril. Interview with the MA on 04/28/21 at 1:00pm revealed: -Resident #8 wanted to administer the nasal spray herself. -Resident #8 would not let staff administer her

Division of Health Service Regulation

nasal spray.

(04/28/21).

-She thought Resident #8 was supposed to get 1 to 2 sprays of Ipratroplum in each nostril.

-She thought the resident sprayed 2 times in each nostril during the moming medication pass

-After reviewing the eMAR during the interview,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
ANDFLANC	, COUNTED TON	IDENTIFICATION (CONDEX).	A. BUILDING:			
		HAL092216	B. WING	04	/30/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
CADENCE	GARNER		GLEWOOD DRIVE			
			R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE)	CTION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 358	Continued From pag	e 15	D 358			
	the MA then stated ti	he resident should get 2				
	sprays in each nostril.					
	Intension with the Pe	esident Services Director				
	(RSD) on 04/28/21 a					
	-She expected reside	ents to receive their				
	medications as order	red. that Resident #8 only				
		pratropium spray 0.03%				
	ordered for the left no		7			
	did not administer the	to instruct the resident if they e correct dose.				
	.,,	ministrator on 04/28/21 at expected residents to				
	receive their medical	tions as ordered.	and the same of th			
		ent #8's primary care provider	1900 HOTOLOGIC			
-	(PCP) on 04/29/21 a	t 1:33pm revealed: cations to be administered as				
	ordered.	Ations to be administered as				
		that Resident #8 only				
		he Ipratropium spray 0.03% ng the medication pass on				
	04/28/21, when the constrils.	order was for 2 sprays in both				
		risk for increased seasonal				
	dose ordered.	she did not receive the full				
	b. Review of Resider	nt #8's physician's orders	V Commonwell			
	dated 03/11/21 revea	aled an order for Preparation				
	H cream, apply rectally 4 times a day. (Preparation H is a medication used to treat		-			
	hemorrholds.)	iedioditori daed to beat				
	Review of Resident	#8's April 2021 electronic	and discovery and the second			
	medication administr		and the second			
	revealed:	for Preparation H cream,	STEERING STATE OF THE STATE OF			
	- mere was an entry	io i i sparatori i i orodni,				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COMPLETED HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 358 Continued From page 16 D 358 apply topically rectally 4 times a day. -Preparation H cream was scheduled to be administered at 8:00am, 12:00pm, 4:00pm, and 8:00pm. Observation of the 8:00am medication pass on 04/28/21 at 8:10am revealed Preparation H cream was not administered or offered to Resident #8 when she received her other morning medications at 8:10am. Interview with the medication aide (MA) on 04/28/21 at 8:12am revealed Resident #8 was scheduled to receive no additional medications that morning. A second review of Resident #8's April 2021 eMAR on 04/28/21 at 12:10pm revealed Preparation H cream was documented as administered on 04/28/21 at 8:00am. Interview with the MA on 04/28/21 at 1:00pm revealed: -Resident #8 usually applied the Preparation H cream herself. -The resident requested the cream first thing in the morning around 7:15am. -She placed the cream in a medication cup for the resident to use. -She had already given Resident #8 her Preparation H cream before the morning medication pass. -She thought the resident had an order to apply the cream herself. Observation of Resident #8's medication on hand on 04/28/21 at 1:00pm revealed there was a 0.9 ounce tube of Preparation H cream with a handwritten open date of "12/13/20".

		(X1) PROVIDER/SUPPLIER/CLJA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL092216	B, WING		04/30	04/30/2021	
CADENCE GARNER 200 MIN			ODRESS, CITY, STATE GLEWOOD DRIVE R, NC 27529	, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(XS) COMPLETE DATE	
D 358	Interview with Resider revealed: -Staff brought the crein a plastic medication-She only used the PoedtimeShe did not receive today (04/28/21)The hemorrholds cobleeding and pain. Interview with the Re (RSD) on 04/28/21 al-Medications should in She was not aware to receive her Preparation morning (04/28/21)She was not aware to receive her Preparation H cream day, as ordered. Interview with the Add 2:05pm revealed she receive their medications with Resider (PCP) on 04/29/21 al-She expected Resider received her Preparalif Resident #8 did not cream as ordered she up" in hemorrholds. c. Review of Resident dated 03/11/21 revealed.	ent #8 on 04/28/21 at 4:36pm from to her room once a day, in cup at 7:25pm. reparation H cream at any Preparation H cream yet intinued to cause rectal sident Services Director it 2:05pm revealed: be administered as ordered, that Resident #8 did not on H cream as ordered that the resident only received daily instead of 4 times a ministrator on 04/28/21 at a expected residents to ions as ordered. ent #8's primary care provider it 1:33pm revealed: ent #8's Preparation H ered as ordered, notified if medication was not	D 358				

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE **CADENCE GARNER** GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 18 D 358 hours. (Restasis is a medication used to treat dry eyes. Restasis is packaged in single-use vials because it does not contain preservatives. According to the manufacturer, one vial should be used each time and immediately discarded after each use.) Review of Resident #8's April 2021 electronic medication administration record (eMAR) -There was an entry for Restasis 0.05%, instill one drop in each eye every 12 hours. -Restasis 0.05% was scheduled to be administered at 8:00am and 8:00pm. Observation of the 8:00am medication pass on 04/28/21 at 8:10am revealed: -The medication aide (MA) handed Resident #8 one single-use plastic vial of Restasis 0.05% eye -Resident #8 took the unopened Restasis 0.05% vial to her room. -The MA did not attempt to administer the eye drops to the resident. A second review of Resident #8's April 2021 eMAR on 04/28/21 at 12:10pm revealed Restasis 0.05% was documented as administered on 04/28/21 at 8:00am.

Division of Health Service Regulation

revealed:

8:13am revealed:

Observation of Resident #8's room on 04/28/21 at

-There was an unopened, plastic Restasis 0.05%

Interview with Resident #8 on 04/28/21 at 8:13am

-The empty Restasis vial in the trash can was the

-There was an opened, empty plastic vial of

Restasis 0.05% in her trash can.

vial on the resident's bedside table.

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/30/2021 HAL092215 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 19 supply she received yesterday. -She would use the unopened vial multiple times throughout the day. Observation of Resident #8's room on 04/28/21 at 4:36pm revealed the unopened, plastic Restasis 0.05% vial was still on the resident's bedside table. Interview with a MA on 04/28/21 at 1:00pm -Resident #8 would not allow staff to instill her Restasis drops in her eyes. -The resident would usually use her eye drops at the medication cart. -Resident #8 used the Restasis eye drops one drop in each eye, twice. -Resident #8 used the same vial both times. -She was not aware the Restasis vials were single-use vials and should be discarded after each use. Interview with the Resident Services Director (RSD) on 04/28/21 at 2:05pm revealed: -Medications should be administered as ordered. -She was not aware Resident #8 was using the single-use Restasis vial multiple times throughout the day. She was concerned that there would be a risk for infection when using the Restasis eye drops throughout the day. Interview with the Administrator on 04/28/21 at 2:05pm revealed she expected residents to receive their medications as ordered. Interview with Resident #8's primary care provider (PCP) on 04/29/21 at 1:33pm revealed: -She expected Resident #8's Restasts eye drops to be administered as ordered.

Division of Health Service Regulation STATE FORM

CPUO11

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 358 D 358 Continued From page 20 -She would be concerned with contamination if Resident #8 was using the single-use vial throughout the day. -She was not aware that Resident #8 was using the single-use Restasis eye drops throughout the d. Review of Resident #7's current FL-2 dated 10/30/20 revealed diagnoses included left hip fracture, bifrontal subarachnoid hemorrhage, advanced dementia, hypertension, hypothyroidism, osteoarthritis, and frequent falls. Review of Resident #7's physician's orders dated 03/11/21 revealed an order for Arthritis Pain 650mg tabs, take 2 tablets (1300mg) by mouth twice a day *DO NOT CRUSH*. (Arthrifis Pain is an extended release medication used to treat arthritic pain.) Review of Resident #7's standing orders dated 04/01/21 revealed:

-There was an order for may crush meds and/or place in applesauce/pudding, or juice if not contraindicated by pharmacy.

-Refer to DO NOT CRUSH (DNC) list.

Observation of the 8:00am medication pass on 04/28/21 revealed:

-The Memory Care Manager (MCM) prepared morning medications for Resident #7 at 8:50am, including two Arthritis Pain 650mg tablets. -Resident #7 spit the medications back out at 8:54am.

-The MCM then crushed all of Resident #7's oral medications including the two Arthritis Pain 650mg tablets, mixed them in butterscotch pudding and administered them to the resident at -Resident #7 spit 3 to 4 small pieces of tablets out

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) (D TEACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 21 at 9:01am. Observation of Resident #7's medications on hand on 04/28/21 at 1:36pm revealed: -There was a supply of Arthritis Pain 650mg tablets dispensed on 03/24/21. -There was an auxiliary label with "don't chew or crush- swallow whole" on the medication label. Review of Resident #7's April 2021 electronic medication administration record (eMAR) revealed: -There was an entry for 8-hour Arthritis tablet 650mg, take 2 tablets (1300mg) by mouth twice a day**Do Not Crush**. -The 8-hour Arthritis 650mg tablets were documented as administered on 04/28/21 at Review of the facility's DNC medication list revealed Tylenol 8 hour was included on the list as a medication that should not be crushed due to it being time release formulation. (Arthritis Pain 650mg is a generic brand of Tylenol 8 hour Arthritis.) Interview with the MCM on 04/28/21 at 1:35pm revealed: -If a medication could not be crushed it would say that on the eMAR. -She "overlooked" the do not crush instructions on the eMAR this morning (04/28/21). This morning was the first time that she had to crush Resident #7's medications. -She was not aware there was a DNC list in the 'Cart Notebook' stored on top of the medication cart. Interview with the Resident Services Director (RSD) on 04/28/21 at 2:05pm revealed:

		They want an anti-		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL092215	8. WING		04/30/2021		
	ROVIDER OR SUPPLIER	200 MII	ADDRESS, CITY, STATE, ZIP CODE NGLEWOOD DRIVE ER, NC 27529				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE	
D 358	medication yesterda -Resident #7 was no medications yesterd -She crushed all of it two Arthritis Pain 65 listed on the eMAR a -Staff should refer to list for medications to Interview with the Ac 2:05pm revealed: -She expected resid medications as orde -She expected staff and DNC list for medications as orde -She expected staff and DNC list for medicationsShe was made awa Resident #7 had diff medicationsShe was concerned immediately notified difficultly swallowing -Resident #7's Arthrinot have been crush would not be release Based on observation reviews, it was deter interviewable. 2. Review of Reside 10/08/20 revealed di type 2 diabetes melli	Resident #7's morning by (04/27/21). It able to swallow her asy, her oral medication except the Omg tablets because it was and labeled not to crush. It the eMAR, label, and DNC hat could not be crushed. It is to receive their red. It is primary care provider at 1:33pm revealed: It is primary care provider at 1:33pm revealed: It is that she was not that Resident #7 was having her medications. It is Pain 650mg tablets should red because the medication and properly. Instantial the was not that Resident #7 was not expense included dementia, if it is the was not that the was not that Resident #7 was not expense included dementia, if it is the was not that the was not that the was not expense included dementia, if it is the was not that the was not the was not that was not expense included dementia, if it is, hypertension, tid stenosis, and chronic	D 358				

AND PLAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/30/2021		
		HAL092215	B. WING				
	NAME OF PROVIDER OR SUPPLIER CADENCE GARNER		REET ADDRESS, CITY, STATE, ZIP CODE 0 MINGLEWOOD DRIVE ARNER, NC 27529				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAGH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XS) COMPLETE DATE	
D 358	Review of Resident # 01/13/21 revealed ar insulin, inject 6 units dinner. (Novolog is r lower blood sugar.) Review of Resident # 01/30/21 revealed ar insulin for 3 days. Review of Resident # medication administrrevealed: -There was an entry units 3 times a day w 8:00am, 12:00pm, ar -Novolog 6 units with administered 3 times 01/14/21 through 5:0 -There was no entry Novolog insulin as or Novolog was documed ay at 7:30am and 4 -The resident's blood from 01/01/21 - 01/3' -The resident's blood from 01/30/21 - 01/3' administered but show the service of Resident # revealed: -There was an entry units 3 times a day w 8:00am, 12:00pm, ar -Novolog 6 units with administered 3 times 02/28/21. -There was no entry	A's physician's order dated a order to start Novolog with breakfast, lunch, and apid-acting insulin used to A's physician's order dated order to hold Novolog A's January 2021 electronication record (eMAR) for Novolog insulin, inject 6 with meals scheduled at ad 5:00pm. meals was documented as a day from 8:00am on 0pm on 01/31/21. on the eMAR to hold dered on 01/30/21 and no ented as held. sugar was checked twice a cappa. sugar ranged from 89 - 328 million and the Novolog was all A's February 2021 eMAR for Novolog insulin, inject 6 with meals scheduled at ad 5:00pm. meals was documented as a day from 02/01/21 -					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING HAL092215 04/30/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From Tage 24 D 358 D 358 Novolog was documented as new. -The resident's blood sugar was checked two a day at 7:30am and 4:30pm. -The resident's blood sugar ranged from 68 - 282 from 02/01/21 - 02/28/21. -The resident's blood sugar was 169 and 201 on 02/01/21 when the Novolog was administered but should have been held. Interview with a medication aide (MA) on 04/30/21 at 11:49am revealed: -She did not recall Resident #4's Novolog being on hold at any time. -If the Novolog had been put on hold, it would not have come up on the eMAR for staff to administer -Medication orders were entered into the eMAR system by pharmacy staff. Interview with the Memory Care Manager (MCM) on 04/30/21 at 10:15am revealed: -The pharmacy usually entered orders into the eMAR system, including hold orders, and the facility approved the orders. -She or the Administrator, the Resident Services Director (RSD), or and Supervisor could approve orders in the eMAR system. -She did not recall Resident #4 having an order to hold Novolog insulin. -The order should have been sent to the pharmacy and entered and approved in the eMAR system. -She did not know if the Novolog insulin was held but it should have been held as ordered. Telephone interview with the Manager of Operations at the facility's contracted pharmacy on 04/30/21 at 11:58am revealed: -The pharmacy did not receive Resident #4's order dated 01/30/21 to hold Novolog insulin for 3

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A BUILDING: B. WING 04/30/2021 HAL092216 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETE **JEACH CORRECTIVE ACTION SHOULD BE** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 25 -The pharmacy staff usually entered medication orders, including hold orders, into the eMAR system. -The order to hold Novolog insulin was not entered into the eMAR system because the pharmacy never received the order. Interview with Resident #4's primary care provider (PCP) on 04/29/21 at 1:33pm revealed: -The order dated 01/30/21 to hold Novelog insulin was written by one of her on-call colleagues. -Their office received some lab results on 01/29/21 Indicating Resident #4's blood glucose was 49 so that prompted the on-call provider to write the order to hold Novolog for 3 days on -She was not aware the resident's Novolog insulin was not held as ordered on 01/30/21 for 3 days. -She expected the resident's Novolog insulin to be held as ordered. -Not holding the insulin, put the resident at risk for hypoglycemia (low blood sugar) including symptoms of confusion, dizziness, and lightheadedness which could put the resident at risk for falls. Interview with Resident #4 on 04/27/21 at 10:28am revealed: -He thought the MAs checked his blood sugar twice a day and he received insulin but he could not recall how often. -His blood sugar usually "runs alright". 3. Review of Resident #6's current FL-2 dated 04/28/21 revealed diagnoses included dyspnea, hypertension, osteoarthritis, history of pulmonary embolism, chronic kidney disease - stage 4, and hypothyroidism.

Division of Health Service Regulation STATE FORM

CPUO11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
ANDION	or correction	IDENTIFICATION NOMBER.	A. BUILDING:		CUANI	PLETED
		HAL092215	B, WING		04	/30/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CADENCE	CARNED	200 MIN	GLEWOOD DRIVE			
CADENCE	GARNER	GARNE	R, NC 27529			
(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 T DEFICE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	e 26	D 358			
D 390	Review of Resident # 08/21/20 revealed and tablet 2 to 3 times a discrete Review of Resident # 09/21/20 revealed the 50mg 1 tablet 3 times. Review of Resident # 02/03/21 revealed and tablet 2 to 3 times discrete was an order 50mg 1 tablet 2 to 3 times and order times a day. Review of Resident # 03/03/21 revealed and tablet 3 times daily present the control of the	the sphysician's order dated or order for Tramadol 50mg 1 day as needed (prn) for pain. The sclarification order dated e order should be Tramadol so a day prn pain. The sphysician's order dated order for Tramadol 50mg 1 day prn pain. The sphysician's order dated to discontinue Tramadol times daily prn pain. The start Tramadol 50mg 3	U 308			
non-majorido do primero de la companio de la compa	03/13/21 revealed: -There was an order 50mg 1 tablet 3 times	to discontinue Tramadol s dally prn pain. to start Tramadol 50mg 3				
	Review of Resident #6's physician's order dated 03/18/21 revealed an order to continue Tramadol 50rng 1 tablet 3 times daily scheduled. Review of Resident #6's physician's order dated					
	tablet 3 times daily. Review of Resident #	order for Tramadol 50mg 1 6's pharmacy dispensing 21 - 04/29/21 revealed:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL092215	B. WING		04	04/30/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE	Oppose such as Million Contraction Contrac		
			GLEWOOD DRIVE	W			
CADENCE	GARNER	GARNE	R, NC 27629				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIPYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	-There were 75 Tradispensed on 01/02 -There were 75 Tradispensed on 02/03 -There were 90 Tradispensed on 03/03 -There were 90 Tradispensed on 03/15 -There were 90 Tradispensed on 03/15 -There were 90 Tradispensed on 04/22 Review of Resident -On 03/01/21 at 5:3 care provider's (PC prescription for Tran -On 03/03/21 at 4:4 called concerning the hard copy prescription for Tran -On 03/03/21 at 4:4 called concerning the hard copy prescription administrate to the tonight. Review of Resident medication administrate and the total transpense of the promote of the	madol 50mg tablets 1/21. #6's progress notes revealed: 5pm, the resident's primary P) office was called for a new madol 50mg. 4pm, the pharmacy was ne resident's Tramadol 50mg; ription was sent to the ning and Tramadol would be in #6's February 2021 electronic tration record (eMAR) / for Tramadol 50mg 1 tablet 2 n pain. documented on the eMAR for as 02/03/21 and the stop date of prn Tramadol 50mg ninistered on 02/05/21 at / for Tramadol 50mg 1 tablet 3 led for 8:00am, 2:00pm, and documented on the eMAR	D 358				
		/11/21 at 8:00am or 2:00pm.	-				

CPUQ11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 28 8:00pm. -Tramadol was not documented as administered on 02/13/21 at 8:00am due to the medication being unavailable, "awaiting pharmacy". -There were 49 doses of scheduled Tramadol 50mg tablets documented as administered from 02/11/21 - 02/28/21. -There was a total of 50 Tramadol 50mg tablets documented as administered on the eMAR from 02/01/21 - 02/28/21. Review of Resident #6's controlled substance (CS) logs for Tramadol for February 2021 revealed: -There were 17 pm doses of Tramadol 50mg documented as administered from 02/12/21 -02/28/21, after the prn order was discontinued on 2/11/21. -There was no scheduled Tramadol documented as administered on 02/11/21 at 8:00am or 2:00pm. -There was no Tramadol 50mg documented as administered on the CS log on 02/13/21 at 8:00am (and none documented on the eMAR due to medication being unavailable). -There was a total of 89 Tramadol 50mg tablets documented as administered on the CS log from 02/01/21 - 02/28/21. Review of Resident #6's March 2021 eMAR -There was an entry for Tramadol 50mg 1 tablet 3 times a day scheduled for 8:00am, 2:00pm, and 8:00pm. -The date "written" documented on the eMAR for this scheduled Tramadol was 02/11/21 and the stop date was 03/03/21. -The scheduled Tramadol 50mg was documented as administered 6 times from 03/01/21 at 8:00am through 03/02/21 at 8:00pm.

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING HAL092215 04/30/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 29 -The 8:00am dose of Tramadol 50mg for 03/03/21 was not documented as administered due to waiting on hard copy prescription to be sent to the pharmacy. -There was a second entry for Tramadol 50mg 1 tablet 3 times a day pm pain. -The date "written" documented on the eMAR for the pm Tramadol was 03/03/21 and the stop date was 03/15/21. -There were no prn doses of Tramadol 50mg documented as administered in March 2021. -There was a third entry for Tramadol 50mg 1 tablet 3 times a day scheduled for 8:00am, 2:00pm, and 8:00pm. -The date "written" documented for the third entry of Tramadol 50mg was 03/13/21 and there was no stop date listed. -There was no scheduled Tramadol documented as administered from 03/13/21 at 8:00am -03/15/21 at 2:00pm. -The first dose was documented on 03/15/21 at -There were 49 doses of scheduled Tramadol 50mg tablets documented as administered from 03/15/21 - 03/31/21. -There was a total of 55 Tramadol 50mg tablets documented as administered on the eMAR from 03/01/21 - 03/31/21. Review of Resident #6's CS logs for Tramadol for March 2021 revealed: -There were 2 pm doses of Tramadol 50mg documented as administered at 1:00am on 03/01/21 and 03/03/21, after an order for pm Tramadol was discontinued on 02/11/21. -Tramadol was not documented as administered on 03/03/21 at 8:00am (and none documented on the eMAR due to medication being unavailable). -There were 17 scheduled doses of Tramadol

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ÆACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY D 358 D 358 Continued From page 30 50mg documented as administered from 03/04/21 - 03/13/21 after the order changed to pm on 03/03/21. -There was no scheduled Tramadol documented as administered from 03/13/21 at 8:00am -03/14/21 at 8:00pm. -There were 14 pm doses of Tramadol 50mg documented as administered from 03/14/21 -03/31/21 after an order for pm Tramadol was discontinued on 03/13/21. -There was a total of 96 Tramadol 50mg tablets documented as administered on the CS log from 03/01/21 - 03/31/21. Review of Resident #6's April 2021 eMAR revealed: -There was an entry for Tramadol 50mg 1 tablet 3 times a day scheduled for 8:00am, 2:00pm, and 8:00pm. -The date "written" documented on the eMAR for the scheduled Tramadol was 03/13/21 and there was no stop date listed. -There were 89 doses of scheduled Tramadol 50mg tablets documented as administered from 04/01/21 - 04/30/21 at 2:00pm. Review of Resident #6's CS logs for Tramadol for April 2021 revealed: -There were 27 prn doses of Tramadol 50mg documented as administered from 04/01/21 -04/30/21, after an order for pm Tramadol was

Division of Health Service Regulation

discontinued on 03/13/21.

04/01/21 - 04/30/21.

-There was a total of 118 Tramadol 50mg tablets documented as administered on the CS log from

Observation of Resident #6's medications on hand on 04/30/21 at 11:20am revealed there was a total of 63 Tramadol 50mg tablets on hand.

AND PLAN OF CORRECTION IDENTIFI			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL092215	man manifestation de la company de la compan	B. WING		04/30/:	04/30/2021	
CADENCE GARNER 200 MINO			200 MINGL	DDRESS, CITY, STATE, ZIP CODE GLEWOOD DRIVE R, NC 27529				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ROVIDER'S PLAN OF CORRECTION (X5) CH CORRECTIVE ACTION SHOULD BE COMPLET S-REFERENCED TO THE APPROPRIATE DEFICIENCY) CASE DEFICIENCY		
D 358	GARNER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		21 - lets 21 - lets 21 - lablets ogs that mg og and er had e been before c she ame t of M) and sident madoi out 2 cein	D 358				

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: B. WING 04/30/2021 HAL092216 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER NC 27529 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY D 358 Continued From page 32 around 1:00am or 2:00am, the resident would press her call light and ask for a pm Tramadol. -She was not aware Resident #6's pm Tramadol order had been discontinued. Interview with the Memory Care Manager (MCM) on 04/30/21 at 10:15am revealed: -The only reason the facility would run out of a medication would be if they were waiting for a hard copy prescription to be sent by the PCP to the pharmacy. -The MAs should contact the PCP for a hard script 7 to 8 days before the resident ran out of a medication. -She did not recall Resident #6 being out of Tramadol. -The MAs were supposed to document the administration of the Tramadol on the CS log and -She was not aware the MAs continued to administer pm Tramadol after it was discontinued. -The MAs should administer the Tramadol as ordered. Telephone interview with the Manager of Operations at the facility's contracted pharmacy on 04/30/21 at 11:58am revealed: -The pharmacy usually notified the facility and provider when a hard copy prescription was needed to refill a controlled substance. The facility was also supposed to notify the provider when a hard copy prescription was needed. -The pharmacy received a hard copy prescription for Resident #6's Tramadol on 03/03/21 and a new supply was sent to the facility that same day, 03/03/21. -The pharmacy entered orders into the eMAR system and the facility staff had to approve the

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27829 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 Continued From page 33 D 358 orders in the eMAR system. Interview with the Resident Services Director (RSD) on 04/30/21 at 3:58pm revealed: -The MAs were supposed to document on the CS log and the eMAR when a CS was administered. -If Resident #6's pm Tramadol was not listed on the eMAR, the MAs should not have administered -If the facility needed a new hard copy prescription, the pharmacy was supposed to notify the facility. -The facility and the pharmacy would let the PCP know and the PCP would send a new electronic prescription to the pharmacy and a copy to the facility. Interviews with Resident #6's PCP on 04/29/21 at 1:33pm and 4:11pm revealed: -Resident #6's Tramadol order had gone back and forth between prn and scheduled. -She was not aware Resident #6 had missed any doses of Tramadol but she would expect to be notified of any missed doses. -If a hard copy prescription was needed the facility had access to contact her 24 hours a day if needed. -Resident #6 had chronic bilateral knee pain and she was concerned if Resident #6 missed doses of Tramadol, the resident would have breakthrough pain. -Resident #6's prn Tramadol was last discontinued on 03/13/21 so the resident should not have received any prn Tramadol since it was discontinued on 03/13/21. -Continuing to administered pm Tramadol after it was discontinued put the resident at risk for oversedation. Interviews with Resident #6 on 04/27/21 at

Division of Health Service Regulation STATE FORM

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID REACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 34 9:45am and 04/30/21 at 3:37pm revealed: -The facility had run out of her medications, including her pain medication. -She usually received Tramadol 4 times a day at 8:00am, 2:00pm, 8:00pm, and 2:00am. -She had been getting Tramadol that way for about a year. -She took Tramadol for pain in her knees and hips. -Her pain level would get to 3 or 4 on a scale of 1 to 10 when she did not receive the Tramadol. 4. Review of Resident #5's current FL-2 dated 10/08/20 revealed diagnoses included dementia, cognitive dysfunction with behavioral disturbances, social or emotional deficit, osteoporosis, bone fracture, and asthma. Review of Resident #5's facility house orders dated 09/24/20 revealed: -Oral medications may be crushed and/or placed in applesauce, pudding, or juice if not contraindicated by pharmacy. -Refer to Do Not Crush List. -Do not crush "Timed Release" medication. -These house orders were checked off by her primary care provider (PCP) and signed. Review of Resident #5's facility standing orders dated 04/01/21 revealed: -May Crush Meds - May crush meds and/or placed in applesauce, pudding, or juice if not contraindicated by pharmacy.

Division of Health Service Regulation

PCP.

-Refer to Do Not Crush List.

-These house orders were signed by a second

Review of a form of Medications Not To Be Crushed List located on the Assisted Living (AL) medication cart on 04/28/21 at 1:48pm revealed:

CPUQ11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X4) 10 COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 35 -There were 4 pages of the form and listed as SIDE ONE, SIDE TWO, SIDE THREE and SIDE FOUR. -Each page was divided into alphabetized medications into two separate columns. Each of the columns were divided into 4 sub-columns. -The four sub-columns were identified with Generic Names for medications, Brand Names for medications, Dosage forms, and a numbered guide for the reason the medication should not be crushed. -On SIDE FOUR of the form was a numeric guide listed for numbers 1-19 describing the reasons the medication should not be crushed. Interview with a medication aide (MA) on 04/30/21 at 8:06am revealed: -She worked third shift and administered medications for both the AL and special care unit (SCU) residents. -Resident #5 had trouble swallowing her medications. -She had put a message in the progress notes about Resident #5 having trouble swallowing. -She had documented it about 3 weeks ago. -She had notified the Resident Services Director (RSD) about it again last week. She had been crushing Resident #5's medications since she first noticed the problem with her swallowing. -She said certain medications "popped" up on the computer as Do Not Crush. -She did not remember which ones cannot be -She crushed all of Resident #5's medications. -There was one gel capsule that she did not crush but would let it dissolve in the pudding/applesauce. -There were some mornings she would

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 36 administer the morning medications. -The mornings she worked were on the weekends. -She had worked on 04/11/21 04/12/21 04/24/21 and 04/25/21 and administered Resident #5's 8:00am medications. Review of Resident #5's April 2021 electronic medication administration record (eMAR) revealed: -There was an electronic entry for Aspirin (a pain reliever used to treat mild to moderate pain) tab 81mg EC with directions to take 1 tablet by mouth once daily "DO NOT CRUSH". -There was an electronic entry for Duloxetine (used to treat depression and chronic muscle or bone pain) cap 60mg with directions to take 1 tablet by mouth oncedaily "DO NOT CRUSH". -There was an electronic entry for Oxyconfin (a narcotic used to treat severe ongoing pain) tab 10mg with directions to take 1 tablet by mouth every 12 hours "DO NOT CRUSH". -There were 24 entries initialed from 04/02/21 to 04/26/21 as being administered at 8:00pm (by the MA interviewed who stated she "crushed all medications for Resident #5"). Review of a form of Medications Not To Be Crushed List located on the AL medication cart on 04/28/21 at 1:48pm revealed: -Aspirin EC was listed and the reason given was #1- Enteric Coated. -Duloxetine was listed and the reason given was #1- Enteric Coated. -Oxycontin was listed and the reason given was #2- Timed Release. Telephone interview with a second MA on 04/30/21 at 10:22am revealed: -Resident #5 took her medications without having

Division of Health Service Regulation

CPU011

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY D 358 D 358 Continued From page 37 to crush them. -She talked to Resident #5, took her time, offered plenty of water to help get the medications down and she would take them. -It came up on the computer if the medication was not to be crushed. -If it said Do Not Crush, then you do not crush the medication. -There was a list on each of the medication carts for medications that cannot be crushed. -There was a notation on the medication package as well that said **DO NOT CRUSH**. Interview with a third MA on 04/30/21 at 1:55pm revealed: -She had not had to crush any of Resident #5's medications. -She gave Resident #5 one medication at a time. -Resident #5 had one medication that was bigger than the other medications. -That medication was a little harder for Resident #5 to swallow, but she got it down if she had enough water to drink. -She gave Resident #5 two cups of water when she administered her 8:00am medications. Interview with a personal care aide (PCA) on 04/30/21 at 3:35pm revealed: -Resident #5 ate well without any problems swallowing that she had seen. -She had been in Resident #5's room when the MA administered medications.

Division of Health Service Regulation

water after each pill.

4:00pm revealed:

-The MA gave Resident #5 one pill at a time with

-She had never seen any MA who gave Resident

Interview with Resident #5's PCP on 04/30/21 at

-She was not aware that all of Resident #5's

#5 her medications that were crushed.

5239

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 358 D 358 Continued From page 38 medications were being crushed. -She was very concerned about medications being crushed that should not be crushed. -Crushing the Oxycontin could possibly cause an overdose considering the resident's age and weight since the medication was timed-released. -Time released medications were used to release a small amount of the medication into the patient's system over a long period of time. -The Oxycontin was ordered every 12 hours since it was time-released. -She had signed the facility house orders for crushing medications unless there was a contraindication. -Duloxetine, Aspirin EC, and Oxycontin should not be crushed. Interview with the Administrator on 04/30/21 at 4:35pm revealed: -She was very concerned about all the MAs and all the issues they were having. -She was bringing in nurses from an agency to administer medications. -She was going to have all the MAs retrained and checked off on their skills before allowing them to administer medications again. -She expected the MAs to follow the directions on the eMARs, medication labels, and the Do Not Crush Lists. Interview with Resident #5's power of attorney (POA) on 04/30/21 at 2:17pm revealed: -She knew Resident #5's dementia was getting worse. -The family had decided to have Resident #5 moved to the SCU. She was unaware of any problems with Resident #5 taking her medications. Based on observations, record reviews and

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING HAL092215 04/30/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5). COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG D 358 D 358 Continued From page 39 Interviews, it was determined Resident #5 was not interviewable. The facility failed to ensure medications were administered as ordered for 2 residents observed during the medication pass and for 3 residents sampled. The facility crushed medications that were time-released and on the facility's Do Not Crush list for 2 residents, including Resident #5's extended-released narcotic pain reliever which put the resident at risk of overdose due to the medication being released immediately instead of over a period of time. Resident #8 did not receive her Preparation H cream as ordered placing the resident at risk of worsening bleeding and pain. The facility failed to hold Resident #4's rapid-acting insulin for three days after the resident's blood glucose on labwork was 49, placing the resident at further risk of hypuglycemic episodes. Resident #6 received scheduled and pm Tramadol after the pm order had been discontinued putting the resident at risk for oversedation. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/29/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 14, 2021. D 366 D 366 10A NCAC 13F .1004 (i) Medication See next page. Administration 10A NCAC 13F .1004 Medication Administration

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL092216 04/30/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 1D COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 366 D 366 Continued From page 40 (i) The recording of the administration on the The facility will administer medications as medication administration record shall be by the ordered and in accordance within the staff person who administers the medication guidelines of NC state regulations. immediately following administration of the medication to the resident and observation of the Medication aides were re-trained utilizing resident actually taking the medication and prior the NC 15 Hour Medication Curriculum to the administration of another resident's medication. Pre-charting is prohibited. Medication Administration audits will be completed weekly by RSD/RCC for four (4) weeks to identify any additional This Rule is not met as evidenced by: training needed and to monitor for TYPE B VIOLATION compliance. Multidisciplinary review and audits of Based on observations, interviews and record MAR/Charts/Med Carts by pharmacy was reviews, the facility failed to ensure medication conducted on 5/26/21. aides observed residents taking their medication for 5 of 5 residents sampled (#1, #6, #8, #9, #10) Quarterly onsite reviews will be conducted including one resident during the medication pass by the pharmacy according to NC state (#8) on 04/28/21. regulations. The findings are: Executive Director will be immediately notified if onsite reviews cannot be conducted. 1. Review of Resident #8's current FL-2 dated 12/22/20 revealed diagnoses included Scanner devised will be implemented frontal-temporal dementia, hemorrhoids, by 6/14/21 with staff education by RSD/ gastroesophageal reflux disease, seasonal RCC for accurate documentation of allergies, lower back pain and left knee pain. medication administration. Review of Resident #8's Care Plan (Service Plan All corrective measures will be implemented by 6/14/21. Detail) signed by her primary care provider (PCP) on 01/28/21 revealed: Continued monitoring of compliance -Resident #8 required total assistance with will be conducted through QA audits, medication management. compliance trends and patterns.

Division of Health Service Regulation

without assistance.

03/11/21 revealed:

-Resident was not able to take medications

-Acidophilus Problotic, take 1 capsule daily.

(Acidophilus Problotic is used to help restore the

Review of Resident #8's physician's orders dated

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING HAL092215 04/30/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 366 D 366 | Continued From page 41 normal balance of intestinal bacteria.) -Arthritis Pain 650mg tablet, take 1 tablet twice a day. (Arthritis Pain is used to treat arthritic pain.) -Centrum Mature tablet Women 50+, take 1 tablet daily. (Centrum Mature is a multivitamin.) -Docusate Sodium 100mg capsule, take 1 capsule once daily. (Docusate Sodium is a stool softener.) -Fish Oil 1000mg, take 1 capsule once daily. (Fish oil is a supplement used to prevent heart -Fluvoxamine 25mg tablet, take 1 tablet twice a day. (Fluvoxamine is used to treat the symptoms of obsessive-compulsive disorder.) -icy Hot Advance Relief 7.5% patch, apply 1 patch topically to the left knee. (Icy Hot is used to treat pain.) -Ipratropium spray 0.03%, instill 2 sprays into each nostril twice a day. (Ipratropium is used to treat allergy symptoms.) -Loratadine 10mg tablet, take 1 tablet once daily. (Loratadine is used to treat allergy symptoms.) -Memantine 10mg tablet, take 1 tablet twice daily. (Memantine is used to treat symptoms of dementia.) -Omeprazole 40mg capsule, take 1 capsule every morning 30 minutes before meal. (Omeprazole is used to treat gastroesophageal reflux disease.) -Restasis 0.05%, instill 1 drop in each eye every 12 hours. (Restasis is used to treat dry eyes.) -Salonpas Plus Lidocaine 4% patch, apply 1 patch topically once a day for 12 hours, then remove (12-hours off, 12 hours on) to lower back. (Salonpas is used to treat pain.) Review of Resident #8's physician's order dated 03/23/21 revealed Fluvoxamine was increased from 25mg to 50mg. Review of Resident #8's April 2021 electronic

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL092215 B. WING 04/30/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27629 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETE EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 386 D 366 Continued From page 42 medication administration record (eMAR) revealed: -There was an entry for Acidophilus Probiotic, take 1 capsule dally scheduled for administration at 8:00am. -There was an entry for Arthritis Pain 650mg tablet, take 1 tablet twice a day scheduled for administration at 8:00am and 8:00pm. -There was an entry for Centrum Mature tablet Women 50+, take 1 tablet daily scheduled for administration at 8:00am. -There was an entry for Docusate Sodium 100mg capsule, take 1 capsule once daily scheduled for administration at 8:00am. -There was an entry for Fish Oil 1000mg, take 1 capsule once daily scheduled for administration at 8:00am. -There was an entry for Fluvoxamine 50mg tablet, take 1 tablet twice a day scheduled for administration at 8:00am and 8:00pm. -There was an entry for Icy Hot Advance Relief 7.5% patch, apply 1 patch topically to the left knee scheduled for application at 8:00am. -There was an entry for Ipratropium spray 0.03%, instill 2 sprays into each nostril twice a day scheduled for administration at 8:00am and 8:00pm. -There was an entry for Loratadine 10mg tablet, take 1 tablet once daily scheduled for administration at 8:00am. -There was an entry for Memantine 10mg tablet, take 1 tablet twice daily scheduled for administration at 8:00am and 8:00pm. -There was an entry for Omeprazole 40mg capsule, take 1 capsule every morning 30 minutes before meal scheduled for administration -There was an entry for Restasis 0.05%, instill 1 drop in each eye every 12 hours scheduled for administration at 8:00am and 8:00pm.

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION				(X3) DATE SURVEY COMPLETED	
		HAL092216	B. WING		04	1/30/2021
	ROVIDER OR SUPPLIER	200 MIN	ADDRESS, CITY, STATI GLEWOOD DRIVE R, NC 27529	6501000 0000 0000 000 000 000 000 000 000		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	(X5) COMPLETE DATE
D 366	-There was an entry patch apply 1 patch hours to lower back application at 8:00al Observation of the r 04/28/21 at 8:10am -The medication aid Pain tablet 650mg, a capsule, a Centrum Sodium capsule, a Fluvoxamine 50mg tablet, a Memantine Omeprazole 40mg of medication cup and (There were 9 pills in -The MA handed Relief 7.5% patch -The MA handed Relief 7.5% patch -The MA did not attempt to her roomThe MA did not attempt to her was an empt the trash can next to -Resident #8 placed 4% patch on her low -Resident #8 placed 7.5% patch on her low -Resident was an unopsingle-use vial on her low single-use vial on her low -There was an unopsingle-use vial on her low -There was an unop	Salonpas Plus Lidocaine 4% topically once a day for 12 then remove, scheduled form and removal at 8:00pm. Inoming medication pass on revealed: e (MA) placed an Arthritis an Acidophilus Probiotic Mature tablet, a Docusate Fish Oil capsule, a tablet, a Loratadine 10mg 10mg tablet and an capsule in a clear plastic handed it to Resident #8. In the plastic medication cup.) issident #8 a Salonpas Plus issident #8 a single-use remedication cup with the 9 and the eye drops down the exident or observe the edications. Ident #8 in her room on revealed: by plastic medication cup in the door. Ithe Salonpas Plus Lidocaine ver back. Ithe Icy Hot Advance Relief eft knee. eened Restasis 0.05%	D 366			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: 04/30/2021 8. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 366 D 366 Continued From page 44 room. Interview with Resident #8 on 04/28/21 at 8:13am revealed: -Staff did not stay with her and observe her take her medications. -She placed her patches on herself. -She put her eye drops in her eyes herself throughout the day. Review of Resident #8's record revealed a physician note dated 02/25/21 that stated "Patient cannot self-administer medications". Second interview with Resident #8 on 04/28/21 at 4:36pm revealed: -She left the Salonpas and Icy Hot Patch on all day and throughout the night. -She took off the patches in the morning before her shower at 6:15am. Interview with the MA on 04/28/21 at 1:00pm revealed: -Resident #8 normally swallowed her oral medications while standing at the medication cart. -The resident usually took the patches and the eye drops to her room because the resident would not allow staff to put on the patches or administer the eyedrops. -She was not sure if Resident #8 had a self-administer order for any of her medications. -If a resident did not have an order to self-administer medications then the MAs were expected to observe the resident take their medications. Interview with the Resident Services Director (RSD) on 04/28/21 at 1:35pm revealed: -She expected staff to observe residents take their medications.

Division of Health Service Regulation STATE FORM Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 366 D 366 Continued From page 45 -If staff did not watch residents take their medications there was no way to know for sure if -The MAs should observe Resident #8 take her medications because the resident had dementia. Interview with the Administrator on 04/28/21 at 1:35pm revealed she expected staff to observe residents take their medications, including Resident #8 because she had dementia. Interview with Resident #8's primary care provider (PCP) on 04/29/21 at 1:33pm revealed: -She expected staff to observe residents taking all of their medications. -She was concerned that staff was not observing Resident #8 taking her prescribed medications based on her mental health history and severe obsessive-compulsive disorder. -There were multiple orders in place to ensure Resident #8 was not administering her own medications. -It was important for staff to administer and observe Resident #8 take her medication to ensure she was receiving all her medications and using her patches correctly. Refer to the interview with the Resident Services Director (RSD) on 04/28/21 at 2:05pm. Refer to the Interview with the Administrator on 04/28/21 at 2:05pm. Refer to confidential staff interview. 2. Review of Resident #1's FL-2 dated 04/21/21 revealed: -Diagnoses included type 2 diabetes, congestive heart failure, hypertension, history of pulmonary embolism, and chronic kidney disease.

Division of Health Service Regulation (X3) DATE SURVEY (XZ) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 04/30/2021 B. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG D 366 Continued From page 46 D 366 -There was an order for Eliquis 2.5mg twice a day. (Eliquis is used to prevent blood clots.) -There was an order for Lantus 15 units every evening. (Lantus is used to treat diabetes). -There was an order for Senna Plus 8.6-50mg every evening. (Senna Plus is a laxative used to treat constipation). Interview with Resident #1 on 04/27/21 at 10:30am revealed: -The medication aides (MA) did not always watch him swallow his medications. -The MAs set his night time medications down on his bedside table, turned around and left before he took his medications. -It was usually in the evening when his medication was left on his bedside table. Review of Resident #1's April 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Eliquis 2.5mg, take one tablet by mouth twice a day. -Eliquis was scheduled for administration at 8:00am and 8:00pm. -There was an entry for Lantus 15 units subcutaneous every evening. -Lantus 15 units was scheduled for administration at 8:00pm. -There was an entry for Senna Plus 8.6-50mg tablet, take one by mouth every night. -Senna Plus 8.6-50mg was scheduled for administration at 8:00pm. Telephone interview with the Memory Care Manager (MCM) on 04/30/21 at 10:16am -She was aware of an incident when a family member found medication that was left by MAs in Resident #1's room about a month ago.

STATEMENT	Health Service Reg of DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL092215	B. WING		04/30/2021	
NAME OF PE	OVIDER OR SUPPLIER		EET ADDRESS, CITY, STATE MINGLEWOOD DRIVE	, ZIP CODE		
CADENCE	GARNER		RNER, NC 27629			
(X4) ID PREFIX TAG	JEACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
D 366	-The family member Services Director (frago when she foun Resident #1's room Attempted telephor primary care provided 9:40 am was unsuch Refer to the intervided Director (RSD) on Refer to the intervided 1:04/28/21 at 2:05 pm Refer to confidential 3. Review of Resident Provided 1:04/28/21 at 2:05 pm Refer to confidential 3. Review of Resident Provided 1:04/28/21 at 2:05 pm Refer to confidential 3. Review of Resident Provided 1:04/28/21 at 2:05 pm Refer to confidential 3. Review of Resident Provided 1:04/28/21 at 2:05 pm Refer to confidential 3. Review of Resident Provided 1:04/28/21 at 2:05 pm Refer to confidential 3. Review of Resident Provided 1:04/28/21 at 2:05 pm Refer to the interviolential 3. Review of Residential 3. Review of Resi	r made the former Resident RSD) aware about a month d a Lantus insulin pen in a ler interview with Resident #1" ler (PCP) on 04/29/21 at cessful. ew with the Resident Services 04/28/21 at 2:05pm. ew with the Administrator on a staff interview. dent #9's FL-2 dated 04/14/21 led metastatic breast cancer to some, hypertension, mild haronic back pain, reflux disease, and history of ler for Duloxetine 30mg daily. It is defent to treat depression.) ler for Gabapentin 600mg at lentin is used to treat neuropation is used to treat depression. It is used to treat depression. It is used to treat neuropation is used to treat depression. It is used to treat neuropation is used to treat neuropation is used to treat high blood pressure. It is the proposition of the pressure of	s o f			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES KEACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 366 Continued From page 48 D 366 -There was an order for Sodium Chloride 1GM twice a day. (Sodium Chloride is used for Sodium replacement.) -There was an order for Super B Complex Tablet daily. (Super B Complex is a multivitamin.) -There was an order for Vitamin B12 1000mcg daily. (Vitamin B12 is used for vitamin replacement therapy.) -There was an order for Vitamin D3 2000u daily. (Vitamin D3 is used for vitamin replacement therapy.) Review of Resident #9's April 2021 electronic medication administration record (eMAR) -There was an entry for Duloxetine 30mg daily. Duloxetine 30mg was scheduled for administration at 8:00am. -There was an entry for Gabapentin 600mg at bedtime. -Gabapentin 600mg was scheduled for administration at 8:00pm. -There was an entry for Levothyroxine 25mg daily. -Levolhyroxine 25mcg was scheduled for administration at 6:30am. -There was an entry for Lisinopril 20mg daily. -Lisinopril 20mg was scheduled for administration at 8:00am. -There was an entry for Magnesium Oxide 400mg -Magnesium Oxide 400mg was scheduled for administration at 8:00am. -There was an entry for Mega Red Krill Oll capsule dally. -Mega Red Krill Oil was scheduled for administration at 8:00am. -There was an entry for Sodium Chloride 1GM twice a day. -Sodium Chloride 1GM was scheduled for

Division of Health Service Regulation

STATE FORM

	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		COM	SURVEY PLETED
		HAL092215	B. WING		04	/30/2021
	ROVIDER OR SUPPLIER	200 MIN	DDRESS, CITY, STATE GLEWOOD DRIVE R, NC 27629	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETE DATE
D 366	administration at 8:0 -There was an entry dailySuper B Complex T administration at 8:0 -There was an entry dailyVitamin B12 was so 8:00amThere was an entry -Vitamin D3 was so 8:00am. Interview with Resid 10:15am revealed: -The medication aid leave her medication for a meal or activity -The MAs would not her medications. Interview with a MA revealed: -She sometimes left her roomResident #9 was or her medications for breakfast. Attempted telephone primary care provide 11:31am was unsuc Refer to the intervie Director (RSD) on 0	Oam and 8:00pm. for Super B Complex Tablet fablet was scheduled for Oam. for Vitamin B12 1000mcg sheduled for administration at for Vitamin D3 2000u daily, reduled for administration at ent #9 on 04/27/21 at es (MAs) would sometimes as in her room if she was out for administration at ent #9 on 04/27/21 at es (MAs) would sometimes as in her room if she was out for administration at for Vitamin D3 2000u daily, reduled for administration at ent #9 on 04/27/21 at es (MAs) would sometimes as in her room if she was out for always observe her swallow on 04/28/21 at 1:00pm Resident #9's medications in iented and she would leave ther in her room after e interview with Resident #9's er (PCP) on 04/30/21 at cossful. w with the Resident Services 4/28/21 at 2:05pm. w with the Administrator on	D 366			

STATEMENT	FHealth Service Re- of Deficiencies F CORRECTION	(X1) PROVIDER	2215	(X2) MULTIPLE CO A. BUILDING: B. WING			SURVEY LETED /30/2021
NAME OF PE	ROVIDER OR SUPPLIER		200 MING	DRESS, CITY, STATE LEWOOD DRIVE , NC 27529	, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY	STATEMENT OF DEI NCY MUST BE PREC OR LSC IDENTIFYING	FICIENCIES CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 366	her stomach, so medications in h	tent #6's current: ed dyspnea, hypory of pulmonar, ease - stage 4, sident #6 on 04/ /27/21) the MA r in a medication m. k the medications after observe her take 4/27/21. er MAs also let be r room or some the medications ident would take with no one ob- or dining room an medications after the MAs would er room. v with Resident the medications ag r room and she or one observing as would leave be dol and Tylenol ake the Tramad oam and the Tylenol ake the Tramad oam and the Tylenol ake dol and Tylenol ake the Tramad oam and the Tylenol	pertension, y embolism, and 27/21 at 9:45am handed her in cup when she as to her room er she got back at her morning the take her obtimes the MAs in a cup in her estroing her. It also at MA asked if a told them she is she had food on leave the #6 on 04/30/21 at ain this morning took them after ther. There inght pills, at her bedside of between	D 366			

Division of Health Service Regulation STATE FORM

TATEMENT O	TEMENT OF DEFICIENCIES		(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION	apiere e e e e e e e e e e e e e e e e e e	LETEO
		HAL092215	B. WING		04	
AME OF PRO	OVIDER OR SUPPLIER	200 MING	DDRESS, CITY, STATE SLEWOOD DRIVE I, NC 27529	, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY S	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A' CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
ino			D 000	00000000000000000000000000000000000000		
The second secon	03/09/21 revealed: -There was an order (Famotidine is for a street was an order (Febuxostat is used there was an order of the	#6's physician's order dated or for Famotidine 20mg daily. Cid reflux.) For for Febuxostat 40mg daily. It to treat gout.) For for Gabapentin 100mg 2 day. (Gabapentin is used to the for Levothyroxine 125mcg 1 mg before breakfast. For hypothyroidism.) For for Metoprolol Succinate for Metoprolol Succinate for Metoprolol Succinate for Torsemide 10mg once is a diuretic.) For for Vitamin B12 100mcg ½ min B12 is a supplement.) For for Tylenol 500mg 2 tablets for Tylenol 500mg 2 tablets for the datache or minor for pain.) For for Witamin B12 for Tylenol 500mg 2 tablets for Tylenol 500mg 2 tablets for the datache or minor for pain.) For for Tylenol 500mg 2 tablets for the datache or minor for pain.) For for Tylenol 500mg 2 tablets for the datache or minor for pain.) For for Tylenol 500mg 2 tablets for pain. For for Tylenol 50mg 3 and for for pain. For for Tylenol 50mg 3 and for for pain.	D 366			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER. AND PLAN OF CORRECTION A BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) D 366 D 366 Continued From page 52 -There was an entry for Febuxostat 40mg daily at 8:30am. -- There was an entry for Gabapentin 100mg 2 capsules 3 times a day at 8:30am, 2:00pm, and 8:00pm. -There was an entry for Levothyroxine 125mcg 1 tablet every morning before breakfast at 6:30am. -There was an entry for Metoprolol Succinate 50mg ER once daily at 8:30am. -There was an entry for Ropinirole 0.25mg at bedtime at 8:00pm. -There was an entry for Torsemide 10mg once daily at 8:00am. -There was an entry for Tramadol 50mg 1 tablet 3 times a day at 8:00am, 2:00pm, and 8:00pm. -There was an entry for Vitamin B12 100mcg 1/2 tablet daily at 8:00am. -There was an entry for Tylenol 500mg 2 tablets every 4 hours as needed for headache or minor pain. Interview with Resident #6's primary care provider (PCP) on 04/29/21 at 1:33pm revealed Resident #6 was alert and oriented but she expected staff to follow proper procedures and observe the resident take her medications. Refer to the interview with the Resident Services Director (RSD) on 04/28/21 at 2:05pm. Refer to the interview with the Administrator on 04/28/21 at 2:05pm. Refer to confidential staff interview. 5. Review of Resident #10's current FL-2 dated 06/09/20 revealed:

hyperlipidemia, neurogenic bladder,
Division of Health Service Regulation
STATE FORM

-Diagnoses included mild cognitive impairment, essential hypertension, major depression,

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27629 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 366 D 366 Continued From page 53 non-traumatic intracerebral hemorrhage, urinary incontinence, and malignant neoplasm of the -The resident was intermittently disoriented. Review of Resident #10's service plan detail signed by the primary care provider (PCP) on 01/28/21 revealed: -The resident's diagnoses included dementia without behavioral disturbance. -The resident was able to communicate effectively and make needs known. -The resident was oriented to person, place, and -The resident's medications would be stored in a locked med cart located in the med room. Interview with Resident #10 on 04/27/21 at 10:14am revealed: -The MAs did not always watch her take her medications. -Last night (04/26/21), the MA left her night medications in a cup sitting on a tray in her room. -She took the medications when she got ready to take them before she went to bed and no one observed her take the medications. -It was not unusual for the MAs to leave the medications in her room for her to take without anyone observing her. Review of Resident #10's physician's orders dated 03/11/21 revealed: -There was an order for Acidophilus Probiotic 1 capsule once daily. (Acidophilus Probiotic is used to restore the balance of intestinal bacteria.) -There was an order for Amlodipine 5mg 1 tablet daily. (Amlodipine lowers blood pressure.) -There was an order for Budesonide 3mg 2 capsules once dally. (Budesonide is a corticosteroid used to treat inflammation of the

Division of Health Service Regulation

BSGR

STATEMENT	F Health Service Requi of Deficiencies F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092215	(X2) MULTIPLE CO A. BUILDING: B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/30/2021
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	
CADENCE	GARNER	GARNER	, NC 27529		1 21
(X4) ID PREFIX TAG	(FACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI- (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
D 368	tablet every morning antidepressant.) -There was an order tablet daily. (Folic A-There was an order at bedtime. (Melato-There was an order daily. (Myrbetriq is information of the capsule every morning meal. (Omelate at bedtime. (In overactive bladder.) -There was an order at bedtime. (In overactive bladder.) -There was an order at bedtime. (Trazon may also be used from the capsule daily. (Verantidepressant.) -There was an order antidepressant.) -There was an order antidepressant.) -There was an order tablet once daily. (Supplement.) -There was an order tablet at bedtime heartburn/acid refined tablet at bedtime heartburn/acid refined tablet at apsule at appule at apsule at apsule at appule	for Bupropion XL 300mg 1 (Bupropion XL is an for Folic Acid 400mcg 1 (cid is a vitamin supplement.) for Melatonin 10mg 1 tablet nin is used to treat insomnia.) for Myrbetriq 25mg 1 tablet for overactive bladder.) for Omeprazole 40mg 1 ing 30 minutes before reprazole is for acid reflux.) for Oxybutynin 15mg ER 1 Oxybutynin ER is for or for Trazodone 50mg 1 tablet done is an antidepressant and or insomnia.) or for Venlafaxine 150mg ER 1 vitamin B12 1000mcg 1 Vitamin B12 is a vitamin or for Vitamin E 400units 1 (Vitamin E is a vitamin t #10's physician's order dated an order for Famotidine 20mg for 28 days. (Famotidine is for	D 366		

STATEMENT	of Health Service Regular of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL092215	B. WING	(0.00)	04/30/2021
	E OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE GARNER, NC 27529		ZIP CODE		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 366	Review of Resident a medication administre revealed: -There was an entry capsule once daily so the was an entry daily scheduled at 8: -There was an entry tablet every morning and Fridays scheduled. There was an entry at bedtime for 28 day. There was an entry tablet daily scheduled. There was an entry daily scheduled. There was an entry daily scheduled at 8: -There was an entry daily scheduled. There was an entry daily scheduled at 8: -There was an entry tablet at bedtime scheduled. There was an entry tablet once daily scheduled. There was an entry capsule daily scheduled. There was an entry tablet once daily scheduled. There was an entry capsule once daily scheduled once daily scheduled. There was an entry tablet once daily scheduled once daily schedu	f10's April 2021 electronic ation record (eMAR) for Acidophilus Problotic 1 cheduled at 8:00am, for Amlodipine 5mg 1 tablet 00am, for Budesonide 3mg 2 scheduled at 8:00am, for Bupropion XL 300mg 1 scheduled at 8:00am, for Decusate Sodium 100mg on Mondays, Wednesdays, ed on those days at 8:00pm, for Famotidine 20mg 1 tablet ys scheduled at 8:00pm, for Folic Acid 400mcg 1 d at 8:00am, for Melatonin 10mg 1 tablet d at 8:00pm, for Myrbetriq 25mg 1 tablet 00am, for Omeprazole 40mg 1 ng 30 minutes before uled at 7:30am, for Oxybutynin 15mg ER 1 neduled at 8:00pm, for Trazodone 50mg 1 tablet d at 8:00pm, for Venlafaxine 150mg ER 1 uled at 8:00am, for Venlafaxine 150mg ER 1 uled at 8:00am, for Venlafaxine 150mg ER 1 uled at 8:00am, for Vitamin B12 1000mcg 1	D 366		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING_ HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CADENCE GARNER

200 MINGLEWOOD DRIVE

MULITUL	GARNER	GARNER, NC 27529		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFOR	BY FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 56 -Resident #10 took psychiatric medication mood stabilization and it was important make sure the resident took those medicated prevent mood or behavior issues. Refer to the interview with the Resident Director (RSD) on 04/28/21 at 2:05pm. Refer to the interview with the Administration 04/28/21 at 2:05pm. Refer to confidential staff interview.	for staff to cations to Services		
	Interview with the Resident Services Dir (RSD) on 04/28/21 at 2:05pm revealed: -She was aware the MAs were not alway observing resident's take their medication because a resident's family member had it to management's attention about a more she spoke with all 3 current MAs at the discussed the rule requiring MAs to observe residents take their medicationsShe expected staff to observe residents their medications.	ys ins I brought onth ago. t time and erve		
	Interview with the Administrator on 04/26 2:05pm revealed -She was aware of a problem with the Mobserving resident's take their medication because a resident's family member had it to management's attention a couple of ago. -The RSD had a meeting with the MAs to them to observe residents take their medications.	As not ns l brought weeks o remind dications.		
	Confidential staff interview revealed med had been left in residents' room at night residents to take on their own without the	for		

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: B. WING 04/30/2021 HAL092216 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 386 D 366 Continued From page 57 observing the residents take the medications. (no resident or staff names were provided). The facility failed to ensure medication aides observed residents taking their medications for 5 of 5 residents sampled. During the medication pass on 04/28/21, the MA prepared and gave 9 oral medications, 2 topical pain patches, and an eye drop vial to Resident #8, who was diagnosed with dementia, and allowed the resident to take the medications to her room without the MA observing the resident take any of the medications. Resident #1's evening / night time medications were left on his bedside table by MAs which included a blood thinner, a laxative, and an insulin pen which was found in the resident's room by a family member about a month ago. Resident #9 received multiple medications, including medications for depression, nerve pain and hypothyroidism that were left in her room after breakfast without the MA observing the resident take it. Resident #6's narcotic pain reliever was left at her bedside at night and she would take it when she woke up around 1:00am or 2:00am with no MAs observing her take it. Resident #10 who had a diagnoses of cognitive impairment had medications left in her room in a cup on a tray at times and she would take them without MAs observing her. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/28/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 14, 2021.

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 D 367 10A NCAC 13F .1004(j) Medication The facility will monitor MARS are accurate Administration and free of omissions. 10A NCAC 13F .1004 Medication Administration Medication aldes were re-trained by RSD utilizing NC 15 Hour Medication Curriculum on (j) The resident's medication administration record (MAR) shall be accurate and include the following: Cycle fill will be established by pharmacy to assist (1) resident's name; with monitoring medication administration. (2) name of the medication or treatment order; Scanner will be implemented with staff education (3) strength and dosage or quantity of medication by June 14th. administered; (4) instructions for administering the medication Dashboard reviewed by RSD/RCC while onside or treatment; for proper recording of medications in the event (5) reason or justification for the administration of of system being offline. medications or treatments as needed (PRN) and QuickMar contacted and updates completed documenting the resulting effect on the resident; for each med cart station on 5/15/21 to provide (6) date and time of administration; (7) documentation of any omission of most current software. 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, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 7 of 7 residents sampled (#1, #2, #3, #4, #5, #6, #7) related to multiple omissions for multiple medications for each resident with no reasons for the omissions documented. The findings are: Review of Resident #4's current FL-2 dated 10/08/20 revealed:

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 8 WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 Continued From page 59 D 367 -Diagnoses included dementia, type 2 diabetes mellitus, hypertension, hyperlipidemia, carotid stenosis, and chronic kidney disease - stage 3. -There was an order for Calcium 600mg twice a day. (Calcium is a supplement used to protect bone strength.) -There was an order for Cimetidine 200mg twice a day. (Cimetidine is for heartburn/acid reflux.) -There was an order for Donepezil 10mg 1 tablet nightly. (Donepezil is for Alzheimer's dementia.). -There was an order for Eliquis 2.5mg twice a day. (Eliquis is an anticoagulant used to prevent and treat blood clots.) -There was an order for Fish Oil 1,000mg 2 capsules twice a day. (Fish Oil is used to lower triglycerides.) -There was an order for Lantus insulin, 30 units at bedtime. (Lantus is long-acting insulin used to lower blood sugar.) -There was an order for Magnesium Oxide 400mg twice a day. (Magnesium Oxide is used to treat low magnesium levels.) -There was an order for Namenda 10mg twice daily. (Namenda is for Alzheimer's dementia.) -There was an order for Remeron 15mg 1 1/2 tablets at bedtime. (Remeron is an antidepressant.) -There was an order for Senna 8.6mg 2 tablets at bedtime. (Senna is a laxative.) Review of Resident #4's February 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Calcium 600mg twice a day scheduled for 8:00am and 8:00pm. -There was an entry for Cirnetidine 200mg twice a day scheduled for 8:00am and 8:00pm. -There was an entry for Donepezil 10mg 1 tablet nightly scheduled for 8:00pm. -There was an entry for Eliquis 2.5mg twice a day

Division of Health Service Regulation

Division of Health Service Regulation		NOTE OF THE PROPERTY OF	INTIOLE CO	INSTRUCTION	(X3) DATE	SURVEY	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	pro.	LDING:	AND THE CHOICE		PLETED
		HAL092215	B. WI	/G		04	/30/2021
	ROVIDER OR SUPPLIER		STREET ADDRESS, C 200 MINGLEWOO	D DRIVE	ZIP CODE		
CADENCE	GARNER		GARNER, NC 27	529			OVE:
(X4) ID PREFIX TAG	/FACH DEFICIEN	STATEMENT OF DEFICIENCIE: CY MUST BE PRECEDED BY R LSC IDENTIFYING INFORMA	FULL PR	ID IEFIX AG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETE DATE
D 367	capsules twice a da 8:00pm.	m and 8:00pm. for Fish Oil 1,000mg 2 y scheduled for 8:00ar for Lantus insulin, 30	n and	37			
	-There was an entry twice a day scheduled -There was an entry daily scheduled for -There was an entry tablets at bedfilme surface -There was an entry bedtime scheduled -Documentation for Donepezil, Eliquis, Oxide, Namenda, blank on 02/10/21 no reason for the or	y for Magnesium Oxide led for 8:00am and 8:0 y for Namenda 10mg to 8:00am and 8:00pm. y for Remeron 15mg 1 ocheduled for 8:00pm. y for Senna 8.6mg 2 ta for 8:00pm. Calcium, Cimetidine, Fish Oil, Lantus, Magneron, and Senna wand 02/12/21 at 8:00pm.	Opm. wice ½ blets at esium /as n with				
	revealed: -There was an entropy scheduled for	ry for Eliquis 2.5mg twi am and 8:00pm. ry for Fish Oil 1,000mg ay scheduled for 8:00a ry for Lantus insulin, 30	wice a g twice a 1 tablet ce a day 2 am and 0 units at e 400mg 00pm. twice				

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 D 367 Continued From page 61 tablets at bedtime scheduled for 8:00pm. -There was an entry for Senna 8.6mg 2 tablets at bedtime scheduled for 8:00pm. -Documentation for Calcium, Cimetidine, Donepezil, Eliquis, Fish Oil, Lantus, Magnesium Oxide, Namenda, Remeron, and Senna was blank on 03/12/21 at 8:00pm with no reason for the omissions. Interview with a medication aide (MA) on 04/30/21 at 11:49am revealed: -She did not know why there were omissions on Resident #4's eMARs. -The MA's initials should be documented on the eMARs when medications were administered. -If a medication was not administered, the MA's initials should be circled and a reason should be documented in the comments on the eMARs. -Resident #4 usually took his medications with no problems. Refer to the telephone interview with a medication aide (MA) on 04/30/21 at 8:06am. Refer to the telephone interview with the Memory Care Manager (MCM) on 04/30/21 at 10:16am. Refer to the interview with the Resident Services Director (RSD) on 04/30/21 at 9:50am. Refer to the interview with the Administrator on 04/28/21 at 7:55am.

Review of Resident #6's physician's order dated
Division of Health Service Regulation

hypothyroidism.

 Review of Resident #6's current FL-2 dated 04/28/21 revealed diagnoses included dyspnea, hypertension, osteoarthritis, history of pulmonary embolism, chronic kidney disease - stage 4, and

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: 04/30/2021 B. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID PREFIX PREFIX CEACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 D 367 Continued From page 62 03/09/21 revealed: -There was an order for Gabapentin 100mg 2 capsules 3 times a day. (Gabapentin is used to treat nerve pain.) -There was an order for Levothyroxine 125mcg 1 tablet every morning before breakfast. (Levothyroxine is for hypothyroidism.) Review of Resident #6's physician's order dated 02/11/21 revealed: -There was an order to discontinue Tramadol 50mg 1 tablet 2 to 3 times daily prn pain. -There was an order to start Tramadol 50mg 3 times a day. Review of Resident #6's physician's order dated 03/13/21 revealed: -There was an order to discontinue Tramadol 50mg 1 tablet 3 times daily as needed for pain. -There was an order to start Tramadol 50mg 3 times daily scheduled. Review of Resident #6's February 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Gabapentin 100mg 2 capsules 3 times a day scheduled for 8:30am, 2:00pm, and 8:00pm. -Documentation for Gabapentin was blank on 02/10/21 and 02/12/21 at 8:00pm and on 02/17/21 at 2:00pm with no reason for the omissions. -There was an entry for Levothyroxine 125mcg 1 tablet every morning before breakfast on an empty stomach scheduled for 6:30am. -Documentation for Levothyroxine was blank on 02/07/21 with no reason for the omission. -There was an entry for Tramadol 50mg 1 tablet 3 times a day scheduled for 8:00am, 2:00pm, and 8:00pm.

Division of	f Health Service Reg	ulation	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* O O O O O O O O O O O O O O O O O O O	ONSTRUCTION	COMP	LETED
AND PLAN O	FCORRECTION	IDENTIFICATION NOMBER.	Y RAILDING:	The second secon		
		HAL092215	B. WING		04	/30/2021
			LEADERS OUTVICTATE	719 CODE		
NAME OF PE	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
			IGLEWOOD DRIVE			
CADENCE	GARNER	GARNE	R, NC 27529		or AADDECTION	(X5)
(X4) ID PREFIX TAG	FIX (EACH DEPICIENCY MOOT BETTERING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		COMPLETE DATE
D 367	Continued From pa	ge 63	Ð 367			
5 301	1					
	-Documentation for	Tramadol was blank on				
	02/12/21 at 8:00pm	and on 02/17/21 at 2:00pm	0000000			***************************************
	with no reason for t	the omissions.	-			
		und att 2021 electronic				
	Review of Residen	t #6's March 2021 electronic				
	A Committee of the Comm	stration record (eMAR)				
	revealed:	ry for Gabapentin 100mg 2				and a second
	- There was all end	day scheduled for 8:30am,				
	2:00pm, and 8:00p	om				
	-Documentation to	r Gabapentin was blank on				
	03/12/21 at 8:00pt	n with no reason for the	100			
	omission.					
	Refer to the teleph	none interview with a medication				
	aide (MA) on 04/3	0/21 at 8:06am.				
1	N N					and the same of th
	Refer to the teleph Care Manager (M	none interview with the Memory CM) on 04/30/21 at 10:16am.		ORA MATERIAL AND		
ACCOUNT OF THE PERSON OF THE P	Peter to the inter-	liew with the Resident Services				
	Relei to the interv	04/30/21 at 9:50am.				
	Refer to the intended of 128/21 at 7:55a	view with the Administrator on Im.				
		ident #3's current FL-2 dated				
	3. Review of Res	4.				
	Diagnoses includ	ded dementia, hypothyroidism,				
1	hyperlipidemia. II	najor depressive disorder, and				
	mueele weaknes	S.				
	There was an or	der for Aspirin 81mg 1 tablet by				
	mouth once daily	. (Aspirin may be used to				
	provent heart dis	ease.)	province of the control of the contr			
	There was an O	rder for Cranberry 400 mg by	To the state of th			-
and the second	mouth twice daily	v. (Cranberry is used for				
	anduraing the rick	of bladder intections.).	- Barrier - Barr			
	-There was an o	rder for Aricept 10mg by mount				
	at bedtime. (Ario	cept is used to treat				
	confusion/demer	ntia.)				

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: AND PLAN OF CORRECTION 04/30/2021 B WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 (X5)PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) TAG D 367 Continued From page 64 D 367 -There was an order for Lactinex 1 tablet by mouth once daily. (Lactinex help restore the normal balance of bacteria in the stomach /intestines.) -There was an order for Lovastatin 10mg by mouth at bedtime (Lovastatin Is used to treat high cholesterol.) -There was an order for Synthroid 50mcg by mouth once daily. (Synthroid is used to treat an underactive thyroid.) -There was an order for Vitamin B-12 500mg 2 tablets by mouth daily. (Vitamin B-12 is used to treat Vitamin B-12 deficiency.) -There was an order for Namenda 10mg by mouth once daily. (Namenda is used to treat moderate to severe confusion/dementia.) -There was an order for Remeron 15 mg by mouth at bedtime. (Remeron is used to treat depression.) -There was an order for Macrobid 100 mg by mouth at bedtime. (Macrobid is used to treat bladder infections.) Review of Resident #3's February electronic medication administration record (eMAR) revealed: -There was an electronic entry for Synthroid 50mcg by mouth once daily scheduled at 6:30am. -There was an electronic entry for Aspirin 81mg chew 1 tablet once daily scheduled at 8:00am. -There was an electronic entry Vitamin B-12 500mg 2 tablets by mouth daily scheduled at 8:00am. -There was an electronic entry for Lactinex 1 tablet by mouth once daily scheduled at 8:00am. -There was an electronic entry for Namenda 10mg by mouth once daily scheduled at 8:00am. -There was an electronic entry for Cranberry 400 mg twice daily scheduled at 8:00am and 8:00pm. -There was an electronic entry for Aricept 10mg

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 04/30/2021 B WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 Continued From page 65 D 367 at bedtime scheduled at 8:00pm. -There was an electronic entry for Lovastatin 10mg by mouth at bedtime scheduled at 8:00pm. -There was an electronic entry for Remeron 15 mg by mouth at bedtime scheduled at 8:00pm. -There was an electronic entry for Macrobid 100 mg by mouth at bedtime scheduled at 8:00pm. -Documentation for Aspirin, Vitamin B-12, Lactinex, Cranberry, and Namenda was blank for each medication on 02/01/21 at 8:00am with no reasons for the omissions documented. -Documentation for Synthroid was blank on 02/07/21 and 02/08/21 with no reasons for the omissions documented. -Documentation for Cranberry, Aricept, Lovastatin, Remeron, and Macrobid was blank on 02/12/21 at 8:00pm with no reasons for the omissions documented. Review of Resident #3's March 2021 eMAR revealed: -There was an electronic entry for Cranberry 400 mg twice daily scheduled at 8:00am and 8:00pm. -There was an electronic entry for Aricept 10mg at bedtime scheduled at 8:00pm. -There was an electronic entry for Lovastatin 10mg by mouth at bedtime scheduled at 8:00pm. -There was an electronic entry for Remeron 15 mg by mouth at bedtime scheduled at 8:00pm. -There was an electronic entry for Macrobid 100 mg by mouth at bedtime scheduled at 8:00pm. -Documentation for Cranberry, Aricept, Lovastatin, Remeron, and Macrobid was blank on 03/27/21 at 8:00pm with no reasons for the omissions documented. Review of Resident #3's April 2021 eMAR -There was an electronic entry for Macrobid 100 mg by mouth at bedtime scheduled at 8:00pm.

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 04/30/2021 B. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 Continued From page 66 D 367 -Documentation for Macrobid was circled on 04/03/21 and 04/04/21 at 8:00pm with the reason being waiting on pharmacy documented. Based on observations, interviews and record reviews, it was determined Resident #3 was not interviewable. Refer to the telephone interview with a medication aide (MA) on 04/30/21 at 8:06am. Refer to the telephone interview with the Memory Care Manager (MCM) on 04/30/21 at 10:16am. Refer to the interview with the Resident Services Director (RSD) on 04/30/21 at 9:50am. Refer to the interview with the Administrator on 04/28/21 at 7:55am. Review of Resident #5's current FL-2 dated 10/08/20 revealed: Diagnoses included dementia, cognitive dysfunction with behavioral disturbances, social or emotional deficit, osteoporosis, bone fracture, and asthma. -There was an order for Tylenol 325 mg three times daily. (Tylenol is a pain reliever/fever reducer or used to treat mild to moderate pain.) -There was an order for Aspirin 81mg 1 tablet by mouth once daily. (Aspirin may be used to prevent heart disease or used to treat mild to moderate pain.) -There was an order for Cymbalta 60 mg by mouth once daily. (Cymbalta is used to treat major depressive disorder or neuropathic pain.) -There was an order for Oxycodone tab 10mg with directions to take 1 tablet by mouth every 12 hours (Oxycodone is a narcotic used to treat severe ongoing pain.)

Division of Health Service Regulation STATE FORM Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: 04/30/2021 B. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 Continued From page 67 D 367 -There was an order for Cimetidine 200mg by mouth daily before breakfast. (Cimetidine is used to treat ulcers and acid reflux.) -There was an order for Voltaren gel 1% apply 4 gm to lower back 4 times a day. (Voltaren gel is used to treat arthritis pain.) -There was an order for Asperoreme patch apply one patch daily. (Aspercreme patch is used to treat joint and muscle pain.) -There was an order for Colace daily (Colace is used to soften stool to aid in bowel movements.) -There was an order for Singulair 10 mg one by mouth at bedtime. (Singulair is used in the maintenance treatment of asthma.) -There was an order for Oys-Shell one by mouth daily. (Oys-Shell is used to treat or prevent low blood calcium levels.) -There was an order for Poly-powder mix 34 gms in 8 oz of liquid once dally. (Poly-Powder is used to relieve constipation and softens stools.) -There was an order for Senna 2 tablets by mouth at bedtime. (Senna is used to treat constipation.) -There was an order for Prep H Crème provide externally to affected area twice daily. (Prep H Crème is used to treat hemorrholds.) Review of Resident #5's February 2021 electronic medication administration record (eMAR) revealed: -There was an electronic entry for Oxycontin tab 10mg with directions to take 1 tablet by mouth every 12 hours scheduled at 8:00am and 8:00pm. -There was an electronic entry for Tylenol 325 mg three times daily scheduled at 8:00am, 2:00pm, and 8:00pm. -There was an electronic entry for Voltaren gel 1% apply 4 gm to lower back 4 times a day scheduled at 8:00am, 12:00pm, 4:00pm, and -There was an electronic entry for Aspercreme

Division of Health Service Regulation STATE FORM

STATEMENT	f Health Service Regi of DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092215		ONSTRUCTION		SURVEY LETED /30/2021
NAME OF PE	OVIDER OR SUPPLIER		TADDRESS, CITY, STATE	, ZIP CODE		
			INGLEWOOD DRIVE			
ADENCE	GARNER	GARN	IER, NC 27529	PROVIDER'S PLAN OF CORP	ECTION	(X5)
(X4) ID PREFIX TAG	YEARU DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	COMPLETE
D 367	Continued From pa	ge 68	D 367			
	and 8:00pm. -There was an elect scheduled at 8:00a. -There was an elect mg one by mouth at 8:00am and 8:00pm. -There was an elect tablets by mouth at 8:00pm. -There was an elect creme provide extra daily scheduled at -Documentation for Tylenol, Voltaren, Singulair was blan 8:00pm with no residual tablets by mouth at 100pm with direction of 102/17/21 at 4:00pm omissions documentation for 102/17/21 at 4:00pm omissions documentation f	tronic entry for Singular 10 at bedfime scheduled at in. stronic entry for Senna 2 at bedfime scheduled at bedfime scheduled at betronic entry for Prep H 1% emally to affected area twice 8:00am and 8:00pm. It Senna, Prep H, Oxycontin, Aspercreme, Colace, and k on 02/10/21 and 02/12/21 at asons for the omissions or Voltaren gel was blank on in with no reasons for the ented. Tylenol was blank on in with no reasons for the intext of the one with no reasons for the intext of	n. g			

STATEMENT	of Health Service Require reprint the service of the services of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL092216	B. WING		04/30/2021
	ROVIDER OR SUPPLIER	200 MIN	ADDRESS, CITY, STATE GLEWOOD DRIVE R, NC 27529	E, ZIP CODE	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
D 367	-There was an electroscheduled at 8:00an and 8:00am and 8:00pm and 8:00pm and 8:00pmThere was an electroscheduled by mouth at 8:00am and 8:00pmDocumentation for Voltaren, Aspercremblank on 03/12/21 at the omissions documented the only of the composition	ronic entry for Colace daily in and 8:00pm. ronic entry for Singulair 10 bedtime scheduled at . ronic entry for Senna 2 bedtime scheduled at . Senna, Oxycontin, Tylenol, ne, Colace, and Singulair was t 8:00pm with no reasons for mented. #5's April 2021 eMAR missions of any medications documented when the facility on 04/19/21. cons, interviews and record mined Resident #5 was not one interview with a medication on 04/30/21 at 10:16am. when the Resident Services 14/30/21 at 9:50am. when with the Resident Services 14/30/21 at 9:50am.	D 367		

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 04/30/2021 B. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (XX) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 Continued From page 70 D 367 constipation, bilateral lower extremity edema and history of deep tissue injury. -There was an order for Biofreeze 4% gel apply topically to bilateral hips twice a day. (Biofreeze is a topical medication used to treat minor aches and pains of the muscles and joints.) -There was an order for Certavite 1 tablet once a day. (Certavite is a combination of vitamins and minerals used to prevent or treat vitamin deficiency.) -There was an order for Docusate Sodium 100mg capsule one capsule at bedtime. (Docusate Sodium is a stool softener used to prevent constipation.) -There was an order for Gabapentin 300mg one capsule twice a day. (Gabapentin is an anticonvulsant used to treat nerve pain.) -There was an order for Levothyroxine 112mog one tablet once a day. (Levothyroxine is used to treat hypothyroidism.) -There was an order for Lithium 300mg one capsule every other day. (Lithium is a mood stabilizer used to treat bipolar disorder.) -There was an order for Metoprotol Succinate 25mg ER one tablet every day. (Metoprolol is a medication used to treat high blood pressure.) -There was an order for Polyethylene Glycol Powder 17 grams once a day. (Polyethylene Glycol is a laxative used to treat occasional constipation.) -There was an order for Xarelto 20mg once a day with the evening meal. (Xarelto is a blood thinner used to treat and prevent blood clots.) -There was an order for Trazodone 150mg 1 1/2 tablets (225mg) at bedtime. (Trazodone is an antidepressant used to treat depression, anxiety and insomnia.) -There was an order for Vitamin B-12 1000mcg 1 tablet once a day. (Vitamin B-12 is a water-soluble vitamin that helps produce red

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 8 WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 367 Continued From page 71 D 367 blood cells.) -There was an order for Wixela Inhaler 100-50mog 1 puff twice a day. (Wixela is used to control and prevent wheezing and shortness of breath.) Review of signed physician's orders for Resident #2 dated 03/11/21 revealed: -There was an order for Arthritis Pain 650mg 2 tablets twice a day. (Arthritis pain is used to treat minor aches and pains and reduce fevers.) -There was an order for Biofreeze 4% gel administered topically to bilateral hips, bilateral shoulders and back twice a day. -There was an order for Cetaphil liquid cleanser to face twice a day. (Cetaphil is a mild, non-irritating cleanser.) -There was an order for Melatonin 5mg one tablet in the evening. (Melatonin is used to treat insomnia.) -There was an order for Oxybutynin 5mg one tablet twice a day. (Oxybutynin is a medication used to treat overactive bladder.) -There was an order for Pantoprazole 40mg one tablet once a day. (Pantoprazole is a proton pump inhibitor used to treat GERD.) -There was an order for Simethicone 80mg 1 tablet twice a day. (Simethicone is an anti-foaming agent used to treat the symptoms of gas.) -There was an order for Thrombo-Embolus Deterrent (TED) Hoses to be applied every morning and removed every evening. -There was an order for Visine eye drops 1 drop In each eye twice a day. (Visine is an eye decongestant used to treat eye redness.) Review of Resident #2's February 2021 electronic medication administration record (eMAR) revealed:

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 Continued From page 72 D 367 -There was an entry for Arthritis Acetaminophen 650mg ER 2 tablets twice daily scheduled at 8:00am and 8:00pm. -Documentation for Arthritis Acetaminophen was blank on 02/01/21 for the 8:00am dose, 02/10/21 for the 8:00pm dose and 02/12/21 for the 8:00pm dose with no reason for the omissions documented. -There was an entry for Biofreeze 4% gel topically to bilateral hips twice daily scheduled at 8:00am and 8:00pm. -Documentation for Biofreeze was blank on 02/01/21 for the 8:00am dose, 02/10/21 for the 8:00pm dose and 02/12/21 for the 8:00pm dose with no reason for the omissions documented. -There was an entry for Certavite 1 tablet once a day scheduled at 8:00am. -Documentation for Certavite was blank on 02/01/21 for the 8:00am dose with no reason for the omission documented. -There was an entry for Docusate Sodium 100mg 1 capsule at bedtime scheduled at 8:00pm. -Documentation for Docusate Sodium was blank on 02/10/21 for the 8:00pm dose and 02/12/21 for the 8:00pm dose with no reason for the omissions documented. -There was an entry for Gabapentin 300mg 1 capsule twice a day scheduled at 8:00am and 8:00pm. -Documentation for Gabapentin was blank on 02/01/21 for the 8:00am dose, 02/10/21 for the 8:00pm dose and 02/12/21 for the 8:00pm dose with no reason for the omissions documented. -There was an entry for Levothyroxine 112mcg 1 tablet once a day scheduled at 6:30am. -Documentation for Levothyroxine was blank on 02/07/21 and 02/08/21 with no reason for the omissions documented. -There was an entry for Lithium 300mg 1 capsule every other day scheduled at 8:00am.

Division of Health Service Regulation

STATE FORM

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING: B. WING HAL092215 04/30/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 367 Continued From page 73 -Documentation for Lithium was blank on 02/01/21 with no reason for the omissions documented. -There was an entry for Melatonin 5mg 1 tablet every evening scheduled at 8:00pm. -Documentation for Melatonin was blank on 02/10/21 and 02/12/21 with no reason for the omissions documented. -There was an entry for Metoprolol Succinate 25mg ER 1 tablet once a day scheduled at 8:00am. -Documentation for Metoprolol was blank on 02/01/21 with no reason for the omission documented. -There was an entry for Oxybutynin 5mg twice a day scheduled at 8:00am and 8:00pm. -Documentation for Oxybutynin was blank on 02/01/21 for the 8:00am dose, 02/10/21 for the 8:00pm dose and 02/12/21 for the 8:00pm dose with no reason for the omissions documented. -There was an entry for Pantoprazole 40mg once a day scheduled at 8:00am. -Documentation for Pantoprazole was blank on 02/01/21 with no reason for the omission documented. -There was an entry for Polyethylene Glycol Powder 17 grams once a day scheduled at -Documentation for Polyethylene Glycol was blank on 02/01/21 with no reason for the omission documented. -There was an entry for Simethicone 80mg twice a day scheduled at 8:00am and 8:00pm. -Documentation for Simethicone was blank on

Division of Health Service Regulation

02/01/21 for the 8:00am dose, 02/10/21 for the 8:00pm dose and 02/12/21 for the 8:00pm dose with no reason for the omissions documented.

-There was an entry for TED Hoses to be applied every morning and removed every evening scheduled at 8:00am and 8:00pm.

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 D 367 Continued From page 74 -Documentation for TED Hoses was blank on 02/01/21 for the 8:00am administration time, 02/10/21 for the 8:00pm administration time and 02/12/21 for the 8:00pm administration time with no reason for the omissions documented. -There was an entry for Trazodone 150mg 1 1/2 tablets (225mg) scheduled at 8:00pm. Documentation for Trazodone was blank on 02/10/21 and 02/12/21 with no reason for the omissions documented. -There was an entry for Visine eye drops 1 drop to each eye twice a day scheduled at 8:00am and 8:00pm. -Documentation for Visine was blank on 02/01/21 for the 8:00am dose, 02/10/21 for the 8:00pm dose and 02/12/21 for the 8:00pm dose with no reason for the omissions documented. -There was an entry for Vitamin B-12 SUB 1000mcg 1 tablet once a day scheduled at 8:00am. -Documentation for Vitamin B-12 was blank on 02/01/21 with no reason for the omission documented. -There was an entry for Wixela Inhaler 100-50mcg 1 puff twice a day scheduled at 8:00am and 8:00pm. -Documentation for Wixela was blank on 02/01/21 for the 8:00am dose, 02/10/21 for the 8:00pm dose and 02/12/21 for the 8:00pm dose with no reason for the omissions documented. -There was an entry for Xarelto 20mg 1 tablet once a day scheduled at 5:00pm. -Documentation for Xarelto was blank on 02/12/21 with no reason for the omission documented. Review of Resident #2's April 2021 eMAR -There was an entry for Xarelto 20mg 1 tablet once a day scheduled at 5:00pm.

STATEMENT	Asion of Health Service Regulation ASION OF DEFICIENCIES OPLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALO92215		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 04/30/2021	
	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE GLEWOOD DRIVE R, NC 27529	, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY S	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 367	-Documentation for O4/17/21 with no redocumented. Based on observatinterviews it was downs not available for the telephaide (MA) on O4/30. Refer to the telephaide (MA) on O4/30. Refer to the interview of Manger (MC). Refer to the telephaide (MC). Refer to the interview of Manger (MC). Refer to the interview of Manger (MC). Refer to the telephaide (MC). Refer to the interview of Manger (MC). Refer to the interview of Manger (MC). Refer to the interview of Manger (MC). Refer to the telephaide (MC). Refer to the telephaide (MC). Refer to the interview of MC. Refer to the telephaide (MC). Refer to the telephaide (ions, record reviews and etermined that Resident #2 or interview. one interview with a medication 0/21 at 8:06am. one interview with the Memory M) on 04/30/21 at 10:16am. lew with the Resident Services 04/30/21 at 9:50am. lew with the Administrator on m. ident #7's current FL-2 dated is diagnoses included left hip rable, bifrontal subarachnoid anced dementia, hypertension idism, osteoarthritis and physician's orders for Resident 1 revealed: der for Arthritis Pain 650mg 2 ay. (Arthritis pain is used to treat pains and reduce fevers.) der for Ensure 1 bottle three a provided by the family. (Ensure 1 polement.) rder for Escitalopram 5mg once ram is an antidepressant used to	D 367			

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 04/30/2021 R WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 Continued From page 76 D 367 treat hypothyroidism.) -There was an order for Mirtazapine 15mg 1 tablet at bedtime. (Mirtazapine is used to treat depression.) Review of Resident #7's February 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Arthritis Acetaminophen 650mg 2 tablets twice daily scheduled at 8:00am and 8:00pm. -Documentation for Arthritis Acetaminophen was blank on 02/01/21 for the 8:00am dose, 02/10/21 for the 8:00pm dose and 02/12/21 for the 8:00pm dose with no reason for the omissions documented. -There was an entry for Ensure 1 bottle three times a day to be provided by the family scheduled at 8:00am, 2:00pm and 8:00pm. -Documentation for Ensure was blank on 02/01/21 at 8:00am and 2:00pm, on 02/10/21 at 8:00pm, 02/12/21 at 2:00pm and 8:00pm, and 02/24/21 at 2:00pm with no reason for the omissions documented. -There was an entry for Escitalopram 5mg once a day scheduled at 8:00am. -Documentation for Escitalopram was blank on 02/01/21 with no reason for the omission documented. -There was an entry for Levothyroxine 75mcg 1 tablet once daily scheduled at 8:00am. Documentation for Levothyroxine was blank on 02/01/21 with no reason for the omission documented. -There was an entry for Mirtazapine 15mg 1 tablet scheduled at 8:00pm. -Documentation for Mirtazapine was blank on 02/10/21 and 02/12/21 with no reason for the omissions documented.

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: 04/30/2021 B. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 367 Continued From page 77 D 367 Review of Resident #7's March 2021 eMAR revealed: -There was an entry for Ensure 1 bottle three times a day to be provided by the family scheduled at 8:00am, 2:00pm and 8:00pm. -On 03/07/21 at 8:00pm, Ensure was documented as not administered due to resident refusal. -Documentation for Ensure was blank on 03/20/21 at 2:00pm with no reason for the omission documented. Review of Resident #7's April 2021 eMAR revealed: -There was an entry for Ensure 1 bottle three times a day to be provided by the family scheduled at 8:00am, 2:00pm and 8:00pm. -Documentation for Ensure was blank on 04/27/21 at 8:00am with no reason for the omission documented. Interview with the Memory Care Manager (MCM) on 04/29/21 at 11:43am revealed: -Resident #7 received Ensure three times a day and the supplement was provided by her family. -Resident #7 was out of Ensure and she would notify Resident #7's family. -She was unsure how long Resident #7 was out of Ensure. Based on observations, record reviews and interviews it was determined that Resident #7 was not interviewable. Refer to the telephone interview with a medication aide (MA) on 04/30/21 at 8:06am. Refer to the telephone interview with the Memory Care Manger (MCM) on 04/30/21 at 10:16am.

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: 04/30/2021 B. WING HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 Continued From page 78 D 367 Refer to the interview with the Resident Services Director (RSD) on 04/30/21 at 9:50am. Refer to the interview with the Administrator on 04/28/21 at 7:55am. 7, Review of Resident #1's FL-2 dated 04/21/21 revealed: -Diagnoses included type 2 diabetes, congestive heart failure, hypertension, history of pulmonary embolism, and chronic kidney disease. -There was an order for Eliquis 2.5mg twice a day. (Eliquis is used to prevent blood clots.) -There was an order for Lotrel 10-20mg once daily. (Lotrel is used to treat high blood pressure.) -There was an order for Lasix 40mg daily. (Lasix is used as a diuretic.) -There was an order for Lantus 35 units every morning. (Lantus is used to freat diabetes.) -There was an order for Lantus 15 units every evening. Review of Resident #1's physician's orders dated 10/20/21 revealed: -There was an order for Atorvastatin 80mg every evening. (Atorvastatin is used to treat high cholesterol.) -There was an order for Senna Plus 8.6-50mg every evening. (Senna Plus is a laxative used to treat constipation.) Review of Resident #1's February 2021 electronic medication administration record (eMAR) revealed: -There was an electronic entry for Eliquis 2.5mg twice a day scheduled at 8:00am and 8:00pm. -There was an electronic entry for Lantus 15 units every evening scheduled at 8:00pm. -There was an electronic entry for Atorvastatin 80mg every evening scheduled at 8:00pm.

STATEMENT	of Health Service Regu of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATÉ SURVEY COMPLETED		
		HAL092215	B. WING		04	/30/2021	
	ROVIDER OR SUPPLIER	200 MIN	ODRESS, CITY, STATE GLEWOOD DRIVE R, NC 27529	E, ZIP CODE			
(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 BE FIX ORDER DEFENDED TO THE APPROPRIATE		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRI	(X5) COMPLETE DATE
D 367	-There was an electronic section of the telephone intervier on 04/30/21 at 8:00 -The only reason the intervi	conic entry for Senna Plus ning scheduled at 8:00pm. Eliquis, Lantus, Atorvastatin, s blank for each medication 12/21 at 8:00pm with no scions documented. #1's March 2021 eMAR ronic entry for Eliquis 2.5mg ed at 8:00am and 8:00pm. ronic entry for Lotrel 10-20mg d at 8:00am. ronic entry for Lasix 40mg :00am. ronic entry for Lasix 40mg :00am. ronic entry for Lasix and or each medication on with no reasons for the oted. one interview with a medication /21 at 8:06am. one interview with the Memory M) on 04/30/21 at 10:16am. ow with the Resident Services 04/30/21 at 9:50am. ow with the Administrator on one with a medication aide (MA) from revealed: onere was a blank on the eMAR	D 367				

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 Continued From page 80 D 367 -The Resident Services Director (RSD) approached her about 2 weeks ago when the nighttime medications did not document, and it was on an evening that the system was 'offline'. Telephone interview with the Memory Care Manager (MCM) on 04/30/21 at 10:16am revealed: -The eMAR would show blanks when there was a 'glitch' in the computer or if it was 'offline'. -The eMAR system was offline at least 4 times a week and it occurred on all shifts. -Management was aware of the frequency of the eMAR system being offline. Interview with the RSD on 04/30/21 at 9:50am revealed: -There was no reason for blanks or omissions on the eMARs to her knowledge. -She checked the eMAR dashboard every morning to ensure there are no medications without documentation. -She was in communication with the pharmacy and the corporation about the frequency of 'offline' periods. -She provided the MAs with re-education about entering exceptions anto the eMAR. Interview with the Administrator on 04/28/21 at 7:55am revealed when the eMAR was 'offline' and the MAs signed off on the medications as administered the system would update to show documentation when it went back online. D 378 D 378 10a NCAC 13F .1006 (b) Medication Storage See next page 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription

CPUQ11

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (XZ) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B, WING 04/30/2021 HAL092215 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 378 Continued From page 81 D 378 Medication aides were re-trained by RSD utilizing the NC 15 Hour Medication Curriculum medications stored by the facility, including those on 5/6/21, to Include securing medications. requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical All corrective measures will be Implemented supervision of staff in charge of medication by 6/14/21. administration. Continued monitoring of compliance will be conducted through QA audits, compliance trends and patterns. This Rule is not met as evidenced by: RSD/RCC will complete dally observations for four (4) weeks to monitor that Based on observations and interviews the facility failed to ensure medications were under locked medications are secured. security related to numerous medications being left unsecured on top of the medication cart; and the medication cart being left unlocked and unattended by the medication aide (MA) staff for 14 minutes in the Special Care Unit (SCU). The findings are: Observation of the SCU in the hallway near the nurse's station on 04/30/21 at 9:30am revealed: -The medication cart was on the right side of the hall located between the nurse's station and the dining room wall of the SCU. -There were more than 5 medications unsecured on top of the medication cart to allow for the count of medications on hand to be done. -There were "bubble' packs of medications,

Division of Health Service Regulation

medication cart.

medication cart.

of the medication cart.

creams, lotions, prescription bottles and over the counter bottles of medications noted on top of the

-Arthritis Acetaminophen 650mg ER was on top

-Biofreeze 4% gel was on top of the medication

-Certavite was on top of the medication cart. -Docusate Sodium 100mg was on top of the

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE (X4) ID PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 378 Continued From page 82 D 378 -Gabapentin 300mg was on top of the medication cart. -Levothyroxine 125mcg was on top of the medication cart. -Lithium 150mg and 300mg were on top of the medication cart. -Melatonin 5mg was on top of the medication cart. -Metoprolol Succinate 25mg ER was on top of the medication cart. -Oxybutynin 5mg was on top of the medication cart. -Pantoprazole 40mg was on top of the medication -Polyethylene Glycol Powder 17grams was on top of the medication cart. -Simethicone 80mg was on top of the medication cart. -Trazodone 150mg was on top of the medication cart. -Visine eye drops was on top of the medication -Vitamin B-12 SUB 1000mcg was on top of the medication cart. -Wixela inhaler 100-50mcg was on top of the medication cart. -Xarelto 20mg was on top of the medication cart. -Documentation for Xarelto was blank on 02/12/21 with no reason for the omission documented.

Division of Health Service Regulation

 The drawers on the medication cart opened when pulled and closed freely without locking.
 The medication aide (MA) walked off from the cart leaving it unattended by facility staff for 14

-There were residents present in the living room and one noted to come to the nurse's station near

Observation of the MA on the SCU on 04/30/21

minutes before returning.

the medication cart.

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY GOMPLETED
***************************************		HAL092215	B. WING		04/30/2021
	ROVIDER OR SUPPLIER	200 MINO	DORESS, CITY, STATE GLEWOOD DRIVE R, NC 27629	, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES IY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 378	from 9:30am-10:06ar The MA was in the infrom the medication of the MA walked into her back to the medication of the MA walked down room located on the exit door. The MA returned up assist the primary caresident. The MA returned to began putting up the the medication cart a lotions, creams and of medications on hand. The MA returned to the medications from cart back in the draw interview with Adminit 10:55am revealed: Medication carts we unattended by facility. She had to remove the administering medications with the MA revealed: She walked off from a resident in the living assistance. She said the cart was she had gone down resident and the medication and the medi	m revealed: hallway after walking away cart. the resident living room with cation cart. In the hallway to a resident right side of the hall near the to the resident living room to re provider assess a the medication cart and medications from the top of and began to place other drops on top of the ow for the count of to be completed. The medication cart and put the top of the medication cart and put the top of the medication ers. Instrator on 04/29/21 at the tore to remain locked when a staff. The MA from the ations per facility protocol. The medication cart to assist groom who requested	D 378		

Division of Health Service Regulation

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 378 Continued From page 84 D 378 being left unattended since the surveyors were present and counting the medications D 392 10A NCAC 13F .1008(a) Controlled Substances D 392 The facility will secure controlled substance records in order for accessibility as requested 10A NCAC 13F .1008 Controlled Substances for review. (a) An adult care home shall assure a readily retrievable record of controlled substances by Medication Aides were re-trained by RSD documenting the receipt, administration and utilizing the NC 15 Hour Medication Curriculum disposition of controlled substances. These on 5/6/21 to Include proper documentation of records shall be maintained with the resident's PRN medications. record and in such an order that there can be accurate reconciliation. Med Cart audits to be conducted and all orders to be reviewed by the PCP to confirm controlled substance orders are accurate and necessary. This Rule is not met as evidenced by: Based on observations, interviews, and record Multidisciplinary review and audits of reviews, the facility falled to assure readily MAR/Charts/Med Carts by Pharmacy was retrievable records of controlled substances for 1 conducted on 5/26/21. of 3 residents sampled (#6) for a controlled substance used for moderate to severe pain. Quarterly onsite reviews will be conducted by the pharmacy according to NC State The findings are: Regulations. Review of Resident #6's current FL-2 dated Executive Director will be immediately 04/28/21 revealed diagnoses included dyspnea, notified if onsite reviews cannot be hypertension, osteoarthritis, history of pulmonary conducted. embolism, chronic kidney disease - stage 4, and hypothyroidism. ED/RSD will review pharmacy reports for confirmation onsite review was conducted Review of Resident #6's physician's order dated and recommendations have received follow up. 08/21/20 revealed an order for Tramadol 50mg 1 tablet 2 to 3 times a day as needed (prn) for pain. Review of Resident #6's clarification order dated 09/21/20 revealed the order should be Tramadol 50mg 1 tablet 3 times a day pm pain.

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		TE SURVEY
			A. BUILDING.		CON	APLETED .
New Column Section Sec		HAL092215	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E 7// 000F	1 0	4/30/2021
CADENC	E GARNER		IGLEWOOD DRIVE			
OTION INC.	L OANNEX		R, NC 27529			
(X4) ID PREFIX	SUMMARY	STATEMENT OF DEFICIENCIES	l oi	PROVIDER'S PLAN OF CORR	FOTION	
TAG	REGULATORY O	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOLILD BE	COMPLETE DATE
D 392	Continued From page	ge 85	D 392			
en e	Review of Resident	#6's physician's order dated				
	02/03/21 revealed a tablet 2 to 3 times d	n order for Tramadol 50mg 1				To the state of th
	Review of Resident #6's physician's order dated 02/11/21 revealed:			,		
	-There was an order to discontinue Tramadol 50mg 1 tablet 2 to 3 times daily pm pain.					
	There were an action	times daily pm pain.				
	times a day.	to start Tramadol 50mg 3				
	Review of Resident	#6's physician's order dated				
	03/03/21 revealed ar	n order for Tramadol 50mg 1				
	tablet 3 times daily p	m pain.				
	03/13/21 revealed:	#6's physician's order dated				Occupant
	-There was an order	to discontinue Tramadol				
	50mg 1 tablet 3 time	s dally prn pain. to start Tramadol 50mg 3				
	times daily schedule	d.				
	Review of Resident #	#6's physician's order dated				
		order to continue Tramadol				
	50mg 1 tablet 3 times	s daily scheduled.				
	Review of Resident	#6's physician's order dated	1			
		order for Tramadol 50mg 1				
	tablet 3 times daily.					
	Review of Resident #	#6's pharmacy dispensing				
		21 - 04/29/21 revealed:				
	-There were 75 Tram		-			
	dispensed on 01/02/2					
	-There were 75 Trans					
	dispensed on 02/03/2		and a second			
	-There were 90 Trandispensed on 03/03/3					
	-There were 90 Tran		Construction			
	dispensed on 03/15/2					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		SURVEY PLETED
		HAL092215	B. WING		04	/30/2021
NAME OF P	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	E, ZIP CODE		
CADENCI	E GARNER		SLEWOOD DRIVE			
		GARNER	, NC 27629			
(X4) ID PREFIX TAG	(EACH DEFICIEN	BTATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
D 392	Continued From pag	ne 86	D 392			-
	-There were 90 Tran	nadol 50mg tablets	0 332			
Piritipoporana	dispensed on 04/22/21,					
OF THE PROPERTY OF THE PROPERT	Review of Resident #6's February 2021 electronic medication administration record (eMAR)					TO A STATE OF THE
1	revealed:					
	-There was an entry	for Tramadol 50mg 1 tablet 2				- Andrews
	to 3 times a day prn	pain.	1000			
	Tramadal was 02/02	the eMAR for the prn				
	02/11/21.	/21 and the stop date was	VI HARM			VARVATE
		f pm Tramadol 50mg				
	documented as administered on 02/05/21 at					
	2:11pm.					
	-No other doses of p	m Tramadol were	and the state of t			
On the same	-Thorowas an anto-	inistered in February 2021. for Tramadol 50mg 1 tablet 3	- Annual Control			Eller Control
1		ed for 8:00am, 2:00pm, and				
1	8:00pm.	io otobin zioopin, and				
	-The date written not 02/11/21.	ed on the eMAR was				
		locumented on 02/11/21 at	**************************************			
	8:00pm.	es of scheduled Tramadol				
		ented as administered from				
	-There was a total of	50 Tramadol 50mg tablets				- Control of Control o
operation and the second second	documented as adm 02/28/21.	inistered from 02/01/21 -				
and a second sec	Review of Resident	#6's controlled substance				
		dol for February 2021	and the second			
	-Tramadol 50mg was					
	administered on 02/	11/21 at 2:00pm, 02/12/21 at				
	8:00pm, and 02/17/2	11 at 2:00pm on the CS log nented as administered on the				
	eMAR for those 3 oc					
	-There were 20 pm	Framadol doses documented				No.
		02/01/21 - 02/28/21 but only				

AME OF PROVIDER OR SUPPLIER	HAL092215	B. WING		(Minorope and April 1997)			
		B. WING		0.	4/30/2021		
ADENCE CARNED	STREET	ADDRESS, CITY, STATE	ZIP CODE		MOOTE DE 1		
		GLEWOOD DRIVE					
The state of the s		R, NC 27529					
REFIX (EACH DEFICIENT	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	SHOULD BE	
O2/01/21 - 02/28/21There was a total of documented as admi 02/01/21 - 02/28/21 tablets were docume eMARThe CS logs did not February 2021 eMAF Review of Resident # revealed: -There was an entry times a day prn painThe date written on the transpart of times and the times and	imented on the eMAR from 89 Tramadol 50mg tablets inistered on the CS log from out only 50 Tramadol 50mg inted as administered on the accurately reconcile with the R. 86's March 2021 eMAR 86's March 2021 eMAR 86's March 2021 eMAR 86's March 2021 eMAR 87's Tramadol 50mg 1 tablet 3 88's the eMAR for the pm 88's and the stop date was also as of Tramadol 50mg 1 tablet 3 89's do for 8:00am, 2:00pm, and and on the eMAR for this was 02/11/21 and the stop and commented as from 03/01/21 at 8:00am 88's 300pm.	D 392					

STATEMEN	of Health Service Ro				FL	ORM APPROVE
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION ·	(X3) DA	TE SURVEY
			A. BUILDING:		CO	MPLETED
		HAL092215	D WINO			
WANE OF	200100	TIAEV32210	B. WING		0	4/30/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	***************************************	
CADENC	E GARNER		GLEWOOD DRIVE			
	T	GARNE	R, NC 27529			
(X4) ID PREFIX	SUMMARY (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORE	RECTION	T over
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLETE
				DEFICIENCY)	PROPRIATE	DATE
D 392	Continued From pa	ge 88	D 392			
	-There were 49 dos	ses of scheduled Tramadol				
	50mg tablets docur	nented as administered from				
-	03/15/21 - 03/31/21.		The state of the s			
	-There was a total of	of 55 Tramadol 50mg tablets				
	03/31/21.	ninistered from 03/01/21 -				
	OWO IZE					
	Review of Resident	#6's CS logs for Tramadol for				
	March 2021 reveale	d;				
	-There were 26 pm	doses of Tramadol 50mg	all			
The state of the s	documented as administered from 03/01/21 -					
	03/31/21 on the CS	log but no prn doses of				
1	the all AD from 02/0	mented as administered on				
-	the eMAR from 03/0	n/21 - 03/31/21. eduled doses of Tramadol				
	50ma documented a	as administered from				
	03/01/21 - 03/31/21	but only 55 scheduled doses				
	were documented as	s administered on the eMAR				
	from 03/01/21 - 03/3					
	-There was a total o	f 96 Tramadol 50mg tablets				
	Ocumented as adm	inistered on the CS log from but only 55 doses were				
		eMAR from 03/01/21 -				
-	03/31/21.	6W/W W W W W W W W W W W W W W W W W W W				
	-The CS logs did no	t accurately reconcile with the				
	March 2021 eMAR.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Daview of Desident	HCl- AII DOO4 -3445 D				
	revealed:	#6's April 2021 eMAR	The state of the s			
		for Tramadol 50mg 1 tablet 3	and the same of th			
		ed for 8:00am, 2:00pm, and	9400			
	8:00pm.		- Comments			
		the eMAR for the scheduled				
1- STATE OF THE PARTY OF THE PA		/21 and there was no stop	- Contract C			
	date listed.	es of scheduled Tramadol				
		ented as administered from				
	04/01/21 - 04/30/21					
	-There was no entry	on the eMAR for any pm				
	Tramadol orders so	no pm Tramadol was				

CPUQ11

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A BUILDING:	CONSTRUCTION		E SURVEY PLETED
		POTENTIAL	, somethid,		3011	
		HAL092215	B. WING	B. WING		/30/2021
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		The state of the s
ADENCE	GARNER	200 MIN	GLEWOOD DRIVE			
	Y-1		R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 392	Continued From page	ge 89	D 392			
-	documented as adn	ninistered in April 2021.				
OPT TO THE PROPERTY OF THE PRO	-There was a total of	f 89 Tramadol 50mg tablets ninistered from 04/01/21 -				girling version managering in the special state of
Total Section	Review of Resident #6's CS logs for Tramadol for April 2021 revealed:					
1	-There were 27 pm doses of Tramadol 50mg					1
	documented as adm	inistered from 04/01/21 -				
	04/30/21 on the CS	log but prn doses were				
1	04/01/21 - 04/30/21.	inistered on the eMAR from	***************************************			
		duled doses of Tramadol				
	50mg documented a	s administered from				
	04/01/21 - 04/30/21	but only 89 scheduled doses				A COLUMN TO A COLU
	were documented as	administered on the eMAR	production and a service and a			
	from 04/01/21 - 04/3					
	- I nere was a total of	118 Tramadol 50mg tablets				
	04/01/21 - 04/30/21 I	inistered on the CS log from out only 89 doses were				
	documented on the 6 04/30/21.	MAR from 04/01/21 -				
		accurately reconcile with the				and the second s
	-There was a total ba	alance of 63 tablets				
	remaining after the la 04/30/21.	ast dose documented on				
and the same of th	Observation of Resid	lent #6's medications on	Ballinary do opposit			
	hand on 04/30/21 at	11:20am revealed there was				
and the second second	a total of 63 Tramado	ol 50mg tablets on hand.				
omeocyacatacatac	Review of Resident #	#6's medication orders,				
	eMARs, CS logs, pho	armacy dispensing records,				
	and medications on I					
	-There were 345 Tra					
	dispensed from 02/0 -There were 298 Tra					
		inistered from 02/03/21 -				
1	04/30/21 on the CS I					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 392 Continued From page 90 D 392 -There were only 194 Tramadol 50mg tablets documented as administered from 02/03/21 -04/30/21 on the eMARs. -There was a total of 104 Tramadol 50mg tablets documented as administered on the CS logs that was not documented on the eMARs. -The CS logs did not accurately reconcile with the eMARs. Interview with a medication aide (MA) on 04/29/21 at 8:06am revealed: -When she worked on night shift, Resident #6 would get a scheduled Tramadol at 8:00pm and around 1:00am or 2:00am, the resident would press her call light and ask for a prn Tramadol. -She usually documented the administration of the Tramadol on the CS log and the eMAR. -She could not explain why prn doses of Tramadol were documented on the CS log but not on the eMAR. Interview with the Memory Care Manager (MCM) on 04/30/21 at 10:15am revealed: -The MAs were supposed to document the administration of the Tramadol on the CS log and eMAR. -The only system she was aware of to check the CS logs for accuracy was the MAs did CS counts each shift and there had not been any discrepancies with the count on hand to her knowledge. -She thought the Resident Services Director (RSD) checked the eMARs and CS logs but she was not sure. Interview with the RSD on 04/30/21 at 3:58pm revealed: -The MAs were supposed to document on the CS

Division of Health Service Regulation

log and the eMAR when a CS was administered. -If there was a discrepancy with the CS logs, the

CPUQ11

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 392 D 392 Continued From page 91 MAs were supposed to notify the RSD or the MCM. Interview with Resident #6 on 04/30/21 at 3:37pm -She usually received Tramadol 4 times a day at 8:00am, 2:00pm, 8:00pm, and 2:00am. -She had been getting Tramadol that way for about a year. -She took Tramadol for pain in her knees and hips. D 400 D 400 10A NCAC 13F .1009(a)(1) Pharmaceutical Care Multidisciplinary team from pharmacy conducted a MAR/Chart/Med Cart audit on 10A NCAC 13F .1009 Pharmaceutical Care 5/26/21. (a) An adult care home shall obtain the services All quarterly pharmacy reviews will be of a licensed pharmacist or a prescribing completed onsite. ED/RSD/RCC will review practitioner for the provision of pharmaceutical quarterly reports. care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of Information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as

prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING HAL092215 04/30/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27629 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 400 D 400 Continued From page 92 prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to have medication reviews

The findings are:

the residents.

Review of the most current quarterly medication review reports dated 03/20/21 revealed there was a statement printed at the top of each page, "in light of the COVID-19 outbreak and subsequent on-site visit restrictions, compliance with 10A NCAC 13G .1009 was met using all available virtual resources".

completed on-site as required for 7 of 7 residents sampled (#1, #2, #3, #4, #5, #6, #7) resulting in failure to identify medication related problems for

1. Review of Resident #4's current FL-2 dated 10/08/20 revealed diagnoses included dementia, type 2 diabetes mellitus, hypertension, hyperlipidemia, carotid stenosis, and chronic kidney disease - stage 3.

Review of Resident #4's most current medication review dated 03/20/21 revealed: -The pharmacist noted the resident's blood

pressure and blood sugars were mostly within normal limits.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL 092715		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL092215	B. WING		04/:	30/2021
	OF PROVIDER OR SUPPLIER	200 MIN	ADDRESS, CITY, STATE GLEWOOD DRIVE R, NC 27529	E, ZIP CODE		A 100 E8 14-14
(X4) PREF TAC	IX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D	insulin ordered change times a day with mea a The pharmacist did in the order to hold Novo 01/30/21 was not improper continued to receive I day from 01/30/21 a ordered being held as ordered Telephone interview with Pharmacist on 04/30/2 did not identify the en Novolog insulin not be pharmacy did not have resident's paper reconsident's paper reconsident's paper reconsidered to interview with (MCM) on 04/30/21 at 11:58a. Refer to telephone into Operations at the facili on 04/30/21 at 11:58a. Refer to telephone into Pharmacist on 04/30/2 Refer to interview with Director (RSD) on 04/30/21. Refer to interview with 04/30/21 at 9:30am.	d the resident's Novolog ged on 01/13/21 to 6 units 3 ls. not identify and document olog insulin for 3 days on elemented and the resident Novolog insulin 3 times a 12/01/21 without any doses it. With the Consultant 21 at 3:15pm revealed she for with Resident #4's leing held because the e a copy of that order on file access to look at the right at the facility. In the Memory Care Manager is 10:15am. Berview with the Manager of lity's contracted pharmacy m. Berview with the Consultant 21 at 3:15pm. In the Resident Services 30/21 at 3:58pm.	D 400			

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY D 400 Continued From page 94 D 400 Review of Resident #6's most current medication review dated 03/19/21 revealed: -The pharmacist noted the resident's blood pressure was within normal limits. -The pharmacist noted the resident's Tramadol order changed on 03/03/21 to discontinue scheduled Tramadol and start Tramadol 50mg 3 times a day as needed for pain. -The pharmacist noted another change in the Tramadol order dated 03/13/21 to discontinue prin Tramadol and start scheduled Tramadol 50mg 3 fimes a day. -The pharmacist did not identify and document the Tramadol was not administered as ordered according to the eMARs and controlled substance logs based on the order changes she noted for March 2021. Telephone interview with the Consultant Pharmacist on 04/30/21 at 3:15pm revealed she did not Identify discrepancies with Resident #6's Tramadol because she did not have access to review the controlled substance logs. Refer to interview with the Memory Care Manager (MCM) on 04/30/21 at 10:15am. Refer to telephone interview with the Manager of Operations at the facility's contracted pharmacy on 04/30/21 at 11:58am. Refer to telephone interview with the Consultant Pharmacist on 04/30/21 at 3:15pm. Refer to interview with the Resident Services Director (RSD) on 04/30/21 at 3:58pm.

Division of Health Service Regulation

04/30/21 at 9:30am.

Refer to interview with the Administrator on

	OF CORRECTION				(X3) DATE SURVEY COMPLETED	
		HAL092216	B. WING	***************************************	04	1/30/2021
	ROVIDER OR SUPPLIER E GARNER	200 MiN	ADDRESS, CITY, STATE IGLEWOOD DRIVE R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMFLETE DATE
D 400	3. Review of Resider revealed diagnoses i congestive heart failt pulmonary embolism disease. Resident #1's Reside admission on 02/16/16 Review of Resident #1 revealed: -The last on-site med completed on 12/18/2 contracted pharmacy -There was documen medication review co completed remotely. Refer to interview with (MCM) on 04/30/21 at 11:58a Refer to telephone into Operations at the faction 04/30/21 at 11:58a Refer to interview with Director (RSD) on 04/30/21 at 9:30am. 4. Review of Resident 106/04/20 revealed diale hypothyroidism, hyperidisorder, and muscle 104/30/21 at 9:30ard.	and the Harman street of the Resident Services with the Manager of illity's contracted pharmacy are. The Resident Services (30/21 at 3:58pm. In the Administrator on the thy a pharmatic of the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident and the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident Services (30/21 at 3:58pm. In the Administrator on the Resident Services (30/21 at 3:58pm.	D 400			

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 400 Continued From page 96 D 400 admission on 02/15/19. Review of Resident #3's medication reviews revealed: -The last on-site medication review was completed on 12/18/19 by a pharmacist with the contracted pharmacy. -There was a quarterly medication review for 03/20/21. -This review was not done on-site. Refer to interview with the Memory Care Manager (MCM) on 04/30/21 at 10:15am. Refer to telephone interview with the Manager of Operations at the facility's contracted pharmacy on 04/30/21 at 11:58am. Refer to telephone interview with the Consultant Pharmacist on 04/30/21 at 3:15pm. Refer to interview with the Resident Services Director (RSD) on 04/30/21 at 3:58pm. Refer to interview with the Administrator on 04/30/21 at 9:30am. 5. Review of Resident #5's current FL-2 dated 10/08/20 revealed diagnoses included dementia, cognitive dysfunction with behavioral disturbances, social or emotional deficit, osteoporosis, bone fracture, and asthma. Resident #5's Resident Register revealed an admission on 07/26/19. Review of Resident #5's medication reviews -The last on-site medication review was completed on 12/18/19 by a pharmacist with the

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 400 Continued From page 97 D 400 contracted pharmacy. -There was a quarterly medication review for 03/20/21. -This review was not done on-site. Refer to interview with the Memory Care Manager (MCM) on 04/30/21 at 10:15am. Refer to telephone interview with the Manager of Operations at the facility's contracted pharmacy on 04/30/21 at 11:58am. Refer to telephone interview with the Consultant Pharmacist on 04/30/21 at 3:15pm. Refer to interview with the Resident Services Director (RSD) on 04/30/21 at 3:58pm. Refer to interview with the Administrator on 04/30/21 at 9:30am. 6. Review of Resident #2's current FL-2 dated 01/14/20 revealed diagnoses included bipolar disorder, hypertension (HTN), hypothyroidism, chronic pain, history of asthma, atrial fibrillation, gastroesophageal reflux disease (GERD), constipation, bilateral lower extremity edema and history of deep tissue injury. Review of Resident #2's Resident Register revealed an admission date on 08/05/20. Review of Resident #2's medication reviews revealed there was a quarterly medication review dated 03/21/21 that was completed remotely. Refer to interview with the Memory Care Manager (MCM) on 04/30/21 at 10:15am. Refer to telephone interview with the Manager of

STATEMENT OF AND PLAN OF (DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL092216	B. WING	SERVICE STATE OF THE SERVICE STATE S	04	1/30/2021
NAME OF PROV	IDER OR SUPPLIER	200 MIN	ADDRESS, CITY, STATE IGLEWOOD DRIVE R, NC 27529			
(X4) IB PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLE DATE
Representation of the control of the	efer to telephone in armacist on 04/30/20 efer to interview with rector (RSD) on 04/30/21 at 9:30 am. Review of Resided discture, non-operated morrhage (AH), as pertension, hypothequent falls. In the pertension of the pertension of Resident in	cility's contracted pharmacy Barn. Interview with the Consultant 0/21 at 3:15pm. Ith the Resident Services 4/30/21 at 3:58pm. Ith the Administrator on Interview at 3:58pm. Ith the Administrator on Interview at 3:58pm. Ith the Administrator on Interview at 3:58pm. Interview at 3:58pm. Interview with the Manager of sility's contracted pharmacy at 3:58pm. Interview with the Consultant Interview with the Consultant	D 400			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:			E SURVEY
		ACCEPTANCE OF THE PROPERTY OF	A BUILDING:		Com	FELICI
		HAL092215	B. WING		04	4/30/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	***************************************	
0.000000	TA CHLIMB	200 MIN	GLEWOOD DRIVE			
CADENCI	E GARNER		R, NC 27529			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF	CODDECTION	7
PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 400	Continued From page	ge 99	D 400			
	04/30/21 at 9:30am		ACCESSION NO.			
	0 11 00 12 1 40 5.00 5111	•	Accountance of the contract of			
	Interview with the M	emory Care Manager (MCM)				
	on 04/30/21 at 10:1:	5am revealed:				
	-Prior to the COVID-	-19 pandemic, the consultant				
		came on-site to the facility to				
	do the medication reviews.					
	-She could not recal	I when outside providers were				
	allowed to come bad					
	cases in March 202	have any positive COVID-19				
	-She did not recall emailing the Consultant					
	Pharmacist and instructing her to do the					
	medication reviews remotely in March 2021.					approximation of the control of the
	-She thought the pre	evious Administrator may				
	have told the Consultant Pharmacist to do the					and a control of the
9	medication reviews	remotely.				
	Telephone interview	with the Manager of				
		cility's contracted pharmacy				
	on 04/30/21 at 11:58					
		ested the pharmacy				
		medication reviews	-			***************************************
		COVID-19 pandemic. Imacists were doing on-site				
		OVID-19 pandemic but if a	1000			
	facility requested the		Vilance and dis			
	remotely, the pharma	acy would abide by the				
	facility's wishes.	the pharmacy to do the				and the second
and the second	medication reviews r					
		motely, the Consultant				
		ess to eMARs and any orders				
		cy's electronic system.	***************************************			
-	Telephone interview	with the Consultant				
	Pharmacist on 04/30	/21 at 3:15pm revealed:				
1		the facility prior to doing the				
	medication reviews in					
Manage	-She emailed the MC	M and asked if they wanted				1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:		SURVEY	
	HAL092215		B. WING	04	/30/2021	
	ROVIDER OR SUPPLIER	200 MIN	ADDRESS, CITY, STATI IGLEWOOD DRIVE R, NC 27629			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL. R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCEO TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	an on-site review of medication reviews -The MCM replied of medication reviews -When she did medication reviews -When she did medication she did not have a street residents' reconstruction. -She did not have a medications on handless. Interview with the R (RSD) on 04/30/21. -The medication reviews with the facility did not cases in March 202 cases were in December 19:30 am revealed: -She had only worked weeks so she was reviews had not been 2021. -She found email construction of the medication and the medication remotely. -The MCM instruction do the medication 2021. -There were no resident.	r if they wanted her to do the remotely. and instructed her to do the remotely, she reviewed the eMARs and she ronic orders on file at the ccess to and could not review ds in the facility. ccess to and could not check d or controlled substance esident Services Director at 3:58pm revealed: riews should have been done to have any positive COVID-19 1 and the last COVID-19 mber 2020. dministrator on 04/30/21 at end at the facility about 2 not aware the medication and one on-site in March armacist asked the MCM if illication reviews done on-site of the Consultant Pharmacist reviews remotely for March dents in the facility with 2021 and the medication	D 400			

CPUQ11

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY D 465 10A NCAC 13F .1308(a) Special Care Unit Staff D 465 The facility will provide staff for the required hours according to census. 10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in Staffing sheets will be reviewed by the RSD or designee daily to make certain appropriate sufficient number to meet the needs of the staffing levels to meet the needs of the residents; but at no time shall there be less than residents. one staff person, who meets the orientation and training requirements in Rule .1309 of this The ED/RSD will review weekly assignment Section, for up to eight residents on first and sheets to monitor for compliance for four second shifts and 1 hour of staff time for each (4) weeks. additional resident; and one staff person for up to BOD will audit timecard reports weekly for 10 residents on third shift and .8 hours of staff four (4) weeks to capture all documented time for each additional resident. hours worked. All corrective measures will be implemented This Rule is not met as evidenced by: by 6/14/21, Based on observations, interviews, and record reviews, the facility failed to ensure the required Continued monitoring of compliance will be staffing hours for the Special Care Unit (SCU) through QA audits, compliance trends and patterns. with a census of 20 - 21 were met for 5 of 15 shifts sampled from 03/23/21 - 04/05/21. The findings are: Review of the facility's current license effective 01/01/21 revealed the facility was licensed for a capacity of 84 beds including a SCU with a capacity of 48 beds. Review of the facility's resident census report dated 03/23/21 revealed there was a SCU census of 20 residents, which required 20 staff hours on first and second shift and 16 staff hours on third shift. Review of the employee time cards dated 03/23/21 revealed there was a total of 10 hours and 38 minutes staff hours provided on third shift

minutes.

in the SCU with a shortage of 5 hours and 22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
) (h) against	B. WING				
		HAL092215		**************************************	0	4/30/2021	
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE			
ADENCE	E GARNER		GLEWOOD DRIVE R, NC 27529				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX		CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCE	HE APPROPRIATE	DAT	
D 465	Continued From pag	je 102	D 465		***************************************		
	dated 04/03/21 rever of 21 residents, which	e's resident census report aled there was a SCU census th required 21 staff hours on t and 16.8 staff hours on third				codering section of the section of t	
	Review of the employee time cards dated 04/03/21 revealed there was a total of 17 staff hours provided on first shift in the SCU with a shortage of 4 hours.						
	Review of the employee time cards dated 04/03/21 revealed there was a total of 17 staff hours provided on second shift in the SCU with a shortage of 4 hours.						
	dated 04/05/21 rever	r's resident census report aled there was a SCU census th required 20 staff hours on thand 16 staff hours on third				dela protocologica del mandre del constructo de la construcción del protocologico.	
	Review of the employee time cards dated 04/05/21 revealed there was a total of 18 staff hours provided on second shift in the SCU with a shortage of 2 hours.						
	04/05/21 revealed th and 17 minutes staff	yee time cards dated ere was a total of 10 hours hours provided on third shift ortage of 5 hours and 43				The second secon	
	member on 04/30/21 -The facility had a highest often short staffedThe family member	with a resident's family I at 11:10am revealed: gh turnover rate and were was at the facility for a visit 14/04/21) and noted that the					

2399

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED		
······································		HAL092215	B. WING		04/30/2021	
	ROVIDER OR SUPPLIER E GARNER	200 MIN	DDRESS, CITY, STATE GLEWOOD DRIVE R, NC 27529			
(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 CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRIDEFICIENCY)	N SHOULD BE COMPLET DATE	
	Interview with a med 04/27/21 at 10:45am -She would pass the the assisted living (A there was only one Market assisted living) and the same assisted living (A there was the only Market assisted assisted living) and the same assisted living (A there was only one Market assist with medication pass on the one Market assist with one Market assist with medication pass on the one Market assist with medication pass on the one Market assist with the passist with medication pass on the one Market assist with the passist with medication pass on the one Market assist with the passist with medication pass on the one Market assist with the passist wi	fed. arving lunch in the SCU and it sidents to be served. Ication eide (MA) on revealed: medications for residents on L) side and in the SCU when MA for the facility. Manager (MCM) and the rector (RSD) would assist ing medication pass on the C. with a second MA on evealed: their breaks. A in the facility on night shift in the facility on night shift in the facility on 04/30/21 at inch, they completed an inche would enter their time entered into the system, it is e card. In all staff to report on the with the MCM on 04/30/21 at with the MCM on 04/30/2	D 465			

PRINTED: 05/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING HAL092215 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 465 Continued From page 104 D 465 administrative duties. Interview with the RSD on 04/30/21 at 3:58pm revealed: -The MCM was responsible for making the schedule for the facility. -If there was a call out, staff called into the MCM or RSD. -The MCM and RSD called alternative staff to find shift coverage or one of them would cover the staffing need. -The facility was using a staffing company to provide additional PCAs. -There were 3 MAs for the facility. -The MCM and RSD would assist with the medication pass on SCU when there was only one MA working. Medication aides were re-trained by RSD D912 D912 G.S. 131D-21(2) Declaration of Residents' Rights utilizing the NC 15 Hour Medication Curriculum on 5/6/21 to include proper documentation of G.S. 131D-21 Declaration of Residents' Rights PRN medications. Every resident shall have the following rights: 2. To receive care and services which are Multidisciplinary review and audits of MAR/ adequate, appropriate, and in compliance with Charts/Med Carts by Pharmacy was relevant federal and state laws and rules and conducted on 5/26/21. regulations. Quarterly onsite reviews will be conducted by the pharmacy according to NC State Regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record Scanner devices will be implemented by reviews, the facility failed to ensure residents 6/14/21 with staff education by RSD/RCC for received care and services which were adequate,

Division of Health Service Regulation

The findings are:

appropriate and in compliance with relevant

related to medication administration.

reviews, the facility failed to administer

federal and state laws and rules and regulations

1. Based on observations, interviews, and record

accurate documentation of medication

Medication Administration audits will be

needed and to monitor for compliance.

completed weekly by RSD/RCC for four (4) weeks to identify any additional training

administration

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D912 Continued From page 105 D912 Weekly interviews will be conducted by medications as ordered and in accordance with ED/RSD/RCC for four (4) weeks to address the facility's policies for 2 of 4 residents (#7, #8) concerns and make certain residents are observed during the medication passes including being observed when administered errors with medications for treatment of allergy medications. symptoms, hemorrholds, and dry eyes (#8), and All corrective measures will be Implemented an extended release pain medication that was by 6/14/21. crushed (#7); and for 3 of 7 residents sampled (#4, #5, #6) for record review including errors with Continued monitoring of compliance will be insulin (#4), an antidepressant (#5), a medication conducted through QA audits, compliance for prevention of heart disease (#5), and narcotic trends and patterns. pain medications (#5, #6). [Refer to Tag D358, 10A NCAC 13F .1004(a) Medication Administration (Type B Violation)]. 2. Based on observations, interviews, and record reviews, the facility failed to ensure medication aides observed residents taking their medication for 5 of 5 residents sampled (#1, #6, #8, #9, #10) including one resident during the medication pass (#8) on 04/28/21. [Refer to Tag D366, 10A NCAC 13F .1004(i) Medication Administration (Type B Violation)]. D914 G.S. 131D-21(4) Declaration of Residents' Rights D914 The community will provide a safe environment free of mental and physical G.S. 131D-21 Declaration of Residents' Rights abuse, neglect and exploitation. Every resident shall have the following rights: 4. To be free of mental and physical abuse, Staff were re-educated on the facility neglect, and exploitation. restraint policy by RSD.

This Rule is not met as evidenced by:

Based on observations, record reviews, and interviews, the facility failed to ensure Resident

#7 was free of mental and physical abuse and

by being tied in her wheelchair with an article clothing and locked in her room for and undetermined amount of time on 02/09/21.

neglect as related to the resident being restrained

ED/RSD or designee will make dally observations to identify practices that may be

5/28/21 and will be monitored by daily

Corrective measures will be implemented by

considered restraints.

observations.

(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27829 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY D914 Continued From page 106 D914 The findings are: Based on observations, record reviews, and interviews the facility failed to ensure that a physical restraint was used in circumstances in which the resident had medical symptoms that warranted the use of restraints, used only with a written order from a physician for 1 of 6 sampled residents (#7). [Refer to Tag D915, G.S. 131D-21(5) Declaration of Residents' Rights (Type A2 Violation)]. The community will safeguard to make D915 G.S. 131D-21(5) Declaration of Resident's Rights D915 certain they are free from what may be considered a restraint. G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: Education to be provided by Physical Therapy 5. Except in emergencies, to be free from Agency regarding appropriate positioning chemical and physical restraint unless authorized of residents by 5/28/21. for a specified period of time by a physician All corrective measures will be implemented according to clear and indicated medical need. by 5/28/21. This Rule is not met as evidenced by: Continued monitoring of compliance will be TYPE A2 VIOLATION conducted through QA audits, compilance trends and patterns. Based on observations, record reviews, and interviews the facility failed to ensure that a physical restraint was used in circumstances in which the resident had medical symptoms that warranted the use of restraints, used only with a written order from a physician for 1 of 6 sampled residents (#7). The findings are: Review of the facility's Restraint Policy dated 06/15/20 revealed: -The staff should observe and respect the personal rights of all residents including being

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

HALO92216

NAME OF PROVIDER OR SUPPLIER

CADENCE GARNER

FORM APPROVED

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING:

A BUILDING:

B. WING

94/30/2021

STREET ADDRESS, CITY, STATE, ZIP CODE

200 MINGLEWOOD DRIVE
GARNER, NC 27529

ADENCE GARNER			200 MINGLEWOOD DRIVE					
			R, NC 27529					
(X4) ID PREFIX TAG	SUMMARY STATEMENT (EACH DEFICIENCY MUST BI REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE			
D915	Continued From page 107		D915					
	free from physical and chemical residents should be free of a fire of movement. Physical obstruction of movement limited to being personally used a material item for: blood pathway; restricting a resident to wander or get out of bed or a resident's movement to and restraining or blocking a residifying position. Restraints shall not be used thind for any residents. Restraints shall not be used thind for any residents. Restraints of a lot be used the staff or facility at any time. Any observation of above by should be immediately reported supervisor.	ment includes but involved or having king a resident's trom the freedom chair; prevention of from one area; and ent in a sitting or for convenience of a staff member						
	Review of the facility's Elder A Exploitation Policy dated 06/11- Resident abuse, neglect, and prohibitedShould any resident experien abuse is suspected, staff and required to immediately provid persons/agencies as describerable Care Partners received inselder abuse, incidence, signs a abuse, and reporting requirem orientation; this training shall be state regulationsAll staff and volunteers are "n reporters."	5/20 revealed: exploitation are ce abuse or when volunteers are de notification to d in this policy, service training on and symptoms of ents during initial de repeated per sandated						
-	observed, suspects, has know by a resident or other staff mer incident which appears to be a the incident will be immediately Resident Services Director (RS	ledge of, or is told inber, of an ny form of abuse, y reported to the			And the second s			

Division of Health Service Regulation

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D915 Continued From page 108 D915 not available, the incident will be reported to the Administrator; in all cases the Administrator will be informed as soon as possible. Upon the notice of reported, observed. suspected or at imminent risk of any form of abuse: immediate steps will be taken to ensure the resident is protected from potential future abuse and neglect while the investigation is conducted; a thorough investigation will be conducted by the RSD or the Administrator; the resident is interviewed and responses documented; witnesses or other persons may need to be interviewed as part of the investigation process; the RSD arranges for medical evaluation of the resident as necessary; the family/responsible party is notified immediately of the incident; the resident's primary care physician (PCP) is notified immediately as necessary. -Reporting of any suspected, alleged, or witnessed abuse will be completed according to state reporting requirements. -The facility shall immediately notify the county department of social services and the local law enforcement authority as required by law of any mental or physical abuse, neglect or exploitation of a resident. -The facility shall assure the notification of a resident's responsible person or contact person. as indicated on the Resident Register. -Any staff member willfully participating in this abuse will be terminated. Review of Resident #7's current FL-2 dated 10/30/20 revealed:

-Diagnoses included left hip fracture,

-She was constantly disoriented.

non-operable, bifrontal subarachnoid hemorrhage (AH), advanced dementia, hypertension, hypothyroidism, osteoarthritis and frequent falls.

-She was non-ambulatory and required total care

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27529 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D915 Continued From page 109 D915 with personal care assistance. Review of Resident #7's care plan dated 04/28/21 revealed: -She required limited assistance with ambulation/locomotion. -She was independent with transfers. Review of an Incident Report for Resident #7 dated 02/09/21 revealed: -There was an incident that occurred on 02/09/21 at 3:45pm in Resident #7's room. -The staff observed Resident #7 restrained to her wheelchair by a long-sleeved shirt. -Resident #7 had no visible bruises or injuries and vital signs were obtained. -Resident #7 had no loss of consciousness and normal range of motion. -The Memory Care Manager (MCM) was notified on 02/09/21 at 3:45pm. -Resident #7's primary care physician (PCP) was notified on 02/09/21 at 4:30pm. -Resident #7's family member was notified on 02/09/21 at 8:20pm. -Resident #7 was not sent to the hospital. -The staff were to continue to monitor Resident #7 for any changes. Review of a witness statement dated 02/09/21 revealed: -The author of the statement was a personal care assistant (PCA) that was scheduled to work 3:00pm-11:00pm shift on 02/09/21, -She went to Resident #7's room to look for her and noticed that the room door was locked. -She unlocked the room door and observed Resident #7 tied to the wheelchair around her waist with some pants. Review of a second witness statement revoaled:

STATEMEN	of Health Service Re	(X1) PROVIOER/SUPPLIER/CLIA	V211111777			ORM APPROV	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092215	B. WING		84484		
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	C 31d 0000		04/30/2021	
CADENC	CARLES		GLEWOOD DRIVE				
MUENC	E GARNER		R, NC 27529				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		I ID T	PROVIDED'S DI AM DE	OF CORPORATION		
TAG	REGULATORY OF	CY MOST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETE DATE	
D915	Continued From pag	ge 110.	D915		***************************************		
	-The witness statem	ent was not dated					
	-The author of the w	itness statement was the	The state of the s			N. Commercial Commerci	
	former Administrator	, and the state of					
	-He was notified by a	second shift PCA that	***************************************				
- Land	Resident #7 was tied	to her wheelchair in her					
	room.						
	-He went into Resident #7's room and observed						
- Indiana	sleeved t-shirt.	chair with a navy blue, long				-	
		d Danida - I #71	1000				
	-The shirt was around Resident #7's upper body and the wheelchair and was tied behind her and						
	Resident #7 was unable to get up from the chair.						
	-Resident #7 was able to move her arms freely.						
NO THE REAL PROPERTY.	-The staff untied the shirt and assessed Resident						
	#7 for injuries.						
-	-There were no apparent injuries.						
	-There were no chang	ges in Resident #7's mental					
	status and she was responsive as normal.						
	Review of a Health Co (HCPR) 24-hour Initia revealed:	are Personnel Registry Il Report dated 02/10/21				**************************************	
	-Report was complete	ed by the former					
	Administrator on 02/10/21Resident #7 was found restrained to her with her long-sleeved top with no					***	
1.							
1			- Anna -				
18	apparent injury.						
	The incident occurred	on 02/09/21 at 3:40pm.					
a	-There was nothing selected under the "Allegation/Incident Type" portion of the report.						
	-There was one staff member named as an						
	accused individual,						
	-There was no serious bodily injury.		- The section of the				
-	-The incident was not reported to law						
	enforcement.		POLICE TO SERVICE TO S				
li	nterview with a Region	nal Long-Term Care					
	Ombudsman on 04/29/	/21 at 3:38pm revealed:					
-	one completed a train	ing with facility staff on					
10	3/24/21 and discusse	a different types of					

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 HAL092215 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CADENCE GARNER 200 MINGLEWOOD DRIVE GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 111 D915 chemical and physical restraints. -She educated the staff on residents' right to be free from chemical and physical restraints. Interview with a PCA on 04/30/21 at 2:31pm revealed: -She worked on the memory care unit on 02/09/21 on the 7:00am-3:00pm shift. -She last saw Resident #7 at the nurses' station after lunch at about 1:00pm on 02/09/21. -She did hear another staff say she was going to tie Resident #7 up while she was sitting at the nurses' station but felt the other staff member said it jokingly. -She did not report what the staff said because she thought it was a joke. -She was made aware of Resident #7 being restrained by the former Administrator on 02/09/21 at about 7:00pm. -She discussed the above events with the former Administrator and was suspended pending investigation results, -She returned to work about 1 week later and was reeducated on restraints and reporting abuse. Interview with Resident #7's PCP on 04/29/21 at 1:33pm revealed: -On 02/11/21, she was in the facility and followed up with Resident #7 related to abnormal blood pressure and heart rate. -She was not aware of the incident that occurred with Resident #7 on 02/09/21. -On 02/16/21, she was notified, by telephone, of the incident that occurred with Resident #7 on 02/09/21. -She was informed on 02/16/21 that Resident #7 had a sheet tied around her hands restraining her to the wheelchair and there were no injuries sustained. -She was not sure how long Resident #7 was

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 HAL092216 B. WING 04/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CADENCE GARNER 200 MINGLEWOOD DRIVE GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D915 Continued From page 112 D915 restrained. -She was not sure what staff member notified her of that incident. -She was informed that the incident was investigated and that the accused person was terminated. -On 02/18/21, she was in the facility and followed up with Resident #7 related to the incident that occurred on 02/09/21 and there were no injuries -There was not a restraint order for Resident #7. -There had never been an order to retrain Resident #7. -She was aware that Resident #7 attempted to stand up from her wheelchair unassisted at times but was not aware of any other behaviors. -Restraints were considered abuse and neglect and should be reported to the Administrator, the PCP and the family member immediately. -She addressed her concerns with the management staff however she could not remember who the management staff were or when she addressed the concerns. Based on observations, record reviews and interviews it was determined that Resident #7 was not interviewable. Attempted interview with the former Administrator on 04/30/21 at 10:24am was not successful. Attempted interview with a former personal care assistant (PCA) 04/30/21 at 10:30am was not successful. Attempted interview with a former medication aide (MA) on 04/30/21 at 10:36am was not successful. The facility failed to assure 1 of 6 residents was

HAL092216		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 04/30/2021	
		HAL092215					
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		10012021	
CADENC	E GARNER	200 MIN	GLEWOOD DRIVE				
(VA) ID	The state of the s		R, NC 27529				
(X4) ID PREFIX TAG	REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DUI D BE	COMP	
	free from a physical at Resident #7 being physical wheelchair by staff or observed by another door, restrained to he clothing for an undetermany care physicial aware of the incident Resident #7 for injurical failure to assure Resident #7 for injurical failure for	restraint which resulted in hysically restrained to her in 02/09/21. Resident #7 was staff to be behind a locked or wheelchair by an article of earnined amount of time; the in (PCP) was not made until 02/16/21 and assessed as on 02/18/21. The facility's dent #7 was free from erious neglect and violation.	D915				