Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL008034	B. WING		11/18/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE	336 SOUTH WINDSOR,	RHODES AV	ENUE		
()(1) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	l (VE	.,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPL	LETE
D 000	Initial Comments		D 000			
	County Department o	sure Section and the Bertie f Social Services conducted November 17, 2021 through				
D 273	10A NCAC 13F .0902	(b) Health Care	D 273			
		Health Care assure referral and follow-up ad acute health care needs				
	facility failed to ensure follow-up for 1 of 5 sa to not reporting finger	as evidenced by: and record reviews, the e health care referral and mpled residents (#2) related stick blood sugar results e resident's primary care				
	The findings are:					
	04/13/21 revealed: -Diagnoses included / heart failure (CHF), re diabetes mellitus type chronic kidney diseas -She was intermittenti	e.				
	(PCP) progress note of order to check finger three times per day be with any signs or sym	2's primary care provider's dated 09/20/21 revealed an stick blood sugars (FSBS) efore meals and as needed ptoms of hypo (low)/hyper d sugar) episodes; notify r over 250.				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL008034	B. WING		11/1	8/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE		H RHODES AVI , NC 27983	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
D 273	Continued From page	e 1	D 273			
D 2/3	Review of the facility's manual dated Septentary and the results. -The Care Coordinate blood sugar readings. Review of Resident # medication administrate revealed: -There was an entry to daily at 7:00am, 11:00. -There was an entry to daily at 7:00am, 11:00. -There was an entry to daily at needed, notifice symptoms of hyper/hyless than 70 or over 2. -On 09/03/21 at 5:00p, 299 and there was not PCP had been notified 250. -On 09/07/21 at 11:00. 252 and there was not PCP had been notified 250. -On 09/23/21 at 11:00. 258 and there was not PCP had been notified 250. -On 09/23/21 at 11:00. 258 and there was not PCP had been notified 250. -On 09/24/21 at 11:00. 258 and there was not PCP had been notified 250. -On 09/24/21 at 11:00.	s policy and procedure nber of 2021 revealed: will notify the Care phormal blood glucose or will review any abnormal and notify the provider. 2's September electronic ation record (eMAR) or check FSBS three times Oam, and 5:00pm. To check FSBS three times by the PCP of signs or typo-glycemic episodes if	D 2/3			
	250.	d of the blood sugar over 2's October 2021 eMAR				

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		IED
	HAL008034	B. WING		11/18	3/2021
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
HOUSE	336 SOUT	H RHODES AVI	ENUE		
TIOUSE	WINDSOR	, NC 27983			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD) BE	(X5) COMPLETE DATE
Continued From page	2	D 273			
-There was an entry to daily at 7:00am, 11:00 -There was an entry to daily at needed, notify symptoms of hyper/hyless than 70 or over 2 -On 10/02/21 at 11:00 380 and there was not PCP had been notifie 250On 10/17/21 at 11:00 340 and there was not PCP had been notifie 250On 10/25/21 at 11:00 396 and there was not PCP had been notifie 250On 10/25/21 at 5:00p 281 and there was not PCP had been notifie 250On 10/26/21 at 11:00 286 and there was not PCP had been notifie 250On 10/26/21 at 11:00 286 and there was not PCP had been notifie 250On 10/27/21 at 5:00p 304 and there was not PCP had been notifie 250On 10/27/21 at 5:00p 304 and there was not PCP had been notifie 250On 10/27/21 at 5:00p 304 and there was not PCP had been notifie 250There was an entry to daily at 7:00am, 11:00 -There was an entry to the provided at 7:00am, 11:00 -There was an entry to the provided at 7:00am, 11:00 -There was an entry to the provided at 7:00am, 11:00 -There was an entry to the provided at 7:00am, 11:00 -There was an entry to the provided at 7:00am, 11:00 -There was an entry to the provided at 7:00am, 11:00	o check FSBS three times Dam, and 5:00pm. To check FSBS three times by the PCP of signs or appo-glycemic episodes if 250. Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the dof the blood sugar over Dam, the FSBS result was a documentation that the	D 273			
symptoms of hyper/hyless than 70 or over 2	ypo-glycemic episodes if 250.				
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page -There was an entry the daily at 7:00am, 11:00 -There was an entry the daily at needed, notificing symptoms of hyper/highess than 70 or over 2-0n 10/02/21 at 11:00 380 and there was not PCP had been notifice 250On 10/17/21 at 11:00 340 and there was not PCP had been notifice 250On 10/25/21 at 11:00 396 and there was not PCP had been notifice 250On 10/25/21 at 5:00 281 and there was not PCP had been notifice 250On 10/25/21 at 5:00 281 and there was not PCP had been notifice 250On 10/26/21 at 11:00 286 and there was not PCP had been notifice 250On 10/27/21 at 5:00 304 and there was not PCP had been notifice 250On 10/27/21 at 5:00 304 and there was not PCP had been notifice 250On 10/27/21 at 5:00 304 and there was not PCP had been notifice 250On 10/27/21 at 5:00 304 and there was not PCP had been notifice 250On 10/27/21 at 5:00 304 and there was not PCP had been notifice 250On 10/27/21 at 5:00 304 and there was not PCP had been notifice 250On 10/27/21 at 5:00 304 and there was not PCP had been notifice 250On 10/27/21 at 5:00 304 and there was not PCP had been notifice 250On 10/27/21 at 5:00 305 and there was not PCP had been notifice 250On 10/27/21 at 5:00 305 and there was not PCP had been notifice 250On 10/27/21 at 5:00 305 and there was not PCP had been notifice 250On 10/26/21 at 11:00 306 and there was not PCP had been notifice 250On 10/26/21 at 11:00 307 and there was not PCP had been notifice 250On 10/26/21 at 11:00 308 and there was not PCP had been notifice 250On 10/26/21 at 11:00 309 and there was not PCP had been notifice 250On 10/26/21 at 11:00 309 and there was not PCP had been notifice 250On 10/26/21 at 11:00 307 and there was not PCP had been notifice 250.	HALO08034 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 -There was an entry to check FSBS three times daily at 7:00am, 11:00am, and 5:00pmThere was an entry to check FSBS three times daily at needed, notify the PCP of signs or symptoms of hyper/hypo-glycemic episodes if less than 70 or over 250On 10/02/21 at 11:00am, the FSBS result was 380 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/17/21 at 11:00am, the FSBS result was 340 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/25/21 at 11:00am, the FSBS result was 396 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/25/21 at 5:00pm, the FSBS result was 281 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/25/21 at 5:00pm, the FSBS result was 286 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/26/21 at 11:00am, the FSBS result was 286 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS result was 286 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS result was 304 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS result was 304 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS result was 304 and there was no documentation that the PCP had been notified of the blood sugar over 250.	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 36 SOUTH RHODES AV WINDSOR, NC 27983 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 -There was an entry to check FSBS three times daily at 7:00am, 11:00am, and 5:00pmThere was an entry to check FSBS three times daily at needed, notify the PCP of signs or symptoms of hyper/hypo-glycemic episodes if less than 70 or over 250On 10/02/21 at 11:00am, the FSBS result was 380 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/17/21 at 11:00am, the FSBS result was 396 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/25/21 at 5:00pm, the FSBS result was 396 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/25/21 at 5:00pm, the FSBS result was 281 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/26/21 at 11:00am, the FSBS result was 286 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS result was 304 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS result was 304 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS result was 304 and there was no documentation that the PCP had been notified of the blood sugar over 250Review of Resident #2's November 2021 eMAR revealed: -There was an entry to check FSBS three times daily at 7:00am, 11:00am, and 5:00pmThere was an entry to check FSBS three times daily at 7:00am, 11:00am, and 5:00pmThere was an entry to check FSBS three times daily at 7:00am, of hyper/hypo-glycemic episodes if less than 70 or over 250.	A BUILDING: HALO88034 B. WING B. WING HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE WINDSOR, NC. 27983 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 2 -There was an entry to check FSBS three times daily at 7:00am, 11:00am, and 5:00pmThere was an entry to check FSBS three times daily at meded, notify the PCP of signs or symptoms of hyper/hypo-glycemic episodes if less than 70 or over 250On 10/17/21 at 11:00am, the FSBS result was 380 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/25/21 at 10:00am, the FSBS result was 386 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/25/21 at 11:00am, the FSBS result was 388 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/25/21 at 11:00am, the FSBS result was 388 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/26/21 at 11:00am, the FSBS result was 388 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/26/21 at 11:00am, the FSBS result was 388 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS result was 384 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS result was 384 and there was no documentation that the PCP had been notified of the blood sugar over 250On 10/27/21 at 5:00pm, the FSBS three times 384 and there was no documentation that the PCP had been notified of the blood sugar over 250There was an entry to check FSBS three times 44 the part of the	A BUILDING: HALO8034 B. WING B. WING AND THE COMPLET STREET ADDRESS, CITY, STATE, ZIP CODE 338 SOUTH RHODES AVENUE WINDSOR, NC 27983 SUMMARY STATEMENT OF DEPOSITACIES. (EACH OFFICIAL WINDSOR, NC 27983) SUMMARY STATEMENT OF DEPOSITACIES. (EACH OFFICIAL WINDSOR, NC 27983) SUMMARY STATEMENT OF DEPOSITACIES. (EACH OFFICIAL WINDSOR, NC 27983) CONTINUED TO SUMMARY STATEMENT OF DEPOSITACIES. (EACH OFFICIAL WINDSOR, NC 27983) PROVIDERS PLAN OF CORRECTION AND USE OF YOU.L. REGULATORY OR LSC IDENTIFYING INFORMATION) PRETY. THAY (EACH OFFICE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPOSITANCE) CONTINUED TO THE APPROPRIATE DEPOSITANCE OF THE APPROPRIATE D

Division of Health Service Regulation

STATE FORM 6899 5ZYN11 If continuation sheet 3 of 36

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL008034	B. WING		44	1/18/2021
						/18/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
WINDSOF	HOUSE		TH RHODES AVEN	IUE		
	T		R, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 3	D 273			
	and there was no dochad been notified of to -On 11/10/21 at 5:00g and there was no dochad been notified of to -On 11/13/21 at 11:00 265 and there was no PCP had been notified 250. -On 11/14/21 at 5:00g and there was no dochad been notified of to Review of Resident # 05/17/21-11/17/21 redocumentation that the resident's FSBS greater than 25 ordered. -She began caring for -The facility printed or saw the resident, but FSBS greater than 25 ordered. -She expected the face resident's FSBS greater than 25 ordered. -She had been notified or saw the resident's FSBS greater than 25 ordered. -She expected the face resident's FSBS greater than 25 ordered.	cumentation that the PCP he blood sugar over 250. com, the FSBS result was 283 cumentation that the PCP he blood sugar over 250. com, the FSBS result was condocumentation that the d of the blood sugar over com, the FSBS result was 258 cumentation that the PCP he blood sugar over 250. 2's progress notes dated wealed there was no ne PCP had been notified of				
	modify her plan of car blood sugars by chan modifying her diet. Telephone interview v	re to control her elevated ging her medications or with a pharmacist at the harmacy on 11/18/21 at				
	-Elevated blood suga	rs should be reported to the				

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
			A. Boilbirto.			
		HAL008034	B. WING		11	/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
WINDSOE	HOUSE	336 SOU	TH RHODES AVEN	IUE		
WINDSOF	K HOUSE	WINDSO	R, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 4	D 273			
	resident's PCP as ord-Prolonged elevated I damage to the cells a (nerve damage causi extremities that could -Long term elevated I untreated could cause Interview with a medi at 1:35pm revealed: -She was expected to the eMARShe did not realize s Resident #2's PCP for -She had never report greater than 250 to he Care Coordinator (SC	dered. blood sugars could cause and diabetic neuropathy ing numbness in the lead to amputation). blood sugars that were left a diabetic coma or death. cation aide (MA) on 11/18/21 b follow orders as written on the was supposed to call or FSBS greater than 250. ted Resident #2's FSBS er PCP or to the Special CC) per facility policy.				
	and 2:05pm revealed -There was no docum record that her PCP if greater than 250There were no FSBS to her by the MAsShe expected the Migreater than 250 as of the PCPShe or the MAs were to notify her of the res 250. Interview with the Adr 2:42pm revealed: -He expected the MA administer medication resident's PCP.	nentation in Resident #2's had been notified of FSBS 6 greater than 250 reported As to report FSBS to her ordered so she could notify be responsible to call the PCP sident's FSBS greater than ministrator on 11/18/21 at set to follow orders and				
	over 250 requiring PC					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL008034	B. WING		11	1/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
WINDSOF	RHOUSE		ITH RHODES AVEN	UE		
0/0/15	SHIMMADV ST	ATEMENT OF DEFICIENCIES	OR, NC 27983	PROVIDER'S PLAN OF	CORRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 5	D 273			
	-He expected the SC orders were being fol -It was concerning the	at Resident #2's FSBS not been reported to her				
D 276	10A NCAC 13F .0902	2(c)(3-4) Health Care	D 276			
	following in the reside (3) written procedure a physician or other liand (4) implementation of	ssure documentation of the				
	facility failed to imple sampled residents (#	and record reviews, the ment orders for 1 of 5 2) that needed weekly ood pressure, heart rate,				
	The findings are:					
	manual dated Septer -The Care Manager v order to the pharmac computer systemThe Care Manager v placed in the system for administrationThe medication aide	vill wait for the order to be and then approve the order				

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			B WING		
		HAL008034			11/18/2021
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA H RHODES AVI		
WINDSOR	HOUSE		, NC 27983		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 276	Continued From page	e 6	D 276		
	blood sugar readings Review of Resident # 04/13/21 revealed:	or will review any abnormal and notify the provider. 2's current FL-2 dated			
	heart failure (CHF), re diabetes mellitus type chronic kidney diseas -She was intermittent	se.			
	1. Review of Resident #2's primary care provider's (PCP) progress note dated 09/20/21 revealed there was an order to check oxygen saturation (oxygen levels) every week and as needed if shortness of breath occurs, notify PCP if less than 88%.				
	Review of Resident #2's primary care provider's (PCP) progress note dated 11/01/21 revealed there was an order to check oxygen saturation (oxygen levels) every week and as needed if shortness of breath occurs, notify PCP if less than 88%.				
	Review of Resident # 06/08/21 revealed: -The resident was she -The resident had oxy				
	(eMAR) revealed: -There was an entry t as needed for shortnefor less than 88%There was not a wee saturations.	administration records o obtain oxygen saturations ess of breath; notify provider			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL008034	B. WING		11	/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
WINDSOF	HOUSE	336 SOU	TH RHODES AVE	IUE		
WINDSON		WINDSO	OR, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From page	÷ 7	D 276			
	saturation levels for th	ne resident.				
	revealed: -There was an entry to as needed for shortner for less than 88%There was not a wee saturationsThere was no docum saturation levels for the Review of Resident # revealed: -There was an entry to as needed for shortner for less than 88%There was not a wee saturations.	nentation of any oxygen ne resident. 2's November 2021 eMAR o obtain oxygen saturations ess of breath; notify provider ekly entry for oxygen mentation of any oxygen				
	care provider (PCP) or revealed: -She began caring for -She ordered oxygen week and as needed dependency and to trot be able to plan her as medically neededShe was unaware the saturation was not be -She expected the fact out orders as written to -She expected the fact resident's oxygen lever -Being notified of the was the first line of definition or the saturation of the saturation was the first line of definition of the saturation was the first line of definition of the saturation was the first line of definition of the saturation was the first line of definition or saturation was the first line of definition of the saturation was the first line of definition of the saturation was the first line of definition of the saturation was the first line of definition of the saturation was the saturation	resident's low oxygen levels				

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	of Health Service Regu				
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AIND LEAN (SI SOMMEDITOR	IDENTIFICATION NOWIDER.	A. BUILDING: _		SOWII LETED
		HAL008034	B. WING		11/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	FE, ZIP CODE	
		336 SOL	JTH RHODES AVE	ENUE	
WINDSOR	HOUSE		DR, NC 27983		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION (X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU	JLD BE COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE DATE
D 276	Continued From page	e 8	D 276		
	Telephone interview	with a pharmacy technician			
	on 11/18/21 at 1:09pr				
	-Resident #2 had an	order that was entered on			
	her eMAR by the pha	rmacy on 09/27/21 for			
	, , , ,	ations and as needed, notify			
	the PCP if below 88%				
		der dated 04/28/21 to check			
		n saturations as needed.			
		entered onto the eMAR, it			
	_ ·	onsibility approve new ue old orders for accurate			
	care.	de old orders for accurate			
		not on her eMAR, it meant			
		proved or accepted the			
	order.	provou or accopica are			
	Interview with the MA	on 11/18/21 at 1:35pm			
		aware that Resident #2 had			
	an order for weekly o	xygen saturation levels.			
		ecial Care Coordinator			
	(SCC) on 11/18/21 at	ny Resident #2's oxygen			
		on the eMAR as ordered or			
	carried out as ordere				
		w the order to perform			
	weekly oxygen satura				
		uration order must have			
	, , ,	ne approved the orders.			
		h the medication aide (MA)			
	on 11/18/21 at 1:35pr	n.			
	Defer to intervious	h the SCC on 11/19/21 of			
		h the SCC on 11/18/21 at			
	2:05pm.				
	Refer to interview wit	h the Administrator on			
	11/18/21 at 2:42pm.	Trans Administrator on			

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	COMPLETED
			, BOILDING		
		1141 000034	B. WING		44/40/0004
		HAL008034	5		11/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
WINDSOR HOUSE 336 SOUTI			TH RHODES AVI	ENUE	
		WINDSOI	R, NC 27983		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 276	Continued From page	9	D 276		
	revealed there was a	gress note dated 09/20/21 n order to check blood rate (HR), and weight once a			
	Review of Resident #2's September 2021 electronic medication administration records (eMAR) revealed: -There was no entry to check BP, HR, and weight once a weekThere was no documentation of BP, HR or weight for September 2021.				
	Review of Resident #2's October 2021 eMAR revealed: -There was no entry to check BP, HR, and weight once a week. -There was no documentation of BP, HR or weight for October 2021.				
	revealed: -There was no entry tonce a week.	2's November 2021 eMAR o check BP, HR, and weight nentation of BP, HR or 2021.			
	care provider (PCP) of revealed: -She began caring for she ordered BP, HR due to the resident's of trend the resident's behave care and react ap neededShe was unaware the and weight was not be	with Resident #2's primary on 11/18/21 at 10:38am r Resident #2 on 09/20/21. , and weight once per week oxygen dependency and to aseline to be able to plan propriately as medically at the resident's BP, HR, eing obtained as ordered. cility to implement and carry			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING:			E SURVEY PLETED	
		HAL008034	B. WING		1	/18/2021
NAME OF B	ROVIDER OR SUPPLIER	•	DDRESS, CITY, STATE	7ID CODE	1	710/2021
NAME OF P	ROVIDER OR SUPPLIER		ITH RHODES AVEN			
WINDSOF	RHOUSE		OR, NC 27983	0 L		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	Telephone interview on 11/18/21 at 1:09pl order on file for Resid HR, and weights. Interview with the MA revealed she was unan order for weekly E Interview with the Sp 11/18/21 at 2:05pm re	ecial Care Coordinator on evealed: at Resident #2 had an order				
	-She was unsure how weekly BP, HR, and Refer to interview wit on 11/18/21 at 1:35pi	v the order for Resident #2's weights had been missed. h the medication aide (MA)				
	Interview with the MA revealed: -It was the Special Caresponsibility to proceentered onto the eMA-If the order was not know to do it. Interview with the SC revealed: -It was her responsible and approve new res	on the eMAR, she would not C on 11/18/21 at 2:05pm				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL008034	B. WING		11/18/2021	
NAME OF PR	OVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	11/10/2021	
WINDSOR	HOUSE		H RHODES AVI , NC 27983	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE	
				DEFICIENCY)		
	order onto the resider -Once the order was a would compare the el and approve it if accu inaccurateShe was unsure how Resident #2It was her responsibi orders were implement written by the PCP. Interview with the Adr 2:42pm revealed: -He expected the MA administer medication resident's PCPHe expected the SCG medications were implement as written by the resid possibleHe was not aware Re had not been implement orderedHe expected the SCG orders were being foll -It was concerning the	acy would then enter the nt's eMAR. on the resident's eMAR, she MAR to the original order rate or clarify the order if a she missed orders for lity to follow up and ensure nted and carried out as ministrator on 11/18/21 at as to follow orders and as as ordered by the C to ensure orders and oldemented and carried out dent's PCP as soon as esident #2 had orders that tented or carried out as C to follow up and ensure	D 276			
	(a) An adult care hon preparation and admi prescription and non- by staff are in accorda	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments	D 358			

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Division of Fleatur Service Regulation		_				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
		1141 000024	B. WING		4414	0/0004
	HAL008034				11/1	8/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		336 SOUT	H RHODES AV	FNUE		
WINDSOR	HOUSE		, NC 27983			
			1, 110 27 303			
(X4) ID PREFIX	_	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	`	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 050	0 " 15	40	D 050			
D 358	Continued From page	e 12	D 358			
	which are maintained	in the resident's record; and				
		on and the facility's policies				
	and procedures.					
	'					
	This Rule is not met	as evidenced by:				
	Based on observation	ns, record reviews, and				
	interviews the facility	failed to ensure medications				
	were administered as	ordered for 2 of 5 residents				
	sampled (#3 and #5)	for an antipsychotic				
	medication and finger	stick blood sugar rechecks				
	after insulin administr	ation for blood glucose				
	levels over 400 (#3) a	and fingerstick blood sugar				
	rechecks and re-dosir	ng of sliding scale insulin for				
	blood glucose levels	over 425 (#5).				
	-	, ,				
	The findings are:					
	Review of the facility's	s policy and procedure				
	manual dated Septen	nber of 2021 revealed:				
	-The Care Manager w	vill fax a new medication				
	order to the pharmacy	y and scan it into the				
	computer system.					
	-The Care Manager w	vill wait for the order to be				
	placed in the system	and then approve the order				
	for administration.					
	-The medication aide	will notify the Care				
	Coordinator of any ab	normal blood glucose				
	results.					
		or will review any abnormal				
	blood sugar readings	and notify the provider.				
		t #3's current FL-2 dated				
		agnoses included vascular				
	dementia and diabete	es.				
		t #3's current FL-2 dated				
	04/05/21 revealed:					
		for Seroquel 50mg, take one				
	tablet daily (Seroquel	is an antipsychotic				
	medication).					

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WINDSOR HOUSE WINDSOR, NC 27983 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE WINDSOR, NC 27983 (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLETED TO THE APPROPRIATE DATE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WINDSOR HOUSE 336 SOUTH RHODES AVENUE WINDSOR, NC 27983 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE		
WINDSOR HOUSE 336 SOUTH RHODES AVENUE WINDSOR, NC 27983 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE		
WINDSOR, NC 27983 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF PROVIDER OR SU	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	WINDSOR HOUSE	
DEFICIENCY)	PREFIX (EACH	
There was an order for Ativan 0.5mg, take one tablet every 4 hours as needed for anxiety and agitation (Ativan is a medication used to treat anxiety and agitation). Review of Resident #3's Guarterly pharmacy consultation report dated 08/04/21 revealed: -There was a recommendation to consider changing Resident #3's Seroquel order from 50mg daily to 25mg twice a day because of increased usage of the as needed Ativan dose for anxiety and agitationResident #3's primary care provider (PCP) accepted the recommendation and signed the order for implementation on 08/17/21 to change the Seroquel dose from 50mg once a day, to 25mg twice a day. Observation of Resident #3's medications on hand on 10/17/21 at 3'25pm revealed Resident #3' had 7 tablets of Seroquel 50mg available for administration in a blister packet with a medication label that read Seroquel 50mg with instructions to take one tablet every day. Review of Resident #3's September 2021 electronic medication administration records (eMAR) revealed: -There was an entry for Seroquel 50mg once a day, scheduled for administration records (eMAR) revealed: -There was an entry for Ativan 0.5mg, take one tablet every 4 hours as needed for anxiety and agitationAtivan 0.5mg was given to Resident #3 on 18 occasions from 09/05/21 through 09/30/21Review of Resident #3's October 2021 electrons from 09/05/21 through 09/30/21.	-There was tablet every agitation (At anxiety and Review of Reconsultation -There was changing Resolution for the Seroque 25mg twice Observation hand on 10/#3 had 7 tal administration medication instructions Review of Relectronic medication instructions	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B. WING			
		HAL008034	B. WING		11/18	8/2021
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
WINDSOR	HOUSE	336 SOUTH WINDSOR,	I RHODES AVI NC 27983	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	day, scheduled for ad-Seroquel 50mg was administered on 10/02. There was an entry f tablet every 4 hours a agitation. -Ativan 0.5mg was givoccasions from 10/02. Review of Resident # revealed: -There was an entry f day, scheduled for ad-Seroquel 50mg was administered on 11/02. There was an entry f tablet every 4 hours a agitation. -Ativan 0.5mg was givoccasions from 11/02. Telephone interview wat the facility's contradat 11:20am revealed: -The pharmacy did no order on 08/17/21 to off from 50mg once a da-The pharmacy dispessomg for a 15-day sure literature with a medicat 1:35pm revealed: -The Special Care Coresponsible for entering system.	for Seroquel 50mg once a Iministration at 8:00am. documented as 1/21 through 10/31/21. For Ativan 0.5mg, take one as needed for anxiety and oven to Resident #3 on 27 //21 through 10/31/21. 3's November 2021 eMAR for Seroquel 50mg once a Iministration at 8:00am. documented as 1/21 through 11/17/21. For Ativan 0.5mg, take one as needed for anxiety and oven to Resident #3 on 16 //21 through 11/17/21. For Ativan 0.5mg, take one as needed for anxiety and oven to Resident #3 on 16 //21 through 11/17/21. For through 11/17/21. For the seriod of the Seroquel dose of the Seroquel dose of the Seroquel dose of the Seroquel dose of the Seroquel pply on 11/08/21. For a day. Insect 15 pills of Seroquel pply on 11/08/21. For a day or derivation of the emaker of the order of the emaker of the emaker of the emaker of the order of the emaker of the emake	D 358	DEFICIENCY)		
	drawers.	I the as needed dose of				

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Division of Health Service Regulation

Division	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			-			
			D MANAG			
		HAL008034	B. WING		11/1	8/2021
NAME OF D	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZID CODE		
NAME OF T	NOVIDER OR SOLT LIER					
WINDSOR HOUSE 336 SOUT		TH RHODES AV	ENUE			
		WINDSO	R, NC 27983			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
D 358	Continued From page	15	D 358			
2 000	Continued From page	, 10	2 000			
	Ativan more so in the	evening when she would				
	fight back against sta	ff redirection.				
	Interview with the SC	C on 11/18/21 at 2:05pm				
	revealed:					
	-She was responsible	for faxing approved				
		sultation orders to the				
	facility's contracted pl					
		d enter the updated orders				
		ss it was a stat order, then				
		would update the eMAR.				
		w Resident #3's Seroquel				
	order change was mis					
	-It was her responsibi	ility to check that the orders				
	entered by the pharm	acy matched the				
	recommendations.					
	-She was not aware t	hat Resident #3 was				
	requiring additional as	s needed doses of Ativan to				
	help with behaviors.					
	Interview with the Adr	ministrator on 11/18/21 at				
	2:40pm revealed:	111110110101 011 117 1072 1 01				
		nsible for ensuring order				
	changes were faxed t					
	-He expected Reside					
	•					
	medication as ordere	u.				
	A.,					
		interview with Resident #3's				
		(PCP) on 11/18/21 at				
	10:32am and 2:02pm	was unsuccessful.				
		ns, interviews, and record				
		nined that Resident #3 was				
	not interviewable.					
	b. Review of Resider	nt #3's current FL-2 dated				
	04/05/21 revealed:					
	-There was an order t	for Novolog insulin, with				
		B times a day with meals per				
		ed on the fingerstick blood				
	S Singining Court Dage	a c alo iligorodon biood	- 1	1		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVE		
ANDIEAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING: _		OOM! LETED	
		HAL008034	B. WING		11/18/20	21
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE	336 SOUTH	RHODES AV	ENUE		
		WINDSOR,	NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF T	BE CC	(X5) DMPLETE DATE
D 358	Continued From page	e 16	D 358			
D 358	give zero units; FSBS FSBS 251-300, give 2 give 6 units; FSBS 35 greater than 400, give FSBS in one hour (No insulin used to treat here of the report revealed: -There was an entry finstructions to inject 3 the sliding scale base sugar (FSBS) results give zero units; FSBS FSBS 251-300, give 2 give 6 units; FSBS 35 greater than 400, give FSBS in one hour. -On 09/17/21 at 4:31p sugar was 414 and it rechecked in one hourOn 09/21/21 at 11:45 sugar was 514 and it rechecked in one hourOn 09/21/21 at 4:23p sugar was 454 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hourOn 09/24/21 at 11:02 sugar was 446 and it rechecked in one hour.	as follows: FSBS 0-200, 6 201-250, give 2 units; 4 units; FSBS 301 to 350, 61 to 400, give 8 units; FSBS e 10 units and recheck covolog is a short acting igh blood sugar). 3's September 2021 FSBS for Novolog insulin, with 8 times a day with meals per end on the fingerstick blood as follows: FSBS 0-200, 6 201-250, give 2 units; 4 units; FSBS 301 to 350, 61 to 400, give 8 units; FSBS e 10 units and recheck form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir. form, the residents blood was not documented as ir.	D 358			
	give zero units; FSBS	as follows: FSBS 0-200, 5 201-250, give 2 units; 4 units; FSBS 301 to 350,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		HAL008034	B. WING		11/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDSOR	HOUSE		RHODES AV	ENUE	
		WINDSOR,	NC 27983		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 17	D 358		
D 3300	give 6 units; FSBS 35 greater than 400, give FSBS in one hourOn 10/05/21 at 4:04p sugar was 476 and it rechecked in one hourOn 10/06/21 at 11:2 sugar was 459 and it rechecked in one hourOn 10/07/21 at 11:15 sugar was 406 and it rechecked in one hourOn 10/07/21 at 11:15 sugar was 406 and it rechecked in one hourOn 10/07/21 at 11:15 sugar was 406 and it rechecked in one hourInterview with a medical 3:25pm revealed: -She was not aware to order required a FSB. FSBS was over 400If a FSBS was reches into the electronic does show on the residentShe would text Reside provider (PCP) when but did not document provider or recheck the she was not aware to FSBS recheck when the she was not aware to FSBS recheck when the she was not noticed order on the eMAR in	on, the residents blood was not documented as ir. 1am, the residents blood was not documented as ir. 5am, the residents blood was not documented as ir. 5am, the residents blood was not documented as ir. 5am, the residents blood was not documented as ir. 5am, the residents blood was not documented as ir. cation aide (MA) on 11/17/21 that Resident #3's insulin S recheck in one hour if the cked it would be entered cumentation system and s FSBS report. and MA on 11/18/21 at dent #3's primary care there was a FSBS over 400 that she notified the ne blood sugar. that Resident #3 required a the result was over 400 tiple residents that were on	D 336		
	(SCC) on 11/18/21 at	ecial Care Coordinator 2:05pm revealed: o recheck Resident #3's			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETE	בט
		HAL008034	B. WING		11/18/2	2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		-
		336 SOUT	H RHODES AV	ENUE		
WINDSOR	HOUSE		, NC 27983			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
D 358	Continued From page	2 18	D 358			
	-She expected staff to Resident #3's FSBS. -She faxed monthly b	00 in one hour as ordered. o document the recheck of lood sugar results to the e able to see FSBS trends.				
	2:40pm revealed he e prescribed orders for rechecking the FSBS	ministrator on 11/18/21 at expected staff to follow Resident #3 including one hour after insulin SBS was over 400 and to				
		interview with Resident #3's (PCP) on 11/18/21 at was unsuccessful.				
		ns, interviews, and record nined that Resident #3 was				
		t #5's current FL-2 dated agnoses included diabetes.				
	10/29/21 revealed: -There was an order to sugar (FSBS) twice do supperThere was an order for with instructions to injude breakfast and supper on the FSBS results at zero units; FSBS 176 226-275, give 4 units; units; FSBS 326 to 37 376-425, give 10 units give 12 units and reposits and rep	per the sliding scale based as follows: FSBS 0-175, give -225, give 2 units; FSBS ; FSBS 276 to 325, give 6 75, give 8 units; FSBS s; FSBS greater than 425, eat FSBS and sliding scale				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL008034	B. WING		11/18/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	11110/2021
336 SOUT		'H RHODES AVI			
WINDSOR HOUSE WINDSOR		R, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 19	D 358		
	blood sugars.)				
	(eMAR) revealed: -There was an entry to with breakfast and sure on the FSBS results a zero units; FSBS 176 226-275, give 4 units; units; FSBS 326 to 37 376-425, give 10 units give 12 units and repoinsulin in two hours at -On 09/01/21 at 5:00p 478, 12 units of insulinadministered; there we FSBS recheck or add administered; there we FSBS recheck or add administered; there we FSBS recheck or add administered; there we FSBS recheck or add administered.	o check FSBS twice daily pper at 7:00am and 4:30pm. For insulin lispro 100unit/ml, lect twice daily with per the sliding scale based as follows: FSBS 0-175, give -225, give 2 units; FSBS (FSBS 276 to 325, give 6 75, give 8 units; FSBS s; FSBS greater than 425, eat FSBS and sliding scale to 8:00am and 5:00pm. FSBS result was no lispro was documented as a vas no documentation of litional sliding scale insulin the form, the FSBS result was no lispro was documented as vas no documentation of litional sliding scale insulin the form of litional sliding scale insulin som, the following scale insulin services and occumentation of litional sliding scale insulin services and scale insulin services			
	Review of Resident #5's October 2021 eMAR revealed:				
	with breakfast and su -There was an entry f with instructions to inj breakfast and supper on the FSBS results a zero units; FSBS 176 226-275, give 4 units;	to check FSBS twice daily pper at 7:00am and 4:30pm. for insulin lispro 100unit/ml, lect twice daily with per the sliding scale based as follows: FSBS 0-175, give -225, give 2 units; FSBS; FSBS 276 to 325, give 6 75, give 8 units; FSBS			

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376-425, give 10 units; FSBS greater than 425,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL008034	B. WING		11/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
WINDSOF	HOUSE	336 SOUT	H RHODES AVI	ENUE	
		WINDSOR	, NC 27983		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 20	D 358		
	insulin in two hours a -On 10/07/21 at 5:00p 469, 12 units of insuli administered; there w FSBS recheck or add administeredOn 10/19/21 at 5:00p 435, 12 units of insuli administered; there w FSBS recheck or add administeredOn 10/21/21 at 5:00p 459, 12 units of insuli administered; there w FSBS recheck or add administeredOn 10/22/21 at 8:00a 459, 12 units of insuli administered; there w 459, 12 units of insuli administered; there w	eat FSBS and sliding scale t 8:00am and 5:00pm. om, the FSBS result was n lispro was documented as vas no documentation of litional sliding scale insulin om, the FSBS result was n lispro was documented as vas no documentation of litional sliding scale insulin om, the FSBS result was n lispro was documented as vas no documentation of litional sliding scale insulin am, the FSBS result was n lispro was documented as vas no documentation of litional sliding scale insulin am, the FSBS result was n lispro was documented as vas no documentation of litional sliding scale insulin			
	Telephone interview with a pharmacist at the facility's contracted pharmacy on 11/18/21 at 1:09pm revealed: -Elevated blood sugars should be rechecked, treated, and reported to the resident's PCP as orderedProlonged elevated blood sugars could cause damage to the cells and diabetic neuropathy (nerve damage causing numbness in the extremities that could lead to amputation)Long term elevated blood sugars that were left untreated could cause a diabetic coma or death. Interview with the medication aide (MA) on 11/18/21 at 1:35pm revealed: -She was expected to follow orders as written on the eMAR.				

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DIVISION	n nealth Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
			_			
		HAL008034	B. WING		11/1	18/2021
NAME OF D	DOVIDED OD CUDDUED	CTDEET ADE	DECC CITY CTA	TE 710 CODE		
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
WINDSOR	HOUSE		H RHODES AV	ENUE		
***************************************		WINDSOR	NC 27983			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRI	OPRIATE	DATE
				DEFICIENCY)		
D 358	Continued From page	21	D 358			
2 000	. •					
		Resident #5's FSBS after				
	1-hour if greater than	400, but she did not				
	document the blood s	sugar recheck or notification				
	to the PCP.					
	-She did not realize R	Resident #5's order stated to				
	re-check and re-dose	the resident after 2-hours of				
	a FSBS over 425.					
	-She did not re-check	the FSBS or re-dose				
	Resident #5's insulin	as ordered.				
	-She did not notify the	e Special Care Coordinator				
	_	s FSBS greater than 400				
		ause the SCC reviewed				
	• • •					
	them once per month	•				
	Interview with the SC	C on 11/18/21 at 2:05pm				
	revealed:					
		As to re-check FSBS and				
	re-dose insulin as ord					
		ident care to be documented				
	in the resident's chart					
	-She expected all cor					
	•	documented in the resident				
	chart.	documented in the resident				
		As to administer medications				
	•	s ordered and report them				
	to her per facility police	•				
		ware of Resident #5's				
	increased FSBS requ	iring rechecks and				
	re-dosing of insulin.					
	-MAs were trained up					
	medications as ordere	ed and to document all care				
	in the resident record					
	1-4					
		ministrator on 11/18/21 at				
	2:42pm revealed:					
	-He expected the MA					
	administer medication	ns as ordered by the				
	resident's PCP.					
	-He was not aware R	esident #5 was having FSBS				

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over 425 requiring rechecks and re-dosing of

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SU COMPLE		
			7 20.L2 to			
		HAL008034	B. WING		11/18	8/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE	336 SOUTH WINDSOR,	RHODES AVI NC 27983	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	than 400 to the SCCHe expected the SCC orders were being foll Attempted telephone	being done. Is to report FSBS greater Coto follow up and ensure lowed accurately. Interview with Resident #5's (PCP) on 11/18/21 at	D 358			
D 367	(j) The resident's mer record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for admort reatment; (5) reason or justificate medications or treatmed documenting the resure (6) date and time of a (7) documentation of medications or treatmed omission, including reference (8) name or initials of the medication or treatmed and main administration record.	Medication Administration dication administration e accurate and include the cation or treatment order; ge or quantity of medication ministering the medication diction for the administration of tents as needed (PRN) and alting effect on the resident; dministration; any omission of tents and the reason for the effusals; and, the person administering tentent. If initials are used, a to those initials is to be that included the medication (MAR).	D 367			
	Based on interviews a	and record reviews the emedication administration				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		HAL008034	B. WING		11	1/18/2021
					''	1710/2021
NAME OF P	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	,		
WINDSOF	RHOUSE		JTH RHODES AVEN DR, NC 27983	IUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 367	records were complet residents sampled (#2 insulin administration medication orders (#2 The findings are: Review of the facility's manual dated Septem medications that staff administer will be doc administration record state regulations. 1. Review of Residen 04/05/21 revealed: -Diagnoses included -Diagnoses included -There was an order finstructions to inject 3 the sliding scale base sugar (FSBS) results give zero units; FSBS FSBS 251-300, give 4 give 6 units; FSBS 35 greater than 400, give FSBS in one hour (No insulin used to treat helectronic medication (eMAR) revealed: -There was an entry to Novolog insulin, with daily with meals per to 0-200, give zero units; FSBS greater than 40 recheck FSBS in one	te and accurate for 2 of 5 2 and #3) for sliding scale (#3) and duplicate (#3) and duplicate 2). Is policy and procedure of 2021 revealed all members handle, store and tumented on the medication and in accordance with the table of the fingerstick blood as follows: FSBS 0-200, for 201-250, give 2 units; for 10 units and recheck evolog is a short acting igh blood sugar). Is september 2021 administration record that began on 09/20/21 for instructions to inject 3 times the sliding scale: FSBS (FSBS 201-250, give 2 give 4 units; FSBS 301 to 38 351 to 400, give 8 units; to 38 351 to 400, give 8 units; to 38 351 to 400, give 8 units; to 39, give 10 units and	D 367			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL008034	B. WING		11/1	8/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE		RHODES AVI	ENUE		
		WINDSOR,	NC 2/983		1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	7 Continued From page 24		D 367			
	medication aide (MA) administered the med nowhere to document administered or the in	lication but there was t the amount of insulin				
	revealed: -There was an entry finstructions to inject 3 the sliding scale: FSB FSBS 201-250, give 2 4 units; FSBS 301 to to 400, give 8 units; F10 units and recheck scheduled for administrand 5:00pmThere was a spot on MA initials that they a but there was nowher of insulin administere	the Novolog entry for the dministered the medication re to document the amount				
	revealed: -There was an entry finstructions to inject 3 the sliding scale: FSB FSBS 201-250, give 2 4 units; FSBS 301 to to 400, give 8 units; F10 units and recheck scheduled for administrand 5:00pmThere was a spot on	the Novolog entry for the dministered the medication				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL008034	B. WING		11/18/2021	
			I		11/10/2021	
NAME OF PR	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE		TH RHODES AVE	ENUE		
	WINDSOF					
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
IAG			IAG	DEFICIENCY)		
			+			
D 367	7 Continued From page 25		D 367			
	-There was nowhere	to document the amount of				
	insulin administered of	or the injection site.				
		,				
	Interview with a MA o	n 11/18/21 at 1:35pm				
	revealed:					
	-She was aware there	e was no where to document				
	the number of units o	r injection site on Resident				
	#3's eMAR.					
	-She made the Special Care Coordinator (SCC)					
	aware that there were issues with the Novolog					
	order for Resident #3					
		0 44/40/04 10.05				
		C on 11/18/21 at 2:05pm				
	revealed:	A 41				
		A that left the facility recently				
	in the computer syste	for approving some orders				
		ulin orders there was a box				
		ecked so that it would create				
		ion details including number				
	of units and injection					
		ng insulin administration				
		s to her attention she would				
	try and fix them imme					
	-She expected staff to	o documented completely				
	and accurately on the	e eMAR including dosage				
	and injection adminis	tration site.				
		ministrator on 11/18/21 at				
	2:40pm revealed:					
		tion administration records				
	-	ccurate for Resident #3's				
	Novolog administration					
	-	nsible for ensuring eMAR				
	were complete and a	ocural e .				
	Attempted telephone	interview with Resident #3's				
		(PCP) on 11/18/21 at				
	10:32am and 2:02pm					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
		HAL008034	B. WING		11	/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	•	
			ITH RHODES AVEN			
WINDSOF	RHOUSE		OR, NC 27983	102		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLETE DATE
D 367	Continued From page	e 26	D 367			
		ns, interviews, and record mined that Resident #3 was				
	04/13/21 revealed dia Alzheimer's, congest respiratory failure, as	at #2's current FL-2 dated agnoses included ive heart failure (CHF), thma, diabetes mellitus type chronic kidney disease.				
	a. Review of Resider orders dated 09/20/2 Novolog U-100 insuli generic name for Nov	at #2's current physician's 1 revealed an order for n (insulin aspart U-100 - volog U-100; used to lower s), inject 4 units three times				
	(eMAR) revealed: -There were 22 duplice Novolog U-100 (insulted documented as admi 09/23/21-09/30/21There was an entry aspart U-100), inject 6:30am, 11:30am, and times daily from 09/0 09/20/21 at 6:30am alder the was a second U-100 (Novolog U-10 daily at 6:30am, 11:30am, 11:30am	cated occurrences of in aspart U-100) nistered from for Novolog U-100 (insulin 4 units three times daily at ad 4:30am. (insulin aspart U-100) was nistered as ordered three 1/21-09/19/21, and on and 11:30am. entry for insulin aspart 00), inject 4 units three times				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
			7 20.22			
		HAL008034	B. WING		11	/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
			JTH RHODES AVEN			
WINDSOF	WINDSOR HOUSE WIND					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page		D 367			
	documented as admir	(insulin aspart U-100) was nistered three times daily 21 except for being held on				
	Review of Resident #2's October 2021 eMAR revealed: -There were 66 duplicated occurrences of Novolog U-100 (insulin aspart U-100) documented as administered from					
	10/01/21-10/31/21.					
	-There was an entry for Novolog U-100 (insulin aspart U-100), inject 4 units three times daily at 6:30am, 11:30am, and 4:30amThe Novolog U-100 (insulin aspart U-100) was documented as administered as ordered three times daily from 10/01/21-10/12/21 and on 10/13/21 at 6:30am with the exception of being					
	held due to a duplicat 11:30am, 10/02/21 at 6:30am, and 10/09/2' -There was a second	e order on 10/01/21 at 4:30pm, 10/04/21 at				
	daily at 6:30am, 11:30 -The insulin aspart U- documented as admir	Dam, and 4:30pm. 100 (Novolog U-100) was nistered three times daily				
	from 10/01/21-10/31/21 with the exception of being held due to a duplicate order on 10/06/21 at 6:30am, 10/09/21 at 11:30am, 10/15/21 at 4:30pm, 10/18/21 at 4:30pm, 10/23/21 at 4:30pm,					
	10/25/21 at 6:30amThere was a third en	10/24/21 at 4:30pm, and try for Novolog U-100				
	daily at 6:30am, 11:30 -The Novolog U-100	(insulin aspart U-100) was nistered on 10/13/21 at				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′		COMPLETED
			_		
		HAL008034	B. WING		11/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ΓΕ, ZIP CODE	
		336 SOU	TH RHODES AVE	ENUE	
WINDSOR	HOUSE	WINDSO	R, NC 27983		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 367	Continued From page	28	D 367		
	-There was a fourth e (insulin aspart U-100) daily at 6:30am, 11:30 - The Novolog U-100 (documented as admir 4:30pm and three tim 10/14/21-10/31/21 witheld due to a duplicat 4:30pm, 10/18/21 at 6:30pm, 10/19/21 at 4:30pm, 10/25/21 at 6:30am, 10/25/21 at 6:30am, 10/25/21 at 6:30pm, 10/28/21 at 4:30pm, 10/28/21 at 4:30pm, 10/28/21 at 4:30pm, 10/28/21 at 6:30pm, 11/20 (insulin aspart daministered from 11/20 (insulin aspart U-100), inject 46:30pm, 11:30pm, 11/20 (documented as admir times daily from 11/20 (documented as admir times daily from 11/20 (documented as accord U-100 (Novolog U-100 daily at 6:30pm, 11:30pm and 4:30pm	intry for Novolog U-100 (in inject 4 units three times Dam, and 4:30pm. (insulin aspart U-100) was inistered on 10/13/21 at les daily from the exception of being the order on 10/17/21 at 6:30am and 4:30pm, 10/21/21, 10/22/21 at 11:30am, 10/24/21 at 11:30am and 4:30pm, 10/30/21, and 10/31/21 at 11/30am and 4:30am at 11/30am. (insulin aspart U-100) was inistered as ordered three 11/21-11/17/21, except for 11/01/21 at 11/02/21, and 11/03/21. The introduction of the insulin aspart 10), inject 4 units three times Dam, and 4:30pm. 100 (Novolog U-100) was 11/00 (Novolog U-100)			
	Telephone interview v at the facility's contrac at 1:09pm revealed:	vith a pharmacy technician cted pharmacy on 11/18/21 only entered one order of the			

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DIVISION	or riealth Service Negu	ialion				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			D MINO			
		HAL008034	B. WING		11/1	8/2021
NAME OF D		STREET ADE	RESS, CITY, STA	TE ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER		, ,	•		
WINDSOF	HOUSE	336 SOUTI	H RHODES AVI	ENUE		
		WINDSOR	NC 27983			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 267	0	- 00	D 367			
D 367	Continued From page	29	D 367			
	Novolog U-100 (insul	in aspart U-100).				
		brand name for the same				
	_	rand insulin aspart U-100.				
		ny duplicate orders appeared				
		AR but thought it could be				
		id not discontinue an old				
		plicate order after approving				
	the order the pharma	cy entered; she was unable				
	to view the eMAR.					
	-Each vial of Novolog U-100 (insulin aspart					
	U-100) contained 83	doses (less than 1-month				
	supply) and the vial w	as only good for 30-days				
	after opening.	, ,				
	. •	not have been double dosed				
		ad not tried to refill the				
	-	in aspart U-100) too soon; it				
	had been filled on 07/	729/21, 09/20/21, and				
	10/13/21.					
		sponsibility to ensure the				
		and to call the pharmacy or				
		(PCP) to clarify if there				
	were any questionabl	e or duplicate orders.				
	Refer to telephone int	terview with Resident #2's				
	PCP on 11/18/21 at 1	0:38am.				
	Refer to interview with	h the medication aide (MA)				
	on 11/18/21 at 1:35pr	` ,				
	011 11/10/21 dt 1.00pi	•••				
	Refer to interview witl	h the Special Care				
	Coordinator (SCC) or	ι τη το/Ζτ αι Ζ.υυμπ.				
	Defends intended 19	h tha Advairiatuator				
		h the Administrator on				
	11/18/21 at 2:42pm.					
		t #2's current physician's				
	orders dated 09/20/2	1 revealed:				
	-There was an order t	for Vitamin D-2				
	(ergocalciferol) 1250r	ng every Monday and				
		-2 is a supplement vitamin.)				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL008034	B. WING		44/49/2024
		TALUU0U34			11/18/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		336 SOU	TH RHODES AVI	ENUE	
WINDSOR	HOUSE	WINDSOI	R, NC 27983		
()(4) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	J (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
D 367	Continued From page	2.30	D 367		
D 307	Continued From page	= 30	5007		
	-There was an order t	for ergocalciferol (Vitamin			
	D-2) 1250mg every M	londay and Thursday.			
		-			
	Review of Resident #	2's September 2021			
	electronic medication	administration record			
	(eMAR) revealed:				
	-There were 3 duplica	ated occurrences of the			
	· · · · · · · · · · · · · · · · · · ·	ciferol) documented as			
	administered on 09/1	•			
	09/23/21.				
	-There was an entry f	for Vitamin D-2			
		ng every Monday and			
	Thursday at 8:00am.	· ,			
	•	s documented administered			
	on 09/02/21, 09/06/21	1, 09/09/21, 09/13/21,			
	09/16/21, 09/20/21, a				
	-The Vitamin D-2 (erg				
		due to a duplicate order on			
	09/27/21 and 09/30/2				
	-There was a second	entry for ergocalciferol			
	(Vitamin D-2) 1250mg				
	Thursday at 8:00am.				
	-The ergocalciferol wa	as documented as held due			
	to a duplicate order o	n 09/02/21, 09/06/21,			
	09/09/21, and 09/13/2	21.			
	-The ergocalciferol wa				
	administered 09/16/2	1, 09/20/21, 09/23/21,			
	09/27/21 and 09/30/2	:1.			
	Review of Resident #	2's October 2021 eMAR			
	revealed:				
	-There was 1 duplicat				
	` `	ciferol) documented as			
	administered on 10/1				
	-There was an entry f				
	,	ng every Monday and			
	Thursday at 8:00am.				
	-The Vitamin D-2 (erg	gocalciferol) was			

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documented as held for a duplicate order 10/04/21, 10/07/21, 10/11/21, and 10/14/21.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	CONSTRUCTION	(X3) DATE S COMPLE	
		HAL008034	B. WING		11/1	8/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE		RHODES AVI	ENUE		
0(0)15	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES				1	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	3 1	D 367			
	-The Vitamin D-2 (erg documented administ 10/21/21. -The Vitamin D-2 (erg documented as disco-there was a second (Vitamin D-2) 1250mg Thursday at 8:00am. -The ergocalciferol (Vitamin D-2) 1250mg Thursday at 10/21/21. -Telephone interview vitation at 1:09pm revealed: -Vitamin D-2 was the generic medication ergonalciferol ender on Resident #2's he was unable to vitation of the Vitamin Demak Bout thought it resident #2 could not because the pharmac supply of 8 pills of Vitamin Demak Bout thought it regocalciferol. -Resident #2 could not because the pharmac supply of 8 pills of Vitamin Demak Bout thought it regocalciferol. -Resident #2 could not because the pharmac supply of 8 pills of Vitamin Demak Bout thought it regocalciferol. -Resident #2 could not because the pharmac supply of 8 pills of Vitamin Demak Bout thought it regocalciferol. -Resident #2 could not because the pharmac supply of 8 pills of Vitamin Demak Bout thought it regocalciferol. -Resident #2 could not because the pharmac supply of 8 pills of Vitamin Demak Bout thought it regocalciferol.	gocalciferol) was lered on 10/18/21 and gocalciferol) was intinued on 10/21/21. entry for ergocalciferol g every Monday and vitamin D-2) was inistered 10/04/21, 10/07/21, 10/18/21, 10/25/21, and vitamin D-2) was due to a duplicate order on with a pharmacy technician cted pharmacy on 11/18/21 brand name for the same regocalciferol. and Vitamin D-2 as an active is Resident #2's profile and ew the eMAR. By Resident #2 had duplicate D-2 (ergocalciferol) on her might be due to the facility are an old order of thave been double dosed by only dispensed a 1-month tamin D-2 (ergocalciferol) on and 10/30/21 and the facility medication too soon. Esponsibility to ensure the and to call the pharmacy or fe (PCP) to clarify if there				

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Refer to telephone interview with Resident #2's

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STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL008034	B. WING		11/18	8/2021
NAME OF P	PROVIDER OR SUPPLIER	•	DDRESS, CITY, STA	TE. ZIP CODE	1	<i></i>
		336 SOU	TH RHODES AVE	ENUE		
WINDSOR	HOUSE	WINDSO	R, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	e 32	D 367			
	primary care provider (PCP) on 11/18/21 at 10:38am. Refer to interview with the medication aide (MA) on 11/18/21 at 1:35pm. Refer to interview with the Special Care Coordinator (SCC) on 11/18/21 at 2:05pm. Refer to interview with the Administrator on 11/18/21 at 2:42pm. c. Review of Resident #2's current physician orders dated 09/20/21 revealed: -There was an order for famotidine 20mg, take once daily. (Famotidine is a medication used to decrease stomach acid.) -There was another order for famotidine 20mg, take once at bedtime.					
	(eMAR) revealed: -There were 27 duplic famotidine 20mg door -There was an entry fonce dailyThe famotidine 20mg documented as admiruthe famotidine 20mg documented as not are the famotidine 20mg documented at a documented at admiruted and 09/22/21-09/30/2	cate occurrences of the cumented as administered. for famotidine 20mg, take g once daily was inistered 09/01/21-09/29/21. g once daily was idministered on 09/30/21. It entry for famotidine 20mg, e. g once at bedtime was inistered 09/01//21-09/19/21 21. g once at bedtime was once at bedtime was gonce at bedtime was gonce at bedtime was				

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-The famotidine 20mg was documented at not

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING: _			
		HAL008034	B. WING		11/	18/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STAT	E, ZIP CODE		
WINDSOR	HOUSE		TH RHODES AVE R, NC 27983	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE FO THE APPROPRIATE	(X5) COMPLETE DATE
D 367	at the facility's contrar at 1:09pm revealed: -The pharmacy only if famotidine 20mg on Fwas unable to view the She was unsure why famotidine 20mg were #2's eMAR but though facility forgetting to diffamotidine 20mg. -Resident #2 should repeated the pharmack supply of famotidine condition and the facility had not medication too soon. -It was the facility's reemand was accurate a primary care provider were any questionable. Refer to telephone interprimary care provider 10:38am. Refer to interview with on 11/18/21 at 1:35pm. Refer to interview with 11/18/21 at 2:42pm.	with a pharmacy technician cted pharmacy on 11/18/21 and one active order of Resident #2's profile and she te eMAR. If duplicate orders of e showing up on Resident that it might be due to the scontinue an old order of the scontinue and order of the scontinue and order of the scontinue and 10/25/21 of requested to refill the tesponsibility to ensure the find to call the pharmacy or the scontinue orders. Iterview with Resident #2's the requested to refill the the scontinue orders. Iterview with Resident #2's the remainder of the scontinual order of the scontinual orders. Iterview with Resident #2's the remainder of the scontinual order or	D 367			
	-She expected the eN	MAR to be accurate for the				

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HAL008034 B. WING B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE WINDSOR, NC 27983 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE WINDSOR, NC 27983 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)				A. BUILDING: _		
WINDSOR HOUSE 336 SOUTH RHODES AVENUE WINDSOR, NC 27983 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)			HAL008034	B. WING		11/18/2021
WINDSOR HOUSE WINDSOR, NC 27983 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
WINDSOR, NC 27983 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	WINDOOF		336 SOUT	H RHODES AVI	ENUE	
	WINDSOF	RHOUSE	WINDSOR	, NC 27983		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
D 367 Continued From page 34 D 367	D 367	Continued From page	= 34	D 367		
resident's utmost safety. If she had sligned duplicate orders, she had not realized it, and expected the facility to notify her to clarify the order and to discontinue the duplicate order to avoid overmedicating the resident. It was concerning that the eMAR was inaccurate because that could cause medication errors. She expected the facility to administer medications accurately as ordered. Interview with the medication aide (MA) on 11/18/21 at 1:35pm revealed: It was the Special Care Coordinator's (SCC) responsibility to process orders and have them entered onto the eMAR. If she realized there were duplicate entries or errors on a resident's eMAR, she would have reported the issue to the SCC so it could be corrected. She would document only what she administered and document 'not given, duplicate order' for incorrect orders. She must not have realized the errors on Resident #2's eMAR when she documented duplicate medications. She did not administer Resident #2 duplicate doses of her medications; it was a documentation error due to not catching the errors on the eMAR. Interview with the SCC on 11/18/21 at 2:05pm revealed: There should not have been duplicate or inaccurate orders on Resident #2's eMAR. It was her responsibility to implement, process, approve, and clarify resident orders. When an order was received, it was faxed to the pharmacy, the pharmacy would then enter the order onto the resident's eMAR. Once the order was on the resident's eMAR, she	D 367	resident's utmost safe- If she had signed du realized it, and expect clarify the order and toorder to avoid overme- It was concerning the because that could ca- She expected the face medications accurate Interview with the me 11/18/21 at 1:35pm re It was the Special Ca- responsibility to proce- entered onto the eMA- If she realized there- errors on a resident's reported the issue to corrected. She would document and document "not gi incorrect ordersShe must not have re Resident #2's eMAR duplicate medications -She did not administ doses of her medicati error due to not catch Interview with the SC revealed: -There should not have inaccurate orders on -It was her responsible approve, and clarify re -When an order was a pharmacy, the pharm order onto the resident	plicate orders, she had not sted the facility to notify her to discontinue the duplicate edicating the resident. The edicating the resident edicating the resident edicating the resident edicating the resident. The edication errors edity as ordered. dication aide (MA) on evealed: The edicate entries or edication aide entries or edicate entries on the edicate entries on the edicate entries entries entries edicate en	D 367		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUF	
			A. BUILDING: _			
			D MINO			
		HAL008034	B. WING		11/18/	2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		336 SOU	TH RHODES AVE	ENUE		
WINDSOF	RHOUSE	WINDSO	R, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	35	D 367			
	and approve it if accurinaccurate. -She was unsure how old orders for Resider orders and an inaccurate. -It was her responsibility orders were accurate. -There was no process. Interview with the Adr 2:42pm revealed: -He expected the MA: administered medicate resident's PCP. -He expected the MA: accurately and report SCC. -He expected the SCC medications were impass written by the residence of the expected the SCC eMARs were accurate to avoid duplication. -He was not aware Residence orders were being follulations.	rate or clarify the order if y she missed discontinuing int #2 resulting in duplicate rate eMAR. lity to follow up and ensure on the eMAR. six in place to audit eMARs. ministrator on 11/18/21 at six to follow orders and claims as written by the six to document on eMARs any eMAR issues to the C to ensure orders and clemented and carried out dent's PCP as soon as C to ensure the residents' e and discontinue old orders esident #2 had an in duplicate orders. C to follow up and ensure				

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