Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	: IED
		HAL080029	B. WING		02/1	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANGELO	AT LIEADT ACCIOTED III	1114 SOUT	H MAIN STRE	ET		
ANGELS A	AT HEART ASSISTED LIV	CHINA GRO	OVE, NC 2802	3		
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	0 Initial Comments		D 000			
	The Adult Care Licensure Section conducted an annual survey on February 10, 2022 and February 11, 2022.					
D 358	10A NCAC 13F .1004 Administration	e(a) Medication	D 358			
	10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (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 and procedures.					
	This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (#3) who had orders for sliding scale insulin (SSI).					
	The findings are:					
	01/24/22 revealed: -Diagnoses included of disorder and cognitive -There was an order f (FSBS) three times a -There was an order f Kwikpen inject per slid 201-250=6 units, 251 units, 351-400=20 un	for finger stick blood sugars				

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		, ,	E SURVEY PLETED	
		HAL080029	B. WING		02	2/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE		
		1114 SOI	JTH MAIN STREET			
ANGELS	AT HEART ASSISTED LIV	/ING CHINA G	ROVE, NC 28023			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 1	D 358			
	O2/09/22 revealed: -There was an order of the twikpen inject per sli 201-250=6 units, 251 units, 351-400=20 un units (a fast acting insisted blood sugar levels).  Review of Resident #-There was an order of was discontinued on Novolog 100 units/ml subcutaneously 3 tim 201-250=6 units, 251 units, 351-400=20 un unitsThere was a subseq for Humalog 100 units scale subcutaneously units, 201-250=6	dated 10/07/21 and then 01/10/22, the order for inject as per sliding scale es a day: 151-200=3 units, -300=10 units, 301-350=15 its, BS greater than 400=25 uent order dated 01/10/22 s/ml inject as per sliding 3 times a day: 151-200=3				
	hand 02/10/22 at 1:15	ent #3's medications on 5pm revealed there were two led Humalog 100 units/ml on 01/12/22.				
	(eMAR) revealed: -FSBS ranged from 9 -There was an entry f inject as per sliding so a day: 151-200=3 uni 251-300=10 units, 30 units, BS greater thar	administration record 9-443. for Novolog 100 units/ml cale subcutaneously 3 times				

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STATE FORM 9VVC11 If continuation sheet 2 of 17

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 5 6			
		HAL080029	B. WING		02/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	/ING	H MAIN STRE			
			OVE, NC 2802			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	E
D 358	Continued From page	2	D 358			
D 358	-There was no documadministered for 93 of 12/01/21 to 12/31/21There was no space the amounts of insulir -There were 5 entries entries on 12/13/21 anot administered as, orders"There was no docum Review of Resident # revealed: -FSBS ranged from 1 -There was an entry finject as per sliding so a day: 151-200=3 unit 251-300=10 units, 30 units, BS greater than 11:30am and 4:30pm 01/12/22There was an entry be Humalog 100 units/m scale 151-200=3 units 251-300=10 units, 30 units, BS greater than 11:30amThere was no docum Humalog was adminis opportunities from 01There was no space the amounts of insulir -There was no docum withheld doses.	nentation Novolog was f 93 opportunities from  on the eMAR to document administered. f on 12/02/21, 12/07/21, 2 and 12/14/21 documented as "Withheld per DR/RN  nentation of refusals.  3's January 2022 eMAR  21-371. for Novolog 100 units/ml cale subcutaneously 3 times ts, 201-250=6 units, 1-350=15 units, 351-400=20 a 400=25 units at 7:30am, and discontinued on  peginning on 01/12/22 for I Kwikpen inject per sliding s, 201-250=6 units, 1-350=15 units, 351-400=20 a 400=25 units at 7:30am, hentation Novolog or stered for 93 out of 93 /01/22 to 01/31/22. on the eMAR to document	D 358			
	-FSBS ranged from 1 -There was an entry I					
		ding scale 151-200=3 units,				

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STATE FORM 9VVC11 If continuation sheet 3 of 17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080029	B. WING		02/11/2022
	ROVIDER OR SUPPLIER AT HEART ASSISTED LIV	/ING	DDRESS, CITY, STATE	ET	
(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 APPROF DEFICIENCY)	D BE COMPLETE
D 358	units, 351-400=20 un units at 7:30am, 11:30am, 1	a-300=10 units, 301-350=15 its, BS greater than 400=25 dam. Inentation Humalog was ut of 28 opportunities from on the eMAR to document administered. Inentation of refusals or  3's record revealed there ocument available for review of the number of units of dministered. Itesident #3's December ebruary 2022 eMARs, it ned whether Novolog and/or istered as ordered per  cation aide (MA) on revealed: In Resident #3's sliding scale and administer the insuling scale. In Resident #3's sliding scale and administer the insuling scale. In Resident #3's sliding scale and administer the insuling scale. In Resident #3's sliding scale and administer the insuling scale.	D 358		

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DIVISION	n nealth Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		HAL080029	B. WING	<del>-</del>	02/1	1/2022
NAME OF D		STDEET ADI	DRESS, CITY, STA	TE 7ID CODE		
NAME OF FI	ROVIDER OR SUPPLIER					
ANGELS	AT HEART ASSISTED LIV	/ING	TH MAIN STRE			
		CHINA GR	OVE, NC 2802	3		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
			1	DEFICIENCY)		
D 358	Continued From page	. 1	D 358			
D 330	Continued From page	<del>, 4</del>	B 330			
	Interview with the RC	D on 02/10/22 at 11:20am				
	revealed:					
	-She and the Adminis	trator audited the eMARs				
	weekly.					
	•	had never had a space to				
		r of units given for SSI since				
	her employment bega					
		cument the number of units				
		eMAR notes and there were				
		rd the number of units given				
	_	ng scale, so she just trusted				
	the correct units were	administered.				
	-She and the MAs we	ere familiar with Resident				
	#3's sliding scale orde	er for insulin and the number				
	of units to be given ac	ccording to the sliding scale.				
	-The facility's contract	ted pharmacy entered				
	medication orders on	to the eMARs.				
		ested pharmacy to create a				
		's eMAR to document the				
	number of units of ins					
		g., e				
	Telenhone interview v	vith a representative from				
		ed pharmacy on 02/11/22 at				
	9:20am revealed:	ed priarifiacy of 02/11/22 at				
		and an date of 04/40/22 fam				
		order dated 01/10/22 for				
		I subcutaneously 3 times a				
	day per sliding scale.					
	-There was an order of					
		2 for Novolog 100 units/ml				
		es a day per sliding scale.				
	-The pharmacy entere	ed ordered medications and				
	treatments on the eM	AR.				
	-SSI orders normally	had a space on the eMAR				
		mber of units administered.				
	-	nt #3's Humalog sliding				
	scale was not entered					
	Humalog was ordered					
		nentation that anyone at the				
		nace to be added for the				

Division of Health Service Regulation

number of units of insulin given for the Humalog

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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	
		HAL080029	B. WING		02/1	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	/ING	H MAIN STRE DVE, NC 2802			
(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 358	8 Continued From page 5 SSI order.		D 358			
	Telephone interview we care provider (PCP) or revealed: -Resident #3 had a Silven scaleHe did not know staff number of units given scaleHe would expect the the number of units or sliding scale orderIf the number of units documented, then he many units were given.  Telephone interview wo 02/11/22 at 10:25am silven scaleShe and the RCD aumissed documentation refusalsShe had not noticed #3's SSI entry on the to document the numination of units given some small of the pharmacy added SSI normally had a synumber of units given silven scale insulingerMAs did not docume for sliding scale insulingerThe facility used pap FSBS and number of past, but stopped whee eMARs.	f had not documented the per her Humalog sliding  facility staff to administer f Humalog according to her signed was not could not be sure how not the Administrator on revealed: dited eMARs weekly for not injection sites and and did not know Resident eMAR did not have a space ber of units given. It dorders onto the eMAR and bace to document the state of the number of units given in any other log. er logs to record residents' units of insulin given in the				
D 367	10A NCAC 13F .1004 Administration	(j) Medication	D 367			

Division of Health Service Regulation

10A NCAC 13F .1004 Medication Administration

STATE FORM 9VVC11 If continuation sheet 6 of 17

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			B. WING		
		HAL080029	B. WING		02/11/2022
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA		
ANGELS	AT HEART ASSISTED LIV	/ING	H MAIN STRE OVE, NC 2802		
0/0.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTION	Al OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 367	Continued From page 6		D 367		
	(j) The resident's merecord (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for ad or treatment; (5) reason or justificat medications or treatm documenting the resumedications or treatm omission, including reference (8) name or initials of the medication or treatment;	dication administration e accurate and include the cation or treatment order; ge or quantity of medication ministering the medication tion for the administration of tents as needed (PRN) and alting effect on the resident; dministration; any omission of tents and the reason for the fusals; and, the person administering tenter. If initials are used, a to those initials is to be intained with the medication			
	facility failed to ensure records were complet sampled resident (#3 scale insulin (SSI).  The findings are:  Review of Resident # revealed: -Diagnoses included disorder and cognitive -There was an order to (FSBS) three times a -There was an order to Kwikpen inject per slie	and record reviews the e medication administration te and accurate for 1 of 3 ) with an order for sliding  3's FL-2 dated 01/24/22  diabetes, major depressive e disorder. for finger stick blood sugars			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		, ,	E SURVEY PLETED	
		HAL080029	B. WING			2/11/2022
	ROVIDER OR SUPPLIER AT HEART ASSISTED LI	VING 1114 SO	DDRESS, CITY, STATE  UTH MAIN STREET  ROVE, NC 28023	•		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 367	units (a fast-acting in blood sugar levels).  Review of Resident # 02/09/22 revealed: -There was an order (FSBS) three times a -There was an subse 100 units/ml Kwikper 151-200=3 units, 201 units, 301-350=15 un greater than 400=25 used to lower elevate.  Review of Resident # -There was a physicio 1/10/22 for Novolog sliding scale subcuta 151-200=3 units, 201 units, 301-350=15 un greater than 400=25 -There was a subseq 01/10/22 for Humalog per sliding scale 151-units, 251-300=10 units, 251-400=20 units, BS Review of Resident # electronic medication (eMAR) revealed: -There was an entry inject as per sliding s a day: 151-200=3 units, 30 units, BS greater than 1:30am and 4:30pm -There was no documthe number of units of	its, BS greater than 400=25 sulin used to lower elevated  Ga's physician's orders dated for finger stick blood sugars day. quent order for Humalog inject per sliding scale -250=6 units, 251-300=10 its, 351-400=20 units, BS units (a fast-acting insulin d blood sugar levels).  Ga's record revealed: an's order that discontinued 100 units/ml inject as per neously 3 times a day: -250=6 units, 251-300=10 its, 351-400=20 units, BS units. uent physician's order dated ga 100 units/ml Kwikpen inject 200=3 units, 201-250=6 its, 301-350=15 units, Gareater than 400=25 units.  Ga's December 2021 administration record for Novolog 100 units/ml cale subcutaneously 3 times tts, 201-250=6 units, 1-350=15 units, 351-400=20 in 400=25 units at 7:30am,	D 367			

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STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			1		
		HAL080029	B. WING		02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
		1114 SOUT	H MAIN STRE	ET	
ANGELS A	AT HEART ASSISTED LIV	∕ING CHINA GR	OVE, NC 2802	3	
	CUMMADV CT				1 000
(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 367	Continued From page	e 8	D 367		
		on the eMAR to document f insulin given per sliding			
	Review of Resident #	3's January 2022 eMAR			
		ending 01/12/22 for Novolog			
	100 units/ml inject as	-			
		es a day: 151-200=3 units,			
	· · · · · · · · · · · · · · · · · · ·	-300=10 units, 301-350=15			
		its, BS greater than 400=25			
	units at 7:30am, 11:3				
		peginning 01/12/22 for			
	_	l Kwikpen inject per sliding			
	scale 151-200=3 unit				
	· ·	1-350=15 units, 351-400=20			
	_	n 400=25 units at 7:30am,			
	11:30am.				
		nentation on the eMAR of			
		f Novolog or Humalog			
	01/01/22 to 01/31/22.	ut of 93 opportunities from			
		on the eMAR to document			
		f insulin given per sliding			
	scale.				
	Review of Resident # revealed:	3's February 2022 eMAR			
	-There was an entry f	or Humalog 100 units/ml			
		ding scale 151-200=3 units,			
	201-250=6 units, 251	-300=10 units, 301-350=15			
		its, BS greater than 400=25			
	units at 7:30am, 11:3				
		nentation on the eMAR of			
		f Humalog administered for			
	28 out of 28 opportun	ities from 02/01/22 to			
	02/10/22.				
		on the eMAR to document finsulin given per sliding			

scale.

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL080029	B. WING		02	2/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ANCELO	AT LIEADT ACCIOTED L	1114 SOL	JTH MAIN STREET			
ANGELS	AT HEART ASSISTED L	CHINA G	ROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From pag	e 9	D 367			
	was no other log or o	#3's record revealed there document available for review of the number of units of SSI				
	-She did not rememble enter the amount of the eMAR since Res January 2021She did not inform t (RCD) or the Administrate to document t					
	according to sliding substraint and according to sliding substraint amount of insulin given	•				
	revealed: -She and the Admini weeklyResident #3's eMAF document the number-She did not know the SSI had to be documented.	cD on 02/10/22 at 11:20am strator audited the eMARs R had never had a space to er of units given for SSI. ee number of units given for nented. cument the number of units ee eMAR notes and there were				
	according to the slidi -She and the MAs w #3's sliding scale ord	ord the number of units given ing scale. ere familiar with Resident der for insulin and the number rding to the sliding scale.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
		HAL080029	B. WING		02	2/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ANGELS	AT HEART ASSISTED LI	VING	UTH MAIN STREET	Ī		
		CHINA C	BROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From pag	e 10	D 367			
	medication orders or -She had not reques space in Resident #3 number of units of in	ted pharmacy to create a s's eMAR to document the sulin given.				
	the facility's contracted 9:20am revealed: -The pharmacy enter treatments onto the early second the number of the entry for Residence was not entered the malog was ordered. There was no docur facility had requested.	had a space on the eMAR to f units administered. ent #3's Humalog sliding d correctly when the				
	eMAR.  Telephone interview provider (PCP) on 02 -Resident #3 had a S -He did not know sta	with the primary care 2/11/22 at 12:23pm revealed: SSI order for Humalog. ff had not documented the n as ordered for Humalog				
	sliding scaleHe would expect the number of units of Hi	e facility staff to document the umalog they gave residents. is given was not documented ng scale order, then he could				
	02/11/22 at 10:25am -She and the RCD at missed documentation refusals.	with the Administrator on revealed: udit eMARs weekly for on, injection sites and esident #3's SSI entry did not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080029	B. WING		02/11/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ANGELS A	AT HEART ASSISTED LIV	/ING	H MAIN STRE DVE, NC 2802		
(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 COMPLETE
D 367	given, she must have -Pharmacy added me eMAR and SSI norma number of units given -MAs did not docume for sliding scale insuli -The facility used pap	ment the number of units missed it when she audited. dication orders onto the ally had a space for the . nt the number of units given n in any other log. er logs to record residents units of insulin given in the	D 367		
D 392	10A NCAC 13F .1008(a) Controlled Substances  10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.		D 392		
	interviews, the facility retrievable record of of 3 sampled resident narcotic pain medicat  The findings are:	ns, record reviews and failed to ensure a readily controlled substances for 1 is (#2) who had orders for a			
	-Diagnoses included the hypertension, anxiety	type 2 diabetes, , heart disease, chronic / disease, and insomnia.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OATE SURVEY OMPLETED	
		HAL080029	B. WING		02	2/11/2022	
	ROVIDER OR SUPPLIER	VING 1114 SOU	DDRESS, CITY, STATE				
7.1102207		CHINA G	ROVE, NC 28023				
(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 392	Continued From page		D 392				
		for tramadol (a narcotic eat moderate pain) 50mg nes daily.					
	Review of Resident #2's signed physician's order dated 08/19/21 revealed an order to increase the dose of tramadol to 50mg take 2 tablets (100mg total) three times daily.						
	(eMAR) revealed: -There was an entry fablets (100mg) three 2:00pm and 8:00pmThere was documen administered three tir	administration record for tramadol 50mg take 2 times daily at 8:00am, tation tramadol 100mg was					
	Count Sheet (CSCS) 12/18/21 revealed: -The order was for tra three times dailyTramadol 100mg wa	2's Controlled Substance from 11/28/21 through amadol 50mg take 2 tablets as signed out three times a dose on 11/28/21 through 12/18/21.					
	through 12/28/21 reverble order was for transfer times daily.  -A quantity of 90 tables -Tramadol 50mg was from the 2:00pm dose 7:00am dose on 12/2 reached 0 tablets rem	ets were dispensed. signed out three times daily e on 12/18/21 through the 8/21 when the count					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL080029	B. WING		02/11/2	022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANGELS A	AT HEART ASSISTED LIV	/ING 1114 SOUT	H MAIN STRE	ET		
ANGLEGA	TILARI AGGIOTED EN	CHINA GRO	OVE, NC 2802	3		
(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 C	(X5) COMPLETE DATE
D 392	Continued From page	÷ 13	D 392			
D 392	three times daily.  -A quantity of 180 tab -Tramadol 100mg wa daily from the 8:00am the 8:00pm dose on 0 reached 0 tablets rem  Telephone interview was the facility's contracte 10:50am revealed:  -The CSCS which contracted 10:50am revealed:  -The CSCS which contracted 10:50am revealed:  -The CSCS which contracted and had been dispensed quantity of 90 tablets  -On 08/19/21, the phanorder for tramadol to intablets (100mg total)  -They had not receive facility or the primary adjust the dosage of the form of December 2021.  -They had not receive tramadol back from the form of December 2021.  Interview with a medical opensed of 10/10/22 at 3:00pm results  -She administered transporter was to give transporter was to give transporter.	lets were dispensed. Is signed out three times of dose on 12/29/21 through out/07/22 when the count faining.  With a representative from dispersed the dates of 12/18/21 of from an order dated 50mg take one tablet daily sed on 07/14/21 with a for a 30-day supply.  Is a for a 40-day supply.	D 392			
	order in the record an -She had not noticed	Omg three times daily as the d the eMAR reflected. the CSCS had a different use she was administering				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL080029	B. WING		02/1	1/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1114 SOU	TH MAIN STRE	ET		
ANGELS A	AT HEART ASSISTED LIV	/ING	OVE, NC 2802			
(V4) ID	SLIMMADV STA	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	ı	(VE)
(X4) ID PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				BEI IOIENOT)		
D 392	Continued From page	e 14	D 392			
	medication bubble pa	ick from the pharmacy and				
	the order on the eMA	· · · · · · · · · · · · · · · · · · ·				
	Interview with the Res	sident Care Director (RCD)				
		rd audits once a week				
	including the CSCS s					
		the pharmacy arrived on the				
	fifth day of each mont	th and she monitored the				
	counts for all controlle	ed substances.				
	-She had been out of	• .				
		had not been available to				
	•	per 2021's CSCS audit; she				
	was unsure if another staff completed the audit in her absence.					
		od from 12/18/21 through				
		2 received his full dose of				
		e times daily and she did				
		er on the CSCS was for				
	50mg three times dail	· <del>-</del>				
	-The Administrator kept controlled substances					
	locked in her office for safe keeping until they were needed for dispensing to Resident #2, and					
		nistrator might have given				
	•	er CSCS sheets that did not				
		00mg three times daily				
	bubble pack.					
	•	ad dose adjustments for his				
	tramadol, he had a su	urplus of the 50mg tablets				
	•	ring to use those up by				
		ee times daily rather than				
	-	upply back to the pharmacy.				
		d tramadol to Resident #2				
		d 12/28/21 and gave him				
	100mg three times da	e medication based on the				
		id the order in the eMAR,				
	not the order listed or	•				
	not the order listed on the occo.					

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Telephone interview with the Administrator on

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Division c	<u>of Health Service Regu</u>	ılation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLET	ΓED
	1141 000020		B. WING		20/44	(0000
		HAL080029	D. WING		02/11/	/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1114 SOU	TH MAIN STRE	ET		
ANGELS A	AT HEART ASSISTED LIV	VING	ROVE, NC 2802			
	CLIMMADY CT			T		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
			1	DEFICIENCY)		
5.000			<b>1</b> 5 6 6 6			
D 392	Continued From page	e 15	D 392			
	02/11/22 on 10:25am	ı revealed:				
		#2's tramadol had a dose				
	change, they would p					
	, , , ,	ack indicating there had been				
		and to check the eMAR.				
		ock of Resident #2's tramadol				
	1	were trying to use those				
		before starting on the new				
		nacy with the current order.				
		many CSCS sheets that she				
		MA the wrong sheet to				
		tramadol 100mg three times				
	daily bubble pack.	namador roomg thee times				
	, -	R audits with the RCD, but				
		sible for auditing the CSCS				
	before filing them.	sible for additing the Coop				
	_	the RCD had missed the				
		n December 2021 with				
		dol because she was still				
		the role of RCD during that				
ļ	time.	The fole of RCD during that				
	ume.					
	Interview with Reside	ant #2 on 02/11/22 at				
	11:12am revealed:	III #2 011 02/ 11/22 at				
		the medications he took and				
	aware that tramadol v					
		was one or them. lications and never counted				
		ee how many tramadol were				
	in his pill cup prior to					
		ne dosage changes but was				
	not sure what the dos					
		ving any increase to his pain				
	level during the montl	n of December 2021.				
	Talanhana intanjawa	with Desident #2's DCD on				
		with Resident #2's PCP on				
	02/11/22 at 11:20 rev					
		nat from 12/18/21 through				
	12/28/21 the MA's we					
		lol 50mg three times daily on				
ļ	the CSCS but tramadol 100mg three times daily					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
HAL080029		B. WING		02/11/2022		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	TE, ZIP CODE			
ANGELS	AT HEART ASSISTED LIV	VING	H MAIN STRE			
	QUILITA EN COT		OVE, NC 2802			
(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 SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLET	ΓE
D 392	Continued From page	e 16	D 392			
D 392	on the eMARThere would have be Resident #2 if he had three times daily inste	een no adverse effect to received tramadol 50mg ead of tramadol 100mg three d because he had wanted down his dose anyway.	D 392			

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