STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR A. BUILDING: COMPLETI				
		HAL009025	B. WING		02/4	R 10/2022
			<u></u>		02/1	10/2022
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S DEN STREE	STATE, ZIP CODE •		
WEST B	LADEN ASSISTED LIV	/ING	BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
		ensure Section conducted a decomplaint investigation on 2.				
{D 269}	10A NCAC 13F .09 Supervision	01(a) Personal Care and	{D 269}			
	Supervision (a) Adult care hom care to residents ac plans and attend to	01 Personal Care and e staff shall provide personal coording to the residents' care any other personal care ay be unable to attend to for				
	reviews the facility tassistance according	et as evidenced by: ons, interviews, and record failed to provider personal care ng to the care plans for 1 of 5 (#1) who required assistance	:			
	The findings are:					
	10/11/21 revealed: -Diagnoses include behavioral disturba -The recommended documented as a n -The resident was a disoriented, wander -The resident was whis needs.	d level of care was nemory care unit. ambulatory, intermittently red, and incontinent of urine. verbally able to communicate red staff assistance with				

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

(X6) DATE TITLE

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE :	
		1141 000005			R	
		HAL009025	D. WING	· · · · · · · · · · · · · · · · · · ·	02/1	0/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREET			
		BLADENE	BORO, NC 2	8320	1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
{D 269}	Continued From pa	ge 1	{D 269}			
	Review of Resident 10/16/21 revealed: -The resident was oneeded remindersThe resident's spemethod was normator resident was it transfers, and eatingThe resident requires with toiletingThe resident requires with bathing, dression resident was on the resident	#1's current care plan dated priented but forgetful and ech and communication l. Independent with ambulation, g. Independent with ambulation, g. Independent with assistance and grooming. #1's resident care plan and all Care Unit (SCU) dated confused to person, time, and able to follow instructions and ants, needs, likes, and groom table wearing a long sleeve green plaid pants. Confused, did not respond to both hands were tall band on his left wrist. In of Resident #1 on 02/09/22 of the resident was sitting in a groond dining room table ong sleeve green plaid shirt				

Division of Health Service Regulation

Interview with the MA on 02/09/22 at 12:17pm

STATE FORM 6899 HRYJ12 If continuation sheet 2 of 36

Division of Health Service Regulation				r		
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	2
		HAL009025	B. WING			0/2022
NAME OF I		CTDEET AD		STATE ZID CODE	•	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREET			
			BORO, NC 2			
(X4) ID	_	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	`	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIES		DATE
				DEFICIENCY)		
{D 269}	Continued From pa	ne ?	{D 269}			
\D 200}	Continued From pa	ge z	(D 200)			
	revealed:					
		on Resident #1's left wrist was				
	from a hospital visit					
		not let staff remove the				
	hospital band from	his wrist.				
	Observation of Pos	ident #1 on 02/10/22 at				
	7:35am revealed:	ident #1 011 02/10/22 at				
		sitting in a chair located in the				
		ward and fiddling with his				
	bedroom shoe.	.a. a aaag				
		e same long sleeve green				
		plaid pants as on 02/09/22.				
		er chest and sleeve was				
	soiled.					
	-The personal care	aide (PCA) removed Resident				
	#1's green plaid shi	rt and under the shirt was a				
	white t-shirt.					
		ocardiogram (EKG) pads				
		e stuck to the skin used to				
		s electrical activity) stuck to				
	the resident's chest					
		clean shirt on the resident.				
		ttempt to remove the EKG				
	pads from the resid	ent.				
	Interview with the S	CU shift coordinator on				
	02/10/22 at 3:00pm					
		f Resident #1 had received a				
	bath or shower toda					
		Resident #1 was wearing the				
		as he had on yesterday.				
		f to change resident clothing				
	every day or when					
		f to assist the residents with				
	changing into pajan					
	-She expected the	second shift PCA to change				
		es to pajamas before he went				
	to bed on 02/09/22.					
	-She expected facil	ity staff to remove the EKG				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 3 of 36

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	,
		HAL009025	B. WING			0/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
WEST BI	ADEN ASSISTED LIV	/ING	DEN STREE [®] BORO, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	COMPLETE DATE
{D 269}	Continued From pa	ge 3	{D 269}			
	pads from Residen from the ED on 02/	t #1's chest when he returned 09/22.				
	revealed: -She changed resident the first shift ended -When she arrived noticed Resident #' clothes today as ye-Staff were not supplication of the state of the s	posed to change a resident's as on their shower days.				
	4:00pm revealed: -He expected the h the EKG pads from him back to the fac -He did not respond for facility staff rem Resident #1's ches -Residents were sh their shower days, changed with each wear soiled clothing -He did not respond for changing reside their shower days. Based on observati	d when asked his expectation oving the EKG pads on t. owered after breakfast on and he expected their clothes shower to ensure they did not				
{D 273}	10A NCAC 13F .09	02(b) Health Care	{D 273}			

6899

Division of Health Service Regulation STATE FORM

HRYJ12 If continuation sheet 4 of 36

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE : A. BUILDING: COMPL			SURVEY PLETED	
		HAL009025	B. WING			R 10/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREE [*] BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{D 273}	10A NCAC 13F .09 (b) The facility shart to meet the routine of residents. This Rule is not me Based on observatireviews the facility thealth care needs were sidents (#2) who appointment. The findings are: 1. Review of Resided 10/13/21 revealed: -Diagnoses include hypertension, adult severe protein caloust resident was a disoriented. Review of Resident 10/13/21 revealed: -The resident require with bathing, dressing the resident was in and transfers. Observation of Resident solution and transfers. Observation of Resident's left and jagged. The left was darker in color the nail was a thick The resident's left and jagged. The left was darker in color the resident's left.	02 Health Care Il assure referral and follow-up and acute health care needs et as evidenced by: ons, interviews, and record failed to ensure the acute were met for 1 of 5 sampled needed a podiatry ent #2's current FL-2 dated d Alzheimer's dementia, failure to thrive, anemia, and rie malnutrition. ambulatory and intermittently et #2's current care plan dated red limited staff assistance ng, grooming, and toileting. Independent with ambulation eident #2 on 02/09/22 at es and socks were removed aide (MA). If irst toenail was thick, yellow it edge of the nail at the cuticle and a shade of gray. Under	{D 273}			

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 5 of 36

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL009025	B. WING		F 02/1	R 0/2022
			<u> </u>) OZ/I	OIZOZZ
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREET BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 5	{D 273}			
(D 213)	- The resident's left elevated and grew her second toe. The skin of the second toe was red The skin of the second toe was red The resident's left elevated above the nailbed towards the There were two da approximately one the pad of her left fourth toes, - The top and bottom skin The right first toer (striations can indicand vitamin deficienthe right second to jagged The right third toer past the toe two to the inside of the second to	third toenail was jagged, curved into and up the side of the toenail was touching the toe. Cond toe next to the nail of the fourth toenail was thick, nail bed and grew up over the cuticle of her fourth toe. The plum colored areas to two centimeters located to the toetween the third and the of her feet were flaking with the nail was thick and striated that nail bed injury and protein notices). The plum colored areas to two centimeters and grew to the nail was thick, yellow, and the nail was thick, yellow, extended three centimeters and grew to cond toe. The skin was red. The skin was red. The second to the eskin was red. The second to the inside. The second care up approximately one with the second to the inside. The second care up approximately one with the second care up approxima				
	the residents in the	cted podiatrist would see all facility. f Resident #2 had been seen				

STATE FORM 6899 If continuation sheet 6 of 36 HRYJ12

ווטופועום	of Health Service Re	egulation	T			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAL009025	B. WING			0/2022
		HAL009029			02/1	0/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		714 BLAI	DEN STREE	Г		
WEST B	LADEN ASSISTED LIV	VING BLADENE	BORO, NC 2	8320		
0/4) ID	CLIMMA DV CTA		1			()(5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
{D 273}	Continued From pa	900 G	{D 273}			
(D 213)	Continued From pa	ige o	(0 2/3)			
	by the contracted p	odiatrist.				
	-The personal care	aides (PCA) should notice				
	jagged, yellow, ove	rgrown toenails and any foot				
	abnormalities when	bathing or provider personal				
	care to the resident	s.				
	-She expected the	PCAs to report to her or the				
		ctor (RCD) when they notice a				
	resident with long ja	agged, thick toenails or foot				
	abnormalities so the	e resident could be referred to				
	podiatry.					
		ument long or curling toenails				
		n skin assessment sheets.				
		reviewed the bath skin				
	assessment sheets	daily and signed once				
	reviewed.					
	-She did not know I	Resident #2's toenails were				
	thick, jagged, exten	ided past the toes and into				
	adjoining toes.					
		here were two dark spots on				
	the bottom of Resid	dent #2's left foot.				
		v with the office manager for				
		cted podiatrist on 02/10/22 at				
	1:30pm revealed:					
		ever been treated by the				
	podiatrist.					
		need a medical referral to				
		ntment for Resident #2.				
		ave referred Resident #2 to				
	the podiatrist at any					
		ew Resident #2 needed to be				
		the resident could have been				
	seen by the podiatr					
		ld have worked in any resident				
		seen when last in the facility in				
	December 2021.					
		with the Nurse Practitioner				
		tracted podiatrist on 02/10/22				
	at 1:50pm revealed	l :				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 7 of 36

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION		SURVEY PLETED
		A. BUILDING:			
	HAL009025	B. WING			R 10/2022
NAME OF PROVIDER OR SUPPLIE	R STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
WEST BLADEN ASSISTED	LIVING	NDEN STREET BORO, NC 2			
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
cause discomfort nails were to cut in Resident #2 need -Normally facility podiatry for nail control resident nails because trauma. Second interview on 02/10/22 at 3: cut Resident #2's on 02/09/22 but of thick. Interview with a Forevealed: Foot and nail cat performed by staten -Normally resider podiatry. PCAs should obticated a performed by staten -Normally resider podiatry. PCAs should obticated a podiatry. She last saw Reand they were noto -She did not seed #2 on 02/08/22. She did not seed Resident #2's feed -It was the responsible SCU Coordinator long or thick, the the Resident Carwould schedule a podiatrist. She did not tell the Resident #2's toed resident didn't reposite -She would have	rergrown and curved nails could and possibly infection if the into the resident's skin. ded to be treated by podiatry. staff referred residents to are as the staff did not cut cause they could accidentally with the SCU Shift Coordinator 00pm revealed she had tried to toenails with the nail trimmers could not because they were too PCA on 02/10/22 at 3:10pm are were expected to be ff on resident shower days. In toenails were trimmed by serve resident's toenails every a put on the resident's socks. Sident #2's toenails on 02/08/22 at very long. In any curved toenails for Resident any dark spots on the bottom of the ton 02/08/22. Insibility of the PCA to tell the serve when a resident's toenails were SCU shift coordinator would tell the Director (RCD), and the RCD in appointment with the				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 8 of 36

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	HAL009025	B. WING		F 02/1	R 0/2022	
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE	02/1	OIZOZZ	
	714 BLAD	EN STREET				
WEST BLADEN ASSISTED LIVING	BLADENB	ORO, NC 2	8320			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL SENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
sheet for Resident #2 w with a shower/bath on 0 Interview with the Admir 5:20pm revealed: -Resident's did not need the podiatristHe expected the RCD their jobs as expected. Interview with the RCD revealed: -Staff were expected to assessment on resident -Staff were expected to toes to for sores, rednessisuesStaff were expected to toenails were long, extended where their toesShe expected the PCA aides (MAs) or SCU shift consider to the podiatrist of the podiatrist. Based on observations,	to look at the resident's document on the bath if toenails were long, l. a body skin assessment when she last provided her 02/08/22. Inistrator on 02/10/22 at d an order for a referral for to ensure staff performed on 02/10/22 at 5:20pm od a head to toe ats with every shower. I look at resident's feet and ess, and/or skin integrity on notice if resident's ended past, or curved into the toes. It is were long, jagged, d into their toes. I look at resident's ended past, or curved into the serior of the	{D 273}				

Division of Health Service Regulation STATE FORM

HRYJ12 If continuation sheet 9 of 36

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL009025			R 02/10/2022		
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	, , ,	<u> </u>	
WEST B	LADEN ASSISTED LIV	/ING	DEN STREET BORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE	
{D 358}	Continued From pa	ge 9	{D 358}				
{D 358}	10A NCAC 13F .10 Administration	04(a) Medication	{D 358}				
	(a) An adult care h preparation and adi prescription and no by staff are in accordance (1) orders by a lice which are maintaine (2) rules in this Secand procedures. This Rule is not me TYPE B VIOLATION Based on observation reviews the facility is medications as order the facility's policies observed during the errors with a medication treat anemia, low prombocytopenia (rashes; and for 1 of	nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies et as evidenced by: N ons, interviews, and record					
	02/10/22 revealed to staff who had demo- according to state in prescription medical	cy's medication policy on the purpose was to ensure onstrated competency ules prepare and administer ations and treatments in the prescribing practitioner's					
	orders. 1. The medication e	error rate was 16% as					

Division of Health Service Regulation

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL009025	B. WING		R 02/10/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	VING	ADEN STREE [*] IBORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
{D 358}	Continued From pa	ige 10	{D 358}			
	opportunities during on 02/10/22.	g the 9:30am medication pass				
	06/01/21 revealed: -Diagnoses include (HTN), chronic idiop (abnormally low lev bleeding), hypokale and anemiaThere was an orde (mg) take one table treat high blood pre Review of Resident order sheet dated 0 -There was an entry tablet daily. Review of Resident	t #6's electronic physicians 09/07/21 revealed: y for Norvasc 5mg take one t #6's physician visit note date there was an entry for Norvasc				
	02/10/22 revealed: -The medication aid #6's medicationsThe MA did not pre administration to the -The MA entered the administered Resid					
	medication adminis revealed:	t #6's February 2022 electronic stration record (eMAR) y for Norvasc 5mg take one am.				

-There was documentation Norvasc was not

STATE FORM 6899 If continuation sheet 11 of 36 HRYJ12

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONTROL	IDENTIFICATION NOWIDEN.	A. BUILDING:			
		HAL009025	B. WING		02/1	? 0/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREET BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ige 11	{D 358}			
,	administered to the	resident at 9:30am on he facility was waiting on the				
	hand on 02/10/22 a	ident #6's medications on it 12:35pm revealed Norvasc ble on the medication cart for				
	coordinator/medica 2:45pm revealed: -She did not know I Norvasc available of attempted to admin 9:30am medication -The SCU shift coo Care Director (RCD responsibility to reco- lt was the ultimate coordinator to reord -Her first day as SC 02/09/22 and she downs prior to 02/09/2/2	order resident medications. responsibility of the SCU shift der the resident's medications. CU shift coordinator was lid not know what the process 22 to ensure resident's ordered				
	medications 25 day leaving five days of -The medications we during third shift if control -The medications we during third shift the after 5:00pm. -She did not rement the facility's control Resident #6's Norvon-She and the RCD ensure resident meavailable.	ss was to reorder resident vs after the dispense date medications remaining. Vould arrive to the facility ordered before 5:00pm. Vould arrive to the facility e following night if ordered on the facility of				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 12 of 36

DIVISION	DIVISION OF HEALTH SERVICE REQUIATION		T			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		LOWP	LETED
					F	2
		HAL009025	B. WING			0/2022
					, , ,	0.2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREE			
		BLADEN	BORO, NC 2	8320		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAG	TREGGE TOTAL		IAG	DEFICIENCY)	1407412	
(D. 0.50)	0 1 5	10	(D 050)			
{D 358}	Continued From pa	ige 12	{D 358}			
	but it did not include	e Resident #6's medications.				
	Interview with the R	RCD on 02/10/22 at 5:30pm				
		resident medications to always				
	be available on the					
	administration.					
	-The last medicatio	n cart audit for Resident #6				
	was one week ago.					
	-There were no me					
		ibility of the MA to verbally tell				
		t coordinator when a resident				
		oses remaining on the shift				
	discovered.	iliinf d COII -life				
		ibility of the SCU shift				
		ertain resident medications ble for administration.				
		Coordinator started her				
	position on 02/09/2					
		son why a resident's				
	medications would	•				
	administration.					
	-She expected the	MAs to administer medications				
	as ordered.					
	Review of a handwi	ritten document provided on				
	02/10/22 by the RC					
		entation to call Norvasc 5mg to				
		acy. There was no date.				
		cument was a fax transaction				
	report dated 02/10/22 at 9:48am with the facility's					
	contracted pharma	cy as the receiver.				
	Review of a medica	ation order form dated				
		there was no documentation of				
		Resident #6's Norvasc 5mg.				
	4					
	Interview with the A	dministrator on 02/10/22 at				
	5:35pm revealed:					
	-He expected the M	1A to do a shift to shift report				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 13 of 36

NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING PREFIX AGAIND PREFIX TAG CONTINUED FOR THE PROCEDED BY FULL PREFIX TAG CONTINUED FOR THE CONTINUE SUBMINARY STATEMENT OF DEFICIENCES PREFIX TAG CONTINUED FOR LISS IDENTIFING INFORMATION) (D 358) Continued From page 13 when three to four doses of resident medications were remaining if the RCD or SCU shift unit coordinator were not in the building. -Interfacility contracted with a back-up pharmacy for medications that needed to be ordered after 5:00pm. -The facility contracted with a back-up pharmacy for medications administered as ordered. Telephone interview with the facility's contracted pharmacy on 02/10/22 at 5:45pm revealed: -Norvasc was used to control elevated blood pressure and missing a dose could cause the blood pressure and missing a dose could cause the blood pressure and missing a dose could cause the blood pressure and missing a dose could cause the blood pressure and missing a dose could cause the blood pressure and missing a dose could cause the blood pressure and missing a dose could cause the blood pressure with the facility fave a refill request for Resident #6's Norvasc 5mg and 02/10/22. -Norvasc 5mg was dispensed for Resident #6's Norvasc 5mg and outper successful. Attempted telephone interview with Resident #6's PCP on 02/10/22 at 1:00pm was unsuccessful. b. Review of Resident #6's current FL-2 dated 06/01/21 revealed: -There was an order for Prednisone 5mg daily (Prednisone is a steroid used to treat many conditions such as low platelet levels in Idiopathic thrombooytopenia purpura, arthritis, and		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING T14 BLADEN STREET BLADENSON, NC 28320 SUMMANY STATEMENT OF DEFICIENCES PLADENDO, NC 28320 PROVIDER'S FLAN OF CONFECTION (EACH SUPPLIED TO PROVIDER'S PLAN OF CONFECTION PLAN OF CONFECTION PLAN OF CROSS-REFERENCED TO THE APPROPRIATE DATE OF DEFICIENCES WILL THAT OF THE APPROPRIATE DATE OF DEFICIENCES WHICH THE APPROPRIATE DATE OF THE APPROPRIATE DATE OF DEFICIENCES WHICH THE APPROPRIATE DATE OF THE A				, a solesino.			5	
MAJID SUMMARY STATEMENT OF DEFICIENCIES CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CEACH DEFICIENCY WIST BE PRECEDED BY FULL TAG CEACH DEFICIENCY WIST BE PRECEDED BY FULL TAG CRON-CORRECTION SHOULD BE COMPILETE CROSS-REFERENCE IN THE APPROPRIATE DEFICIENCY DEFICIEN			HAL009025	B. WING				
PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (25)	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
(EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE COMMITTEE PATE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE (D 358) Continued From page 13	WEST B	LADEN ASSISTED LIV	/ING					
when three to four doses of resident medications were remaining if the RCD or SCU shift unit coordinator were not in the building. -Medications ordered before 5:00pm were delivered during third shift between midnight to 6:00am. -The facility contracted with a back-up pharmacy for medications that needed to be ordered after 5:00pm. -The back-up pharmacy was available 24 hours a day, seven days a week. -He expected medications administered as ordered. Telephone interview with the facility's contracted pharmacy on 02/10/22 at 5:45pm revealed: -Norvasc was used to control elevated blood pressure and missing a dose could cause the blood pressure to increaseThe facility faxed a refill request for Resident #6's Norvasc 5mg on 01/06/22 and 02/10/22Norvasc 5mg was dispensed for Resident #6 on 01/06/22 and 02/10/22 Based on observations, interviews, and record reviews it was determined Resident #6's PCP on 02/10/22 at 1:00pm was unsuccessful. b. Review of Resident #6's current FL-2 dated 06/01/21 revealed: -There was an order for Prednisone 5mg daily (Prednisone is a steroid used to treat many conditions such as low platelet levels in Idiopathic thrombocytopenia purpura, arthritis, and	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI	JLD BE	COMPLETE	
Review of Resident #6's pharmacy medication	{D 358}	when three to four of were remaining if the coordinator were not all the coordinators and the coordinator were not all the coordinators and the coordinators are not all the coordinators and the coordinators are not all the coordinators and the coordinators are not all the coor	doses of resident medications he RCD or SCU shift unit but in the building. He before 5:00pm were and shift between midnight to be sted with a back-up pharmacy to needed to be ordered after macy was available 24 hours a week. Coations administered as week. Coations administered as week of the facility's contracted 1/22 at 5:45pm revealed: To control elevated blooding a dose could cause the norease. For efill request for Resident for 01/06/22 and 02/10/22. Dispensed for Resident #6 on 1/22 for the facility one interviews, and record for mined Resident #6 was not the interview with Resident #6's to 1:00pm was unsuccessful. The for Prednisone 5mg daily the for Prednisone 5mg da	{D 358}				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 14 of 36

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL009025	B. WING			R 10/2022
	PROVIDER OR SUPPLIER LADEN ASSISTED LIV	714 BI A	DDRESS, CITY, S			
WESTB	LADEN ASSISTED LIV	BLADEN	BORO, NC 28	3320		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 358}	issue communication revealed: -There was a clarification resident's Prednison-There was a physical Prednisone 40mg of resume Prednisone 40mg of resume Prednisone 40mg of resume Prednisone 40mg of resume Prednisone 40mg on cologist. Observation of the 02/10/22 revealed: -The medication aid #6's medicationsThe MA did not predoministration to Resident administered Resident administered Resident #6. Review of Resident medication administered revealed: -There was an elect 20mg daily to be accommodation administered to the 02/10/22 because the pharmacy. Observation of Resident administered to the 02/10/22 because the pharmacy.	cation request regarding the ne. cian's order to administer daily for seven days then a 20mg daily. nosis. ned by the resident's 9:30am medication pass on de (MA) prepared Resident epare Prednisone for	{D 358}	BETTOLENOT)		
		special Care Unit (SCU) shift tion aide (MA) on 02/10/22 at				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 15 of 36

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				R	1	
	HAL009025	B. WING			0/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE			
WEST BLADEN ASSISTED LIVI	ING	EN STREET				
	BLADENB	ORO, NC 2	8320	ı		
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE	
{D 358} Continued From pag	je 15	{D 358}				
-She did not know R Prednisone available medication cart until the medication durin pass today, 02/10/22 -The SCU shift coord Care Director (RCD) responsibility to reord -It was the ultimate r coordinator to reorde -Her first day as SCU 02/09/22 and she did was prior to 02/09/22 medications were alv -The current process medications 25 days leaving five days of r -The medications we during third shift if or -The medications we during third shift the after 5:00pmShe did not remembe the facility's contract Resident #6's Predni -She and the RCD or ensure resident med availableThe last cart audit we but it did not include Interview with the RC revealed: -She expected the re be available on the re administration.	esident #6 did not have for administration on the she attempted to administer g the 9:30am medication 2. dinator and the Resident both shared the der resident medications. The sesponsibility of the SCU shift for the resident's medications. It is shift coordinator was don't know what the process to ensure resident's ordered ways available. It is was to reorder resident after the dispense date medications remaining. The shift cordinator was done the facility redered before 5:00pm. The shift of the facility redered before 5:00pm. The shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the shift of the facility following night if ordered the facility following n	(D 330)				

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					F	₹
		HAL009025	B. WING		02/1	0/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEST B	LADEN ASSISTED LI	VING	DEN STREET BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ige 16	{D 358}			
{D 358}	her or the SCU shift had three to four do discoveredIt was the respons coordinator to be owere always availatedThe current SCU (position on 02/09/2-There was no reason medications would administrationShe expected the as ordered. Review of a docump the RCD revealed: -There was handwordered was no datedThere was no dated.	it coordinator when a resident oses remaining on the shift sees remaining on the shift settain resident medications ble for administration. Coordinator started her 2. Son why a resident's not be available for MAs to administer medications sent provided on 02/10/22 by ritten documentation to call back-up pharmacy. So cument was a fax transaction 22 at 9:48am with the facility's cy as the receiver. Section order form dated there was no documentation of Resident #6's Prednisone	{D 358}			
	when three to four were remaining if the coordinator were not a make a market of the coordinator were not a make a market of the coordinator were not a make a market of the coordinator were not a market of the coordinator when the coordinator were remained in the coordinator were remained in the coordinator were not a market of the coordinator were remained in the coordinator were not a market of the coordinator were not a market	MA to do a shift to shift report doses of resident medications ne RCD or SCU shift unit of in the building. ed before 5:00pm were rd shift between midnight to cted with a back-up pharmacy t needed to be ordered after				

5:00pm.

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 17 of 36

	or realth Service IN		()(0) MUUTIDI	F CONSTRUCTION	0(0) 5 4 7 5	OLIDA (EX
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		= = · · · · · · · · · · · · · · · · · ·	A. BUILDING:			· = =
			D. WING		F	
		HAL009025	B. WING		02/1	0/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WEOT	714 BLA			г		
WESTB	LADEN ASSISTED LIV	/ING BLADENE	ORO, NC 2	8320		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 17	{D 358}			
	day, seven days a v	nacy was available 24 hours a veek. cations administered as				
	pharmacy on 02/10 -Prednisone 5mg w #6 on 01/12/22. -Resident #6 had at 20mg daily.	with the facility's contracted /22 at 5:45pm revealed: as last dispensed for Resident n active order for Prednisone ted a refill for Resident #6's 0/22.				
	Based on observations, interviews, and record reviews it was determined Resident #6 was not interviewable.					
		e interview with Resident #6's t 1:00pm was unsuccessful.				
	06/01/21 revealed t Potassium Chloride (ER) 10 milliequival mineral supplement	ent #6's current FL-2 dated here was an order for (KCL) Extended Release ent (meq) daily (KCL ER is a t used to prevent or treat low um in the blood and released d stream).				
		#6's physician order sheet ealed there was an order for ly.				
	01/26/22 revealed:	#6's physician visit note dated or for KCL ER 10meq daily.				
	02/10/22 revealed:	9:30am medication pass on de (MA) prepared Resident				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 18 of 36

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
		HAL009025	B. WING		02/1	0/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEST B	WEST BLADEN ASSISTED LIVING 714 BLADEN BLADEN					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	administered Resider -KCL ER 10meq was Resident #6. Review of Resident medication administeredale: -There was an elect 10meq daily to be a -There was docume administered to the 02/10/22 because the pharmacy. Observation of Resident pharmacy. Observation of Resident pharmacy. Observation of Resident pharmacy. Observation of Resident pharmacy. Interview with the Scoordinator/medicale coordinator/medicale coordinator/medicale coordinator during the today, 02/10/22The SCU shift coold Care Director (RCE responsibility to recoll the was the ultimate coordinator to reordinator to re	epare KLC ER for e resident. e resident. e resident's room and ent #6's medications. as not administered to #6's February 2022 electronic tration record (eMAR) tronic entry for KCL ER administered at 9:30am. entation KCL ER was not resident at 9:30am on he facility was waiting on ident #6's medications on to 12:35pm revealed KCL ER ailable for administration on for the resident. Expecial Care Unit (SCU) shift tion aide (MA) on 02/10/22 at Resident #6 did not have KCL ministration on the medication pted to administer the he 9:30am medication pass redinator and the Resident	{D 358}			

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 19 of 36

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL A. BUILDING: ID PROVIDER'S PLAN OF CORRECTION (XA) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED (COMPLETED (DIVISION	of Health Service Re	guiation				
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING T14 BLADEN STREET BLADENBORD, NC 28320 PROVIDER'S PLAN OF CORRECTION (PA1) ID (PA1) ID (PA1) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PA2) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PA3) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PA3) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PA3) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PA3) ID (EACH DEFICIENCY) (PA3) ID (EACH DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (PA3) (D 358) (EACH OGRRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (PA3) (PA3) (PA3) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (PA3) (PA3) (PA3) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (PA3) (PA3) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (PA3) (PA3) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (PA3) (PA3) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (PA3) (PA3) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (PA3) (PA3) (EACH CORRECTIVE ACTION SHOULD SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (PA3) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD SHAVE THE APPROPRIATE TAG (EACH CORRECTIVE ACTION SHOULD S						(X3) DATE SURVEY COMPLETED	
CALL DEFICIENCY DEFICIENCY DEFICIENCE DEFICIENC			HAL009025	B. WING		R 02/10/2022	
CALL DEFICIENCY DEFICIENCY DEFICIENCE DEFICIENC	NAME OF I	PROVIDER OR SLIPPLIER	STREET AD	DRESS CITY S	STATE ZIP CODE		
(A4) D PROVIDER'S PLAN OF CORRECTION PREFIX TAG	10,4012 01 1	THOUBER OR GOLF EIER		, ,	,		
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	WEST B	LADEN ASSISTED LIV	/ING	_			
-The current process was to reorder resident medications 25 days after the dispense date leaving five days of medications remainingThe medications would arrive to the facility during third shift if ordered before 5:00pmThe medications would arrive to the facility during third shift the following night if ordered after 5:00pmShe did not remember if she faxed a request to the facility's contracted pharmacy for a refill of Resident #6's KCL ER on 09/09/22She and the RCD completed cart audits to ensure resident medications were always availableThe last cart audit was performed on 02/09/22 but it did not include Resident #6's medications. Interview with the RCD on 02/10/22 at 5:30pm revealed: -She expected the resident medications to always be available on the medication cart for administrationThe last medication cart audit for Resident #6 was one week agoThere were no medications missingIt was the responsibility of the MA to verbally tell her or the SCU shift coordinator when a resident had three to four doses remaining on the shift discoveredShe did not respond when asked what the process was for notifying the RCD or SCU shift coordinator if they were not in the building.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	(X5) COMPLETE DATE
medications 25 days after the dispense date leaving five days of medications remaining. -The medications would arrive to the facility during third shift if ordered before 5:00pm. -The medications would arrive to the facility during third shift the following night if ordered after 5:00pm. -She did not remember if she faxed a request to the facility's contracted pharmacy for a refill of Resident #6's KCL ER on 09/09/22. -She and the RCD completed cart audits to ensure resident medications were always available. -The last cart audit was performed on 02/09/22 but it did not include Resident #6's medications. Interview with the RCD on 02/10/22 at 5:30pm revealed: -She expected the resident medications to always be available on the medication cart for administration. -The last medication cart audit for Resident #6 was one week ago. -There were no medications missingIt was the responsibility of the MA to verbally tell her or the SCU shift coordinator when a resident had three to four doses remaining on the shift discovered. -She did not respond when asked what the process was for notifying the RCD or SCU shift coordinator if they were not in the building.	{D 358}	Continued From pa	ge 19	{D 358}			
coordinator to be certain resident medications were always available for administrationThe current SCU Coordinator started her position on 02/09/22There was no reason why a resident's		-The current proces medications 25 day leaving five days of -The medications we during third shift if control of the medications we during third shift the after 5:00pm. -She did not rement the facility's contract Resident #6's KCL. -She and the RCD ensure resident meavailable. -The last cart audit but it did not included but it did not included linterview with the Rrevealed: -She expected the beavailable on the administration. -The last medication was one week ago. -There were no mealt was the responsher or the SCU shift had three to four dediscovered. -She did not resport process was for not coordinator if they were always availated. -The current SCU Coposition on 02/09/22.	es was to reorder resident after the dispense date medications remaining. Fould arrive to the facility ordered before 5:00pm. Fould arrive to the facility ordered before 5:00pm. Fould arrive to the facility of following night if ordered after if she faxed a request to steed pharmacy for a refill of ER on 09/09/22. Completed cart audits to dications were always was performed on 02/09/22 or Resident #6's medications. ECD on 02/10/22 at 5:30pm are sident medications to always medication cart for a cart audit for Resident #6 dications missing. Sibility of the MA to verbally tell to coordinator when a resident poses remaining on the shift and when asked what the stifying the RCD or SCU shift were not in the building. Sibility of the previous SCU shift certain resident medications one for administration. Coordinator started her 2.				

Division of Health Service Regulation

administration.

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL009025	B. WING		02/1	0/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
WEST BLADEN ASSISTED LIVING		/ING	DEN STREET BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 20	{D 358}			
	-She expected the las ordered.	MAs to administer medications				
	the RCD revealed: -There was handwr KCL to the back-up dateAttached to the doreport dated 02/10/2 contracted pharmac Review of a medica 02/09/22 revealed to a refill request for R Interview with the A 5:35pm revealed: -He expected the M	ation order form dated here was no documentation of the desident #6's KCL ER 10meq. In to do a shift to shift report				
	were remaining if the coordinator were not all the coordinator were not all the coordinators or derivered during thin 6:00 am. The facility contract for medications that 5:00 pm. The back-up pharm day, seven days a value or dered. Telephone interview pharmacy on 02/10. The facility last ord Resident #6 on 02/10. KCL ER was dispetated.	ed before 5:00pm were rd shift between midnight to sted with a back-up pharmacy to needed to be ordered after macy was available 24 hours a veek. Cations administered as with the facility's contracted /22 at 5:45pm revealed: lered KCL ER 10meq for 10/22. nsed for Resident #6 on				
	01/06/22 and 02/10					

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 21 of 36

DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		HAL009025	B. WING		R 02/10/2022	
NAME OF I	PROVIDER OR SUPPLIER	STDEET VL	INDESS CITY S	STATE, ZIP CODE	•	
NAIVIL OI I	FROVIDER OR SUFFLIER		DEN STREE			
WEST BI ADEN ASSISTED LIVING			BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	
{D 358}	Continued From pa	ge 21	{D 358}			
		ons, interviews, and record rmined Resident #6 was not				
	Attempted telephone interview with Resident #6's PCP on 02/10/22 at 1:00pm was unsuccessful.					
	06/01/21 revealed t	ent #6's current FL-2 dated here was an order for Iron dication used to treat anemia).				
		#6's physician order sheet ealed there was an order for				
	01/26/22 revealed: -There was an orde	#6's physician visit note dated or for Iron 325mg daily. electronically signed by the				
	02/10/22 revealed: -The medication aid #6's medications.	9:30am medication pass on de (MA) prepared Resident epare Iron for administration to				
	the residentThe MA entered th administered Resid	e resident's room and ent #6's medications. nistered to Resident #6.				
	medication adminis revealed:	#6's February 2022 electronic tration record (eMAR) tronic entry for Iron 325mg				
	dailyThere was docume	entation Iron was not resident at 9:30am on				

02/10/22 because the facility was waiting on
Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 22 of 36

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL009025	B. WING			R 0/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	ODRESS CITY S	STATE, ZIP CODE		
TO TWIL OF	TROVIDER OR GOLT EIER		DEN STREET	,		
WEST B	LADEN ASSISTED LIV	/ING	BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 22	{D 358}			
	pharmacy.					
	hand on 02/10/22 a -Iron 325mg was av as house stock for	ident #6's medications on it 12:35pm revealed: vailable on the medication cart the resident. imately one-half a bottle of the				
	revealed: -The facility had how in the bottom drawe -The SCU shift coo administered Resid	RCD on 02/10/22 at 12:35am use stock of Iron 325mg kept er of the medication cart. rdinator/MA should have lent #6 the house stock of Iron medication pass today.				
	Interview with the SCU shift coordinator/MA on 02/10/22 at 12:36am revealed she did not know the facility had house stock of Iron for administration.					
	(SCU) shift coordin 02/10/22 at 2:45pm - She did not know for administration owent to administer opass today, 02/10/2 - The SCU shift coo Care Director (RCD responsibility to reol- It was the ultimate coordinator to reord - Her first day as SC 02/09/22 and she dwas prior to 02/09/2 medications were a - The current proces	Resident #6 did not have Iron n the medication cart until she during the 9:30am medication 22. rdinator and the Resident 0) both shared the resident medications. responsibility of the SCU shift der the resident's medications. CU shift coordinator was id not know what the process 22 to ensure resident's ordered				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 23 of 36

CTATEMENT OF DEFICIENCIES (VA) DROVIDED/CURRUED/CUA		I		1		
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAL009025	B. WING			0/2022
		HALUU9U29			1 02/1	UIZUZZ
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		714 BLAI	DEN STREET	Г		
WEST B	LADEN ASSISTED LIV	/ING BLADENE	BORO, NC 2	8320		
040.15	CLIMMA DV CTA		1		DNI .	(2/5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
(5.0-0)			(5.050)			
{D 358}	Continued From pa	ge 23	{D 358}			
	leaving five days of	medications remaining.				
		ould arrive to the facility				
		ordered before 5:00pm.				
		ould arrive to the facility				
		e following night if ordered				
	after 5:00pm.					
		ber if she faxed a request to				
		ted pharmacy for a refill of				
	Resident #6's Iron of					
		completed cart audits to				
	ensure resident me	dications were always				
	available.					
	-The last cart audit	was completed on 02/09/22				
	but it did not include	e Resident #6's medications.				
	Second interview w	ith the RCD on 02/10/22 at				
	5:30pm revealed:					
	-She expected the i	resident medications to always				
	be available on the	medication cart for				
	administration.					
	-The last medication	n cart audit for Resident #6				
	was one week ago.					
	-There were no me					
		ibility of the MA to verbally tell				
		t coordinator when a resident				
		oses remaining on the shift				
	discovered.					
		ibility of the previous SCU shift				
	coordinator to be certain resident medications were always available for administration.					
		Coordinator started her				
	position on 02/09/2					
	-There was no reas					
	medications would					
	administration.	not be available IUI				
		MAs to administer madisations				
		MAs to administer medications				
	as ordered.					
	Paview of a modica	ation order form dated				

Division of Health Service Regulation

02/09/22 revealed there was no documentation of

STATE FORM 6899 HRYJ12 If continuation sheet 24 of 36

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		HAL009025	B. WING		02/1	0/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREET			
040.15	CHIMMADY CTA		BORO, NC 2		DNI .	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 24	{D 358}			
	a refill request for F	Resident #6's Iron 325mg.				
	5:35pm revealed: -He expected the M when three to four of were remaining if th coordinator were not -Medications ordered delivered during thi 6:00amThe facility contract for medications tha 5:00pmThe back-up pharm day, seven days a v -He expected medicordered.	ed before 5:00pm were rd shift between midnight to cted with a back-up pharmacy t needed to be ordered after macy was available 24 hours a week. cations administered as				
	pharmacy on 02/10 -The facility ordered on 02/10/22. -Iron was last dispet 02/10/22.	w with the facility's contracted /22 at 5:45pm revealed: d Iron 325mg for Resident #6 ensed for Resident #6 on reat anemia and low iron				
		ons, interviews, and record rmined Resident #6 was not				
		ne interview with Resident #6's t 1:00pm was unsuccessful.				
	10/20/21 revealed: -Diagnoses include retardation, diabete	nt #7's current FL-2 dated d dementia, mild mental es, and anxiety. er for Nyamyc powder 100000				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 25 of 36

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL009025			F 02/1	₹ 0/2022
					02/1	0/2022
NAME OF F	PROVIDER OR SUPPLIER		DEN STREE	STATE, ZIP CODE T		
WEST BI	LADEN ASSISTED LIV	/ING	BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 25	{D 358}			
	apply to abdominal rash twice daily (used to treat rashes and fungal infections).					
	02/10/22 revealed: -The medication aid #7's medicationsThe MA did not pre administration to th -The MA entered th administered Resid -Nyamyc powder w Resident #6.	e resident's room and ent #7's medications. as not administered to special Care Unit (SCU) shift				
	9:00am revealed sh	tion aide (MA) on 02/10/22 at ne had administered to dications due for the 9:30am				
	medication administrevealed: -There was an electropowder 100000 application daily to be administrated by the Second interview was document administered by the second interview was document and the second interview was document and the second interview was document.					
	-Resident #7's Nyar the eMAR after the observation. She di -She administered the 9:30am medica -It was not uncomm	02/10/22 at 2:45pm revealed: cin order populated as due on 9:30am medication pass d not know why. Nyacin to Resident #7 after tion pass observation. non for medications to administered after the				

Division of Health Service Regulation STATE FORM

HRYJ12 If continuation sheet 26 of 36

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		HAL009025	B. WING	<u></u>	02/1	0/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		714 BI AI	DEN STREE			
WEST B	LADEN ASSISTED LIV	/ING BLADENE	ORO, NC 2	8320		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX	`	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	TRIALE	DAIL
(D.050)	0 " 15		(D.050)			
{D 358}	Continued From pa	ge 26	{D 358}			
		RCD on 02/10/22 at 5:30pm				
	revealed:					
	-She expected the las ordered.	MAs to administer medications				
		he randomly followed the MAs				
		passes to be certain				
		dministered as ordered.				
		edication pass observation				
	was two weeks ago					
	-There were no problems observed during that medication pass.					
	medication pass.					
	Interview with the Administrator on 02/10/22 at					
		e expected medications to be				
	administered as ord	dered.				
	f Peview of resider	nt #7's current FL-2 dated				
		here was an order for				
		apply to legs and back twice				
	daily (a combination	n medication used to treat				
	fungal infections).					
	Observation of the	9:30am medication pass on				
	02/10/22 revealed:	9.50am medication pass on				
		de (MA) prepared Resident				
	#7's medications.					
		epare Clotrim/Beta cream for				
	administration to th					
		e resident's room and ent #7's medications.				
		n was not administered to				
	Resident #6.					
	1	No. 2010 Comp. 1127 (COLD. 1177				
		special Care Unit (SCU) shift tion aide (MA) on 02/10/22 at				
		ne had administered to				
		dications due for the 9:30am				
	medication pass.					
		W71 F 1 0000 1 1 1				
	Review of Resident	#7's February 2022 electronic				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 27 of 36

A. BUILDING: R HAL009025 B. WING 02/10/202	
==	
	2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
WEST BLADEN ASSISTED LIVING 714 BLADEN STREET BLADENBORO, NC 28320	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) COMPLETE DATE
## (D 358) Continued From page 27 medication administration record (eMAR) revealed: There was an electronic entry for Clotrim/Beta cream apply to rash on legs and back twice daily until clear to be administered at 9:30am and 9:30pm. There was documentation Clotrim/Beta cream was administered by the MA on 02/10/22 at 9:30am. Second interview with the SCU shift coordinator/MA on 02/10/22 at 2:45pm revealed: Resident #7's Clotrim/Beta cream order populated as due on the eMAR after the 9:30am medication pass observation. She did not know why. She administered Clotrim/Beta cream to Resident #7 after the 9:30am medication pass observation. It was not uncommon for medications to populate as due to be administered after the scheduled time. Interview with the RCD on 02/10/22 at 5:30pm revealed: She expected the MAs to administer medications as ordered. Every two weeks she randomly followed the MAs during medication passes to be certain medications were administered as ordered. Her last random medication pass observation was two weeks ago. There were no problems observed during that medication pass. Interview with the Administrator on 02/10/22 at 5:35pm revealed he expected medications to be administered as ordered. Interview with the Administrator on 02/10/22 at 5:35pm revealed he expected medications to be administered as ordered.	

Division of Health Service Regulation

Based on observations, interviews, and record

STATE FORM 6899 HRYJ12 If continuation sheet 28 of 36

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			74. BOILBING.		F	₹
		HAL009025	B. WING		02/1	0/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WEST B	LADEN ASSISTED LI	VIN(+	DEN STREET BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ige 28	{D 358}			
	reviews it was dete interviewable.	rmined Resident #7 was not				
	Attempted telephone interview with Resident #7's PCP on 02/10/22 at 1:00pm was unsuccessful.					
	revealed: -Diagnoses include -There was an orde twice a day, for Lar (Lantus is a long ac control blood sugar scale twice a day w 151-200-2 units, 20 units, 301-350-5 ur 401-450-7 units, ab	ent #4's FL-2 dated 10/20/21 and diabetes and dementia. For to take blood sugar levels attus 18 units at bedtime betting insulin used to help betting insulin used to help betting instructions 0-150-0 units, betting insulin used to help control blood				
	electronic Medication (eMAR) revealed: -There was an entrologram twice a day a sliding scale 0-150-201-250-3 units, 25	t #4's December 2021 on Administration Record y to check the resident's blood at 6am and 8pm with Novolog -0 units, 151-200-2 units, 51-300-4 units, 301-350-5 hits, 401-450-7 units, >450-8				
	revealed: -The 6:00am blood 12/04/21=160; 12/0 12/09/21=220; 12/1 12/13/21=170; 12/1 12/19/21=187; 12/2 12/23/21=154, 12/2	t #4's blood sugars 2 December 2021 eMAR sugar readings were: 25/21=169; 12/08/21=220; 11/21=210; 12/12/21=271; 16/21=210; 12/17/21=200; 16/21=178; 12/21/21=209; 16/21=174; 12/25/21=170; 18/21=167; 12/29/21=154; and				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 29 of 36

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. 501251110.		F	₹
		HAL009025	B. WING			0/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEST BI	LADEN ASSISTED LIV	/ING	DEN STREET BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 29	{D 358}			
	administeredAt 8:00pm, elevate 12/01/21=300; 12/0 12/04/21=167; 12/0 12/07/21=201; 12/1 12/12/21=210; 12/1 12/16/21=259; 12/1 12/26/21=173; 12/2 12/30/21=156; 12/3 documentation that Review of Resident (PCP) visit note databetesThe PCP document dosage was increasunits at bedtimeThe PCP document.	mentation Novolog was ad blood sugar readings were: 12/21=210; 12/03/21=210; 15/21=167; 12/06/21=320; 0/21=201; 12/11/21=262; 4/21=166; 12/15/21=267; 7/21=198; 12/19/21=176; 11/21=189; 12/24/21=210; 12/21=190; 12/28/21=188; 11/21=169; and there was no Novolog was administered. 12/12/12/12/12/12/12/12/12/12/12/12/12/1				
		n's orders for Resident #4 lated 12/01/21 for Lantus 25				
	12/22/2021 reveale -The chief complair diabetesThe PCP documer dosage was increas units at bedtimeThe PCP documer log and Resident #4 were 130-200.	t #4's PCP visit note dated d: nt was to follow-up on nted Resident #4's Lantus sed during the last visit to 25 nted he reviewed the glucose 4's fasting blood sugar levels Lantus dosage to 28 units at				

bedtime.

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 30 of 36

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	2
		HAL009025	B. WING			0/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREE			
	0.0000000000000000000000000000000000000		BORO, NC 2		211	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 30	{D 358}			
		n's orders for Resident #4 lated 12/22/21 for Lantus 28				
	Review of Resident #4's January 2022 eMAR revealed: -There was an order entry to take the resident's blood sugar twice a day at 6am and 8pmThere was an order entry for Novolog sliding scale 0-150-0 units, 151-200-2 units, 201-250-3 units, 251-300-4 units, 301-350-5 units, 351-400-6 units, 401-450-7 units, > 450-8 units.					
	revealed: -The 6:00am blood 01/01/22=160; 01/0 01/06/22=194; 01/0 01/12/22=178; 01/1 01/17/22=204; 01/1 01/23/22=200; 01/2 01/29/22= 157; 01/1 documentation that orderedThe 8:00pm blood 01/01/22=178; 01/0 01/06/22=213; 01/1 01/15/22=161; 01/1 01/24/22=165; 01/2 01/29/22=249; 01/3	#4's blood sugars January 2022 eMAR sugar level readings were: 12/22=160; 01/03/22=197; 17/22=188; 01/09/22=151; 5/22=153; 01/16/22=151; 8/22=151; 01/22/22=167; 15/22=176; 01/26/22=156; 30/22=186; and there was no Novolog was administered as sugar level readings were: 12/22=156; 01/05/22=189; 0/22=163; 01/14/22=161; 6/22=151; 01/19/22=165; 15/22=161; 01/26/22=200; 11/22=151; and there was no Novolog was administered as				
	01/12/22 revealed: -The chief complair -The PCP documer	t #4's PCP visit note dated nt was follow-up on diabetes. nted Resident #4's Lantus sed during the last visit to 28				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 31 of 36

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WEST BLADEN ASSISTED LIVING T14 BLADEN STREET BLADENBORO, NC 28320 (X4) ID SUMMARY STATEMENT OF DEFICIENCES PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [D 358] Continued From page 31 units at bedtime. -He ordered to have her Hemoglobin A1C checked (HbA1c, a laboratory test used to measure blood sugar levels over the past 2-3 months). Review of Resident #4's laboratory results dated 01/26/22 revealed her HbA1c level was 7.6 (normal range was 4.8-5.6). Review of Resident #4's February 2022 eMAR revealed: - There was an entry to take the resident's blood		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
WEST BLADEN ASSISTED LIVING 714 BLADEN STREET BLADENBORO, NC 28320 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) Continued From page 31 units at bedtimeHe ordered to have her Hemoglobin A1C checked (HbA1c, a laboratory test used to measure blood sugar levels over the past 2-3 months). Review of Resident #4's laboratory results dated 01/26/22 revealed her HbA1c level was 7.6 (normal range was 4.8-5.6). Review of Resident #4's February 2022 eMAR revealed:			HAL009025	B. WING			
WEST BLADEN ASSISTED LIVING BLADENBORO, NC 28320 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) Continued From page 31 units at bedtime. -He ordered to have her Hemoglobin A1C checked (HbA1c, a laboratory test used to measure blood sugar levels over the past 2-3 months). Review of Resident #4's laboratory results dated 01/26/22 revealed her HbA1c level was 7.6 (normal range was 4.8-5.6). Review of Resident #4's February 2022 eMAR revealed:	NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) Continued From page 31 units at bedtime. -He ordered to have her Hemoglobin A1C checked (HbA1c, a laboratory test used to measure blood sugar levels over the past 2-3 months). Review of Resident #4's laboratory results dated 01/26/22 revealed her HbA1c level was 7.6 (normal range was 4.8-5.6). Review of Resident #4's February 2022 eMAR revealed:	WEST B	LADEN ASSISTED LIV	/ING	_			
units at bedtimeHe ordered to have her Hemoglobin A1C checked (HbA1c, a laboratory test used to measure blood sugar levels over the past 2-3 months). Review of Resident #4's laboratory results dated 01/26/22 revealed her HbA1c level was 7.6 (normal range was 4.8-5.6). Review of Resident #4's February 2022 eMAR revealed:	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETE
sugar twice a day at 6am and 8pm with Novolog sliding scale 0-150-0 units, 151-200-2 units, 201-250-3 units, 251-300-4 units, 301-350-5 units, 351-400-6 units, 401-450-7 units, above > 450-8 units. Review of Resident #4's blood sugars documented on the February 2022 eMAR revealed: -The 6:00am blood sugar levels were: 02/03/22=154; 02/09/22=151; and there was no documentation that Novolog was administered as ordered. -The 8:00pm blood sugar levels were: 02/03/22=165 and there was no documentation that Novolog was administered as ordered. Observation on 02/10/22 at 7:52am of Resident #4's medications on hand revealed: -There was a Novolog insulin pen in a clear plastic bag labeled with Resident #4's name. -The Novolog pen chamber was full. -The pharmacy label indicated the pen was last refilled on 01/18/22. Interview on 02/10/22 at 9:39am with the SCU Shift Supervisor revealed:	{D 358}	units at bedtimeHe ordered to have checked (HbA1c, a measure blood sugmonths). Review of Resident 01/26/22 revealed the (normal range was Review of Resident revealed: - There was an entranger was sliding scale 0-150-201-250-3 units, 351-400-6 units, 351-400-6 units, 351-400-6 units, 351-400-6 units. Review of Resident documented on the revealed: -The 6:00am blood 02/03/22=154; 02/0 documentation that orderedThe 8:00pm blood 02/03/22=165 and that Novolog was a Observation on 02/#4's medications or There was a Novo plastic bag labeled -The Novolog pen or The pharmacy laborefilled on 01/18/22 Interview on 02/10/2	e her Hemoglobin A1C laboratory test used to ar levels over the past 2-3 ##4's laboratory results dated her HbA1c level was 7.6 4.8-5.6). ##4's February 2022 eMAR ry to take the resident's blood t 6am and 8pm with Novolog 0 units, 151-200-2 units, 11-300-4 units, 301-350-5 hits, 401-450-7 units, above > ##4's blood sugars February 2022 eMAR sugar levels were: 19/22=151; and there was no Novolog was administered as sugar levels were: there was no documentation dministered as ordered. 10/22 at 7:52am of Resident hand revealed: log insulin pen in a clear with Resident #4's name. chamber was full. el indicated the pen was last . 22 at 9:39am with the SCU				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 32 of 36

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	?
		HAL009025	B. WING			0/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREE			
240.15	CHIMMADY CTA		BORO, NC 2			()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 32	{D 358}			
{D 358}	-She was the medical 7:00am-7:00pm shished became the Special sheet and not to the sliding scale sugar levels were not the sliding to the slidin	cation aide for the ift that day (02/10/22). icCU Shift Supervisor the day of received any Novolog in the ed any Novolog according in February because her blood formal. Ict need Novolog unless her over 150. Iced Novolog on 01/29/2022 ding scale but there was no as administered. Ict did not trigger Novolog was was classified as an "as in. Iction was changed on the from an "as needed" utine" medication so that the trigger Novolog was needed. Ict at 8:41am with a pharmacy facility contracted pharmacy was last refilled 01/18/22 and on that date. Ict proximately 15 days. It refilled the Novolog pen on 1/21. In only 30 days' worth of it is only 30 days	{D 358}			
	-Novolog classificate eMAR on 02/10/22 medication to a "rot computer would trig." Interview on 02/10/2 technician from the revealed: -The Novolog pen woone pen was sent of the pen lasted approper would be pen was sent of the pharmacy had 01/07/22 and 11/24. The pharmacy sent medication at a time. The facility initiated refillsResident #4 did nowere automatically. Interview on 02/10/2 Resident Care Direction.	tion was changed on the from an "as needed" utine" medication so that the gger Novolog was needed. 22 at 8:41am with a pharmacy facility contracted pharmacy was last refilled 01/18/22 and on that date. proximately 15 days. It refilled the Novolog pen on 1/21. It only 30 days' worth of e. It or that any medication of have any medications that refilled.				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 33 of 36

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		HAL009025	B. WING			0/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREE			
	T		BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 33	{D 358}			
(D 330)	December 2021, Ja 2022. -She believed the nadminister the Novemot trigger them to elevated. -RCD confirmed the dispense date wasThe RCD expected ordered by the proving the proving the spoke with anough the spoke with anough the confirmed no dadministration in Deand February 2022. He confirmed the dispense date wasHe confirmed no dadministration in Deand February 2022 at 1:00pm visual date wasHe confirmed the dispense date wasHe confirmed no dadministration in Deand February 2022 at 1:00pm visual date wasHe confirmed no dadministration in Deand February 2022 at 1:00pm visual date wasHe confirmed no dadministration in Deand February 2022 at 1:00pm visual date was.	anuary 2022, and February medication aides did not olog because the eMAR did when a blood sugar level was e Novolog pen was full and the 01/18/2022. d staff to provide Novolog as rider. 22 at 6:13pm with the aled: ther medication aide who said g the Novolog. ocumentation of Novolog ecember 2021, January 2022, Novolog pen was full and the 01/18/2022. e were blood sugar readings in t needed Novolog coverage. w with Resident #4's PCP on				

Division of Health Service Regulation

STATE FORM 6899 HRYJ12 If continuation sheet 34 of 36

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIAND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	2
		HAL009025	B. WING		02/1	0/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/ING	DEN STREET BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 34	{D 358}			
		d a plan of protection in S. 131D-34 on 02/09/22 for				
		TE FOR THE TYPE B . NOT EXCEED MARCH 27,				
{D912}	G.S. 131D-21(2) De	eclaration of Residents' Rights	{D912}			
	Every resident shal 2. To receive care adequate, appropria	laration of Residents' Rights I have the following rights: and services which are ate, and in compliance with d state laws and rules and				
	reviews, the facility received care and s appropriate and in a federal and state la	et as evidenced by: ons, interviews and record failed to ensure residents services which were adequate, compliance with relevant ws and rules and regulations on administration and health				
	reviews the facility of medications as order the facility's policies observed during the errors with a medic treat anemia, low prombocytopenia (rashes; and for 1 of record review includes).	ons, interviews, and record failed to administer ered and in accordance with a for 2 of 8 residents (#6, #7) e medication pass including ation to lower blood pressure, otassium levels, and idiopathic #6); and medications to treat f 5 residents sampled for ding errors to treat high blood or Tag 358 10A NCAC 13F				

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		HAL009025	B. WING		02/1	0/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WEST B	LADEN ASSISTED LIV	/IN(=	DEN STREE BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D912}	Continued From pa	ae 35	{D912}			
{D912}	•	ge 35 n Administration (Type B	{D912}			

Division of Health Service Regulation