STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey from 02/23/22-02/25/22.	D 000		
D 056	10A NCAC 13F .0305(f)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (f) The requirements for storage rooms and closets are: (4) Housekeeping storage requirements are: (A) A housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion thereof; and (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the housekeeping closets, containing hazardous materials, were locked and not accessible to residents. The findings are: Observation of a housekeeping closet on 02/23/22 at 9:50am revealed: -The closet had a lockable door. -The closet door was closed but not locked. -There were four one-quart containers of liquid cleaner with bleach on a shelving unit in the closet. -The label on the cleaner contained a warning that the product caused eye irritation. -There were multiple containers of gel bathroom	D 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 056	Continued From page 1	D 056		

cleaner and mildew stain remover on the shelving unit.
-The label on the cleaner indicated the product caused severe skin burns and eye damage.
-There were multiple 15-ounce containers of lemon furniture polish on the shelving unit.
-The label on the polish contained a warning that the product may cause drowsiness and dizziness.
-There were multiple 2.64-quart containers of non-acid bowl and bathroom disinfectant on the shelving unit.
-The label on the disinfectant cautioned the product caused irreversible eye damage and skin burns and was harmful if swallowed.

Observation of a second housekeeping closet on 02/23/22 at 10:06am revealed:
-The closet had a lockable door.
-The closet door was closed but not locked.
-There was a container of peroxide glass and surface cleaner on the top shelf of a shelving unit in the closet.
-There were multiple one-quart containers of liquid cleaner with bleach on the shelving unit.
-There was a one-gallon container of bleach on the shelving unit.
-There were three containers of liquid disinfectant on the shelving unit.
-The label on the disinfectant cautioned the product was hazard to humans and caused moderate eye irritation.
-There were two containers of liquid pine scented cleaner on the shelving unit.
-There were multiple 20-ounce containers of heavy duty kitchen and bathroom cleaner with bleach on the shelving unit.
-There was a one-quart container of bleach cream cleaner on the shelving unit.

Interview with the Maintenance Director on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 056	Continued From page 2 02/23/22 at 10:41am revealed: -The housekeeping chemicals were kept in separate closets from personal care supplies for the residents. -The closets containing housekeeping chemicals were routinely locked. -He, the housekeepers, and the Administrator had keys to the housekeeping closets. -The housekeeping closets were supposed to be kept locked. -The doors were unlocked when housekeeping staff were working on the hall where the closets were located. -The doors would be left open because the housekeepers would frequently need access to the closets. Interview with housekeeping staff on 02/23/22 at 10:53am revealed: -She carried the key to the housekeeping supply closet with her. -There were two housekeeping staff, and each had keys to the supply closets. -The supply closets were always locked. -She did not know why both doors were unlocked this morning. -The closets contained housekeeping chemicals and should be locked. -No residents had ever accessed the chemicals in the supply closets. Interview with another housekeeping staff on 02/23/22 at 10:57am revealed: -The housekeeping supply closet doors were supposed to be locked to keep the residents away from the chemicals. -She may have left both of the doors unlocked this morning. -Cleansers, bleach, and other cleaning products were stored in the closets.	D 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 056	Continued From page 3 -She usually kept the housekeeping supply closet doors locked. -No residents ever got into the housekeeping supply closets. Interview with the Administrator on 02/23/22 at 4:03pm revealed: -The housekeeping supply closets were left unlocked by mistake. -The closets were supposed to be locked at all times. -Housekeeping staff were responsible for keeping the closet doors locked. -He, the housekeepers, and the Maintenance Director had keys to the closets. -Housekeeping chemicals were stored in the closets. -He occasionally checked to see if the housekeeping supply closets were locked. -No residents had ever gotten into the supply closets.	D 056		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the facility was clean and free from hazards as evidenced by 1 unsecured oxygen tank on the floor of a resident's room.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	Continued From page 4 The findings are: According to guidance from the National Fire Protection Association (NFPA) compressed oxygen (O2) cylinders must be secured in a rack or stand to prevent tipping over. Observation of resident room 224 on the 200 hall on 02/23/22 at 10:37am revealed: -There was an O2 cylinder in a portable stand beside a chest of drawers. -There was one unsecured O2 cylinder standing on the floor in front of the secured O2 cylinder. -The tab was removed from the regulator connector portion of the neck of the O2 cylinder. Observation of resident room 224 on 02/24/22 at 8:27am revealed the one unsecured O2 cylinder standing on the floor in front of the secured O2 cylinder had not been moved. Interview with the Supervisor/medication aide (MA) on 02/24/22 at 10:55am revealed: -O2 cylinders were stored in the resident's room in a storage rack. -As the Supervisor, she was a resource for staff working on the two halls. -Staff had not told her that there was an unsecured O2 cylinder on the 200 hall. -She did not know there was an unsecured O2 cylinder in room 224 sitting on the floor. -She expected staff to remove unsecured O2 cylinders and call the O2 supply company to request a storage rack. -She did not know if the improper storage of O2 cylinders occurred in the past. -The last staff meeting was December 2021 and there were no discussions concerning the proper storage of O2 cylinders.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	Continued From page 5 Interview with a first shift MA on 02/24/22 at 11:26am revealed: -She knew there was an unsecured O2 cylinder in room 224. -She saw the O2 cylinder 2 months ago and called the O2 company to request a storage rack. -A storage rack was not delivered. -She did not move the unsecured O2 cylinder for the past 2 months to a secure place. Telephone interview with a second shift MA on 02/24/22 at 8:09pm revealed: -She had provided care to the residents in room 224. -She had not seen the O2 cylinder on the floor in room 224. -O2 cylinders were stored in the medication room in metal storage racks. -If she had seen the unsecured O2 cylinder in room 224, she would have moved it to the medication room into a storage rack. Telephone interview with a third shift MA on 02/25/22 at 12:01pm revealed: -O2 cylinders were stored in the medication room in a metal storage rack. -She saw the unsecured O2 cylinder in room 224 sitting on the floor. -She did not move the unsecured O2 cylinder to a storage rack in the medication room. -She did not know why she had not moved the unsecured O2 cylinder to a secure place. Interview with the Administrator on 02/25/22 at 10:35am revealed: -He was not aware that there was an unsecured O2 cylinder in a resident's room. -All facility staff and non-facility staff who entered the resident's room were responsible for ensuring	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	Continued From page 6 the O2 cylinder was secured. Attempted interview with the resident utilizing oxygen on 02/24/22 at 8:27am was unsuccessful. Attempted telephone interview with the Resident Care Coordinator (RCC) on 02/25/22 at 10:05am was unsuccessful.	D 079		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure hot water temperatures at 5 of 10 sinks (rooms 104, 106, 108, 215, and the unisex bathroom sink on the 200 hall) and 2 of 6 showers (rooms 104 and 215) accessible to residents were maintained between 100 degrees Fahrenheit (F) and 116 degrees F. The findings are: Observations of the residents' bathrooms on 02/23/22 revealed: -At 9:18am, the hot water temperature at the sink in resident room 104 was 123 degrees F.	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 7	D 113		

-At 9:18am, the hot water temperature at the shower in resident room 104 was 121 degrees F.
-At 9:32am, the hot water temperature at the sink in resident room 106 was 119 degrees F.
-At 9:47am, the hot water temperature at the sink in resident room 108 was 118 degrees F.
-At 11:56am, the hot water temperature at the sink in resident room 215 was 118 degrees F.

Observations of the residents' bathroom on 02/24/22 at 9:26am revealed the hot water temperature at the sink in the unisex bathroom on the 200 hall was 142 degrees F.

Interview with a personal care aide (PCA) on 02/24/22 at 10:58am revealed:
-She assisted a resident on the 200 hall with bathing on 02/24/22.
-The water was cold at first.
-She routinely let the water run for a while.
-She tested the water temperature on her arm and the resident tested the water temperature on her leg.
-There were no concerns about the water temperature.
-The resident was able to verbalize whether or not the water temperature was suitable.

Interviews with the Administrator on 02/24/22 at 11:18am and 2:56pm revealed:
-There were no records of hot water temperatures for the facility.
-Hot water temperatures were not being checked.
-He called the plumber on 02/24/22 to adjust the water temperatures on the 100 hall.
-He was going to drain the hot water tank and adjust the water temperature.
-It was easier to drain the tank than to inform numerous residents not to use the hot water.
-There were five settings on the hot water heater.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 8	D 113		

-He set the thermostat to the lowest setting.
-The water temperature was 110 degrees F.
-He was checking the water temperature throughout the day.

Interview with the Maintenance Director on 02/24/22 at 2:38pm revealed:
-He checked the hot water temperatures monthly but did not keep a record.
-No one told him to keep a record of the hot water temperatures.
-Within the last 4-5 days, a resident on the 100 hall told him the water was too hot.
-The plumber visited the facility this morning.
-He lowered the thermostat on the hot water heater before the plumber arrived at the facility.
-He flushed the hot water heater and the water temperature should have improved.
-He and the Administrator were checking the water temperature.

Interview with a resident on the 200 hall on 02/24/22 at 3:17pm revealed:
-Her bathroom sink and shower water were too hot for her liking.
-She had difficulty adjusting the water temperature at her bathroom sink.
-It hurt her hands when she used the bathroom sink.
-She never reported her concern to anyone.
-The PCAs were good at adjusting the temperature of the shower for her.

Observation of the resident's bathroom on 02/24/22 at 3:22pm revealed:
-The hot water temperature at the sink was 108 degrees F.
-The hot water temperature at the shower was 105 degrees F.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 9	D 113		

Interview with a resident on the 100 hall on 02/24/22 at 3:30pm revealed:
-He could not adjust the shower to the right temperature for himself; sometimes the water was too hot.
-He had not hurt himself because of the water temperature.
-He reported his concern to the Maintenance Director and was told it would be fixed.

Observation of the resident's bathroom on 02/24/22 at 3:35pm revealed the hot water temperature at the sink and shower was 108 degrees F.

Recheck of the hot water temperatures in residents' bathrooms on 02/24/22 revealed:
-At 8:58am, the hot water temperature at the sink in resident room 104 was 112 degrees F.
-At 8:58am, the hot water temperature at the shower in resident room 104 was 109 degrees F.
-At 9:01am, the hot water temperature at the sink in resident room 106 was 108 degrees F.
-At 9:02am, the hot water temperature at the sink in resident room 108 was 110 degrees F.
-At 9:19am, the hot water temperature at the sink in resident room 215 was 134 degrees F.
-At 9:19am, the hot water temperature at the shower in resident room 215 was 141 degrees F.
-At 11:56am, the hot water temperature at the sink in resident room 215 was 118 degrees F.

Recheck of the hot water temperatures in residents' bathrooms on 02/25/22 revealed:
-At 9:17am, the hot water temperature at the sink in the unisex bathroom on the 200 hall was 101 degrees F.
-At 9:22am, the hot water temperature at the sink in resident room 215 was 108 degrees F.
-At 9:22am, the hot water temperature at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 10 shower in resident room 215 was 107 degrees F.	D 113		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire. The findings are: 1. Review of Staff A's, Maintenance Director, personnel record revealed: -There was a hire date of 06/03/21. -There was no documentation Staff A had a HCPR check upon hire. Interview with the Maintenance Director on 02/24/22 at 2:38pm revealed he was unfamiliar with the HCPR check requirement. Interview with the Administrator on 02/24/22 at 2:56pm revealed: -When Staff A was hired, a former administrative assistant was responsible for HCPR checks. -The HCPR check for Staff A was overlooked. -He was currently responsible for conducting the HCPR check when staff was hired.	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 137	Continued From page 11 A HCPR check for Staff A was completed by the Administrator on 02/23/22; there were no findings.	D 137		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#4) had completed two-step tuberculosis (TB) testing in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #4's current FL-2 dated 09/15/21 revealed diagnoses included hypertension, hyponatremia, dysphagia, asthma, chronic obstructive pulmonary disease, osteoporosis, osteoarthritis, and cerebrovascular disease. Review of Resident #4's Resident Register revealed an admission date of 10/04/21.	D 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	Continued From page 12 Review of Resident #4's record revealed there was no documentation of a TB skin test. Interview with Resident #4 on 02/24/22 at 4:15 pm revealed: -She had a TB skin test completed before her admission to the facility. -Her TB skin test was negative. -She thought she had another TB skin test once she was admitted. -She had a TB skin test completed each time she was admitted into a facility. -She had resided in seven facilities throughout the state of North Carolina in the past. Interview with the Supervisor/medication aide (MA) on 02/24/22 at 11:15am revealed the Resident Care Coordinator (RCC) was responsible for the resident's TB skin test. Interview with the Administrator on 02/25/22 at 10:35am revealed: -When residents were admitted, he obtained the admission documents such as the FL-2, history and physical, assessment and documentation of a TB skin test. -He thought Resident #4 had a TB skin test upon admission. -He did not know where the documentation for Resident #4's TB skin test was located and thought it was in Resident #4's record. -The RCC prepared the resident's record and filed all of the admission documents into the resident's record. -Residents had their first TB skin test prior to admission, and the second TB skin test was completed after admission. -He was responsible for ensuring the residents had a TB skin test prior to admission.	D 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	Continued From page 13 -The RCC was responsible for ensuring residents obtained the second TB skin test. Attempted telephone interview with the RCC on 02/25/22 at 10:05am was unsuccessful.	D 234		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure notification and follow-up for 2 of 5 (#2 and #3) sampled residents who had orders to notify the provider for systolic blood pressure (BP) readings more than 150 and diastolic BP readings more than 90. The findings are: 1. Review of Resident #2's current FL-2 dated 08/11/21 revealed: -Diagnoses included hypertension, chronic kidney disease, congestive heart failure (CHF), hyperlipidemia, peripheral vascular disease (PVD), dementia, anxiety disorder, major depressive disorder, osteoarthritis, and disorder of arteries and arterioles. -There was an order for BP monitoring daily, and notify the provider for blood pressure more than 140/80 or less than 100/50. Review of Resident #2's Nurse Practitioner (NP) orders revealed: -There was an order dated 08/24/21 for weekly BPs notify the NP if the BP was more than 150/90	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 14	D 273		

or less than 100/50.
-There was an order dated 09/22/21 to discontinue BP monitoring daily.
-There was an order dated 01/11/22 for BP monitoring daily, notify the NP if the BP was more than 150/90.
-There was an order dated 02/8/22 to discontinue daily BP monitoring and obtain BP weekly.

Review of Resident #2's December 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for BP check daily and notify the provider of BP more than 150/90, scheduled for 7:00am to 2:59pm.
-There was documentation of BP readings from 12/01/21 to 12/31/21 at 7:00am to 2:59pm.
-Resident #2's BPs ranged from 120/58 to 158/87.
-There was no documentation on 12/10/21 that Resident #2's NP was contacted for a BP of 158/87.

Review of Resident #2's January 2022 eMAR revealed:
-There was an entry for BP check daily and notify the provider of BP more than 150/90, scheduled for 7:00am to 2:59pm.
-There was documentation of BP readings from 01/02/22 to 01/17/22, and from 01/19/22 to 01/30/22 at 7:00am to 2:59pm.
-There were no BP readings documented on 01/01/22 and 01/18/22 at 7:00am to 2:59pm.
-Resident #2's BPs ranged from 114/68 to 216/93.
-There was no documentation of notification to the NP on 01/16/22 for a BP of 152/81.
-There was no documentation of notification to the NP on 01/17/22 for a BP of 149/90.
-There was no documentation of notification to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 15	D 273		

the NP on 01/20/22 for a BP of 152/81.
-There was no documentation of notification to the NP on 01/21/22 for a BP of 216/93.
-There was no documentation of notification to the NP on 01/22/22 for a BP of 162/74.
-There was no documentation of notification to the NP on 01/30/22 for a BP of 180/106.
-There was no documentation of notification to the NP on 01/31/22 for a BP of 156/76.

Review of Resident #2's February 2022 eMAR revealed:
-There was an entry for BP check daily and notify the provider of BP more than 150/90, scheduled for 7:00am to 2:59pm.
-There was documentation of BP readings from 02/01/22 to 02/08/22 at 7:00am to 2:59pm.
-Resident #2's BPs ranged from 120/70 to 153/85.
-There was no documentation of notification to the NP on 02/03/22 for a BP of 151/81.
-There was no documentation of notification to the NP on 02/08/22 for a BP of 153/85.

Review of Resident #2's record revealed there were no progress notes.

Interview with Resident #2 on 02/24/22 at 4:30pm revealed:
-He thought he had his BP checked by staff every "now and then".
-He thought his BP was "80 or 81" when staff checked it.
-He thought his BP was "pretty good" but sometimes it was high.

Interview with the Supervisor/medication aide (MA) on 02/24/22 at 11:15am revealed
-She took residents' BPs when ordered by the NP.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 16	D 273		

-She knew that some residents had parameters for their BP readings.
-When a resident's BP reading was high and required notifying the NP, she completed a "physician notification form" and faxed it to the NP.
-She also called the NP or on-call provider.
-She did not document the notification on the eMAR.
-There was a notebook for nurses' notes where she documented notifications.
-She was not able to locate the notebook containing the nurses' notes.

Interview with another MA on 02/24/22 at 11:26am revealed:
-She knew Resident #2 had daily BPs ordered, but now the order was discontinued.
-She did not document when she notified the NP about Resident #2's high BP readings.
-She called the NP whenever Resident #2's BP met the parameter.
-Sometimes the NP told her to administer a medication and recheck the BP in an hour.
-She did not document the rechecked BP reading nor the verbal instructions provided by the NP.
-She told the next shift when Resident #2's BP was high.
-She also documented in a communication book that was used to share information for the next shift.

Telephone interview with Resident #2's NP on 02/24/22 at 3:50pm revealed:
-She ordered BP monitoring for Resident #2 because he had a diagnosis of hypertension.
-When he was first admitted, he had high BP readings.
-When she checked Resident #2's BP during visits, it was within normal ranges.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 17 -She did not know Resident #2 had BPs that were more than 150/90 in December 2021, January 2022, and February 2022. -She visited the facility weekly, but she did not recall being told about any high BP readings for Resident #2. Interview with the Administrator on 02/25/22 at 10:35am revealed: -He expected the MAs to obtain residents' BPs as ordered by the NP. -He expected notifications to the NP to be documented in the resident's record on the progress notes. -He did not know Resident #2 had BP readings that were more than 150/90 and the NP was not notified. -There used to be a notebook containing notes and a communication log, but he removed it from the medication room. -The Resident Care Coordinator (RCC) and MAs were responsible for ensuring notifications were made to the NP for BPs more than 150/90. Attempted telephone interview with the RCC on 02/25/22 at 10:05am was unsuccessful. 2. Review of Resident #3's current FL-2 dated 06/14/21 revealed diagnoses included confusion, impaired balance, benzodiazepine overdose and acute kidney infection. Review of Resident #3's signed physician's orders dated 01/11/22 revealed: -There was an order to check blood pressure (BP) readings daily. -There was an order to notify the Primary Care Provider (PCP) for BP readings greater than 150/91 and less than 100/50.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 18 Review of Resident #3's January 2022 electronic medication administration record (eMAR) revealed: -There was an entry for BP check every day and notify the PCP of BP greater than 150/90 or less than 100/50, scheduled for 8:00am. -There was documentation that Resident #3's BP readings were elevated 9 out of 31 days in January 2022. -Resident #3's BPs ranged from 132/76 to 190/134 from 01/01/22 to 01/31/22. -There was no documentation on 01/01/22 that Resident #3's PCP was contacted for a BP of 160/73. -There was no documentation on 01/05/22 that Resident #3's PCP was contacted for a BP of 167/90. -There was no documentation on 01/08/22 that Resident #3's PCP was contacted for a BP of 176/88. -There was no documentation on 01/11/22 that Resident #3's PCP was contacted for a BP of 171/114. -There was no documentation on 01/12/22 that Resident #3's PCP was contacted for a BP of 168/90. -There was no documentation on 01/13/22 that Resident #3's PCP was contacted for a BP of 161/91. -There was no documentation on 01/18/22 that Resident #3's PCP was contacted for a BP of 173/114. -There was no documentation on 01/20/22 that Resident #3's PCP was contacted for a BP of 177/121. -There was no documentation on 01/27/22 that Resident #3's PCP was contacted for a BP of 160/88. Review of Resident #3's February 2022 eMAR	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 19	D 273		

revealed:
-There was an entry for BP check every day and notify the PCP of BP greater than 150/90 or less than 100/50, scheduled for 8:00am.
-There was documentation that Resident #3's BP readings were elevated 3 out of 24 days in February 2022.
-Resident #3's BPs ranged from 128/78 to 162/90 from 02/01/22 to 02/24/22.
-There was no documentation on 02/07/22 that Resident #3's PCP was contacted for a BP of 161/89.
-There was no documentation on 02/8/22 that Resident #3's PCP was contacted for a BP of 162/90.
-There was no documentation on 02/13/22 that Resident #3's PCP was contacted for a BP of 162/89.

Review of Resident #3's record revealed there were no progress notes.

Interview with Resident #3 on 02/24/22 at 3:30pm revealed:
-The facility staff took his BP most days.
-He knew his BP was high at times but did not know the readings.
-He did not know if the facility staff notified the PCP about his BP readings or not, but his BP medications had been adjusted several times.

Interview with a medication aide (MA) on 02/25/22 at 9:10am revealed:
-She knew Resident #3 had daily BPs ordered.
-She was aware that Resident #3 had BP ranges to notify the PCP.
-She would call or fax the elevated BP to the PCP or if the PCP was in the facility, she would verbally tell her.
-The faxed notification would be placed in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 20 Resident #3's record. -She would document communication with the PCP in the progress notes. Interview with Resident #5's PCP on 02/25/22 at 8:22am revealed: -Resident #5 had a diagnosis of hypertension. -Resident #5's medications needed adjusting frequently. -She knew she had been notified of elevated BPs for Resident #5 but did not know if she had been notified of all the elevated BPs. Interview with the Administrator on 02/25/22 at 11:35am revealed: -The MAs were responsible for notifying the PCP of BPs outside the ordered range. -The MAs were responsible for documenting the notification of the PCP of the BPs reading in the progress notes. -The faxed notification with the confirmation of the fax should be placed in the resident's record. -There was no one who audited BP readings and notification of PCP. -He did not know that the PCP was not notified each time the BP was elevated. Attempted telephone interview with the Resident Care Coordinator (RCC) on 02/25/22 at 10:05am was unsuccessful.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 21 (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure orders were implemented and documented for 3 of 5 sampled residents (#1, #2, and #4) related to blood pressure (BP) checks (#1 and #4) and the application and removal of thromboembolism deterrent (TED) hose (#2). The findings are: 1. Review of Resident #1's current FL-2 dated 01/13/22 revealed: -Diagnoses included progressive supranuclear palsy (a neurodegenerative condition that causes problems with balance, vision, speech, movement and swallowing), Parkinson's Disease, and high blood pressure. -There was an order for daily BP checks. Review of Resident #1's Resident Register indicated an admission date of 01/18/22. Review of Resident #1's January 2022 and February 2022 electronic medication administration records (eMAR) revealed there were no entries for daily BP checks. Interview with a medication aide (MA) on 02/24/22 at 11:57am revealed: -Resident #1 did not have an order for daily BP checks. -She did not routinely take Resident #1's BP. Interview with the Administrator on 02/25/22 at 10:38am revealed:	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 22	D 276		

-He was responsible for gathering all admission documents.
-The Resident Care Coordinator (RCC) was responsible for assembling the resident's record.
-Resident #1's primary care provider (PCP) completed the resident's FL-2.
-The Administrator faxed the FL-2 to the pharmacy and then provided it to the RCC.
-The RCC was responsible for reviewing all the orders.
-BP checks would be listed on the eMAR.
-Either he or the RCC was responsible for reviewing the eMAR.
-He was "pretty sure" the RCC reviewed Resident #1's eMAR.
-Resident #1's BP checks would be entered on the eMAR by the pharmacy.
-Resident #1's BP checks were supposed to be on the eMAR.
-The MAs were responsible for taking the residents' BP.

Review of a BP check for Resident #1 revealed on 02/25/22 at 12:35pm Resident #1's BP was 134/72.

Telephone interview with Resident #1's PCP on 02/25/22 at 2:30pm revealed:
-He expected facility staff to check Resident #1's BP as ordered.
-He wanted to maintain Resident #1's BP within normal limits.

Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable.

Attempted telephone interview with the Resident Care Coordinator (RCC) on 02/25/22 at 10:05am was unsuccessful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 23 2. Review of Resident #2's current FL-2 dated 08/11/21 revealed: -Diagnoses included hypertension, chronic kidney disease, congestive heart failure (CHF), hyperlipidemia, peripheral vascular disease (PVD), dementia, anxiety disorder, major depressive disorder, osteoarthritis, and disorder of arteries and arterioles. -There was an order to apply TED hose in the morning and remove in the evening. Review of Resident #2's December 2021 electronic medication administration record (eMAR) revealed: -There was an entry for TED hose apply in the morning and remove at bedtime, scheduled for 6:00am and 7:00pm. -There was documentation of application and removal from 12/01/21 to 12/31/21 at 6:00am and 7:00pm. -There was no documentation of refusals. Review of Resident #2's January 2022 eMAR revealed: -There was an entry for TED hose apply in the morning and remove at bedtime, scheduled for 6:00am and 7:00pm. -There was documentation of application and removal from 01/01/22 to 01/31/22 at 6:00am and 7:00pm. -There was no documentation of refusals. Review of Resident #2's February 2022 eMAR revealed: -There was an entry for TED hose apply in the morning and remove at bedtime, scheduled for 6:00am and 7:00pm. -There was documentation of application and removal from 02/01/22 to 02/23/22 at 6:00am and	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 24	D 276		

7:00pm.
-There was no documentation of refusals.

Observation of Resident #2 on 02/23/22 at 9:15am revealed Resident #2 had knee length socks on both legs, and he did not have TED hose on his legs.

Interview with Resident #2 on 02/24/22 at 4:30pm revealed:
-He wore long stockings in the past.
-Staff placed the "long stockings" on his legs but the hose were so tight that staff had to cut them off.
-The TED hose were so tight they cut into his leg and made marks on his legs.
-His legs were swollen in the past but now they were improved.
-He wore socks now on his feet and legs.

Telephone interview with Resident #2's Nurse Practitioner (NP) on 02/24/22 at 3:50pm revealed:
-Resident #2 had TED hose ordered because his legs were edematous.
-Resident #2's legs had improved, and the edema had subsided.
-She was not aware that he was not wearing the TED hose.
-She expected staff to apply and remove the TED hose for Resident #2 as ordered.

Telephone interview with a representative at the facility contracted pharmacy on 02/25/22 at 9:10am revealed:
-Resident #2 had an order for TED hose dated 02/05/21.
-A request for clarification of the size and measurements for Resident #2's TED hose was made on 02/05/21.
-The size and measurements for Resident #2's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 25	D 276		

TED hose was never sent.
-In cases where no response was received for size and measurements of TED hose, one pair of medium sized TED hose was supplied.
-On 02/05/21 one pair of medium sized TED hose was sent for Resident #2.
-An order was sent from the facility to discontinue Resident #2's TED hose on 02/23/22 at 7:37pm.
-The order was signed by the Administrator and read to discontinue TED hose due to non-use.
-Prior to the discontinue order, there was a request to send TED hose for Resident #2 at 5:00pm and the pharmacy requested clarification for size and measurements.
-At the time the discontinue order was received, it was too late to retrieve the TED hose from the delivery.
-One pair of medium size TED hose was sent for Resident #2 on 02/23/22.

Interview with a second shift medication aide (MA) on 02/24/22 at 8:09pm revealed:
-She did document that Resident #2's TED hose were removed when she worked.
-She did not remove Resident #2's TED hose; that was done by the PCAs.
-She asked staff or Resident #2 if the TED hose were removed.
-She did not look at Resident #2's legs, she took staff's word or Resident #2's word that the TED hose were removed.
-She did not know where Resident #2's TED hose were stored.
-She had not seen Resident #2's TED hose.

Interview with a third shift MA on 02/25/22 at 12:01pm revealed:
-She knew Resident #2 had an order to apply TED hose in the morning.
-The night shift MAs were responsible for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 26	D 276		

applying TED hose for residents who had TED hose ordered.
-She did not place the TED hose on Resident #2.
-The PCAs helped residents up and out of bed in the morning and they placed TED hose on residents.
-She did not verify that the TED hose were on Resident #2, but she documented that his TED hose were in place.
-She thought Resident #2's TED hose were stored on his wheelchair or in his nightstand drawer.
-A new pair of TED hose was sent from the pharmacy on 02/23/22.
-She had documented on the eMAR that Resident #2 had TED hose applied but she had not placed them on Resident #2 on 02/23/22.
-She thought the PCAs had applied the TED hose on 02/23/22 and as well as other mornings when she worked.

Interview with the Administrator on 02/25/22 at 10:35am revealed:
-He knew Resident #2's TED hose could not be located in his room, so he sent a discontinue for non-use order to a physician who worked with Resident #2's NP.
-He did not expect staff to document a treatment that they were not completing.
-He expected staff to reorder an item that was not available to apply for a resident's treatment.
-He expected staff to document on progress notes if a resident was refusing a treatment.
-He expected the MAs to notify the NP after the resident refused a treatment for 3 days.
-He expected the MAs to apply and remove TED hose for residents.
-He thought the Resident Care Coordinator (RCC) measured residents for their TED hose size.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 27	D 276		

-The RCC and the Administrator were responsible for ensuring orders were implemented for residents.

Attempted telephone interview with the RCC on 02/25/22 at 10:05am was unsuccessful.

3. Review of Resident #4's current FL-2 dated 09/15/21 revealed:
-Diagnoses included hypertension, hyponatremia, dysphagia, asthma, chronic obstructive pulmonary disease, osteoarthritis, osteoporosis and cerebrovascular disease.
-There was an order for monthly blood pressure (BP) monitoring.

Review of Resident #4's December 2021 electronic medication administration record (eMAR) revealed:
-There was an entry to check and record blood pressure monthly, scheduled for 8:00am.
-There was no documentation of any blood pressure readings from 12/01/21 to 12/31/21 at 8:00am.
-There was documentation of staff initials on 12/01/21 and 12/30/21 at 8:00am.

Review of Resident #4's January 2022 eMAR revealed:
-There was an entry to check and record blood pressure monthly, scheduled for 8:00am.
-There was no documentation of any blood pressure readings from 01/01/22 to 01/31/21 at 8:00am.
-There was documentation of staff initials on 01/28/22 at 8:00am.

Review of Resident #4's February 2022 eMAR revealed:
-There was an entry to check and record blood

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 28	D 276		

pressure monthly, scheduled for 8:00am.
-There was no documentation of any blood pressure readings from 02/01/22 to 02/23/22 at 8:00am.
-There was no documentation of staff initials from 02/01/22 to 02/23/22 at 8:00am.

Observation of Resident #4 on 02/24/22 at 2:50pm revealed the medication aide (MA) obtained Resident #4's BP and Resident #4's BP was 171/84.

Interview with Resident #4 on 02/24/22 at 2:25pm revealed:
-She had her BP monitored by the staff monthly, and her BP was obtained when her PCP came to the facility.
-She thought her blood pressure had improved since a major health event had occurred years ago.
-Staff checked her BP daily in the past but the frequency was changed because her blood pressure improved.

Telephone interview with Resident #4's Nurse Practitioner (NP) on 02/24/22 at 3:50pm revealed:
-She had ordered BP monitoring because Resident #4 had a diagnosis of hypertension.
-She did not know that Resident #4's BPs were not documented.
-She took Resident #4's BP during visits.

Interview with a MA on 02/24/22 at 11:26am revealed:
-She knew Resident #4 had an order for BP monitoring, but she did not know the frequency.
-She obtained Resident #4's BP when it appeared on the eMAR screen for Resident #4.
-She did not document Resident #4's BP when she obtained it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 29 -There was no place on the eMAR to document Resident #4's BP. -She had not made the Resident Care Coordinator (RCC) aware that there was no place to document Resident #4's BP. Interview with the Administrator on 02/25/22 at 10:35am revealed: -He expected staff to obtain BPs as ordered by the PCP. -He was told on 02/24/22 that there was no place to document Resident #4's BPs on the eMAR. -He depended upon the NP, pharmacy and the LHPS nurse to review resident's BPs. -The MAs were responsible for ensuring residents' blood pressures were checked as ordered and documented. Attempted telephone interview with the RCC on 02/25/22 at 10:05am was unsuccessful.	D 276		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by:	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 30 Based on observations, record reviews and interviews, the facility failed to ensure 8 ounces of milk was served to the residents twice a day. The findings are: Review of the breakfast menu dated 02/24/22 posted in the kitchen revealed milk was to be served with the meal. Observation of the breakfast meal service in the main dining room on 02/24/22 at 7:15am revealed: -There were 26 residents who were not served milk. -There were 26 residents who were not offered milk. Observation of the mobile cart with the breakfast meal service for residents who ate in their rooms on 02/24/22 at 7:00am revealed there was no milk on the mobile cart to be served or offered to the residents. Review of the dinner menu dated 02/24/22 posted in the kitchen revealed milk was to be served with the meal. Observation of the dinner meal service in the main dining room on 02/24/22 at 4:30pm revealed: -There were 26 residents were not served milk -There were 26 residents who were not offered milk. Observation of the mobile cart with the dinner meal service for residents who ate in their rooms on 02/24/22 at 4:30pm revealed there was no milk on the mobile cart to be served or offered to the residents.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 31 Observation of the walk-in refrigerator on 02/24/22 at 12:13pm revealed 8 gallons of 2% milk and 4 gallons of whole milk were available to be served. Based on the resident census of 43 and the menu, the facility required 5.5 gallons of milk each day. Interview with a resident on 02/23/22 at 9:26am revealed: -She did not receive milk. -The residents had not received milk since the last time she had cold cereal. -She could not remember the last time she had cold cereal. Interview with a second resident on 02/24/22 at 4:39pm revealed: -She had not had milk offered to her since September 2021. -An unknown staff told her in October 2021 they did not provide milk. -Her diet allowed her to drink 1% or 2% milk. -She purchased cereal to keep in her room and would have liked to mix it with milk. -She never saw any residents with milk. Interview with a third resident on 02/25/22 at 8:40am revealed: -She did not receive milk twice a day. -Milk was not offered at meals. -She only received milk when she had cereal for breakfast. -She could not recall the last time she had cereal and milk for breakfast. -She would like to have milk. Interview with a fourth resident on 02/25/22 at	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 32	D 299		

9:09am revealed:
-He did not receive milk with his meals.
-He was never offered milk with meals.
-He liked milk and would like to have milk at mealtime, especially breakfast.
-He had not asked for milk.

Interview with a fifth resident on 02/25/22 at 9:32am revealed:
-He received milk when he had cereal.
-He was not offered milk at mealtime.
-He would drink milk if it was offered to him.

Interview with the dietary aide on 02/24/22 at 11:06am revealed:
-She served milk when the residents had cereal for breakfast.
-She was not familiar with the menu.
-She had never been told to offer milk to the residents.

Interview with the cook on 02/24/22 at 11:00am revealed:
-The dietary staff did not offer milk at meals.
-They only served milk with cereal.
-She had never been told to offer residents milk.
-She was aware that milk was on the menu, but it was not served.

Interview with the Administrator on 02/25/22 at 12:15pm revealed:
-Milk was listed on the menu to be served twice a day.
-The dietary staff was provided a menu to follow.
-He expected the dietary staff to follow the menu.
-There was milk available in the walk-in refrigerator.

Attempted interview with the Resident Care Coordinator (RCC) on 02/25/22 at 10:05am was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 33 unsuccessful.	D 299		
D 306	10A NCAC 13F .0904(d)(3)(H) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages. This STANDARD is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure water was served with meals to all residents. The findings are: Review of the menu posted in the kitchen revealed: -Chilled water was to be served with the lunch meal on 02/23/22. -Chilled water was to be served with the breakfast meal on 02/24/22. -Chilled water was to be served with the dinner meal on 02/24/22. Observation of the breakfast meal service in the main dining room on 02/24/22 at 7:15am revealed water was not provided for 26 of 26 residents served in the dining room. Observation of the mobile cart with the breakfast meal service for residents who ate in their rooms on 02/24/22 at 7:00am revealed	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 306	Continued From page 34	D 306		

there was no water on the mobile cart to be served or offered to the residents.

Observation of the lunch meal service on 02/23/22 at 11:56am revealed:
-A resident was eating his lunch meal in his room.
-The resident was served tea as his beverage before the meal was served.
-There was no water served to the resident.

Observation of the dinner meal service in the main dining room on 02/24/22 at 4:30pm revealed water was not provided for 18 of 26 residents served in the dining room.

Observation of the mobile cart with the dinner meal service for residents who ate in their rooms on 02/24/22 at 4:30pm revealed
there was no water on the mobile cart to be served or offered to the residents

Interview with a resident on 02/24/22 at 4:38pm revealed:
-He was not served water at each meal.
-He had to request water when he wanted water.
-The dietary staff would bring him water when he asked for water.

Interview with a second resident on 02/24/22 at 4:40pm revealed:
-She did not receive water at meals.
-She liked to drink water with her meals.
-The dietary staff would bring her water when she asked for water.

Interview with a third resident on 02/25/22 at 8:40am revealed:
-She did not receive water at each meal.
-She had asked for water several times but did not receive water.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 306	Continued From page 35 -She would like to have water at each meal. Interview with a fourth resident on 02/25/22 at 9:02am revealed: -She did not received water at each meal. -She only received water with her medications. -She would like to have water at some of her meals. -She had not asked for water recently. Interview with a fifth resident on 02/25/22 at 9:09am revealed: -He did not receive water at each meal. -He would like to have water at each meal. -He had asked for water and received water. Interview with a sixth resident on 02/25/22 at 9:32am revealed: -He did not received water at each meal. -He ate most of his meals in his room. -When he ate in the dining room he would ask for water. Interview with the dietary aide on 02/24/22 a 11:06am revealed: -She was not familiar with the menu. -She had never been told to serve water to the residents at each meal. -She served water to the residents if they wanted water. Interview with the cook on 02/24/22 at 11:00am revealed: -She did not serve the meals. -She did not know the residents were to be served water at each meal. -She knew water was listed on the menu to be served. Interview with the Resident Care Coordinator	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 306	Continued From page 36 (RCC) on 02/24/22 at 11:31am revealed: -Residents should be served water at each meal. -She did not know why water was not served at each meal. Interview with the Administrator on 02/25/22 at 12:09pm revealed: -Water should be served at each meal. -He had noticed water being served. -He did not know water was not served at meals on 02/23/22 and 02/24/22. -He did not know why water was not served with each meal.	D 306		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to serve therapeutic diets as ordered for 2 of 5 sampled residents (#2 and #5), including a regular mechanical soft diet (#2) and a pureed diet with thickened liquids (#5). The findings are: 1. Review of Resident #5's current FL-2 dated 06/03/21 revealed diagnoses included chronic	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 37	D 310		

obstructive pulmonary disease (COPD), cerebral infarction, Alzheimer's disease, rhabdomyolysis and weakness.

Review of Resident #5's physicians' orders dated 02/01/22 revealed a diet order for pureed with thickened liquids.

Review of the facility's resident diet order listing sheet in the kitchen revealed:
-The diet for Resident #5 was thickened liquids, pureed.
-There was a document next to the resident diet list with pureed diet instructions.

Observation of the lunch meal on 02/23/22 at 12:09pm revealed:
-Resident #5 was seated in his wheelchair in his room.
-Resident #5 was served pureed green peas, carrots, chicken, pudding, ice cream and ready-to-serve thickened tea.
-A personal care assistant (PCA) opened a can of cola, poured it in a cup and set it on Resident #5's bedside table.
-The cola was not thickened.

Interviews with dietary staff on 02/23/22 at 6:50am and 12:18 pm revealed:
-She did not have a therapeutic diet list.
-Resident #5 was not to have thin liquids.
-The dietary staff served ready-made thickened liquids to Resident #5 on his meal trays.

Interview with the PCA on 02/23/22 at 12:09pm revealed:
-Resident #5 asked for the cola.
-The PCA did not know who brought the cola into Resident #5's room.
-Resident #5's roommate may have gotten the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 38	D 310		

cola for him from the vending machine.
-She knew Resident #5 was on a pureed, thickened liquid diet.
-The dietary staff was responsible for thickening all the liquids.
-The dietary staff would not thicken liquids that they did not send on the meal tray.
-Resident #5 would cough at times when he was eating.

Interview with a medication aide (MA) on 02/24/22 at 8:25am revealed she thought Resident #5 was on a mechanical soft diet.

Interview with the Resident Care Coordinator (RCC) on 02/23/22 at 12:15pm revealed:
-Resident #5 should not have a cola to drink.
-Resident #5 was on a pureed, thickened liquid diet.
-Resident #5 could aspirate when drinking thin liquids.

Observation of the breakfast meal on 02/24/22 at 7:29am revealed:
-Resident #5 was seated in his wheelchair in his room.
-Resident #5 was served one boiled egg, oatmeal and 4-ounces of ready-made thickened water.
-The boiled egg was cut into pieces; it was not pureed.
-The oatmeal was not pureed.

Interview with the cook on 02/24/22 at 11:00am revealed:
-She knew Resident #5 was ordered a pureed, thickened liquid diet.
-She did not puree Resident #5's breakfast this morning.
-She chopped the boiled egg and the oatmeal was soft.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 39 Interview with the Speech Therapist on 02/24/22 at 3:40pm revealed: -Resident #5 was ordered a pureed diet and thickened liquids. -Resident #5 had a swallowing study about 3 weeks ago which showed he was aspirating. -Resident #5 should not have been served a cut boiled egg and oatmeal for breakfast without them being pureed. -Resident #5 could have aspirated or choked on his food. Interview with the Administrator on 02/24/22 at 8:57am revealed: -Resident #5 was on a pureed diet with thickened liquids. -Resident #5 should not have been given cola to drink. -Resident #5's oatmeal and boiled egg should have been pureed. -Resident #5 could have aspirated. Refer to the interview with the RCC on 02/24/22 at 8:43am. Refer to the interview with the Administrator on 02/24/22 at 8:57am. 2. Review of Resident #2's current FL-2 dated 08/11/21 revealed diagnoses included hypertension, chronic kidney disease, congestive heart failure (CHF), hyperlipidemia, peripheral vascular disease (PVD), dementia, anxiety disorder, major depressive disorder, osteoarthritis, and disorder of arteries and arterioles. Review of Resident #2's physician's orders dated 09/01/21 revealed an order for a regular,	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 40 mechanical soft diet. Review of the facility's resident diet order listing sheet in the kitchen revealed the diet for Resident #2 was chopped. Interview with the dietary staff on 02/23/22 at 6:50am revealed Resident #2 had an order for a chopped meat diet. Observation of Resident #2's breakfast service meal on 02/24/22 at 7:33am revealed Resident #2 was served one strip of bacon, one boiled egg, one waffle, oatmeal and 6-ounces of orange juice. Observation of Resident #2's breakfast service meal on 02/24/22 at 8:04am revealed that he consumed the strip of bacon, the boiled egg, the oatmeal and drank the orange juice. Interview with the cook on 02/24/22 at 11:00am revealed: -She knew Resident #2 was on a chopped meat diet. -She forgot to chop Resident #2's bacon this morning before serving his breakfast tray. -She had a posted resident diet list to refer to while preparing the meals. Interview with the Administrator on 02/24/22 at 8:57am revealed: -Resident #2 was on a chopped meat diet. -He should not have received a strip of bacon for breakfast on 02/24/22. -The bacon should have been chopped before his meal was served. Refer to the interview with the Resident Care Coordinator (RCC) on 02/24/22 at 8:43am.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 41 Refer to the interview with the Administrator on 02/24/22 at 8:57am. Interview with the RCC on 02/24/22 at 8:43am revealed: -She would review the dietary orders and give a copy to the dietary staff. -The dietary staff would file them in a binder. -She did not know what a therapeutic diet was. Interview with the Administrator on 02/24/22 at 8:57am revealed: -The facility did not have a Dietary Manager. -The Administrator handled all the ordering of food and supplies at this time. -The dietary cook should know where the therapeutic menus were located.	D 310		
D 358	10A NCAC 13F .1004(a) Medication Administration 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 observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 5 residents sampled (#3, #5) for record review including errors with a topical steroid cream (#3) and a steroid inhaler (#5).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 42 1. Review of Resident #3's current FL-2 dated 06/14/21 revealed diagnoses included confusion, impaired balance, benzodiazepine overdose and acute kidney infection. Review of Resident #3's physician's orders dated 09/02/21 revealed there was an order for hydrocortisone cream 0.5% (used to relieve redness, itching or swelling caused by skin conditions) to rash on left temple and under left eye twice a day. Review of Resident #3's December 2021 electronic medication administration record (eMAR) revealed: -There was an entry for hydrocortisone cream 0.5% apply to rash on left temple and under left eye with a scheduled administration time of 8:00am and 8:00pm. -There was documentation that hydrocortisone cream was administered at 8:00am and 8:00pm from 12/01/21 to 12/21/21, 8:00am on 12/22/21, and 8:00am and 8:00pm from 12/23/21 to 12/31/21. -There was an exception documented that Resident #3 was out of the facility on 12/22/21 at 8:00pm. Review of Resident #3's January 2022 eMAR revealed: -There was an entry for hydrocortisone cream 0.5% apply to rash on left temple and under left eye with a scheduled administration time of 8:00am and 8:00pm. -There was documentation that hydrocortisone cream was administered at 8:00am on 01/01/22 and 8:00am and 8:00 pm from 01/04/22 to 01/31/22. -There were exceptions documented that	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 43	D 358		

Resident #3 was out of the facility on 01/01/22 at 8:00pm and from 01/02/22 to 01/03/22.

Review of Resident #3's February 2022 eMAR revealed:
-There was an entry for hydrocortisone cream 0.5% apply to rash on left temple and under left eye with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation that hydrocortisone cream was administered at 8:00am and 8:00pm from 02/01/22 to 02/22/22 and 8:00am on 02/23/22.

Telephone interview with the Pharmacist at the facility's contracted pharmacy on 02/24/22 at 2:43pm revealed:
-There was an order for hydrocortisone cream 0.5% to rash on left temple and under left eye twice a day.
-Hydrocortisone cream 0.5% was last dispensed on 09/02/21.
-One tube of hydrocortisone cream could last for months if only using a dime size for the face.

Observation of Resident #3's medication on hand on 02/24/22 at 9:35am revealed there was no hydrocortisone cream 0.5% available for administration.

Interview with Resident #3 on 02/24/22 at 9:55 revealed:
-He knew he had a cream staff were to apply to a rash on his face.
-He did not know the last time the hydrocortisone cream was applied.

Interview with a medication aide (MA) on 02/25/22 at 9:10am revealed:
-She did not administer hydrocortisone cream this

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 44	D 358		

morning.
-She could not locate the medication on the medication cart.
-She re-ordered the medication this morning after she could not locate it on the medication cart.

Interview with the Administrator on 02/25/22 at 12:05pm revealed:
-The MAs should re-order hydrocortisone before it gave out.
-He was concerned that Resident #3 may not be getting his medication as ordered.
-The MAs should document in the nurse's notes of the resident's record when a medication was re-ordered.
-There was no one to audit the medication carts to ensure medications were available for administration.

Attempted interview with the RCC on 02/25/22 at 10:05am was unsuccessful.

2. Review of Resident #5's current FL-2 dated 06/03/21 revealed diagnoses included chronic obstructive pulmonary disease (COPD).

Review of Resident #5's physician's orders dated 12/02/21 revealed there was an order for Symbicort 160-45mcg (used to treat COPD) inhale 2 puffs twice a day.

Review of Resident #3's December 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for Symbicort 160-45mcg inhale 2 puffs twice a day with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation that Symbicort was administered twice daily at 8:00am and 8:00pm from 12/01/21 to 12/31/21.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 45 Review of Resident #5's January 2022 eMAR revealed: -There was an entry for Symbicort 160-45mcg inhale 2 puffs twice a day with a scheduled administration time of 8:00am and 8:00pm. -There was documentation that Symbicort was administered twice daily at 8:00am and 8:00pm from 01/01/22 to 01/31/22. Review of Resident #5's February 2022 eMAR revealed: -There was an entry for Symbicort 160-45mcg inhale 2 puffs twice a day with a scheduled administration time of 8:00am and 8:00pm. -There was documentation that Symbicort was administered twice daily at 8:00am and 8:00pm from 02/01/22 to 02/23/22. Interview with Resident #5 on 02/24/22 at 9:45am revealed: -He knew he had received an inhaler. -He could not recall the name of the inhaler. -He thought he received it every day. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 02/24/22 at 2:43pm revealed: -Resident #5 an order for Symbicort 160-45mcg inhale 2 puffs twice a day dated 12/02/21. -Symbicort 160-45mcg one inhaler was dispensed on 11/23/21. -Symbicort 160-45mcg one inhaler was dispensed on 01/06/22. -Symbicort 160-45mcg one inhaler was dispensed on 02/24/22. -One inhaler would last 30 days. -If the inhaler was opened on 01/21/22, it should be completed by 02/20/22. -There should not be 22 inhalations remaining.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 46 Based on eMAR documentation, medications dispensed and medications on hand between October 2021 and January 2022 revealed there would have been no Symbicort available to be administered between 12/23/21 to 01/06/22 when the medication was reordered on 01/06/22; between 01/06/22 to 01/21/22 when the reordered medication was dated as opened on 01/21/22; and between 02/21/22 to 02/24/22 when the medication should have given out on 02/20/22; there were 22 inhalations remaining. Observation of Resident #5's medication on hand on 02/24/22 at 9:28am revealed: -There was one Symbicort inhaler available for administration. -There was a hand-written date on the Symbicort box of 01/21/22. -The date 01/21/22 was the day the inhaler was opened for use. -There were 22 puffs of Symbicort remaining. Interview with a medication aide (MA) on 02/25/22 at 9:10am revealed: -She administered Resident #5's Symbicort as ordered. -She did not know why there were 22 puffs left for administration. -Resident #5 has not had any respiratory distress. Interview with Resident #5's Primary Care Provider (PCP) on 02/25/22 at 8:22am revealed: -Resident #3's Symbicort should be administered as ordered. -Resident #3 was ordered Symbicort because he had COPD. -Resident could have increase in respiratory discomfort if Symbicort was not administered as ordered.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 47 Interview with the Administrator on 02/25/22 at 12:05pm revealed: -He did not know why Resident #5 would have excess Symbicort medication. -The MAs should follow the orders as written. -There was no one to audit the medication carts to ensure medications were available for administration. Attempted interview with the Resident Care Coordinator (RCC) on 02/25/22 at 10:05am was unsuccessful.	D 358		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure medication aides observed residents taking their medications for 1 of 5 sampled resident (#2) related to observation of a resident with medications left in a cup on 02/23/22. The findings are: Review of Resident #2's current FL-2 dated	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 48	D 366		

08/11/21 revealed:
-Diagnoses included hypertension, chronic kidney disease, congestive heart failure (CHF), hyperlipidemia, peripheral vascular disease (PVD), dementia, anxiety disorder, major depressive disorder, osteoarthritis, and disorder of arteries and arterioles.
-There was an order for amlodipine besylate (used to treat high blood pressure) 10mg daily.
-There was an order for aspirin (used to improve circulation) 81mg daily.
-There was an order for atenolol (used to treat hypertension) 50mg daily.
-There was an order for donepezil (used to treat confusion related to Alzheimer's disease) 50mg one at bedtime.
-There was an order for memantine (used to treat moderate to severe confusion related to Alzheimer's disease) 10mg one twice daily.

Review of Resident #2's Nurse Practitioner (NP) orders revealed there was an order dated 11/17/21 for atenolol 50mg take one and a half tablets (75mg) daily.

Observation of Resident #2's room on 02/23/22 at 10:13am, during the initial facility tour, revealed:
-Resident #2 was in his room and there was an over the bed table located next to his bed.
-On top of the over the bed table was a plastic medication cup containing 4 and 1/2 oral medications and a Styrofoam cup of water.

Interview with Resident #2 on 02/23/22 at 10:13am revealed:
-The medication aide (MA) that brought the morning medications to his room the morning of 02/23/22 and told him his medications were on the table.
-Resident #2 was seen on 02/22/22 by an eye

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 49	D 366		

doctor who treated his eyes and he could not see well enough to determine where the medication cup was located.
-He had not taken his morning medication because he was unable to locate the medication cup of pills.
-He did not know the name of the medication he took.

Review of Resident #2's electronic medication administration record (eMAR) for February 2022 revealed:
-There was an entry for aspirin 81mg daily scheduled for administration at 8:00am and documented as administered at 8:00am on 02/23/22.
-There was an entry for amlodipine 10mg daily scheduled for administration at 8:00am and documented as administered at 8:00am on 02/23/22.
-There was an entry for atenolol 75mg daily scheduled for administration at 8:00am and documented as administered at 8:00am on 02/23/22.
-There was an entry for memantine 10mg one daily scheduled for administration at 8:00am and documented as administered at 8:00am on 02/23/22.

Interview with the MA administering medications for Resident #2 on 02/23/22 at 12:20pm revealed:
-She was assigned as the MA to the 200 hall.
-She did not watch Resident #2 take his medications before she walked away.
-Resident #2 was able to take his medications without difficulty and never refused medications.
-She thought Resident #2 would take his medications when she walked away because he was reliable in his taking medications.
-He did not tell her that he was having difficulty

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 50 seeing things on 02/23/22. -The MA knew she was supposed to prepare medications and administer the medications, including watching the resident take the medication, before documenting administration on the eMAR. -She was in a hurry and did not stay to watch Resident #2 swallow the medications. -It was her mistake and she should not have left Resident #2's medications without observing him taking the medications. Interview with the Administrator on 02/25/22 at 10:35am revealed: -MAs were supposed to prepare medications, administer medications, including watching the resident swallow the medications, and document administration on the eMAR prior to moving to the next resident. -MAs were expected to observe residents taking their medications. -He held the MAs responsible for ensuring they observed residents swallow medications before documenting administration. Attempted telephone interview with the Resident Care Coordinator (RCC) on 02/25/22 at 10:05am was unsuccessful.	D 366		
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 51	D 375		

physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and
(2) specific instructions for administration of prescription medications are printed on the medication label.

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#3) had a physician's order to self-administer an eye-drop, an anti-acid, a pain reliever, a topical gel and a nasal spray. (#3)

The findings are:

Review of the facility's self-management of medications policy revealed:
-The Primary Care Provider (PCP) must provide an order for self-administration of medications.
-The Licensed Health Professional Services (LHPS) nurse would ensure the resident could administer the medications properly and secure the medications.

Review of Resident #3's current FL-2 dated 06/14/22 revealed diagnoses included confusion, impaired balance, benzodiazepine overdose, and acute kidney infection.

Observation of the top of Resident #3's nightstand on 02/23/22 at 9:30am revealed:
-There was a bottle of Flonase nasal spray (used to treat nasal congestion); the bottle was ½ full; there was no pharmacy prescription label on the bottle of nasal spray.
-There was a tube of diclofenac sodium topical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 52	D 375		

gel (used to relieve pain, swelling, inflammation and joint stiffness); the tube was ¾ full; there was no pharmacy prescription label on the tube of medication.
-There was a bottle of tears eye drops (used for dry eyes); the bottle was ¼ full; there was no pharmacy prescription label on the bottle of eye drops.

Observation of the opened, top drawer of Resident #3's nightstand on 02/23/22 at 9:30am revealed:
-There was a bottle of Tums (used to treat heartburn); the bottle was ¾ full.
-There was a bottle of Excedrin pain reliever (used to relieve pain): the bottle was ½ full.

Interview with Resident #3 on 02/23/22 at 9:35am revealed:
-He used the Flonase nasal spray twice a day; he had not administered the fluticasone nasal spray today.
-He used artificial tears twice a day; he had not administered the artificial tears today.
-He took the Tums when he had heartburn; he could not recall the last time he took Tums.
-He took the Excedrin pain reliever when he had a headache; he took two tablets a few days ago.
-He used the diclofenac sodium topical gel 2 to 3 times a day for muscle pain; he had not applied the diclofenac sodium topical today.
-The medication aide (MA) left the diclofenac sodium topical gel, the artificial tears and the Flonase nasal spray in his room for him to administer.
-He could not recall how he got the Excedrin or Tums.
-The MAs left the nasal spray, eye drops and medicated cream at this bedside.
-He did not know he had to have an order from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 53	D 375		

his PCP to have medication in his room for self-administration.

Review of Resident #3's physician's orders dated 01/11/22 revealed:
-There was an order for diclofenac sodium to apply 2 grams topically four times a day to areas of pain; there was no order to self-administer.
-There was an order for Flonase 2 sprays each nare daily; there was no order to self-administer.
-There was an order for artificial tears 2 drops each eye at night; there was no order to self-administer.
-There was no order for Tums.
-There was no order for Excedrin pain reliever.

Interview with a personal care aide (PCA) on 02/24/22 at 7:38am revealed:
-She had not seen any medications in Resident #3's room.
-She knew the residents were not to have medications in their rooms.
-She would let the MA know if she saw medications in Resident #3's room.

Interview with another PCA on 02/24/22 at 7:42am revealed:
-She had not noticed any medications in Resident #3's room today.
-She had noticed nasal drops in Resident #3's room a few weeks ago.
-She told the MA about the nasal drops and the MA removed them from Resident #3's room.

Interview with a MA on 02/24/22 at 7:58am revealed:
-She did not know of any residents who self-administered medications.
-Residents should not have medication at their bedside without an order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 54 -All medications in the resident's room without an order should be reported to the supervisor, Resident Care Coordinator (RCC) or Administrator, so the medications could be removed. -Resident #3 must have a signed order from the PCP for self-administration of medication and may keep at bedside. Interview with another MA on 02/24/22 at 8:20am revealed: -Resident #3 would not allow the MA to administer the diclofenac sodium, artificial tears and Flonase. -She did not put the medications at Resident #3's bedside for self-administration. -Resident #3 should not have medications at his bedside. -Resident #3 did not have an order for self-administration of medications. Interview with the LHPS nurse on 02/25/22 at 12:47pm revealed -She had not assessed Resident #3 for self-administration of medications. -She had not been asked to assess Resident #3 for self-administration of medications. Telephone interview with Resident #3's family member on 02/25/22 at 8:03am revealed: -She was not aware that Resident #3 had medications in his room. -She did not know how Resident #3 got the medications. -Resident #3 was not capable of administering his medications correctly. -Resident #3 would probably take more medication than was ordered. -She was afraid he would overdose.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 55	D 375		

Telephone interview with a pharmacist at the facility's contracted pharmacy on 02/24/22 at 2:43pm revealed:
-Resident #3 did not have an order for Excedrin or Tums.
-Resident #3 had orders for diclofenac sodium, Flonase and artificial tears.
-Resident #3 did not have any self-administration orders on file.
-The concern with Resident #3 having medications to self-administer without monitoring was taking Excedrin could cause stomach issues such as ulcers.
-Diclofenac sodium should be monitored because Resident #3 could have increased pain, but if used too much it could cause a rash on the areas applied.
-Tums should be monitored because Resident #3 could have weight loss, muscle pain and confusion if too much was administered.
-Flonase should be monitored because Resident #3 could have headaches and dizziness.
-It was important to follow recommended dosing, which needed to be monitored.

Telephone interview with Resident #3's PCP on 02/24/22 at 3:45pm revealed:
-Resident #3 should not have medications at his bedside.
-Resident #3 was not safe administering his own medications.
-Resident #3 did not have an order for self-administration.
-Resident #3 was admitted to the hospital for an overdose prior to his admission to the facility.
-Resident #3 was admitted to the facility because he could not manage his medications and take them as ordered.

Interview with the RCC on 02/24/22 at 8:32am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 56	D 375		

revealed:
-She did not know Resident #3 had medications in his room.
-Resident #3 did not have an order for self-administration/may keep at bedside for medications.
-Resident #3 placed on-line orders; he may have ordered the Tums and Excedrin on-line since there was no PCP order.
-The facility staff were expected to notify the RCC or the Administrator if medications were found in residents' rooms.
-Resident #3 was admitted to the hospital for an overdose prior to admission at the facility and she was concerned the Resident #3 may take an excess of medications.
-She knew the PCP had to order for medications to be at the resident's bedside for self-administration.

Interview with the Administrator on 02/23/22 at 9:09am revealed:
-He did not know Resident #3 had medications in his room to self-administer.
-Resident #3 was not safe self-administering his medications.
-Resident #3 did not have a self-administration/may keep at bedside order for medications.
-The PCP had to write an order for medications to be self-administered and to be kept at the bedside.
-The facility staff should report all medications at the bedside to the RCC or Administrator.

A second interview with the Administrator on 02/25/22 at 12:01pm revealed Resident #3 took a taxi a few weeks ago; he may have purchased medication at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 57 Attempted interview with the Mental Health Provider on 02/24/22 at 3:35pm was unsuccessful.	D 375		
D 378	10a NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications were under locked security related to the medication cart being left unlocked and unattended by two medication aides (MA). The findings are: Observation of the 100 hall on 02/23/22 at 9:15am revealed: -The medication cart was located inside the opened 100 hall medication room. -The keys were in the key slot of the medication cart. -The drawers on the medication cart opened when pulled and closed freely without locking. -The MA was in a resident room. -The MA returned and removed the keys and placed them in her pocket. Another observation of the 100 hall on 02/23/22 at 11:50am revealed:	D 378		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 378	Continued From page 58 -The medication cart was located inside the opened 100 hall medication room. -The keys were in the key slot of the medication cart. -The drawers on the medication cart opened when pulled and closed freely without locking. -The MA was in a resident room. Interview with the MA who administered medications at 9:15am on 02/23/22 at 12:20pm revealed: -She was assigned as the MA for the 200 hall. -She was the only MA this morning because the other MA was not at the facility yet. -She was told at approximately 8:50am that she would have to administer medications on the 100 hall. -Once she found out this information, she felt panic because she did not want to administer the medications late. -She forgot and left the medication cart unlocked with the keys in the key slot on 02/23/22. -She was taught to lock the cart and take the keys with her. -She left the keys because she was focused on administering medications. -She was trying to administer the 8:00am medications in a timely manner. -She knew she was not supposed to leave the keys in the key slot of the medication cart leaving the medication cart opened. Interview with the Supervisor/MA who administered medications at 11:15am on 02/24/22 at 10:55am revealed: -She forgot and left the medication cart unlocked on 02/23/22. -She was distracted by the home health nurse who asked her about a resident. -She walked away from the medication cart	D 378		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 378	Continued From page 59 without locking it and taking the keys with her. -She was taught to lock the cart and take the keys with her. -She was focused on updating the home health nurse about a resident. -She was responsible for ensuring the medication cart was locked and secured. Interview with Administrator on 02/25/22 at 10:35am revealed: -Medication carts were to remain locked when unattended. -His expectation was for the MA to lock the medication cart and put the keys in her pocket when she walked away from it. -He and the Resident Care Coordinator (RCC) were responsible for ensuring the medication carts were locked and secured when unattended. Attempted telephone interview with the RCC on 02/25/22 at 10:05am was unsuccessful.	D 378		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 60 department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure recommendations and guidance established by the North Carolina Department of Health and Human Services (NC DHHS) and the Centers for Disease Control and Prevention (CDC) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission and infection to residents as related to the screening of visitors and staff and the use of facemasks by visitors and staff. The findings are: 1. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic updated 02/02/22 revealed: -Facilities were to establish a process to identify if anyone entering the facility, regardless of vaccination status, tested positive for COVID-19, displayed symptoms of COVID-19, or had close contact with someone infected with COVID-19. -Visitors meeting any of the three criteria were to be restricted from entering the facility. Review of the NC DHHS COVID-19 Infection Prevention Guidance for Long-Term Care Facilities dated 02/10/22 revealed: -The NC DHHS continued to recommend facilities, residents, families, and visitors adhere to the core principles of COVID-19 infection prevention to mitigate risk associated with potential exposure.	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 61 -All visitors to facilities should be screened for symptoms of COVID-19 prior to entering the facility. -Visitors who had a positive COVID-19 test, symptoms of COVID-19, close contact with someone with COVID-19, or had not met the same criteria used to discontinue isolation and quarantine for residents should not be permitted to visit the facility. Review of the facility's COVID-19 policy revealed: -The policy was effective 06/21/21. -The policy was signed by the Administrator on 07/26/21. -All visitors were to be screened for signs and/or symptoms of COVID-19, diagnosis of COVID-19, and exposure to COVID-19. Review of facility visitor screening forms dated 02/03/22 revealed: -A visitor completed a form at 11:05am and documented there was no thermometer available. -A visitor completed a form at 3:00pm and there was no temperature documented. -A visitor completed a form at 3:57pm and there was no temperature documented. -Another visitor completed a form at 3:57pm and there was no temperature documented. -A visitor completed a form at an undocumented time and there was no temperature documented. Observation upon entry to the facility on 02/23/22 at 8:40am revealed: -There was a self-screening area in the entryway with screening forms and hand sanitizer. -The screening form included space for documenting temperature. -There was not a thermometer in the self-screening area. -There was signage indicating failure to complete	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 62	D 612		

the screening form and temperature check may result in visitation restrictions.

Interview with a visitor on 02/23/22 at 10:02am revealed:
-He did not answer screening questions when he entered the facility.
-He did not check his temperature when he entered the facility.
-No facility staff had asked him to answer the screening questions or take his temperature.

Interview with the Resident Care Coordinator (RCC) on 02/24/22 at 11:55am revealed:
-She asked the visitor to return to the entrance and answer the screening questions and complete a temperature check.
-She informed the visitor that all visitors were required to answer the screening questions and check their temperature when visiting the facility.

Telephone interview with a resident's family member on 02/25/22 at 8:03am revealed:
-She did not answer questions when she and other family members entered the facility to visit the resident.
-Her temperature was not checked when she entered the facility.
-The staff did not approach her or the other family members regarding completing a screening questionnaire or temperature check.

Interview with the Administrator on 02/25/22 at 10:38am revealed:
-The facility did not have staff at the desk to monitor compliance with visitor screening.
-Screening forms and a thermometer were at the front desk.
-Visitors were expected to complete the screening forms, including temperature

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 63	D 612		

documentation.
-He did not know if the screening forms were missing any information.
-He did not know there were forms without temperatures documented.
-He did not routinely review the screening forms.

Attempted telephone interview with the RCC on 02/25/22 at 10:05am was unsuccessful.

Refer to interview with the Administrator on 02/25/22 at 10:38am.

2. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic updated 02/02/22 revealed HCP, regardless of vaccination status, were to be screened for a positive test for COVID-19, COVID-19 signs and symptoms, and close contact with someone infected with COVID-19 when entering the facility.

Review of the facility's COVID-19 policy revealed all employees were to self-screen before each workday and each shift for signs and/or symptoms of COVID-19, diagnosis of COVID-19, and known exposure to COVID-19.

Review of facility screening forms dated 12/31/21-02/24/22 revealed there were no forms completed by housekeeping staff.

Interview with housekeeping staff on 02/25/22 at 9:25am revealed:
-When she arrived for her shift in the morning, she clocked in near the kitchen.
-She then put together the cart she used to complete her work.
-She took her temperature when she arrived at work each day, but she did not fill out the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 64	D 612		

screening form each day.
-The Administrator told her she was supposed to complete the screening form each day.
-She could not remember the last time she completed the screening form.
-No one in management had recently talked with her about completing the screening form.
-She took her temperature today but did not write it down.
-The screening form was supposed to be slid under the Administrator's door after it was filled out.
-It slipped her mind to complete the screening form.

Interview with a second housekeeping staff on 02/25/22 at 9:35am revealed:
-When she arrived for her shift in the morning, she clocked in and put her pocketbook away.
-She went to the housekeeping closet and laundry room to assemble her supplies for the shift.
-She started her work each day in the television room.
-She took her temperature every day when she arrived at work.
-She filled out the screening form whenever she remembered to do it.
-She had not filled out the screening form this morning when she arrived at work.
-The last time she completed the screening form was a couple weeks ago.
-No one in management talked with her about completing the screening forms.
-She did not know who was responsible for reviewing the forms.
-She thought the forms were for visitors to complete.
-The Administrator may have said staff were supposed to complete the forms when they were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 65	D 612		

first placed in the entryway.
-She did not remember how long the forms had been in the entryway.
-The thermometer was usually kept at the front desk.
-She randomly reported her temperature to her coworkers such as the other housekeeping staff.

Interview with the Administrator on 02/25/22 at 10:38am revealed:
-Staff were expected to self-screen and slide the completed screening form under the door to his office.
-Screening forms and a thermometer were at the front desk.
-He did not know if the screening forms were missing any information.
-He did not know there were forms without temperatures documented.
-He did not routinely review the screening forms.
-He did not know if staff had been completing the forms over the past month.

Attempted telephone interview with the Resident Care Coordinator (RCC) on 02/25/22 at 10:05am was unsuccessful.

Refer to interview with the Administrator on 02/25/22 at 10:38am.

3. Review of the NC DHHS COVID-19 Infection Prevention Guidance for Long-Term Care Facilities dated 02/10/22 revealed visitors should wear face coverings or masks when around other residents or HCP, regardless of vaccination status.

Observation of a visitor on 02/23/22 at 10:02am revealed:
-The visitor was seated in the hallway visiting with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 66	D 612		

a resident.
-They were seated between the nurses' station and the living room.
-The visitor was not wearing a facemask.

Interview with the visitor on 02/23/22 at 10:02am revealed:
-He came to visit his family member.
-He had been in the facility about 30 minutes.
-He did not have to wear a facemask when he was in the facility.
-The facility staff told him it was up to him whether he wore a facemask or not.
-No staff had asked him to wear a facemask.

Observation on 02/24/22 at 11:15am revealed another visitor was pushing a resident in a wheelchair in the hallway without wearing a facemask.

Observation of the first visitor on 02/24/22 at 11:50am revealed:
-The visitor entered the facility and was not wearing a facemask.
-The visitor was approached by a staff and asked to don a facemask.
-The visitor placed a facemask on as instructed.
-The visitor proceeded to a resident's room for a visit.

Interview with the RCC on 02/24/22 at 11:55am revealed:
-She did not know the visitor entered the facility without a facemask.
-She saw a staff member ask him to don a facemask.
-She informed the visitor that all visitors were required to wear a facemask when visiting at the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 67	D 612		

Telephone interview with a resident's family member on 02/25/22 at 8:03am revealed:
-She did not wear a facemask when she visited the resident.
-Staff did not approach her or the other family members regarding wearing a facemask when they visited.

Interview with housekeeping staff on 02/25/22 at 9:35am revealed:
-Visitors were supposed to wear facemasks inside the facility.
-A few visitors did not wear facemasks.
-The last time she told a visitor to put on a facemask was in December 2021; the visitor complied with her instruction.

Interview with the Administrator on 02/25/22 at 10:38am revealed:
-He expected visitors to wear facemasks while they were in the facility.
-Staff on-site after normal business hours were expected to encourage visitors to comply with the facemask requirement.

Attempted telephone interview with the RCC on 02/25/22 at 10:05am was unsuccessful.

Refer to interview with the Administrator on 02/25/22 at 10:38am.

4. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic updated 02/02/22 revealed:
-Source control measures were to be implemented for HCP.
-Source control referred to the use of well-fitting facemasks to cover a person's mouth and nose to prevent the spread of respiratory secretions

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 68	D 612		

when the person was breathing, talking, sneezing, or coughing.
-Fully vaccinated HCP should wear source control when they were in areas of the facility where they could encounter residents.

Review of the NC DHHS COVID-19 Infection Prevention Guidance for Long-Term Care Facilities dated 02/10/22 revealed cloth masks were not considered personal protective equipment (PPE) and should not be worn by staff.

Review of the facility's COVID-19 policy revealed:
-Facemask was defined as a surgical, medical procedure, dental or isolation mask that was cleared and/or authorized by the Food and Drug Administration (FDA).
-Facemasks were supposed to be worn over the nose and mouth by each employee while in the facility.

Observations inside the facility on 02/23/22 revealed:
-At 8:50am, staff entered the facility without a facemask; she passed the nurses' station and entered a door directly across from the nurses' station.
-At 8:56am, the Resident Care Coordinator (RCC) was wearing a cloth facemask.
-At 10:41am, the Maintenance Director was wearing a cloth facemask.
-At 2:25pm, there were two staff standing on opposite sides of the desk at the nurses' station.
-One staff had her facemask pulled down below her chin and the other staff was not wearing a facemask.

Observation of the facility hallway on 02/24/22 at 7:00am revealed:
-A staff entered the facility without a facemask,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 69 passed the nurses' station, and entered a door. -The same staff came out into the hallway and walked down the hall to the medication room without wearing a facemask. Interview with the Supervisor/medication aide (MA) on 02/24/22 at 10:55am revealed: -Staff received training concerning COVID-19 at the beginning of the pandemic. -Staff were fit tested and the trainers explained COVID-19. -She expected staff to wear their facemasks. -If she saw them without one, she told them to cover their nose and mouth. -Updates concerning COVID-19 were provided via online training. Interview with the Maintenance Director on 02/24/22 at 2:38pm revealed: -He did not know he could not wear a cloth facemask while he was inside the facility. -No one at the facility had talked with him about the requirement to wear a surgical facemask while he was inside the facility. Interview with the Administrator on 02/25/22 at 10:38am revealed: -He was aware staff were supposed to wear surgical facemasks. -He did not promote staff bringing their own facemasks for use at the facility. -He did not notice any staff wearing cloth facemasks. -He did not notice the RCC wearing a cloth facemask. -The RCC had training on the appropriate PPE to wear while in the facility. -The RCC should have been aware of the CDC guidelines on PPE.	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS OF ALAMANCE	1670 WESTBROOK AVENUE BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 70 Attempted telephone interview with the Resident Care Coordinator on 02/25/22 at 10:05am was unsuccessful. _____ Interview with the Administrator on 02/25/22 at 10:38am revealed: -The CDC guidance was constantly changing. -Either he or pharmacy personnel informed staff of protocol changes. -The screening forms were dated to show when they were last updated. -The last update to the screening form was on 07/26/21. -He had a meeting with staff in October when visitation resumed. -Staff completed a form in lieu of a training roster whenever there was a significant change in policy related to COVID-19. -He did not know the dates of staff training.	D 612		