Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X3) DATE COMF	SURVEY LETED	
		HAL080029	B. WING		02	/11/2022
	ROVIDER OR SUPPLIER	/ING 1114 SO	DDRESS, CITY, STATE, UTH MAIN STREET ROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licens annual survey on Feb February 11, 2022.	sure Section conducted an oruary 10, 2022 and				
D 358	3 10A NCAC 13F .1004 Administration	I(a) Medication	D 358			
	10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (#3) who had orders for sliding scale insulin (SSI).					
		3's current FL-2 dated				
Division of He	disorder and cognitive -There was an order of (FSBS) three times a -There was an order Kwikpen inject per slice 201-250=6 units, 251 units, 351-400=20 un units (a fast acting ins blood sugar levels).	for finger stick blood sugars		57. 4	<u> </u>	

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY IPLETED	
		HAL080029	B. WING		0	2/11/2022
	ROVIDER OR SUPPLIER AT HEART ASSISTED LI	VING 1114 SO	DDRESS, CITY, STATE, UTH MAIN STREET BROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Review of Resident # 02/09/22 revealed: -There was an order -There was an order Kwikpen inject per sl 201-250=6 units, 252 units, 351-400=20 ur units (a fast acting in blood sugar levels). Review of Resident # -There was an order was discontinued on Novolog 100 units/m subcutaneously 3 tin 201-250=6 units, 251 units, 351-400=20 ur unitsThere was a subsector Humalog 100 uni scale subcutaneousl units, 201-250=6 uni 301-350=15 units, 353 than 400=25 units. Observation of Resident # -There was an entry inject as per sliding sa day: 151-200=3 un 251-300=10 units, 353 units, BS greater tha	for FSBS three times a day. for Humalog 100 units/ml iding scale 151-200=3 units, 1-300=10 units, 301-350=15 hits, BS greater than 400=25 isulin used to lower elevated dated 10/07/21 and then 01/10/22, the order for I inject as per sliding scale hes a day: 151-200=3 units, 1-300=10 units, 301-350=15 hits, BS greater than 400=25 isulin used to lower elevated dated 10/07/21 and then 01/10/22, the order for I inject as per sliding scale hes a day: 151-200=3 units, 1-300=10 units, 301-350=15 hits, BS greater than 400=25 isulin inject as per sliding y 3 times a day: 151-200=3 its, 251-300=10 units, 51-400=20 units, BS greater dent #3's medications on 5pm revealed there were two ated Humalog 100 units/ml in 01/12/22. #3's December 2021 in administration record day-443. for Novolog 100 units/ml iscale subcutaneously 3 times	D 358			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080029	B. WING		02/11/2022
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT		
ANGELS	AT HEART ASSISTED LIV	ING	TH MAIN STRE		
			ROVE, NC 2802		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2	D 358		
D 358	-There was no documadministered for 93 of 12/01/21 to 12/31/21There was no space the amounts of insulir -There were 5 entries entries on 12/13/21 anot administered as, orders"There was no docum Review of Resident #revealed: -FSBS ranged from 15-There was an entry finject as per sliding so a day: 151-200=3 unit 251-300=10 units, 30 units, BS greater than 11:30am and 4:30pm 01/12/22There was an entry be Humalog 100 units/miscale 151-200=3 units 251-300=10 units, 30 units, BS greater than 11:30amThere was no docum Humalog was adminis opportunities from 01/12-17. There was no space the amounts of insulir -There was no docum withheld doses. Review of Resident #revealed: -FSBS ranged from 15/11/25/25/25/25/25/25/25/25/25/25/25/25/25/	nentation Novolog was f 93 opportunities from on the eMAR to document administered. on 12/02/21, 12/07/21, 2 and 12/14/21 documented as 'Withheld per DR/RN nentation of refusals. 3's January 2022 mar 21-371. or Novolog 100 units/ml cale subcutaneously 3 times ts, 201-250=6 units, 1-350=15 units, 351-400=20 and 400=25 units at 7:30am, and discontinued on peginning on 01/12/22 for 1 Kwikpen inject per sliding s, 201-250=6 units, 1-350=15 units, 351-400=20 and 400=25 units at 7:30am, and discontinued on the email of the em	D 358		
	-There was an entry I Kwikpen inject per slid	Humalog 100 units/ml ding scale 151-200=3 units,			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL080029	B. WING		02/11/2	2022
	ROVIDER OR SUPPLIER AT HEART ASSISTED LI	VING 1114 SO	DDRESS, CITY, STATE, UTH MAIN STREET GROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	201-250=6 units, 251 units, 351-400=20 un units at 7:30am, 11:3 -There was no docur administered for 28 o 02/01/22 to 02/10/22 -There was no space the amounts of insuli -There was no docun withheld doses. Review of Resident # was no other log or d with documentation o sliding scale insulin a Based on review of F 2021, January and F could not be determin Humalog were admin sliding scale. Interview with a medi 02/10/22 at 11:15am -She was familiar with insulin order and won according to her slidi -The eMAR did not he amount of insulin she -She did not inform th (RCD) or the Adminis space to document th Resident #3She did not enter the according to sliding s -There was no other amount of insulin give	-300=10 units, 301-350=15 uits, BS greater than 400=25 doam. Inentation Humalog was uut of 28 opportunities from on the eMAR to document in administered. Inentation of refusals or #3's record revealed there ocument available for review of the number of units of idministered. Resident #3's December ebruary 2022 eMARs, it ned whether Novolog and/or nistered as ordered per #cation aide (MA) on revealed: In Resident #3's sliding scale uld administer the insulin ing scale. ave a space to enter the	D 358			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY IPLETED
		HAL080029	B. WING		0	2/11/2022
	ROVIDER OR SUPPLIER AT HEART ASSISTED LIV	/ING 1114 SO	DDRESS, CITY, STATE,			
	_	CHINA G	ROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 4	D 358			
	revealed: -She and the Adminis weeklyResident #3's eMAR document the numbe her employment bega-The MAs did not doc of insulin given in the no paper logs to reco according to the slidin the correct units were-She and the MAs we #3's sliding scale order of units to be given according to the sliding scale order.	eument the number of units eMAR notes and there were and the number of units given and scale, so she just trusted e administered. ere familiar with Resident er for insulin and the number according to the sliding scale. ted pharmacy entered to the eMARs. ested pharmacy to create a 's eMAR to document the				
	the facility's contracted 9:20am revealed: -There was a current Humalog 100 units/m day per sliding scaleThere was an order discontinued 01/12/2 subcutaneously 3 timenthe pharmacy entered treatments on the eMedical scale was not entered thumalog was ordered the was no document of the scale was not of the scale	dated 11/16/21 and 2 for Novolog 100 units/ml es a day per sliding scale. ed ordered medications and IAR. had a space on the eMAR mber of units administered. nt #3's Humalog sliding d correctly when the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080029	B. WING		02/11/2022
	ROVIDER OR SUPPLIER	VING 1114 SC	ADDRESS, CITY, STATE, DUTH MAIN STREET GROVE, NC 28023		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE COMPLE E APPROPRIATE DATE
D 358	care provider (PCP) revealed: -Resident #3 had a S-He did not know staff number of units gives scaleHe would expect the the number of units of sliding scale orderIf the number of unit documented, then he many units were gives to 12/11/22 at 10:25am she and the RCD at missed documentation refusalsShe had not noticed #3's SSI entry on the to document the num-The pharmacy adde SSI normally had a sonumber of units gives she had not document the num-The pharmacy adde SSI normally had a sonumber of units gives she had not document the num-The facility used pages and number of past, but stopped whe eMARs.	with Resident #3's primary on 02/11/22 at 12:23pm SSI order for Humalog. If had not documented the per her Humalog sliding to facility staff to administer of Humalog according to her as given was not excould not be sure howen. With the Administrator on revealed: Udited eMARs weekly for on, injection sites and all and did not know Resident eMAR did not have a space of units given. If and document the eman of the number of units given are to document the man of the eman	D 358		
D 367	10A NCAC 13F .1004 Administration		D 367		
	10A NCAC 13F .100	4 Medication Administration			

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:			E SURVEY IPLETED	
		HAL080029	B. WING		0:	2/11/2022
	OVIDER OR SUPPLIER T HEART ASSISTED LIV	1114 SO	DDRESS, CITY, STATE, UTH MAIN STREET BROVE, NC 28023		•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for admortreatment; (5) reason or justificate medications or treatmedications or treatmedication or treasignature equivalent the documented and main administration record This Rule is not met as Based on interviews a facility failed to ensure records were completed sampled resident (#3) scale insulin (SSI). The findings are: Review of Resident #5 revealed: Diagnoses included of disorder and cognitive There was an order of (FSBS) three times a	dication administration accurate and include the station or treatment order; ge or quantity of medication ministering the medication sion for the administration of tents as needed (PRN) and ting effect on the resident; dministration; any omission of tents and the reason for the instruction of tents and the reason for the instruction. If initials are used, a to those initials is to be that the medication (MAR). The se evidenced by: The and record reviews the evidence medication administration are and accurate for 1 of 3 to with an order for sliding. The service of the state of the service of the s	D 367			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL080029	B. WING		02	2/11/2022
	ROVIDER OR SUPPLIER AT HEART ASSISTED LIV	1114 SOU	DDRESS, CITY, STATE, JTH MAIN STREET ROVE, NC 28023			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 367	units (a fast-acting ins blood sugar levels). Review of Resident #. 02/09/22 revealed: -There was an order f (FSBS) three times a -There was an subset 100 units/ml Kwikpen 151-200=3 units, 201-units, 301-350=15 ungreater than 400=25 used to lower elevate Review of Resident #. There was a physicia 01/10/22 for Novolog sliding scale subcutar 151-200=3 units, 201-units, 301-350=15 ungreater than 400=25 units, 301-350=15 units, 201-400=20 units, BSReview of Resident # electronic medication (eMAR) revealed: -There was an entry finject as per sliding scale aday: 151-200=3 units, 301-300=10 units, 301-301-301-301-301-301-301-301-301-301-	its, BS greater than 400=25 sulin used to lower elevated 3's physician's orders dated for finger stick blood sugars day. quent order for Humalog inject per sliding scale -250=6 units, 251-300=10 its, 351-400=20 units, BS units (a fast-acting insulin d blood sugar levels). 3's record revealed: in's order that discontinued 100 units/ml inject as per neously 3 times a day: -250=6 units, 251-300=10 its, 351-400=20 units, BS units. uent physician's order dated of 100 units/ml Kwikpen inject 200=3 units, 201-250=6 its, 301-350=15 units, a greater than 400=25 units. 3's December 2021 administration record for Novolog 100 units/ml cale subcutaneously 3 times	D 367	DEFICIENCY		
	the number of units o	nentation on the eMAR of f Novolog administered for from 12/01/21 to 12/31/21.				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	EIED
		HAL080029	B. WING		02/1	11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	JING 1114 SOU	TH MAIN STRE	ET		
ANGLES	AT TIEART ASSISTED EN		ROVE, NC 2802	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 367	Continued From page	e 8	D 367			
	-There was no space the number of units of scale.	on the eMAR to document of insulin given per sliding				
	revealed: -There was an entry of 100 units/ml inject as subcutaneously 3 tim 201-250=6 units, 251 units, 351-400=20 un units at 7:30am, 11:3-There was an entry Humalog 100 units/m scale 151-200=3 unit 251-300=10 units, 30 units, BS greater than 11:30amThere was no document the number of units of 100	ness a day: 151-200=3 units, -300=10 units, 301-350=15 its, BS greater than 400=25 its				
	01/01/22 to 01/31/22 -There was no space	ut of 93 opportunities from . on the eMAR to document of insulin given per sliding				
	revealed: -There was an entry: Kwikpen inject per sli 201-250=6 units, 251 units, 351-400=20 un units at 7:30am, 11:3 -There was no docum the number of units o 28 out of 28 opportur 02/10/22There was no space	for Humalog 100 units/ml ding scale 151-200=3 units, -300=10 units, 301-350=15 its, BS greater than 400=25 ioam. Inentation on the eMAR of Humalog administered for inities from 02/01/22 to on the eMAR to document of insulin given per sliding				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL080029	B. WING		02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	TE ZIR CODE	
NAME OF T	NOVIDER OR OUT FIER		TH MAIN STREI		
ANGELS	AT HEART ASSISTED LI	VING	OVE, NC 2802		
	0.11.41.42.72.4.07		1		1011
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 367	Continued From page	e 9	D 367		
	was no other log or d	#3's record revealed there ocument available for review of the number of units of SSI			
	-She did not remember enter the amount of it the eMAR since Residenter 2021She did not inform the (RCD) or the Administ space to document the Resident #3She did not enter the according to sliding second in the amount of insulin given	vealed: th Resident #3's SSI order. there being a space to insulin she administered on ident #3 was admitted in the Resident Care Director istrator that there was no interest amount of insulin given to be amount of insulin given in the eMAR notes. In paper log to record the en, but she kept her own in throughout the shift of the			
	Interview with the RC revealed: -She and the Adminis weeklyResident #3's eMAR document the numbershe did not know the SSI had to be documented. The MAs did not do of insulin given in the no paper logs to reconstruct according to the sliditure. She and the MAs were #3's sliding scale ord.	cument the number of units eMAR notes and there were ord the number of units given			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
				_	
		HAL080029	B. WING		02/11/2022
		11AE000029	l		02/11/2022
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
ANGELS	AT HEART ASSISTED LI	VING 1114 SOU	TH MAIN STRE	ET	
			ROVE, NC 2802	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLITIES OF THE APPROP) BE COMPLETE
D 367	Continued From page	e 10	D 367		
	medication orders on -She had not request	ted pharmacy to create a b's eMAR to document the			
	the facility's contracted 9:20am revealed:	with a representative from ed pharmacy on 02/11/22 at red medication orders and			
	treatments onto the	eMAR. had a space on the eMAR to			
	-The entry for Reside scale was not entere	ent #3's Humalog sliding d correctly when the			
	Humalog was ordere -There was no docur	ed on 01/10/22. mentation that anyone at the			
	1	d that a space be added to			
		so the number of units of could be documented on the			
	provider (PCP) on 02 -Resident #3 had a S -He did not know staf	with the primary care 2/11/22 at 12:23pm revealed: SSI order for Humalog. If had not documented the n as ordered for Humalog			
	-He would expect the	facility staff to document the			
		umalog they gave residents. s given was not documented			
		ng scale order, then he could			
	not be sure how man				
	02/11/22 at 10:25am -She and the RCD au	with the Administrator on revealed: udit eMARs weekly for on, injection sites and			
	-She did not know Re	esident #3's SSI entry did not			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL080029	B. WING		02/11/2022
	ROVIDER OR SUPPLIER	/ING 1114 SO	DDRESS, CITY, ST. UTH MAIN STR BROVE, NC 280	EET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL BE CROSS-REFERENCED TO THE APPROPRIATEDEFICIENCY)	()
D 367	given, she must have -Pharmacy added me eMAR and SSI norma number of units giver -MAs did not docume for sliding scale insuli -The facility used pap FSBS and number of past, but stopped whe eMARs. 10A NCAC 13F .1008 (a) An adult care hom retrievable record of documenting the rece disposition of controll records shall be main	ment the number of units missed it when she audited. dication orders onto the ally had a space for the it. Int the number of units given in in any other log. Her logs to record residents units of insulin given in the enthey started using (a) Controlled Substances (b) Controlled Substances (c) Controlled Substances (d) Controlled Substances (e) Sub	D 367	Facility moving forward will assure the residents who reside at On a sliding scale and upon admission pharmacy will be notified if there is mentry space where all Medication Aid Can document units Per Dr's orders. All Medication Aides, Resident Care Coordinator and Administrator will be responsible for Clarifying all orders a assuring that all pharmacy entries is considered before approving according to Dr's or In the event if the pharmacy enters or Incorrectly, staff will immediately conformed that the order is conformed and completed before administering medication to Resident. Facility will continue to document slientries on quick mar and on an addition document that was previously used by to assure that entries for Blood sugars sliding scale is documented X2 so the Medication errors will not occur in the	e and arest are
	interviews, the facility retrievable record of of 3 sampled resident narcotic pain medical. The findings are: 1. Review of Resident 04/21/21 revealed: -Diagnoses included hypertension, anxiety	ns, record reviews and failed to ensure a readily controlled substances for 1 is (#2) who had orders for a ion. t #2's current FL2 dated		All Medications Aides has been re in On the six rights of medications and relass on quick mar, on how to approvorders only according to Dr's orders. Bothn, in-services was conducted by facility Contracted nurse and Administration. During Survey Resident Care Coording corrected quick mar and entry for slid Scale was entered immediately for residuals.	our strator. nator ling and 2/25/2022

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPI	E CONSTRUCTION	(X3) DATE S		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	A. BUILDING:		ETED
HAL080029		B. WING		02/	11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
ANGELS	AT HEADT ASSISTED I II		TH MAIN STR	EET		
ANGELS	AT HEART ASSISTED LIV	CHINA GI	ROVE, NC 280	23		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	medication used to treat take 1 tablet three times daily. Review of Resident # dated 08/19/21 reveat dose of tramadol to 5 total) three times dail Review of Resident # electronic medication (mar) revealed: -There was an entry for tablets (100mg) three 2:00pm and 8:00pm. -There was documen administered three times three times daily. -Tramadol 100mg was daily from the 8:00am dose on 2 three times daily. -Review of Resident # through 12/28/21 revealed: -The order was for transport three times daily. -Tramadol 50mg was from the 2:00pm dose on 12/2 reached 0 tablets remeated.	for tramadol (a narcotic eat moderate pain) 50mg nes daily. 2's signed physician's order led an order to increase the fomg take 2 tablets (100mg y). 2's December 2021 administration record for tramadol 50mg take 2 etimes daily at 8:00am, from 12/01/21 through 2's Controlled Substance from 11/28/21 through amadol 50mg take 2 tablets as signed out three times of dose on 11/28/21 through 2's CSCS from 12/18/21 ealed: amadol 50mg take 1 tablet ets were dispensed. signed out three times daily et on 12/18/21 through the sign	D 392	Facility will assure moving forward the all medications that is unclear and need clarification From Physicians. Medicat Aides, Resident Care Coordinator and Administrator will contact Pharmacy immediately. A medication Clarification will be faxed to physician and a follow phone call will take Place as well.; assure that the safety and Well-being of the resident is in-complication of the resident is in-complication. Facility will assure that all control sheepill pack and the order transcribed on the mars. Resident Care Coordinator will be responded to the responded to the resident Care Coordinator will be responded to the responded to the resident Care Coordin	ds tion on Form y-up ad the tiance per tests match Quick consible y cart ices on	3/18/2022

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
		HAL080029	B. WING		02	/11/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 392	through 01/07/22 reversible order was for transport three times daily. A quantity of 180 table-Tramadol 100mg was daily from the 8:00am the 8:00pm dose on 0 reached 0 tablets remember of the facility's contracted 10:50am revealed: The CSCS which contrough 12/28/21 was 07/09/21 for tramadol and had been dispen quantity of 90 tablets. On 08/19/21, the phasorder for tramadol to tablets (100mg total). They had not receive facility or the primary adjust the dosage of the of December 2021. They had not receive tramadol back from the form the following transport of December 2021. Interview with a medicular order was to give transport of the daily but the CS 50mg 1 tablet three tiles administered 10 order in the record and she had not noticed.	lets were dispensed. Is signed out three times of dose on 12/29/21 through on 10/07/22 when the count maining. With a representative from dispersed the dates of 12/18/21 of from an order dated of 50mg take one tablet daily sed on 07/14/21 with a for a 30-day supply. Interpretation of the times daily. Interpretation of the dates of the dates of two 50mg three times daily. Interpretation of the dates of 12/18/21 of from an order dated of the dates of 12/18/21 of from an order dated of the dates of 12/18/21 of from an order dated of the dates of the dates of 12/18/21 of the dates of the dates of 12/18/21 of the dates of	D 392			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING: _	COMPLETED	
		HAL080029	B. WING		02/11/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
			TH MAIN STRE	ET	
ANGELS	AT HEART ASSISTED LIV	VING CHINA GF	ROVE, NC 2802	23	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE
				BEI IOIENOT)	
D 392	Continued From page	e 14	D 392		
	medication bubble pa	ack from the pharmacy and			
	the order on the eMA				
		sident Care Director (RCD)			
	on 02/11/22 at 8:55a				
	•	rd audits once a week			
	including the CSCS s				
	_	the pharmacy arrived on the the and she monitored the			
	counts for all controll				
	-She had been out of				
		had not been available to			
		ber 2021's CSCS audit; she			
	was unsure if another	r staff completed the audit in			
	her absenceDuring the time period from 12/18/21 through				
	· ·	2 received his full dose of			
		ee times daily and she did der on the CSCS was for			
	50mg three times dai				
		ot controlled substances			
	locked in her office for safe keeping until they				
	were needed for disp	ensing to Resident #2, and			
	· ·	inistrator might have given			
		ler CSCS sheets that did not			
		00mg three times daily			
	bubble pack.	ad dose adjustments for his			
		urplus of the 50mg tablets			
		ying to use those up by			
		ee times daily rather than			
		supply back to the pharmacy.			
		ed tramadol to Resident #2			
		nd 12/28/21 and gave him			
	100mg three times daily.				
		e medication based on the			
		nd the order in the eMAR,			
	not the order listed or	ii tile CSCS.			
	Telephone interview v	with the Administrator on			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
HAL080029		B. WING		02/11/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		
ANGELS	AT HEART ASSISTED LIV	VING	TH MAIN STRE	ET		
		CHINA GR	OVE, NC 2802	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 392	change, they would permedication bubble para a change in dosage at a change in the dosage at a change in the second in the s	#2's tramadol had a dose place a sticker on the ack indicating there had been and to check the eMAR. Inck of Resident #2's tramadol were trying to use those before starting on the new facy with the current order. In many CSCS sheets that she MA the wrong sheet to tramadol 100mg three times IR audits with the RCD, but sible for auditing the CSCS In the RCD had missed the in December 2021 with all because she was still the role of RCD during that In the medications he took and was one of them. In ications and never counted the end was one of them. In the dosage changes but was see changes were. In gany increase to his pain the of December 2021. With Resident #2's PCP on	D 392			
	12/28/21 the MA's were documenting administering tramadol 50mg three times daily on the CSCS but tramadol 100mg three times daily					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
HAL080029		B. WING		02/	02/11/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023							
(X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 392	on the eMARThere would have be Resident #2 if he had three times daily inste times daily as ordere	een no adverse effect to I received tramadol 50mg ead of tramadol 100mg three d because he had wanted down his dose anyway.	D 392				

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