EMENT OF DEFICE PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER HAL007014	(X2) MULTIPLE A BUILDING B WINC	(X3) DATE SURVEY COMPLETED R 01/13/2022	
OF PROVIDER O	R SUPPLIER		ORESS, CITY, STAT	IE, 21P CODE	
RA MANOR		1218 PAN	ILICO STREET		
	ACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERÊNCED TO THE APPROPRIATE DEFICIENCY)	COMPL COMPL DATE
000) Initial Co	omments		(O 000)	A Property of the Control of the Con	
The Adi	d Cara Lione	sure Section conducted a	7.5		
	o survey on .		A Page Cary		en la
2775	- C				er jarreton
276) 10A NO	AG 13F NON	2(c)(3-4) Health Care	{D 276}		
	.050. 101	Z(C)(O)-4) Fleatill Gale	102.0		
10A NC	AC 13F .090	2 Health Care			
(c) The	ecility shall a	assure documentation of the		The state of the s	
		ent's record:		[12] # 12 SER - 12을 보고했다. # 12	
		s, treatments or orders from			
1 7	ian or other	licensed health professional;			
and (4) imple	montation o	f procedures, treatments or			
		ubparagraph (c)(3) of this			100 4 7 4
Rule		30p3 (3)(3) (3)(3)			
	i jir				Marinia Marinia
50 July 1995		as evidenced by:			
4		lews and interviews, the			
		re the implementation of			
		r 1 of 3 sampled residents	10/16/21/46		
		cian orders to apply errent (TED) hose daily.	201		A STATE OF THE PARTY OF THE PAR
Junation	omoone dete	and the state of t		(2) (大学) (大学) (大学) (大学) (大学) (大学) (大学) (大学	
The find	ings are:				
Review	of Resident #	#3's current FL-2 dated			
	revealed:				75.07 S. 1
3 Service	21 1 - 1 1	muscle weakness and right		effective in the second of the	
hip pain.					
		to apply TED hose knee Resident #3's legs in the		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	4. 表面到外点。4
		every night at bedtime.			
		emi-ambulatory and used a			
walker.					
11/2					
Revisw	of Resident #	/3's December 2021			
		administration record		The state of the s	
		re was no entry for to apply		- (No.
		daily to Resident #3's			
blateral	legs in the m	forming and remove every	They		

STATE FORM

Reviewed and acknowledged most by hillandings on 2/15/22.

PRINTED 01/31/2022

MENT IN THE	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	FLE CONSTRUCTION		
* * *		IDENTIFICATION NUMBER	A BUILDIN		(XJ) DAT	TE SURVEY
		HAL007014	B WING	-		R
MAME DE	PROVIDER OR SUPPLIER	STDGET.	555		<u></u>	1/13/2022
LARA N	MANOR	1210 DA	DORPSS, CITY,	STATE, ZIP CODE		
		VA SUIL	MLICO STREE			
(X4) ID PREFIX	SUMMARY STA		GTON, NC 27	889		1 1 1 1 1 1 1
TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF	CORRECTION	(X3)
	130 1	THO INFORMATION)	TAG	(EACH CORRECTIVE ACT	THE APPROPRIATE	COMPLET
(D 276)	Continued From page	4	<u> </u>	DEFICIENC	5 Y)	J. J.
			(D 276)		town Williams	
To applicate	night at bedtime.					1
	Observation		J	And the second s		
	Observation of Resider	nt #3 on 01/13/22 at				
1	TED hose.	Ident #3 did not have on		due to patient not wearing	ted home	Name of the
			1 100	primary has d/c this order	on	1/18/22
	Interview with Resident	#2 Oliveria		1/18/22. Manager will ensu	ure	
	- Marini JOAGO			patients orders are followe	d by	1 1 12
	-He knew that he was s	Unnoed to		physician order or ensure l	MD is	1 34
	THE WALL AND AND AND AND THE PARTY OF THE PA	Pric		notified for a d/c order or fo	ou wollo	
	The kept his legs elevation	ed daily so that he lane				1
	THE PART OF THE					
	He legs did not hurt and	they were not swollen.				
1	THE PROPERTY OF THE PROPERTY O	In it has	1 1 1 1 1			****
1	ose while are the facility	never received his TED			Charles 1	
			4 14		Some Inglic	
li	nterview with the facility	Manager on 01/13/22 at				A Park
			g U 92	i i i i i i i i i i i i i i i i i i i	* * * * * * * * * * * * * * * * * * *	1 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
-}	ie knew that Resident #	3 had an order written to				- 10
a: (1 m/s)	A LIPS HOSE USIN UNI	12/78/7A				A 100 TO 100
). <u>T</u> F	Te asked Resident #3 in	Santamba- again	9.5 3 31			t yels to
	LANCE IN MEDI IED 11026	e and Resident #3 said			in order of the later of the la	
1			19 1	其中的400家产品,是 是 多数2000。		
Ca	le did not follow up with	Resident #3's primary				
	re provider about the Ti esident #3 never receiv	ri) haca				V. 10
J**					er barice di	
Att	empted telephone inten	view with Resident #3's			d said the	
- I berea	LINE AND PROPERTY OF THE	Pion 01/12/20	21, 412			
2:3	2pm was unsuccessful.	NA TO AN AND THE RESERVE OF THE STATE OF THE				
		The second of the second		AFRENCH STAND		
67) 10/	A NCAC 13F .1004(j) Me	edication	3.55		1. 提出的 (A.S.) A.	
Adr	ninistration	g to The manda was dept 👫	367)		value in Militaria	- 1 1 1 M
						1421
10A	NGAC 13F ,1004 Medi	cation Administration	a digital history		A SECTION OF THE PARTY OF THE P	译字 清
1 4/	THE TOURS MARIE TO	M odministrative				我亲话
1.00	An (MALL) Shall be accu	rate and include the	2 2 2			どが異情な
IGIO	wing.		u sa ur - þrí í			
	rvice Regulation	opista The The gray by saltication Mala	2. 1 L.V	the wife the control of the control		建模型的

NO PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER	A BUILDING	LE CONSTRUCTION		E SURVEY
HAL007014		B WING		01	01/13/202	
ME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE ZIP CODE		7
LARA M	IANOR	1218 PA	MLICO STREET			
			NGTON, NC 278	89		50× ⁸⁰⁰
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ((EACH CÖRRECTIVE ACT) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMP.
D 367)	Continued From page	2	(D 367)		······································	
	(1) resident's name;	<u>``</u>		, P		
		cation or treatment order;		Manager to check control s	heets	
	(3) strength and does	ge or quantity of medication	-1	weekly to ensure documen		3/12/
	administered:	ge or quarrity or medication	S Committee	accurate and complete as i		
		ministering the medication			•	
	or treatment:	manatering the inedication		documented on the emar		
	A TABLE TO SERVICE STATE OF THE PARTY OF THE	ion for the administration of		Administrator will follow mo		
	medications or transfer	ents as needed (PRN) and		meeting with manager to re	view	
- 1	documenting the recu	Iting effect on the resident;	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	emars and control sheets f	or	
	(6) date and time of a	dening enection the resident;		completes and adequate		
	(7) documentation of a	arranistration,		documentation. Medicaition	aides	
	medications or treatm	ents and the reason for the	2 2	will have a medication refre		
1	omission, including re	fisals and	0 9240	class on 3/12/22.		
•]	(8) name or initials of	the person administering		Class Ull 0/12/22.		
:	the medication or treat	tment. If initials are used, a				
	signature equivalent to	those initials is to be				- L
	documented and main	tained with the medication	Service 1			**
1.	administration record (MAR!	an Buran			
-2.			, _ i _ :-			
	This Rule is not met a	s evidenced by]
	Based on interviews ar	od record reviews the			1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
1.1	facility failed to ensure	medication administration	1 (A)	The Mark of Height 18 a 2 a se		
	records were accurate	to Include documentation			法外域的 证据	
C	of the medication alde	(MA) who administered the				
r	nedications to 1 of 3 re	sidents sampled (#2).	Trafatti			
	April 1 December 1					1 南京。
1	he findings are:					
1941						1.00
1	. Review of Resident	#2's current FL-2 dated			All the banks	I Was.
0	3/08/21 revealed:			 (2) 1 年の できた。 (3) 1 年の できた。 (4) 1 年の できた。 (5) 1 年の できた。 (6) 1 年の できた。 (7) 1 年の できた。 (8) 1 年の できた。 (8) 1 年の できた。 (8) 1 年の できた。 		
. juli -	Diagnoses included ga	ill Instability, diabetes,			Romania (l Michael
a	rthritis and back pain.					MARIE .
]-	The resident was semi	-ambulatory and used a		그 회원 깔리는 독교 시험		Land Street
	heelchair.		<u> </u>	- 100 (14) (10) - 10 (10) (10) (10) (10) (10) (10) (10) (ALL DESTRUCTION OF THE STATE OF	FEELS
	There was an order for	Tramadol (used for pain)				
		tablets orally as needed				
	PRN) for pain			i by with and an		- 1 miles
R	eview of Resident #2's	December 2021				
88 8 8	lectronic medication ac					ANGER LET BELVIES
1 -7		mmadauri (GOOIU	1 4 1.1		e an east of the second	F - a

STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER SUPPLIERICLIA IDENTIFICATION NUMBER	(XZ) MULTIPLE A BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
127 (187		HAL007014	8. WING	Contract to the second	01/13/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CLARA MANOR 1218 PAMLICO STREET WASHINGTON, NC 27889							
(X4)10 PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE		
(D 367)	Continued From page	3	(D 367)				
	PRNTramadol was docum 12/05/21	or Tramadol HCL 50mg sented as administered on					
	revealed Tramadol was administered on 12/01 12/06/21, 12/07/21, 12 12/31/21.	log for Tramadol HCL 50mg is documented as /21, 12/04/21, 12/05/21, 2/17/21, 12/27/21, 12/30/21,					
	revealed: -There was an entry for PRNTramadol was docum	ented as administered on					
	medication log for Tran Tramadol was docume	t's January 2022 controlled madol HCL 50mg revealed ented as administered on /05/22, 01/06/22, 01/08/22,					
	at 2:45pm revealed:	lity Manager/MA on 01/13/2 ared medications to the					
	-He did not know why and January eMAR did December and Januar -Resident #2's medicat documented on the eN	ions should be					
Vision of Haa	th Service Regulation						

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