Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
ANDILANC	O CONNECTION	IDENTIFICATION NOMBE	-13.	A. BUILDING:			
		HAL034100		B. WING		R 12/02/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOMERSE	T COURT AT UNIVERSI	TY PLACE		5TH STREET	7404		
040.45	CHIMMADV CT	ATEMENT OF DEFICIENCIES	WINSTON	SALEM, NC 2	PROVIDER'S PLAN OF CORRECTIO	N	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 000}	Initial Comments			{D 000}			
	_	sure Section conducted 2/01/21 and 12/02/21.	a				
{D 273}	10A NCAC 13F .0902	2(b) Health Care		{D 273}			
	to meet the routine ar of residents.  This Rule is not met Based on interviews a facility failed to ensure of 5 sampled resident	assure referral and follow and acute health care need as evidenced by: and record reviews, the e referral and follow-up	eds for 1				
		tained because the scal					
	Review of Resident # 11/15/21 revealed: -Diagnoses included of morbid obesity, hyper anxiety and depression-There was an order for the state of the	congestive heart failure, tension, hyperlipidemia on. for daily weights at 7am if there was greater tha	and				
	revealed: -Her legs were wrapp health because she h -She took medication -The swelling was cor legs were not weeping changed the wraps or	to help the swelling. ntrolled right now, and h g when home health	er				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
						R
		HAL034100	B. WING	<del></del>	12	2/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
COMEDO	ET COUDT AT UNIVERSI	1635 EA:	ST 5TH STREET			
SUMERSI	ET COURT AT UNIVERSI	WINSTO	N SALEM, NC 271	101		
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 273}	Continued From page revealed:	e 1 ke on 11/23/21 and the staff	{D 273}			
	knew it was brokenShe thought the scal -She went to the spa	e only needed a battery. room each day and obtained ad not occurred since the				
	Review of Resident #4's November 2021 electronic Medication Administration Record (eMAR) revealed: -There was an entry for daily weightsThere was documentation that a daily weight was not taken from 11/23/21 through 11/30/21 because the scale was broken.					
		nentation the physician was necept or that the weight en.				
	Review of Resident #4's December 2021 electronic Medication Administration Record (eMAR) revealed:  -There was an entry for daily weights.  -There was documentation that a daily weight was not taken on 12/01/21 but no reason was given why it was not taken.  -There was no documentation the physician was informed of the broken scale or that the weight was able to be taken.					
	3:30pm revealed: -She was told on 11/3 new batteries, so she them in the maintena -She was not aware of taken on Resident #4 -She thought the physical	sician had been informed been taken since that is				

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 2 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			URVEY		
AND PLAN OF CORR	ECTION	IDENTIFICATION	ON NUMBER:	A. BUILDING: _		COMPLI	ETED
						R	
		HAL03410	00	B. WING		12/02/2021	
NAME OF PROVIDER	R OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
				5TH STREET			
SOMERSET COU	RT AT UNIVERSIT	TY PLACE		SALEM, NC 2			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICI	ENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N .	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECED SC IDENTIFYING IN	ED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
{D 273} Contin	Continued From page 2			{D 273}			
(RCC -Reside in the reside -The sweigh -If she she w Telepl on 12 -Reside cardic muscl -Moni param -She scale obtain -If Reside obtain -If Reside obtain -If Reside obtain -If and N (a) Admir 10A N (a) Admir	iew with the Res ) on 12/01/21 at dent #4 had weig spa room or on ent's room. spa scale was b ats were being ta e had known we rould have inform hone interview w /02/21 at 12:57p dent #4 had an o omyopathy (dete le) which causes toring Resident neter she used to expected staff to that prevented o ned. sident #4 started rould need a me e the fluid associ ICAC 13F .1004 n adult care hon ration and admi ription and non- inf are in accorda rders by a licens are maintained alles in this Sectio rocedures. Rule is not met a	3:47pm revealed ghts taken daily a scale that was roken so she as aken on the other ights were not be med the physicial with Resident #40 pm revealed: order for daily were rioration of the less fluid overload. #4's daily weights or monitor the fluid inform her of the daily weights frow digaining too mudication prescribitated with cardicated with ca	ed: on the scale s in another  sumed er scale. peing taken, an.  I's physician eights due to heart  at was one uid overload. he broken he broken he being  uch weight bed to omyopathy.  ministration that the dications, d treatments  practitioner s record; and ty's policies	D 358			

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 3 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				A. BUILDING: _			
		HAL034100		B. WING		12	R 2/ <b>02/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	:	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMEDO	ET COURT AT UNIVERSI	TV DI ACE	1635 EAST	5TH STREET			
SOMERSE	ET COOKT AT UNIVERSI	TTPLACE	WINSTON	SALEM, NC 2	7101		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULI LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 3		D 358			
	reviews, the facility fa medications as ordere residents (#4) related treat depression, a me						
	The findings are:						
	pack was discontinue sticker was placed be -When time to admini multi-dose pack the M the discontinued med the multi-dose pack a destruction form.  -The facility received monthly from the pharmator changes, discharges pharmacy.  -The facility ensured to current orders in the four orders in the fou	provided in a multi-dose and a change or discontinueside the medication namester medication from the MA and a witness will identication and remove it fround document using the a cycle fill preview report macy.  The reviewed and noted any and returns to the that residents always had facility.  It is a schedule so that all orders were checked on	ntify m t d all				
	Review of Resident # 11/15/21 revealed dia heart failure, morbid of hyperlipidemia, anxie	ignoses included conges obesity, hypertension,	tive				
		t #4's record revealed the					

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 4 of 19

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN (	OF GURRECTION	IDENTIFICATION NUMBER:	A. BUIL	.DING: _		COMP	LETED
		HAL034100	B. WIN	B. WING		1	R <b>02/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STRI	EET ADDRESS, CI	TY, STAT	ΓΕ, ZIP CODE		
		163	5 EAST 5TH ST	REET			
SOMERSE	ET COURT AT UNIVERSI	TY PLACE WIN	ISTON SALEM,	NC 27	7101		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IE PRE TA	FIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 4	D 358	3			
		from 75mg to100mg daily at					
	(eMAR) revealed: -There was an electro at bedtimeThere was documen administered daily fro -There was an electro at bedtimeDoxepin 75mg and o documented as admi and 11/26/21-11/30/2 -There was documen not administered on waiting on verification -There was documen	cation Administration Record conic entry for doxepin 75mg was at 11/01/21-11/30/21. Conic entry for doxepin 100mg doxepin 100mg were both nistered 11/16/21-11/23/21 at 11. It at 100 doxepin 100mg was 11/24/21 because they were					
	Observation of Resident #4's medications available for administration on 12/01/21 at 1:48pm revealed: -There were 7 Doxepin 100mg available for administrationThe Doxepin 100mg were packaged in multi-dose packaging on 11/27/21 and delivered to the facility with a start date of 12/02/21.						
	(RCC) on 12/01/21 at -Doxepin 75mg was i weeks agoShe did not think Re 75mg after it was increshe thought the phart Doxepin 75mg capsu	ncreased to 100mg a few sident #4 received Doxepin reased to 100mg because macy stopped sending the					

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 5 of 19

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			D WING		R
		HAL034100	B. WING	<del></del>	12/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
SOMERSE	T COURT AT UNIVERSI	TY PLACE	ST 5TH STREET		
		WINSTO	N SALEM, NC 2	7101	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	÷ 5	D 358		
	and the dose change				
	documented on the m				
		idia deee package.			
	Telephone interview v	vith the facility's contract			
		1 at 2:51pm revealed:			
	•	rmacy received a faxed			
		4's Primary Care Provider be increased from 75mg to			
	100mg at bedtime.	be increased from 75mg to			
	•	medications weekly in			
	multi-dose packs.				
		Iready filled and dispensed			
	•	ontaining the doxepin 75mg			
	_	8/21, so they dispensed 7 sules in a separate bubble			
	pack.	sules III a separate bubble			
	•	were dispensed in the			
	weekly multi-dose pa				
	Interview with the Adr 9:47am revealed:	ministrator on 12/02/21 at			
	-She expected MAs to	o read the MAR and			
	administer medication				
		ooth doxepin 75mg and			
	<del>_</del>	nted as administered after			
	the dose was increas	ed to 100mg.			
	Telephone interview v	vith Resident #4's Primary			
		on 12/02/21 at 12:57pm			
	revealed:				
	-	in dose was increased from			
	75mg to 100mg for de	epression. of doxepin was 150mg per			
		ed 175mg per day for 7 days			
	•	d she could experience			
	hypertension, edema	, tachycardia, increased			
	sleepiness or become	<u> </u>			
		cation that if consumed in			
	or other serious effec	ould cause fatal arrythmias ts.			

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 6 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
			A. Boilebiiro.			R
		HAL034100	B. WING		1:	2/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	r ADDRESS, CITY, STATE	E, ZIP CODE		
SOMERSI	ET COURT AT UNIVERSI	TY PLACE 1635 E	AST 5TH STREET			
COMERCI	- COOK! A! ONIVERO	WINST	ON SALEM, NC 271	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 6	D 358			
	-She was very concer received 175mg of do	rned that Resident #4 exepin for 7 days.				
		terview with a representative tract pharmacy on 12/01/21				
	Refer to Interview wit 12/02/21 at 9:47am.	h the Administrator on				
	Refer to Interview wit on 12/02/21 at 9:55ar	h the facility's regional nurse m.				
	Refer to Interview wit 10:25am.	h the RCC on 12/02/21 at				
		t #4's record revealed there /15/21 with an order for aily.				
	(eMAR) revealed:	ation Administration Record				
	(used to regulate hea	for amiodarone 100mg daily rt rhythms). tation amiodarone 100mg				
	was administered for -There was documen was not administered	28 of 30 opportunities. tation amiodarone 100mg on 11/04/21 and				
	11/07/21but a reason	was not documented.				
	revealed: -There was an entry f	4's December 2021eMAR for amiodarone 100mg daily. tation amiodarone 100mg 1 of 1 opportunity.				
		eation available for 01/21 at 1:48pm revealed rone 100mg available for				

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 7 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED				
			A. BUILDING: _			
			B WING		l l	R
		HAL034100	B. WING		12	/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
0011500		1635 EA	ST 5TH STREET			
SOMERSI	ET COURT AT UNIVERSI	WINSTO	N SALEM, NC 2	7101		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
D 358	Continued From page	e 7	D 358			
	administration.					
	10/12/21, 10/16/21 ar amiodarone 100mg w	acy refill order forms dated nd 11/07/21 revealed vas documented as one of acility needed to have				
	Interview with a Medi					
		evealed the MA who was on				
	the cart was responsi medication if they not	ble for reordering a ciced it was getting low.				
	Telephone interview with a representative from the facility's contract pharmacy on 12/02/21 at 8:49am revealed:					
	-The last FL2 sent to 06/18/21.	the pharmacy was dated				
		received a physician's ith an FL2 dated 11/15/21.				
		der for a 30-day supply of rom a hospital discharge in				
	-Seven amiodarone 1	00mg were dispensed on 0/01/21 and 10/08/21.				
	-The pharmacy reque from the facility but no	ested a refill prescription ever received one.				
	(RCC) on 12/02/21 at -The MAR document	sident Care Coordinator t 9:10am revealed: ed administration so the ave been available for				
	administrationAmiodarone 100mg because a MA discov	was not available now				
	medication cart audit	on 12/01/21 and placed on				
	today (12/02/21) beca	der, but it did not come in				
	incorrectly.	auso it was spolicu				
	_	rone was an active order				

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 8 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL034100	B. WING		R <b>12/02/2021</b>
				TE 7/0 0005	12/02/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA T 5TH STREET		
SOMERSE	ET COURT AT UNIVERSI	TY PLACE	SALEM, NC 2		
(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 CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLÉTE
D 358	Continued From page	÷ 8	D 358		
	and she did not know the multi-dose packs.	why it was not coming in			
	9:47am revealed: -She did not know wh was included on the p not investigated.	y the amiodarone 100mg sharmacy refill 3 times and sident #4's amiodarone was d.			
	Telephone interview with Resident #4's Primary Care Provider (PCP) on 12/02/21 at 12:57pm revealed: -Resident #4 received amiodarone to prevent arrythmias and not taking it could cause Resident #4 to have atrial fibrillationShe was not contacted by the pharmacy for a refill prescription.				
	from the facility's cont at 2:51pm. Refer to Interview wit	erview with a representative tract pharmacy on 12/01/21 the holes of the Administrator on			
	12/02/21 at 9:47am.  Refer to Interview with on 12/02/21 at 9:55ar	n the facility's regional nurse n.			
	Refer to Interview with 10:25am.	h the RCC on 12/02/21 at			
	was an FL2 dated 11/	t #4's record revealed there (15/21 with an order for a Illion cell-250mg daily at jut health).			

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 9 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BOILDING			D
		HAL034100	B. WING		12	R / <b>02/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE. ZIP CODE	-	
		1635 EA	ST 5TH STREET			
SOMERSE	ET COURT AT UNIVERSI	TY PLACE WINSTO	N SALEM, NC 27	'101		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	9	D 358			
	(eMAR) revealed: -There was an entry f cell-250mg daily at 8: -There was documen billion cell-250mg dail administered 29 of 30 -There was documen billion cell-250mg dail administered on 11/04 Review of Resident # revealed: -There was an entry f cell-250mg daily at 8:	ation Administration Record for probiotic formula, 1 billion 00am. tation probiotic formula, 1 ly at 8:00am was 0 opportunities. tation probiotic formula, 1 ly at 8:00am was not 4/21. 4's December 2021 eMAR for probiotic formula, 1 billion 00am. tation probiotic formula, 1 ly at 8:00am was				
	Observation of medication available for administration on 12/01/21 at 1:48pm revealed probiotic formula, 1 billion cell-250mg was not available for administration.  Review of the pharmacy refill order forms dated 10/12/21, 10/16/21 and 11/07/21 revealed the probiotic was not documented as one of the medications the facility needed to have refilled.					
	1:48pm revealed the for administration bed administered, a refill with pharmacy and they with facility's contract part 1:48pm revealed:	cation Aide on 12/01/21 at probiotic was not available cause the last dose was was submitted to the ere awaiting on the delivery.  with a representative from pharmacy on 12/02/21 at the pharmacy was dated				

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 10 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL034100	B. WING		1:	R 2/02/2021
	PROVIDER OR SUPPLIER ET COURT AT UNIVERSI	TY PLACE	ADDRESS, CITY, STATE AST 5TH STREET ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	06/18/21.  -The pharmacy never order update along well-by of 23 probiotion they were waiting on never received from the probiotics were multi-dose packs.  Interview with the Re (RCC) on 12/02/21 all -Resident #4's probiod-lift there was no probing was probably schedul pharmacy today (12/0 documented as admit MAR.  -She did not remembe from the pharmacy.  Interview with the Add 9:47am revealed she probiotic was not bein Refer to Telephone in representative from the pharmacy on 12/01/2 Refer to Interview with 12/02/21 at 9:47am.  Refer to Interview with 12/02/21 at 9:55am.  Refer to Interview with 10:25am.	r received a physician's rith an FL2 dated 11/15/21. Ilispensed an emergency is in August 2021 because a refill order which they the facility. It dispensed 7 per week in sident Care Coordinator to 9:10am revealed: otic was an active order. It is it does not be delivered from 102/21) because it was nistered on 12/01/21 on the other receiving a refill request ministrator on 12/02/21 at was unaware Resident #4's and administered.  Interview with a the facility's contract the Administrator on the facility's regional nurse with the facility's regional nurse.	D 358			

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 11 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			
			A. BUILDING.			R
		HAL034100	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
		1635 EA	AST 5TH STREET			
SOMERSI	ET COURT AT UNIVERSI	TY PLACE WINSTO	ON SALEM, NC 271	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	= 11	D 358			
	2:51pm revealed:	tions were delivered each				
	9:47am revealed: -She did not know wh 11/15/21 was not faxe -She expected the Mas orderedMedication cart auditafter medications were pharmacyThe RCC and the leavere responsible for cart auditsWhen medication care medications were cororder and any missing requested from the please of the	A to administer medications  Its were conducted weekly re delivered from the  and Medication Aide (MA) conducting the medication  It audits were conducted the infirmed with a matching g medications were harmacy.  It the pharmacy for a ed to be refilled. Inot administered the MA he eMAR. Invide her with the cart audit				
	Interview with the fact 12/02/21 at 9:55am readits were assigned was given to the RCC ordering any missing problems found.	ility's regional nurse on evealed medication cart to a MA and the paperwork who was responsible for medications and fix any				
	was scheduled to be	d the MA when a medication administered. vas administered, the MA				

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 12 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
		HAL034100		B. WING		R <b>12/02/2021</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
COMEDO	T COURT AT UNIVERS	TV DI ACE	1635 EAST	5TH STREET		
SUMERSI	ET COURT AT UNIVERSI	IT PLACE	WINSTON	SALEM, NC 2	7101	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 12		D 358		
	documented on the e-MAR.  -The MA who was working on Wednesday mornings was responsible for conducting the medication cart audit.  -The MA cross referenced the medications and compared them to the physician's orders.  -If a medication was missing, the MAs were responsible for completing an order request and refill form and sending it to the pharmacy.  -The lead MA was responsible for reviewing the medication cart audit paperwork.  -The pharmacy called the facility if they needed clarifications or order renewals.  -Any pharmacy requests needing a physician signature were placed in the Primary Care Providers facility mailbox.  -She did not know why the pharmacy did not have a copy of Resident #4's FL2 dated 11/15/21.  -She thought she electronically scanned the FL2 to the pharmacy but could not locate a confirmation.					
D 367	10A NCAC 13F .1004 Administration  10A NCAC 13F .1004 (j) The resident's merecord (MAR) shall be following: (1) resident's name; (2) name of the medical (3) strength and dosa administered; (4) instructions for according treatment; (5) reason or justifical medications or treatment documenting the result (6) date and time of a	4 Medication Administratic edication administratic edication or treatment cage or quantity of medication for the administration for the administration ents as needed (PF-culting effect on the reservice).	on de the order; edication ication ration of	D 367		

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 13 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			
		A. BOILDING.	A. BUILDING:			
		HAL034100	B. WING		12	R 2/ <b>02/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY, STA	ATE, ZIP CODE		
0011500		163	5 EAST 5TH STREET			
SOMERSI	ET COURT AT UNIVERSI	IY PLACE WIN	STON SALEM, NC 2	7101		
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	e 13	D 367			
	(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure the accuracy of the electronic Medication Administration Record (eMAR) for 1 of 5 sampled residents (Resident #4).					
	Review of Resident #4's current FL2 dated 11/15/21 revealed: -Diagnoses included congestive heart failure, morbid obesity, hypertension, hyperlipidemia, anxiety and depressionThere was an order to increase doxepin (used to treat depression) from 75mg to100mg daily at bedtimeThere was an order for amiodarone (used to maintain heart rhythm) 100mg dailyThere was an order for a probiotic formula, (used to maintain gut health) 1 billion-250 cell/mg daily at 8:00amThere was an order for furosemide (used to					
	remove excess fluids) 80mg daily.  Review of Resident #4's November 2021 eMAR revealed: -There was an electronic entry for doxepin 75mg at bedtimeThere was documentation doxepin 75mg was administered daily from 11/01/21 through 11/30/21There was an electronic entry for doxepin 100mg					

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 14 of 19

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDEN		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	COMPLETED	
						R	
		HAL034100	B. WING		12	/02/2021	
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE			
004500	1635 EAST 5TH STREET						
SOMERSI	ET COURT AT UNIVERS	ITY PLACE WIN:	STON SALEM, NC 2	7101			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PRÉFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	THE APPROPRIATE	COMPLETE DATE	
				DEFICIEN	ICY)		
D 367	Continued From pag	e 14	D 367				
	at bedtime.						
		ntation doxepin 100mg was					
		21 through 11/23/21 and					
	11/26/21 through 11/	•					
		for amiodarone 100mg daily.					
	_	ntation amiodarone 100mg					
		r 28 of 30 opportunities.					
		for probiotic formula, 1					
	billion-250 cell/mg da						
		ntation probiotic formula, 1					
	billion cells-250mg d	· · · · · · · · · · · · · · · · · · ·					
	administered 29 of 3						
		onic entry for furosemide					
	80mg daily with a start date of 09/01/21 and a stop date of 12/01/21.						
	-	ntation furosemide 80mg					
	daily was administered and 11/05/21.	ed 11/1/21 through 11/03/21					
	-There was an electr	onic entry for furosemide					
	80mg daily at 8am w	ith a start date of 11/15/21					
	and no stop date.						
		ntation furosemide 80mg at					
		ed on 11/18/21, 11/21/21,					
	11/22/21, 11/23/21, 1   11/30/21.	11/25/21, 11/26/21 and					
		onic entry for furosemide					
		th a start date of 11/09/21					
	and no stop date.						
		ntation furosemide 80mg					
	twice a day was adm	ninistered from 11/09/21					
	through 11/30/21.						
	Review of Resident #	#4's December 2021 eMAR					
	revealed:						
	-There was an electr	onic entry for doxepin 75mg					
	at bedtime.						
	-There was documer	ntation doxepin 75mg was					
	administered 12/01/2						
		for amiodarone 100mg daily.					
-There was documentation amiodarone 100mg							

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 15 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING: _		COMPLE	ILD
		HAL034100	B. WING		R 12/0	2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
COMEDO	T COURT AT UNIVERSE	1635 EA	ST 5TH STREET			
SUMERSI	ET COURT AT UNIVERSI	WINSTO	N SALEM, NC 2	7101		
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 367	billion cells-250mg da -There was documen billion cells-250mg da administered 12/01/2 -There was an electro 80mg daily at 8am wi and no stop dateThere was adocumen 8am was administere -There was an electro 80mg twice a day wit and no stop dateThere was documen twice a day was adm 12/01/21.  Observation of medic administration on 12/ -Doxepin 75mg was administrationA probiotic formula, not available for adm -Furosemide 80mg of administration.  Review of the pharma 10/12/21, 10/16/21 ar -Amiodarone 100mg the medications the farefilledThe probiotic was no medications the facility	for a probiotic formula, 1 aily at 8:00am. tation probiotic formula, 1 aily at 8:00am was 1. onic entry for furosemide th a start date of 11/15/21  tation furosemide 80mg at ad 12/01/21. onic entry for furosemide h a start date of 11/09/21  tation furosemide 80mg inistered at 8am on  cation available for 01/21 at 1:48pm revealed: not available for 1 billion-250250 cell/mg was inistration. nce daily was available for acy refill order forms dated and 11/07/21 revealed: was documented as one of acility needed to have of documented as one of the try needed to have refilled.  with a representative from	D 367			
the facility's contract pharmacy on 12/01/21 at 2:51pm and 12/02/21 at 8:49am revealed:						

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 16 of 19

Division of Health Service Regulation

Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_	<del></del>		
			B WINC		R	
		HAL034100	B. WING		12/02/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			ST 5TH STREET	,		
SOMERSE	T COURT AT UNIVERSI	TY PLACE	N SALEM, NC 2	7101		
		Winsto	N SALEWI, NC 2	7101		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( - /	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		
IAG	REGOLATORY OF		IAG	DEFICIENCY)	W 11 E	
D 367	Continued From page	e 16	D 367			
	The most recent FLC	thou had an file datad				
		2 they had on file was dated				
	06/18/21.					
		r received a physician's				
		rith an FL2 dated 11/15/21.				
	-The pharmacy receiv					
		y Care Provider (PCP) on				
	11/15/21 for Doxepin	to be increased from 75mg				
	to 100mg at bedtime.					
	-The pharmacy had a	already filled the multi-dose				
	pack to start Thursda	y 11/18/21, so they				
		s in a separate bubble pack.				
		were dispensed in the				
	multi-dose packs fron					
	•	der for a 30-day supply of				
	-	rom a hospital discharge in				
	September 2021.	rom a nospital disoriarge in				
	•	100mg were dispensed on				
		- · · · · · · · · · · · · · · · · · · ·				
		0/01/21 and 10/08/21.				
		ested a refill prescription for				
		facility but never received				
	one.					
		lispensed an emergency				
		s in August 2021 because				
		a refill order which they				
	never received from t	,				
		r received an order for				
	furosemide 80mg twice	ce a day.				
	-The only furosemide	order on file was for once				
	daily.					
	Interview with a Medi	cation Aide (MA) on				
	12/07/21 at 1:48pm.	, ,				
		ny the furosemide 80mg				
	twice a day was on th					
		on the multi dose pack.				
	-	as administered yesterday so				
		they were awaiting delivery				
		i iliey wele awaililig delivery				
	from the pharmacy.					
			1			

Division of Health Service Regulation

Interview with the Resident Care Coordinator

STATE FORM 8MUR12 If continuation sheet 17 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		.5	A. BUILDING:			
		HAL034100	B. WING		R <b>12/02/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
004550		1635 EAST	5TH STREET			
SOMERSE	ET COURT AT UNIVERSI	IY PLACE WINSTON	SALEM, NC 2	7101		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 367	367 Continued From page 17		D 367			
D 367	(RCC) on 12/01/21 at 9:10am revealed: -The doxepin 75mg wadministered in error doxepin 75mg was not pharmacy after the do-She did not know whadministration of doxeprobiotic or furosemic available.  Interview with the RC revealed: -She did not know whate a copy of Resident #4-She thought she elect to the pharmacyThe computer alerted was scheduled to be -Once a medication wadocumented on the election -The MA who was wood a scheduled to be -The MA who was wood administration in the scheduled to the -The MA who was wood administration of the scheduled to the -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of doxeduled to be -The MA who was wood administration of doxed problems and the scheduled to be -The MA who was wood administration of doxed problems and the scheduled to be -The MA who was wood administration of doxed problems and the scheduled to be -The MA who was wood administration of doxed problems and the scheduled to be -The MA who was wood administration of doxed problems and the scheduled to be -The MA who was wood administration of doxed problems and the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was wood administration of the scheduled to be -The MA who was	vas documented as being because she knew the olonger delivered from the exepin 100mg was ordered. By a MA would document epin, amiodarone, a le if the medication was not an exercised of the MA when a medication administered. Vas administered, the MA when a medication was administered, was administered, the MA when a medication and when a medication administered, was administered, the MA when a medication and when a medication administered, was administered, the MA when a medication and when a medication and when a medication administered, was administered, the MA	D 367			
	-The MA matched the medications on the eMAR and the medications available for administration to the physician's ordersIf a medication was missing, they were responsible for completing an order request and					
	sending it to the phart -The lead MA was res medication cart audit the pharmacy refill re- and faxed. -Medications needing	macy. sponsible for reviewing the paperwork and confirming quest forms were completed to be refilled were sent to				
	-Medications needing to be refilled were sent to the pharmacy using an electronic scan.  Interview with the Administrator on 12/02/21 at 9:47am revealed: -She did not know why Resident #4's FL2 dated					

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 18 of 19

Division of Health Service Regulation

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	AND DUAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1635 EAST 5TH STREET  WINSTON SALEM, NC 27101   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE  TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE									
SOMERSET COURT AT UNIVERSITY PLACE  1635 EAST 5TH STREET WINSTON SALEM, NC 27101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE			HAL034100	B. WING		12/02/2021			
WINSTON SALEM, NC 27101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF P								
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	SOMERSE	SET COURT AT UNIVERSI	T AT LINIVERSITY PLACE		7101				
	PREFIX	(EACH DEFICIENC)	EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE			
D 367 Continued From page 18 D 367	D 367	7 Continued From page	ued From page 18	D 367					
Continued From page 18  11/15/21 was not faxed to the pharmacyShe expected the MA to document on the eMAR correctlyMedication cart audits were conducted weekly and the errors should have been caught at that time.	D 367	11/15/21 was not faxe -She expected the M/ correctly. -Medication cart audit and the errors should	that was not faxed to the pharmacy.  Expected the MA to document on the eMAR  By.  Sation cart audits were conducted weekly	D 367					

Division of Health Service Regulation

STATE FORM 8MUR12 If continuation sheet 19 of 19