Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
ANDILAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL029012	B. WING		06/29	9/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF THOMASVILL	.E	COOKSEY DR			
	OLUMBA DV OT	ATEMENT OF DEFICIENCIES	ILLE, NC 2736			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	_	sure Section conducted an survey from 06/28/22				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	•	Prealth Care Assure referral and follow-up And acute health care needs				
	facility failed to ensur- meet the health care	ews and interviews, the e referral and follow-up to needs for 1 of 3 sampled ad medication refusals for an				
	The findings are:					
	policy dated Septemb	s Medication Administration per 2020 revealed that if a edication three times, the notified.				
	05/12/22 revealed: -Diagnoses included -There was an order	t #3's current FL2 dated asthma. for Symbicort (an inhaled ation used to treat asthma) 2				
	medication administrative revealed: -There was an entry for twice daily scheduled	3's April 2022 electronic ation record (eMAR) for Symbicort inhale 2 puffs at 8:00am and 8:00pm. tation Resident #3 refused				

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 (X3 A. BUILDING:		SURVEY PLETED	
				B. WING		R
		HAL029012	B. WING		06	3/29/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SPRING A	RBOR OF THOMASVILL	.E	ST COOKSEY DRIV	E		
	T		SVILLE, NC 27360			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 1	D 273			
	Symbicort 8 times fro 04/30/22.	m 04/01/22 through				
	Review of Resident #	3's May 2022 eMAR				
		or Symbicort inhale 2 puffs				
		at 8:00am and 8:00pm. tation Resident #3 refused				
	Symbicort 7 times fro 05/31/22.					
	Review of Resident # revealed:	3's June 2022 eMAR				
		for Symbicort inhale 2 puffs				
	•	at 8:00am and 8:00pm. tation Resident #3 refused				
	Symbicort 12 times fr 06/28/22.					
	Review of Resident #	3's progress notes on				
		revealed there was no				
	had been notified of F	imary care provider (PCP) Resident #3 refusing				
	Symbicort more than					
	Interview with Reside revealed:	nt #3 on 06/28/22 at 1:30pm				
	-She used her Symbi	cort inhaler to help control				
		nbicort whenever she felt like				
	she did not need it.					
	Interview with a medi	` ,				
	06/28/22 at 2:10pm re	evealed: sident #3's Symbicort as				
		ril 2022, 3 times in May				
	2022, and 5 times in	June 2022.				
		ity's policy on medication				
	a medication for three	he PCP if a resident refused e consecutive days.				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 2 of 22

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: _		_	
		HAL029012	B. WING		R 06/29/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CDDING A	DDOD OF THOMASVILL	915 WEST	COOKSEY DR	IVE		
SPRING A	RBOR OF THOMASVILL	THOMAS\	ILLE, NC 2736	60		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	2	D 273			
D 213	-The MA was response Resident Care Director Resident Care Director the MA did not have to notification, and the Fresponsible for notifying symbicort be night shift when the Foundation of the second	sible for notifying the or (RCD) or the Assistant or (ARCD) about refusals if ime to complete the RCD or ARCD would be ng the PCP. the PCP about Resident #3 ecause she usually worked PCP's office was closed. Ind MA on 06/28/22 at december of the RCD about the RCD or the ARCD about cort refusals. In the facility's policy was on was supposed to notify the equently refused a ARCD would notify the PCP. The other MAs had already out the Symbicort refusals.	D 213			
		esident #3 had refused April 2022, 7 times in May				
	2022, and 12 times in	June 2022.				
	-	s of the eMAR, but mostly to				
	physician orders in th	on the eMAR matched the				
		ising medication, the MA				
		etting either herself or the				
		ey could notify the PCP.				
	06/29/22 at 11:30am	with Resident #3's PCP on revealed: icort to Resident #3 to help				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 3 of 22

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL029012	B. WING		R 06/29/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	
			COOKSEY DR		
SPRING A	RBOR OF THOMASVILL	.E			
	Г	THOMAS	/ILLE, NC 2736	50	
(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 APPROPRIED TO THE	BE COMPLETE
D 273	Continued From page	e 3	D 273		
	-He was not aware th SymbicortHe would want to be refusals once Reside couple of times in a w -Symbicort was a ma refusing frequent dos asthma symptoms and breath.	notified about the Symbicort nt #3 refused it more than a veek. intenance inhaler so es of it could exacerbate her			
	medication was refus -Part of the training the send notifications to the send notifications to the send notifications to the send notifications to the send notification was one of the areas and send not aware for the send not se	e eMARs once a month for quent medication refusals she reviewed. Resident #3 had refused April 2022, 7 times in May			
	12:16pm revealed: -She was not aware if Symbicort 8 times in 2022, and 12 times in She expected the Maresident refused 3 or so that the order could discontinued, and to conce complete. b. Review of Residend dated 03/19/21 revealed.	As to notify the PCP if a more doses of a medication d be adjusted or document the notification t #3's physician's order led an order for Cromolyn			
		ution used to treat symptoms allergies) eye drops instill 1 e four times daily.			

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 4 of 22

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		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		<u>-</u> D
		HAL029012	B. WING		R 06/29/	2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF THOMASVILL	915 WEST	COOKSEY DR	IIVE		
OI KINO A	TOWACTILE	THOMAS	ILLE, NC 2736	50		
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	D 273 Continued From page 4		D 273			
D 273	Review of Resident # medication administrate revealed: -There was an entry finstill 1 drop into their scheduled at 8:00am, 8:00pmThere was document Cromolyn 4% eye drot through 04/30/22. Review of Resident # revealed: -There was an entry finstill 1 drop into their scheduled at 8:00am, 8:00pmThere was document Cromolyn 4% eye drot through 05/31/22. Review of Resident # revealed: -There was an entry finstill 1 drop into their scheduled at 8:00am, 8:00pmThere was an entry finstill 1 drop into their scheduled at 8:00am, 8:00pmThere was document Cromolyn 4% eye drot through 06/28/22. Review of Resident # 06/28/22 at 11:00am	Ga's April 2022 electronic ation record (eMAR) For Cromolyn 4% eye drops right eye four times daily 12:00pm, 4:00pm and 13 refused tops 7 times from 04/01/22 Ga's May 2022 eMAR For Cromolyn 4% eye drops right eye four times daily 12:00pm, 4:00pm and 13:00pm, 4:00pm and 14:00pm and 15:00pm, 4:00pm and 15:00pm, 4:00pm, 4:00	D 273			
	revealed:	ent #3 on 06/28/22 at 1:30pm otion for Cromolyn 4% eye				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 5 of 22

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			71. BOILBING.			В	
		HAL029012	B. WING		06	R 6/ 29/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE			
			T COOKSEY DRIV				
SPRING A	RBOR OF THOMASVILL	F	SVILLE, NC 27360	_			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLETE DATE	
D 273	Continued From page	e 5	D 273				
	-Since she received h	ght eye was a prosthetic. ner eye drops several times pecause she did not want to pmetimes.					
	Resident #3's PCP's revealed: -Resident #3 was predrops to prevent aller irritation due to her hater a transfer and the PCP had not be Resident #3 had beet a properties of the PCP expected to office if Resident #3 was eye drops so that be adjustedRefusing to use the						
	-She thought the facil refusal was to notify the a medication for three -The MA was response	lity's policy on medication the PCP if a resident refused e consecutive days.					
	Resident Care Direct the MA did not have to notification herself, at be responsible for notification. She had documente 4% eye drops as refutimes in May 2022, a -She had not notified refusing Cromolyn 4% usually worked night was closed.	or (ARCD) about refusals if time to complete the nd the RCD or ARCD would obtifying the PCP. d Resident #3's Cromolyn used 3 times in April 2022, 5 nd 6 times in June 2022. the PCP about Resident #3 be eye drops because she shift when the PCP's office					
		sident #3's Cromolyn eye d written a note for the day					

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 6 of 22

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		_
		HAL029012	B. WING		R 06/29/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SPRING A	RBOR OF THOMASVILL	.E	COOKSEY DR		
	OUR MARK OT				
(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 APPROP DEFICIENCY)	D BE COMPLETE
D 273	Continued From page	e 6	D 273		
	shift MA could notify t	veeks prior so that the day he PCP. he PCP had been notified or			
	4% eye drops as refu-She had not notified Resident #3's Cromor-She did not know who medication refusalsShe thought the MA ARCD if a resident from medication, and the A Interview with the AR revealed: -She did not know Rec Cromolyn 4% eye drottimes in May 2022, at times in May 2022, at the completed audit check that the orders physician orders in the	d Resident #3's Cromolyn sed 4 times in June 2022. the PCP or the ARCD about lyn 4% eye drop refusals. the facility's policy was on was supposed to notify the equently refused a ARCD would notify the PCP. CD on 06/29/22 at 11:00am exident #3 had refused tops 7 times in April 2022, 18 and 35 times in June 2022. It is of the eMAR, but mostly to on the eMAR matched the e resident's record.			
	was responsible for le RCD know so that the Interview with the RC revealed: -The facility's policy w medication was refus -Part of the training the send notifications to the	e eMARs once a month for uent medication refusals			
		at Resident #3 had refused ops 7 times in April 2022, 18			

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 7 of 22

Division of Health Service Regulation

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PLAN OF CORRECTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		HAL029012	B. WING		06	R / 29/2022
	ROVIDER OR SUPPLIER	915 WES	DDRESS, CITY, STATE TOOKSEY DRIV			
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Interview with the Adr 12:16pm revealed: -She did not know Re Cromolyn 4% eye dro times in May 2022, ar -She expected the Ma resident refused 3 or so that the order coul	nd 35 times in June 2022. ministrator on 06/29/22 at esident #3 had refused ops 7 times in April 2022, 18 and 35 times in June 2022. As to notify the PCP if a more doses of a medication	D 273			
D 358	(a) An adult care horn preparation and admit prescription and non-by staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures. This Rule is not met Based on observation reviews, the facility farmedication as ordered residents (#3 and #1) anti-anxiety medication anti-coagulation medication m	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: n, interviews and record iled to administer d for 2 of 3 sampled with orders for an on (#3) and an	D 358			
	05/12/22 revealed:	t #3's current FL2 dated				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 8 of 22

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7.1. 20.25.1.10.			R	
		HAL029012	B. WING		06	5/29/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
SPRING A	ARBOR OF THOMASVILL	_E	T COOKSEY DRIV	E			
	T	THOMAS	SVILLE, NC 27360				
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 8	D 358				
		for lorazepam (a controlled eat anxiety) 0.5mg once daily					
	03/17/22 revealed the	f3's physician order dated ere was an order change ng twice daily scheduled to needed for anxiety.					
	medication administrative revealed:	for lorazepam 0.5mg, take 1					
		itation lorazepam was					
	Count Sheet (CSCS) lorazepam 0.5mg wa	f3's Controlled Substance for April 2022 revealed s documented as 2 at 1:00pm and at 8:00pm.					
	Review of Resident # revealed: -There was an entry t tablet once daily as n	for lorazepam 0.5mg, take 1					
	administered on 05/0 12:18pm.	ntation lorazepam was 14/22 at 12:23am and at Intation lorazepam was					
	administered on 05/1 9:45pm.	7/22 at 12:30pm and at					
		ntation lorazepam was 9/22 at 1:56am and at					
	Review of Resident # revealed: -Lorazepam 0.5mg w	f3's CSCS for May 2022					
	administered on 05/0						

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 9 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		
ANDILAN	SI CONNECTION	BENTI TOATION NOWBER.	A. BUILDING: _		COMPLETED
		HAL029012	B. WING		R 06/29/2022
NAME OF D			DEGG OFFICE	TE 7/D 00DE	1 00/23/2022
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•	
SPRING A	RBOR OF THOMASVILL	.E	COOKSEY DR		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
D 358	Continued From page	e 9	D 358		
	12:18amLorazepam 0.5mg w administered on 05/1 9:45pmLorazepam 0.5mg w administered on 05/1 11:50am.	7/22 at 12:30am and as documented as			
	tablet once daily as n -There was documen	or lorazepam 0.5mg take 1			
	revealed lorazepam 0	3's CSCS for June 2022 0.5mg was documented as 2 at 3:51am and 10:29pm.			
	revealed:	nt #3 on 06/28/22 at 1:30pm			
	anxiousShe did not know ho she relied on the staff	as needed when she felt w often she could take it, f to monitor that for her. take her lorazepam more ay.			
	neededThe eMAR displayed for as needed medica -She had administere on 05/17/22 at 9:45pr dose administered that	evealed: escribed lorazepam daily as d the last administration time ations. ed lorazepam to Resident #3 m, which was the second			

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 10 of 22

Division of Health Service Regulation

	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY COMPLETED		
			A. BOILDING.			Б
		HAL029012	B. WING		06	R / 29/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		_ 915 WES	T COOKSEY DR	IVE		
SPRING A	RBOR OF THOMASVILL	.E THOMAS	VILLE, NC 2736	60		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 10	D 358			
	thought she must hav time of the last dose a	re overlooked the date and administered.				
	Interview with a second 3:50pm revealed:					
		d lorazepam to Resident #3 Resident #3 had asked her				
	dose that day already	#3 had already received one v, but thought since the order				
	was to take it daily as					
		er Resident #3 requested it. esident #3's lorazepam order				
	was to take it one tim	•				
		with Resident #3's primary on 06/29/22 at 10:00am				
	-She had changed Refrom twice daily schedneeded.	esident #3's lorazepam order duled to once daily as				
		gradual dose reduction to				
	prevent Resident #3 f the lorazepam so that	rom building a tolerance to t it would remain effective at				
		vare that Resident #3 had wo times daily instead of				
	•	from April 2022 through				
	-	As to administer lorazepam				
		vas ordered, or to notify her if				
	_	requesting it more than e order could be adjusted.				
	Interview with the Ass Director (ARCD) on 0					
	revealed: -She was not aware F	Resident #3 had received				
		once per day five times				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 11 of 22

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	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		HAL029012	B. WING		R 06/29/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CDDING A	RBOR OF THOMASVILL	915 WEST	COOKSEY DR	IVE	
SPRING A	RBOR OF THOMASVILL	THOMAS	ILLE, NC 2736	60	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 11	D 358		
	-She and the Resider completed audits of the audits she mostly che accuracyShe did review how oneeded medications, times it was administed. There was no set sold completed the audits, needed if a MA report medication or frequer. Interview with the RC revealed: -She tried to audit eM per month but there we which resident's eMA on a certain dayDuring her audits, she and blood sugar para medication use, or me administered and the -She did not know Resident's electrical surface of the surface	nt Care Director (RCD) he eMAR, but during those ecked the orders for often residents used their as but she counted how many ered per month, not per day. hedule for when she they were usually done as ted frequent requests for nt refusals of medication. D on 06/29/22 at 11:50am IARs for all residents once was no set schedule for R she was going to review he looked at blood pressure meters, as needed edications that had not been			
	12:16pm revealed:	ministrator on 06/29/22 at			
	lorazepam more than since April 2022.	once per day five times			
	-	As to pass medications			
		en instructions on the eMAR. only ordered to be taken			
	once daily as needed				
	administered more th				
		sted to take lorazepam a			
		the MA should have notified			
	the PCP to request a second dose that day	one-time order allowing a			

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 12 of 22

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL029012	B. WING		R 06/29/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF THOMASVILL	E	COOKSEY DR			
	CLIMMA DV CT		1			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 12	D 358			
	03/16/22 revealed: -Diagnoses included a onset, unspecified de disturbance and ather -There was an order thinner) 10mg once de Review of Resident #	1's signed physician's				
	orders dated 04/28/22 revealed an order for Coumadin (warfarin is generic) 7.5mg on Tuesday, Thursday, Saturday and Sunday; take 5mg daily on Monday, Wednesday, and Friday.					
	orders dated 04/29/22 revealed: -Resident #1's goal ra Normalized Ratio (INI clotting time for reside documented as "2.5 t reference range for so 1.1)The INR on 04/29/22	ange for International R) (used to measure the ents on blood thinner), was o 3.5" (normal INR omeone not on Coumadin is 2 was 1.9. e for warfarin was 7.5mg //30/22, 05/01/22, and				
	05/03/22 revealed an daily (6 days a week) Wednesday. Re-cher Review of Resident # administration record revealed:					
	except 5mg daily on \ 05/04/22.	Wednesday, beginning on				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 13 of 22

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL029012	B. WING		R 06/29/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
SDDING A	RBOR OF THOMASVILL	915 WEST	COOKSEY DR	IIVE	
SPRING P	INDUK OF THOMASVILL	THOMAS	ILLE, NC 2736	60	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 13	D 358		
- ***	-There was an entry wednesday, beginning	for warfarin 5mg on ng on 05/04/22. nentation for administration			
	05/10/22 (INR=3.9), (INR=3.0) compared revealed: -Warfarin was docum ordered for 7.5mg da give 5mg from 05/03/	t1's warfarin orders dated 05/17/22 (INR=3.2), 05/24/22 to the May 2022 eMAR tented as administered as illy except on Wednesday (22 to 05/31/22. to recheck INR on 06/01/22.			
	06/01/22 revealed: -The INR was docum -There was an order	for warfarin 7.5mg daily (6 5mg daily on Wednesday.			
	06/14/22 revealed: -The INR was docum -There was an order	for warfarin 7.5mg daily (6 5mg daily on Wednesday.			
	06/28/22 revealed: -The INR was docum -There was an order days a week) except	ented as 3.4. for warfarin 7.5mg daily (6 5mg daily on Wednesday.			
	revealed: -There was an entry	for warfarin 7.5mg daily Wednesday, discontinued on			

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 14 of 22

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. BOILDING.			_
		HAL029012	B. WING		06	R 6/ 29/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SDDING A	RBOR OF THOMASVILL	915 WES	COOKSEY DR	IVE		
SPRING A	INDOR OF THOMASVILL	THOMAS	VILLE, NC 2736	60		
(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)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	: 14	D 358			
	Wednesday, discontiration - There was an entry for except 5mg daily on wood of 06/02/22. There was an entry for wednesday, beginning - There was no docume of warfarin 5mg on 06 - There was no docume of warfarin 7.5mg on wood of warfarin 5mg on 06/2 - There were 2 tablets for 2 warfarin 5mg tableded for administration - There was one warfarin 5mg tablets was one warfarin 5mg tablets on warfaring warfarin 5mg tablets on warfaring warfarin 5mg tablets on warfaring	nued on 06/01/22. or warfarin 7.5mg daily Wednesday, beginning on or warfarin 5mg on ng on 06/02/22. mentation for administration ng/01/22 (Wednesday). mentation for administration ng/01/4/22 (Thursday). mentation on hand for ng/28/22 at 1:00pm revealed: nof warfarin 5mg remaining nolets dispensed on 06/01/22 notion weekly on Wednesday. min 5mg tablet remaining for neesed on 06/14/22 label for				
	completed audits of the audits she mostly che accuracy. -She reviewed the eM -There was no set sold completed the audits, needed if a MA report medication or frequer. Interview with the RC revealed: -She tried to audit eM per month, but there which resident's eMA on a certain day.	6/29/22 at 11:00am It Care Director (RCD) The eMAR, but during those exceed the orders for				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 15 of 22

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE Co			E SURVEY PLETED
		HAL029012	B. WING		06	R 8/29/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		915 WES	T COOKSEY DRIV			
SPRING A	RBOR OF THOMASVILL	.E THOMAS	SVILLE, NC 27360			
(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 T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 15	D 358			
	completeness of med missing administratio -She did not know Re administered as orde 05/03/22 to 06/28/22Missed doses of war effectiveness because therapeutic dose range. Telephone interview with the day the INR was at 1:00pm revealed: -Resident #1's INR with health agency and the day the INR was at 1:00pm revealed: -Resident #1's INR with health agency and the day the INR was at 1:00pm revealed: -The NP had discussible fore lunch on the day allow for time for her and send current war contracted pharmacy -She expected the fact #1's warfarin daily incomplete in the properties of the receiving warfaring maintaining therapeut -There had not been with the day the INR of "2.5 to 3.5"Not receiving warfaring maintaining therapeut -There had not been warfaring had been ut most often reflected at Telephone interview with facility's contracted plant in the properties of the reflected at Telephone interview with the first plant in the properties of the reflected at Telephone interview with the properties of the reflected at the properties of the	dication orders, not for n. esident #1's warfarin was not red for 3 doses from farin could change the e it was a very narrow ge medication. With the Nurse Practitioner warfarin clinic on 06/29/22 as checked by a home e results sent to the clinic on obtained. End getting the INR results any the value was obtained to to review the INR results farin orders to the facility's could be day of the INR end to hold the medication for utside the her goal range for n as ordered would make tic levels difficult. Sany changes to Resident ver the last 2 months, but up and down slightly and				
	Resident #1 routinely INR draw days.	ved warfarin orders for by 3:00pm to 3:40pm on ed new warfarin orders in				
		a pending order when				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 16 of 22

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360 (P4) ID (P4	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE (X4) ID PREFIX TAG CROCK MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 16 receivedThe facility would be responsible to accept the order for the new order to appear on the eMAR for medication aides (MA) to see for administrationThe facility would be responsible to notify the pharmacy representatives if Resident #1 did not have a dose of warfarin to administer at 5.00pm on the day of the INR and new orderThe pharmacy could coordinate receiving a dose from the facility's back-up pharmacy prior to the routinely delivery which occurred around 8:00pm to 9:00pm daily. Interview with the Memory Care Coordinator (MCC) on 06/29/22 at 3:00pm revealed: -She administered warfarin to Resident #1 on several occasionsThe NP at Resident #1's warfarin clinic NP sometimes ordered just enough warfarin to last until the day the resident's INR was checked and the new order sent to the pharmacyThe 3 missed warfarin doses were all on the day the INR was drawn and because there was no medication to administer due to the dose						R	
SPRING ARBOR OF THOMASVILLE (X4) ID SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 16 received The facility would be responsible to accept the order for the new order to appear on the eMAR for medication aides (MA) to see for administration The facility would be responsible to notify the pharmacy representatives if Resident #1 did not have a dose of warfarin to administer at 5:00pm on the day of the INR and new order The pharmacy could coordinate receiving a dose from the facility's back-up pharmacy prior to the routinely delivery which occurred around 8:00pm to 9:00pm daily. Interview with the Memory Care Coordinator (MCC) on 06/29/22 at 3:00pm revealed: - She administered warfarin to Resident #1 on several occasions The NP at Resident #1's warfarin clinic NP sometimes ordered just enough warfarin to last until the day the resident's INR was checked and the new order sent to the pharmacy The 3 missed warfarin doses were all on the day the INR was drawn and because there was no medication to administer due to the dose			HAL029012	B. WING		1	2
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 16 receivedThe facility would be responsible to accept the order for the new order to appear on the eMAR for medication aides (MA) to see for administrationThe facility would be responsible to notify the pharmacy representatives if Resident #1 did not have a dose of warfarin to administer at 5:00pm on the day of the INR and new orderThe pharmacy could coordinate receiving a dose from the facility's back-up pharmacy prior to the routinely delivery which occurred around 8:00pm to 9:00pm daily. Interview with the Memory Care Coordinator (MCC) on 06/29/22 at 3:00pm revealed: -She administered warfarin to Resident #1 on several occasionsThe NP at Resident #1's warfarin clinic NP sometimes ordered just enough warfarin to last until the day the resident's INR was checked and the new order sent to the pharmacyThe 3 missed warfarin doses were all on the day the INR was drawn and because there was no medication to administer due to the dose	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CA4 ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG PREFIX T	ODDING A	DDOD OF THOMASYILL	_ 915 WEST	COOKSEY DR	IVE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCE TO THE APPROPRIATE DATE	SPRING A	KBOR OF THOMASVILL	THOMASV	ILLE, NC 2736	60		
received. -The facility would be responsible to accept the order for the new order to appear on the eMAR for medication aides (MA) to see for administration. -The facility would be responsible to notify the pharmacy representatives if Resident #1 did not have a dose of warfarin to administer at 5:00pm on the day of the INR and new order. -The pharmacy could coordinate receiving a dose from the facility's back-up pharmacy prior to the routinely delivery which occurred around 8:00pm to 9:00pm daily. Interview with the Memory Care Coordinator (MCC) on 06/29/22 at 3:00pm revealed: -She administered warfarin to Resident #1 on several occasionsThe NP at Resident #1's warfarin clinic NP sometimes ordered just enough warfarin to last until the day the resident's INR was checked and the new order sent to the pharmacyThe 3 missed warfarin doses were all on the day the INR was drawn and because there was no medication to administer due to the dose	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMF	PLETE
-The facility would be responsible to accept the order for the new order to appear on the eMAR for medication aides (MA) to see for administration. -The facility would be responsible to notify the pharmacy representatives if Resident #1 did not have a dose of warfarin to administer at 5:00pm on the day of the INR and new order. -The pharmacy could coordinate receiving a dose from the facility's back-up pharmacy prior to the routinely delivery which occurred around 8:00pm to 9:00pm daily. Interview with the Memory Care Coordinator (MCC) on 06/29/22 at 3:00pm revealed: -She administered warfarin to Resident #1 on several occasionsThe NP at Resident #1's warfarin clinic NP sometimes ordered just enough warfarin to last until the day the resident's INR was checked and the new order sent to the pharmacyThe 3 missed warfarin doses were all on the day the INR was drawn and because there was no medication to administer due to the dose	D 358	Continued From page	: 16	D 358			
delivered at 8:00pm. -If MA staff did not approve the new order prior to 5:00pm (scheduled dose), the order would not show to be administered by the MA until the following day. -She would discuss changing the scheduled dose of warfarin to later in the evening after the contracted pharmacy delivery with the RCD. Based on observations, interviews, and record review o 06/29/22, it was determined Resident #1 was not interviewable.	D 358	received. -The facility would be order for the new order for medication aides (administration. -The facility would be pharmacy represental have a dose of warfar on the day of the INR -The pharmacy could from the facility's back routinely delivery which to 9:00pm daily. Interview with the Med (MCC) on 06/29/22 at -She administered was several occasions. -The NP at Resident as sometimes ordered juuntil the day the resid the new order sent to -The 3 missed warfarithe INR was drawn armedication to administ scheduled at 5:00pm delivered at 8:00pm. -If MA staff did not ap 5:00pm (scheduled doshow to be administer following day. -She would discuss coof warfarin to later in the contracted pharmacy. Based on observation review o 06/29/22, it was a discussion of the same of the	responsible to accept the er to appear on the eMAR MA) to see for responsible to notify the tives if Resident #1 did not in to administer at 5:00pm and new order. coordinate receiving a dose cup pharmacy prior to the ch occurred around 8:00pm mory Care Coordinator 3:00pm revealed: arfarin to Resident #1 on #1's warfarin clinic NP st enough warfarin to last ent's INR was checked and the pharmacy. In doses were all on the day and because there was no ster due to the dose and the medications prove the new order prior to ose), the order would not red by the MA until the changing the scheduled dose the evening after the delivery with the RCD. Is, interviews, and record was determined Resident #1	D 358			

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 17 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE Co		(X3) DATE SURVEY COMPLETED		
		71. 201251110.			D	
	HAL029012	B. WING		06	5/29/2022	
ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	. ZIP CODE			
	915 WE					
RBOR OF THOMASVILL	E					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
Continued From page	: 17	D 366				
10A NCAC 13F .1004 Administration	(i) Medication	D 366				
10A NCAC 13F .1004	Medication Administration					
medication administra staff person who adm immediately following medication to the resi resident actually takin to the administration of	ation record shall be by the inisters the medication administration of the dent and observation of the up the medication and prior of another resident's					
Based on observation review, the facility fail aide (MA) observed a medication for 1 of 3 s	ns, interviews, and record ed to ensure a medication resident taking their					
The findings are:						
policy dated Septemb -Pre-pouring medicati -Proper documentation	er 2020 revealed: on was not permitted. on of each medication was to					
05/12/22 revealed: -Diagnoses included hypertension, depressulcerative colitis, and disease (GERD)There was an order the medication used to tresuch as GERD) 40mg	rheumatoid arthritis (RA), sion, anxiety, asthma, gastroesophageal reflux for esomeprazole (a eat acid reflux conditions g daily.					
	ROVIDER OR SUPPLIER RBOR OF THOMASVILL SUMMARY STI (EACH DEFICIENC' REGULATORY OR LE Continued From page 10A NCAC 13F .1004 Administration 10A NCAC 13F .1004 (i) The recording of the medication administration administration administration administration to the resistent actually taking to the administration of medication. Pre-charm This Rule is not metal Based on observation review, the facility fail aide (MA) observed a medication for 1 of 3 and medi	ROVIDER OR SUPPLIER RBOR OF THOMASVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 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 review, the facility failed to ensure a medication aide (MA) observed a resident taking their medication for 1 of 3 sampled residents (#3). The findings are: Review of the facility's Medication Administration policy dated September 2020 revealed: -Pre-pouring medication was not permittedProper documentation of each medication was to be done at the time of administration. Review of Resident #2's current FL2 dated 05/12/22 revealed: -Diagnoses included rheumatoid arthritis (RA), hypertension, depression, anxiety, asthma, ulcerative colitis, and gastroesophageal reflux	RECORRECTION IDENTIFICATION NUMBER: HALO29012 STREET ADDRESS, CITY, STATE 915 WEST COOKSEY DRIV THOMASVILLE, NC 27360 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 366 Continued From page 17 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 review, the facility failed to ensure a medication aide (MA) observed a resident taking their medication for 1 of 3 sampled residents (#3). The findings are: Review of the facility's Medication Administration policy dated September 2020 revealed: -Pre-pouring medication was not permittedProper documentation of each medication was to be done at the time of administration. Review of Resident #2's current FL2 dated 05/12/22 revealed: -Diagnoses included rheumatoid arthritis (RA), hypertension, depression, anxiety, asthma, ulcerative colitis, and gastroesophageal reflux disease (GERD)There was an order for esomeprazole (a medication used to treat acid reflux conditions such as GERD) 40mg daily.	TOWNDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO TO DEFICIENCY TAG PREFIX TAG PROVIDERS PLAN OF (EACH CORRECTIVE ACTT TAG CROSS-REFERENCED TO TO DEFICIENCY TO 366 D 366 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 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 review, the facility failed to ensure a medication aide (MA) observed a resident taking their medication for 1 of 3 sampled residents (#3). The findings are: Review of the facility's Medication Administration policy dated September 2020 revealed: -Pre-pouring medication was not permittedProper documentation of each medication was to be done at the time of administration. Review of Resident #2's current FL2 dated 05/12/22 revealed: -Diagnoses included rheumatoid arthritis (RA), hypertension, depression, anxiety, asthma, ulcerative colitis, and gastroesophageal reflux disease (GERD)There was an order for esomeprazole (a medication used to treat acid reflux conditions such as GERD) 40mg daily.	A BUILDING: HAL029012 STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE SUMMARY STATEMENT OF DEFICIENCES [EACH DEFICIENCY MUST BE PRECEDED BY PULL RESULATION OR IS DEPARTED BY TAKE TAG OR ORGES REFERRANCE TO HAVE APPROPRIATE DEFICIENCY) D 366 D 366 D 366 D 366 This Rule is not met as evidenced by: Based on observation of the medication and prior to the administration of another resident's medication and prior to the administration of another resident's medication and prior to the administration fear the immedication and prior to the administration record review, the facility failed to ensure a medication and prior to the administration is prohibited. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility is prohibited. The findings are: Review of the facility's Medication Administration policy dated September 2020 revealed: -Proper documentation of ach medication was to be done at the time of administration. Review of Resident #2's current FL2 dated of SC1/2/22 revealed: -Proper documentation of ach medication was to be done at the time of administration. Review of Resident #2's current FL2 dated of SC1/2/22 revealed: -Proper documentation of ach medication was to be done at the time of administration. Review of Resident #2's current FL2 dated of SC1/2/22 revealed: -Proper documentation of ach medication was to be done at the time of administration. There was an order for esomeprazole (a medication used to treat acid reflux	

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 18 of 22

Division of Health Service Regulation

STATEMEN	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
			1		R
		HAL029012	B. WING		06/29/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
		915 WEST	COOKSEY DR	IVE	
SPRING A	RBOR OF THOMASVILL	.E	ILLE, NC 2736		
	CUMMADV CT		, T		N 0.55
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 366	Continued From page	e 18	D 366		
	used to treat anemia)	1mg daily			
	-There was an order f				
		immatory medication used to			
	treat RA) 15mg daily.				
	-There was an order f				
		treat high blood pressure)			
	80mg twice daily.	. ,			
	-There was an order t	for sulfasalazine (an			
	anti-inflammatory me				
		RA) 500mg take 2 tablets			
	three times daily.				
	-There was an order t				
	antidepressant medic	cation) 150mg daily.			
	Review of Resident #	3's electronic medication			
	administration record revealed:	(eMAR) for June 2022			
	-There was an entry f scheduled at 8:00am.	or esomeprazole 40mg daily			
	-There was an entry f scheduled at 8:00am.	or folic acid 1mg daily			
	-There was an entry f scheduled 8:00am.	or meloxicam 15mg daily			
		or propranolol 80mg twice			
	daily scheduled at 8:0	00am and 8:00pm.			
	_	or sulfasalazine 500mg,			
	take 2 tablets three til				
	8:00am, 2:00pm, and				
		for venlafaxine 150mg daily			
	scheduled at 8:00am.	-			
	-Esomeprazole, folic	acid, meioxicam, izine, and venlafaxine were			
	1 1	nistered on 06/28/22 at			
	8:00am.	111010104 011 00/20/22 at			
	Observation of Reside	ent #3's eMAR on a staff			
	_	2 at 3:45pm revealed the			
	exact time her mornin	•			
		nistered was at 7:57am on			

Division of Health Service Regulation

06/28/22.

STATE FORM 6899 W2PX11 If continuation sheet 19 of 22

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SUF COMPLET	
			A. BUILDING: _			
		HAL029012	B. WING		R 06/29/	/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SPRING A	RBOR OF THOMASVILL	E	COOKSEY DR			
		THOMASV	LLE, NC 2736	60		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 366	Continued From page	e 19	D 366			
	9:14am revealed: -Resident #3 was lyin covered up with a bla -There was a bedside chair with one cup of tablets and 2 capsule -There were no staff p Interview with Reside revealed: -Usually in the mornin (MA) would come to he medications and let he dropping off her pills he watch her take themShe was familiar with and the pills in the cupher morning medication. Interview with the MA revealed: -She had not given Reyet that morningShe thought that if the #3's room it would had from the day priorSometimes the night morning medication ppills could have been the night shift before she always watched medications.	e table next to her recliner medication containing 5 s on it and a cup of water. or esent in the room. Int #3 on 06/28/22 at 9:15am Ings, the medication aide her room with her morning er know that they were out did not always stay and in the medications she took p on her bedside table were ons. In on 06/28/22 at 9:17am In the medication she took p on her bedside table were ons. In on 06/28/22 at 9:17am In the medication she took p on her bedside table were ons. In on 06/28/22 at 9:17am In the medication she in the sesident we been her evening pills In the medication she in the she in the she arrived that morning. In the medications that were in the she in the she arrived that were in the medications that were in the medication that were in the medicat				
		n Resident #3 on 06/28/22 at				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 20 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		HAL029012	B. WING		06/2	9/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
		_ 915 WEST	COOKSEY DR	IVE		
SPRING A	RBOR OF THOMASVILL	.E THOMASV	ILLE, NC 2736	60		
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 366	Continued From page	e 20	D 366			
D 366	-The pills that were in not been leftover from always took her mediher, and the pills had asleep last nightShe did not know wh medication that day be asleep in her chair and they were set on her later to her room and asked were on her bedside and they were set on her later to her room and asked were on her bedside and they were set on her later to her room and asked were on her bedside and the morning medication of that had been on her later to her morning of 06. She had worked night into the morning of 06. She had not prepare medicationsShe never left medic without watching them later to without watching them later to have the facility's pore-pour medicationsMas were supposed resident take their meresident's room to enswallowedMAs were not support medications as admired.	ther room that morning had in last night because she cation when it was given to not been there when she fell to brought her the morning lecause she had been ad did not wake up when bedside table. Torning (06/28/22) went back do her to take the pills that table, so she did. Light in a second set of the removed the medication bedside table. That shift the previous night 6/28/22. That shift the previous night 6/28/22. That shift the medication. That shift the previous night shift the medication. That shift the previous night	D 366			
	swallowedMAs were not suppo medications as admir the resident taking the -Resident #3 did not h	sed to document nistered until they witnessed e medications.				

Division of Health Service Regulation

not exempt from these rules.

STATE FORM 6899 W2PX11 If continuation sheet 21 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED	
						R
		HAL029012	B. WING		06	5/29/2022
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
SPRING A	ARBOR OF THOMASVILL	_E	T COOKSEY DRIV	E		
	OUMMA DV OT		SVILLE, NC 27360	DDOV/DEDIO DI ANI OFI	OODDECTION	
(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 TO DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 366	Continued From page	e 21	D 366			
	on 06/29/22 at 11:50a administration policy on included, they were their medications as administerious with the Administerious with the Administerious with the Administerious Administeri	the facility policy included pared medications to esupposed to check with the the resident was ready to so the resident was ready for MA was to prepare the press them being taken by the sto document that the nadministered. Ware that medication had #3's room. Were not supposed to leave ent rooms. As to follow the facility's				

Division of Health Service Regulation

STATE FORM 6899 W2PX11 If continuation sheet 22 of 22