STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey and a Follow-Up Survey on 06/08/22-06/10/22.	D 000		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to provide supervision according to the resident's assessed needs for 1 of 2 sampled residents (#5) who had a history of falls. The findings are: Observation of Resident #5's bedroom on 06/08/22 at 12:30pm revealed: -Her bedroom was on the hall farthest away from the front desk and was third form the last room on the hall. -She did not have a roommate. -The door to her bedroom was closed. -She was laying across the bed asleep. Review of the facility's Fall Policy dated January 2017 revealed: -Incident reports were completed for every fall. -The family and the physician were to be notified. -The incident reports were reviewed by the Resident Care Coordinator (RCC). -The incident report was kept by the Administrator	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 1	D 270		

for review and discussion at the quarterly safety meetings.
-If a resident fell more than three times in a month then the physician would be asked about physical therapy referral for the resident.
-Measures would be implemented if a resident was a fall risk including moving the resident's room as close to the front as possible, moving the resident's bed against the wall, opening the resident's door as much as possible and frequent checks on the resident.
-There was a section of the fall policy that was dated March 2019 which included additional measures.
-All falls were required a monitoring of visually looking at the resident every 30 minutes for the next 24 hours.
-Residents that are cognitively unable to remember to call [for assistance] and continue to fall will be evaluated for a higher level of care or discussions held with the family about sitters.
-Measures implemented would include frequent checks on residents and when a fall occurred, they would be monitored every 30 minutes for 24 hours.

Review of Resident #5's current FL2 dated 05/18/22 revealed:
-Diagnoses included memory loss, anxiety, hypertension, hyperlipidemia, hypothyroidism, chronic kidney disease and polymyalgia rheumatic.
-She was intermittently confused.
-She was ambulatory with a walker.

Review of Resident #5's care plan dated 05/20/22 revealed:
-She was independently ambulatory with a rollator walker.
-She required supervision with transferring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 2 -She was sometimes disoriented, forgetful and needed reminders. 1. Review of Resident #5's incident report dated 01/12/22 revealed: -Resident #5 had a fall without injuries on 01/12/22. -She was reaching for her shoes under the bed and fell over. -Her family and the physician were notified. -Thirty-minute checks were not documented, and the only intervention notes was a reminder for the resident to use the call bell. Review of Resident #5's progress notes revealed there was nothing noted about a fall on 01/12/22. Based on record reviews, there was no documentation of increased supervision or other interventions implemented for Resident #5 after her fall on 01/12/22. Refer to interview with Resident #5 on 06/10/22. Refer to telephone interview with Resident #5 family member on 06/09/22 at 1:58pm. Refer to interview with Resident #5's Physical Therapist (PT) on 06/09/22 at 10:04am. Refer to telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am. Refer to interview with a personal care aide (PCA) on 06/10/22 at 8:40am. Refer to interview with a medication aide (MA) on 06/09/22 at 2:49pm.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 3 Refer to interview with the Administrator on 06/10/22 11:06am. 2. Review of Resident #5's incident report dated 02/14/22 revealed: -Resident #5 had a fall without injuries on 02/14/22. -She got out of her chair and was reaching for her walker and fell to her knees. -Her family and the physician were notified. -The intervention noted was a reminder for the resident to use the call bell. Review of Resident #5's progress notes revealed there was nothing noted about a fall on 02/14/22. Review of a 30-minute check log sheet for Resident #5 dated 02/14/22 revealed there was documentation Resident #5 was checked every thirty minutes for a twenty-four-hour period from 02/14/22 to 02/15/22. Refer to interview with Resident #5 on 06/10/22. Refer to telephone interview with Resident #5 family member on 06/09/22 at 1:58pm. Refer to interview with Resident #5's Physical Therapist (PT) on 06/09/22 at 10:04am. Refer to telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am. Refer to interview with a personal care aide (PCA) on 06/10/22 at 8:40am. Refer to interview with a medication aide (MA) on 06/09/22 at 2:49pm.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 4 Refer to interview with the Administrator on 06/10/22 11:06am. 3. Review of Resident #5's incident report dated 02/23/22 revealed: -Resident #5 had a fall without injuries on 02/23/22. -She fell asleep in a chair and fell forward out of the chair. -Her family and the physician were notified. -The intervention noted was the resident was asked to be more careful. Review of Resident #5's progress notes revealed there was nothing noted about a fall on 02/23/22. Review of a 30-minute check log sheet for Resident #5 dated 02/23/22 revealed there was documentation Resident #5 was checked every thirty minutes for a twenty-four-hour period from 02/23/22 to 02/24/22. Refer to interview with Resident #5 on 06/10/22. Refer to telephone interview with Resident #5 family member on 06/09/22 at 1:58pm. Refer to interview with Resident #5's Physical Therapist (PT) on 06/09/22 at 10:04am. Refer to telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am. Refer to interview with a personal care aide (PCA) on 06/10/22 at 8:40am. Refer to interview with a medication aide (MA) on 06/09/22 at 2:49pm.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 5 Refer to interview with the Administrator on 06/10/22 11:06am. 4. Review of Resident #5's incident report dated 02/27/22 revealed: -Resident #5 had a fall without injuries on 02/27/22. -She was bending over to throw a cup into the trash can when she lost her balance and she fell forward; she did not have her walker with her. -Her family and the physician were notified. -The intervention noted was the resident was asked to keep her walker with her at all times. Review of Resident #5's progress notes revealed there was nothing noted about a fall on 02/27/22. Review of a 30-minute check log sheet for Resident #5 dated 02/27/22 revealed there was documentation Resident #5 was checked every thirty minutes for a twenty-four-hour period from 02/27/22 to 02/28/22. Interview with Resident #5 on Refer to interview with Resident #5 on 06/10/22. Refer to telephone interview with Resident #5 family member on 06/09/22 at 1:58pm. Refer to interview with Resident #5's Physical Therapist (PT) on 06/09/22 at 10:04am. Refer to telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am. Refer to interview with a personal care aide (PCA) on 06/10/22 at 8:40am. Refer to interview with a medication aide (MA) on	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 6 06/09/22 at 2:49pm. Refer to interview with the Administrator on 06/10/22 11:06am. 5. Review of Resident #5's incident report dated 03/20/22 revealed: -Resident #5 had a fall without injuries on 03/20/22. -She was going from the bathroom to her bed and lost her balance. -Her family and the physician were notified. -The intervention noted was the resident was told to use her walker when going to the bathroom and she was placed on 30-minute checks. Review of Resident #5's progress notes revealed there was nothing noted about a fall on 03/20/22. Review of a 30-minute check log sheet for Resident #5 dated 03/20/22 revealed there was documentation Resident #5 was checked every thirty minutes for a twenty-four-hour period from 03/20/22 to 03/21/22. Refer to interview with Resident #5 on 06/10/22. Refer to telephone interview with Resident #5 family member on 06/09/22 at 1:58pm. Refer to interview with Resident #5's Physical Therapist (PT) on 06/09/22 at 10:04am. Refer to telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am. Refer to interview with a personal care aide (PCA) on 06/10/22 at 8:40am.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 7 Refer to interview with a medication aide (MA) on 06/09/22 at 2:49pm. Refer to interview with the Administrator on 06/10/22 11:06am. 6. Review of Resident #5's incident report dated 04/14/22 revealed: -Resident #5 had a fall with injuries on 04/14/22. -She was getting up from her bed and fell forward into the wall hitting her head and face on the wall. -She had bruising and swelling on her nose and a gash over her left eye; she complained of pain. -She was transported by emergency medical services (EMS) to the local emergency department (ED) via ambulance. -Her family and the physician were notified. -The intervention noted was the resident was asked to carry her walker at all times. Review of Resident #5's progress notes revealed there was nothing noted about a fall on 04/14/22. Review of a 30-minute check log sheet for Resident #5 dated 04/14/22 revealed there was documentation Resident #5 was checked every thirty minutes for a twenty-four-hour period from 04/14/22 to 04/14/22. Refer to interview with Resident #5 on 06/10/22. Refer to telephone interview with Resident #5 family member on 06/09/22 at 1:58pm. Refer to interview with Resident #5's Physical Therapist (PT) on 06/09/22 at 10:04am. Refer to telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 8 Refer to interview with a personal care aide (PCA) on 06/10/22 at 8:40am. Refer to interview with a medication aide (MA) on 06/09/22 at 2:49pm. Refer to interview with the Administrator on 06/10/22 11:06am. 7. Review of Resident #5's incident report dated 05/27/22 revealed: -Resident #5 had a fall with injuries on 05/27/22. -Her shoe twisted on her foot and she fell on her bottom into the heat vent. -She did not have any injuries. -Her family and the physician were notified. -The intervention noted was the resident was asked to make sure her shoes were secure before ambulating. Review of Resident #5's progress notes revealed: -On 05/27/22, Resident #5 was heard yelling from her room. -She was sitting against the heating system. -She told staff her shoe twisted and she fell. -She did not have any injuries. Review of a 30-minute check log sheet for Resident #5 dated 5/27/22 revealed there was documentation Resident #5 was checked every thirty minutes for a twenty-four-hour period from 05/27/22 to 05/28/22. Refer to interview with Resident #5 on 06/10/22. Refer to telephone interview with Resident #5 family member on 06/09/22 at 1:58pm. Refer to interview with Resident #5's Physical	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 9 Therapist (PT) on 06/09/22 at 10:04am. Refer to telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am. Refer to interview with a personal care aide (PCA) on 06/10/22 at 8:40am. Refer to interview with a medication aide (MA) on 06/09/22 at 2:49pm. Refer to interview with the Administrator on 06/10/22 11:06am. _____ Interview with Resident #5 on 06/10/22 revealed: -Her room was too far from the small dining room for her and she had to stop and rest halfway there because her legs hurt. -She had only fallen a couple of times and they were out of her bed. Telephone interview with Resident #5 family member on 06/09/22 at 1:58pm revealed: -He was contacted by the facility after each fall; he knew she had a fall about 10 days ago. -The number of falls she had decreased, and they were without injury; she only one fall had with an injury. -She did not have a bed alarm and he did not know anything about a bed alarm. -He knew a prevention that was put into place was to keep her walker close by her. -He wanted her to have more physical therapy to help her balance. -He liked that she was at the facility where she had more people [staff] looking after her. Interview with Resident #5's Physical Therapist (PT) on 06/09/22 at 10:04am revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 10	D 270		

-Resident #5 had physical therapy from November 2021 to 02/07/22.
-Resident #5's therapy goals were increased safety awareness and walker usage.
-Resident #5 continued to have falls while she was going to physical therapy.
-Due to her cognitive decline there were limitations on what they could do with her.
-She had a fall soon after she was discharged from physical therapy.
-There was discussion about readmitting her to physical therapy, but it was so soon after her discharge that there was not going to be any marked improvement because there was not improvement with the
prior therapy.

Telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am revealed:
-He was notified after each fall Resident #5 had.
-He was aware she fell a lot.
-She had completed physical therapy without much improvement; her goal was to make her aware of safety and to use her walker.
-She continued to fall after physical therapy.
-She could benefit from closer supervision from staff.
-Her falls were related to her cognitive decline and not remembering to be safe and use her walker.

Interview with a personal care aide (PCA) on 06/10/22 at 8:40am revealed:
-She was only required to do rounds to check on residents every four hours; she checked on Resident #5 every two hours so she would not try to get up on her own and fall.
-Resident #5 had not fallen when she worked because she checked on her more often that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 11 every four hours. Interview with a medication aide (MA) on 06/09/22 at 2:49pm revealed: -She filled out the incident reports for Resident #5's falls. -After the falls on 02/23/22 and 02/27/22 there were no interventions put into place. -The fall on 05/27/22 was because Resident #5 did not have her shoe on all the was and one twisted around her foot as she walked, and she fell. -She did not recall who reported the falls to her and she did not document on the report who reported the falls to her. -She did not think any of Resident #5's falls were witnessed; Resident #5 would holler, or she could hear Resident #5 when she fell. -She did 30-minute checks for 24 hours on Resident #5 after she had a fall; Resident #5 fell a lot. -The PCAs did 30-minute checks for 24 hours after a fall and documented it on the log sheet. -She would check on the resident to be sure they had not fallen and to see where they were at and would ask if they needed assistance. -Resident #5 had a bed alarm on her bed some time the week before; no one had told her Resident #5 had a bed alarm. -She had seen the bed alarm, but it had not gone off and Resident #5 had not set if off which was unusual because they would go off when a resident just rolled over in the bed. -The PCA may have known about the bed alarm for Resident #5. -She thought Resident #5 fell because she got up too fast and lost her balance. -Resident #5 had declined in the last four months and her falls were increasing. -Resident #5 had done physical therapy and had	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 12 gotten a walker but she still fell. -Resident #5 would forget to use her call bell even though staff constantly reminded her to use it. -She thought Resident #5 needed to participate in more activities to help keep an eye on her. -She filled out the incident reports but was never asked what she thought needed to be done to prevent falls. Interview with the Administrator on 06/10/22 11:06am revealed: -The staff documented 30-minute checks after a resident had a fall, residents were checked for UTIs, and physical therapy would be ordered when there were frequent falls. -Resident #5 had 30-minute checks, she had a UTI and was treated after one fall and had done rounds of physical therapy. -Bed alarms had been used a couple of times for Resident #5, but she would take them off or they would stop working after they got wet; her falls were not from getting out of the bed. -Resident #5 continued to fall because she did not ring the call bell, she would wear socks and not her shoes, she forgot her walker, her gait was unsteady, and she would forget where she was. -Staff did two-hour checks on residents, and with activities and housekeeping they were checked more often. -Resident #5's room was on 300 hall because there was more activity and foot traffic on that hall during the day. -She felt the facility had done all they could do for Resident #5 to prevent falls, but she was willing to do more if she could.	D 270		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 13 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure orders for 2 of 5 sampled residents (#2, #5) were implemented related to the orders for a resident for twice-daily blood pressures and continuous oxygen (#2) and a resident who was supposed to sit up for thirty minutes after meals (#5). The findings are: 1. Review of Resident #2's current FL2 dated 01/10/22 revealed diagnoses included acute and chronic respiratory failure, Alzheimer's, and congestive heart failure. a. Review of Resident #2's signed physician's orders dated 01/25/22 revealed there was an order for oxygen 2 liters continuous. Interview with Resident #2 on 06/08/22 at 10:47am revealed: -She used oxygen in her room but not at meals. -She would get "straight back on it" after meals. -She did not think she was short of breath without her oxygen. Observation of Resident #2 on 06/08/22 revealed: -At 11:54am, Resident #2 was in the dining room	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 14	D 276		

without oxygen.
-At 12:07pm, Resident #2 was in the hallway asking to use the bathroom. Staff instructed the resident to go to her room. Resident #1 did not know where her room was located.
-At 12:20pm, Resident #2 walked back to the dining room without oxygen.
-At 12:52pm, Resident #1 was in the dining room without oxygen.
-At 1:32pm, Resident #2 was in the hallway without oxygen; she smelled of stool.
-At 1:36pm, a personal care aide (PCA) directed Resident #2 back to her room.
-At 1:42pm, Resident #2 was in her room and was not wearing her oxygen.
-At 1:59pm, Resident #2 was in the hallway and was not wearing her oxygen.
-At 2:02pm, a housekeeper reminded Resident #2 to put her oxygen on.
-At 2:28pm, Resident #2 was standing at her bathroom door, with her oxygen concentrator pulled across the room, trying to walk further while wearing her oxygen; she could not go any further while wearing her oxygen from the concentrator.
-At 2:50pm, Resident #2 was in the hallway without oxygen; her oxygen concentrator remained in place in her room and was pulled as far as it could toward the door.
-At 4:25pm, Resident #2 was in the front lobby area of the facility, with multiple staff, and was not wearing oxygen.
-At 5:00pm, Resident #2 was sitting in the dining room without oxygen.

Telephone interview with a representative with Resident #2's oxygen provider on 06/08/22 at 4:29pm revealed:
-Resident #2 had an order for portable oxygen tanks to be used for meals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 15 -The last time there had been a request to refill Resident #2's portable oxygen tank was on 01/04/22. -Each portable oxygen tank would last Resident #2 4-5 hours on 2 liters; two and a half days per tank. Observation of Resident #2 on 06/09/22 revealed: -At 8:00am, Resident #2 was sitting in the dining room without oxygen. -At 8:47am, Resident #2 was sitting in the dining room without oxygen. -At 12:00pm, Resident #2 was sitting in the dining room with a portable oxygen tank. Telephone interview with Resident #2's primary care provider (PCP) on 06/09/22 at 11:04am revealed: -Resident #2 had "horrible" chronic obstructive pulmonary disease (COPD). -Resident #2 was supposed to be on oxygen 24/7. -Resident #2 should use portable oxygen tanks for meals. -No one had notified him Resident #2 was not using her portable oxygen tanks for meals. -Resident #2 could become hypoxic (low oxygen level in the blood) if she did not wear her oxygen. Interview with a PCA on 06/09/22 at 11:11am revealed -Resident #2 only wore oxygen while in her room. -When Resident #2 did not wear oxygen, her oxygen levels went way down, and she would talk out of her head. -Resident #2's oxygen dropped fast, that was why they reminded her to stay in her room and use her oxygen. -When Resident #2 went to meals she did not have to wear oxygen.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 16 -Resident #2 had never had portable tanks to use outside of her room. -No one had told her Resident #2 needed to use portable oxygen tanks to go-to meals. Interview with a medication aide (MA) on 06/09/22 at 11:29am revealed: -Resident #2 was supposed to wear her oxygen at 2 liters all the time but was not compliant. -Resident #2 had portable tanks at one time (she did not recall when) but was going through the tanks so fast, that the company stopped bringing the tanks out. -Resident #2 would use the portable tanks to go-to meals and would either turn the oxygen level up, or she would take the tank off and leave the oxygen on and the tanks would run out. -The previous Resident Care Coordinator (RCC) talked to the oxygen company and was told they would not bring Resident #2 any more portable tanks out. (she did not recall when this was). -No one had said anything about Resident #2 not wearing oxygen to meals. -She had not talked to anyone about Resident #2's oxygen at meals. -When Resident #2 was outside of her room without oxygen, she would be more confused, so they would get her back on it as soon as they could. Telephone interview with a representative with Resident #2's oxygen provider on 06/09/22 at 1:30pm revealed: -Resident #2's portable oxygen tanks could be ordered weekly. -Resident #2's order history included 6 tanks on 05/17/21, 3 tanks on 06/21/21, 4 tanks on 07/12/21, 5 tanks on 08/23/21, and 5 tanks on 01/04/22. -There was no documentation they had been	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 17	D 276		

contacted about Resident #2's oxygen except when ordering on the above dates.
-There was no documentation Resident #2 had been denied portable oxygen tanks.

Observation of Resident #2 on 06/09/22 at 1:39pm revealed Resident #2 had a portable oxygen tank in a holder attached to her walker.

Interview with Resident #2 on 06/09/22 at 1:39pm revealed:
-She did not know where the portable oxygen tank came from; someone had just given it to her.
-She usually did not have oxygen to use except in her room.
-She felt good today and was having a good day.

Observation of a storage room on 06/09/22 at 1:46pm revealed:
-There were multiple oxygen tanks in the room.
-There was a cardboard container with 4 portable oxygen tanks labeled with Resident #2's name.
-Two of the four tanks had a plastic ring on the oxygen tanks, and two did not.
-There was a large metal container that contained 6 small oxygen tanks and 6 larger portable oxygen tanks that were labeled for Resident #2; Resident #2's name had been marked through and a neighboring city's name was written on the label.
-There were multiple other portable oxygen tanks in the room labeled for another resident or some were not labeled.

Second telephone interview with a representative with Resident #2's oxygen provider on 06/09/22 at 2:55pm revealed the plastic ring on the portable oxygen tanks would indicate the oxygen tank had not been used; if there was no plastic ring the oxygen tank had been used.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 18 Interview with the Administrator on 06/09/22 at 4:05pm revealed: -Resident #2 was on 2 liters of continuous oxygen. -Resident #2 was not compliant with using portable oxygen tanks outside of her room. -A representative with the company who supplied Resident #2's oxygen had requested an order to discontinue Resident #2's portable tanks since the tanks were not being utilized. -The representative told her Resident #2's PCP would not discontinue the portable tanks for Resident #2 and instructed the staff to keep trying. -She could tell a difference when Resident #2 did not wear her oxygen continuously; Resident #2 would be more confused. -Staff would coax Resident #2 back to her room and apply the oxygen and she would get "clearer." -She did not know why the staff was not aware Resident #2 was always supposed to be on oxygen. -Resident #2 had been on continuous oxygen since she was admitted to the facility and staff knew she was always supposed to wear oxygen. -The MA had come to her today, 06/09/22, about Resident #2's oxygen and she showed the MA where the portable tanks were stored. -Anyone who saw Resident #2 without oxygen, should have known to get her a portable oxygen tank. -If Resident #2 went without oxygen for an extended period, she could get more confused. -She expected staff to follow the PCP's order for continuous oxygen for Resident #2. b. Review of Resident #2's signed physician's orders dated 01/10/22 revealed there was an	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 19 order for blood pressure checks twice daily. Review of Resident #2's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry to check Resident #2's blood pressure (BP) twice daily and to keep a log with a scheduled administration time of 10:00am and 8:00pm. -There were six times Resident #2's BP was not recorded at 10:00am. Review of Resident #2's May 2022 eMAR revealed: -There was an entry to check Resident #2's blood pressure (BP) twice daily and to keep a log with a scheduled administration time of 10:00am and 8:00pm. -There were five times Resident #2's BP was not recorded at 10:00am. Interview with Resident #2 on 06/09/22 at 1:39pm revealed: -Staff took her BP, but not every day. -She did not know how often her BP was checked or how often her PCP wanted her BP checked. Telephone interview with Resident #2's primary care provider (PCP) on 06/09/22 at 3:46pm revealed: -Resident #2 had a history of a thoracic aorta dissection which was treated with medication to control the blood pressure. -Ideally Resident #2's systolic blood pressure (the pressure in your arteries when your heart beats.) should be below 140. -He used the BP log to monitor if Resident #2's BP was consistently elevated and if medication would need to be adjusted. -He expected Resident #2's BP to be checked	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 20 twice a day. Interview with a medication aide (MA) on 06/09/22 at 3:08pm revealed: -She checked Resident #2's BP every day she worked at 10:00am. -She did not know why there were days she worked, and Resident #2's 10:00am BP was not documented. -She may have written the BP down on paper and forgot to put the BP reading into the eMAR. -She may have checked Resident #2's BP and it was high and planned to recheck the BP; something came up and she did not go back and recheck. -Resident #2's systolic BP had been as high as 190 or 200 and she would not document the reading and when she rechecked the reading, she did not document it. -She did not have the papers she documented Resident #2's BPs on, she shredded the papers after she recorded them in the eMAR. Interview with the Administrator on 06/09/22 at 4:05pm revealed: -She expected the MA to check Resident #2's BP as ordered and record the reading on the eMAR. -She thought the MAs may have checked Resident #2's BP and forgot to document it on the eMAR. -She had told the MAs to document the BPs directly on the eMAR when it was checked, so if they got busy, they would not forget to go back and document. 2. Review of Resident #5's current FL2 dated 05/18/22 revealed: -Diagnoses included memory loss, anxiety, hypertension, hyperlipidemia, hypothyroidism, chronic kidney disease and polymyalgia	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 21	D 276		

rheumatic.
-She was intermittently confused.

Review of Resident #5's care plan dated 05/20/22 revealed:
-Dietary restrictions were documented as soft foods and chew slowly then swallow.
-Eating required supervision.

Review of a physician's order for Resident #5 dated 04/14/22 revealed:
-Supervise her while eating.
-Remind her to take small bites and swallow between bites.
-Encourage her to remain upright for 30 minutes after eating.

Observation of Resident #5 on 06/08/22 from 12:16pm to 12:30pm revealed:
-At 12:16pm, Resident #5 was finished with her lunch meal.
-At 12:30pm, Resident #5 was laying across her bed asleep.

Observation of Resident #5 on 06/09/22 at various times from 8:16am to 8:39am revealed:
-At 8:16am, Resident #5 finished her meal and placed her head on the table.
-The personal care aide (PCA) told Resident #5 to go to her room.
-Resident #5 left the dining room.
-At 8:39am, Resident #5 was laying down on her bed in her room.

Observation of Resident #5 on 06/10/22 at various times from 8:19am to 8:23am revealed:
-She finished her breakfast meal at 8:19am.
-She walked back to her room to lay down.
-At 8:23am she laid down on her bed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 22 Interview with Resident #5 on 06/09/22 at 8:44am revealed: -She had been told by the Speech Therapist (ST) and her primary care provider (PCP) to sit up after she ate. -The PCAs would remind her, but no one had reminded her today. -Sometimes she sat up after she ate and sometimes, she would lay down. Telephone interview with Resident #5 family member on 06/09/22 at 1:58pm revealed: -He knew Resident #5 had problems swallowing and would sometimes vomit when she ate. -He did not know if Resident #5 had to sit up after eating but he knew she had GERD. -He knew she was in a smaller dining room so the staff could keep an eye on her when she ate. -He thought the vomiting while eating had gotten better. Telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am revealed: -Resident #5 had episodes of choking and vomiting while eating. -Speech therapy had recommended a soft diet, monitoring while eating with reminders to chew and swallow slower and to sit up for 30 after she finished her meals. -Resident #5 was eating in a separate dining room with a smaller group of residents so staff could monitor and cue her while she ate. -She had a current order to sit up for 30 minutes after she ate so she would not vomit. -Resident #5 should have stayed in the dining room after so staff could monitor her. -Resident #5 like to lay down soon after she ate. -He expected the orders for Resident #5 to be followed as written.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 23 -Resident #5 could have an episode of choking and vomiting and she could aspirate if she was not properly monitored by the staff. Interview with Resident #5's Speech Therapist (ST) on 06/08/22 at 3:44pm revealed: -In August 2021, Resident #5 was clearing her throat, coughing and choking without aspiration while eating. -She had worked with Resident #5 to do exercised to help with her swallowing. -The exercises helped for a while, but she began to clear her throat, cough and vomit while eating. -Resident #5 had significant cognitive decline so the physician and the family did not feel she was a candidate for a swallow test. -She assessed and diagnosed with gastroesophageal reflux disease (GERD) and omeprazole (used to treat acid reflux) was ordered to assist with the vomiting issue. -The vomiting continued even with the omeprazole. -Resident #5 ate too fast. -Resident #5 had an order to be supervised and cued by staff while she ate. -The goal was to teach staff with tools and skill to alternate food with water when Resident #5 was eating and to cue her to eat slowly. -Resident #5 was in a smaller dining room because staff could cue her when she was more isolated; she was doing better in the smaller setting. -Resident #5 wanted to go back to her room lay down after eating and would vomit while laying down. -Staff were instructed to keep Resident #5 sitting up for 30 minutes after she had finished eating. -Resident #5 needed to stay in the dining room for 30 minutes so staff could observe her.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 24 Interview with a PCA on 06/09/22 at 8:16am revealed: -Resident #5 did not have any special instructions or orders when eating. -Resident #5 ate fast and was always the first one finished with her meal. -Resident #5 always wanted to go back to her room and lay down after she ate. -She knew Resident #5 was supposed to go back to her room and sit up for 30 minutes before she laid down. -Resident #5 did not want to sit in the dining room for 30 minutes so she was allowed to go back to her room. -The PCA on the hall was supposed to monitor Resident #5 when she went back to her room after meals. -She knew Resident #5 sat up after meals due to acid reflux. Interview with a second PCA on 06/09/22 at 11:45am revealed: -Resident #5 usually only vomited while she was eating; she would choke and then vomit. -Resident #5 would have to be reminded to chew her food and to not put too much food in her mouth at once. -Resident #5 normally vomited at least once a week, maybe more, it was very common for her. -Resident #5 vomited so often she could not remember the last time. -Resident #5's normal routine was to go back to her room and lay down after she ate. -When she worked Resident #5 usually stayed in the dining room for the 30 minutes she was required to stay sitting up; she would have to remind Resident #5 to stay in the dining room. -If Resident #5 went back to her room she would go straight to bed and lay down.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 25 Interview with a medication aide (MA) on 06/08/22 at 12:16pm revealed: -Resident #5 ate in the separate dining room because she blew her nose in the main dining room and the other residents complained. -There was no other reason why Resident #5 was in the separate dining room. Interview with another MA on 06/09/22 at 8:42am and 2:49pm revealed: -Resident #5 gagged and vomited while she ate because she ate fast. -Staff had to remind her to slow down when she ate. -Resident #5 had vomited in the dining room on Monday, 06/06/22 while eating. -Resident #5 put too much food into her mouth on Monday and could not swallow it all so she started to cough and strangled and then she vomited. -After Resident #5 ate her meals she would go back to her room to lay down. -Staff would encourage her to stay sitting up for at least 30 minutes after she ate. -There was a PCA assigned to assist resident who resided on the same hall Resident #5 resided on -The PCA had to assist residents in the main dining room and would be back on the hall after the meal. -Sometimes she would try to keep an eye on Resident #5 so she would not lay down when she came back to her room after eating. -Resident #5 had acid reflux and a couple of times she had vomited in the bed when she was laying down after eating. Interview with the Administrator on 06/10/22 at 10:53am revealed: -She was aware of the order for Resident #5 to sit	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 26 up for 30 minutes after she ate to prevent vomiting. -Resident #5 wanted to get back in bed and lay down after she ate. -Resident #5 would go back to her room but would have to be reminded to continue to sit up sit in a chair after she ate. -The MA was responsible for ensuring she was not laying down after eating because a lot of times there was no staff on the hall to monitor her. -She made rounds to check on Resident #5 and would sit with her at times. -She had a staff meeting on 06/01/22 where she told staff to monitor Resident #5 after meals and I she was observed laying down to remind her to sit up.	D 276		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure therapeutic diets were served as ordered for 1 of 2 sampled residents (#5) with an order for a soft diet, chopped meats; meats off the bone and gravy added whenever possible.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 27 The findings are: Observation of Resident #5 on 06/09/22 from 8:00am to 8:15am revealed: -She was served wheat toast, bacon, scrambled eggs and cranberry juice. -Resident #5 ate 100% of her meal. Observation of Resident #5 on 06/08/22 from 12:04pm to 12:16pm revealed: -She was served a baked chicken breast on the bone with skin, green beans, rice, a roll and sliced peaches. -She ate 100% of her baked chicken, green beans, peaches and roll and she ate 50% of her rice. Review of Resident #5's current FL2 dated 05/18/22 revealed: -Diagnoses included memory loss, anxiety, hypertension, hyperlipidemia, hypothyroidism, chronic kidney disease and polymyalgia rheumatica. -She was ordered a regular diet. Review of Resident #5's care plan dated 05/20/22 revealed her dietary restrictions were soft food. Review of a physician's order for Resident #5 dated 05/10/22 revealed: -Resident #5's current diet order was stopped. -She was ordered a soft diet, chopped meats; meats off the bone and gravy added whenever possible. Review of Resident #5's Speech Therapist (ST) notes dated from 02/18/22 to revealed: -On 02/18/22, sometimes she coughed while trying to eat and drink.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 28	D 310		

-On 05/06/22, continued to cough during her meal; there was an order for a soft diet with chipped meats.
-On 05/10/22, the office of Resident #5's primary care provider (PCP) was notified and diet order for soft diet was faxed to the facility.
-On 05/17/22, the soft diet had not started, and the facility staff said they did not get the order from the PCP.
-The ST spoke to the PCP office again and the order for the soft diet was faxed to the facility again.

Review of Resident #5's care notes dated 05/24/22 revealed:
-There was documentation there was an order for a soft diet, pull meat off bones.
-The facility food was already cooked soft and food was pulled from the bone and cut up if necessary.
-The facility did not offer mechanical soft or chopped diets.
-The note was signed off by the Administrator.

Interview with Resident #5 on 06/09/22 at 8:44am revealed she was not on any special diets and could eat what she wanted, but sometimes she did cough while she ate.

Telephone interview with Resident #5 family member on 06/09/22 at 1:58pm revealed:
-Resident #5 was vomiting while eating and had a swallow test around August 2021; she was also being followed by a ST for the same reason.
-Resident #5 was ordered a soft diet because the soft diet made it easier for her to swallow.
-She had swallowing issues and was vomiting so the soft diet was going to help prevent the vomiting.
-He thought her swallowing issues were related to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 29	D 310		

her cognition.
-He wanted Resident #5 to be on the soft diet that was ordered by the ST and the PCP.

Telephone interview with Resident #5's Speech Therapist (ST) on 06/08/22 at 3:49pm revealed:
-Resident #5 had cognitive decline and had swallowing issues due to the decline since August 2021.
-She had been clearing her throat, coughing and choking with vomiting while eating.
-Resident #5 was not a candidate for a swallow test due to her cognitive decline.
-She ordered Resident #5 a mechanical soft diet; the facility agreed to the diet order.
-There was a meeting with the family about Resident #5's decline and it was agreed the mechanical soft diet would allow her to remain in the facility.
-The facility agreed the mechanical soft diet would consist of soft meats, meat off the bone and gravy on food when possible.
-Resident #5's primary care physician (PCP) agreed to a verbal order for a mechanical soft diet for Resident #5.
-She saw Resident #5 on 05/17/22 and she was not on a soft diet; the staff told her they did not receive an order from the physician for a soft diet.
-She reached out to the PCP's office and they resent the mechanical soft diet order to the facility.
-The Administrator assured her they could follow the mechanical soft diet.
-Resident #5 would continue to strangle, cough and vomit if she was not served the mechanical soft diet as ordered.

Telephone interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 30	D 310		

-Resident #5 was seen by a ST due to choking and vomiting incidents; the ST recommended a soft diet.
-On 05/09/22, Resident #5 was ordered a soft diet and he thought the facility was following the diet as ordered.
-Several orders were sent to the facility before the diet was started; an order was sent on 05/09/22 via fax and resent again on 05/17/22 because the facility said they did not get the first order.
-He thought the order sent 05/17/22 was in place and was being followed by the facility.
-He expected the diet order to be followed once he had ordered it; Resident #5 could have a choking incident and vomit and possibly aspirate in the process.

Interview with the Kitchen Manager on 06/08/22 at 8:30am revealed:
-There were no residents on a mechanical soft or soft diet.
-The only therapeutic diet the facility offered as a reduced concentrated sweets (RCS) diet.

Interview with a personal care aide (PCA) on 06/09/22 at 11:45am revealed:
-She rotated working in the small dining room with other PCAs and medication aides (MA); she worked once or twice a week in the small dining room.
-Resident #5 usually only vomited while she was eating; she would choke and then vomit.
-Resident #5 normally vomited at least once a week, maybe more, it was very common for her.
-Resident #5 vomited so often she could not remember the last time.
-Resident #5 was not ordered a mechanical soft or soft diet.
-If the food was on a bone like a piece of chicken or a pork chop, she would cut it off for Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 31	D 310		

#5 just to help her out.
-She was not told to cut up Resident #5's food sometimes she just did it.

Interview with a MA on 06/09/22 at 2:49pm revealed:
-Resident #5 gagged and vomited while she ate because she ate fast.
-Staff had to remind her to slow down when she ate.
-Resident #5 had vomited in the dining room on Monday, 06/06/22 while eating.
-Resident #5 put too much food into her mouth on Monday and could not swallow it all so she started to cough and strangled and then she vomited.
-Resident #5 was not on any special diets.
-She cut up Resident #5's food before she ate; she would cut up the meat and the salads.
-The kitchen did not cut up Resident #5's food; the staff cut it up in the dining room.
-No one told her to cut up Resident #5's food; she just did it to help the resident.

Interview with the Administrator on 06/08/22 at 11:03am revealed:
-There were no residents on a mechanical soft or soft diet.
-The facility did not offer mechanical soft diets or soft diets to the residents.

Interview with the Administrator on 06/09/22 revealed:
-Resident #5 had episodes of choking and coughing when she ate really fast.
-The ST recommended Resident #5 should eat in a smaller setting where staff could have more one on one attention to her during meals.
-The way she ate did not change once she was moved into the smaller dining room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 32 -The ST recommended soft foods, but her family member did not want to change her diet; he only wanted the staff to continue to monitor her while she ate. -The facility did not have a soft or mechanical soft diet, but all of their foods were "soft cooked" and were pulled from the bone. -The kitchen cooked all the food soft including meats and vegetables, so they were easy for the residents to chew. -The staff in the dining room were instructed to pull Resident #5's meat off the bone or give her an alternate item; something that could be pulled apart easily. -The staff new what Resident #5 could eat, and they made the decision as to what to serve Resident #5. -She did not think chicken breast on the bone with skin or bacon was a soft food and should not have been served to Resident #5 and she was surprised to hear Resident #5 had served them.	D 310		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 4 residents (#1	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 33	D 358		

and #6) observed during the morning medication pass including errors with a medication for nerve pain and omission of a blood thinner (#1); and a medication used to treat vitamin deficiency (#6); and for 3 of 5 residents sampled (#1, #4 and #5) for record review including errors with a thyroid medication (#1); a nasal spray and a nutritonal supplement (#5);an anti anxiety medication (#2).

The findings are:

1. The medication error rate was 8% as evidenced by the observation of 3 errors out of 36 opportunities during the 8:00am medication pass on 06/08/22.

a. Review of Resident #1's current FL-2 dated 04/20/22 revealed diagnoses included diabetes mellitus type 2, hypertension, hyperlipidemia, coronary artery disease, gastro-esophageal reflux disease, cerebrovascular accident, bipolar, glaucoma and traumatic brain injury.

1. Review of Resident #1's current FL-2 dated 04/20/22 revealed there was an order for aspirin (used as a blood thinner) 81mg daily.

Observation during the medication pass on 06/08/22 at 8:44am revealed:
-The medication aide (MA) prepared 16 pills for administration to Resident #1.
-The MA prepared vitamin C, omeprazole 20mg, fish oil 1000mg, docusate sodium 100mg, risperidone 0.5mg, potassium chloride 20meq, lamotrigine 100mg, losartan 50mg, Plavix 75mg, citalopram 20mg, furosemide 40mg, calcium-D3 600/400, metoprolol 25mg, vitamin D3 2000u, isosorbide 60mg and gabapentin 300mg for administration to Resident #6.
-The MA administered 16 pills to Resident #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 34 followed by a cup of water. -The MA did not prepare aspirin 81mg for administration. Review of Resident #1's June 2022 electronic medication administration record (eMAR) revealed: -There was an entry for aspirin 81mg daily to be administered at 8:00am. -There was documentation that aspirin was administered on 06/08/22 at 8:00am. Interview with the MA on 06/08/22 at 10:25am revealed: -She administered 16 pills to Resident #1. -She thought she prepared aspirin 81mg for administration to Resident #1. -She must have clicked off on the wrong medication on the eMAR. Observation of medications on hand on 06/08/22 at 10:25am revealed there was no aspirin available for administration to Resident #1 on the medication cart. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/08/22 at 10:02am revealed: -Resident #1 had an order for aspirin 81mg daily. -The pharmacy dispensed 28 tablets of aspirin 81mg on 03/28/22 with a start date of 04/04/22. -The pharmacy dispensed 28 tablets of aspirin 81 mg on 04/18/22 with a start dated of 04/25/22. -The pharmacy dispensed 28 tablets of aspirin 81mg on 05/23/22 with at start date of 05/30/22. -The facility was on a 28-day cycle fill; the dispensed date was about 1 week before the start date, allowing time for the medication to be delivered to the facility.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 35 Observation of the medication room on 06/08/22 at 10:30am revealed a bubble pack of aspirin 81mg with a start date of 05/30/22. Telephone interview with the Primary Care Provider (PCP) on 06/09/22 at 11:02am revealed: -Resident #1 was ordered aspirin for coronary artery disease. -Resident #1 received aspirin as a preventive measure. -He expected medication to be administered as ordered. Interview with the Administrator on 06/08/22 at 9:30am revealed: -The MA should have noticed aspirin was not on the medication cart. -The MA should not have documented on the eMAR the aspirin was administered when it was not. -The facility was on a 28-day cycle fill; the medications were automatically delivered to the facility. -If the medication was not on the medication cart, it would be in the medication room. 2. Review of Resident #1's current FL-2 dated 04/20/22 revealed: -There was an order for gabapentin (used to treat nerve pain) 100mg 2 twice a day. -There was an order for gabapentin 300mg at bedtime. Review of Resident #1's physicians order dated 04/18/22 revealed: -There was an order to discontinue gabapentin 200mg twice a day. -There was an order to discontinue gabapentin 300mg at bedtime. -There was an order for gabapentin 300mg three	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 36 times a day. Observation during the medication pass on 06/08/22 at 8:44am revealed: -The medication aide (MA) prepared 16 pills for administration to Resident #1, including gabapentin 300mg. -The MA administered 16 pills to Resident #1, including gabapentin 300mg, followed by a cup of water. Review of Resident #1's June 2022 eMAR revealed: -There was an electronic entry for gabapentin 300mg three times a day to be administered at 8:00am, 2:00pm and 8:00pm. -There was documentation gabapentin 300mg was administered at 8:00am on 06/08/22. Interview with the MA on 06/08/22 at 10:25am revealed: -She administered 16 pills to Resident #1. -Gabapentin 300mg was 1 of the 16 pills administered to Resident #1. -Gabapentin 300mg was on the eMAR and on the medication cart to be administered to Resident #1. -She was not responsible for completing FL-2s or faxing orders to the pharmacy. -She thought the SIC was responsible for faxing new orders to the pharmacy. -She did not know who was responsible for completing the FL-2. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/08/22 at 12:17pm and 4:20pm revealed: -The pharmacy had an order for gabapentin 300mg three times a day dated 04/18/22 for Resident #1.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 37 -Gabapentin 100mg 2 tablets twice a day was discontinued on 04/18/22. -Gabapentin 300mg at bedtime was discontinued on 04/18/22. -Gabapentin was used to treat nerve pain in diabetic residents. -The pharmacy dispensed 90 tablets of gabapentin 300mg on 04/18/22. -The pharmacy dispensed 90 tablets of gabapentin 300mg on 05/13/22. -The pharmacy accepted a physician signed FL-2 as current orders. -The pharmacy did not receive Resident #1's FL-2 dated 04/20/22. Telephone interview with the Primary Care Provider (PCP) on 06/09/22 at 11:02am revealed: -Gabapentin was used for neuropathy (pain caused by nerve damage in the feet). -He increased Resident #1's gabapentin a few months ago due to increase complaint of pain. -Resident #1 had not complained of nerve pain since gabapentin was increased. -The FL-2 was completed by the staff at the facility. -He was not aware that the new dose of gabapentin 300mg three times a day was not on the current FL-2 dated 04/20/22. -He expected the FL-2 to be accurate when he reviewed and signed the FL-2. Interview with the Supervisor-in-charge (SIC)/MA on 06/08/22 at 10:40am revealed: -The FL-2 was completed by the PCP's office and signed by the PCP. -The Administrator or the SIC would compare the FL-2 with the eMAR to ensure accuracy of all medications. -All FL-2s were faxed to the pharmacy. -She did not know the current order for	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 38	D 358		

gabapentin was not listed on the FL-2 dated 04/20/22.
-The Administrator was responsible for faxing the FL-2 to the pharmacy.
-The SIC was responsible for faxing the FL-2 to the pharmacy when the Administrator was not available.
-She did not know Resident #1's FL-2 dated 04/20/22 was not faxed to the pharmacy.
-She did not recall faxing Resident #1's FL-2 dated 04/20/22 to the Pharmacy.

Interview with the Administrator on 06/09/22 at 9:37am revealed:
-She completed the FL-2's for the facility's contracted physician.
-She completed the FL-2's several weeks before they were due to be signed.
-She completed the FL-2 based on the medications listed on the eMAR.
-She did not review the residents record for new orders between the time the FL-2 was completed and the day the physician signed the FL-2.
-All FL-2s were faxed to the pharmacy.
-She did not know that the pharmacy did not receive Resident #1's FL-2 dated 04/20/22.

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

b. Review of Resident #6's current FL-2 dated 05/18/22 revealed:
-Diagnoses included memory loss, history of deep vein thrombosis, alcohol abuse, hiatal hernia, bilateral hearing loss and esophageal stricture.
-There was no order for vitamin B-12 1000mcg (used as a supplement.)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 39 Observation during the medication pass on 04/19/22 at 8:06am revealed: -The medication aide (MA) prepared 4 pills for administration to Resident #6. -The MA prepared 1 vitamin B-12 tablet for administration to Resident #6. -The MA placed the vitamin B-12 in a medication cup with 3 other pills and administered them to Resident #6 with a cup of water. Review of Resident #6's June 2022 electronic medication administration record (eMAR) revealed: -There was an entry for vitamin B-12 1000mg daily to be administered at 8:00am. -There was documentation that vitamin B-12 was administered on 06/08/22 at 8:00am. Observation of medications on hand on 06/08/22 at 8:06am revealed: -There was a bubble pack of vitamin B-12 1000mcg with a dispense date of 05/18/22. -There were 16 of 30 tablets remaining in the bubble pack. Interview with the Supervisor-in-charge (SIC)/MA on 06/08/22 at 10:40am revealed: -Vitamin B-12 was on the eMAR to be administered to Resident #6. -She administered 4 pills to Resident #6. -Vitamin B-12 was 1 of the 4 pills administered to Resident #6. -The FL-2 was completed by the PCP's office and signed by the PCP. -The Administrator or the SIC would compare the FL-2 with the eMAR to ensure accuracy of all medications. -All FL-2s were faxed to the pharmacy. -She did not know vitamin B-12 was not listed on the current FL-2 dated 05/18/22.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 40	D 358		

-There would be no order to administer vitamin B-12 to Resident #6 if the FL-2 dated 05/18/22 was the current medication order.
-The Administrator was responsible for faxing the FL-2 to the pharmacy.
-The SIC was responsible for faxing the FL-2 to the pharmacy when the Administrator was not available.
-She did not know Resident #6's FL-2 dated 05/18/22 was not faxed to the pharmacy.
-She did not recall faxing Resident #6's FL-2 dated 05/18/22 to the Pharmacy.

Telephone interview with the Primary Care Provider (PCP) on 06/09/22 at 11:02am revealed:
-Resident #6 was ordered vitamin B-12 1000mcg for a vitamin deficiency.
-He was not aware that vitamin B-12 was omitted from the FL-2 dated 05/18/22.
-The staff at the facility complete the FL-2.
-He expected the FL-2 to be accurate when he reviewed and signed the FL-2.

Telephone interview with the Pharmacist at the facility's contracted pharmacy on 06/08/22 at 10:02am revealed:
-Resident #6 had an order for vitamin B-12 1000mcg dated 04/09/21.
-Vitamin B-12 was used as a dietary supplement.
-The pharmacy accepted a physician signed FL-2 as current orders.
-The pharmacy did not receive the FL-2 dated 05/18/22.

Interview with the Administrator on 06/09/22 at 9:37am revealed:
-She completed the FL-2's for the facility's contracted physician.
-She completed the FL-2's several weeks before they were due to be signed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 41	D 358		

-She completed the FL-2 based on the medications listed on the eMAR.
-She did not realize that vitamin B-12 was not listed on the FL-2 dated 05/18/22.
-She must have overlooked the vitamin B-12 when completing the FL-2.
-All FL-2s were faxed to the pharmacy.
-She did not know that the pharmacy did not receive Resident #6's FL-2 dated 05/18/22.

Based on observations, interviews, and record reviews it was determined Resident #6 was not interviewable.

2. Review of Resident #1's current FL-2 dated 04/20/22 revealed:
-Diagnoses included diabetes mellitus type 2, hypertension, hyperlipidemia, coronary artery disease, gastro-esophageal reflux disease, cerebrovascular accident, bipolar, glaucoma and traumatic brain injury.
-There was an order for levothyroxine 137mcg every morning on an empty stomach 30 minutes to 1 hour before eating.

Review of Resident #1's March 2022 electronic medication administration record (eMAR) revealed:
-There was an electronic entry for levothyroxine 137mcg every morning on an empty stomach 30 minutes to 1 hour before eating at 6:00am.
-There was documentation that levothyroxine was administered daily from 03/16/22 to 03/31/22 at 6:00am.
-There was an exception documented on 03/16/22; the exception was out of stock, pharmacy notified.

Review of Resident #1's April 2022 eMAR revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 42 -There was an electronic entry for levothyroxine 137mcg every morning on an empty stomach 30 minutes to 1 hour before eating at 6:00am. -There was documentation that levothyroxine was administered daily from 04/01/22 to 04/30/22 at 6:00am. -There was an exception documented on 04/23/22; the exception was out of stock, pharmacy notified. Review of Resident #1's May 2022 eMAR revealed: -There was an electronic entry for levothyroxine 137mcg every morning on an empty stomach 30 minutes to 1 hour before eating at 6:00am. -There was documentation that levothyroxine was administered daily from 05/01/22 to 05/31/22 at 6:00am. Review of Resident #1's June 2022 eMAR revealed: -There was an electronic entry for levothyroxine 137mcg every morning on an empty stomach 30 minutes to 1 hour before eating at 6:00am. -There was documentation that levothyroxine was administered daily from 06/01/22 to 06/08/22 at 6:00am. -There was an exception documented on 06/03/22; the exception was out of stock, pharmacy notified. Telephone interview with a third shift medication aide (MA) on 06/09/22 at 11:50am revealed: -Levothyroxine was always available to administer to Resident #1. -She did not recall, not having levothyroxine for administration to Resident #1. -She could not explain why there were not enough pills to administer levothyroxine daily since 03/16/22.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 43 Telephone interview with the Pharmacist from the facility's contracted pharmacy on 06/08/22 at 12:17pm revealed: -The pharmacy had an order for levothyroxine 137mcg every morning on an empty stomach 30 minutes to 1 hour before eating dated 03/16/22. -The pharmacy dispensed 30 tablets of levothyroxine 137mcg on 03/16/22. -The pharmacy dispensed 30 tablets of levothyroxine 137mcg on 04/23/22. -The pharmacy dispensed 30 tablets of levothyroxine 137mcg pm 06/03/22. -The facility was on cycle-fill every 28 days. -Levothyroxine was not on cycle-fill; it was packaged at the manufacture. -The facility staff would have to order the levothyroxine from the pharmacy when needed. Review of the pharmacy packing slip for proof of delivery dated 03/17/22 revealed: -The medications were delivered on 03/17/22 at 12:57am. -The medications were signed for by the third shift MA. -Thirty tablets of levothyroxine 137mcg were delivered on 03/17/22. Review of the pharmacy packing slip for proof of delivery dated 04/26/22 revealed: -The medications were delivered on 04/26/22 at 2:39am. -The medications were signed for by the third shift MA. -Thirty tablets of levothyroxine 137mcg were delivered on 04/26/22. Review of the pharmacy packing slip for proof of delivery dated 06/04/22 revealed: -The medications were delivered on 06/04/22 at	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 44 4:11am. -The medications were signed for by the third shift MA. -Thirty tablets of levothyroxine 137mcg were delivered on 06/04/22. Based on MAR documentation, medications dispensed and medications on hand between 03/16/22 and 06/08/22, there would have been no levothyroxine available to be administered from 04/15/22 to 04/23/22 and from 05/24/22 to 06/03/22. Telephone interview with the Primary Care Provider (PCP) on 06/09/22 at 11:02am revealed: -Resident #1 was ordered levothyroxine for hypothyroidism (a condition where the thyroid gland does not produce enough thyroid hormone.) -Resident #1 could experience cold intolerance, hair loss and increase in fatigue if she did not receive the medication as ordered. -He expected medication to be administered as ordered. Interview with the Administrator on 06/08/22 at 9:55am revealed: -The MAs should administer medications as ordered. -The MAs should not document that a medication was administered if the medication was not on the medication cart. -The MA should notify the pharmacy, SIC or the Administrator if a medication was not available for administration. Based on observations, interviews, and record reviews it was determined Resident #1 was not interviewable. 3. Review of Resident #5's current FL2 dated	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 45 05/18/22 revealed diagnoses included memory loss, anxiety, hypertension, hyperlipidemia, hypothyroidism, chronic kidney disease and polymyalgia rheumatica. a. Review of Resident #5's current FL2 dated 05/18/22 revealed there was an order for biotin (a vitamin that aides in utilization of fats, carbohydrates and amino acids) 5000mg take two tablets once daily. Review of Resident #5's May 2022 electronic medication administration record (eMAR) revealed: -There was an entry for biotin 5000mg take two tablets once daily scheduled at 12:00pm. -Biotin 500mg was documented as administered 31 of 31 opportunities from 05/01/22 to 05/31/22. Review of Resident #5's June 2022 eMAR revealed: -There was an entry for biotin 5000mg take two tablets once daily scheduled at 12:00pm. -Biotin 500mg was documented as administered 8 of 8 opportunities from 06/01/22 to 06/08/22. Observation of Resident #5's medication on hand on 06/08/22 at 2:06pm revealed: -There were three medication cards for Resident #5's biotin 5000mg. -One card of biotin was dispensed on 01/10/22; 56 tablets were dispensed, and 36 tablets were available for administration. -A second card of biotin was dispensed on 03/07/22; 56 tablets were dispensed, and 56 tablets were available for administration. -A third card of biotin was dispensed on 05/30/22; 56 tablets were dispensed, and 56 tablets were available for administration.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 46 Telephone interview with a representative from the facility's contracted pharmacy on 06/08/22 at 2:31pm revealed: -Resident #5 had a current order for biotin 5000mg take two tablets once daily. -There were 56 tablets of biotin dispensed on 05/23/22. -There were 56 tablets of biotin dispensed on 04/25/22. -Biotin was a supplement but she did not know why Resident #5 was ordered the biotin and did not know of an outcome from the biotin not administered as ordered. Telephone interview with Resident #5 family member on 06/09/22 at 1:58pm revealed he did not know too much about Resident #5's medications and could not answer any questions related to them. Interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am revealed: -He did not originally order the biotin for Resident #5, so he was not sure why she was ordered the biotin. -Biotin was a supplement that was used for hair and nail growth; Resident #5 could have had issues with her nails in the past. -He did continue the order for biotin 5000mg take two tablets once daily for Resident #5. -He expected to be notified if there were issues or concerns with Resident #5's medications. -He expected his orders to be followed as ordered. Interview with a medication aide on 06/08/22 revealed: -Medications that had a start date of 05/30/22 were delivered to the facility on 06/01/22 or 06/02/22.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 47 -Medications in bubble packs were sent from the pharmacy on an autofill and did not need to be ordered by the facility. Interview with another medication aide (MA) on 06/09/22 at 2:49pm revealed: -She administered Resident #5 her medications and she was pretty good about taking them; she did not want to drink water when she took her medications. -She had noticed there were extra medications, but she did not know why. -She had not told anyone about the extra medication Resident #5 had on hand because the extra medications in bubble cards were usually sent back to the pharmacy. -Medication was sent back to the pharmacy about two months ago. -She thought she had sent Resident #5's extra biotin back to the pharmacy, but she did not know what else was sent back. -When she administered medications, she looked at the dates on the card to see how long they had been at the facility. -When she was off for a day and came back to work, she had noticed tablets that were not "popped" out of a mediation card that should have been administered when she was off. -She never questioned why the medication was not administered when she was not there. Interview with the Administrator on 06/10/22 at 10:53am revealed: -She was not aware Resident #5 had extra medication cards with biotin in them. -There should not have been any cards from January 2022 or March 2022 available for administration. -Somewhere and at sometime Resident #5's biotin was not administered as ordered.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 48 -She was concerned because the medication was ordered by her PCP and she expected the PCP's orders to be followed. b. Review of Resident #5's current FL2 dated 05/18/22 revealed there was an order for fluticasone nasal spray (used to treat itchy or runny nose associated with allergies) spray two puffs in each nostril once daily. Review of Resident #5's May 2022 electronic medication administration record (eMAR) revealed: -There was an entry for fluticasone nasal spray, spray two puffs in each nostril once daily scheduled at 8:00am. -Fluticasone nasal spray was documented as administered 31 of 31 opportunities from 05/01/22 to 05/31/22. Review of Resident #5's June 2022 eMAR revealed: -There was an entry for fluticasone nasal spray, spray two puffs in each nostril once daily scheduled at 8:00am. -Fluticasone nasal spray was documented as administered 8 of 8 opportunities from 06/01/22 to 06/08/22. Observation of Resident #5's medication on hand on 06/08/22 at 2:06pm revealed: -There was one opened bottle of fluticasone nasal spray. -It was dispensed on 03/20/22 and was about half empty; it was dated opened on03/24/22. Telephone interview with a representative from the facility's contracted pharmacy on 06/08/22 at 2:31pm revealed: -Resident #5 had a current order for fluticasone	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 49	D 358		

nasal spray; spray two puffs in each nostril once daily.
-Fluticasone nasal spray had been dispensed on 03/20/22; there were no other dispense dates for the fluticasone for Resident #5.
-Resident #5's fluticasone nasal spray should have lasted about 30 days if administered as ordered.
-Fluticasone was usually ordered to treat symptoms of seasonal allergies; an outcome would be increased worsening of symptoms is it was not administered as ordered.

Telephone interview with Resident #5 family member on 06/09/22 at 1:58pm revealed he did not know too much about Resident #5's medications and could not answer any questions related to them.

Interview with Resident #5's primary care provider (PCP) on 06/09/22 at 10:46am revealed:
-Resident #5 was ordered the fluticasone nasal spray for allergic rhinitis.
-Because of Resident #5's dementia she would not be able to complain of runny nose or itchy eyes.
-He had not observed any allergic rhinitis in Resident #5 on his last visit.
-She could have a runny nose and other symptoms like itching and watery eyes if she was not administered the nasal spray as ordered.
-He expected his medication orders for Resident #5 to be followed as written.

Interview with a medication aide on 06/08/22 revealed:
-Medications that had a start date of 05/30/22 were delivered to the facility on 06/01/22 or 06/02/22.
-Medications in bubble packs were sent from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 50	D 358		

pharmacy on an autofill and did not need to be ordered by the facility but nasal sprays were reordered when they were low.

Interview with another MA on 06/09/22 at 2:49pm revealed:
-She administered Resident #5 her medications and she was pretty good about taking them; she did not want to drink water when she took her medications.
-She had noticed there were extra medications, but she did not know why.
-She had not told anyone about the extra medication Resident #5 had on hand.
-Medication was sent back to the pharmacy about two months ago.
-When she administered medications, she looked at the dates on the medication to see how long they had been at the facility.
-Resident #5 did not like to take her fluticasone nasal spray; she would push it away.
-Resident #5 used to refuse the fluticasone spray at least three times a week but had gotten better in May 2022 and did not refuse it as often.
-Resident #5's fluticasone bottle should have been empty and reordered by now.
-Fluticasone was not on a cycle or autofill and would need to be reordered by the MAs as needed.

Interview with the Administrator on 06/10/22 at 10:53am revealed:
-She was not aware Resident #5 had a bottle of fluticasone nasal spray from 03/20/22.
-Resident #5's fluticasone spray should have been used up and new bottles should have been ordered. administration.
-At some point Resident #5 was not administered her fluticasone nasal spray as ordered.
-She was concerned because the medication was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 51	D 358		

ordered by her PCP and she expected the PCP's orders to be followed.

4. Review of Resident #2's current FL2 dated 01/10/22 revealed diagnoses included acute and chronic respiratory failure, Alzheimer's, and congestive heart failure.

Review of Resident #2's signed physician's orders dated 01/25/22 revealed there was an order for Lorazepam 0.5mg three times a day as needed (PRN) for anxiety.

Review of Resident #2's May 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for Lorazepam 0.5mg one tablet three times per day as needed for anxiety.
-There was no scheduled time for administration of Lorazepam 0.5mg.
-Lorazepam 05.mg was documented as administered 3 times on 05/03/22 at 9:17am, 2:39pm, and 7:12pm.
-Lorazepam 05.mg was documented as administered 3 times on 05/07/22 at 9:11am, 1:31pm, and 7:17pm.

Review of Resident #2's controlled substance count sheets (CSCS) for 30 tablets of Lorazepam 0.5mg dispensed on 04/25/22 revealed:
-Lorazepam 05.mg was documented as administered 4 times on 05/03/22 at 8:00am, 12:00pm, 4:00pm, and 8:00pm.
-Lorazepam 05.mg was documented as administered 4 times on 05/07/22 at 8:00am, 12:00pm, 4:00pm, and 8:00pm.

Interview with a medication aide (MA) on 06/09/22 at 2:49pm revealed:
-She used the eMAR to make sure there was an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 52 active order. -Once she saw the order was active, she would pull the punch card for the medication, sign off on the CSCS and administer the medication. -After about an hour she would document the effectiveness of the medication in the residents' eMAR. -She always documented administering medication, even PRNs, in the resident's eMAR. -Sometimes the computers would be offline, and the medications documented would not carry over. -When she administered a controlled medication, she always documented it in the eMAR and the CSCS. -She did not know why there were controlled medications documented by her on the CSCS but not on the eMAR. Interview with a another MA on 06/09/22 at 3:31pm revealed: -Resident #2 had an order for Lorazepam 0.5mg three times a day as needed. -She had administered the Lorazepam when Resident#2 would get agitated, looking for her family member, and trying to leave the facility. -She used the eMAR to see how many times the Lorazepam had been administered. -If the eMAR did not show Lorazepam administered three times she would administer the medication. -She did not look at the CSCS log to make sure the Lorazepam had not already been administered three times. -She could not ever recall administering Resident #2's Lorazepam when three had already been administered. -If she had known three Lorazepam had been administered, she would not have administered Resident #2's Lorazepam.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 53 Interview with the Administrator on 06/09/22 at 4:03pm revealed: -She expected the MA to also look at the CSCS to see when the Lorazepam was last administered. --She expected the MAs to then look at the eMAR; it should show who administered and when. -She was not aware Resident #2 was administered Lorazepam and the medication was not documented on the eMAR therefore the resident received Lorazepam when it exceeded the order. -She expected controlled medication to be administered on the eMAR and the CSCS. -She was concerned a MA did not look; they should have paid attention. -A medication error should have been completed and the PCP notified. Interview with Resident #2 on 06/09/22 at 1:39pm revealed she did not know what medications she was administered. Attempted telephone interview with Resident #3's primary care provider (PCP) on 06/09/22 at 3:33pm was unsuccessful.	D 358		
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 54	D 392		

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure a readily retrievable record that accurately reconciled the receipt, administration, and disposition of controlled substances was maintained for 2 of 2 sampled residents (#2 and #3) with physician orders for anti-anxiety medication.

The findings are:

Review of the facility's policy for Controlled Substances revealed:
-Documentation of controlled substances will be maintained by the facility and available for review.
-The record of documentation will be kept in the resident's record; examples were documented as the medication administration record (MAR) or controlled drug sign-out record.

1. Review of Resident #2's current FL2 dated 01/10/22 revealed diagnoses included acute and chronic respiratory failure, Alzheimer's, and congestive heart failure.

Review of Resident #2's signed physician's orders dated 01/25/22 revealed there was an order for Lorazepam 0.5mg three times a day as needed for anxiety.

Review of Resident #2's May 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for Lorazepam 0.5mg one tablet three times per day as needed for anxiety.
-There was no scheduled time for administration of Lorazepam 0.5mg.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 55 -There was space on the eMAR for documenting the date, time, quantity, and effectiveness of the prn medication. Review of Resident #2's May 2022 eMAR compared to Resident #2's controlled substance count sheets (CSCS) for 30 tablets of Lorazepam 0.5mg dispensed on 04/25/22 revealed: -On 05/02/22, there were three times documented on the CSCS Resident #2 was administered Lorazepam 0.5mg. -On 05/02/22, there were two times documented on Resident #2's eMAR Lorazepam 0.5mg was administered and the effectiveness. -On 05/03/22, there were four times documented on the CSCS Resident #2 was administered Lorazepam 0.5mg. -On 05/03/22, there were three times documented on Resident #2's eMAR Lorazepam 0.5mg was administered and the effectiveness. -On 05/05/22, there were three times documented on the CSCS Resident #2 was administered Lorazepam 0.5mg. -On 05/05/22, there were two times documented on Resident #2's eMAR Lorazepam 0.5mg was administered and the effectiveness. -On 05/07/22, there were four times documented on the CSCS Resident #2 was administered Lorazepam 0.5mg. -On 05/07/22, there were three times documented on Resident #2's eMAR Lorazepam 0.5mg was administered and the effectiveness. -There were four times Lorazepam 0.5mg was not documented on the eMAR as administered prn or the effectiveness documented. Based on interviews and record review Resident #2 had 4 Lorazepam 0.5mg tablets was not accurately accounted for on the eMARs compared to the CSCS for 30 Lorazepam 0.5mg	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 56 tablets dispensed for the resident on 04/25/22. Refer to the interview with a medication aide (MA) on 06/09/22 at 2:49pm. Refer to the interview with another MA on 06/09/22 at 3:50pm. Refer to the interview with the Administrator on 06/09/22 at 4:03pm. 2. Review of Resident #3's current FL-2 dated 05/09/22 revealed: -Diagnoses included non-displaced lower rib fracture, Lewey Body dementia, hypertension, acid reflux, and macular degeneration. -There was an order for lorazepam 0.5mg daily at 7:00pm. Review of Resident #3's signed physician's order dated 05/19/22 revealed there was an order for lorazepam 0.5mg twice daily as needed for agitation, anxiety, and psychosis. Review of Resident #3's May 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Lorazepam 0.5mg one tablet twice a day as needed for anxiety. -There was no scheduled time for the administration of Lorazepam 0.5mg. -There was space on the eMAR for documenting the date, time, quantity, and effectiveness of the prn medication. Review of Resident #3's May 2022 eMAR compared to Resident #3's controlled substance count sheets (CSCS) for 30 tablets of Lorazepam 0.5mg dispensed on 04/25/22 revealed: -On 05/18/22, there were two times documented	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 57 on the CSCS Resident #3 was administered Lorazepam 0.5mg. -On 05/18/22, there was one time documented on Resident #3's eMAR Lorazepam 0.5mg was administered and the effectiveness. On 05/21/22, there was one time documented on the CSCS Resident #3 was administered Lorazepam 0.5mg. -On 05/21/22, there was no documentation on Resident #3's eMAR Lorazepam 0.5mg was administered and the effectiveness. -On 05/22/22, there were two times documented on the CSCS Resident #3 was administered Lorazepam 0.5mg. -On 05/22/22, there was one-time Lorazepam was documented on Resident #3's eMAR Lorazepam 0.5mg was administered, and the effectiveness. -There were three times Lorazepam 0.5mg was not documented on the eMAR as administered PRN or the effectiveness documented. Based on interviews and record review Resident #3 had three Lorazepam 0.5mg tablets was not accurately accounted for on the eMARs compared to the CSCS for 30 Lorazepam 0.5mg tablets dispensed for the resident on 05/16/22. Refer to the interview with a medication aide (MA) on 06/09/22 at 2:49pm. Refer to the interview with another MA on 06/09/22 at 3:50pm. Refer to the interview with the Administrator on 06/09/22 at 4:03pm. _____ Interview with a medication aide (MA) on 06/09/22 at 2:49pm revealed: -She used the eMAR to make sure there was an	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 58	D 392		

active order.
-Once she saw the order was active, she would pull the punch card for the medication, sign off on the CSCS and administer the medication.
-After about an hour she would document the effectiveness of the medication in the residents' eMAR.
-She always documented administering medication, even PRNs, in the resident's eMAR.
-Sometimes the computers would be offline, and the medications documented would not carry over.
-When she administered a controlled medication, she always documented it in the eMAR and the CSCS.

Interview with another MA on 06/09/22 at 3:50pm revealed:
-She used the eMAR to administer medication.
-Once the medication had been verified on the eMAR, she would pop the pill from the punch card, administer the medication and sign off in the CSCS and in the eMAR.
-Sometimes the eMAR would "spin and spin" and she would go ahead and document on the CSCS and sometimes the eMAR would not quit spinning.

Interview with the Administrator on 06/09/22 at 4:03pm revealed:
-She expected the MAs to administer medication based on the eMAR.
-She expected the MA to sign off on both the eMAR and the CSCS after administering the medication.
-She has not audited the eMARs.
-She was not aware Resident #3 was administered Lorazepam and the medication was not documented on the eMAR.
-She expected controlled medication to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 59 administered on the eMAR and the CSCS.	D 392		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure recommendations and guidelines established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to protect 76 residents in the facility during the global coronavirus (COVID-19) pandemic as related to the screening of residents and staff and staff wearing cloth masks. The findings are: Review of the Centers for Disease Control and Prevention (CDC) Interim Infection Prevention	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 60	D 612		

and Control Recommendations for healthcare personnel during the coronavirus disease 2019 (COVID-19) pandemic dated 02/02/22 revealed:
-Facilities should establish a process to identify anyone entering the facility, regardless of vaccination status, who has any one of the following three criteria so that they can be managed: a positive viral test for COVID-19, symptoms of COVID-19, or close contact with someone with COVID-19 infection.
-The options could include (but were not limited to): individual screening upon arrival to the facility or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility.

Review of the CDC Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated 02/22/22 revealed residents should be evaluated daily for symptoms of COVID-19 and actively monitor residents for fever.

Review of the North Carolina Department of Health and Human Services (NCDHHS) COVID-19 Post Acute Care Setting Infection Control Assessment and Response (ICAR) tool dated 10/2021 revealed the staff and residents should be actively screened daily for fever, signs, and symptoms of COVID-19.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 61	D 612		

they were breathing, talking, sneezing, or coughing.
-Cloth facemasks were not personal protective equipment (PPE) appropriate for use by HCP.
-Fully vaccinated HCP should wear source control when they were in areas of the facility where they could encounter residents.

a. Review of five residents' April 2022, May 2022, and June 2022 electronic medication administration records (eMARs) revealed there was no documentation of daily temperatures.

Review of vital signs information documented for 5 sampled residents revealed there was no documentation for daily temperatures for the residents.

Interviews with three residents on 06/08/22 between 8:00am-10:00am revealed no daily temperature checks were being completed.

Interview with a medication aide (MA) on 06/08/22 at 2:17pm revealed daily temperatures were not done on a daily basis for residents.

Interview with a MA on 06/10/22 at 8:20am revealed:
-Resident's temperatures were checked daily but stopped a couple of months ago.
-Resident's temperatures are checked if a resident complains of not feeling well.
-Temperature checks are not completed during weekly vitals.

Interview with a second MA on 06/10/22 at 8:27am revealed there were no daily temperatures taken on residents; only if the resident was sick.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 62 Interview with the Administrator on 06/10/22 at 8:39am revealed: -When they were cleared (all residents were negative on COVID-19 tests) they opened the facility back up (March 2022) and stopped resident screening at that time. -They check the resident's temperatures if the resident did not feel well or was exhibiting signs and symptoms, or a change in the resident. -She did not know the recommendation was to do daily screening including temperature checks on all residents. b. Observation of the facility's staff screening tool revealed there were no daily screenings currently being completed on staff. Interview with a medication aide (MA) on 06/10/22 at 8:20am revealed: -Staff did not screen in upon arrival to the facility. -They used to screen in, but not now. -Staff do not take their temperature daily. -She thought it had been a couple of months since they screened in. Interview with a second MA on 06/10/22 at 8:27am revealed staff did not take their temperatures or screen-in to work; she thought it stopped a couple of months ago. Interview with the Administrator on 06/10/22 at 8:39am revealed: -She thought staff screening stopped in March 2022. -Staff knew if they were not feeling well, they should not go to work. -She did not know the recommendation was to do daily screenings including temperature checks on all staff.	D 612		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL073003	A. BUILDING: _____ B. WING _____	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS ASSISTED LLIVING	5660 DURHAM ROAD ROXBORO, NC 27574

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 612	Continued From page 63 c. Observation of the 100-hallway 06/08/22 at 7:50am revealed a medication aide (MA) wearing a cloth mask. Interview with the MA on 06/08/22 at 7:50am revealed: -She was unaware that cloth masks were not to be worn in the facility. -No one had told her that cloth masks were not allowed. Observation of the 100-hallway on 06/08/22 at 01:15pm revealed the hairdresser wearing a cloth mask. Interview with the hairdresser on 06/08/22 at 1:15pm revealed: -She did not know that cloth masks were not allowed to be worn in the facility. -No one had told her that cloth masks were not allowed. Interview with the Administrator on 06/10/22 at 10:57am revealed: -Staff should not be wearing cloth masks. -Staff should be wearing a surgical mask. -She had seen a staff member wearing a cloth mask on 06/09/22 and she reminded them to change. -She thought staff came in with a cloth mask on with the intention of changing and then forgot.	D 612		