OIVIEWEN	of Health Service Regulation of DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1		FORM APPR	OV
CHE PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY	
			A. BUILDING	3:	COMPLETED	
		HAL099018	B. WING		l R	
NAME OF P	ROVIDER OR SUPPLIER	PTD			06/10/2022	2
ATRIOT	LIVING OF YADKINVILLE	SIREET	ADDRESS, CITY, S	TATE, ZIP CODE		
	TOTAL OF TADKINVILLE		RRISON AVENU	IE		
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCE	VILLE, NC 270	55		
TAG	(CHOOLI DELICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORR	ECTION	_
		SO IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP	(AD)	
D 000	Initial Comments			DEFICIENCY)	PROPRIATE DATE	Ε
_ 000	initial Comments		D 000	The following is it in		_
	The Adult Com Line			The following is the Plan	of Correction	
1	County Department of	ure Section and the Yadkin	1	reposed no the St. St.	arille	
1	an annual and follows:	Social Services conducted	- 1	for the arnual content of	Deficiencies	
	through 06/10/22.	ip survey from 06/08/22	1	This Plane Course	co June lo jacka.	
1			1	construed as an addition	of to be	
D 113	104 NCAC 405 00444			agreement with the finding	of or	
	107 NOAC 13F .0311(d) Other Requirements	D 113			
				Deficiencies, or any relation of fine. Rather, it is subn	nt or	
- 1	10A NCAC 13F .0311 (Jiner Requirements		of fine . Rother, it is subn	nittedas	
- 1	provide an adequate a	em shall be of such size to upply of hot water to the	1 1	CONTIFMOSTON OF ALLTON	anina eccute	
["	worldin, ballillooms, igu	nary housekeening	1.	to comply with statutor regulatory requirements.	y and	
١,	woode at in 2011 fillilly W	10m The hot water	1 1	regulatory regular ements.	In this	
	omporature at all fixture	AS Used by regidents of the	1 4	occurrent, we have outling	red specific	
"	- manitaliled at a mildi	mum of 100 dogges = E	į į	actions in response to ide	ntities.	
- V	and and the second of the sub-	III DOT OVOCAL 440 .	1 1	issues. We have not provide	d a detailed	1
1.	Tren degrees C). (1)	is rule applies to new and	1	esponse to each allegation	~ - a a . l	
"	xisting facilities.					
[700 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
ļ				the delivery of quality he	with care	
n	his Rule is not met as	Skidonood L	1 74	7	1 4 1	
1	YPE B VIOLATION	evidericed by:	1	The second in the solution of the second in	to satisfy	- 1
			1 7	had objective.		- 1
Ba	ased on observations, i	interviews, and record	1 1			- 1
	oug alle identify talled	TO ADDUTE hat	1			- 1
1.0,	יייף פי מנעו פט וסר ס דואוו וויב	e (einka)	.			- [
1.0	organisa were maintaine	d hohyoon 100	6	18/22 Maintenance techn djusted water heater the	ician	- 1
110	hrenheit (F) and 116 d	egrees F.	a	dusted water heater the	martate	1
Th	e findings are:		194	lumber was immediately co	lled to	- [
	ano,		a	ssess findings and determi	ned-that	ł
ОЬ	servation of the facility	on 06/08/22 at 10:12am	is	ne mixing values occasional	ly result	1
	Target will be was a mar	Ve hoffstere	1517	\ INCOMPEGE TEMPCONせんである。 h	Sels 7	1
****	men's pathroom on the	loft hall and	at.	rising values were purchas	ec, and	1
Dat	illoom, a men's showe	f foom, and a warrent	FE	pairs were completed 61	23/22/6/23/22	ı
bat	hroom on the right hall.	, and a nomens		8/22 Temperature thedis w		l
- 1		1	1000	Experienced and essential and a control		1
rich	servation of the women	's bathroom on the	in	aintenance Technician and/ ytemperatures foundouts	and and	1
ווציין	t hall on 06/08/22 at 10 ervice Regulation	1:13am rovoglad	Po	intemperatures found on the	or designee -	
Health C.	radon De La La	riodili levedied;	12.3	ceptable range will be rep	the the	

STATE FORM

STATEMEN	of Health Service Regu NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SLIPPI IER/CLIA	0000		FOR	M APPRO
THE PERMIT	OFCORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	ELIEN #D4
			A. BUILDING	3:	COME	LETED
		HAL099018	B. WING			R
NAME OF F	PROVIDER OR SUPPLIER	STOCKY				10/2022
PATRIOT	LIVING OF YADKINVILLE	400 HA	ADDRESS, CITY, S'	TATE, ZIP CODE		
	THING OF TADKINVILLE		RRISON AVENU	E		
(X4) ID	SUMMARY ST	TEMENT OF DEFICIENCE	VILLE, NC 270	55		
PREFIX TAG	(COOR DEFICIENCY	Y MI IST BE DOLOFDED DAY	PREFIX	PROVIDER'S PLAN OF COR	RECTION	
	, and the second second	SC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PUMIT D. D.	(X5) COMPLE
D 113	Continue			DEFICIENCY)	PPROPRIATE	DATE
0 113	Continued From page	1	D 113			
	-There were double si	nks and visible steam was	1 - 1.0	to the Operations neared promptly corre	lanager	
1	country nour the tauce	t when the water was	- [and promptly corre	ctod	1
j	turneu ori,			, ,	,	
	-The water temperatur	e was 122 degrees F at	1			
1	both sink faucets.	and and and all				
j	Observation of the					
	right hall on occurre	n's shower room on the				
ļ	right hall on 06/08/22 a	t 10:15am revealed:	J I	,		
ł	faucet when the water	m coming from the sink			1	
ŀ	-The water temperature	was turned on. was 126 degrees F at the	1		1	
,	sink faucets.	was 126 degrees F at the				
	0 1					
	Observation of a secon	d men's bathroom on the			1	
	11911C11a11 011 00/08/22 at	10:37am myooled.	1		,	
	- i ilere was visible stear	n coming from the sint.	1			
	radeer when the water of	Vac turned on	1 1		1	
l s	sink faucets.	was 124 degrees F at the			,	
			1			
10	Observation of the men's	s bathroom on the left	1 1		-	
	rail 011 00/08/22 at 1()+2(3m rovoslod 4b				
, -	RA BUT DUR SYLLIS SIGENS	ter temperature was 70	1 1			
d	legrees F at both sink fa	ucets.				
6	Observation of the way					
h	all on 06/08/22 at 10:22	en's bathroom on the left				
te	emperature was 70 degr	ees F at the sink faucet.			1	
1						
R	eview of the facility's wa	ater temperature logs for	1			
		May 2022, and June	ļ			
	ozz revealed:	· ·				
-V	Vater temperatures were	e checked on 03/15/22	1		ľ	
1 444	TO VOIZOIZE IT IT'S DISTIN	Behor Suntark				
(-,	mich a pauliooms (nailw	av not indicated to				
***	ALLICH A DAN KOOMS (DAN)	MSV DOT indicated N. 4.	1		1	
1110	ator temperatures in the	4 hathroome				
-w	om 103 degrees F to 114	1.7 degrees F.	1		1	
04	ater temperatures were /15/22, 04/22/22, and 0	1/27/22 in #			ł	
of Health S	Service Regulation	TIZIIZZ IN the				

OWNEMED	of Health Service Reg VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Marianii)		POP	RM APPRO
VIAD LIVIN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING:		COM	PLETED
		HAL099018	B. WING		1	В
NAME OF F	PROVIDER OR SUPPLIER				06	R /10/2022
		STREET	ADDRESS, CITY, STATI	E, ZIP CODE		1012022
- AIRIOI	LIVING OF YADKINVILL		RRISON AVENUE			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	VILLE, NC 27055			
PREFIX	/ (SACH DEFICIENT	Y MUST BE DRECEDED TO THE	ID	PROVIDER'S PLAN OF C	CORRECTION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EYUN CORRECTIVE ACTIV	ON CHOICE DO	(X5)
			1AG	CROSS-REFERENCED TO THE DEFICIENCY	E APPROPRIATE	COMPLE
D 113	Continued From page	9 2	D 113	DEFICIENCY	1)	
	dishwasher, 3 water	neaters, 2 men's bathroom	0 113			
	(hallway not indicated	i) and 2 women's bathrooms				1
	(hallway not indicated	i); the water temperatures in				
,	the 4 bathrooms range	of, the water temperatures in ed from 108.7 degrees F to				
	114.6 degrees F,	ed nom 108.7 degrees F to	1 1			
1	-There was no docum	entation of water	1			
	temperature checks in	May 2022	1 1			
ľ	-Water temperatures v	were checked on 06/06/22				
1	in the distinguisher, 3 M	later heaters, 2 manus				
	parinoonis (nailway no	t indicated) and 2 warrant	1			
	Parity Cities (Hallway No	of indicated): the water				
	temperatures in the 4	bathroome ranged from	1 1			
- (100.7 degrees F to 11	4.6 degrace E				
1.	- i nere was no docume	entation water	1			
1	temperatures were che both halls.	ecked in all bathrooms on				
	There was no docume					
t	temperatures were che	ecked in residents rooms	1 1			
1	with private or shared to	ecked in residents rooms pathrooms.				
	nterview with the Main	tenance Staff on 06/08/22]			
	** 10.17 am revealed:	· ·				
100	He checked the water	temperatures once a	1 1			
"	veek and documented	them in a log.				
h	He checked the water	temperatures in the	1			
k	itchen dishwashar but	water heater, and in the				
w	itchen dishwasher, but rater temperatures in re	ne did not check the				
b	athrooms.	orns with private			j	
V	Nater temperatures in t	the hallway bathrooms				
us	sually measured aroun	d 108 degrees F.				
į.		ne men's bathroom on			1	
th	e right hall on name	e men's bathroom on 2 at 10:18am revealed the				
M	aintenance Staff meas	ured the water				
te	mperature and his than	mometer ranged from			1	
12	1 to 125 degrees F.	mometer ranged from			[
- 1			1		1	
06	oservation of the bathro /08/22 at 10:26am revo	oom in Room #15 on				
of Health C	Service Regulation	saleu:			!	

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 113 Continued From page 3 D 113 -There was visible steam coming from the sink faucet when the water was turned on. -The water temperature was 128 degrees F at the sink. Interview with the resident in Room #15 on 06/08/22 at 10:27am revealed: The water at the sink was hot. -She adjusted the water by turning the cold water on with the hot water. -She had never been burned by the hot water. Interview with 3 residents who resided on the right hallway on 06/08/22 between 10:55am and 11:05am revealed: -The residents used either the men's or women's bathrooms on the right hallway. -One resident stated the water temperatures in the men's hallway bathrooms were hot, but he used the cold water to help cool it off. -A second resident stated the water temperature in the men's hallway bathrooms got too hot sometimes, but he turned the hot water knob to the middle and turned on the cold water to regulate it. -A third resident stated the water temperature in the women's hallway bathroom was very hot. Interview with a housekeeper on 06/08/22 at 11:07am revealed she had not noticed the water temperatures in the men's, women's or private bathrooms being too not because housekeeping used chemicals to clean opposed to water. Observations of re-check of water temperatures on 06/09/22 revealed: -There was a signs posted at each bathroom or shower door documenting high hot water temperatures. -At 10:33am, the hot water temperature in the Division of Health Service Regulation

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 113 Continued From page 4 D 113 right hall men's bathroom was 102 degrees F at the sink faucet. -At 10:36am, the hot water temperatures in the right hall women's bathroom was 112 degrees F at the double sink faucets. -At 10:41am, the hot water temperature in the left hall women's bathroom was 74 degrees F at the sink faucet. -At 10:43am, the hot water in the left hall men's bathroom was 74 degrees F at the double sink faucets. -At 5:15pm, the hot water temperature in the right hall men's shower room was 108 degrees F at the sink faucet. -At 5:17pm, the hot water temperature in a resident's room #15 was 116 degrees F at the sink faucet. Observation of the facility at various times on 06/09/22 revealed there was a plumbing company at the facility checking the water heaters and water temperatures. Interview with the Administrator on 06/08/22 at 1:07pm revealed: -Maintenance staff was supposed to check water temperatures at all faucets once a week. -A staff had complained in May 2022 that water temperatures were too cool, so she contacted a plumbing company for an estimate. -The plumbing company sent her an estimate on 06/01/22 without coming out to the facility to assess water temperatures or plumbing issues. -The facility had not followed up with the plumbing company. -She had not heard any complaints from maintenance staff, other staff, or residents that the water temperatures were too hot. -She would contact the plumbing company to come out to assess water temperatures and the

SIALEME	of Health Service Regu NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(200) 4 11 11 11		FOR	MAPPR
	OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING;		COMP	LETED
	·	HAL099018	B. WING		1	R
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS OF A		06/	10/2022
PATRIOT	LIVING OF YADKINVILLE	= 409 HA	ADDRESS, CITY, STA	IIE, ZIP CODE		
	7	YADKII	NVILLE, NC 27055			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCE	ID I			
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	V # D DE	COMPL
D 113	Continued From page	5		DEFICIENCY)	TOP NATE	DAT
			D 113			
	hot water heaters.	the same and a second				
	06/10/22 at 5:02pm re	th the Administrator on	1			
	-The plumbing compar	vealed; Ov had charles 4 f	- [
	problems with the water	er temperatures and their				
	iound a inermostat nei	eded to be replaced and				
1	warer nearet needed to	De replaced to address:				
j	The low water temperal	iures on the less hall				
. [-Sile expected for main	Stanance to chook water			1	
ļ	compendances in all part	Troome chowers]	
ł	and resident rooms twi	ce a week.				
ĺ	The facility failed to ens	na n				
ŀ	temperatures for 6 fixtu	res used by services:				
1	were maintained betwe	en 100-116 deces E 4				
	THE MARKET RETURNED TO THE	If 128 degrees E and a				
	needer in a little dedree p	Um in 30 seconds and				
	second degree burn in s	ill secondo. This sallo	1			
1	was detrimental to the h	lealth safety and				
1 '	of the residents and con Violation.	stitutes a Type B				
	violation,				1	
=	The facility provided a p	lan of protection :-				
۱ '	accordance with G.S. 13	31D-34 on 06/08/22 4				
t	this violation.					
(CORRECTION DATE FO	OR THE TYPE A				
1	/IOLATION SHALL NOT	EXCEED HILVer	1			
2	2022.					
D 164 1	0A NCAC 13F .0505 Tra	Alning On Corr				
D	Diabetic Resident	aning Oil Care Of	D 164	nenati-		
[1 10	reaction managersc	hedulæd	
10	OA NCAC 13F .0505 Tra	ining On Care Of	St	peration managersc aff to be retrained or	case	
, , ,	SIUBDISBYI Oneden		OF	concept residents	Prior	
A	n adult care home shall	assure that training on	tho	administration New	hires	
- 41	o care or residents with	dishetee is provided to	w	ill be trained prior to	٥	
	mochaed stall prior to th	e administration of	Dr.	und nacare Training	a I	
) ms	sulin as follows:		95	ovided by qualifed with care professiona		
of Health 5	Service Regulation		به ا	14 mm 1 1 mm	1	

STATEMEN	of Health Service Regulation of DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	7		FORM APPRO
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION S:	(X3) DATE SURVEY COMPLETED
		HAL099018	B. WING		R
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDBESS ST.		06/10/2022
PATRIOT	LIVING OF YADKINVILLE	- 400 HAE	DDRESS, CITY, S	TATE, ZIP CODE	
	THE OF TADAINVILLE		RRISON AVENU VILLE, NC 270	IE Ee	
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DECIMENATE			
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	CHOLI D DE
D 164	Continued From page	6	D 164		
	(1) Training shall be p	provided by a registered	1 .04	registered hurs	€.
	nurse, registered phar practitioner.	macist or prescribing		registered nurs Administratorano designee will rec monthly for trai Compliance.	Nor.
[ide at least the following:	}	designee will rev	rew/monitor
	(a) pasic lacis about (liabetes and care involved		monthly for toni	البطيا
	in the management of	diabetes;		Compliance.	ning r/24/
	(b) insulin action;(c) insulin storage;			22,22,	
j	(d) mixing, measuring	and injection techniques		•	
	ioi iliaulili administratio	nn'	1		1
1	(e) treatment and prev	ention of hypoglycamia		1	
1	and hyperglycemia, inc symptoms;	cluding signs and	1		
[(f) blood glucose moni	toring: universal			
# 1	precautions;		1		
1.	(g) universal precaution	ns;			
17	(h) appropriate adminis(i) sliding scale insulin	stration times; and			
'	t y many sould middliff	administration,			
1					
_					
	his Rule is not met as	evidenced by:]		
fa	Based on record review	s and interviews, the			
	""" TRICO (CIGII) A & SIST (:)	of 3 sampled medication had completed training			
0	in the care of diabetic re	Sidents prior to obtain:			
""	ngerstick blood sugars Isulin.	and administering			
T	he findings are:				
1.	Review of Staff Ala ma	odiene e na			
) þe	. Review of Staff A's me ersonnel record reveale	d:			
- S	Staff A was hired on 03/2	24/22			
-C	ertification of training for	or diabetic care was not			
co	mpleted until 05/10/22,				
Re	eview of the April 2022	electronic madia at			1
of Health S	Service Regulation	decarding medication			

STATEMEN	of Health Service Red TOF DEFICIENCIES				FOR	ED: 06/24/2 RM APPRO
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING: _		(X3) DATE	SURVEY
		HAL099018	B. WING			R
NAME OF P	ROVIDER OR SUPPLIER				06	/10/2022
			ADDRESS, CITY, STAT	E, ZIP CODE		
AINOI	LIVING OF YADKINVILI		RRISON AVENUE VILLE, NC 27055			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES				
TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		OUNCE	(X5) COMPLET DATE
D 164	Continued From pag	je 7	D 164			-
j	administration record	d (eMAR) for an insulin				
[dependent resident i	revealed:				
İ	-From 04/01/22 throu	ugh 04/30/22 Staff A				
1	documented 44 finge	erstick blood sugar (FSBS)				
	cnecks,	•				1
-	-From 04/01/22 throu	igh 04/30/22 Staff A				
	documented adminis	tration of insulin 12 times.				1
	dependent resident a	022 eMAR for an insulin	1 1			
1	dependent resident revealed: -From 05/01/22 through 05/10/22, Staff A documented 16 FSBS checks.	evealed:				
1		S checks	1			
1	-From 05/01/22 throu	nh 05/10/22 Staff A				
+	documented administ	ration of insulin 8 times.				
- 1		•			j	
, , ,	revealed:	on 06/10/22 at 2:45pm				
[-	She was hired on 03/	/24/22 and had been				
	providing care to diab	etic residents since her hire	1			
١,	date.				I	
7	She had performed F	SBS checks and	1			
-	She was not made	s needed to residents.			ļ	
1	one was not made av	ware by the Administrator or	1			
0	are could not be prov	Coordinator (RCC) that				
p	prior to receiving diabe	ride to diabetic residents	1			
ſ						
2	. Review of Staff C's	medication aide (MA)	1			
P	ersonal record reveal	ed:				
-5	Staff C was hired on 0	09/20/21.	1			
- 7	There was no docume	entation of training on the			ļ	
Ca	are of diabetic resider	nts.	1.			
R	eview of the Anni 202	22 electronic medication			-	
a	dministration record (e	MAP) for an in-	[
de	pendent resident rev	paled:			1	
-F	rom 04/01/22 through	1 04/30/22 Char				
do	cumented 26 fingered	tick blood sugar (FSBS)			1	
ch	ecks.	and blood sugar (FSBS)			1	
-F	rom 04/01/22 through	04/30/22 Staff C			1	
of Health !	Service Regulation	T.I.SUIZZ, GIAI, C				

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	000 100 000			RM APPRO
	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DAT	E SURVEY
		1	A. BUILDING:		COM	PLETED
		HAL099018	B. WING			R
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDBERR OIT .		0€	/10/2022
PATRIOT	LIVING OF YADKINVILLE	= 409 HAS	ADDRESS, CITY, STATI RRISON AVENUE	E, ZIP CODE		
		YADKIN	VILLE, NC 27055			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFINITIONS	ID ID			
TAG	THE CONTORT OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
D 164	Continued From page	8	D 164	DEFICIENC	1)	
	documented administr	ration of insulin 6 times.	3 104			
	Review of the May 202	22 eMAR for an insulin				
1	geheingeur tesideut te.	vealed:	1			
	-From 05/01/22 throug	th 05/31/22 Stoff C				
[documented 19 FSBS	checks				
1	documentation Staff O	h 05/31/22, there was no				
+	documentation Staff C	administered insulin.				
1	Review of the June 202	22 eMAR for an insulin				1
	achelinent tesident tev	realed:				ļ
1	-From 06/01/22 through	n 06/08/22, Staff C				
	accumented 4 FSBS cl	hecks	1			
	documentation Staff C	06/08/22, there was no	1			
	Stan C	auministered insulin,				
1	Interview with Staff C or	n 06/10/22 at 4:50pm	1			
	evealed;					
[-	She was hired on 09/20	0/21,	1 1			
-	She was not aware the	raining around 09/24/21. t a copy of the certificate]]		1	
"	or maning was not in he	er nersonnel means				
"	one did not have a cop	y of her diabetic training			1	
•	oranicate.					
[-	Her training was set up	by the Administrator and	[
-	attribuction by the ISCIND	S COntracted pharms			1	
"	and ned completed ESE	3S Checks and				
he	er training in Septembe	needed to residents since or 2021.				
In	terview with the Reside	ent Care Coordinator				
] (1	(CC) on 06/10/22 at 3:1	5pm revealed:	1			
~1	he RCC received a spr	'ead sheet from Human				
1.74	esources (HR) that liste aff had completed.	d all the training that				
-H	R was responsible for a	Indatine				
red	cords with training corti	updating personnel ficates or documentation	1			
1 416	ar namining trad been cor	moleted				
-8	he was not aware that a	dishetic training				
Cel	rtificator wore not in	rsonnel records for Staff			1	

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	FORM APPR
		IDENTIFICATION NUMBER:	A. BUILDING:	The state of the s	(X3) DATE SURVEY COMPLETED
		HAL099018	B. WING		R
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS OF C		06/10/2022
PATRIOT	LIVING OF YADKINVILL	- 400 HA	ADDRESS, CITY, STATE	E, ZIP CODE	
	EITHO OF TADAINVILL		RRISON AVENUE VILLE, NC 27055		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PAGE 150	
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIES.	. ne '~
D 164	Continued From page	9	D 164	DEFICIENCY)	
	A or Staff C.		1		
		cess to personnel records			
ĺ	due to confidential inf	ormation			
	-She never had acces	s to personnel records to			
Í	ensure mai stair traini	ng had been completed or	1 1		
İ	ural documentation of	training was in the			
ĺ	personnel records.				
j	-She and the Administ	rator were responsible for			1
1	seming up training for	newly hired staff and for			
	retained staff.	-			i
[and completed training	access to staff certificates			
Į	contracted pharmacy.	gs done by the facility's			
			1.		
	Interview with the Adm	inistrator on 06/10/22 at			-
- 1	oraphin iekėsled:				
Į.	 She began employme 	nt at the facility about three	1		1
	weeks prior.				
1:	-She was not aware tha	at the personnel records	1		
	were missing gocumen	fation of dishotic training			
-	-one did not know that	Staff A and Stoff C ware	1		
	residents and had be a	aining for care of diabetic			1
,	and administering insul	performing FSBS checks	1		
	She was aware that the	e RCC received a spread			
s	sheet of staff that were	trained and the type of	1 1		
t	raining that staff neede	d to complete			
17	MR statt were responsi	ble for undating paragrant	1 1		
1 "	occius with staff trainin	Q certificates and			
į u	locumentation of staff to	raining	[
j -i	HR staff were responsi	ble for making the DCC			1
4	ware or which staff had	Completed training along			
44	no any caming that he	eded to be completed			1
re re	The RCC did not have	access to personnel			
, '	ecords due confidential	information.		c lean	d l
D 272 44	04 NO40 455		To	ensure reterrals an	~
D 513 1	0A NCAC 13F .0902(b)	Health Care	D 273 C.11	nus-ups are neetin	٩
			1011	ensure referrals an ow-ups are meetin rowtine and acute	7
1	DA NCAC 13F .0902 He	ealth Care	the	1th care needs of	
717 177	Service Regulation		han	ILL COUR DECCESOF	1

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Division	of Health Service Reg	ulation			PRINTE	D: 06/24/202 M APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION		WIN PROVE
		IDENTIFICATION NUMBER:	A. BUILDIN	G:	(X3) DATE COMP	SURVEY
		HAL099018	B. WING			R
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY S	STATE, ZIP CODE	06/	10/2022
PATRIOT	LIVING OF YADKINVILLI	409 HAR	RISON AVENU			
		YADKINY	VILLE, NC 270			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	İD			
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D.DE	(X5) COMPLETE DATE
D 273	Continued From page		D 273	residents, the facilit		-
1	(b) The facility shall a	assure referral and follow-up		Ditated a reilla	y ms	
	to meet the routine ar of residents.	nd acute health care needs		practice which docum	section.	
[or rociderita.			and controls allorder	ents	
,			1	initated by PCPand/	O.C	
	This Rule is not met a TYPE A2 VIOLATION	as evidenced by:		medical professions	Ls.	
ļ	TIPE AZ VIOLATION		ĺ	This order log will for		
	Based on observations	s, interviews, and record	}			
- 1	reviews, the facility fail	led to ensure health care		all orders from origin		
	relettal and tollow up t	o meet the health care		to completion and pid	30cm	
()	#3) related to a resider	ed residents (#4, #2 and nt who had a referral to a		multi-level review.		
	gasırointestinai (Gi) sp	ecialist hospital orders for			. [
	continuous oxygen and	I did not have a nortable		Resident Care Coord	nator	
۱,	oxygen tank, orders to	see a podiatrist, and	1	and lor designee pre weekly chart audit as orderlogs for complia	forms	
	regarding increases in	rimary care provider (PCP) weights (#4); a resident		Deekly chart audit as	rd	
- 1	will had broefs to notif	V the PCP for a wolcht		and class Grandia	000	
1.8	gant of 2 of more bound	08 in 24 hours, and who	1	_		
, ,	au been refusing an a	Nti-diabetic medication		Administrato / Adminis		
1	#2); and a resident wh Irologist (#3).	o had a referral to see a	1	Administrato THanenus	presson	
1	he findings are:			order logs monthy fo compliance.	-	
[4	Pardom of Date of			andlance	lo	30/22
o	. Review of Resident #	4's current FL2 dated		COM Prance	Ī	'
0	bstructive pulmonary d	noses included chronic			-	- 1
15	iliure, dementia, depre	ssion, and deep vein				1
ti-	rombosis.	,,				[
a.	Review of Resident #	4's local bassies as				
V.	isit Summary dated 03	/01/21 revealed Resident				1
170-	 was nospitalized from 	1 02/24/21 through			1	ł
03	3/01/21 due to a Gi ble	ed.				ı
R	eview of Resident #4's	local hospital after visit			[- 1
/ 30	·····nary dated 03/23/21	revealed Resident #4	. [
Wa	as hospitalized form 03	/17/21 through 03/23/21				

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) iD PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL מו PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 11 D 273 due to acute blood loss anemia. Review of Resident #4's unsigned and undated physician's order sheet revealed: -The physician's order sheet was faxed to Resident #4's primary care provider (PCP) on 03/04/22 -There was documentation Resident #4 had a referral to see a GI physician and she did not attend the appointment. -There was a request to get an updated referral for Resident #4 to see a GI physician. Review of Resident #4's local hospital medical records dated 03/21/22 revealed: -Resident #4 was admitted on 03/19/22 and discharged on 03/21/22 with diagnoses that included gastrointestinal hemorrhage. -Resident #4 presented to the hospital with a several day history of melena (black tarry stools) and rectal bleeding. -There was a consult with a physician from the gastroenterologist's office where Resident #4 had previously been seen. -Resident #4 had a longstanding history of intermittent GI bleeding thought to be secondary to a small bowel arteriovenous maiformations (AVM) (defects in the vascular system consisting of tangles of abnormal blood vessels connecting veins and arteries). -Her endoscopy procedure revealed one small non-bleeding AVM in the mid small bowel. -Resident #4 was last hospitalized in March 2021 with melena; an appointment was scheduled for Resident #4 to see a physician at the GI specialist hospital for a double-balloon endoscopy procedure for small bowel AVM, however Resident #4 stated she did not go. -Small bowel AVM was likely the source of Resident #4's bleeding.

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) D 273 Continued From page 12 D 273 -The gastroenterologist's office left the facility a detailed message about the appointment and sent a reminder letter. -Resident #4 stated the facility never took her to the GI specialist hospital for the appointment. -The gastroenterologist made a referral (date not indicated) for Resident #4 to see a physician at the GI specialist hospital to assess for possible small bowel endoscopy procedure and AVM treatment, but Resident #4 did not make the appointment. -The gastroenterologist documented he would reinitiate the referral process for Resident #4 to be seen at the GI specialist hospital. Review of Resident #4's progress notes for March 2022 revealed: -On 03/18/22 at 11:28pm, Resident #4 came from the restroom and reported to a medication aide (MA) that she had a lot of blood coming from her rectum. -The MA checked Resident #4's rectum and found that her hemorrholds were protruding and bleeding significantly. -The MA contacted the Administrator and called emergency medical services (EMS). -On 03/19/22 at 2:04am, the MA followed up with the local hospital and was informed Resident #4 would be admitted. -On 03/20/22 at 12:45am, a nurse from the local hospital called to report Resident #4 was admitted to the hospital for observation. -The emergency department (ED) physicians wanted to keep Resident #4 to consult a GI physician. -The gastroenterologist wanted Resident #4 to have a follow-up at a GI specialist hospital to have a double balloon endoscopy to "really fix the resident's problem," -The resident was admitted to the hospital Division of Health Service Regulation

PRINTED: 06/24/2022 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 13 D 273 roughly a year ago, so medical staff wanted to fix what was causing the issues. Interview with Resident #4 on 06/10/22 at 9:06am revealed: -She had been hospitalized after having bloody stools, but she did not remember when. -She had pain in her left side most of the time that would not go away. -She remembered she had an appointment scheduled with a GI doctor, but the facility did not take her. -She did not remember when the appointment was scheduled for. Interview with the Business Office Manager (BOM) on 06/09/22 at 2:36pm revealed: -She was responsible for scheduling residents' appointments and transportation to the appointments. -The Resident Care Coordinator (RCC) received the referrals and sent them to her via fax or -After receiving the referrals, she checked the resident's insurance and contacted providers to see who would accept the resident's insurance. -Resident #4 was seen by a gastroenterologist on 03/25/22 and was seen at a specialist hospital on 06/03/22 -She had not received any other faxes or emails prior to 03/25/22 regarding a referral to a gastroenterologist or a GI specialist hospital. -Resident #4 attended her appointments regularly

view the GI specialist hospital appointment Division of Health Service Regulation

most of the time, unless she was really tired.

Interview with the BOM on 06/10/22 at 3:10pm revealed the referral to the GI specialist hospital in 2021 was prior to her taking over scheduling appointments and she did not have access to

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 R B. WING NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL מו PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 14 D 273 scheduled in 2021. Interview with the RCC on 06/09/22 at 3:42pm revealed she started working at the facility in March 2022 and did not know anything about any orders or referrals to see a gastroenterologist prior to her start date. Interview with a MA on 06/08/22 at 4:12pm revealed: -When new orders were received at the facility, the MA who received the order made a copy to go in the resident's record and then faxed the order to the BOM. -She did not know about any GI appointments for Resident #4. interview with a nurse at Resident #4's gastroenterologist's office on 06/10/22 at 10:29am revealed: -Resident #4 was hospitalized from 03/17/21 to 03/23/21 and was seen by a gastroenterologist on 03/18/21 while she was in the hospital. -The gastroenterologist who saw Resident #4 on 03/18/21 referred her to the GI specialist hospital for a double balloon endoscopy due to diagnoses of chronic GI bleeding, AVM, and iron deficiency -On 03/18/21, the referral was sent from the gastroenterologist's office to the GI specialist hospital, The gastroenterologist's office received a message from the GI specialist hospital with a scheduled appointment date of 06/09/21 for Resident #4. -On 06/21/21, the gastroenterologist's office received a message from the GI specialist hospital indicating Resident #4's appointment was cancelled on 06/09/21 and was not rescheduled. -Resident #4 was seen in the gastroenterologist's

STATEMEN	of Health Service Reg TOF DEFICIENCIES				FO	'ED: 06/24/20 RM APPROV
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	200	
		INCALLEGATION NOWBEK:	A. BUILDING:		(X3) DAT	E SURVEY
		HAL099018	B. WING			R
IAME OF P	PROVIDER OR SUPPLIER					6/10/2022
		STREET A	DDRESS, CITY, STATE	E, ZIP CODE	_	
AIRIOI	LIVING OF YADKINVILLI		RISON AVENUE VILLE, NC 27055			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES				
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETO DATE
D 273	Continued From page	15	D 273			
	office on 04/08/22 as	a follow-up to a	1			
ľ	nospitalization in Man	ch 2022				
1	-There was another re	eferral sent to the Gf				
ŀ	specialist hospital for	a double balloon endoscopy				
	due to the same diagr	noses as the previous				
ļ	deficiency anemia.	seding, AVM, and iron				
	dendericy anemia.					
ļ	Interview with a medic	al specialist at Resident				
	#4 S G! specialist host	pital on 06/10/22 at				
Į	ro:43am revealed:					
	-Resident #4 was refer	rred to the GI specialist				
	nospital for a double b	alloon endoscopy	1.			
-	-Resident #4's original scheduled for 05/13/24	appointment was , but the appointment was				
	rescheduled by the fac	ility to 08/00/24				
1.	-On 06/09/21, the facili	ity called to cancel the	1			
	appointment and it was	not rescheduled.				
	Interview with the RCC	on 06/10/22 at 2:30pm	1 1			
	evealed:					
	She was not working a	at the facility when	1			
	Resident #4 nad a sche Gl specialist hospital.	eduled appointment at the				
	She did not know anyt	hing about the referral, or	[
ĺ ti	he request dated 03/04	1/22 for a referred for				
Į F	Resident #4 to see a ga	astroenterologist.				
		nistrator on 06/10/22 at				
(1	: 19pm revealed:		1		[
-5	She did not know abou	t the referral to the GI	1		j	
5	pecialty nospital in 202	1 and she did not know				
1 44	rry resident #4 did not	attend the appointment	1			
1-6	or reterrals that came	into the facility the BCC			[
1 44	as reshousible tot self	ding the referrals to the	[
-8	She had not reviewed a	eduled the appointment. Resident #4's record since				
CC	oming to work at the fac	Cility in March 2002	ľ			
-R	Resident #4 was hospita	alized in March 2022 due				
to	vomiting and severe d	liarrhea	ſ			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ΙD PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 16 D 273 -After her March 2022 hospitalization, Resident #4's PCP wanted to try to refer her to a GI specialist located closer to the facility. -Resident #4 was seen at her gastroenterologist's office on 04/08/22 and the gastroenterologist referred Resident #4 back to the GI specialist hospital for consultation. Attempted interview with Resident #4's PCP on 06/10/22 at 5:23pm was unsuccessful. Review of a physician's order dated 04/06/22 revealed there was an order for Resident #4 to see a podiatrist for toenail and foot care. Review of Resident #4's progress note dated March 2022 revealed: -On 03/04/22, Resident #4 complained of pain in both feet and toes. -Resident #4 stated the pain was due to her ingrown toenails. -The medication aide (MA) informed Resident #4 she would speak to the Business Office Manager (BOM) regarding a referral to a podiatrist. -On 03/18/22, Resident #4 had been complaining of both her big toes hurting and being ingrown. -The MA checked Resident #4's toes and let the Resident Care Coordinator (RCC) know. Interview with Resident #4 on 06/10/22 at 9:06am revealed: -There had not been a podiatrist in the facility for a few months, and she had not been sent outside the facility to see a podiatrist. -She did not remember the last time she saw a podiatrist. -She wanted to see a podiatrist because her toenails hurt. Second interview with Resident #4 on 06/10/22 at

PRINTED: 06/24/2022 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) JD SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ΙD PROVIDER'S PLAN OF CORRECTION PREFIX (X5) REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 17 D 273 2:56pm revealed: -Her toes hurt when she put her shoes on, so she wore her bedroom shoes all the time. -She would have gone to see an outside podiatrist if the facility would have taken her. Observation of Resident #4's feet on 06/10/22 at 9:11am revealed: -Resident #4 had thick and discolored toenails on her left and right big toes. -There was a lifted ridge near the bed of her toenail on her left big toe. Interview with the BOM on 06/09/22 at 2:36pm revealed: -She was responsible for scheduling residents' appointments -There used to be a provider who regularly visited residents at the facility, but the provider stopped providing podiatry services to the facility. -The facility started referring residents to outside podiatrists and she scheduled podiatry visits when she received them. -She had not received a referral or order for Resident #4 to see a podiatrist. Interview with a MA on 06/10/22 at 10:09am revealed: -Resident #4 complained to her about her toenails hurting. -She did not know if there was a referral for a podiatrist. -The RCC was responsible for sending referrals to the BOM so that appointments could be scheduled. -The facility had been working on getting a podiatrist to come to the facility to visit residents. -She did not know when a podiatrist was last in the facility.

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 18 D 273 Interview with a second MA on 06/10/22 at 12:50pm revealed: -Resident #4 complained about her toenails and especially her big toe. -She saw Resident #4 had thickened toenails. -She told Resident #4's PCP about her toenails, but she did not remember when. -She did not know Resident #4 had a referral to see a podiatrist. -The RCC was responsible for ensuring the referral was sent to the BOM so an appointment could be made. -There used to be a podiatrist who came into the facility, but the podiatrist had not been in a while (She did not know how long). Interview with the RCC on 06/10/22 at 3:49pm revealed: -She was responsible for reviewing orders that came into the facility, and she sent orders to the BOM to schedule appointments with outside providers. -She did not remember seeing the order dated 04/08/22 for podiatry services for toenail and foot -The order was written by a provider at a quick care clinic when Resident #4 went to the clinic because she had been throwing up. -The clinic wrote medication orders and listed the order for podiatry services in addition to the medication orders. -She had not followed up with a podiatrist or Resident #4's PCP because she was not aware of the order dated 04/06/22. Interview with the Administrator on 06/10/22 at 5:02pm revealed: -She did not know there was an order for Resident #4 to see a podiatrist. The facility did not currently have a podiatrist

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days, notify the physician.

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER; (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ΙD PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 20 D 273 -There was documentation Resident #4 had a weight gain of 2 pounds or more in 1 day on 5 occasions on 03/02/22, 03/07/22, 03/14/22, 03/24/22, and 03/31/22. -Resident #4's weights ranged from 174 pounds to 182 pounds. Review of Resident #4's eMAR for April 2022 revealed: -There was an entry to check weight daily and if she gains 2-3 pounds in 1 day or 5 pounds in 4 days, notify the physician. -There was documentation Resident #4 had a weight gain of 2 pounds or more in 1 day on 3 occasions on 04/02/22, 04/04/22, and 04/29/22. -Resident #4's weights ranged from 171 pounds to 183 pounds. Review of Resident #4's eMAR for May 2022 revealed: -There was an entry to check weight daily and if she gains 2-3 pounds in 1 day or 5 pounds in 4 days, notify the physician. -There was documentation Resident #4 had a weight gain of 2 pounds or more in 1 day on 4 occasions on 05/02/22, 05/17/22, 05/21/22 and 05/23/22. -Resident #4's weights ranged from 174.2 pounds to 181.8 pounds. Review of Resident #4's eMAR for June 2022 revealed: -There was an entry to check weight daily and if she gains 2-3 pounds in 1 day or 5 pounds in 4 days, notify the physician. -There was documentation Resident #4 had a weight gain of 2 pounds or more in 1 day on 1/03/22. -Resident #4's weights ranged from 172 pounds to 182 pounds. Division of Health Service Regulation

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of more than 2 pounds in a day for Resident #4, Division of Health Service Regulation

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ΙĐ PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 22 D 273 she told the RCC. -She did not contact Resident #4's PCP regarding an increase in weight because she did not have the PCP's direct phone number. Interview with a third MA on 06/10/22 at 12:50pm -She knew Resident #4 had orders to check her weight daily. -Resident #4's order for daily weight checks was on the eMAR, but she did not remember seeing the second part of the order to notify the physician if Resident #4 gained 2-3 pounds in one day or 5 pounds in five days. -There were days when she documented at least a 2-pound weight gain in a day, but she did not contact Resident #4's PCP because she did not know she needed to. -She had not talked to the RCC either regarding Resident #4's weight gains, but hopefully Resident #4's PCP saw it on her eMARs when she came to the facility. Interview with Resident #4's PCP on 06/10/22 at 5:12pm revealed: -The facility staff notified her about Resident #4's weights every few months. -She did not know Resident #4 had weight gain multiple times in March 2022, April 2022, May 2022, and June 2022. -She did not write the original order for weights, and the orders probably came as a result of a hospitalization.

5:02pm revealed:

interview with the Administrator on 06/10/22 at

-She did not know about the order for Resident

documentation the MAs contacted Resident #4's

#4's weights and that there was no

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 23 D 273 -She expected the MAs to report weight gains requiring physician notification to the RCC and the RCC was to contact Resident #4's PCP. d. Review of Resident #4's FL2 dated 05/24/22 revealed an order for continuous oxygen at 2 liters/minute Review of Resident #4's electronic Medication Administration Records (eMAR) and electronic Treatment Administration Records (eTAR) for May 2022 and June 2022 revealed there was not an entry for oxygen on the eMAR or eTAR for May 2022 or June 2022. Observation of Resident #4's room on 06/10/22 at 9:03am revealed Resident #4 had an oxygen concentrator, but there were no portable oxygen tanks available in her room, Interview with Resident #4 on 06/10/22 at 9:06am revealed: -She had chronic obstructive pulmonary disease (COPD) and had trouble breathing. -She wore oxygen 24/7 unless she left her room to go to the dining hall or the bathroom. -She did not have a portable oxygen tank, but she needed one. -She got short of breath when she walked to the dining hall and to the bathroom. -Sometimes she felt like she was not going to make it. -She told the Resident Care Coordinator (RCC) this morning, 06/10/22, she needed a portable oxygen tank, but she had not told anyone prior to today. Interview with the RCC on 06/09/22 at 3:42pm revealed: Division of Health Service Regulation

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATI	SURVEY
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D 273	Continued From page	24	D 273		.,	-
	-She was responsible	for reviewing the eMARs				
	and environ at least we	eklv.				
	-She did not know why	y Resident #4's oxygen was				
	not on the eMAR or e	IAR for documentation				
	-She did not pay atten	tion to Resident #4's	1 1			
ĺ	previous oxygen order needed.	's which were 2L as				
ł	-She completed Resid	ent #4's El 2 deted	1			
i	05/24/22 with documer	ntation Resident #4 was on	1			
	ZL of oxygen continuou	JSIV because she cow	1 1			
- 1	resident #2 with oxyge	en on all the time when sho	İ			
	was in her room, but sh	he did not wear ovvoce	1			
1	when she went to the o	lining hall.	1.			
	Second Interview with t	the RCC on 06/10/22 at	1			
,	3:49pm revealed:	ale RCC on 06/10/22 at				
-	-She did not think to or	der a portable oxygen tank	1			
	ioi Resident #4.					
1.	-She was responsible for	or reviewing orders and				
1	would have been respo	Osible for obtaining an				
'	Resident #4 walked with	gen tank for Resident #4, th a rollator and sat on the	1			
] ,	rollator in the hallways	in a rollator and sat on the				
	one nau not seen Resi	dent #4 short of broath	1		į	
1	when ambulating in the	haliway.				
			1		ŀ	
	nterview with a medicat 06/09/22 at 4:12pm reve	saled:				
-	Resident #4 usually wo	re her oxygen when she				
	ras in her room laying d	lówn.				
-	She had not seen Resid	ent #4 outside of hor			1	
[10	om with oxygen on and	d had not seen a portable			1	
•	Aygen lank for ner.				1	
o	She did not know what it rders were and had not	Resident #4's oxygen				
e	MAR or eTAR to docum	nent use.				
o	bservation of Resident	#4 on 06/10/22 at				
12	2:50pm revealed:	1				
-F	Resident #4 was walking	down the hallway to her			,	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 R B. WING NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) iD SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 25 D 273 D 273 room from the dining hall. -Resident #4 stopped at the nurse's desk to rest and was short of breath. Interview with another MA on 06/10/22 at 12:50pm revealed: -She did not know what Resident #4's current order for oxygen was. -Resident #4 wore her oxygen only when she was in her room and she had never seen her wear oxygen outside of her room. -She had not seen Resident #4 with a portable oxygen tank since she started working at the facility in August 2021. -The RCC would have been responsible for obtaining an order for a portable oxygen tank. Interview with the Administrator on 06/10/22 at 5:02pm revealed: -She did not know about Resident #4's oxygen orders for continuous oxygen and she did not know she did not have a portable oxygen tank. -Resident #4 should have had a portable oxygen tank since she had orders for continuous oxygen, -The RCC was responsible for requesting orders for a portable oxygen tank for Resident #4. Attempted interview with Resident #4's PCP on 06/10/22 at 5:23pm was unsuccessful. Review of Resident #2's current FL2 dated 05/04/22 revealed diagnoses included type 2 diabetes with neurological manifestations, ischemic heart disease due to coronary artery obstruction, hypertension, and thoracic aortic aneurysm. a. Review of Resident #2's current FL2 dated 05/04/22 revealed there was an order for daily weight checks. Division of Health Service Regulation

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SINIEMEN	of Health Service Regu NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(May - may		FUF	M APPRO
VIAD LEWIN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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	THE OF TADRINGILLE		RRISON AVENUE VILLE, NC 27055			
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D 273	Continued From page	26	D 273	DEFICIENCY)	
	Review of Books and He	M. =.				1
	03/14/22 revealed the	2's Physician Order dated	1 1			
ŀ	Resident #2 daily firet	re was an order to weigh thing in the morning after				
j	CHICKING ALIC WILL ONLY	Dalamae on and to				
	2-plus weight gain in a	24-hour period.				
(Review of Resident #2	's April 2022 electronic				
1	medication administrat	On record (aMAR)]	
	revealed;					
1	-There was an entry to	check weight first thing in	1			
	are morning affer follets	na with only painers				
	and to call the primary	Care provider /Dopus			1	
1	hour period.	r than 2 pounds in a 24				
1:	There was documentate	ion that there was a				
1.4	a-pius weight gain in a :	24-hour period five times				
	" o iii o ii o ii o ii o ii o ii o ii o	14/30/22	1 1		1	
16	nere was no documer	tation that the PCP had				
ñ	our out of the five occur	us pound weight gain for	1			
1-1	Resident #2's weight m	rences,	1		}	
to	o 218.8 pounds from 04	nged from 211.0 pounds /01/22 through 04/30/22.				
l l	Review of Resident #2's					
N	lotes revealed there wa	s no documentation the				
,	OL 1190 neet bottled of	f Resident #2% 2 mlus				
P'	outiu weight gain on 04	/02/22 (waight in	1			
, ,	0.0 pourius), 04/08/22	(Weight increases as a c				
)	ouride), 04/23/22 (Weid)	of incresee of 2.0				
	ounds), or 04/27/22 (we	ight increase of 3.7				
po	ounds).				1	
Re	eview of Resident #2's I	May 2022 eMAR				
16	vealed:	1				i
[-T]	nere was an entry to ch	eck weight first thing in	1			
416	s morning after tolleting	With only polemes				1
Gara	a to call the PCP if well	tht gain was greater			[- 1
416	ari 4 poullus in a 24-hor	If period				- 1
-17	nere was documentation	n that there was a				ļ

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ΙD PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 27 D 273 2-plus weight gain in a 24-hour period five times from 05/01/22 through 05/31/22. -There was no documentation that the PCP had been notified of the 2-plus pound weight gain for any of the five occurrences. -Resident #2's weight ranged from 208.3 pounds to 219.0 pounds from 05/01/22 through 05/31/22. Review of Resident #2's May 2022 Progress Notes revealed there was no documentation the PCP had been notified of Resident #2's 2-plus pound weight gain on 05/06/22 (weight increase of 4.7 pounds), 05/10/22 (weight increase of 2.2 pounds), 05/15/22 (weight increase of 6.0 pounds), 05/18/22 (weight increase of 2.2 pounds), or 05/25/22 (weight increase of 3.4 pounds). Review of Resident #2's June 2022 eMAR revealed: -There was an entry to check weight first thing in the morning after tolleting with only pajamas on and to call the PCP if weight gain was greater than 2 pounds in a 24-hour period. -There was documentation that there was a 2-plus weight gain in a 24-hour period one time from 06/01/22 through 06/08/22. -There was no documentation that the PCP had been notified of the 2-plus pound weight gain. -Resident #2's weight ranged from 210.0 pounds to 217.8 pounds from 06/01/22 through 06/08/22. Review of Resident #2's June 2022 Progress Notes revealed there was no documentation the PCP had been notified of Resident #2's 2-plus pound weight gain on 06/02/22 (weight increase of 3.2 pounds). Interview with a medication aide (MA) on 06/09/22 at 10:33am revealed:

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 273 Continued From page 28 D 273 -The night shift MA was responsible for checking Resident #2's weight as soon as she woke up in the morning and had toileted. -The night shift MA would let the day shift MA know what the weight was so that it could be documented and followed up on. -She had documented Resident #2's weight on 04/27/22, 05/18/22 and 05/25/22 when the weight gain was over 2 pounds, -She thought she had notified the PCP of Resident #2's weight on 05/18/22 but did not think she remembered to document the notification. -The MAs mostly communicated through electronic mail (e-mail) shift notes, where they would let the oncoming shift know any new orders, resident concerns, or issues that needed follow-up or monitoring. -She did not know why staff did most of their documentation in the shift notes rather than in the resident's progress notes. Interview with Resident #2 on 06/09/22 at 4:00pm revealed: -She had her weight checked on the scale in her room every morning. -She sometimes kept track of her weight but unless she felt like she had more fluid in her body she did not concern herself with it every day. Interview with a representative from Resident #2's PCP office on 06/10/22 at 8:50am revealed: -The last notification they had received from Resident #2's facility regarding her weight increasing 2 or more pounds was on 05/10/22, and prior to that it was 03/14/22. -The PCP expected to be notified every time Resident #2's weight was up two or more pounds so that she could advise the MAs whether to just administer an extra furosemide (a medication used to treat fluid retention) or if she wanted Division of Health Service Regulation

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 29 D 273 Resident #2 to come in to the clinic for an evaluation. Telephone interview with a MA on 06/10/22 at 9:30am revealed: -She worked primarily on the night shift which was 7:00pm to 7:00am. -The night shift MA was responsible for weighing Resident #2 in the morning when she woke up after she had used the bathroom, -If Resident #2's weight had increased two or more pounds from the day prior they were supposed to call the PCP office for further instruction. -She had documented Resident #2's weight on 04/23/22, 05/06/22, and 05/15/22 when it had increased more than two pounds. -She usually documented what Resident #2's weight was and told the day shift MA if there was a two or more-pound weight gain so that the day shift MA could call the PCP office. -She had notified the PCP of Resident #2's weight gain one time but she could not remember when it was or if she had documented the notification. -Usually when Resident #2's weight was up two pounds, the PCP's office asked them to administer an extra dose of furosemide to help get rid of the extra fluid from Resident #2. Telephone interview with a second MA on 06/10/22 at 9:50am revealed: -She had documented Resident #2's weight gain on 04/08/22. -The night shift MA checked Resident #2's weight and if it was over a 2-pound gain from the previous day, that same night shift MA was responsible for contacting the PCP's office because they had a 24-hour nurse available. -She could not remember if she had contacted

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 30 D 273 the PCP's office on 04/08/22 or not, but thought that if she had, she would have documented it in the progress notes, Interview with the Resident Care Coordinator (RCC) on 06/10/22 at 10:30am revealed: -The night shift MA was responsible for weighing Resident #2 after she woke up and had toileted. -Whoever checked Resident #2's weight when it was up two or more pounds was responsible for contacting the PCP's office on their 24-hour telephone line. -She had sent out an e-mail in the last month or two to all of the MAs advising them that whoever checked Resident #2's weight was the person responsible for also completing the notification to the PCP's office. Interview with a third MA on 06/10/22 at 12:20pm revealed: -She had documented Resident #2's weight on 04/02/22 when it had increased 3.6 pounds from the previous day. -The night shift MA weighed Resident #2 and if the weight was over two pounds higher than it was the day before, the day shift MA was supposed to call the PCP's office to notify them. -She thought that she had called to notify the PCP about Resident #2's weight on 04/02/22 but did not know why it was not documented. -The MAs wrote in their staff e-mail group to each other what Resident #2's weight was and who would be the staff to notify the PCP's office. -She was aware that the e-mail shift note was not part of the resident record. Interview with the Administrator on 06/10/22 at 12:50pm revealed: -She expected the MAs to follow Resident #2's weight check order as it was written on the eMAR Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION HAL099018 NAME OF PROVIDER OR SUPPLIER PATRIOT LIVING OF YADKINVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 31 which included an update to the PCP office any time the weight had increased two or more pounds. -If the MAs did not document the PCP notification on the eMAR she expected them to document it in the progress notes which were part of the resident record. -It was not acceptable to only complete certain	(X3) DATE SURVEY COMPLETED
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in the progress notes which were part of the resident record.	
resident record.	
-it was not acceptable to only complete certain	
documentation such as notifying the PCP in the	
e-mail shift note.	
b. Review of Resident #2's current FL2 dated	
05/04/22 revealed there was an order for	1
metformin (an anti-diabetic medication used to	
help control blood sugar) 500mg twice daily.	
Review of Resident #2's May 2022 electronic	
medication administration record (eMAR)	
revealed:	
-There was an entry for metformin 500mg twice	
daily scheduled at 8:00am and 8:00pm.	
-There was documentation that Resident #2 refused her metformin every night at 8:00pm from	
05/22/22 through 05/30/22, except for one time	
on us/29/22,	
-There were no notes documented on the eMAR	
that the primary care provider (PCP) was aware of the refusals.	
-Resident #2's fingerstick blood sugar (FSBS)	
values ranged from 47 to 375 from 05/01/22	
through 05/31/22,	
Review of Resident #2's June 2022 eMAR	
revealed:	
-There was an entry for metformin 500mg twice	
gally scheduled at 8:00am and 8:00pm.	
-There was documentation that Resident #2	, ,
refused metformin at 8:00pm four times from 06/01/22 through 06/07/22.	
-There were no notes documented on the eMAR	

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 34 D 273 2022. -She thought Resident #2's PCP was aware of her refusing her 8:00pm doses of metformin prior to the appointment she had on 06/09/22. -If the MAs did not document that they notified the PCP of Resident #2's metformin refusals, that indicated that it was not done. -The facility's policy on medication refusals was to notify the RCC via e-mail if a resident had three consecutive days of refusing the same medication. -The RCC was responsible for notifying the PCP about any medication refusals the MAs told her -She did not know if the facility had a written policy on medication refusals and notifying the PCP, but it was a verbal policy all MA staff were trained on upon hire to the facility. Interview with the Administrator on 06/10/22 at 12:50pm revealed: -She was not aware of Resident #2 refusing her 8:00pm doses of metformin, -The MA was responsible for notifying the RCC once a resident refused the same medication three days in a row. -The RCC was responsible for notifying the PCP about medication refusals. -She expected MAs to look back on the eMAR if a resident refused a medication to see if that medication had been refused other times that week or not so that proper follow up could be done with the resident and with the PCP. Review of Resident #3's current FL2 dated 05/31/22 revealed diagnoses included cystitis (an infection in any part of the unnary system), and recurrent urinary tract infections (UTI). Review of Resident #3's physician order from

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 35 D 273 urgent care clinic dated 04/13/22 revealed: -There was an order for an antibiotic medication to treat a UTI. -There was an order to schedule a follow-up appointment with Resident #3's urologist as soon as possible due to her having multiple UTIs. Review of Resident #3's physician order dated 04/29/22 revealed there was an order for an antibiotic due to diagnosis of UTI. Review of Resident #3's physician order dated 05/12/22 revealed there was an order for an antibiotic due to diagnosis of UTI. Review of Resident #3's physician order dated 06/02/22 revealed there was an order for an antiblotic due to diagnosis of UTi. Interview with the Resident Care Coordinator (RCC) on 06/09/22 at 12:50pm revealed: -When a resident returned from an appointment with new orders for a referral or an appointment to schedule, the RCC was responsible for faxing the order to the business office manager (BOM) to schedule. -Resident #3's order to follow up with urology was written by an urgent care provider so she would have needed to get a urology referral order from her PCP before scheduling. -She had faxed the order from the urgent care provider to Resident #3's PCP on 04/13/22 but had never received a response back with an order for a referral to urology. -It would have been her responsibility to follow up with the PCP office and obtain the order, but she thought she overlooked it. Review of Resident #3's progress notes from

04/01/22 through 06/08/22 revealed there was no Division of Health Service Regulation

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Division	n of Health Service Regu	ilation			FOR	D: 06/24/202 M APPROVE	22 50
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1	Resident #3's PCP of	ice on 06/10/22 at 11:40am					1
	revealed:	ice on 06/10/22 at 11:40am					Į
	-Resident #3 last had	an appointment with	1		- 1		- 1
	urology on 10/14/21.	an appointment with					- [
	-They had not receive	d any requests from the					ı
	facility for Resident #3	to see urology due to	1		ſ		1
	frequent UTIs.		1				ı
	-Resident #3 last saw	her PCP on 04/07/22 and					j
	there was no notation	in the office visit note that	i [1
	UTIs were discussed a	t that visit.					ı
	Interview with the Art.		1 1				1
	12:50pm revealed:	inistrator on 06/10/22 at	1				ı
		at Resident #3 never saw a	1		1		1
	urologist as ordered by	at Resident #3 never saw a a provider on 04/13/22,	1 . [t
	-Referral orders or reg	lests were supposed to be					ł
	sent (via fax or e-mail)	to the BOM, who was then	1		ľ		1
'	responsible for schedu	ling the appointment	1				
	 The RCC was respons 	sible for clarifying any			i		ı
	orders or reaching out i	to the PCP's office for a] [1
	referral if it was request	ted by an outside provider					l
	such as urgent care.		1				ı
İ	-Sne expected all order	s to be followed up on and]				ı
	saw Resident #3.	ted by any provider who			1		L
	odw resident #5.		1				l
	The facility failed to ens	Iro referrale and					L
	appointments were sche	eduled for a resident, who	1				l
- 1	had a scheduled appoin	tment to see a	[ı
	gastrointestinal (GI) spe	cialist after			1		Ĺ
1	hospitalizations for a GI	bleed and acute blood	ĺ				
	loss anemia, missed the	appointment and it was					
,	not rescheduled and wa	S re-hospitalized with a GI					
	pieed; and who was refe	erred to a podiatrist for				į	
	complaints of pain in her	r feet, toes, and toenails				- 1	
1	(#4); and a resident who	experienced frequent					
	a unalogist and did not	JTI), had an order to see				1	
	at risk for configurations	iee a urologist putting her]	
f.	a nortable overce test f	s (#3); and failed to have or a resident who had an				ı	
	~ Portable oxygen tank to	or a resident who had an				- 1	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING; COMPLETED HAL099018 R B. WING NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 38 D 273 order for continuous oxygen and experienced shortness of breath when ambulating outside her room placing her at risk of exacerbation of chronic obstructive pulmonary disease (COPD) (#4); and did not contact the PCP for a resident, who had an order for daily weights when there was a weight gain of 2 or more pounds in a day so that medication adjustments could be made and who refused an anti-diabetic medication putting the resident at risk for hyperglycemia (#2). The facility's failure resulted in substantial risk for neglect and constitutes a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/10/22 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JULY 10. 2022. D 282 10A NCAC 13F .0904(a)(1) Nutrition and Food D 282 Lead Dietary staff and/or Service designee to ensure cleaning 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care of surfaces and food Homes: Storage areas are clear The kitchen, dining and food storage areas and orderly and free from contamination no less than shall be clean, orderly and protected from contamination. weekly. Diamond plated aluminum Goothas been removed and replaced in walk-in cooler. 61(3/22 This Rule is not met as evidenced by: Based on observations and interviews, the facility Administer and ordesgines to monitor cleanliness of failed to maintain the food storage areas in a clean and orderly manner, and free from contamination in the walk-in refrigerator and Kitchen area no less than walk-in freezer. moutly. Division of Health Service Regulation

Division	of Health Service Red	gulation			. PRINT	ED: 06/24/202 RM APPROVE
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Ma) Ma il mini in			WHITHOUS
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DAT	E SURVEY PLETED
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		HAL099018	B. WING			R
NAME OF F	ROVIDER OR SUPPLIER				06	/10/2022
		STREETA	DDRESS, CITY, STATE	E, ZIP CODE		
PAIRIOT	LIVING OF YADKINVILI		RISON AVENUE			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	VILLE, NC 27055			
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETE DATE
D 282	Continued From pag	e 39	D 282			
	The findings are:					
	Review of the daily k	itchen cleaning schedules				
i	revealed the last dail	v cleaning schedule was				
	completed on 06/06/2	revealed the last daily cleaning schedule was completed on 06/06/22 and did not include				
f	cleaning of the floors and walls in the walk-in		1			
	refrigerator or walk-in	freezer.				
ł	Review of the weekly	kitchen cleaning schedules				
	revealed the last wee	kiy cleaning schedules] [
1	completed on 05/24/2	22 and did not include				
1	cleaning of the floors	and walls in the walk-in				
1	refrigerator or walk-in	freezer.				
	Review of the monthly	kitchen cleaning schedules				
1	revealed the last mon	thly cleaning schedule was				
	cleaning of the fleers	22 and did not include				
	refrigerator or walk-in	and walls in the walk-in freezer.				
	Observation of the wa	lk-in refrigerator/freezer on				
, ,	00/09/22 at 8:30am re	vealed:	1.			
1	the door to access the	surrounding the handle on			j	
i i	had a layer of brownis	walk-in refrigerator/freezer] [
1	The lining of the frame	e of the door to access the				
, y	vaik-in reirigerator/free	EZEF Was covered with a	[1	
/ 6	prownish blackish subs	stance throughout				
-	There was a brownish	substance that ran from	ļ <u> </u>		1	
h	he top of the left side on alfway down the door	of the door frame to				- 1
::	There was a black out	rrame. estance from the bottom	1			- 1
le	oft side of the door fram	me that extended a foot				1
a	nd a half upward.		1			-
-7	There was a thick laye	r of grime along the				i
P	enmeter of the refrige:	rator floor.	1			1
	nere were dark splatt	ers on the wall to the left				
-1	nd behind a metal foo	rack.	1			ļ
of Houlth	-There were large areas of dirt buildup throughout					

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 282 Continued From page 40 D 282 the waik-in refrigerator. -The walk-in freezer was adjacent and accessed through the walk-in refrigerator. -There was a layer of ice on the middle and side of the floor along the bottom of the door on the outside of the walk-in freezer. -There were layers of ice at various places on the floor in the walk-in freezer. -There were areas of a brown buildup throughout the floor in the walk-in freezer. -The left corner of one of the large metal floor tiles had lifted from the floor under one of the food racks. Interview with the Dietary Manager (DM) on 06/09/22 at 8:31am revealed: -The refrigerator and freezer were last cleaned, and the floors mopped 5 days ago. -The dietary staff mopped once a week, so it was due to be mopped again. -Dietary staff spot cleaned as necessary. -He thought the splatters on the wall and buildup on the door and door handle could be removed with scrubbing. -He did not know why the wall, door frame, door and door handle had not been cleaned. -Dietary staff could mop one day and the floor would get back dirty due to staff tracking dirt in from their shoes. -He had been waiting a long time for new flooring to be approved by management for the refrigerator. -The metal flooring had been ordered and he was waiting for it to come in. Interview with the Administrator on 06/09/22 at 9:56am revealed: -The floors in the walk-in refrigerator and walk-in

daily. Division of Health Service Regulation

freezer should have been swept and mopped

PRINTED: 06/24/2022 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 282 Continued From page 41 D 282 -The refrigerator/freezer door handles needed to be cleaned daily. -The walls in the refrigerator/freezer should have been cleaned at least twice a month or as -The flooring for the walk-in refrigerator had been ordered and would be replaced when it arrived at the facility. Review of a receipt dated 06/10/22 from a local welding and metal fabrication shop revealed aluminum sheets for flooring had been ordered and paid for. D 358 10A NCAC 13F .1004(a) Medication D 358 Administration All resident orders will be reviewed by RCC with the resident's PCP to assure 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, that orders are as the prescription and non-prescription, and treatments PCP feels appropriate. by staff are in accordance with: (1) orders by a licensed prescribing practitioner Standardization of which are maintained in the resident's record; and house orders regarding diabetic related orders (2) rules in this Section and the facility's policies and procedures. will be established This Rule is not met as evidenced by: working with the PCP. Based on observation, record reviews and interviews, the facility failed to administer order log will be followed medications as ordered for 1 of 5 sampled residents (#2) who had orders to receive glucose to ensure orders are

The findings are:

gel for fingerstick blood sugar (FSBS) less than

60 and to receive a diuretic for a weight gain of

two or more pounds in a 24-hour period.

Review of Resident #2's current FL2 dated

followed per physician

will regularly mactor Medication Administration

Record to ensure orders

orders. Resident Care Coordinator andordesignee

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 B, WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 42 D 358 are followed, documented 05/04/22 revealed diagnoses included type 2 and complete. Administrator diabetes, ischemic heart disease due to coronary artery obstruction, hypertension, and thoracic andordesignee will menifor aortic aneurysm. order log no less than a. Review of Resident #2's Physician Orders mouthly. dated 08/12/21 revealed there was an order for Giutose 15 40% oral gel (a gel that contains 15 grams of glucose to treat episodes of low blood sugar) give for FSBS 60 of below, recheck FSBS in 15 minutes, if FSBS was still below 60 repeat until above 60. Review of Resident #2's Standing Orders dates 04/22/22 revealed there was an order to administer one tube of Glutose 15 40% gel if FSBS was less than 60, recheck FSBS in 15 minutes and repeat steps until FSBS was over Review of Resident #2's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry for FSBS checks four times daily scheduled at 7:30am, 11:30am, 5:00pm, and 8:00pm. -There was an entry for FSBS checks as needed. -There was an entry for Glutose 15 40% gel, give If FSBS was 60 or below, recheck in 15 minutes, if FSBS was still below 60 repeat until above 60. -There was documentation that FSBS was 60 or lower 6 times from 04/01/22 through 04/30/22, ranging from 49 to 60. -There were no documented administrations of Giutose gel on 04/03/22 when FSBS was 59, on 04/08/22 when FSBS was 58, on 04/20/22 when FSBS was 55, on 04/22/22 when FSBS was 51, on 04/23/22 when FSBS was 60, or 04/25/22 when FSBS was 49 and no documented FSBS re-checks. Division of Health Service Regulation

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	COMPANY		RM APPROV
	OF CONTROLLON	IDENTIFICATION NUMBER:	A BUILDING	CONSTRUCTION	(X3) DATE	SURVEY
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NAME OF P	ROVIDER OR SUPPLIER	OTDE			06	10/2022
PATRIOT	LIVING OF YADKINVILL	SIREE!	ADDRESS, CITY, STAT	E, ZIP CODE	-	
	- INTERIOR INTERIOR		RRISON AVENUE VILLE, NC 27055			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCES	1			
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D 358	Continued From page	9 43	D 358	DEFICIENCY)		
	Review of Resident #	2's May 2022 eMAR				
ļ		or FSBS checks four times	1			
	daily scheduled at 7:3 and 8:00pm.	0am, 11:30am, 5:00pm,				
Ī	-There was an entry for	or FSBS checks as needed.				
	There was an entry to	Or Gillitopo 15 400/ and aller				
- 1	ILL ODO MAS OU OF DEK	OW. recheck in 15 minutes				
	III TODO WAS SUII DAIOM	of 0 repeat until above 60. ation that FSBS was 60 or				
1,	ower 1 time on 05/09/	22 and a note that				
('	rtesident #2 was drinki	ing orange juice			1	
1.	rinere were no docum	ented administrations of			1	
1	Glutose gel on 05/09/2	2.				
F	Review of Resident #2' evealed:	's June 2022 eMAR	1			
		FSBS checks four times				
10	iony actied at 7:30.	am, 11:30am, 5:00pm,				
l a	riu o:uupm.		1		İ	
-	There was an entry for	FSBS checks as needed.				
] -	THE WAS AN ENTRY FOR	Gillitopo 15 400/ ant all	1 . 1			
, "	LODO MAS OU OL DEION	V. recheck in 15 minutes				
[-7	There was documentate	60 repeat until above 60. ion that FSBS was 60 or	1 1			
110	wer z umes from 06/0	1/22 through 06/08/22,			1	
110	. אם סו טכ וווטוו צוייפייי				1	
-T	here were no docume	nted administrations of	}			
9	1410se gel on 06/01/22	When ESBS was 50 or				
do	n 06/04/22 when FSBS ocumented FSBS re-ch	was 50 and no				
1		i	1		1	
O	servation of medication	on on hand for Resident				
#2	on 06/09/22 at 4:00pr	Ti revealed there were				
rae	o stock-supply unoben	led fulbes of Clutona 45	ļ		1	
40	76 gel in a drawer cont	aining Resident #2%				
dia						
dia	betic supplies in the m	nedication room.	1			

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPLE (CONSTRUCTION		RM APPRO
	or country link	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE	SURVEY
						CLIED
		HAL099018	B. WING			R
IAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	06	10/2022
PATRIOT	LIVING OF YADKINVILLE	409 HAF	RISON AVENUE	-, Eli GODE		
		YADKIN	VILLE, NC 27055			
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D DE	COMPLE DATE
D 358	Continued From page	44	D 358			-
	there was no docume	ntation that Glutose gel was	2 000			
	administered, or offere	ed and declined, on the				
	days where her FSBS	were 60 or below				
	Interview with a medic	ation aide (MA) on				
ĺ	06/09/22 at 10:33am r	evealed:				
İ	-She checked Resider	nt #2's FSBS 04/03/22				
- 1	and on 04/05/00 with a	n 04/20/22 when it was 55,				
ľ	when it was 47.	it was 49, and on 05/09/22				
		r Glutose 15 40% gel to	1			
	Resident #2 because t	he resident preferred to	1			
	drink her supply of oral	nge juice rather than use	1.			
	the Glutose gel.					
1	-She did not recheck R	lesident #2's FSBS	1 1			
	because Resident #2 w	vas aware of how she felt				
1	better after the drawle	w and always said she feit			-	
	better after she drank o	range Juice,				
	interview with Resident revealed:	#2 on 06/09/22 at 4:00pm				
ļ.	MAs checked her FSB	S four times daily, and	1.		1	
1	sometimes more often t	than that if she requested				
	L,				1	
:	when her FSBS was in	ow she could tell because				
13	she would become swe	aty and weak.			1	
t	he Glutose del because	0 or less she did not take the MAs did not offer it				
, t	o her, they would just p	our her a cup of the	}			
10	range juice she kept in	the fridge in her				
) 0	edroom.					
-	The MAs did not reched	k her FSBS after she				
ļa	rank the orange juice b	ecause she did not sek	.			
"	iem to, but she would b	e willing to let them				
į re	scheck it if they asked.	1	1			
to	her.	se gel if an MA offered it				
T.	Nonhana Int					
R	elephone interview with	a representative from			1	
of Health	Service Regulation	re provider (PCP) office				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(Va) Fall Pro-			RM APPRO
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING:		COM	PLETED
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NAME OF F	PROVIDER OR SUPPLIER	1,1200010	b. Wind		06	/10/2022
		STREET	DDRESS, CITY, STATE	E, ZIP CODE		TOIZUZZ
PATRICT	LIVING OF YADKINVILI		RRISON AVENUE			
OCOLID	644	YADKIN	VILLE, NC 27055			
(X4) ID PREFIX	(CAUS DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF COR		
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D 358	Continued From pag	10.45	1	DEFICIENCY)		
			D 358			
	on 06/10/22 at 8:50a	am revealed:				1
ļ	#2 of hor on-pint	FSBS values with Resident				
ĺ	#2 at ner appointmer	nts, her last appointment was				
	mie day bilot ou 09/0	19/22.				
f	60 or lower the MA	if Resident #2's FSBS was	1 1			
I	gel or if she refused	would administer the Glutose				
[Orange inice but it als	to give Resident #2 the				
1	FSBS should then be	ould be documented and the				
1	coming back up.	rechecked to ensure it was	1			
.	-Possible adverse rea	actions for not administering	1			
1	Glutose when FSBS	was 60 or lower included				
1	confusion, fainting, sy	weating, blurred vision,				
1	nausea, vomiting or h	leart palnitations				
1	Telephone interview v	vith a MA on 06/10/22 at				
1 3	9:30am revealed:					
1:	-She checked Reside	nt #2's FSBS on 04/22/22				
١,	wnen it was 51, and o	n 04/23/22 when it was so				
, , ,	ritesident #2 preferred	d to drink juice or have	1			
	the Glutose gel.	was low rather than take				
] .	She worked pight abi	Standal	j]			
F	She worked night shift	rand she checked	1		-	
l r	equest and if it was in	round 5:00am per her ow she would document it in				
f t	he progress notes.	and would document it in	1		1	
ر	When Resident #2's P	SBS was low she never			1	
10	echecked it because (day shift was coming in and	1		1	
"	ed to check it before I	breakfast anyway eo eho				
1 19	rould just let the onco	ming MA know if her ESBS			1	
13	ad been low at 2:0091	m.				
· - /	When Resident #2's F	SBS was 60 or lower she			1	
; w	ould keep an eye on i	her, but Resident #2 was				
/ Ia	imiliar with the sympto	oms she had when her			1	
15	Ses was low and was	S good about letting stoff				
į Ni	iow is sue needed to t	be rechecked or if she			ļ	
ne	eeded orange juice.	:				
75	lonhana lut				ļ	
16	elephone interview wit	h a second MA on				
-411 10	3/10/22 at 9:50am reviservice Regulation	ealed:				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 R B, WING NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 46 D 358 -She checked Resident #2's FSBS on 04/08/22 when it was 58, and 06/01/22 when it was 58. -When Resident #2's FSBS was less than 60 she gave her a cup of orange juice then would recheck her FSBS two hours later. -She rechecked the FSBS two hours later because that was when Resident #2 was due for an insulin injection and needed her FSBS rechecked anyway. -All residents who had insulin orders also had the order for Glutose 15 40% gel as a diabetic standing order. -She did not document when she gave Resident #2 orange juice for a low blood sugar because she would just verbally tell the next shift if Resident #2 needed it due to low FSBS. -Resident #2 did not report symptoms of low blood sugar to her and she did not know if Resident #2 was able to tell when her FSBS was low or not. Interview with the Resident Care Coordinator (RCC) on 06/10/22 at 10:30am revealed; -Resident #2 had Glutose gel as a standing order that all diabetic residents had. -The MAs did not document if they offered Glutose gel to Resident #2 and she refused because the eMAR did not give them an option to document a refusal on an "as needed" order. -The MAs should be documenting Glutose refusals and what they offered Resident #2 as an intervention instead of documenting in the Progress Notes. Interview with a MA on 06/10/22 at 12:20pm revealed: -She checked Resident #2's FSBS on 06/04/22 when it was 50. -She did not offer Glutose gel because Resident #2 was about to eat lunch so she figured it would Division of Health Service Regulation

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING; COMPLETED HAL099018 R B. WING NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID. PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5)TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 358 Continued From page 47 D 358 come back up after she ate. -She did not document FSBS re-checks unless the FSBS did not increase with food or orange -She was not aware that Resident #2 had an order to check FSBS as needed and that she could document FSBS values there. -She documented if Resident #2 had a low FSBS in the shift notes which were in a group e-mail thread with the other MA staff, she was aware that e-mail was not part of Resident #2's record. -She did not think that she needed to document FSBS rechecks or interventions such as administering orange juice in the Progress Notes. Interview with the Administrator on 06/10/22 at 12:50pm revealed: -She expected the MAs to check Resident #2's FSBS as ordered, and if the FSBS value was 60 or lower to administer Glutose 15 40% gel to her. -if Resident #2 refused the Glutose gel, she expected the MAs to offer orange juice or a snack and to document what the FSBS value was, and what they gave to Resident #2 in the Progress Notes. -She expected the MAs to recheck Resident #2's FSBS after 15 minutes as the order stated, so that if it was still below 60 they could try another intervention to increase her blood sugar. b. Review of Resident #2's physician order dated 01/24/22 revealed: -There was an order to begin weighing daily and report a 2 plus weight gain in a 24-hour period, -There was an order for furosemide (a diuretic used to treat fluid retention) 40mg daily. Review of Resident #2's physician order dated 04/11/22 revealed there was an order to take furosemide 40mg daily and an extra 40mg as

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING; COMPLETED HAL099018 R B. WING NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 358 Continued From page 48 D 358 needed (PRN) for a 2 pound or more weight gain in a 24-hour period. Review of Resident #2's April 2022 electronic medication administration record (eMAR) revealed: -There was an entry to weigh daily first thing in the morning after toileting with only pajamas on, and to call the primary care provider (PCP) if weight was greater than 2 pounds in a 24-hour period. -There was an entry for furosemide 40mg take 1 tablet PRN for 2 pound or more weight gain in a 24-hour period. -There was a documented weight gain of 2 or more pounds 3 times from 04/11/22 through 04/30/22. -There was no documentation the PRN furosemide was administered 2 of those 3 opportunities on 04/23/22 when there was a weight increase of 2.9 pounds, or on 04/27/22 when there was a weight increase of 3.7 pounds. Review of Resident #2's May 2022 eMAR revealed: -There was an entry to weigh daily first thing in the morning after toileting with only pajamas on, and to call the PCP if weight was greater than 2 pounds in a 24-hour period. -There was an entry for furosemide 40mg take 1 tablet PRN for 2 pound or more weight gain in a 24-hour period. -There was a documented weight gain of 2 or more pounds 5 times from 05/01/22 through 05/31/22. -There was no documentation the PRN furosemide was administered 4 of those 5 opportunities on 05/06/22 when there was a weight increase of 4.7 pounds, on 05/15/22 when there was a weight increase of 6.0 pounds, on

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In	terview with a medica	tion pide (MA)				
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n/	1/27/22 05/18/22 cc.	Resident #2's weight on	ļ		ľ	
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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING; COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 50 D 358 -The PRN medications did not show up on the same screen as the weight check because the weight check was scheduled daily, and the PRN medications were under a separate tab on the eMAR. -Resident #2 did sometimes complain about feeling short of breath, but usually it was only in the morning when she first woke up, Interview with Resident #2 on 06/09/22 at 4:00pm revealed: -Staff checked her weight every morning on the scale she had in her room. -if her weight was up, she thought she received an extra dose of furosemide, but she did not always remember what her weight had been the day prior. -She thought she had last received an extra dose of furosemide about four days prior. -When her weight was up and she had more fluid retention, she could tell because her heart rate increased and her head would feel "fuzzy." Telephone interview with a representative from Resident #2's PCP office on 06/10/22 at 8:50am revealed: -They were not aware Resident #2's weight had increased by two or more pounds seven times without receiving the PRN furosemide 40mg as ordered. -They expected the PRN furosemide to be administered as ordered because without taking it, Resident #2 could have worsening congestive heart failure (CHF) which would cause difficulty breathing, increased swelling and strain on her heart. Telephone interview with a MA on 06/10/22 at 9:30am revealed: -She worked primarily on the night shift which Division of Health Service Regulation

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID. PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 358 Continued From page 51 D 358 was 7:00pm to 7:00am. -The night shift MA was responsible for weighing Resident #2 in the morning when she woke up after she had used the bathroom. -If Resident #2's weight had increased two or more pounds from the day prior they were supposed to call the PCP office for further instruction. -She had documented Resident #2's weight on 04/23/22, 05/06/22, and 05/15/22 when it had increased more than two pounds. -She usually documented what Resident #2's weight was then told the day shift MA if there was a two or more-pound weight gain so that day shift could call the PCP office and verify that the extra dose of furosemide should be administered. Interview with the Resident Care Coordinator (RCC) on 06/10/22 at 10:30am revealed: -She was not aware that Resident #2 was not receiving her PRN dose of furosemide 40mg on the days where she had a weight increase of 2 or more pounds in a 24-hour period. -She was responsible for completing audits of the eMAR but had not had the time to do an audit since she started in her position of RCC in March 2022. -She had called and requested the order for PRN furosemide so that when the PCP office advised them to give Resident #2 an extra furosemide due to weight gain, the MAs would not need to take the furosemide from her medication card for daily scheduled furosemide 40mg. -The night shift MA was responsible for getting Resident #2's daily weight and documenting it. -If the night shift MA did not administer the PRN furosemide to Resident #2 on the days where her weight had increased two or more pounds, they were responsible for documenting in the Progress Notes that the day shift MA was notified and

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING; COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) JD SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 52 D 358 agreeable to administering it. Interview with the Administrator on 06/10/22 at 12:50pm revealed: -She was not aware that Resident #2 was not receiving her PRN dose of furosemide 40mg on the days where she had a weight increase of 2 or more pounds in a 24-hour period. -She expected the MAs follow medication orders as they were written on the eMAR. -Whichever MA weighed Resident #2 and documented a weight gain of 2-plus pounds should be administering the PRN furosemide, or documenting that they did not administer it so that the day shift MA would be aware and take responsibility for administering it. D 367 10A NCAC 13F .1004(j) Medication D 367 Staff will be retrained Administration on facility practices 10A NCAC 13F .1004 Medication Administration and procedures for (j) The resident's medication administration record (MAR) shall be accurate and include the documentation of following: Medication Administration. (1) resident's name; name of the medication or treatment order; The RCC and for designee (3) strength and dosage or quantity of medication will regularly check Medication Administration administered: (4) instructions for administering the medication or treatment: (5) reason or justification for the administration of Accords to ensure orders medications or treatments as needed (PRN) and are followed - Administrator documenting the resulting effect on the resident; and for designee will review Electronic Medico Aim (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the Record reports to ensure proper documentation. 7/24/22 omission, including refusals; and,

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(8) name or initials of the person administering the medication or treatment. If initials are used, a

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	signature equivalent to	o those initials is to be	1		1	
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J	This Rule is not met a	as evidenced but				
	Based on observation	. record reviews and	1 1		1	
	interviews, the facility	failed to ensure the				
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	administration record ((eMAR) for 2 of 5 sampled				
1	residents (#2 and #4) continuous oxygen (#2	Who had orders for				
		and #4).	[. [
ŀ	The findings are:					
	1. Review of Resident	#2's current FL2 dated				
-	05/04/22 revealed:	#2 s current FL2 dated	1			
	-Diagnoses included is	chemic heart disease due	1			
	to coronary artery occli	usion, hypertension				
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		r 2 liters (L) of continuous	1			
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	Review of Resident #2'	s May and June 2022				
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0	Observation of Residen	t #2 on 06/08/22 at				1
1	0:00am revealed she v	vas sitting in her			!	ĺ
n	/neeichair in her room i asal cannula.	wearing oxygen 2L via				
6	bservation of Resident	#2 on 06/00/22 ~!				
∤ 8:	:25am and 3:55pm rev	ealed she was in her				l
_ ro	oom wearing oxygen 2L	via nasal cannula	ľ			į

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 B. WING R NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 367 Continued From page 54 D 367 Interview with a medication aide (MA) on 06/09/22 at 10:33am revealed: -She did not document Resident #2's oxygen because there was not a place on the eMAR to document it. -She did not document Resident #2's oxygen in the Progress Notes because she did not think that she was supposed to, or what she was expected to document. -Resident #2 sometimes complained about having shortness of breath, but it was usually only in the morning when she first woke up if her nasal cannula had not been sitting in her nose correctly. -Resident #2 had her own pulse oximeter so she did not check Resident #2's oxygen saturation unless she asked her to. Interview with Resident #2 on 06/09/22 at 4:00pm revealed: -She wore her oxygen continuously and it was always at 2L. -She had her own pulse oximeter because she liked to be able to check her oxygen saturation when she wanted to. -She did not need help from staff with her oxygen except when she needed a new portable oxygen tank. Telephone interview with a MA on 06/10/22 at 9:30am revealed: -She did not document Resident #2's oxygen because there was nowhere to document it. -She only checked Resident #2's oxygen saturation if Resident #2 complained she did not feel well or was short of breath. -She did not know if she was expected to document Resident #2's oxygen under Progress Notes because it had not come up before.

SIXTERENT OF DEPICIENCIES AND PLAN OF CORRECTION MALEOPPROVIDER OR SUPPLIER HALEOPPROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAFE, 2P CODE 409 HARRISON AVENUE 409 HARRISON AVENUE ADDRIVING OF YADKINYLLE VOIL SUMMARY STATEMENT OF DEPICIENCIES (PACH DEPICIENCY MUST BE PRECEDED BY PLUI. PREFEX (PACH DEPICIENCY MUST BE PRECEDED BY PLUI. PREFEX (PACH DEPICIENCY MUST BE PRECEDED BY PLUI. PREFEX (PACH DEPICIENCY MUST BE PRECEDED BY PLUI. PREFEX (PACH DEPICIENCY MUST BE PRECEDED BY PLUI. PREFEX (PACH DEPICIENCY) TAG D 367 Telephone Interview with a second MA on 06/10/22 at 15-30 mm revealed: She value of find of document Resident #2's oxygen saturation as needed because Resident #2's oxygen saturation as needed because Resident #2's oxygen was not on the aMAR. Resident Resident Care Coordinator (RCC) on 06/10/22 at 10-30 mm revealed: She was not aware that Resident #2's oxygen was not aware that Resident #2's oxygen was not on the aMAR. Resident #2 always had her oxygen on. She was responsible for completing audits of the aMAR but since starting her prosition as RCC in March 2022 she had not had the time to complete one yet. Interview with the Administrator on 06/10/22 at 12-50 mm rowarded: An arriy for oxygen should be on the eMAR for the MAS to document on. She did not know that there was no documentation of Resident #2's current FL2 dated 06/24/22 revealed: Julignoses included chronic obstructive pulmonary disease, chronic renal failure, and deep vain thrombosis. There was an order for 2 liters (L) of continuous oxygen. Review of Resident #4's electronic Medication Administration Record (eMAR) and electronic Treatment Administration Record (eMAR) and electronic Treatment Administration Record (eMAR) and electronic Treatment Administration Record (eMAR) and electronic Treatment Administration Record (eMAR) and electronic Treatment Administration Record (eMAR) and electronic Treatment Administration Record (eMAR) and electronic Treatment Administration Record (eMAR) and electronic Trea	_	Division	of Health Service Regu	ulation				RM APPROVE	
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U5/24/22 revealed: -Diagnoses included chronic obstructive pulmonary disease, chronic renal failure, and deep vein thrombosis. -There was an order for 2 liters (L) of continuous oxygen. Review of Resident #4's electronic Medication Administration Record (eMAR) and electronic			Review of Resident #	#2's current FL2 dated	1		f		
pulmonary disease, chronic renal failure, and deep vein thrombosis. -There was an order for 2 liters (L) of continuous oxygen. Review of Resident #4's electronic Medication Administration Record (eMAR) and electronic		[05/24/22 revealed:				1		
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Review of Resident #4's electronic Medication Administration Record (eMAR) and electronic			There was an order for	2 litera (L) of act "				1	1
Review of Resident #4's electronic Medication Administration Record (eMAR) and electronic		1	Oxygen,	Z inters (L) or continuous					
Administration Record (eMAR) and electronic			,						
Administration Record (eMAR) and electronic			Review of Resident #4's	electronic Medication			1	ĺ	
Treatment Administration Record (eTAR) for May		/	Administration Record (eMAR) and electronic					
	_		Freatment Administratio	n Record (eTAR) for May				Į	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES łĐ (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 367 Continued From page 56 D 367 2022 and June 2022 revealed there no entry for documentation of use of continuous oxygen 2L. Review of Resident #4's progress notes revealed there was no documentation of Resident #4 wearing oxygen. Observation of Resident #4 on 06/10/22 at 9:06am and 3:02pm revealed she was lying in bed in her room wearing oxygen 2L via nasal cannula. Interview with Resident #4 on 06/10/22 at 9:06am revealed: -She wore her oxygen at 2L all the time when she was in her room and was supposed to wear it -She did not wear her oxygen while outside of her room because she did not have a portable oxygen tank. Interview with the RCC on 06/09/22 at 3:42pm revealed: -She was responsible for reviewing the eMARs at least weekly. -She did not know oxygen why Resident #4's oxygen was not on the eMAR for documentation. -Resident #4 wore her oxygen continuously while she was in her room. Interview with a MA on 06/09/22 at 4:12pm revealed: -Resident #4 usually wore her oxygen when she was in her room laying down. -She did not know what Resident #4's oxygen orders were and had not seen oxygen on the eMAR to document use. -The RCC was responsible for reviewing the eMARs for accuracy every month and when new residents were admitted to the facility.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 B. WING R 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 367 Continued From page 57 D 367 Interview with a MA on 06/10/22 at 12:50pm revealed: -Resident #4 wore her oxygen only when she was in her room and she had never seen her wear oxygen outside of her room. She had never seen oxygen on the eMAR. -All residents' oxygen should be on the eMAR to document when the resident used it. -The RCC was responsible for reviewing the eMARs, but she did not know how often. Interview with the Administrator on 06/10/22 at 5:23pm revealed: -She did not know oxygen was not on the eMAR to document Resident #4's oxygen use. -There should have been an entry on the eMAR for oxygen so MAs could document use. -The RCC was responsible for reviewing the eMARs for accuracy. D 612 10A NGAC 13F .1801 (c) Infection Prevention & D 612 Control Program (temp) Staff, vistors and 10A NCAC 13F .1801 INFECTION residents will be PREVENTION AND CONTROL PROGRAM screened at entry to the (c) When a communicable disease outbreak has facility for COVID-19. been identified at the facility or there is an emerging infectious Signs posted outside disease threat, the facility shall ensure of the facility to inform implementation of the facility 's IPCP, related policies and procedures, and vistors, staff, and residents published guidance issued by the CDC; however, if guidance or directives specific to the to use one entry doorfor screening Resident Care communicable disease outbreak or emerging infectious disease threat Coordinator and/or designee will train staff have been issued in writing by the NCDHHS or department, the specific guidance or directives to test for COVID-19 and Division of Health Service Regulation

Division	of Health Service Reg	ulation				ED: 06/24/202 RM APPROVE
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING			SURVEY PLETED
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		HAL099018	B, WING			R
AME OF P	PROVIDER OR SUPPLIER	STRE	ET ADDRESS CITY OF		06	/10/2022
ATPIOT	LIVING OF YADKINVILL	400 L	ET ADDRESS, CITY, ST			
AIRIOI	LIVING OF YADKINVILL		IARRISON AVENU (INVILLE, NC 2705			
(X4) ID	SUMMARYS	TATEMENT OF DEFICIENCIES				
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	,	LESS IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR	ROPRIATE	COMPLETE DATE
D 612	Continued From 199	- 50		DEFICIENCY)		
	Continued From pag		D 612	ensure supplies for	1 1.	
	shall be implemented	d by the facility.		CHOCKE SUPPLIES TO	" testi	n9
		•	1	are provided.		3
	This Dula !			1		
	This Rule is not met	as evidenced by:		Ln		
ľ	interviews, the facility	ns, record reviews, and		Administrator Adm	unistrad	Hor
-	recommendations an	d guidance established by		desginee will check Sheets and screeni	~ < 100	
ļ	the Centers for Disea	ise Control (CDC), and the		J. J. Mess work Chica	- 3.Gi.	06/11/22 SG
	North Carolina Depar	tment of Health and Human	[Sheets and screeni	na	
	Services (NC DHHS) were implemented and maintained to provide protection to residents during the global coronavirus (COVID-19) pandemic as related to screening of staff and visitors.			logs of the facility	.,	حداماع
].	read a	1	
				regularly-		
f						
1	VISITORS.					
1	The findings are:		.]			
,	1. Review of the CDC	Interim Infection Prevention	-			
	and Control Recomme	endations for Healthcare				
	Personnel (HCP) Duri	ng the COVID-19 Pandamia				
- 1	uated 02/02/22 reveal	ed facilities should have			1	
	established a process	to identify anyone entering				
- 1	ule lacility, regardless	of their vaccination status				
	wno nas a positive tes	t for COVID-19 symptome	1 1		ľ	- 1
- 1	of COVID-19, or close	contact/higher risk	1			- 1
١,	exposure to COVID-19	9.	1		-	
ı	Review of the North Co	arolina Department of	1			İ
1	Health and Human Ser	vices (NCDHHS)			į	İ
	COVID-19 Infection Pro	evention Guidance for			1	1
J L	.ong-Term Care Facilit	ies dated 02/10/22-			1	ĺ
-	NCDHHS recommends facilities, residents, amilies, and visitors adhere to the core principles					
Ti					,	i
10	if COVID-19 infection p	prevention to mitigate risk				
4	ssociated with potentia	al exposure.				
fe	or signs and symptoms	to screen all who enter			1	
1.	and symptoms	S OF COVID-19,				1
R	eview of the facility's i	nfection control policy				
a	ated 10/23/20 revealer	d:				
of Health	Service Regulation					- 1

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED R HAL099018 B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 409 HARRISON AVENUE PATRIOT LIVING OF YADKINVILLE YADKINVILLE, NC 27055 (X4) JD SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 612 Continued From page 59 D 612 -All staff were to be screened for fever greater than 100 degrees F and respiratory symptoms at the start of each shift, A checklist was to be used to capture staff screenings temperatures, the absence of shortness of breath, new or change in cough, and sore throat. -The facility's infection prevention and control program referenced adult care home rules: 10A NCAC 13F .1801. Review of the facility's sign-in and screening logs located in the medication room revealed: -There were blank sign-in forms and blank screening forms in a notebook. -There were no completed sign-in forms or screening forms for staff. Review of the facility's staff temperature logs from the main office for the week of 05/23/22 through 05/29/22 revealed: -There were 3 facility staff who screened for temperatures on 05/23/22. -There were 3 facility staff who screened for temperatures on 05/24/22. -There were 3 facility staff who screened for temperatures on 05/25/22. -There were 2 facility staff who screened for temperatures on 05/26/22. -There were 3 facility staff who screened for temperatures on 05/27/22. -There were 2 facility staff who screened for temperatures on 05/28/22. -There was 1 facility staff who screened for temperatures on 05/29/22. Review of the facility's staff temperature logs from the main office for the week of 05/30/22 through 06/05/22 revealed: -There were 3 facility staff who screened for

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 R 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 612 Continued From page 60 D 612 temperatures on 05/30/22. -There were 2 facility staff who screened for temperatures on 05/31/22. -There were 3 facility staff who screened for temperatures on 06/01/22. -There were 3 facility staff who screened for temperatures on 06/02/22. -There were 3 facility staff who screened for temperatures on 06/03/22. -There were 3 facility staff who screened for temperatures on 06/04/22. -There was no documentation of facility staff temperatures on 06/05/22, Observation upon entrance to the facility on 06/09/22 at 7:25am revealed: -The main office was closed and there were no staff to complete temperature checks and COVID-19 screening. -There was no sign on the door instructing visitors or staff where to go or how to complete the screening. Interview with a medication aide (MA) on 06/09/22 at 8:15am revealed: -The staff in the main office arrived daily between 8:30am and 9:00am. -Staff were supposed to check-in and complete COVID-19 screening process in the facility. -There were supposed to be staff check-in forms in a binder in the medication room, but she had not seen any of the forms since she came back to work on 06/07/22. -if a resident's visitor arrived at the facility prior to the main office opening, staff were supposed to complete their screening. Interview with the Business Office Manager (BOM) on 06/09/22 at 8:21am revealed: She usually arrived to work at the main office Division of Health Service Regulation

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL099018 R B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION (X5) TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 612 Continued From page 61 D 612 around 8:00am and left between 4:00pm and 4:30pm. -If visitors arrived prior to her arrival or after she left for the day, staff screened visitors at the facility. -Third shift staff were to screen at the facility and use the same screening form that was used at the main office. -The sign-in log, screening form, and the thermometer were kept in the medication room. Interview with the Resident Care Coordinator (RCC) on 06/09/22 at 8:20am revealed: -She had been working as the RCC since March 2022 and she was not sure what the after-hours staff had been doing to complete their COVID-19 screening while the main office was closed. -She thought the staff were supposed to complete their COVID-19 screening in the facility if the main office was closed. -Staff were supposed to screen all visitors in the facility during the hours the main office was closed. Second interview with the RCC on 06/09/22 at 9:00am revealed: -First and second shift staff were supposed to go to the main office (located up the street from the facility) to sign in and screen for COVID-19. -She did not know if or where third shift staff screened when the main office was closed because she had not seen any completed COVID-19 screening forms at the facility. -She did not know if all first and second shift staffed screened in at the main office prior to their shifts. -She knew all staff needed to be screened in prior to entering the facility. Interview with a MA on 06/10/22 at 12:50pm

STATEMEN	of Health Service Reg				FOR	D: 06/24/20: M APPROVI
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	1	
		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE COMPL	SURVEY LETED
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AME OF P	ROVIDER OR SUPPLIER				1	10/2022
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D 612	Continued From page	e 62	D 612			
1	revealed:					
	-Staff were supposed	i to screen with				
1	temperatures and a s	screening questionnaire prior				
	to starting their shifts, screen.	, but staff did not always				
,		managed at the con-			}	
	Monday through Edd	reened at the main office ay during first and second	1 1		ľ	
1	shifts and at the facilit	ty during third shift.				
		ninistrator on 06/09/22 at				
ſ	9:56am revealed:	milisualor on 06/09/22 at				
	-She did not know the	re were no completed			1	
	screening forms at the	facility for staff	1			
	-"Staff must just be co	ming into the facility without				
[]	screening."					
	Sone screened at the r	main office because she	1			
[6	down to the facility,	office daily before coming	1			
-	Staff should have bee	on screening at the facility				
1	and to their shift rathe	if than at the main office				
-	one did not know if ar	IV staff entered the facility				
["	rom a side door, but s	ne just informed the PCC	1.		1	
10	in stail were to enter th	arough the front door				
1 +1	one expected staff to	screen for COVID-19 at	1			1
p	rior to entering.	second, and third shifts				
2	Review of the CDC I	manufacture of the second				
a	nd Control Recommer	nterim Infection Prevention	1		1	
	ersonnei (HCP) Durini	a the COVID-19 Pandamia				
u	ared 02/02/22 tevealer	d facilities should have	1			- 1
e	stablished a process to	O identify anyone entering				
l ui	e racility, regardless o	of their veccination status				- 1
VV.	no nas a positive test:	for COVID-19 symptome				I
ſ	COVID-19, or close or covid-19.	Ontact/higher risk	1			
3,		(1
Re	eview of the North Car	rolina Department of				1
/ 176	and Human Serv	rices (NCDHHS)				J
C	OVID-19 Infection Prev	vention Guidance for				- 1

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING; COMPLETED HAL099018 B. WING 06/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 612 Continued From page 63 D 612 Long-Term Care Facilities dated 02/10/22: NCDHHS recommends facilities, residents, families, and visitors adhere to the core principles of COVID-19 infection prevention to mitigate risk associated with potential exposure. -Facilities shall continue to screen all who enter for signs and symptoms of COVID-19. Review of the facility's infection control policy dated 10/23/20 revealed: -All visitors were to enter through the main door (No other door was indicated.). -All visitors were to be screened for the presence of fever and symptoms consistent with COVID-19. -The facility's infection prevention and control program referenced adult care home rules: 10A NCAC 13F .1801. Observation upon entrance to the facility on 06/08/223 at 9:15am revealed: -A staff was standing outside the facility and opened the locked, keypad door to let surveyors in the facility. -There was a table in the foyer area with hand sanitizer on it. -There was no visitor sign-in log, screening questions, or thermometer. -The survey team was greeted by a medication aide (MA) and prompted the team to follow her into the facility. -The MA did not ask the survey team if they had been screened for COVID-19. Interview with a medication aide (MA) on 06/08/22 at 9:17am revealed visitors were to sign in and screen at the main office before coming to the facility.

Observation of the front door from the outside of Division of Health Service Regulation

AND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING:	PONOTION		E SURVEY PLETED
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		HAL099018	B. WING			R
NAME OF P	ROVIDER OR SUPPLIER	STREET 4	DDRESS, CITY, STATE	777.00	06	/10/2022
PATRIOT	LIVING OF YADKINVILLE	= 409 HAE	RISON AVENUE	:, ZIP CODE		
	THE THE PERSON NAMED IN		VILLE, NC 27055			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DESIGNATION				
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D 612	Continued From page	. RA		DEFICIENCY)		
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ļ	the facility entrance or revealed:	n 06/08/22 at 9:18am				
-		t road NAU . t. u	1 1			
1	in at the main office be	t read "All visitors must sign efore entering the facility.				
	-There were instruction	ns for visitors regarding				
į.	what rues should do a	fter hours, on the weekend				
	or if no one was in the	main office.				
J	,					
	Review of the facility's	sign-in and screening logs				Į
	located in the medicati	On room revealed:	·			
	-There were blank sign screening forms in a n	i-in forms and blank				,
].	There were no comple	eted sign-in forms a-				
[8	screening forms for vis	itors.	1 1			
	nterview with the Busin	ness Office Manager	1			
1.	BOM) on 06/09/22 at 8	3:21am revealed:				
a	Bround 8:00am and loff	work at the main office between 4:00pm and	1		į	
4	:30pm,	between 4:00pm and				
-	If visitors arrived prior	to her arrival or after she	1 1			
16	ent for the day, staff scr	eened visitors at the				
į Ta	acuity.		1			
-	The sign-in log, screen	ing form, and the				
, u	iermometer were kept	in the medication room.				
lr	terview with the Resid	ent Core Constitution				
(F	RCC) on 06/09/22 at 9:	00am revealed she knew	1		;	
- ai	n visitors needed to be	screened in prior to				
er	ntening the facility, but	She did not think any	1		1	
VI	sitors were screened a	after hours during the				
1 100	eek or on the weekend	because she could not				
] ""	nd any screening sheet	is.			1	
Int	terview with a home he	eaith provider on 06/09/22	1		i	
- ai	a:01 am revealed:					
-S	he signed in and comp	pleted COVID-19				
SC	reening at the main off	ice.				
[-T	here was no one in the	main office on the			ļ	
WE	eekends or after 5:00pr Service Regulation	m.				

Divisio	n of Health Service Regu	ulation			FORM APPR	#/202 ₹OVE
STATEME	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	CV2) MUUT	The Foots		
ANDPLA	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	TPLE CONSTRUCTION	(X3) DATE SURVEY	
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L		HAL099018	B WILLO		R	
NAME OF		1174203016	B. WING_		06/10/2022	,
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY.	STATE, ZIP CODE	1 00/10/2022	-
PATRIO	T LIVING OF YADKINVILLE		RRISON AVEN			
	THE THE PERSON NAMED IN COLUMN 1		VILLE, NC 27			
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D 61.	2 Continued From page	65	D 612			_
	-Most of the time, she	was screened in by staff at	1			
	the facility, with scree	ning questions and				
	temperature if she had	d to visit after 5:00pm or on				
	the weekends.	Side Side Side Side Side	1		1	
			ŀ			
	Interview with a secon	d MA on 06/10/22 at	1		,	
	12:50pm revealed					
	-Visitors should have s	screened at the main office	1]	
	Monday through Frida	y during first and second	.			
	shifts and at the facility	during third shift.	ĺ			
	shifts at the facility.	any visitors during her	1		1	
	ormia at the racinty.		ĺ			
	Interview with the Adm	inistrator on 06/09/22 at	1.			
	9:56am revealed:	11 00/09/22 at				
	-She had only worked :	at the facility for a couple of				
	weeks and was not aw	are facility staff were not	1			
	screening visitors for C	OVID-19 when they came	1		İ	
	to the facility.		1			
	-She did not agree with	visitors being made to	1			
	screen at the main office	e opposed to screening at				
	the facility upon entering	g.				
	-She did not know there	were no completed				
	screening forms at the	facility for visitors.	1			
	the facility during first, s	to screen for COVID-19 at	1			
ĺ	prior to entering.	second, and third shifts				ŀ
	,					Į
D911	G.S. 131D-21(1) Declar	ation of Residents' Rights				- 1
-	21(1) 200141	ation of Residents' Rights	D911	Fail's Manager Total	^	- 1
,	G.S. 131D-21 Declarati	ion of Resident's Rights		I were in the horacements i	9	- 1
	Every resident shall have	e the following rights:	1	retrain dietary staff	-	- 1
	 to be treated with re- 	spect, consideration		Facility Maragement to tetrain dietary staff and set procedures in place to ensure that all	r [j
1	dignity, and full recognit	ion of his or her		obser to encure that al		
	individuality and right to	privacy.	1	PROCE TO CIDA C ITAL	, 1	
ļ				residents are served in	'	
	This Dut			atimely manner.		1
	This Rule is not met as	evidenced by:				
ſ	Daservations a	and interviews, the facility		Resident Cape Coordina	1 1	
			1	USESSAMENTAL LOCALL' nordissa	30 X	

Division	of Health Service Regu	ulation			FORM APPROVE							
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	CONTRACTOR	PLE CONSTRUCTION								
AND PLA	N OF CORRECTION	IDENTIFICATION NUMBER:		(X3) DATE SURVEY								
			A. BUILDIN	G;	COMPLETED							
1		HAL SPORES			R							
		HAL099018	B. WING		06/10/2022							
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY &	STATE, ZIP CODE	00/10/2022							
PATRIO	T I IVING OF VARIABLE .											
.,,,,,,,,	PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055											
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	TILLE, NO 270									
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY CULT	ID PREFIX	PROVIDER'S PLAN OF CORRECTION	(X5)							
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	DE COLUMN							
			1	DEFICIENCY)	IATE DATE							
D91	1 Continued From page	66	D911									
			Dati	and ordesignee will								
	failed to ensure reside	ents were treated with	1	mention of any lives that I	· [
	respect, consideration	i, dignity, and full		monitor mealtimes a	and							
	recognition of his or hi	sidents seated in the dining hall having to wait ager than 30 minutes for their meals to be rived. Served the lunch meal service on 108/22 between 12:00pm and 12:35pm Paled:		Ominda 11 66								
	lenger then 22	e dining hall having to wait		From State assista	nce							
	served.	s for their meals to be		Hoensure residents of	ire							
	SCIVEU.		(
	Observation of the lun	ob mool	-	serves timery.								
	06/08/22 between 12:	Conmentation	l	101								
	revealed:	oopin and 12:35pm	1	Administrato / Admini	shutot							
		up in the hallway outside	[disciplinate shoots may be								
	the dining hall waiting	for staff to open the deem	1	dasginee to check meals								
	to the dining hall.	ior stall to open the doors	open the doors requiarly to ensur	regularly to ensure to	rat							
	-Residents were allowed	ed into the dining hall at		procedures are being								
	12:02pm; all residents	Who wanted to eat the	1	proceeds as one being	-1 6/14/22							
	lunch meal came into t	he dining hall and sat	1	followed Administration	J. []							
	down.	and date		DI I I I I Colesion	ا . صم							
	-At 12:05pm, a persona	al care aides (PCAs)	1	Haminestrator cosign	الد							
	began serving beverag	es to residents	j .	to follow up wateresid	erus							
	-At 12:07pm, the first p	late was served by a		Administrator design to follow up with resid for sodisfaction of se	mice.							
	different PCA.	_	j	HOL SUPUSTACE OF 26								
	-At 12:29pm, a residen	t yelled out, "We want	1									
	100a."		ł									
	-At 12:31pm, another re	esident yelled out, "When										
	are we going to get our	trav.										
	The last resident was a	served at 12:33pm.	j									
	-Some of the residents	who had been served had	1									
f	eaten their meals and le	oft the dining hall by the	-									
1	time the last try was ser	ved.	ļ į									
ļ	Observation of the lunch	h			į į							
	06/09/22 between 12:00	nneal service on										
	revealed:	ppin and 12:40pm	' , l		_!							
1		p in the hallway outside										
	the dining hall waiting to	or staff to open the doors										
	to the dining hall.	. Stan to open the doors										
ſ	-There were 29 resident	s initially seated in the			[[
1	dining hall at 12:05pm.	dairy deated in the	1									
1	-The first resident receiv	ed a lunch meal at										
	12:07pm.	Milon High at										
			1		1 1							

Division	of Health Service Red	gulation			FORM	: 06/24/20; APPROVI
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SI COMPLE	JRVEY TED
	_	HAL099018	B Millio		R	
IAME OF F	PROVIDER OR SUPPLIER		B, WING			0/2022
			DDRESS, CITY, STAT	E, ZIP CODE		
ATRIOT	LIVING OF YADKINVILL		RISON AVENUE			
(X4) JD	SUMMARY S	TATEMENT OF DEFICIENCIES	/ILLE, NC 27055			
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	e .	(X5) COMPLETE DATE
D911	Continued From pag	je 67	D911			
	-One resident received his meal at 12:34pm and				1	
i	ariotrier resident at h	is table had been conced				
	iinisned his meal and	d left the dining hall prior to	1 1			
ļ	12.04pm.					
	-The last lunch meal	was served at 12:36pm.] [1	
1	Observation of the lu	nch meal service on				
-	06/09/22 between 12	:05pm and 12:50pm			[
1	revealed:					
	-Residents were linea	d up in the hallway outside				
	trie dirling hall waiting	for staff to open the doors	1			
	to the dining halfThere were 25 reside	onto puede de la companya de la comp				
Ì	room when the lunch	ents present in the dining			ļ	
	-The first plate was se	PIVed at 12:08nm				
	-At 12:26pm a resider	nt asked for seconds and				
- '	was told by a PCA "we	e have to finish feeding	1			
1	everybody else first.		1			
	not yet been served.	ere 13 residents who had	1			
. [At 12:48nm, the last r	resident who was initially	1 1		-	
	seated was served.	esident who was initially				
1						
1.	nterview with a reside	nt on 06/10/22 at 9:06am				
	evealed: She had to wait a land	- Maria de de de de de de de de de de de de de				
b	efore being served he	time in the dining hall				
-	"It don't make no sens	se."			1	
]	Sometimes other resid	dents ate and left the				
d	ining hall before she v	was served her meal.	1			
4	:26pm and 4:56pm rev	nts on 06/10/22 between	[
	One resident stated he	had to sit in the dining				
rc	om for 30 to 40 minut	es at each meal horause				
l us	s table was always th	e last table served there				
100	as nothing he could di	o about it	ľ			j
-,0	nother resident stated	she had to wait in line for]			
a	long time for the dinin	g half door to open and	ŀ		1	ľ
լա	en she had to wait a le	ong time to be served her			1	

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING;		COMPI	ETED
		HAL099018	B. WING		1	₹
NAME OF F	PROVIDER OR SUPPLIER	erner.	DDDDDD .		06/	0/2022
DATOIOT	I Ballo o a succession	400 HA	ADDRESS, CITY, STATI	E, ZIP CODE		
TAIRIUI	LIVING OF YADKINVIL		RRISON AVENUE VILLE, NC 27055			
(X4) ID PREFIX	SUMMARY	STATEMENT OF DEFICIENCIES	ID ID	PRODUCTION OF THE PRODUCTION O		
TAG	REGULATORYO	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DE.	(X5) COMPLET DATE
D911	Continued From pa	ge 68	D911			
	meals.					
1	-A third resident star	ted she had to wait a long	1			
	time to be served he	er meals and it made her feel	1 1			
J	anxious.	and it made her leet				
	-A fourth resident sta	ated she had to wait a long	1			
	time to be served he	ir meals and it made her mad			1	
ľ	that she had to sit th	at long while other residents				
1	were eating.				1	
ŀ	-A fifth resident state	ed the lunch meal started at				
1	12:00pm, but she us	sually went to the dining hall			1	
1	to take a languit	cause she knew it was going			1	
	Was only one stoff as	be served; sometimes there	1 1			
ŀ	in the dining hall.	erving meals and beverages				
	-A sixth resident state	ed she had to wait 40	1 1			
ļ	minutes to be served	her meals after having to				
1	wait in the hallway fo	r the dining hall door to be				
- 1	openeg,				1	
f '	-A seventh resident s	tated, it took a long time for				
1 1	atan to serve all resid	lents in the dining hall: there			1	
٠ [nad been times when	ì she had eaten her mool				
;	not been served.	residents present who had			ŀ	
()	nterview with the die	tary manager on 06/09/22 at				
3	3:21pm revealed:	/ Manager on 00/09/22 at	1			
[-	He was aware it took	a long time for meals to be	1			
9	served to all residents	3.	1			
1-	He was responsible f	or preparing and plating the	1			
"	ileais,					
	rie served all residen	ts with therapeutic diets first	1		,	
	ing chopped meats in	nmediately prior to conving				
-1	Both staff who acciet	ot loose temperature.				
٥	6/09/22 were hired	ed in the dining room on ithin the last two weeks.				
-	le would like to have	at least one more staff to				
a	ssist in the dining hal	during meals.				
- 1		nal care aide (PCA) on				
06	6/10/22 at 1:45pm rev	vealed:				
of Health	Service Regulation				J	

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL099018 R B. WING NAME OF PROVIDER OR SUPPLIER 06/10/2022 STREET ADDRESS, CITY, STATE, ZIP CODE PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE YADKINVILLE, NC 27055 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D911 Continued From page 69 D911 -The lunch meal service started at 12:00pm. -it usually did not take that long to serve meals to all residents. -All residents, including the residents who arrived in the dining room late, were served by 12:45pm. Interview with the Administrator on 06/10/22 at 1:19pm revealed: -She did not know residents were having to walt a long time in the dining room before receiving their meals. -She had only been at the facility a few weeks and had not observed a full meal yet. -During meals, she expected there to be 1 staff serving the meals, 1 staff preparing beverages before the residents are seated, and 1 staff observing in the dining hall for needed assistance. -She had not implemented her expectations yet. D912 G.S. 131D-21(2) Declaration of Residents' Rights D912 Maintenance technician G.S. 131D-21 Declaration of Residents' Rights and for designee will Every resident shall have the following rights: 2. To receive care and services which are ensure Safe temperatures adequate, appropriate, and in compliance with bre maintained checking relevant federal and state laws and rules and water temperatures no regulations. less than weekly, document, This Rule is not met as evidenced by: promptly reporting findings Based on observations, interviews and record and performing corrective reviews, the facility failed to ensure residents received care and services which were adequate, actions. appropriate and in compliance with relevant Administrator Administrator 06/11/22 SG federal and state laws and rules and regulations related to elevated hot water temperatures. desginee to regularly review of The findings are: Mentitoring records. Division of Health Service Regulation

STATEMEN	of Health Service Regul TOF DEFICIENCIES				FOR	RM APPROV
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY
			A. BUILDING:			PLETED
		HAL099018	B. WING			R
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDDESS OF ST		06	/10/2022
ATRIOT	LIVING OF YADKINVILLE		ADDRESS, CITY, ST. RRISON AVENUE			
		YADKIN	VILLE, NC 2705			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.			
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OUR D. DE	(X5) COMPLETE DATE
D912	Continued From page	70	D912	DE ROLLIOTY		
	temperatures for 6 fixturesidents were maintain Fahrenheit (F) and 116 D0113 10A NCAC 13F Requirements (Type B	ures (sinks) used by ned between 100 degrees degrees F. [Refer to Tag .0311(d) Other Violation).]				
		and physical abuse		Newly implemented order log will be will ensure orders are for completion.	sed to	
n w	This Rule is not met as Based on observations, eviews, the facility failed were free from neglect rule findings are:	interviews and record	0	Resident Care Coor and for designee 1 wheek charts and or ag no less than w for compliance.	will nder seekdy	
re ne #3 ga co ox ore req wh	lygen tank, orders to se	to ensure health care neet the health care residents (#4, #2 and who had a referral to a ialist hospital, orders for id not have a portable e a podiatrist, and ary care provider (PCP) ights (#4); a resident he PCP for a weight	P d	dministrator/Adm esignee will regular eview order logs.	rly	(30(2)

If continuation sheet 72 of 72

O IN LEWEN	of Health Service Reg	(X1) PROVIDER/SUPPLIER/CLIA	(V2) - 11 - 12 - 12			M APPRO
AND PLAN OF CORRECTION		ORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BOILDING:		(X3) DATE COME	LETED
		HAL099018	B. WING			R
NAME OF P	ROVIDER OR SUPPLIER					10/2022
		STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
AIROI	LIVING OF YADKINVILL	E 409 HAP	RRISON AVENUE			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DECIDIONS	VILLE, NC 27055			
TAG	(O'O') DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	CORRECTION	(X5)
		- ING INFORMATION)	TAG	OLIGORALIZE EKENCED TO	THE APPROPRIATE	COMPLE
D914	Continued From page	71	-	DEFICIENC	CY)	
			D914			
	GIVIUGIOL (#O), INCERE	tho had a referral to see a to Tag D0273, 10A NCAC				
ļ	13F .0902(b) Health (Care (Type A2 Violation).]	1			
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