PRINTED: 07/14/2022 FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | |
|---|--|---|---|---|----------|--------------------------|
| | | 1141 004040 | B. WING | | I | R |
| | | HAL031019 | B: 111110 | | 06/ | /24/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | | | |
| THE GAR | DENS OF ROSE HILL | | /CAMORE STREE [:] ILL, NC 28458 | T, HWY 117 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| D 000 | Initial Comments | | D 000 | | | |
| | _ | sure Section conducted an survey on June 22-24, | | | | |
| D 358 | 10A NCAC 13F .1004 Administration | (a) Medication | D 358 | | | |
| | 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. | | | | | |
| | This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered by the primary care provider for 1 of 4 residents (#7) observed during the medication passes including errors with topical pain medications. | | | | | |
| | The findings are: | | | | | |
| | by the observation of | rate was 7% as evidenced 2 errors out of 28 he 9:00am medication pass | | | | |
| | 06/08/22 revealed: -Diagnoses included a hypertension, chronic disease, delirium, ost | 7's current FL-2 dated atrial fibrillation, dementia, obstructive pulmonary eoarthritis, communication ess, hearing loss, legal and a history of falls. | | | | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | |
|--|--|--|--|--|----|------------------------|
| | | HAL031019 | B. WING | | 06 | R 6/ 24/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | |
| | | 517 S SY | CAMORE STREET | , HWY 117 | | |
| THE GAR | DENS OF ROSE HILL | ROSE HI | LL, NC 28458 | • | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | |
| D 358 | -Medication orders in apply to both hips an Icy Hot 5% transderr knee daily and removes used to treat muthot was used to treat morning medications that were applied to she planned to put finished his breakfas. Observation on 06/2: MA placed an Icy How #7's knees. Observation of medications and placed and placed and placed and placed for patches to the affect of patch | d knees four times daily and hal apply to affected hip and we every evening. (Diclofenacted and joint pain and Icy to muscle and joint pain and Icy to muscle and joint pain.) Edication aide (MA) on evealed: Ed all of Resident #7's except for patches (Icy Hot) his knees. Ethem on the resident after he to to the patch on each of Resident extended and for Resident extended e | D 358 | | | |

Division of Health Service Regulation

STATE FORM 6899 PF4111 If continuation sheet 2 of 12

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---------------------|---|-------------------------------|------------------------|
| | | | A. BUILDING: | | R | |
| | | HAL031019 | B. WING | | 06/24/2022 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| THE GAR | DENS OF ROSE HILL | | AMORE STRE | ET, HWY 117 | | |
| | | ROSE HILL | , NC 28458 | | T | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COM | (X5) MPLETE DATE |
| D 358 | Continued From page | 2 | D 358 | | | |
| | affected hip and knee daily and remove every evening. -The patch was scheduled for 9:00am daily; there was no scheduled time to remove the patch. Interview with Resident #7 on 06/23/22 at 11:13am revealed: | | | | | |
| | -He was "full of arthritis" and hurt all over from his hip to his feetHe wore the patches on his kneesThe MAs did not put the patches on his hips; they put the cream on his hipsThe cream and patches calmed the arthritis pain "a little bit" but no one could get rid of arthritis pain. | | | | | |
| | Interview with the MA on 06/23/22 at 11:21am revealed: -She did not know about the instructions to apply a patch to Resident #7's left hip and left kneeShe had always put the patches on his kneesShe did not put the cream on at 9:00am because then she would not have been able to put the patches onThe patches would not stick after the cream was appliedShe put the patches on at 9:00am daily and removed them at 12:00pm daily to apply the cream scheduled at 1:00pmShe did not know the patches were to applied every morning and removed every evening. | | | | | |
| | Interview with a second MA on 06/23/22 at 11:23am revealed: -She usually put the cream on Resident #7's knees at 9:00am and let it dry before applying the patchesAt 1:00pm she removed the patches and applied the cream againThe patches could not be replaced after the | | | | | |

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| ' | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | |
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| AND PLAN C | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED | |
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| | | HAL031019 | B. WING | | 06/24/2022 | |
| NAME OF PR | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| THE GARI | DENS OF ROSE HILL | 517 S SYC | AMORE STRE | ET, HWY 117 | | |
| THE GAIN | DENS OF ROSE THEE | ROSE HILI | _, NC 28458 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE COMPLETE | |
| D 358 | Continued From page | 3 | D 358 | | | |
| | 1:00pm cream because-She only applied creshis hipsReviewing the orders doing made her think clarified. Telephone interview was care provider (PCP) or revealed the cream as effective in relieving Fithey were not on as of they were not on as of the MAR and medication relieversThe MA should have eMAR and medication relieversThe orders should have administering cream from placeMAs normally brough attention for follow up-It was not brought to 06/23/22. Interview with the Adm 3:43pm revealed: -She was not aware of were being administer and eMAR and notified | se they would not stick. am to his knees and not to s and what they had been the orders needed to be with Resident #7's primary on 06/24/22 at 11:50am and patches were not Resident #7's arthritis pain if ordered. sident Care Coordinator 3:15pm revealed: read the directions on the an labels for the topical pain ave been clarified on four times daily with patches at unclear orders to her with the PCP. her attention prior to ministrator on 06/24/22 at of how the cream and patch ord to Resident #7. ad instructions on the label and the RCC. | | | | |
| D 366 | for clarification of the 10A NCAC 13F .1004 | | D 366 | | | |
| | Administration 10A NCAC 13F .1004 | Medication Administration | | | | |

Division of Health Service Regulation

STATE FORM 6899 PF4111 If continuation sheet 4 of 12

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CO | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | |
|--|---|---|--|-----------------------------------|--------------------------|------------------------|
| | | HAL031019 | B. WING | | 06 | R 6/ 24/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | . ZIP CODE | | |
| | | | YCAMORE STREET | | | |
| THE GAR | DENS OF ROSE HILL | | IILL, NC 28458 | , | | |
| (X4) ID PREFIX TAG | PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE | | | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | |
| D 366 | Continued From page | e 4 | D 366 | | | |
| | medication administr staff person who adm immediately following medication to the res | | | | | |
| | This Rule is not met as evidenced by: Based observations, interviews and record reviews, the medication staff failed to ensure medication aides observed residents with taking their morning medications for 2 of 2 residents (#1 and #6) on 06/22/22 and 06/23/22. | | | | | |
| | The findings are: | | | | | |
| | 05/16/22 revealed dia unspecified diastolic Parkinson's disease, pulmonary disease, h | congestive heart failure, chronic obstructive nypertension, anxiety, stage ease, Meniere's disease and | | | | |
| | 05/25/22 revealed: -There was an order tablet, take 2 tablets (Acetaminophen is upain.) -There was an order capsule, take 2 capsulas needed for cough relieve coughing.) | for Acetaminophen 325mg three times a day. sed to treat mild to moderate for Benzonatate 100mg ules by mouth every 4 hours . (Benzonatate is used to for Carbidopa-Levodopa | | | | |

Division of Health Service Regulation

STATE FORM 6899 PF4111 If continuation sheet 5 of 12

| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE S | |
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| AND PLAN C | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: _ | | COMI LETED | |
| | | | B WING | B. WING | | } |
| | | HAL031019 | D. WING | | 06/2 | 4/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | TE, ZIP CODE | | |
| THE GARI | DENS OF ROSE HILL | | AMORE STRE | ET, HWY 117 | | |
| | | | L, NC 28458 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 366 | Continued From page 5 | | D 366 | | | ı |
| | 25-100mg tablet, take (Carbidopa-Levodopa medication used to tre Parkinson's disease, tremors.) -There was an order of extended release table morning. (Ferrous Suprevent iron deficience) -There was an order of tablet, take 1 tablet evis an antihistamine ar symptoms of hay feve ending the symptoms of hay feve ending to the symptoms of hay feve ending the symptoms of hay feve end end ending the symptoms of hay feve end end end end end end end end end en | e ½ tablet twice a day. a is a combination eat symptoms of such as stiffness or for Ferrous Sulfate 142mg let, take 1 tablet every ulfate is used to treat and ey anemia.) for Fexofenadine 180mg very morning. (Fexofenadine and is used to relieve the er and seasonal allergies.) for Ibuprofen 200mg tablet, mes a day. (Ibuprofen is and treat pain or for Pantoprazole 20mg et, take 2 tablets twice a day. d to treat damage from flux disease.) for Umeclidinium blister with ation, one puff into lungs clidinium is used in adults to ortness of breath, coughing, eaused by chronic obstructive et 1's physician orders dated order for Propranolol 20mg wice a day. (Propranolol is od pressure, irregular heart s of tremor, and to prevent | | | | |
| | -There was an entry f | for Acetaminophen 325mg three times a day, scheduled | | | | |

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STATE FORM 6899 PF4111 If continuation sheet 6 of 12

| Division of | of Health Service Regu | lation | | | | |
|-------------|---|--|-------------------|--|-------------|------------------|
| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE S | |
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLE | ETED |
| | | | | | R | |
| | | HAL031019 | B. WING | | 1 | 4/2022 |
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| NAME OF PI | ROVIDER OR SUPPLIER | | DDRESS, CITY, STA | , | | |
| THE GAR | DENS OF ROSE HILL | | CAMORE STRE | ET, HWY 117 | | |
| | | ROSE HI | LL, NC 28458 | | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTIO | | (X5) |
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| | | | | | | |
| D 366 | 6 Continued From page 6 | | D 366 | | | |
| | for 9:00am. | | | | | |
| | -Acetaminophen was | documented as | | | | |
| | • | esident on 06/23/22 at | | | | |
| | 9:00am. | 75.45.11 511 55/25/22 at | | | | |
| | | for Benzonatate 100mg | | | | |
| | | lles by mouth every 4 hours | | | | |
| | as needed for cough. | - | | | | |
| | -Benzonatate was documented as administered | | | | | |
| | to the resident on 06/23/22 at 8:37am. | | | | | |
| | -There was an order | for Carbidopa-Levodopa | | | | |
| | 25-100mg tablet, take | e ½ tablet twice a day, | | | | |
| | scheduled for 9:00am | 1. | | | | |
| | -Carbidopa-Levodopa | a was documented as | | | | |
| | administered to the re | esident on 06/23/22 at | | | | |
| | 9:00am. | | | | | |
| | -There was an order | for Ferrous Sulfate 142mg | | | | |
| | extended release tab | let, take 1 tablet every | | | | |
| | morning, scheduled for | or 9:00am. | | | | |
| | -Ferrous Sulfate was | | | | | |
| | administered to the re | esident on 06/23/22 at | | | | |
| | 9:00am. | | | | | |
| | | for Fexofenadine 180mg | | | | |
| | | very morning, scheduled for | | | | |
| | 9:00am. | | | | | |
| | | ocumented as administered | | | | |
| | to the resident on 06/ | | | | | |
| | | for Ibuprofen 200mg tablet, | | | | |
| | | mes a day, scheduled for | | | | |
| | 9:00am. | | | | | |
| | - | nented as administered to | | | | |
| | the resident on 06/23 | | | | | |
| | | for Pantoprazole 20mg | | | | |
| | scheduled for 9:00am | t, take 2 tablets twice a day, | | | | |
| | | ı. cumented as administered | | | | |
| | • | | | | | |
| | to the resident on 06/ | | | | | |
| | | for Propranolol 20mg tablet, | | | | |
| | take ½ tablet twice a | day, scheduled for 9:00am. | | | ļ | |

-Propranolol was documented as administered to

the resident on 06/23/22 at 9:00am.

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | |
|---|---|---|--|---|-----|------------------------|
| | | HAL031019 | B. WING | | 06 | R 6/ 24/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | |
| THE OAD | DENO OF BOOK IIII I | 517 S SY | CAMORE STREET | , HWY 117 | | |
| THE GAR | DENS OF ROSE HILL | ROSE H | ILL, NC 28458 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COI CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | |
| D 366 | -There was an order inhaler 62.5mcg/actu every morning, sched -Umeclidinium was d to the resident on 06, Observation of Resid mealtime on 06/23/2: The resident receive at 8:25amThe dietary staff place wooden tray stand in she sat in her recline -There was a plastic multiple halved pills a with applesauce loca next to her food trayThe medication aide resident's room wher and set down beside cupsThe MA returned to administered the resi at approximately 8:30The resident unfolde in her lap, then she p the napkinThere were approximated applesauce onto the onto the applesauce, pill halves between 8 | for Umeclidinium blister with ation, one puff into lungs duled for 9:00am. ocumented as administered /23/22 at 9:00am. Itent #6 during the breakfast 2 revealed: ad her breakfast in her room oced her meal tray on a front of the resident while r. medication cup containing and a plastic medication cup ted on the wooden try stand a plastic medication cup ted on the wooden try stand a (MA) was not in the n her food tray was delivered the plastic medications Ithe resident's room, dent an inhaler medication cam, and then left the room. The dand placed a white napkin boured the halved pills onto mately 18 pill halves on the ed up a small amount of spoon, placed 1-2 pill halves and self-administered all the | D 366 | DEFICIENC | ·Y) | |
| | often left in her room | sauce to make swallowing | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|----------------------------------|------------------------|-------------------------------|------------------------|
| | HAL031019 | | B. WING | | 06 | R 6/ 24/2022 |
| NAME OF P | PROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| THE GAR | DENS OF ROSE HILL | | YCAMORE STREET IILL, NC 28458 | ⁻ , HWY 117 | | |
| (X4) ID PREFIX TAG | REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE | | | | (X5) COMPLETE DATE | |
| D 366 | -She placed the pill h lap because it was ea wayShe was very carefu pills because sometir Attempted telephone 06/24/22 at 11:43pm Interview with a second 10:35am revealed: -Some residents wan pudding or applesaud-MAs were not supported in the resident of the resident's room for observing. Interview with Resided (PCP) on 06/24/22 at not concerned about medications on her or linterview with the Resident's roomsThe MAs should not residents' roomsThe MAs should not resident's eMAR. Interview with the Add 3:43pm revealed: -The MAs should not residents' roomsThe MAs should not residents' roomsThe MAs should not residents' roomsThe MAs should wat s | alves onto a napkin in her asier to pick them up that I, so she did not drop any nes she had hand tremors. interview with the MA on was unsuccessful. Ind MA on 06/23/22 at Ited to take their pills with be. sed to leave the sident's room without ne medications. Ishe ever left medications in or them to take without her them to take without her 11:50am revealed she was the resident taking her win. Isident Care Coordinator | D 366 | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | (X2) MULTIPLE CONSTRUCTION | | | |
|---|--|---|----------------------------|---|------------------------|--------------------------|
| 7412 1 2741 | or contraction | BEITTH 19/11/6/11 NOMBER | A. BUILDING: | | | PLETED |
| HAL031019 | | B. WING | B. WING | | R 5/ 24/2022 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | ODRESS, CITY, STATE | E, ZIP CODE | | |
| THE CAR | DENS OF BOSE UII I | 517 S SY | CAMORE STREE | T, HWY 117 | | |
| INE GAR | DENS OF ROSE HILL | ROSE HI | LL, NC 28458 | | | |
| (X4) ID PREFIX TAG | REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| D 366 | Continued From page | 9 | D 366 | | | |
| | o1/05/22 revealed: -Diagnoses included tibia fractures, corona stabile angina, hyperideconditioning and hy-Medication orders in 325mg two tablets twaspirin 81mg daily (usatorvastatin 40mg da cholesterol), calcium (replacement suppler daily (used to prevent 100mg daily (used to D2 50mcg daily (replaisosorbide mononitra 30mg daily (used to table 10mg daily | ypothyroidism. cluded acetaminophen ice daily (used to treat pain), sed to prevent blood clots), ily (used to treat high carbonate 600mg twice daily ment), clopidogrel 75mg t blood clots), docusate treat constipation), vitamin acement supplement), te extended release (ER) reat angina), loratadine reat allergy symptoms), y (used to treat high blood itamin 1 tablet daily | | | | |
| | medication administrative revealed: -The following medical administration at 9:00 administered on 06/2 -Acetaminophen 325/81mg, atorvastatin 40/600mg, clopidogrel 7/vitamin D2 50mcg, is | ations were scheduled for Dam and documented as 2/22: mg two tablets, aspirin Dmg, calcium carbonate 5mg, docusate 100mg, osorbide mononitrate ER e 10mg daily, metoprolol | | | | |
| | Observations during the tour of the facility on 06/22/22 at 9:01am revealed: -Resident #1 was sitting at the edge of her bed with a side table next to her bed. | | | | | |

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| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | | |
|---------------------------|---|---|---------------------|---|------------------|--------------------------|--|
| AND PLAN C | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED | | |
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| | | HAL031019 | B. WING | | 06/2 | 4/2022 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | | |
| THE GADI | DENS OF ROSE HILL | 517 S SYC | CAMORE STRE | ET, HWY 117 | | | |
| THE OAK | SENO OF ROOF THEE | ROSE HIL | L, NC 28458 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETE DATE | |
| D 366 | Continued From page | ± 10 | D 366 | | | | |
| | plastic medication cup -The medication aide with a breakfast plate -The MA told the resid been reheated and sa resident's roomThe MA told the resid to watch her take her Interview with the MA revealed: -She had stepped out reheat her breakfast f -She had just set the the plate of foodThe resident was mo and needed more tim -She planned to sit ar medications after rehe | dent that her breakfast had at down in the recliner in the dent she would have to stay medications. on 06/22/22 at 9:04am of Resident #1's room to for a minute. medications down to reheat eving slower that morning the to take her medications. Individual watch her take her eating her food. | | | | | |
| | Telephone interview with Resident #1's primary care provider (PCP) on 06/24/22 at 11:50am revealed Resident #1 needed assistance with taking medications due to a cognitive and physical decline. | | | | | | |
| | (RCC) on 06/24/22 at -Medications should r residents. -The MA should have | sident Care Coordinator 3:15pm revealed: not be left at the bedside for taken the medications with room to warm up the food. | | | | | |
| | 3:43pm revealed: -Medications should r resident. | ninistrator on 06/24/22 at not be left in the room with a served the resident take | | | | | |

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their medications before leaving the room.

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | E CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|------------------------|---|-----------------------------|---|----------------------------|------------------|
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| | | HAL031019 | B. WING | | 06 | /24/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STA | | | |
| THE GARI | DENS OF ROSE HILL | | CAMORE STRE LL, NC 28458 | ET, HWY 117 | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORREC | CTION | (X5) |
| PREFIX TAG | (EACH DEFICIENCY | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | COMPLETE DATE |
| D 366 | Continued From page 11 | | D 366 | | | |
| | | is, interviews and record nined Resident #1 was not | | | | |
| | | | | | | |

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