Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
		HAL049030	B. WING		07/1	3/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SHMMIT F	PLACE OF MOORESVILL	f 128 BRAW	LEY SCHOOL	ROAD		
OOMMIN 1	LAGE OF MICOREOVILE	MOORESV	ILLE, NC 2811	17		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section and the Iredell County Department of Social Services conducted an annual survey 07/12/22 - 07/13/22.					
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	, , ,	P. Health Care Assure referral and follow-up And acute health care needs				
	This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to notify the Primary Care Provider for 1 of 2 sampled residents (#5) related to refusal of compression stockings.					
	The findings are:					
	04/19/22 revealed: -Diagnoses included disturbances.	•				
	1:58pm revealed: -He was not wearing that were in his dress -He became very ups (MA) asked him abou cursing and told staff Telephone interview we member on 07/13/22	et when a Medication Aide t his stockings, started to leave his room. vith Resident #5's family				

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

TITLE (X6) DATE

DIVISION	n nealth Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			_			
		HAL049030	B. WING		07/	13/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
SUMMIT F	LACE OF MOORESVILL	f 128 BRAW	LEY SCHOOL	ROAD		
OOMMIT I	LAGE OF MOOREOVILL	MOORES	ILLE, NC 281	17		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH	OULD BE	COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE AP	PROPRIATE	DATE
				DEFICIENCY)		
D 273	Continued From page	. 1	D 273			
D 213	Continued From page	; 1	D 2/3			
	week to see him.					
	-His compression sto	ckings were rarely on when				
	she was there.	g,				
	Sile was tilele.					
	Paviou of Posidont #	5's July 2022 electronic				
		<u> </u>				
	Treatment Administra	tion Record (eTAR)				
	revealed:					
		or compression stockings to				
	be applied every more	ning and removed at				
	bedtime.					
	-There was documen	tation the compression				
	stockings were applied at 8:00am 07/01/22					
	through 07/10/22 and					
		tation the compression				
		oplied on 07/11/22, 07/12/ 22				
		-				
	or 07/13/22 due to res					
		tation the compression				
	stockings were remove	/ed at 8:00pm on 07/11/22				
	and 07/12/22.					
	Interview with a MA o	n 07/13/22 at 2:02 revealed:				
	-Resident #5 kept his	compression stockings in				
	his dresser drawer.					
		ompression stockings on				
	•					
	Resident #5 because	ne always refused.				
	14	- NAA 07/40/00 - t 0:40:				
		r MA on 07/13/22 at 2:10pm				
	revealed Resident #5					
	compression stocking	s and became combative if				
	she tried to put them	on.				
	Telephone interview v	vith the facility's contracted				
		(PA) on 07/13/22 at 2:25pm				
	revealed:	,				
	-Resident #5 needed	to wear compression				
	stockings to control p					
		ty never told her Resident #5				
		ompression stockings.				
	-If he did not wear his	compression stockings,				

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and his edema worsened, he was at risk for leg

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
		HAL049030	B. WING		07/1	3/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SHMMITE	LACE OF MOORESVILL	128 BRAV	LEY SCHOOL	ROAD		
OO!	LAGE OF MOOREOVILL	MOORES	/ILLE, NC 281	17		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETE DATE
D 273	Continued From page	2	D 273			
	woundsHe may need more of worsened due to com Interview with the Adr 2:35pm revealed: -She did not know Rehis compression stoctangle -MAs were trained to inform the PA of treat	diuretics if his edema apression stocking refusals. ministrator on 07/13/22 at esident #5 refused to wear kings. document refusals and				
D 358	10A NCAC 13F .1004 Administration	I(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.					
	reviews, the facility fa medications as order residents (#6 and #7) supplement and a me	ns, interviews and record iled to administer				
	The findings are:					
	Review of the facility	s Medication Administration				

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STATE FORM 6899 H80O11 If continuation sheet 3 of 29

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SU COMPLE	
			_			
		HAL049030	B. WING		07/13	3/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SUMMIT F	PLACE OF MOORESVILL	E	LEY SCHOOL			
040.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	ILLE, NC 2811	PROVIDER'S PLAN OF CORRECTION	N	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	8 Continued From page 3		D 358			
	08/17/21 revealed a r	with a revised date of medication aide (MA) will a saccording to the orders ed practitioner.				
	04/22/22 revealed: -Diagnoses included: gastroesophageal ref -Medication order incl (supplement) 1 tablet	luded vitamin B complex daily, and pantoprazole				
	(reduces stomach acid) 40mg daily. Review of subsequent physician's orders revealed an order dated 06/21/22 to decrease pantoprazole to 20mg daily.					
	administration pass o	the morning medication n 07/13/22 revealed the administered pantoprazole at 7:36am.				
	Administration Record revealed there was a	6's electronic Medication d (eMAR) for 07/13/22 n entry for pantoprazole dministration time of 7:00am.				
	hand on 07/13/22 at 8 -There was one bubb pantoprazole 40mg o -Thirty tablets were di 12 tablets remained.	le pack labeled				
	facility's contracted pl 9:27am revealed:	with a representative with the harmacy on 07/13/22 at eceived a faxed physician's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL049030	B. WING		07	7/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
CHMMIT I	PLACE OF MOORESVILL	_ 128 BRA	WLEY SCHOOL RO	OAD		
SUMMIT F	PLACE OF WIOORESVILL	MOORES	SVILLE, NC 28117			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 4	D 358			
		e 20mg daily on 06/21/22. ispensed 30 tablets on				
	revealed: -She had administere Resident #6 because at the dosage of pantilabelShe had been trained pack label with the elft -She did not know which pack of pantoprazole	ere Resident #6's bubble 20mg was.				
	at 10:10am revealed: -The MAs had receive label on the medication	ed training to compare the on to the eMAR. Here Resident #6's bubble				
	administration pass o	the morning medication n 07/13/22 revealed the did not administer vitamin B #6.				
	Administration Record 07/13/22 revealed: -There was an entry f with an administration -There was document had not been adminis	tation the vitamin B complex stered 07/03/22 - 07/10/22 cumentation the resident				
	hand for administration	ent #6's medications on on 07/13/22 at 8:35am ot a bubble pack labeled				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			
		HAL049030	B. WING		07	//13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
SIIMMIT E	PLACE OF MOORESVILL	128 BRA	WLEY SCHOOL R	OAD		
30WWIT F	LACE OF MOORESVILL	MOORES	SVILLE, NC 28117	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	O 358 Continued From page 5		D 358			
	vitamin B complex.					
	revealed: -There was not any viadminister to Resider -She had documented physically able to take because she had bee medications were not administer. Telephone interview viacility's contracted plications.	•				
	Resident #6The pharmacy had d	lispensed 30 tablets on nd on 07/07/22 which had				
	at 10:10am revealed: -The MAs should hav	e notified her if they could on that had been delivered est a refill from the				
	Physician's Assistant 10:53am revealed: -Resident #6 was pre complex due to a hist -Resident #6 needed B complex.	scribed the vitamin B ory of malnutrition. her daily dose of the vitamin ht #7's current FL2 dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING: _	A. BUILDING:		ETED
		HAL049030	B. WING	B. WING		13/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SUMMIT F	PLACE OF MOORESVILL	E 128 BRAV	LEY SCHOOL	ROAD		
		MOORES	VILLE, NC 281			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From page 6		D 358			
	dated 06/22/22 reveal -An order for hydralaz pressure) 25 mg table pressure (BP) above -Check BP twice a darkeview of subsequent Resident #7 dated 06 -Continue with order 1 -Check BP once a darkeview of Resident # Administration Record revealed: -A BP reading on 07/2 -An order was listed for as needed if BP was -There was no docum hydralazine was administration revealed: -The Physician Assist order for Resident #7 was have her blood pressure. -The Physician Assist order for Resident #7 hydralazine 25 mg if heshe was notified by 107/11/22 of Resident 201/102. -She asked the MA if given. -The MA told her the lavailable to give to Reto to be ordered from the top of the state of the s	zine (used to treat high blood et as needed if blood 170/100. by for one week. It physician's orders for 1/28/22 revealed: for as needed hydralazine. by. It's Medication do (MAR) for July 2022 11/22 at 7:00pm of 201/102. for hydralazine 25mg tablet above 170/100. finentation on the MAR that inistered on 07/11/22. with a family member on revealed: 1/10/100 finentation on the man to be administered for BP was over 170/100. finentation on the man to be administered for BP was over 170/100. finentation Aide (MA) on 1/21/25 elevated BP of 1/25 elevated BP of 1/2				
	Interview with the Spe (SCC) on 07/13/22 at					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	HAL049030	B. WING	B. WING		07/13/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
SUMMIT PLACE OF MOORESVILL	.E	LEY SCHOOL				
	MOORESV	/ILLE, NC 2811				
PREFIX (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 358 Continued From page	e 7	D 358				
-Resident #7's BP wa- She was notified by Resident #7's BP wa- She instructed the M was an as needed m Resident #7She was made awar hydralazine was not a- On 07/12/22 she spo Director who stated s the pharmacy on 06/2 -She trained her staff pharmacy within 24 h to put a note under h follow up with the pha Telephone interview of the provider (PCP) on 07 -She was not aware to available for administ -The facility should are orders given. Interview with the We at 3:09pm revealed: -Resident #7 had an 07/11/22There was an order administered in the eleging elevated over of the should be possible to the possible pharmacy on 06/22/2 -She did not follow up received the faxThe hydralazine was	as high on occasion. the MA on 0711/22 that s 201/102. IA to check to see if there edication ordered for the that the as needed available for administration. toke with the Wellness the had faxed the order to 22/22. It to follow up with the accurs of sending an order or the office door so she could farmacy. With the Primary Care 1/13/22 at 3:00pm revealed: The hydrazaline had not been tration for Resident #7. Idminster medications per Sellness Director on 07/13/22 the leevated BP of 201/102 on for hydralazine to be event of Resident #7's BP 1/10/100. The hydralazine to the event of Resident to the the hydralazine to the event of Resident to the	D 358				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL049030	B. WING		07/13	3/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SUMMIT P	LACE OF MOORESVILL	E	LEY SCHOOL ILLE, NC 2811			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	DATE
D 363	Continued From page	e 8	D 363			
D 363	10A NCAC 13F .1004 Administration	c(f) Medication	D 363			
	10A NCAC 13F .1004 Medication Administration (f) If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage: (1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container; (2) Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name; (3) A separate container is used for each resident and each planned administration of the medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and (4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL049030	B. WING		07	//13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	·	
011545417	N 405 05 M00D50\//	_ 128 BRA	WLEY SCHOOL F	ROAD		
SUMMIT	PLACE OF MOORESVILL	MOORES	SVILLE, NC 2811	7		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 363	D 363 Continued From page 9		D 363			
	reviews the facility fai prepared for administ identified by name an administration and pr and spillage for 1 of 7	as evidenced by: ns, interviews, and record led to ensure medications ration in advance were d strength up to the point of otected from contamination ' residents (Resident #4).				
	The findings are:					
	Review of Resident #4's current FL2 dated 12/19/21 revealed diagnoses included Alzheimer's disease and anxiety.					
	revealed an order for	orders dated 05/03/22 Ativan (medication used to tablet three times daily.				
	_	ent #4's medication on hand m revealed a bubble pack of tablets remaining.				
		lled Substances (CS) log dosage of Ativan 0.25mg for been administered.				
	Administration Record revealed: -There was an entry for three times daily at 8:	4's electronic Medication d (eMAR) for July 2022 for Ativan 0.25mg tablet 00am, 2:00pm and 8:00pm. Ativan for 07/12/22 was not nistered.				
	07/12/22 at 4:16pm re Resident #4's Ativan	dication Aide (MA) on evealed she pre-poured 0.25mg tablet at 4:10pm ady in bed and would not be				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL049030	B. WING		07/13/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SUMMIT P	LACE OF MOORESVILL	E	LEY SCHOOL ILLE, NC 2811		
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 363	Continued From page 10		D 363		
	coming down to dinner.				
	4:16pm revealed: -In the top drawer of the plastic medication cup appeared to be one-the-she had not put the of the medication, streemedication cupShe had not sealed the medication cartShe knew that she she had not sealed the medication cartShe knew that she she had not sealed the medication. Interview with the Specific (SCC) on 07/12/22 at the MAs were not transmitted to the medicationsThey can only give the properties of the MA should not he will be should not he w	nedications between an hour duled up to an hour after or administration. In ave pre-poured Resident Ativan. It is information written on the about the resident or the was left open on the cart, so			
D 364	10A NCAC 13F .1004 Administration	e(g) Medication	D 364		
	(g) The facility shall e administered to reside or one hour after the	Medication Administration ensure that medications are ents within one hour before prescribed or scheduled by emergency situations.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDIEAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL049030	B. WING		07/13/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
SUMMIT F	LACE OF MOORESVILL	E.	LEY SCHOOL			
	OLUMBA DV OT		/ILLE, NC 281 ²		<u> </u>	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 364	Continued From page 11		D 364			
	This Rule is not met Based on interviews a facility failed to ensure treatments were adm after the prescribed o sampled residents (#2 medications with multi being administered to next scheduled admir diuretics used to treat late (#1) and compressions.	as evidenced by: and record reviews, the e medications and inistered one hour before or r scheduled times for 2 of 5 2 and #1) resulting in tiple administrations times to late or too close to the				
	_					
	Review of the facility's Medication Administration Policy and Procedure with a revised date of 08/17/21 revealed the standard medication pass and treatment times is within one hour before or one hour after the scheduled administration time. 1. Review of Resident #2's current FL2 dated 04/20/22 revealed diagnoses included Parkinson's Disease (a disorder of the central nervous system that affects movement including tremors), and atrial fibrillation (irregular rapid heart rate).					
	(helps to control move daily. -There was an order to 5mg two times daily. a. Review of Residen	t #2 revealed: for carbidopa-levodopa ement) 150mg four times for Eliquis (blood thinner) t #2's electronic Medication				
	07/12/22 revealed:	d (eMAR) for 07/01/22 - for carbidopa-levodopa				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL049030	B. WING		07/13/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SUMMIT F	LACE OF MOORESVILL	E.	VLEY SCHOOL		
		MOORES	VILLE, NC 2811	17	
(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 APPROFIDEFICIENCY)	D BE COMPLÉTE
D 364	Continued From page	e 12	D 364		
D 304	150mg four times dai of 5:00am, 9:00am, 1 -There was documen carbidopa-levodopa 1 administered on 07/0 and 07/10/22 - 07/11/1:00pm, and 8:00pm, 9:00am, and 1:00pm, 1:00pm, and 8:00pm, 1:00pm and 8:00pm, and 9:00am. Review of Resident #Report for 07/01/22 - The carbidopa-levod be administered at 9: administered at 10:54 on 07/03/22, at 10:51 on 07/11/22The carbidopa-levod be administered at 7:13a on 07/06/22, and at 7-The carbidopa-levod be administered at 1: administered at 1: administered at 2:53pt Telephone interview whysician's Assistant 10:53am revealed: -Resident #2 was precarbidopa-levodopa of movements and trem -The medication did rineeded to be given at 1.	ly with administration times :00pm, and 8:00pm. tation the 150mg had been 1/22, 07/04/22 - 07/08/22 /22 at 5:00am, 9:00am, on 07/02/22 at 5:00am, on 07/09/22 at 9:00am, on 07/09/22 at 9:00am, and on 07/12/22 at 5:00am /22's Medication Variance 07/12/22 revealed: lopa that was scheduled to 00am was documented as fam on 07/09/22, at 11:30am am 07/09/22, and at 2:27pm /22 lopa that was scheduled to 00am was documented as fam on 07/05/22, at 7:03am /214am on 07/10/22. lopa that was scheduled to 00pm was documented as fam on 07/04/22. with the facility's contracted (PA) on 07/13/22 at 19:scribed the due to involuntary ors. lot stay in the body long and the correct times to prevent lying an increase in tremors	D 364		
		ent #2 on 07/13/22 at 1:27pm ions aides (MA) frequently			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		HAL049030	B. WING		07	//13/2022
	ROVIDER OR SUPPLIER	128 BRA\	DDRESS, CITY, STAT WLEY SCHOOL F	ROAD		
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 364	on 07/13/22 at 10:28a Refer to the interview 07/13/22 at 1:45pm. Refer to the interview on 07/12/22 at 3:17pr Refer to the interview on 07/13/22 at 10:10a Refer to the interview 07/13/22 at 10:45am. b. Review of Residen Administration Record 07/12 22 revealed: -There was an entry f daily with administratia 8:00pmThere was document been administered or 07/11/22 at 8:00am a 8:00am, and 07/03/22 Review of Resident # Report for 07/01/22The Eliquis that was administered at 8:00a 07/02/22 at 10:52am, -The Eliquis that was administered at 8:00p 07/10/22 at 6:13pm.	with a medication aide (MA) am. with a second MA on with the Wellness Director m. with the Wellness Director am. with the Administrator on t #2's electronic Medication of (eMAR) for 07/01/22 - or Eliquis 5mg two times on times of 8:00am and tation the Eliquis 5mg had 07/01/22, 07/03/22 - nd 8:00pm, 07/02/22 at 2:8:00pm. 2's Medication Variance 07/12/22 revealed: scheduled to be am was administered on and on 07/12/22 at 9:59am. scheduled to be am was administered on	D 364			
	Telephone interview v Physician's Assistant 10:53am revealed:	vith the facility's contracted (PA) on 07/13/22 at				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL049030	B. WING		07/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SHMMITE	PLACE OF MOORESVILL	128 BRAW	LEY SCHOOL	ROAD	
OOMMINT I	LAGE OF MOOREOVILL	MOORESV	ILLE, NC 2811	17	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 364	Continued From page	e 14	D 364		
	blood thinner to preve -Not administering the result in the blood beau Interview with Reside	e Eliquis as prescribed could coming thicker. nt #2 on 07/13/22 at 1:27pm			
	administered his med	ion aides (MA) frequently lications late.			
	Refer to the interview on 07/13/22 at 10:28a	with a medication aide (MA) am.			
	Refer to the interview with a second MA on 07/13/22 at 1:45pm.				
	Refer to the interview on 07/12/22 at 3:17pr	with the Wellness Director n.			
	Refer to the interview on 07/13/22 at 10:10a	with the Wellness Director am.			
	Refer to the interview 07/13/22 at 10:45am.	with the Administrator on			
	06/14/22 revealed: -Diagnoses included pacemaker, lower ext veinsThere was an order to be applied each morreveningThere was an order treat edema) 50mg daily.	for spironolactone (used to aily. for torsemide (used to treat			
	Review of Resident # revealed he was adm	-			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, 2IP CODE 128 BRAWLEY SCHOOL ROAD MORESVILLE, NC 28117 PROVIDER'S LAN OF CORRECTION (EACH OPENICARY SIZE SEARCH STATES AND OF CORRECTION (EACH OPENICARY) STATES. PROVIDER'S RLAN OF CORRECTION (EACH OPENICARY SIZE SEARCH SCHOOL STATES (EACH OPENICARY SIZE SEARCH SCHOOL		F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117 CALL CAL				A. BUILDING: _			
SUMMIT PLACE OF MOORESVILLE SUMMARY STATEMENT OF DEPICENCISE CACH DEPICENCY MUST BE PRECEDED BY FULL REGULATORY OR I.S.C IDENTIFYING INFORMATION) PREFIX Triag Triag			HAL049030	B. WING	B. WING		3/2022
MORESVILLE, NC 28117 (A4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 15 a. Review of Resident #1's June 2022 electronic Treatment Administration Record (eTAR) revealed: - There was an entry for compression stockings dated 06/14/22 to be applied daily at 8:00am. - There was documentation the compression stockings to be removed daily at 8:00pm. - There was documentation the compression stockings to be removed daily at 8:00pm from 06/15/22 through 06/30/22. Review of Resident #1's June 2022 treatment variance report revealed: - The was an entry for compression stockings to be removed daily at 8:00pm from 06/15/22 through 06/25/22 and 06/27/22 through 06/30/22. Review of Resident #1's June 2022 treatment variance report revealed: - The compression stockings that were scheduled to be applied at 10:32am on 06/18/22, 9:30am on 06/20/22. 29:30am on 06/20/22. 29:30am on 06/25/22, 10:47am on 06/26/22, 9:30am on 06/25/22, 10:47am on 06/20/22, 9:30am on 06/25/22, 10:47am on 06/30/22. - The compression stockings that were scheduled to be emoved at 8:00pm were documented as removed at 8:00pm on 06/19/22, 6:50pm on 06/19/22, 6:50pm on 06/19/22, 6:50pm on 06/19/22, 6:50pm on 06/21/22, 6:50pm o	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MOORESVILLE, NC 28117 (PA) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 15 a. Review of Resident #1's June 2022 electronic Treatment Administration Record (eTAR) revealed: -There was an entry for compression stockings dated 06/14/22 to be applied at 8:00am from 06/15/22 through 06/30/22. -There was an entry for compression stockings to be removed daily at 8:00pm. -There was documentation the compression stockings were applied by at 8:00pm. -There was documentation the compression stockings were removed at 8:00pm from 06/15/22 through 06/30/22. Review of Resident #1's June 2022 treatment variance report revealed: -The compression stockings that were scheduled to be applied at 8:00am on 06/21/22, 10:26am on 06/21/22, 10:26am on 06/21/22, 10:26am on 06/21/22, 10:26am on 06/21/22, 10:36am on 06/21/22, 10:37am on 06/21/22, 5:30am on 06/21/22, 10:47am on 06/28/22, 9:36am on 06/21/22, 10:47am on 06/28/22, 9:36am on 06/21/22, 10:47am on 06/28/22, 9:36am on 06/21/22, 10:47am on 06/28/22, 0:36am on 06/21/22, 10:47am on 06/21/22, 0:30pm on 06/11/22, 5:50pm on 06/11/22, 5:50pm on 06/11/22, 5:50pm on 06/11/22, 5:50pm on 06/21/22, 6:50pm on 06/21	SUMMIT F	PLACE OF MOORESVILL	E				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 Continued From page 15 a. Review of Resident #1's June 2022 electronic Treatment Administration Record (eTAR) revealed: -There was an entry for compression stockings dated 06/14/22 to be applied daily at 8:00am. -There was documentation the compression stockings were applied at 8:00am from 06/15/22 through 06/30/22. -There was an entry for compression stockings to be removed daily at 8:00pm. -There was documentation the compression stockings were removed at 8:00pm from 06/15/22 through 06/30/22. Review of Resident #1's June 2022 treatment variance report revealed: -The compression stockings that were scheduled to be applied at 8:00am were documented as applied at 10:32am on 06/19/22, 9:30am on 06/20/22, 10:49am on 06/21/22, 9:30am on 06/27/22, 11:17am on 06/28/22, 9:36am on 06/27/22, 10:47am on 06/28/22, 9:36am on 06/27/22, 11:17am on 06/28/22, 9:36am on 06/27/22, 10:47am on 06/28/22, 9:36am on 06/2			MOORESV	ILLE, NC 2811	17		
a. Review of Resident #1's June 2022 electronic Treatment Administration Record (eTAR) revealed: -There was an entry for compression stockings dated 06/14/22 to be applied daily at 8:00am. -There was documentation the compression stockings were applied at 8:00am from 06/15/22 through 06/30/22. -There was an entry for compression stockings to be removed daily at 8:00pm. -There was documentation the compression stockings were removed at 8:00pm from 06/15/22 through 06/25/22 and 06/27/22 through 06/30/22. Review of Resident #1's June 2022 treatment variance report revealed: -The compression stockings that were scheduled to be applied at 8:00am were documented as applied at 10:32am on 06/18/22, 9:04am on 06/23/22, 10:49am on 06/24/22, 9:36am on 06/23/22, 10:47am on 06/28/22, 9:36am on 06/29/22 and 9:16am on 06/08/22, 9:36am on 06/29/22 and 9:16am on 06/08/22, 9:36am on 06/29/22, 11:17am on 06/28/22, 9:36am on 06/29/22, 3:050m on 06/29/22, 3:050m on 06/29/22, 3:050m on 06/17/22, 5:09pm on 06/18/22, 6:50pm on 06/17/22, 6:50pm on 06/21/22, 6:30pm on 06/22/22 and 6:58pm on 06/21/22 and 6:	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
Treatment Administration Record (eTAR) revealed: -There was an entry for compression stockings dated 06/14/22 to be applied daily at 8:00am. -There was documentation the compression stockings were applied at 8:00am from 06/15/22 through 06/30/22. -There was an entry for compression stockings to be removed daily at 8:00pm. -There was documentation the compression stockings were removed at 8:00pm from 06/15/22 through 06/25/22 and 06/27/22 through 06/30/22. Review of Resident #1's June 2022 treatment variance report revealed: -The compression stockings that were scheduled to be applied at 8:00am were documented as applied at 10:32am on 06/18/22, 9:04am on 06/23/22, 10:49am on 06/21/22, 10:26am on 06/23/22, 10:47am on 06/26/22, 9:36am on 06/27/22, 11:17am on 06/28/22, 9:36am on 06/27/22, 11:17am on 06/28/22, 9:36am on 06/29/22 and 9:16am on 06/30/22. -The compression stockings that were scheduled to be removed at 8:00pm were documented as removed at 6:09pm on 06/17/22, 5:09pm on 06/18/22, 6:50pm on 06/21/22, 6:50pm on 06/21/22, 6:32pm on 06/22/22 and 6:58pm on	D 364	Continued From page	e 15	D 364			
Review of Resident #1's July 2022 eTAR revealed: -There was an entry for compression stockings to be applied daily at 8:00am from 07/01/22 through 07/07/22There was an entry for compression stockings to be applied daily at 7:00am from 07/08/22 through 07/31/22.	D 364	a. Review of Resident Treatment Administrate revealed: -There was an entry find dated 06/14/22 to be -There was document stockings were applied through 06/30/22There was an entry find be removed daily at 8-There was document stockings were removed through 06/25/22 and Review of Resident #variance report reveated to be applied at 8:00a applied at 10:32am on 06/20/22. 9:28am on 06/23/22, 10:49am on 06/25/22, 10:47am or 06/25	t #1's June 2022 electronic tion Record (eTAR) for compression stockings applied daily at 8:00am. tation the compression ed at 8:00am from 06/15/22 for compression stockings to 8:00pm. tation the compression ved at 8:00pm from 06/15/22 to 6/27/22 through 06/30/22. 11's June 2022 treatment led: 12 bockings that were scheduled am were documented as 10 06/21/22, 10:26am on 10 06/21/22, 10:26am on 10 06/26/22, 9:36am on 10 06/26/22, 9:36am on 10 06/28/22, 9:36am on 10 06/28/22, 9:36am on 10 06/28/22, 5:09pm on 10 06/17/22, 5:09pm on 10 06/19/22, 6:50pm on 10 06/22/22 and 6:58pm on 11's July 2022 eTAR 15 for compression stockings to 20 on 10 07/01/22 through 15 or compression stockings to 20 on 20	D 364			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL049030	B. WING		07/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
SHMMIT E	PLACE OF MOORESVILL	128 BRAW	LEY SCHOOL	ROAD	
30WWIT F	LACE OF WOOKESVILL	MOORES\	/ILLE, NC 2811	17	
(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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 364	Continued From page	e 16	D 364		
D 364	stockings were applied through 07/07/22. -There was document stockings were applied through 07/12/22. -There was an entry be removed daily at 8-There was document stockings were removed through 07/12/22. Review of Resident for variance report reveaus to be applied at 8:000 applied at 10:27am of 07/02/22, 11:29am of 07/02/22, 11:29am of 07/04/22, 9:38am on 07/07/22. -The compression stored be applied at 7:000 applied at 9:05am of 07/10/22 and 9:38am of 07/10/22 and 9:38am of 07/10/22 and 6:43pm of 07/10/22 and 07/10/10/10/10/10/10/10/10/10/10/10/10/10/	atation the compression ed at 7:00am from 07/08/22 for compression stockings to 3:00pm. Intation the compression ved at 8:00pm from 07/01/22 At 's July 2022 treatment aled: Dockings that were scheduled am were documented as an 07/01/22, 10:41am on 07/05/2 and, 9:53am on 07/05/2 and, 9:53am on 07/08/22, 9:14am on 0 07/11/22. Dockings that were scheduled am were documented as an 07/08/22, 9:14am on 0 07/11/22. Dockings that were scheduled opm were documented as on 07/09/22, 6:59pm on	D 364		
		his legs feel better and he before he walked to the cfast each morning.			
	07/12/22 at 9:30am r -Resident #1 moved	ent #1's family member on evealed: into the facility about a amily member visited at least			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		UAL 040020	B. WING		07/42/2022
		HAL049030			07/13/2022
NAME OF P				TE, ZIP CODE	
SUMMIT F	PLACE OF MOORESVILL	E.	LEY SCHOOL ILLE, NC 2811		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 364	the family member ca -The family member of the compression stood #1Resident #1 told the better when he wore and he wished they w Observation of Resid 9:48am revealed: -He was sitting in his slippers on but no cor -A Medication Aide (N administer medication stockings were not or the dresser drawer ar #1's legs. Interview with the MA revealed: -When she administe medications she put to on him, if they had no the third shift MAThe compression sto	ockings were rarely on when time to visit. Usually had to request that kings be put on Resident family member his legs felt his compression stockings were put on earlier in the day. ent #1 on 07/12/22 at recliner and had socks and	D 364		
	put them on before the Interview with the fact Assistant (PA) on 07/-Resident #1 had ord stockings to treat edeelf he did not wear his edema could get work problems with mobility	lity's contracted Physician 12/22 at 3:07pm revealed: ers for compression ema. s compression stockings his se resulting in wounds, y and with his history of se and pacemaker, the			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
			7 50.25 10.			
		HAL049030	B. WING		07/1	3/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SUMMIT F	LACE OF MOORESVILL	E	LEY SCHOOL ILLE, NC 2811			
()(1) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N.	(VE)
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 364	364 Continued From page 18		D 364			
	Interview with the We at 3:17pm revealed: -A family member corinform her that the conot being applied earl-She changed the eTofrom 8:00am to 7:00aput on before Resider room for breakfastThe compression stothe third shift MA before by the first shift MA wishift.	ntacted her last week to impression stockings were by in the morning. AR morning application time im to ensure they would be not #1 walked to the dining bookings should be applied by one they leave at 7:30am or then they first started their with a medication aide (MA) am.				
	Refer to the interview (DON) on 07/12/22 at	with the Director of Nursing t 3:17pm.				
	Refer to the interview at 10:10am.	with the DON on 07/13/22				
	Refer to the interview 07/13/22 at 10:45am.	with the Administrator on				
	Medication administrate revealed: -There was an entry five administered at 8: -There was document was administered at 8 through 07/12/22.	or spironolactone 50mg to				
		led the spironolactone 50mg				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		HAL049030	B. WING		07	7/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
SUMMIT F	PLACE OF MOORESVILL	.E	VLEY SCHOOL R			
		MOORES	VILLE, NC 28117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 19	D 364			
	that was scheduled to was administered at 10:41 on 07/02/22, at 10:14am on 07/04/22 9:53am on 07/07/22, 9:55am on 07/09/22, 9:38am on 07/11/22 a Interview with Reside revealed: -He was usually in the unavailable when his scheduled to be admireceived them lateLast night he was included in the was included to be admireceived them lateLast night he was included in the was included	o be administered at 8:00am 10:27am on 07/01/22, at 11:29am on 07/03/22, at 11:29am on 07/03/22, at 11:29am on 07/08/22, at 12:05am on 07/08/22, at 12:05am on 07/10/22, at 12:05am on 07/10/22, at 12:05am on 07/10/22 at 12:05am on 07/12/22 at 12:05am on				
	revealed medications	on 07/12/22 at 9:48am were being administered working by herself there o help her				
	Assistant (PA) on 07/ -Resident #1 had spir morning to treat his e -If he took the medica	ility's contracted Physician 12/22 at 3:07pm revealed: conolactone ordered in the dema. ation too late in the day it tte too much late into the				
	Refer to the interview on 07/13/22 at 10:28a	with a medication aide (MA) am.				
	Refer to the interview 07/13/22 at 1:45pm.	with a second MA on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL049030	B. WING		07	7/13/2022
	ROVIDER OR SUPPLIER PLACE OF MOORESVILL	128 BR	ADDRESS, CITY, STATE AWLEY SCHOOL RO			
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 20	D 364			
	Refer to the interview on 07/12/22 at 3:17pr	with the Wellness Director m.				
	Refer to the interview on 07/13/22 at 10:10a	with the Wellness Director am.				
	Refer to the interview 07/13/22 at 10:45am.	with the Administrator on				
	c. Review of Resident #1's July 2022 electronic Medication administration Record (eMAR) revealed:					
	administered at 8:00a -There was documen	for torsemide 20mg to be am. tation torsemide 20mg was am from 07/01/22 through				
	variance report reveal was scheduled to be administered at 10:27 on 07/02/22, at 11:29 on 07/04/22, at 9:38a on 07/07/22, at 9:05a	1's July 2022 medication led the torsemide 20mg that administered at 8:00am was 2m on 07/01/22, at 10:41 am on 07/03/22, at 10:14am m on 07/05/22, at 9:53am m on 07/08/22, at 9:55am m on 07/10/22, at 9:38am 55am 07/12/22.				
	revealed: -Last night he was ind night and needed hel -He was usually in the unavailable when his	ont #1 on 07/12/22 at 9:30am continent in the middle of the p changing his clothes. e dining room at 8:00am and medications were inistered, so he usually				
	Observation of Resid	ent #1 on 07/12/22 at was sitting in his recliner				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			_			
		HAL049030	B. WING		07	/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓE, ZIP CODE		
SUMMIT F	PLACE OF MOORESVILL	.E	VLEY SCHOOL F VILLE, NC 2811			
()(1)	SHWWWDV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	PRECTION	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 364	Continued From page	e 21	D 364			
	when the Medication to administer his med	Aide (MA) entered his room lications.				
	revealed medications	on 07/12/22 at 9:48am were being administered working by herself there o help her				
	Assistant (PA) on 07/ -Resident #1 had tors morning to treat his e					
	Refer to the interview on 07/13/22 at 10:28	with a medication aide (MA) am.				
	Refer to the interview 07/13/22 at 1:45pm.	with a second MA on				
	Refer to the interview on 07/12/22 at 3:17pi	with the Wellness Director m.				
	Refer to the interview on 07/13/22 at 10:10a	with the Wellness Director am.				
	Refer to the interview 07/13/22 at 10:45am.	with the Administrator on				
	morning medications -There were two med living and usually only	revealed: e MA to administer all the in a timely manner. lication carts in the assisted y one MA scheduled. concerns to the Director of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY LETED	
7.1.15 . 27.11 .		IDENTIFICATION DELLA	A. BUILDING: _	A. BUILDING:		
		HAL049030	B. WING		07/	13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SUMMIT F	PLACE OF MOORESVILL	E.	VLEY SCHOOL			
			VILLE, NC 2811			
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 364	Continued From page 22		D 364			
	Interview with a second 1:45pm revealed: -Sometimes she would medication passSometimes the previous administering medical scheduled to administ would start her medical there were over 30 medications to and it them timelyShe had informed the Special Care Coordin Administrator of her conditions.	Ind MA on 07/13/22 at Id get "behind" during her ous shift was still tions when she was ter medications and she sation pass late. residents to administer was difficult to administer e Wellness Director, the sator (SCC), and the concerns.				
	at 3:17pm revealed: -The facility changed Medication Administra Treatment Administra electronic versions in January 2022When they used pap facility policy allowed administer medication was 2 hours before the after the scheduled tin -Now that the facility of they were limited to a before and 1 hour after	ation Records (MAR) and tion Records (TAR) to December 2021 or early ter MARs and TARs the a 4-hour window to as and do treatments which he scheduled time or 2 hours me. was using electronic MARs 2 hours window; 1 hour er. some time to get used to				
	at 10:10am revealed: -The MAs were traine within one hour before scheduled administra	ed to administer medications e and one hour after the tion times. by the medications were				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			B WING		
		HAL049030	D. WING		07/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SUMMIT F	PLACE OF MOORESVILL	E 128 BRAV	LEY SCHOOL	ROAD	
		MOORES	/ILLE, NC 2811	7	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 364	Continued From page 23		D 364		
	10:45am revealed: -She was not aware r administered within o scheduled times.	ministrator on 07/13/22 at medications were not being ne hour before or after ster the medications within times.			
D 367	10A NCAC 13F .1004 Administration	l(j) Medication	D 367		
	Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).				
	reviews the facility fai	as evidenced by: ns, interviews and record led to ensure the accuracy tment Administration Record			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	DF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLE	IED
		HAL049030	B. WING		07/13	3/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SUMMIT F	PLACE OF MOORESVILL	F 128 BRAV	VLEY SCHOOL	ROAD		
		MOORES	VILLE, NC 2811	7		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 367	Continued From page	e 24	D 367			
		npled residents (#1 and #5) on stockings administration.				
	The findings are:					
	06/19/22 revealed: -Diagnoses included extremities, cardiac p disease and lower ex-There was an order be put on lower extre removed in the evening Review of Resident # revealed he was adm 06/13/22. Observation on 07/12	for compression stockings to mities in the morning and ng. #1's resident register nitted to the facility on 2/22 at 9:48am revealed a) put compression stockings				
	compression stocking 06/27/22 at 9:36am. -There was documen	itation a third shift MA put gs on Resident #1 on itation a third shift MA put				
	compression stocking 07/11/22 at 9:38am.	ntation a third shift MA put gs on Resident #1 on ntation a third shift MA put				
	3:48pm revealed:	shift MA on 07/12/22 at ift as a MA and usually left				

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	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		HAL049030	B. WING		07	7/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DDRESS, CITY, STATE	ZIP CODE	•	
TO WILL OF T	NOVIDEN ON OUT FEEL		WLEY SCHOOL R			
SUMMIT F	PLACE OF MOORESVILL	E	SVILLE, NC 28117			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	25	D 367			
	the facility between 7: -She never put compi Resident #1 and neveral put compi Resident #1 and neveral put compiter work on 07/12/22She sometimes forgor computer before she Interview with a MA or revealed: -She worked first shiftWhen she started working on to the computer administration of medification of the sign on the computer, she had to could sign in and starrad ministration of treatSometimes she would treatment administration initials before she reationWhen that happened was inaccurateWhen she attempted compression stocking. 07/12/22 the treatment documented as administration shift MA. Interview with another revealed: -Frequently when she to sign into the compiter.	as a MA. orking each day, she had to er in order to documentiatications or treatments. Alled to sign out of the sign that MA out before she to documenting the third shift MA's lized what she was doing. It to a sign out of the sign that MA out before she to document in the sign that MA out before she to document in the sign that MA out before she to document inguments. It is a sign out of the sign that MA out before she to document the sign that MA's lized what she was doing. It he eTAR documentation It document that she put is on Resident #1 on the sidn that already been in the started at 7:30am by the of the started work and attempted uter the third shift MA was imputer and had forgotten to				
	MA's initials before sh doing.	uld start documenting ions under the third shift he realized what she was				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL049030	B. WING		07	//13/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		_ 128 BRA	WLEY SCHOOL RO	DAD			
SUMMIT	PLACE OF MOORESVILL	.E MOORES	SVILLE, NC 28117				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 367	Continued From page	e 26	D 367				
	was inaccurate.						
	3:40pm and 07/13/22 -She was not aware t was inaccurate. -MAs had been traine	ministrator on 07/12/22 at at 2:35pm revealed: the eTAR documentation and how to use the computer ment using someone else's					
	04/19/22 revealed: -Diagnoses included disturbances.	-					
	Treatment Administrative revealed: -There was an entry to be applied every more bedtimeThere was document stockings were applied 05/31/22 for 31 of 31	for compression stockings to ning and removed at tation the compression opportunities. tation the compression ved 05/01/22 through					
	be applied every mor bedtime. -There was documen stockings were applie 06/30/22 for 30 of 30	for compression stockings to ning and removed at tation the compression at 06/01/22 through					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL049030	B. WING		07/13/2022	2
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
		128 BRAV	VLEY SCHOOL	ROAD		
SUMMIT P	PLACE OF MOORESVILL	E MOORES	VILLE, NC 281	17		
(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 COMP	(5) PLETE TE
D 367	Continued From page	27	D 367			
	stockings were remove 06/30/22 for 30 of 30	•				
	Review of Resident # revealed:	5's July 2022 eTAR				
	-There was an entry f be applied every more bedtime.	or compression stockings to ning and removed at				
		tation the compression				
stockings were applied 07/01/22 through 07/10/22 for 10 of 13 opportunities.						
	-There was documentation the compression stockings were not applied on 07/11/22, 07/12/22 or 07/13/22 due to resident refusalThere was documentation the compression stockings were removed 07/01/22 through					
	07/12/22 for 12 of 12	opportunities.				
	Interview with a Medio 07/13/22 at 2:02 reve	` ,				
	-Resident #5 always refused to wear his compression stockings.					
	-When she document					
	attempted to docume do.	nt refusals, it was difficult to				
		it could not explain, why it				
	was difficult to docum	ent refusals.				
	Interview with anothe revealed:	r MA on 07/13/22 at 2:10pm				
		to wear his compression				
		e combative if you tried.				
	-She did not know wh	refusal on 07/12/22. By someone would document				
	on 07/011/12 and 07/					
	removed if they were	never put on.				
	-Documenting refusals on the eTAR was difficult					
	and she did not know of documenting refus	how to explain the process als on the eTAR.				

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-She thought MAs failed to document refusals

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL049030	B. WING		07/	13/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD						
OOMINIT I	LAGE OF MICOREOVICE	MOORES	/ILLE, NC 2811	7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	because everyone was difficult to save the eTAR when you signed. Interview with the Adr 3:40pm and 07/13/22. She was not aware the was inaccurate or difficult and the entrained.	as trained differently and it not documentation on the ed out. ministrator on 07/12/22 at at 2:35pm revealed: he eTAR documentation icult to do. d how to use the computer ment administration if a	D 367			

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