Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY	Y
					R-C	
		HAL026068	B. WING		12/15/202	21
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF FAYETTEVILLE		T SCHOOL ROA			
			LAND, NC 2833			
(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 COM	(X5) MPLETE DATE
{D 000}	Initial Comments		{D 000}			
	The Adult Care Licens follow-up survey on D December 15, 2021.	sure Section conducted a ecember 14, 2021 -				
{D 273}	10A NCAC 13F .0902	(b) Health Care	{D 273}			
	` '	Health Care assure referral and follow-up ad acute health care needs				
	facility failed to ensure for physical therapy a	as evidenced by: and record reviews, the e referrals related to orders nd speech therapy were 5 sampled residents (#2).				
	The findings are:					
	other lack of coordina communication deficit behavioral disturbanc agitation.	adjustment insomnia, we weakness (generalized), tion, cognitive to dementia without e, restlessness and for physical and speech				
	through 11/04/21 reversed at 12pm "resident had no c/o (following up on recent -On 10/25/21 at 6:15a	n, staff documented complaints of) pain, t fall incident." am, staff documented "while Resident #2 named] was				

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

TITLE (X6) DATE

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		, ,	E SURVEY PLETED
		HAL026068	B. WING			R-C 2/15/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE	-	
THE ADDI	ISON OF FAVETTEVILLE	1164 71S	T SCHOOL ROAD			
I HE ADDI	ISON OF FAYETTEVILLE	CUMBER	RLAND, NC 28331			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 273}	Continued From page	e 1	{D 273}			
	revealed if Resident # therapy evaluation, th resident's record and the status of the phys Interview with Reside 12/15/21 at 4:30pm re -He completed Reside transfer to the facilityOnce a resident was facility, there was a tr to the new PCPResident's orders ind would be considered facility's responsibility -He imagined Reside physical therapy at re the new facilityHe thought Resident therapy was standard	transferred to the new ansition of care cluding medication orders the new to implement. Int #2 already had received thab prior to transferring to #2's order for a physical orders upon transfer. facility would have their own and would				
	(HWD) on 12/14/21 a Resident #2 received therapy evaluation, th	physical and speech ne results would not be in the he would have to research				
	Provider (PCP) on 12 -He completed Resident ransfer to the facilityOnce a resident was	nt #2's former Primary Care 1/15/21 at 4:30pm revealed: ent #2's FL-2 prior to her transferred to the new				

Division of Health Service Regulation

STATE FORM BODE12 If continuation sheet 2 of 31

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	 -		
		HAL026068	B. WING			R-C / 15/2021
NAME OF PROVIDER O	R SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE ADDISON OF I	FAYETTEVILLE		SCHOOL ROA			
			LAND, NC 2833			
	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
{D 273} Continu	73} Continued From page 2		{D 273}			
PCPResided would be response -He tho and special order upon a gone to FL-2 to -The Rigone reveale -She we monthse -She with monthse -Her residen -She with residen -She with residen -She with residen -She with residen -F	ents' orders income considered sibility to imple ught Resident eech therapy epon transfer. The property that the recent the reapy team in #2 and prover when the Executary team admission, Reported the Resident CC would be recorded any apple of the recorded and the Resident or care provider nedule any apple of the recorded as the Resident orders and the recorded as	cluding medication orders the new facility's ement. #2's order for a physical evaluation was a standard facility would have their own and would have evaluated rided recommendations. ecutive Director (ED) on revealed: sident #2's FL-2 would have she would have given the Care Coordinator (RCC). esponsible to process the PCP's orders on the FL-2 pointments, for example, speech evaluation. C on 12/15/21 at 3:31pm CC at the facility for about 6 meluded assisting the Health ND). paperwork from the esident's FL-2, for example, erapy and speech therapy entside home health agency is was to ensure there were	{D 273}			

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STATE FORM BODE12 If continuation sheet 3 of 31

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVI		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	R: A. BUILDING:		COMPLETED
					R-C
		HAL026068	B. WING		12/15/2021
NAME OF D	ROVIDER OR SUPPLIER	CTDEET ADD	RESS, CITY, STA	TE ZIR CODE	•
NAIVIE OF PI	ROVIDER OR SUPPLIER		, ,	•	
THE ADDI	SON OF FAYETTEVILLE		SCHOOL ROA		
			AND, NC 2833		
(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 273}	Continued From page 3		{D 273}		
{U 2/3}	-She did not recall set for physical therapy of evaluationResident #2's orders speech evaluation we resident #2's did has she was aware of, but #2 had gone to the house second interview with 3:31pm revealed: -The RCC was responders for residentsShe expected the RC as quick as possible was quick as possible was the RCC's resischeduling Resident #2 was the RCC's resischeduling Resident #2 speech evaluationShe was not aware to the Resident #2's physical evaluationIt must have been and resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair fingerAn imaging test of Resident #2 had a fair finger.	eing Resident #2's orders r her order for a speech for physical therapy and her ere not implemented by her. We some falls (maybe 2) that the she did not think Resident ospital after either fall. In the ED on 12/15/21 at the she below the process new CC to implement new orders which meant within a she facility, Resident #2's example RCC. ponsibility to follow up with #2's physical therapy and the RCC did not schedule all therapy or speech and oversight. It and she fractured her esident #2's left hand the left 5th (pinky) finger. It wall and or speech therapy for review.	{U 273}		
D 276	interviewable 10A NCAC 13F .0902	ned Resident #2 was not 2(c)(3-4) Health Care	D 276		
			1	1	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		E SURVEY PLETED	
			7.1. 50.125.1.10.			R-C
		HAL026068	B. WING		I	2/15/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
THE ADD	SON OF FAYETTEVILLE		T SCHOOL ROAD			
			RLAND, NC 28331			
(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 276	Continued From page 4		D 276			
	following in the reside (3) written procedures a physician or other li and (4) implementation of	ssure documentation of the				
	facility failed to ensure	as evidenced by: and record reviews, the e physician orders for emented for 1 of 5 sampled				
	The findings are:					
	09/09/21 revealed: -Diagnoses included without complications communication deficit behavioral disturbanchypertensionThere were three pay physician orders for not review of the Reside dated 09/08/2021 reveals.	ges of the FL-2 that included nedications and treatments. nt Register for Resident #2				
		ogress note dated 10/11/21 was transported from home				

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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 PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			D WING		R-C
		HAL026068	B. WING		12/15/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE ADDI	SON OF FAYETTEVILLE	1164 7181	SCHOOL ROA	ND .	
		CUMBERI	_AND, NC 2833	31	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 276	76 Continued From page 5		D 276		
D 276	back to the facility by a. Review of physicia revealed: -There was an order blood sugar checks) I dated 09/09/21. -There was a subseq 11/22/21 for fingerstic before breakfast. -There was a physicia Metformin (used to lo twice daily. -There was a physicia Pioglitazone (used to 30mg tablet daily. -There was a subseq for daily Lantus insuli coverage subcutaned diagnosis documente A1C/diabetes mellitus. Review of Resident # medication administratevealed: -There was no entry to fingerstick blood sugar meals and at bedtimes. -There was no docum. Review of Resident # revealed: -There was no entry to FSBS checks before	facility staff. an orders for Resident #2 for accuchecks (fingerstick before meals and at bedtime uent physician's order dated ck blood sugar checks daily an's order dated 09/09/21 for wer blood sugar) 1000mg an's order dated 09/09/21 for control high blood sugar) uent order dated 12/09/21 n, and sliding scale insulin busly three times daily. The d was "elevated is II". 2's October 2021 electronic ation records (eMARs) transcribed to the eMARs for ar (FSBS) checks before	D 276		
	-There was no entry t FSBS checks before				
		nentation for FSBS checks.			
	revealed:	2's December 2021 eMARs			

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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	
			A. BUILDING: _			
		HAL026068	B. WING		I	R-C / 15/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	, 12,	10/2021
	10115211 011 001 1 21211		SCHOOL ROA	,		
THE ADDI	SON OF FAYETTEVILLE		AND, NC 2833			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	<u>, </u>	PROVIDER'S PLAN OF C	CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From page	e 6	D 276			
5 210	317 documented at 7 -The FSBS reading re 400 from 12/02/21 thr Interview with the Hea (HWD) on 12/15/21 a -All department heads Business Office Mana Director (ED), the Res (RCC), and himself al fax machine and coul interdisciplinary group -The facility's contract new orders to the res administration record	esults ranged from 187 to rough 12/14/21. alth and Wellness Director to 11:13am revealed: s which included the ager (BOM), the Executive sident Care Coordinator ll had access to the facility's	5210			
		nt #2's second former PCP				
	on 12/15/21 at 3:01pr -Resident #2 was trar November 2021She had signed the r					
	11/04/21 to provide a	continuation of care would be coming to her ce visit on 12/02/21.				
	blood sugars, she had Resident #2 on 12/02 results.	of Resident #2's fingerstick d ordered lab work for /21 but had not seen any				
	monitored as ordered -Resident #2 was a k could have been too I -If Resident #2's FSB	ars (FSBS) were not being . nown diabetic and her FSBS nigh or too low. S were not monitored as sult in falls, syncope, light ketoacidosis, and				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COIVIE	LETED
		HAL026068	B. WING		l l	R-C / 15/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE VDDI	SON OF FAYETTEVILLE	1164 71S	T SCHOOL ROA	D		
I NE ADDI	SON OF FATET TEVILLE	CUMBER	LAND, NC 2833	1		
(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	(X5) COMPLETE DATE
D 276	Continued From page	e 7	D 276			
	serious diabetes com produces excess bloo encephalopathy is a o brain). -Resident #2 did not	plication where the body od acids/ketones and disease that affects the				
	12/15/21 at 4:30pm r	ent #2's first former PCP on evealed Resident #2 was r fingerstick blood sugars l.				
	Refer to the interview with the Executive Director/Administrator (ED) dated 12/15/21 at 11:29am.					
	Refer to the interview Coordinator dated 12	with the Resident Care /15/21 at 3:31pm.				
	Refer to the interview Wellness Director (H' 3:51pm.	with the Health and WD) dated 12/15/21 at				
	Refer to the interview Director/Administrato 4:40pm.	with the Executive r (ED) dated 12/15/21 at				
	12/15/21 at 11:29am -Upon admission, Re gone to her first then FL-2 to the Resident -The RCC would ther FL-2 to the facility's c order entry to the eM	sident #2's FL-2 would have she would have given the Care Coordinator (RCC). To be responsible to send the ontracted pharmacy for ARs.				
	revealed:	C on 12/15/21 at 3:31pm RCC at the facility for about 6				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or dortheorion	IDENTIFICATION NOMBER.	A. BUILDING: _		
		HAL026068	B. WING		R-C 12/15/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
THE ADDI	SON OF FAYETTEVILLE		SCHOOL ROA AND, NC 2833		
(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 276	Wellness Director (HV auditsShe filed orders and residents' care providShe had no role with to send the resident's pharmacy agreement pharmacyThe facility's process no PCP's orders missThe HWD and the R each other. Second interview with 3:31pm revealed: -The RCC was respoorders for residentsShe expected the RC as quick as possible valued as quick as quick as quick as quick as	paperwork from the er (PCP). resident admissions except FL-2 and the resident's to the facility's contracted was to ensure there were ed. CC would check behind The ED on 12/15/21 at ensible to process new CC to implement new orders which meant within a efacility, Resident #2's eRCC. Ill and she fractured her he last 2 pages of Resident xed to the facility's	D 276		
	for fingerstick blood s	ugar check with known eby increasing the risk of			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL026068	B. WING		R-C 12/15/2021	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF FAYETTEVILLE		SCHOOL ROA AND, NC 2833			
(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 276	Continued From page	9	D 276			
	high and low blood su	igar levels. The facility's all to the health, safety, and it and constitutes a Type B				
	The facility provided a accordance with G S this violation.	a plan of protection in 131D-34 on 12/15/21 for				
	CORRECTION DATE VIOLATION SHALL N 2022.	FOR THE TYPE B IOT EXCEED JANUARY 29,				
{D 358}	10A NCAC 13F .1004 Administration	e(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 a FOLLOW-UP TO TYPE	•				
	Based on these findin Violation was not aba continues.	ngs, the previous Type B ted. Non-compliance				
	including medications	failed to administer				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
			B. WING		R-	
		HAL026068	B. WING		12/1	5/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF FAYETTEVILLE	1164 71ST S	SCHOOL ROA	D		
IIIL ADDI	OON OF TATETTE VILLE	CUMBERLA	AND, NC 2833	31		
(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	(X5) COMPLETE DATE
{D 358}	Continued From page	± 10	{D 358}			
	sleep disorders, and a	a dietary supplement.				
	The findings are:					
	other lack of coordinal communication deficit behavioral disturbance agitation, essential hy osteoarthritis, type 2 complications, and hy -There were three page physician orders from PCP for medications and the complex of the Reside dated 09/08/2021 rev -An admission date to	adjustment insomnia, we weakness generalized, tion, cognitive tion, dementia without e, restlessness and pertension, hyperlipidemia, diabetes mellitus without pokalemia. ges of the FL-2 that included Resident #2's first former and treatments.				
		ogress note dated 10/11/21 was transported from home facility staff.				
	a. Review of physicia revealed:	n orders for Resident #2				
	FL-2 dated 09/09/21 the Aspart Pen (generic for which is a combination acting insulin used to units subcutaneously active were no subset	equent physician orders olog Mix 70-30 Insulin 4				
	-There was a Physicia	an Order Review dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7. BOILDING			R-C
		HAL026068	B. WING		l	2/15/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		1164 71	ST SCHOOL ROAD			
THE ADD	SON OF FAYETTEVILLE	CUMBE	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	358} Continued From page 11		{D 358}			
	11/04/21 by a second -There was not a phy 11/04/21 physician or 70-30 Insulin.					
	electronic medication (eMARs) for Residen -There was no entry f Insulin 4 units subcut -There was no docum	er 2021 and November 2021 administration records t #2 revealed: for the Novolog Mix 70-30 aneously before meals. hentation of administration 10-30 Insulin 4 units before				
	Insulin 4 units subcut -There was no docum for the Novolog Mix 7 mealsThere was an entry 1 Insulin Aspart 3 units					
	history for Resident #	cted pharmacy dispensing 2 dated 09/23/21 through ovolog Flexpen Insulin Aspart facility on 12/02/21.				
	revealed: -There were blood glu 12/02/21 through 12/ -The blood glucose re 400, with the first doc result of 317 on 12/02 -The second and high	t provided for Resident #2 ucose results beginning 14/21. esults ranged from 187 to sumented blood glucose				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED
					R-C
		HAL026068	B. WING		12/15/2021
			1		12/10/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
THE ADDI	SON OF FAYETTEVILLE		SCHOOL ROA		
		CUMBERL	AND, NC 2833	31	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 12	{D 358}		
	dated 12/09/21 revea order from the curren 7 units at bedtime and sliding scale three tim with diagnoses docur A1C/diabetes mellitus not documented. Telephone interview of resident #2 at 3:0 - There were concerns insulin was not admin-Resident #2's Novold administered as order hyperglycemia which experiencing diabetic (Hyperglycemia is a hetoacidosis is a serie that occurs when you of blood acids called the Refer to the interview Wellness Director (HV 11:13am. Refer to the telephone contracted pharmacy Refer to the interview Director/Administrator 11:29am.	with the second former PCP plan on 12/15/21 revealed: so that Resident #2's Novolog distered as ordered. So insulin should have been ared to avoid her having could result in the resident ketoacidosis high blood sugar and diabetic bus complication of diabetes ar body produces high levels ketones.) With the Health and WD) on 12/15/21 at the interview with the on 12/15/21 at the interview with the Health and with the Executive ar (ED) on 12/15/21 at the interview with the Health and with the Health and the interview with the Health and the interview with the Health and the interview with the Health and interview with the Health an			
		with the medication aide on			
	12/15/21 at 2:45pm.				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R-	С	
		HAL026068	B. WING		l	5/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF FAYETTEVILLE		SCHOOL ROA AND, NC 2833			
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	÷ 13	{D 358}			
	PCP for Resident #2	with the second former on 12/15/21 at 3:01pm.				
	Coordinator (RCC) or	with the Resident Care n 12/15/21 at 3:31pm.				
	Refer to the third inter 12/15/21 at 3:51pm.	rview with the HWD on				
	Refer to the second in 12/15/21 at 3:31pm.	nterview with the ED on				
	Refer to the interview Resident #2 on 12/15	with the first former PCP for //21 at 4:30pm.				
	revealed:	an orders for Resident #2				
	FL-2 dated 09/09/21 facting insulin used to	an's order on the current for Lantus insulin (a long control high blood sugars)				
	discontinuing the Lan	equent physician orders tus Insulin 24 units				
	11/04/21 by the secor	an Order Review dated nd former PCP.				
	-There was not a phys 11/04/21 physician or Insulin 24 units at bed	der review for the Lantus				
	and December 2021 (revealed:	er 2021, November 2021, eMARs for Resident #2				
	units subcutaneously -There was no docum	for the Lantus Insulin 24 at bedtime. nentation of administration units subcutaneously at				
	peduille.					

Division of Health Service Regulation

Review of the Blood Glucose/Insulin

STATE FORM BODE12 If continuation sheet 14 of 31

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		HAL026068	B. WING		12/15/2021
			1		12/10/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
THE ADD	SON OF FAYETTEVILLE		SCHOOL ROA		
		CUMBERL	AND, NC 2833	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 14	{D 358}		
{D 358}	Administration Report revealed: -There were blood glu 12/02/21 through 12/11 through 12/12 through	t provided for Resident #2 Licose results beginning 14/21. Esults ranged from 187 to Licose results blood glucose 2/21 at 7:00am. Licose documented blood 00 on 12/03/21 at 4:30pm. Liced pharmacy dispensing 2 revealed a single entry for sed to the facility on With the second former PCP 11pm on 12/15/21 revealed: Licos that Resident #2's insulin as ordered. Licoshould have been red to avoid hyperglycemia the resident experiencing (a high level of blood acids iabetic comma and death). Licoshould have been red to avoid hyperglycemia the resident experiencing (a high level of blood acids iabetic comma and death). Licoshould have been red to avoid hyperglycemia the resident experiencing (a high level of blood acids iabetic comma and death). Licoshould have been red to avoid hyperglycemia the resident experiencing (a high level of blood acids iabetic comma and death). Licoshould have been red to avoid hyperglycemia the resident experiencing (a high level of blood acids iabetic comma and death). Licoshould have been red to avoid hyperglycemia the resident experiencing (a high level of blood acids iabetic comma and death). Licoshould have been red to avoid hyperglycemia the resident experiencing (a high level of blood acids iabetic comma and death).	{D 358}		
	Refer to the second in Wellness Director on	nterview with the Health and 12/15/21 at 2:40pm.			

Division of Health Service Regulation

Refer to the interview with the medication aide on

STATE FORM BODE12 If continuation sheet 15 of 31

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-C	
		HAL026068	B. WING		12/15/2021	
NAME OF D		CTDEET ADD	RESS, CITY, STA	TE ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER		, ,			
THE ADDI	SON OF FAYETTEVILLE		SCHOOL ROA AND, NC 2833			
	OLIMANA DV OT		1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	: 15	{D 358}			
	12/15/21 at 2:45pm.					
		with the second former on 12/15/21 at 3:01pm.				
	Refer to the interview Coordinator (RCC) or	with the Resident Care n 12/15/21 at 3:31pm.				
	Refer to the third intel 12/15/21 at 3:51pm.	view with the HWD on				
	Refer to the second in 12/15/21 at 3:31pm.	nterview with the ED on				
	Refer to the interview Resident #2 on 12/15	with the first former PCP for /21 at 4:30pm.				
	revealed: -There was a physicia	n orders for Resident #2 an's order on the current for Sertraline 50mg tablet				
	(used to treat depress anxiety disorders) dai	sion, panic attacks, and				
	discontinuing the Sert	raline as ordered. an Order Review dated nd former PCP.				
		der review for the Sertraline.				
	and December 2021	r 2021, November 2021, eMARs for Resident #2 o entry to the eMARs for				
	history for Resident #	ted pharmacy dispensing 2 revealed Sertraline 50mg spensed to the facility.				

Division of Health Service Regulation

Telephone interview with the second former PCP

STATE FORM BODE12 If continuation sheet 16 of 31

DIVISION	n nealth Service Negu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED
			D MINIO		R-C
		HAL026068	B. WING		12/15/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE ADDI	CON OF FAVETTEVILLE	1164 71ST	SCHOOL ROA	ND.	
I HE ADDI	SON OF FAYETTEVILLE	CUMBERI	AND, NC 2833	31	
(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	2 16	{D 358}		
{D 330}	for Resident #2 at 3:0 there was no concern Sertraline was not ad staff had not reported depression. Refer to the interview Wellness Director (HV 11:13am. Refer to the telephone contracted pharmacy Refer to the interview Director/Administrator 11:29am. Refer to the second in Wellness Director on Refer to the interview 12/15/21 at 2:45pm. Refer to the interview PCP for Resident #2 a	of that Resident #2's ministered as ordered and any anxiety, agitation, or with the Health and ND) on 12/15/21 at 4:57pm. with the Executive r (ED) on 12/15/21 at 12/15/21 at 2:40pm. with the medication aide on with the second former at 3:01pm on 12/15/21. with the Resident Care	{D 330}		
	Refer to the third intel 12/15/21 at 3:51pm.	rview with the HWD on			
	Refer to the second in 12/15/21 at 3:31pm.	nterview with the ED on			
	Refer to the interview Resident #2 on 12/15	with the first former PCP for /21 at 4:30pm.			
	d. Review of physicia	an orders for Resident #2			

Division of Health Service Regulation

revealed:

STATE FORM BODE12 If continuation sheet 17 of 31

Division of Health Service Regulation

1	-C 15/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
1164 71ST SCHOOL ROAD	
THE ADDISON OF FAYETTEVILLE CUMBERLAND, NC 28331	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Continued From page 17 -There was a physician orders on the current FL-2 dated 09/09/21 for Ativan (used to treat anxiety and aglitation) 0.5mg tablet two times a day. -There were no subsequent physician orders discontinuing the Ativan as orderedThere was a Physician Order Review dated 11/04/21 by the second former PCPThere were no orders on the 11/04/21 physician order review for the Ativan. Review of the October 2021, November 2021, and December 2021 eMARs for Resident #2 revealed: -There was no entry to the eMARs for Ativan. Review of the contracted pharmacy dispensing history for Resident #2 revealed Ativan 0.5mg tablet had not been dispensed to the facility. Telephone interview with the second former PCP for Resident #2 at 3:01pm on 12/15/21 revealed there was no concern that Resident #2's Ativan 0.5 mg tablet twice a day was not administered as ordered if she was not aglitated or did not have any anxiety. Refer to the interview with the Health and Wellness Director (HWD) on 12/15/21 at 11:13am. Refer to the interview with the Executive Director/Administrator (ED) on 12/15/21 at 11:29am. Refer to the second interview with the Health and Wellness Director on 12/15/21 at 2:40pm.	

Division of Health Service Regulation

STATE FORM BODE12 If continuation sheet 18 of 31

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL026068	B. WING		12/15/2021	
			DE00 0171/ 071	TE 7/0 000E	12/10/2021	\neg
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
THE ADD	SON OF FAYETTEVILLE		SCHOOL ROA			
			AND, NC 2833			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	≣
{D 358}	Continued From page	e 18	{D 358}			
	Refer to the interview 12/15/21 at 2:45pm.	with the medication aide on				
		with the second former on 12/15/21 at 3:01pm.				
	Refer to the interview Coordinator (RCC) or	with the Resident Care n 12/15/21 at 3:31pm.				
	Refer to the third inter 12/15/21 at 3:51pm.	rview with the HWD on				
	Refer to the second in 12/15/21 at 3:31pm.	nterview with the ED on				
	Refer to the interview former PCP on 12/15	with Resident #2's first /21 at 4:30pm.				
	e. Review of physician orders for Resident #2 revealed: -There was a physician's order on the current FL-2 dated 09/09/21 for Trazodone (used to treat anxiety and inability to sleep) 25mg tablet at bedtime.					
	-There was no subsection discontinuing the Traz	an Order Review dated nd former PCP. sician's order on the				
	and December 2021	er 2021, November 2021, eMARs for Resident #2 no entries to the eMARs for				
	Review of the contract	eted pharmacy dispensing				

Division of Health Service Regulation

history for Resident #2 revealed Trazodone 25mg

STATE FORM BODE12 If continuation sheet 19 of 31

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					 R-0	,
HAL026068		B. WING		1	5/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF FAYETTEVILLE	1164 71ST	SCHOOL ROA	D		
		CUMBERL	AND, NC 2833	11		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 19	{D 358}			
	tablet had not been d	ispensed to the facility.				
	for Resident #2 at 3:0 there were no concer	dministered as ordered, and				
	Refer to the interview Wellness Director (HV 11:13am.					
	Refer to the telephone contracted pharmacy	e interview with the on 12/15/21 at 4:57pm.				
	Refer to the interview Director/Administrator 11:29am.					
	Refer to the second in Wellness Director on	nterview with the Health and 12/15/21 at 2:40pm.				
	Refer to the interview 12/15/21 at 2:45pm.	with the medication aide on				
		with the second former on 12/15/21 at 3:01pm.				
	Refer to the interview Coordinator (RCC) or	with the Resident Care n 12/15/21 at 3:31pm.				
	Refer to the third intel 12/15/21 at 3:51pm.	rview with the HWD on				
	Refer to the second in 12/15/21 at 3:31pm.	nterview with the ED on				
	Refer to the interview	with the first former PCP for				

Division of Health Service Regulation

STATE FORM BODE12 If continuation sheet 20 of 31

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL026068	B. WING		R-C 12/15 /		
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
THE ADDISON OF FAYETTEVILLE		SCHOOL ROA				
		.AND, NC 2833		_		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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	(X5) COMPLETE DATE	
{D 358} Continued From page	20	{D 358}				
f. Review of physician revealed: -There was a physician FL-2 dated 09/09/21 for sleep aid) 3mg tablet at a -There were no subser discontinuing the Melatorinuing the Melatorin	n's order on the current or Melatonin (used as a lat bedtime. quent physician orders stonin. In Order Review dated former PCP. Idician's order on the later review for the Melatonin. In 2021, November 2021, MARs for Resident #2 Is to the eMARs for Ited pharmacy dispensing the revealed Melatonin 3mg spensed to the facility. In the Resident #2's previous 15/21 revealed: In that Resident #2's ministered as ordered. In the Health and Item (VD) on 12/15/21 at 4:57pm. In the Executive	{D 358}				

Division of Health Service Regulation

Refer to the second interview with the Health and

STATE FORM BODE12 If continuation sheet 21 of 31

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 50.12510.		R-C	
		HAL026068	B. WING		12/15/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF FAYETTEVILLE	1164 71ST	SCHOOL ROA	D		
THE ADDI	SON OF PATETTEVILLE	CUMBERL	AND, NC 2833	31		
(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 COMPLETE	
{D 358}	Continued From page	21	{D 358}			
	Wellness Director on	12/15/21 at 2:40pm.				
	Refer to the interview 12/15/21 at 2:45pm.	with the medication aide on				
		with the second former on 12/15/21 at 3:01pm.				
		nterview with the Resident CC) on 12/15/21 at 3:31pm.				
	Refer to the third intel 12/15/21 at 3:51pm.	rview with the HWD on				
	Refer to the interview 3:31pm.	with the ED on 12/15/21 at				
	Refer to the interview Resident #2 on 12/15	with the first former PCP for /21 at 4:30pm.				
	g. Review of physicia revealed:	an orders for Resident #2				
	FL-2 dated 09/09/21 t supplement) 500mg t -There were no subse discontinuing the Vita	ablet two times a day. equent physician orders min C.				
	11/04/21 by the secon					
	and December 2021	er 2021, November 2021, eMARs for Resident #2 no entries to the eMARs for				
		cted pharmacy dispensing				

Division of Health Service Regulation

500mg tablet had not been dispensed to the

STATE FORM BODE12 If continuation sheet 22 of 31

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL026068	B. WING		R- 12/1	C 5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE ADDI	SON OF FAYETTEVILLE		SCHOOL ROA AND, NC 2833			
(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	(X5) COMPLETE DATE
{D 358}	former PCP at 3:01pr -There was no concel Vitamin C 500mg twic administered as order -She was not aware a support continuing the Refer to the interview Wellness Director (HV 11:13am. Refer to the telephone contracted pharmacy Refer to the interview Director/Administrator 11:29am. Refer to the second in Wellness Director on Refer to the interview 12/15/21 at 2:45pm. Refer to the interview PCP for Resident #2 Refer to the interview Coordinator (RCC) or Refer to the third inter 12/15/21 at 3:51pm.	with Resident #2's second in on 12/15/21 revealed: In that Resident #2's see a day was not red. of what diagnosis would be medication. with the Health and WD) on 12/15/21 at e interview with the on 12/15/21 at 4:57pm. with the Executive or (ED) on 12/15/21 at hterview with the Health and 12/15/21 at 2:40pm. with the second former on 12/15/21 at 3:01pm. with the Resident Care	{D 358}			
	12/15/21 at 3:3 ipm.					

Division of Health Service Regulation

Refer to the interview with the first former PCP for

STATE FORM BODE12 If continuation sheet 23 of 31

Division of Health Service Regulation

DIVISION	n nealth Service Negu	liation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED
					0	
			B. WING		R-	
		HAL026068	B. WING		12/1	5/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE. ZIP CODE		
			SCHOOL ROA			
THE ADDI	SON OF FAYETTEVILLE		AND, NC 2833			
		COMBERT	-AND, NC 2033) i		T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG		200 12 21 11 11 11 10 11 11 01 11 11 11 11 11 11	IAG	DEFICIENCY)		
{D 358}	Continued From page	e 23	{D 358}			
	Resident #2 on 12/15	5/21 at 4:20nm				
	Resident #2 on 12/15	72 i at 4.30pm.				
	h Poviow of physicis	an orders for Resident #2				
	revealed:	an orders for Nesident #2				
		an's order on the current				
	FL-2 dated 09/09/21 t	'- 100gm 30ml two times a				
	,	- rought somi two times a				
	day.					
		equent physician orders				
	discontinuing the Pro-					
		an Order Review dated				
	11/04/21 by the secon					
	-There was not a phy					
	11/04/21 physician or	der review for the Pro-stat.				
	D : (# 0 / 1	0004 N				
		er 2021, November 2021,				
		eMARs for Resident #2				
		no entries to the eMARs for				
	the Pro-stat.					
	D : (11)					
		cted pharmacy dispensing				
	-	2 revealed Pro-stat had not				
	been dispensed to the	e facility.				
	T					
		with the second former PCP				
		2/15/21 at 3:01pm revealed:				
	-There was no conce					
	Pro-stat was not adm					
	-There was no harm t					
	-If Resident #2 had be					
	Pro-stat, she (PCP) w	vould have restarted the				
	Pro-stat.					
	Refer to the interview					
	Wellness Director (H\	WD) on 12/15/21 at				
	11:13am.					
	Refer to the telephone					
	contracted pharmacy	on 12/15/21 at 4:57pm.				

Division of Health Service Regulation

STATE FORM BODE12 If continuation sheet 24 of 31

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		A. BOILDING.			7.0	
HAL026068		B. WING		R-C 12/15/2021		
NAME OF F			ADDRESS, CITY, STATE	ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER		ST SCHOOL ROAD	, ZIP CODE		
THE ADD	ISON OF FAYETTEVILLE		RLAND, NC 28331			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
{D 358}	Continued From page	24	{D 358}			
	Refer to the interview Director/Administrator 11:29am.					
	Refer to the second interview with the Health and Wellness Director on 12/15/21 at 2:40pm.					
	Refer to the interview 12/15/21 at 2:45pm.	with the medication aide on				
		with the second former on 12/15/21 at 3:01pm.				
	Refer to the interview with the Resident Care Coordinator (RCC) on 12/15/21 at 3:31pm.					
	Refer to the third interview with the HWD on 12/15/21 at 3:51pm.					
	Refer to the second in 12/15/21 at 3:31pm.	nterview with the ED on				
	Refer to the interview Resident #2 on 12/15	with the first former PCP for /21 at 4:30pm.				
	(HWD) on 12/15/21 a -New physician order received by the HWD Coordinator (RCC)The HWD or RCC w the physician orders t provider after reviewir -The facility's contract orders to residents' el administration recordiAll department heads	s for residents were or Resident Care ere responsible for faxing to the contracted pharmacy ing the orders. ted pharmacy input new electronic medication s (eMARs). s which included the				
		ager (BOM), the Executive sident Care Coordinator				

Division of Health Service Regulation

STATE FORM BODE12 If continuation sheet 25 of 31

Division of Health Service Regulation

A. BUILDING: R-C HAL026068 B. WING 12/15/20 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
HAL026068 B. WING 12/15/20	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	#_0_E
THE ADDICAN OF FAVETTENIN F	
THE ADDISON OF FAYETTEVILLE CUMBERLAND, NC 28331	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(D 358) Continued From page 25 (RCC), and himself all had access to the facility's fax machine and could review a resident's interdisciplinary group (IDG) meeting notes. He would review the IDG meeting notes as soon as he removed them from the fax machine. If a resident had a new medication order documented on the IDG meeting notes to the facility's contracted pharmacy. The facility's contracted pharmacy would add the new medication of the resident's electronic medication administration record for the facility to approve. Telephone interview with the contracted pharmacy on 12/15/21 at 4:57pm revealed: The pharmacy received only one page of the Ft2 dated 09/09/21 and four-page physician order report (PoR) dated 09/09/21. The pharmacy treated the Ft2 as the "official document, true orders". If there were differences in the orders on the Ft2 and POR, the pharmacy would not input on the eMARs those differences that were on the POR. Second interview with the Health and Wellness Director on 12/15/21 at 2-40pm revealed: -Medication orders for Resident #2 that were listed on page 2 and 3 of the 09/09/21 Ft2 were not faxed to the pharmacy when the resident was admitted to the facility on 09/09/21. He did not know why pages 2 and 3 of the 09/09/21 Ft2 were not faxed to the pharmacy vere not faxed to the pharmacy. The second former PCP for Resident #2 signed the physician order review for the medications that had only been transcribed to the eMARs by the contracted pharmacy provider. -On 12/15/21 he faxed to the current PCP the	

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DIVISION	n Health Service Negu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUM		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					<u></u>	
		B. WING		R-		
		HAL026068	B: Will		12/1	15/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1164 719	T SCHOOL ROA	ND.		
THE ADDI	SON OF FAYETTEVILLE		LAND, NC 2833			
		COMBER	LAND, NC 2033) i		T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
ind		,	IAG	DEFICIENCY)		
{D 358}	Continued From page	e 26	{D 358}			
	DCD that physician or	rdoro for modications on				
		rders for medications on				
	pages 2 and 3 were r					
		d any review of resident				
	orders since his empl	oyment at the facility.				
		dication aide on 12/15/21 at				
	2:45pm revealed:					
		edications based on what				
	was transcribed to the					
	•	ly medication cart audits to				
		sted on the eMARs were on				
	hand and to reorder r	esident medications from				
	the pharmacy.					
-The facility staff did not check physician chart						
	orders against the eM	IARs or medication on hand.				
	Interview with the ED on 12/15/21 at 11:29am					
	revealed:					
	-Upon admission, Re-	sident #2's FL-2 would have				
	gone through her first	then she would have given				
	the FL-2 to the RCC.	•				
		nsible for sending the FL-2				
		•				
	,	,				
	Interview with Reside	nt #2's second former PCP				
	on 12/15/21 at 3:01pm revealed:					
	-Resident #2 was transferred to her care in					
	November 2021.					
		ohysician order review dated				
	11/04/21 to provide a continuation of care					
	knowing Resident #2 would be coming to her					
	office for a face-to-face visit on 12/02/21Resident #2's first visit to her office was					
	12/02/21.	SILLO HEL OHICE WAS				
		stanned coming to the				
	-Her PCP group had stopped coming to the facility from October 2021 to November 2021 due					
	•					
to COVID-19 and other circums		er circumstances at ner				
	office.	and the Cont.				
	-She was not aware o					
Resident #2's FL-2 dated 09/09/21 was faxed to						

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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	
		A. BUILDING			
HAL026068		B. WING		R-C 12/15/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE	
		1164 71S	T SCHOOL ROAD	•	
THE ADD	SON OF FAYETTEVILLE	CUMBER	LAND, NC 28331		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
{D 358}	Continued From page	e 27	{D 358}		
{D 358}	the facility's contracted pages were not faxed pharmacy upon her an 09/10/21. -She expected the fact medication as ordered medication clarification new resident was administrative with the RC revealed: -She had been the RC months. -Her responsibilities in with the medication carbon and the responsibilities in with the medication carbon and the resident's FL-pharmacy and the resident's process were no PCP's orders HWD and the RCC charbon and the RCC charbon and the RCC charbon and the resident's eMAR. -The RCC/the HWD with the resident with the reside	d pharmacy and the other I to the facility's contracted dmission to the facility on cility to administer d or to call her if a on was necessary when a nitted to the facility. C on 12/15/21 at 3:31pm CC at the facility for about 6 included assisting the HWD art audits. resident admissions except 2 to the facility's contracted sident's pharmacy in place to ensure there is that were missed was the necked behind each other. Inedication orders were faxed cted pharmacy, a staff armacy entered them into rerified all the residents' that FL-2 had been entered	{D 358}		
	thought the paperwor	he FL-2 from the ED she k that followed the first page was other paperwork that			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL026068		B. WING		R-C 12/15/2021	
				TE 7/0 0005	12/10/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	*	
THE ADD	ISON OF FAYETTEVILLE		T SCHOOL ROA RLAND, NC 2833		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 358}	Continued From page	28	{D 358}		
	was unrelated to the I	FL-2.			
	3:51pm revealed: -He expected staff to written by the PCPHe expected staff to the facility's contracteHe expected staff to were entered correctly medication administration administration administration administration administration administration at the staff to were entered correctly medication administration administration at the staff to were entered correctly medication administration at the staff to were entered and the staff to medication orders into medication administration administ	verify the medication orders y into the facility's electronic ation record. In the ED on 12/15/21 at the facility, Resident #2's RCC who was new in her the last 2 pages of Resident ed to the facility's by the RCC. The facility's were not being administered ave had a diabetic issue or to her diabetic medications dias ordered. If (the date was not cotured her finger. In implement the new of the facility's electronic ation record, so the resident in ordered medications in a			
	12/15/21 at 4:30pm re				
	transfer to the facility.	ent #2's FL-2 prior to her			
		transferred to the new ansition of care to the new			

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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	
HAI 026068		HAL026068	B. WING		R-C 12/15/2021	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	12/13/2021	
THE ADDI	SON OF FAYETTEVILLE		SCHOOL ROA			
		CUMBERL	AND, NC 2833	31		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 358}	{D 358} Continued From page 29 PCPResident's orders including medication orders would be considered the new facility's responsibility to implementHe expected medications to be administered as		{D 358}			
orderedHe expected Resident #2's medication orders for Pro-stat, Vitamin C, Melatonin, Trazadone,						
	Novolog insulin, and Lantus insulin to be administered as orderedResident #2 was supposed to get her ordered					
	medications and have her fingerstick blood sugars completed.					
	-If Resident #2 was not administered her ordered medications, there could a bad outcome, for example, a hospitalization or death. The current PCP was not available for interview. Based on observations and record review, it was determined Resident #2 was not interviewable.					
	The facility failed to administer medications as ordered for 1 of 5 sampled residents (#2)					
	including orders for 2 types of insulins for greater than 2 months resulting in documented blood sugars as high as 400. The facility's failure was detrimental to the health and welfare of the resident and constitutes an Unabated Type B Violation.					
	The facility provided a plan of protection in accordance with G. S. 131D-34 on 12/15/21 for this violation.					
{D912}	G.S. 131D-21(2) Dec	laration of Residents' Rights	{D912}			
	G.S. 131D-21 Declar	ation of Residents' Rights				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
HAL026068		B. WING		R-C 12/15/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE 400	00N 05 5AV5TT5VII I 5	1164 71ST	SCHOOL ROA	ND		
THE ADDI	SON OF FAYETTEVILLE	CUMBERL	AND, NC 2833	31		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{D912}	Continued From page	e 30	{D912}			
` .	Every resident shall h 2. To receive care an adequate, appropriate	ave the following rights:				
This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to health care.						
	The findings are:					
1. Based on observations, record review, and interviews, the facility failed to administer medications as ordered by a prescribing practitioner to 1 of 5 sampled residents (#2), including medications used for treatment in lowering blood sugars, anxiety and agitation, sleep disorders, and a dietary supplement. [Refer to Tag 358, 10A NCAC 13F .1004(a) Medication Administration (Unabated Type B Violation).]						
	2. Based on interviews and record reviews, the facility failed to ensure physician orders for accuchecks was implemented for 1 of 5 sampled residents (#2). [Refer to Tag 276, 10A NCAC 13F .0902(c) (3-4) Health Care (Type B Violation).]					

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