PRINTED: 09/16/2022 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPL	EIED
		HAL032001	B. WING		08/2	? !5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING	5600 N ROX DURHAM, I	KBORO ROAD NC 27712			
(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 000	Initial Comments		D 000			
	annual survey, a follo	sure Section conducted an w-up survey and a n on August 23, 2022 to				
D 229	10A NCAC 13F .0702 Residents	? (e) Discharge Of	D 229			
	10A NCAC 13F .0702	Property 2 Discharge Of Residents				
	discharging a residen (1) The Adult Care H with the Adult Care H shall be hand delivered the resident on the sal Home Notice of Dischmay be obtained at not Medical Assistance, 2 Raleigh, NC 27699-2: (2) A copy of the Adult Discharge with a copy Hearing Request Form with receipt requested the resident's responsive representative on the Home Notice of Dischman (2) Failure to use an specific forms accord and (e)(2) of this Rule discharge. Failure to these forms shall not unless the facility has a change in the forms of the latest forms by and Human Services.	en notice are met before t: Items Notice of Discharge ome Hearing Request Form ed, with receipt requested, to ame day the Adult Care harge is dated. These forms to cost from the Division of to 505 Mail Service Center, 505. The Adult Care Home m shall be hand delivered, d, or sent by certified mail to sible person or legal same day the Adult Care harge is dated. d simultaneously provide the ing to Subparagraphs (e)(1) the shall invalidate the use the latest version of invalidate the discharge been previously notified of the and been provided a copy the Department of Health impleted Adult Care Home				

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

TITLE (X6) DATE

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		B
		HAL032001	B. WING		R 08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
ENO DOIN	ITE ACCICTED I IVING	5600 N R	OXBORO ROAD		
ENO POIN	ITE ASSISTED LIVING	DURHAM	, NC 27712		
(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 APPROP DEFICIENCY)	) BE COMPLETE
D 229	Continued From page	÷ 1	D 229		
	Hearing Request Form facility prior to giving the receipt of hand de	m as completed by the to the resident and a copy of elivery or the notification of shall be maintained in the			
	facility failed ensure red	as evidenced by: and record reviews the equirements for written e met by one of one resident had been initiated by the			
	The findings are:				
	_				
	discharged on 04/13/2 notes, notice of discharge forms. -There was no docum Resident #8's respons	tation Resident #8 was 22; including progress arge and hearing request			
	08/22/22 at 10:27am -Resident #8 moved i 2021Resident #8 exhibite was transferred from	nt #8's responsible party on revealed: nto the facility in the fall of d aggressive behaviors and the facility to the local by medical transport on			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION (X3) DATE SU G: (X3) DATE SU COMPLE		
		HAL032001	B. WING		R 08/25/2022	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  5600 N ROXBORO ROAD  DURHAM, NC 27712						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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 COMPLETE	
D 229	informed her via telepheing discharged from -Resident #8 was discaggressive behaviors safety of the other resident was not giving phapers or paperwork return or certified main facility after he was dische signed papers for belongings when she later in the month; she she later in the month; she later in the later in the month; she later in t	lled her on 04/13/22 and hone that Resident #8 was in the facility. Charged because of his and for his safety and the sidents. apperwork or sent discharge for a hearing for appeal via a or when she went into the scharged. For Resident #8's personal went to pick his things up to was unsure of the date. In which we was unsure of the date.	D 229			
D 310	Service	(e)(4) Nutrition and Food	D 310			
		Nutrition and Food Service in Adult Care Homes:				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			SURVEY PLETED
						R
		HAL032001	B. WING		08	/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING	5600 N R	OXBORO ROAD	)		
ENO POIN	TE ASSISTED LIVING	DURHAM	, NC 27712			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 310		ets, including nutritional	D 310			
		kened liquids, shall be the resident's physician.				
	reviews the facility fai diets were served as residents, (#1, #2) wit	ns, interviews, and record led to ensure therapeutic ordered for 2 of 5 sampled th an order for a mechanic ntrolled diet (#1); and an				
	The findings are:					
	08/23/22 revealed: -The mechanical soft chicken with honey m broccoli and peaches were to be servedThe carbohydrate-cogrilled chicken breast	diet menu listed ground diet menu listed ground diet sauce, rice, cooked with a scoop of ice cream entrolled diet menu listed with honey mustard sauce, ches were to be served.				
	on 08/24/22 revealed -The mechanical soft breakfast meat with g French toast with syru -The carbohydrate-co breakfast meat, egg, diet syrup was to be s	diet menu listed ground ravy, eggs, 2 slices of up was to be served. introlled diet menu listed 1 slice of French toast with				
	05/01/22 revealed:	t #13 Cullelit FL-2 Uateu				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL032001	B. WING		08	R 3/25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•		
ENO DOU	NTE ACCIOTED I IVINO	5600 N I	ROXBORO ROAD				
ENO POI	NTE ASSISTED LIVING	DURHA	M, NC 27712				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 310	-Diagnoses included dysarthria of dominar chronic kidney disease. There was a diet ord carbohydrate-controll.  Review of Resident # 07/26/22 revealed and carbohydrate-controll.  Observation of the lute 08/23/22 at 11:55am served chopped chick mustard sauce, brood 4 pieces and a cup of peaches.  Observation of the brook 10/24/22 at 8:10pm reserved scrambled eginal for an arrow of the served scrambled eginal for an arrow of Resident # 010/05/21 revealed a value of 6.9. (The heaverage level of bloom on this. The normal for a revealed and the diet of the served scrambled experience of the served experience of the served scrambled experience o	dementia, hemiplegia, nt side, cerebral infarct and se. der for mechanical soft, led diet.  It's physician's orders dated or order for mechanical soft, led diet.  It's physician's orders dated or order for mechanical soft, led diet.  Inch meal served on revealed Resident #1 was ken and rice with honey coli, a wheat roll broken into fice cream with two slices of reakfast meal served on evealed Resident #1 was gs, two sausage links torn in tot torn in 6 pieces.  It's laboratory values dated hemoglobin A1C (HbA1C) moglobin A1C measures the d sugar over the previous 3 A1C level is below 5.7%).  It's laboratory values dated HbA1C value of 8.0.  With Resident #1's primary on 08/25/22 at 4:00pm  Idered a led diet because he was order was the first step in ar levels as apposed to or	D 310				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL032001	B. WING		08/25	/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING		XBORO ROAD			
	OLUMBIA DV OT	DURHAM,				
(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 310	Continued From page	÷ 5	D 310			
טוצ ע	meats moistened with Resident #1 had den which difficulties in swance - Resident #1 had not strangling or chocking was supposed to prevale happening.  He expected his order Based on observation review it was determine interviewable.  Refer to the interview at 2:31pm.  Refer to the interview 08/24/22 at 2:50pm.  Refer to the telephone Manager on 08/25/22  Refer to the interview 08/25/22 at 5:47pm.  2. Review of Residen 04/19/22 revealed:  Diagnoses included a osteoarthritis, and recinfections.  -There was an order for Observation of the lund 12:05pm revealed Residen	nentia causing dysphagia vallowing. had an episode of g; the mechanical soft diet vent those incidents from ers to be followed as written. hs, interviews and record hed Resident #1 was not  with the cook on 08/24/22  with the assistant cook on e interview with the Kitchen at 4:42pm.  with the Administrator on  t #2's current FL2 dated  Alzheimer's Disease, current urinary tract for a mechanical soft diet.	D 310			
		ice cream with peach				

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Observation of the breakfast meal on 08/24/22 at

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DIVISION	n nealth Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					_	
					F	
		HAL032001	B. WING		08/2	5/2022
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIR CODE		
NAME OF T	NOVIDEN ON 3011 LIEN					
ENO POIN	ITE ASSISTED LIVING	5600 N RC	DXBORO ROAD			
		DURHAM	NC 27712			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
D 310	Continued From page	. 6	D 310			
D 310	Continued From page	÷ 0	5310			
	8:11am revealed Res	ident #2 was served French				
	toast, and a sausage	link cut into five sections.				
	Telenhone interview v	vith Resident #2's primary				
		on 08/25/22 at 4:00pm				
		on 00/25/22 at 4.00pm				
	revealed:					
		nentia causing dysphagia				
	which difficulties in sv					
	-Resident #2 had not					
	strangling or chocking	g; the mechanical soft diet				
	was supposed to prev	vent those incidents from				
	happening.					
	-An outcome of not fo	llowing the mechanical soft				
	diet could be aspiration					
	•	ers to be followed as written.				
	Based on observation	ns, interviews and record				
		ned Resident #2 was not				
	interviewable.	ned Resident #2 was not				
	interviewable.					
	D ( ) " · ( ·	:11 11 1 00/04/00				
		with the cook on 08/24/22				
	at 2:31pm.					
	Refer to the interview	with the assistant cook on				
	08/24/22 at 2:50pm.					
	Refer to the telephone	e interview with the Kitchen				
	Manager on 08/25/22	at 4:42pm.				
		•				
	Refer to the interview	with the Administrator on				
	08/25/22 at 5:47pm.					
	33/20/22 at 0.4/ pill.					
	Interview with the see	 ok on 08/24/22 at 2:31pm				
		n on ooi24/22 at 2.3 1pm				
	revealed:	inaturat han an orbest end				
		instruct her on what and				
	how to prepare the m	<u>-</u>				
	-Ground meats were	not the same as chopped				
	meats.					
	-She chopped the chi	cken for lunch on 08/23/22				
	and cut up the sausag	ge on 08/24/22 for breakfast				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE S			
			A. BUILDING: _	A. BUILDING:		
		HAL032001	B. WING		08	R 3 <b>/25/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
		5600 N R	OXBORO ROAD			
ENO POIN	ITE ASSISTED LIVING	DURHAM	, NC 27712			
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 310	Continued From page	÷ 7	D 310			
D 310	because that was all s-The carbohydrate-co as the regular diet exiced tea and the sugar syrups.  -She did not know if the ordered the carbohydrate-controlled to the carbohydrate-controll	she needed to do. Introlled diet was the same cept for the unsweetened or free jellies and sugar free the residents who were rate-controlled diet got the mor not because she did  Instant cook on 08/24/22 at the lock what to prepare for the locates, but she did not serve one.  In utic diet menu, but she soft diet was chopped learbohydrate-controlled diet lee items.  In e condiments available for including sugar free jellies, if artificial sweeteners.  In e peaches and ice cream locates without ice cream for the leed diets.  In the Kitchen Manager on leavealed:  If at the facility for one week, diet was supposed to be a locate one supposed to be easy to	D 310			
	chewingShe had not seen ho	sphagia and had difficulty w the chicken, or the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURV COMPLETED	
					R	
		HAL032001	B. WING		08/25/2	022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ENO POINTE ASSISTED LIVING			XBORO ROAD NC 27712			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ı	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE C	COMPLETE DATE
D 310	Continued From page	e 8	D 310			
	dietsShe knew carbohydrordered for diabetics sugarsThere were sugar freand artificial sweetenderThe cooks should had diet menu for the carbonydrate diet menuserving the mechanic carbohydrate-controlleThe facility's consisted diet was supposed to consistencyThe therapeutic menuser have been chopped mechanical soft diets.	on the mechanical soft be a chopped foods  u was incorrect it should not ground for the shad swallowing difficulties ed chopped foods.  ve followed the				
D 312	10A NCAC 13F .0904 Service	c(f)(2) Nutrition and Food	D 312			
	<ul><li>(f) Individual Feeding Homes:</li><li>(2) Residents needin assisted upon receipt</li></ul>	nhurried and in a manner				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED
						R
		HAL032001	B. WING		08	3/25/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
ENO BOIL	ITE ACCIOTED I IVINO	5600 N R	OXBORO ROAD			
ENO POIN	ITE ASSISTED LIVING	DURHAM	II, NC 27712			
(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 COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 312	interviews, the facility residents (#2, #3, #5, treated with respect, or evidence by rushing rishing residents.  The findings are:  Observation of the brofrom 8:14am until 8:3: -There were five residents were being fed by one-The PCA moved around five residents to eatThe PCA stood to fee-The PCA reached acresident while standing residentsThe PCA stood between the head of the residentsThe PCA stood between the head of the resident while residentsShe used her left has the head of the resident and eat" and she told day to eatA second PCA came a resident and began resident and removed -The first PCA continuous remaining residents; she fed themShe stood in one possible reached around of leaned across the table-She left the table twices.	as evidenced by: as, record reviews and failed to ensure 5 of 5 #6 & #7) sampled was consideration and dignity as meals and staff standing ag assistance to the  eakfast meal on 08/23/22 8am revealed: dents seated at a table and expersonal care aide (PCA). und the table assisting the ed the five residents. cross the table and feed a ag between two other  een two residents and fed and arm to reach around ent on her left side to feed  t at the table to "to get busy another to not to take all  to the table and sat next to to feed her; the PCA fed the d her from the dining room. used to feed the four she continued to stand as sition between two residents; one resident's head and alle to feed two others. ce to go to another table and	D 312	DE. ROLLACT)		
		ce to go to another table and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 56.2516.		R
		HAL032001	B. WING		08/25/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	FE, ZIP CODE	
		5600 N R	OXBORO ROAD		
ENO POIN	ITE ASSISTED LIVING	DURHAM	I, NC 27712		
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 312	Continued From page	e 10	D 312		
	-She cut a hard-boiled	d egg in half and used a fork e egg into the resident's			
	12:08pm to 12:28pm -There were five residence three PCAs at the feeding the residentsTwo of the residents PCAs; each PCA was they were feedingA third PCA stood at between two resident eating by feeding the The third PCA reaches a resident while feeding and her leftShe was feeding the reaching around the kend feeding her with left.	dents seated at a table; there he table to assist with were being fed by two of the seated beside the resident the end of the table as and assisted them with m. ed across the table and fed ng a resident to her right resident to her left by back of the resident's head			
	resident at another ta table and began to fe  -The PCA moved aroof the table to cut up and feed the resident  -None of the resident themselvesTh PCA continued to feed the three resider instructed them to "op  -The PCA placed larg spoonsWhile one resident w fed another resident; to resident while they  -The PCA told one resident of the PCA told one resident while they  -The PCA told one resident would be a side of the pCA told one resident while they  -The PCA told one resident was a side of the pCA told one resident while they  -The PCA told one resident was a side of the pCA told one resident	ble, she returned to the first ed the three residents again. und the table opposite side food but continued to stand s. s at the table fed omove around the table and hts; she cut up food and ben your mouth wide". He amounts of food on the was chewing her food, she she alternated from resident			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.2.1.2.1.1		152.11.11.10.11.10.11.10.11.52.11.	A. BUILDING: _	<del></del>	
		HAL032001	B. WING		R 08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
ENO POIN	ITE ASSISTED LIVING		OXBORO ROAD	)	
			, NC 27712		
(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 COMPLETE
D 312	Continued From page 11		D 312		
	04/19/22 revealed: -Diagnoses included a osteoarthritis, and red infectionsThere was an order to	current urinary tract for a mechanical soft diet. In the personal care aide 4:29pm. In the Resident Care			
	Refer to interview with 08/25/22 at 5:30pm.	n the Administrator on			
	10/03/21 revealed: -Diagnoses included a hypertension and gas diseaseThere was an order for the state of t	troesophageal reflux			
	Refer to interview witl (PCA) on 08/23/22 at	n the personal care aide 4:29pm.			
	Refer to interview with Coordinator on 08/25	_			
	Refer to interview with 08/25/22 at 5:30pm.	n the Administrator on			
	08/02/22 revealed: -Diagnosis included h bleed, acute renal fail encephalopathyThere was an order f	t #5's current FL-2 dated istory of gastrointestinal ure, bladder tumor and cute for a pureed diet. I assistance with feeding.			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL032001	B. WING		08/25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AN	DRESS, CITY, STA	TE ZIP CODE		
TO THIS COLUMN	NOVIDEN ON GOL LEEN		XBORO ROAD	,		
ENO POIN	ITE ASSISTED LIVING	DURHAM,				
0// 15	STIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N OVE	
(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 APPROPE DEFICIENCY)	BE COMPLETE	
D 312	Continued From page	e 12	D 312			
	Refer to interview with (PCA) on 08/23/22 at	h the personal care aide 4:29pm.				
	Refer to interview with Coordinator on 08/25					
	Refer to interview with 08/25/22 at 5:30pm.	h the Administrator on				
	4. Review of Resident #6's current FL2 dated 07/07/22 revealed: -Diagnoses included dementia, hypertension, hyperlipidemia, coronary artery disease (CAD), and chronic kidney diseaseThere was an order for a carbohydrate-controlled diet.					
	Refer to interview wit (PCA) on 08/23/22 at	th the personal care aide 4:29pm.				
	Refer to interview with Coordinator on 08/25					
	Refer to interview with 08/25/22 at 5:30pm.	h the Administrator on				
	09/02/21 revealed:	t #7's current FL-2 dated dementia and depression. for finger foods.				
	Refer to interview witl (PCA) on 08/23/22 at	h the personal care aide 4:29pm.				
	Refer to interview with Coordinator on 08/25					
	Refer to interview with	h the Administrator on				

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08/25/22 at 5:30pm.

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
			B. WING		R	
		HAL032001	B. WING		08/2	5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5600 N R	OXBORO ROAD	•		
ENO POIN	ITE ASSISTED LIVING		, NC 27712			
			, 110 27712	T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
		,		DEFICIENCY)		
D 312	Continued From page	e 13	D 312			
	Interview with the per	– rsonal care aide (PCA) on				
	08/23/22 at 4:29pm re					
		looked around the dining				
	room to see who need	•				
		where residents who				
	needed help while ea					
	•	ts she was feeding today,				
		d help because they would				
	stop eating and not fi					
		orientation who needed				
		g, but she was not trained on				
	how to feed residents	: <del>-</del>				
	•	and skilled at feeding				
		e had worked at other				
	facilities and at a day					
		ick" a resident into eating				
		g another food on top of the				
	vegetables.					
		sit while feeding residents or				
	to only feed one resid					
		he table while the residents				
	were chewing and ea	ting to "keep the flow going".				
		sident Care Coordinator on				
	08/25/22 at 11:19am					
		dents who sat together at a				
		equired some form of feeding				
	assistance; some of t	them only required queuing				
	and prompting while	eating.				
	-Staff trained each otl	her when they were hired on				
	feeding techniques.					
	-She expected the sta	aff to have the resident				
		e size portions and not put				
	too much in their mou	uths, to watch the resident to				
		and do not pocket any food.				
	-	ed the dining room to see if				
	the PCAs were seate					
	racidanta	5				

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-Staff were allowed to feed more than one

STATE FORM 6899 HBYX11 If continuation sheet 14 of 73

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032001	B. WING		R 08/25/2022	
	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA XBORO ROAD NC 27712		1 00/20/2022	
(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 312	how the food taste an -The resident should eatingShe was not aware to resident to residents at them.  Interview with the Adr 5:30pm revealed: -All of the residents concluded to encourable of the resident could eat on her ownAnother resident courable depending on her phyday she would need at eatTwo PCAs were assist encourage the five rebecause no one need she assisted the PC. the dining room during most of the time during she expected the two table to sit while they had never seen the P-She and the RCC us feeding techniques in	sitting between them. o the resident and nd drinking, to also ask id if they liked it. never be rushed while he PCA was moving from and standing while feeding ministrator on 08/25/22 at ould feed themselves, staff trage them to eat. was pocketing her food but did eat on her own but visical abilities on any given assistance and prompting to gned to the table to sidents at the table to eat led to be fed. As and served residents in g the breakfast meals and ng the lunch meal as well. o PCAs assigned to the assisted the residents; she CAs stand. ually trained the staff on cluding hand under the aiting until they finished	D 312			
D 358	10A NCAC 13F .1004 Administration	(a) Medication  Medication Administration	D 358			

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PRINTED: 09/16/2022 FORM APPROVED

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL032001	B. WING		R 08/25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING		XBORO ROAD	)		
	Г		NC 27712			
(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 SHOUL CROSS-REFERENCED TO THE APPROFINE DEFICIENCY)	D BE COMPLETE	
D 358	Continued From page	: 15	D 358			
	preparation and admi prescription and non-by staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures.  This Rule is not met TYPE A1 VIOLATION  Based on observation reviews, the facility fawere administered as residents, (#2, #6, an used for memory and mood, a medication from antibiotic to treat uprophylactic antibiotic infections and an eye medication used for dused to treat behavior	as evidenced by:  as, interviews and record iled to ensure medications ordered for 3 of 5 d #7) related to a medication dementia, a medication for or depression and anxiety, rinary tract infections, a to prevent urinary tract drop for dry eyes (#7); a depression and a medication res (#2); three medications and an medications and an medication res (#2); three medication used				
	The findings are:					
	Review of Resident #7's current FL-2 dated 09/02/21 revealed diagnoses included dementia and depression.					
	08/14/22 revealed: -Resident #7 had an i Emergency Departme 9:15amResident #7 had "a s room.	t #7's incident report dated ncident that required an ent (ED) visit on 08/14/22 at seizure" while in the dining and instructed to send				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
741012741	or contraction	IDEITH IO, TIGHT HOMBELL	A. BUILDING: _		
		HAL032001	B. WING		R 08/25/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
ENO POIN	ITE ASSISTED LIVING		OXBORO ROAD		
	CUMMADVCT		, NC 27712	DDO//DEDIC DLAN OF CODDECTIO	NI
(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 APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 16	D 358		
	Resident #7 to the ED				
		Services (EMS) was called			
	and Resident #7 was	, ,			
	D : (D :1 1"				
	summary dated 08/14	7's hospital discharge			
	-	ED on 08/14/22 for seizure			
	activity.				
		with a urinary tract infection			
	• ,	podoxime (used to treat			
	infections) 200mg twi	ce daily for 10 days. st likely provoked by a UTI.			
	-The seizure was mos	st likely provoked by a OTI.			
	Review of Resident #	7's physician's orders dated			
	08/16/22 revealed the				
	cefpodoxime 200mg t	wice daily for 10 days.			
	Review of Resident #	7's August 2022 electronic			
		ation record (eMAR) from			
	08/01/22 to 08/24/22				
	twice daily for 10 days	or cefpodoxime 200mg			
	administration time of				
		tation that cefpodoxime was			
	administered twice da	ily at 9:00am and 9:00pm			
		3/22 and at 9:00am on			
	08/24/22.				
	Observation of Reside	ent #7's medication on hand			
		n revealed there was a			
	bubble pack labeled of				
	dispensed on 08/14/2	2 with 9 of 20 tablets			
	remaining.				
	Telephone interview v	vith the Pharmacist at the			
	facility's contracted pl	narmacy on 08/25/22 at			
	9:25am revealed:				
		n order for cefpodoxime			
		10 days dated 08/14/22. nsed 20 cefpodoxime (a 10			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. DUILDING: _		_	_
		HAL032001	B. WING		08/2	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING	5600 N RO	XBORO ROAD			
ENO POIN	TIE ASSISTED LIVING	DURHAM,	NC 27712			
(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	Continued From page	e 17	D 358			
	day supply) on 08/14/22Resident #7 could have a continuation of UTI if she did not receive the antibiotic as ordered.					
	reviews, there should 200mg available to ac	ns, interviews, and record have been 5 cefpodoxime dministered from 08/23/22 at				
	9:00pm to 08/25/22, but there were 9 cefpodoxime remaining for administration.  Interview with a medication aide (MA) on 08/25/22 at 11:40am revealed:					
	-Resident #7 was trar 08/14/22.	nsferred to the hospital on				
	-She was not sure wh	y Resident #7 was taken to				
	the hospitalShe did not know Re 08/14/22.	sident #7 had a seizure on				
		nave a history of seizures. #7 was ordered an antibiotic				
	but did not know why administered an antib	Resident #7 was being				
	-She did not know wh cefpodoxime available	y Resident #7 had extra				
	·	due to refusal would be				
	Interview with a secon 12:12pm revealed: -Resident #7 was sea					
	-Resident #7 was seated in the wheelchair in the dining room on 08/14/22She heard Resident #7 hollering and she ran					
	toward Resident #7Resident #7 was sha	aking, with legs and arms				
	extended straight out lasted about 5 to 7 mi	and eyes rolled back; it inutes.				
	-Resident #7 was stiff	f and slipping out of the				

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-Resident #7 was sent to the ED as directed by

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL032001	B. WING		08/2	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POIN	TE ASSISTED LIVING		XBORO 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	the hospice nurseResident #7 returned to the facility with a diagnosis of UTI and an order for an antibioticShe administered Resident #7 her medication without difficultyResident #7 did not refuse her medications when she administered them.		D 358			
	-She did not know why Resident #7 had extra cefpodoxime tablets on hand.					
	Interview with Resident #7's Primary Care Provider (PCP) on 08/25/22 at 3:45pm revealed: -Resident #7 was ordered cefpodoxime 200mg for a UTI upon discharge for the EDCefpodoxime was an antibiotic to treat UTIsResident #7 would be at a high risk of the UTI continuing if she did not receive the cefpodoxime as orderedResident #7 could possibly go back to the hospital if the cefpodoxime was not administered as orderedHe expected orders to be followed as written and medication to be administered as ordered.  Based on observations, interviews, and record					
	interviewable.	nined Resident #7 was not with a MA on 08/25/22 at				
	Coordinator (RCC) or	·				
	b. Review of Residen 09/02/21 revealed the nitrofurantoin (used to infections) 100mg at I	treat urinary tract				

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Review of Resident #7's June 2022 electronic

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		HAL032001	B. WING		R 08/25/2022	1
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING		XBORO ROAD NC 27712			
()(1) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON ON	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMP	LETE
D 358	Continued From page	<del>:</del> 19	D 358			
	bedtime with a sched 9:00pm. -There was document	or nitrofurantoin 100mg at uled administration time of tation nitrofurantoin was at 9:00pm from 06/01/22 to				
	06/30/22There was an except Resident #4 refused a nitrofurantoin on 06/1	tion documented that administration of				
	Review of Resident #7's July 2022 eMAR revealed: -There was an entry for nitrofurantoin 100mg at					
	9:00pmThere was document	uled administration time of tation nitrofurantoin was at 9:00pm from 07/01/22 to				
	08/01/22 to 08/25/22 -There was an entry f bedtime with a sched 9:00pmThere was document administered nightly a 08/15/22Nitrofurantoin was pl	or nitrofurantoin 100mg at uled administration time of tation nitrofurantoin was at 9:00pm from 08/01/22 to acced on hold from 08/16/22				
	on 08/24/22 at 3:55pr bubble pack labeled r dispense date of 08/0 remaining.	ent #7's medication on hand medication on hand in revealed there was a nitrofurantoin 100mg with a 4/22 with 25 of 30 capsules with the Pharmacist at the				

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Division c	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			_		_	
			B WING		R	
		HAL032001	B. WING		08/2	5/2022
NAME OF DE	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZID CODE		
NAME OF FE	NOVIDER OR SUFFLIER		, ,	,		
ENO POIN	ITE ASSISTED LIVING	5600 N RC	XBORO ROAD	)		
		DURHAM,	NC 27712			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
D 358	Continued From page	<u>-</u> 20	D 358			ı
2 000		5 20	5 000			ı
	facility's contracted pl	harmacy on 08/25/22 at				ı
	9:25am and 3:04pm r	revealed:				ı <b>,</b>
	· ·	an order for nitrofurantoin				ı
	100mg at bedtime da					ı
	_	ensed 30 nitrofurantoin (a 30				ı <b>,</b>
		/22, 05/20/22, and 08/04/22.				ı
	, , , , ,	ot receive a refill request for				ı
		from the facility for June				ı
		HOITI the lacility for June				ı
	2022 or July 2022.					ı
	-The facility was not o	•				ı
	re-ordered medication					ı
	_	d call in a re-fill order or fax				ı
	the sticker from the b	•				ı
	-Nitrofurantoin was ar					ı
	prophylactically to pre	event urinary tract infections				ı
	(UTI).					ı
	-Resident #7 would h	ave been more susceptible				ı
		t receiving nitrofurantoin as				ı
	ordered.	ŭ				ı
	I					ı
	Based on observation	ns, interviews, and record				ı
	reviews, the total num					ı
	,	ented as administered				ı
		umber of doses dispensed by				ı
		ould not have been available				ı
	' '					ı
		ordered in June 2022 and				ı
	July 2022.					ı
						ı
	Interview with a medi					ı
	08/25/22 at 11:40am					ı
		trofurantoin to Resident #7.				I
	-Resident #7 had fred	ղuent UTIs.				I
	-Resident #7 rarely re	efused her medications.				I
	-She did not know wh	ıy Resident #7's				I
		vere not ordered monthly.				I
	-The MAs were respo	<del>_</del>			ļ	1
	medication when ther				ļ	1
	remaining in the bubb					1
	, romaning in the babb	no paore.	1			1

needed.

-The MAs re-ordered all medications when

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL032001	B. WING		08/25/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING		XBORO ROAD	•		
			NC 27712			
(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	21	D 358			
	-All missed doses and medication was not gi on the eMAR.	d the reason why the even would be documented				
	Interview with a secon 12:12pm revealed:					
		rofurantoin to Resident #7. efuse her medications when				
	she administered ther					
	-She did not know why Resident #7's nitrofurantoin refills were not ordered monthly.  Interview with Resident #7's Primary Care Provider (PCP) on 08/25/22 at 3:45pm revealed: -Resident #7 was ordered nitrofurantoin due to history of frequent UTIsResident #7 would be at a high risk of getting a UTI if she did not receive her nitrofurantoin as orderedResident #7's seizure on 08/14/22 was provoked by the UTI.					
		ns, interviews, and record nined Resident #7 was not				
	Refer to the interview 11:02am.	with a MA on 08/25/22 at				
	Refer to the interview at 4:50pm.	with the RCC on 08/25/22				
	09/02/21 revealed the	reat moderate to severe				
	Review of Resident # 08/16/22 revealed the	7's physician's orders dated ere was an order for				

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memantine 10mg twice daily.

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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	
		HAL032001	B. WING		08	R 3/ <b>25/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
ENO POIN	NTE ASSISTED LIVING	5600 N R	OXBORO ROAD			
ENO POII	TE ASSISTED LIVING	DURHAN	I, NC 27712			
(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	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 22	D 358			
	medication administrative revealed: -There was an entry fitwice daily with a schip:00am and 9:00pmThere was documen was administered twing:00pm from 06/01/22-There was an except Resident #4 refused a 10mg on 06/15/22 at Review of Resident #4 revealed: -There was an entry fitwice daily with a schip:00am and 9:00pmThere was documen	for memantine 10mg 1 tablet eduled administration time of tation that memantine 10mg ce daily at 9:00am and 2 to 06/30/22. tion documented that administration of memantine 9:16pm.  To July 2022 eMAR for memantine 10mg 1 tablet eduled administration time of tation that memantine 10mg ce daily at 9:00am and				
	08/01/22 to 08/24/22 -There was an entry f twice daily with a sch- 9:00am and 9:00pmThere was documen was administered twice	7's August 2022 eMAR from revealed: for memantine 10mg 1 tablet eduled administration time of tation that memantine 10mg ce daily at 9:00am and 2 to 08/23/22 and at 9:00am				
	on 08/24/22 at 3:55pr bubble pack labeled r	ent #7's medication on hand m revealed there was a memantine 10mg with 21 of with a dispense dated of				
	Telephone interview v	vith the Pharmacist at the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL032001	B. WING		08/2	R 25/2022
NAME OF PROVIDER OR SUPPLI	ΞR	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ENO POINTE ASSISTED LIV	INC	5600 N R	OXBORO ROAD			
ENO POINTE ASSISTED LIV	ING	DURHAM	, NC 27712			
PREFIX (EACH DEF	ICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358 Continued From	n page	e 23	D 358			
facility's contrare 9:25am revealed. The pharmacy 10mg twice dainous and a supposition of the pharmacy (a 30 day supposition of the pharmacy memantine 20m July 2022 or Aurage and a supposition of the progression of the position of the parage and progression of the position of the position of the parage and progression of the p	cted p d: had a y date dispe y) on did ne ggst 2 s not o icatio ff coul the b s use deme aviora he disp been uly 20 medi 40am red m ad call he wa and gla rely re ow who ordere es an not g	an order for memantine ed 09/02/21. Insed 60 memantine 10mg 03/03/22, 04/25/22 and of receive a refill request for m the facility for May 2022, 2022. In cycle fill; the staff n when needed. Id call in a re-fill order or fax subble pack. Id in residents who were entia or Alzheimer's disease is and to slow down the sease process. Ins., interviews, and record inber of doses of memantine nistered exceeded the total bensed by the pharmacy and available for administration 22 and August 2022. In cation aide (MA) on revealed: In emantine to Resident #7. In med down a lot over the past as no longer throwing her asses. In the facility for May 2022 and Part of the past as no longer throwing her asses. In the facility for May 2022 and Part of the past as no longer throwing her asses. In the facility for May 2022 and Part of the past as no longer throwing her asses. In the facility for May 2022 and Part of the past as no longer throwing her asses. In the facility for May 2022 and Part of the past as no longer throwing her asses. In the facility for May 2022 and Part of the past as no longer throwing her asses. In the facility for May 2022 and Part of the past as no longer throwing her asses. In the facility for May 2022 and Part of the				

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medication when there were 5 to 8 tablets

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	CONSTRUCTION	(X3) DATE SUF COMPLET	
			D WING		R	
		HAL032001	B. WING		08/25/	/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING	5600 N RO	XBORO ROAD			
040.15	SHIMMADV ST	<u> </u>		DDOVIDED'S DI ANI CE CODDECTION		0(5)
(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	24	D 358			
	remaining in the bubb -The MAs re-ordered needed.					
	Interview with a second MA on 08/25/22 at 12:12pm revealed: -She administered memantine to Resident #7Resident #7 did not refuse her medications when she administered themShe did not know why Resident #7's memantine refills were not ordered monthly.					
	-Resident #7 was ord daily for diagnosis of -Memantine was a me tapered to prevent su -Resident #7 could be if memantine was sto -The staff had not rep agitation for Resident -He expected all orde	/25/22 at 3:45pm revealed: ered memantine 20mg twice dementia. edication that had to be dden side effects. ecome increasingly agitated pped abruptly. orted any increase in				
		ns, interviews, and record nined Resident #7 was not				
	Refer to the interview 11:02am.	with a MA on 08/25/22 at				
	Refer to the interview at 4:50pm.	with the RCC on 08/25/22				
	09/02/21 revealed the	t #7's current FL-2 dated ere was an order for eat depression) 20mg daily.				

Division of Health Service Regulation

Review of Resident #7's physician's orders dated

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDING: _			
		HAL032001	B. WING		08/25	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
ENO DOIN	ITE ACCICTED I IVING	5600 N RC	XBORO ROAD			
ENO POIN	ITE ASSISTED LIVING	DURHAM,	NC 27712			
(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	(X5) COMPLETE DATE
D 358	Continued From page		D 358			
	08/16/22 revealed the citalopram 20mg daily					
	Review of the manufa					
	-A gradual reduction in dosage was recommended rather than abrupt discontinuationAdverse reactions of abrupt discontinuation include nausea, irritability, agitation, anxiety, dizziness, confusion, lethargy, emotional lability, seizures and tinnitis.  Review of Resident #7's June 2022 electronic medication administration record (eMAR) revealed:					
	with a scheduled adm -There was documen	or citalopram 20mg daily ninistration time of 9:00am. tation that citalopram was 9:00am from 06/01/22 to				
	Review of Resident #	7's July 2022 eMAR				
	-There was an entry f with a scheduled adm -There was documen	or citalopram 20mg daily ninistration time of 9:00am. tation that citalopram was 9:00am from 07/01/22 to				
	08/01/22 to 0/24/2 rev -There was an entry f with a scheduled adm -There was documen	7's August 2022 eMAR from /ealed: or citalopram 20mg daily ninistration time of 9:00am. tation that citalopram was 9:00am from 08/01/22 to				
	on 08/24/22 at 3:55pr	ent #7's medication on hand n revealed there was a oram 20mg with a dispense				

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STATE FORM 6899 HBYX11 If continuation sheet 26 of 73

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
,			A. BUILDING: _		
		HAL032001	B. WING		R 08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
ENO POIN	ITE ASSISTED LIVING	5600 N RC	XBORO ROAD	)	
		DURHAM,	NC 27712		
(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)	D BE COMPLÉTE
D 358	Continued From page	e 26	D 358		
	dated of 08/20/22 with 14 of 15 tablets remaining.				
	facility's contracted pl 9:25am revealed: -The pharmacy had a daily dated 09/02/21. -The pharmacy dispe day supply) on 04/18/ -The pharmacy did no citalopram 20mg from -The facility was not or re-ordered medication -The facility staff coul the sticker from the be -Resident #7 could ex signs of depression s increase in anxiety.	n when needed. d call in a re-fill order or fax ubble pack. cperience an increase in uch as crying, and an			
	reviews, the total num documented as admin number of doses disp would not have been	ns, interviews, and record nber of doses of citalopram nistered exceeded the total pensed by the pharmacy and available for administration 022, July 2022 and August			
	-She had not noticed with Resident #7. -She did not know wh refills were not ordere -Resident #7 rarely re -All missed doses and	revealed: alopram to Resident #7. increased agitation or crying  by Resident #7's citalopram and monthly. afused her medications. at the reason why the iven would be documented busible for re-ordering			

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STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	
ANDILANC	JI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMILE	-120
					R	<u>.</u>
		HAL032001	B. WING		08/2	5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, STA	TE, ZIP CODE		
ENO DOIN	ITE ASSISTED LIVING	5600 N R	OXBORO ROAD	)		
ENO POIN	TIE ASSISTED LIVING	DURHAM	I, NC 27712			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	= 27	D 358			
	remaining in the bubb	ale nack	1			
	-The MAs re-ordered all medications when needed.					
			1			
		nd MA on 08/25/22 at				
	12:12pm revealed:	talannam ta Dasidant #7				
		alopram to Resident #7. refuse her medications when				
	she administered the					
		ny Resident #7 had extra				
	citalopram tablets on	-				
	Interview with Reside					
	, ,	B/25/22 at 3:45pm revealed:				
	-Resident #7 was ord depression and anxie	•				
		ecome more anxious and				
		am was not administered as				
	-The staff had not rep	oorted any increase in				
	anxiety or depression		1			
	•	ers to be followed as written	1			
	and all medication to	be administered as ordered.				
	Interview with Reside	ent #7's Mental Health				
	Provider on 08/25/22					
	-She managed Resid	· · · · · · · · · · · · · · · · · · ·				
		lered citalopram 20mg daily.				
		rted on citalopram due to				
	anxiety and depression	on. otified of any crying episodes				
	or increase in anxiety					
	·	ent #7's eMARs with each				
	visit to see if Residen	nt #7 was receiving her				
	medications as ordere					
	eMARs to be accurate	e.				
		cumentation of the eMARs,				
	Resident #7 took med					
I	∣ -She was not aware t	that Resident #7 was not				

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being administered her medication as ordered.

STATE FORM 6899 HBYX11 If continuation sheet 28 of 73

HAL032001  B. WING  B. WING  MAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  STREET ADDRESS, CITY, STATE, ZIP CODE  STREET ADDRESS, CITY, STATE, ZIP CODE  TO POINTE ASSISTED LIVING  DURHAM, NC 27712  (X4) ID PREFIX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  SUMMARY STATEMENT OF DEFICIENCIES PREFIX  (EACH CORRECTIVE ACTION SHOULD BE  R  08/25/2022		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUF	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ENO POINTE ASSISTED LIVING  STREET ADDRESS, CITY, STATE, ZIP CODE  5600 N ROXBORO ROAD DURHAM, NC 27712  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  B. WING DURHAM, NC 277  STREET ADDRESS, CITY, STATE, ZIP CODE  5600 N ROXBORO ROAD DURHAM, NC 27712  (X5) PREFIX (EACH CORRECTION SHOULD BE COMPILED				A. BOILDING.		l R	
ENO POINTE ASSISTED LIVING  5600 N ROXBORO ROAD DURHAM, NC 27712  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  S000 N ROXBORO ROAD DURHAM, NC 27712  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPI CROSS-REFERENCED TO THE APPROPRIATE  DAT			HAL032001	B. WING		1	/2022
ENO POINTE ASSISTED LIVING  DURHAM, NC 27712  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPILED FOR TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF P	PROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE:  DATE:	ENO POIN	INTE ASSISTED LIVING					
	PREFIX	(EACH DEFICIENC	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETE DATE
Ontinued From page 28  If Resident #7's behaviors were not being controlled, she could possibly increase Resident #7's medication, which would not be an appropriated adjustment in the medication since she was not receiving citalopram as ordered.  -She expected all orders to be followed as written and all medication to be administred as ordered.  Based on observations, interviews, and record reviews, it was determined Resident #7 was not interviewable.  Refer to the interview with a MA on 08/25/22 at 11:02am.  Refer to the interview with the RCC on 08/25/22 at 1:50pm.  e. Review of Resident #7's current FL-2 dated 09/02/21 revealed there was an order for divalproex (used to help with mood) 125mg twice daily.  Review of Resident #7's physician's orders dated 08/16/22 revealed there was an order for divalproex 125mg twice daily.  Review of the manufacturer's prescribing information for divalproex revealed abrupt cessation of the medication could lead to serious problems including seizures that will not stop.  Review of Resident #7's June 2022 electronic medication administration record (eMAR) revealed:  -There was an entry for divalproex 125mg twice daily with a scheduled administration time of 9.00am and 9.00pm.  -There was an entry for divalproex was	D 358	-If Resident #7's behacontrolled, she could #7's medication, which appropriated adjustm she was not receiving -She expected all ord and all medication to Based on observation reviews, it was determined by the series of the interview at 4:50pm.  Refer to the interview at 4:50pm.  e. Review of Resident 99/02/21 revealed the divalproex (used to he daily.  Review of Resident # 08/16/22 revealed the divalproex 125mg twith the divalproex 125mg twith Review of the manufaction for divalp cessation of the medication administrative and the series of Resident # medication administrative was an entry for daily with a scheduled 9:00am and 9:00pm.	viors were not being possibly increase Resident in would not be an ent in the medication since citalopram as ordered. The ent in the medication since citalopram as ordered. The ent in the medication since citalopram as ordered. The ent in the medication since citalopram as ordered. The ent in the medication since administered as ordered. The ent in t	D 358			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
74101244	or Contraction	IBERTINO, WIGHT NOMBERS.	A. BUILDING: _		
		HAL032001	B. WING		R 08/25/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
ENO POIN	ITE ASSISTED LIVING	5600 N RO	XBORO ROAD		
		DURHAM,	NC 27712		
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 29	D 358		
	from 06/01/22 to 06/30/22.  -There was an exception documented that Resident #4 refused administration of divalproex on 06/15/22 at 9:16pm.  Review of Resident #7's July 2022 eMAR revealed:  -There was an entry for divalproex 125mg twice daily with a scheduled administration time of 9:00am and 9:00pm.  -There was documentation that divalproex was administered twice daily at 9:00am and 9:00pm from 07/01/22 to 07/31/22.				
	08/01/22 to 08/24/22 -There was an entry f daily with a scheduled 9:00am and 9:00pmThere was document administered twice da	7's August 2022 eMAR from revealed: or divalproex 125mg twice diadministration time of tation that divalproex was ally at 9:00am and 9:00pm 3/22 and at 9:00am on			
	on 08/24/22 at 3:55pr -There was a bubble 125mg with 13 of 30 dispense dated of 08/ -There was a second divalproex 125mg with	pack labeled divalproex capsules remaining with a 01/22. bubble pack labeled			
	facility's contracted ph 9:25am and 3:04pm r -The pharmacy had a 125mg twice daily dat -The pharmacy dispe	n order for divalproex			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL032001	B. WING		R 08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE	
ENO BOIL	ITE ACCIOTED I IVINO	5600 N R	OXBORO ROAD		
ENO POIN	ITE ASSISTED LIVING	DURHAM	I, NC 27712		
(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 APPF DEFICIENCY)	ULD BE COMPLETE
D 358	divalproex 125mg fro June 2022, or July 20 -The facility was not or re-ordered medication -The facility staff coult the sticker from the bipossibly could have a agitation.  -Divalproex should be could experience raci headaches and dizzin Based on observation reviews, the total num documented as admin number of doses disp would not have been as ordered in June 20 Interview with a medio 8/25/22 at 11:40am -She administered divalence months, she was plates and utensils.  -Resident #7 rarely resident #7 ra	of receive a refill request for om the facility for May 2022, 22.  on cycle fill; the staff of when needed. If a call in a re-fill order or fax subble packResident #1 of seizure and increase in the tapered; if not, the resident regular in the resident regular in the seizure and increase in the tapered; if not, the resident regular in the	D 358		

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STATE FORM 6899 HBYX11 If continuation sheet 31 of 73

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	COMPLET		
7440 1 2744	or correction.	is Entire to the interest in t	A. BUILDING:			
						R
		HAL032001	B. WING		08	3/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE		
		5600 N R	OXBORO ROAD			
ENO POIN	NTE ASSISTED LIVING	DURHAM	, NC 27712			
(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 T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 31	D 358			
	12:12pm revealed: -She administered div -Resident #7 did not r she administered the	valproex to Resident #7. refuse her medications when m. ny Resident #7's divalproex				
	Care Provider (PCP) revealed: -Resident #7 was ord she did not have a his -Divalproex was a metapered to prevent su-Resident #7 could be and crying if divalproe-The staff had not repagitation or crying for -He expected all orde	edication that had to be dden side effects ecome increasingly agitated ex was stopped suddenly. orted any increase in				
	Health Provider on 08 -She managed Resid -Resident #7 was ord twice dailyResident #7 was star mood instability and ir -She reviewed Residen visit to see if Residen medications as order eMARs to be accurate -According to the door Resident #7 took medications and aware to being administered here	rted on divalproex 125mg  rted on divalproex due to mpulse. ent #7's eMARs with each t #7 was receiving her ed; she expected the e.  umentation of the eMARs, dications as ordered. hat Resident #7 was not er medication as ordered.				
	#7's medication, whic	possibly increase Resident				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		, , ,	E SURVEY PLETED
	HAL032001	B. WING		08	R 3/25/2022
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ENO POINTE ASSISTED LIVING		ROXBORO ROAD M, NC 27712			
PREFIX (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
-She expected all ord and all medication to Based on observation reviews, it was determinterviewable.  Refer to the interview 11:02am.  Refer to the interview at 4:50pm.  f. Review of Resident 09/02/21 revealed the cyclosporine (used to 0.05% eye drops 1 dr.  Review of Resident # 08/16/22 revealed the cyclosporine 0.05% et wice daily.  Review of Resident # medication administration administration time of -There was an entry from the drop in each eye twice administration time of -There was an exception of the cyclosporine on 06/15.  Review of Resident # refused a cyclosporine on 06/15.  Review of Resident # revealed:	g divalproex as ordered. lers to be followed as written be administered as ordered.  Ins, interviews, and record mined Resident #7 was not with a MA on 08/25/22 at with the RCC on 08/25/22 at with the RCC on 08/25/22 at #7's current FL-2 dated ere was an order for increase tear production) rop in each eye twice daily.  For sphysician's orders dated ere was an order for eye drops 1 drop in each eye was an order for eye drops 1 drop in each eye for eye drops 1 drop in each eye experienced (eMAR)  For cyclosporine 0.05% 1 are daily with a scheduled for 10:00am and 9:00pm. It at ion that cyclosporine expert wice daily at 10:00am on 1/22 to 06/30/22. It ion documented that administration of 5/22 at 9:16pm.	D 358			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		, ,	SURVEY PLETED
			A. BOILDING.			Б
		HAL032001	B. WING		08	R / <b>25/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING	5600 N R	OXBORO ROAD			
ENO POIN	TTE ASSISTED LIVING	DURHAM	, NC 27712			
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 33	D 358			
	administration time of -There was documen	e daily with a scheduled 10:00am and 9:00pm. tation that cyclosporine red twice daily at 10:00am 01/22 to 07/31/22.				
	08/01/22 to 08/24/22 -There was an entry f drop in each eye twice administration time of -There was document 0.05% was administe and 9:00pm from 08/0 10:00am on 08/24/22	for cyclosporine 0.05% 1 e daily with a scheduled f 10:00am and 9:00pm. tation that cyclosporine red twice daily at 10:00am 01/22 to 08/23/22 and at				
	on 08/24/22 at 3:55pr -There was a containe 0.05%The dispensed date of 08/01/22, with 30 of 6 dispensedThere was a hand-withe containerThere were 25 single	n revealed: er labeled cyclosporine on the prescription label was i0 single use vials ritten date of 08/13/22 on e-use vials remaining.				
	cyclosporine 0.05% w -The dispense dated on 08/01/22, with 30 of 60 dispensed.  Telephone interview with facility's contracted plus 9:25am revealed:  -The pharmacy had a	, sealed container labeled vith 30-single use vials. on the prescription label was 50 single use vials. with the Pharmacist at the narmacy on 08/25/22 at n order for cyclosporine eye twice daily dated				
	09/02/21The pharmacy dispe	nsed 60 single unit vials of y supply) on 12/14/21,				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SI	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLE	150
		HAL032001	B. WING		08/2	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ENO BOIL	ITE 40010TED   11/11/10	5600 N RO	XBORO ROAD	)		
ENO POIN	ITE ASSISTED LIVING	DURHAM,	NC 27712			
(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	(X5) COMPLETE DATE
D 358	cyclosporine 0.05% for 2022, May 2022, Junian The facility was not or re-ordered medication. The facility staff coult the sticker from the bi-Cyclosporine was intremainder of solution administered.  Cyclosporine did not could potentially become cause an eye infection was saved for another saved for the saved for the next asolution left in the saved for the next asolution remaining in saved for the next asolution remaining in another saved for the saved for the next asolution remaining in saved for the next asolution	ot receive a refill request for from the facility for April e 2022, or July 2022. On cycle fill; the staff in when needed. It deals in a re-fill order or fax subble pack. It dended for single use; any should be discarded if not have a preservative in it; it ome contaminated and in if the remainder of solution or administration.  Ins., interviews, and record in the remainder of doses of memantine in istered exceeded the total onesed by the pharmacy and available for administration of 22 July 2022.  Incation aide (MA) on revealed: closporine 0.05% eye drops is single use vial if there was evial and administer if during in the standard in the remainder of doses of the was evial and administer if during in the standard in the reason why the iven would be documented	D 358			

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_		_	
			D WING		R	
		HAL032001	B. WING		08/25/2022	<u> </u>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
TO WILL OF TH	TO VIDER OR OUT FIELD					
ENO POIN	ITE ASSISTED LIVING		ROXBORO ROAD	•		
		DURHAI	M, NC 27712			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(	(5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		PLETE ATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	IAIE DA	
D 358	8 Continued From page 35		D 358			
	. •					
	vials remaining in the container.					
	-The MAs re-ordered	all medications when				
	needed.					
	Interview with a secon	nd MA on 08/25/22 at				
	12:12pm revealed:					
	-	ed cyclosporine 0.05% eye				
	drops to Resident #7.					
	-The eye drops were					
		of the vial after administration				
	of eye drops.	or the viai after administration				
		d a single use viel to be used				
		d a single use vial to be used				
	for a second administ					
	- There was no way to	recap the single dose vial.				
	Talambana intensiass.	with Danidant #71a Duiman				
		with Resident #7's Primary				
	, ,	on 08/25/22 at 3:45pm				
	revealed:					
		ered cyclosporine 0.05%				
	twice daily for dry eye					
	-Resident #7's eye co					
		d to itching and dryness.				
		orted any problems with				
	increasing in eye irrita	ation for Resident #7.				
	-He expected all orde	ers to be followed as written				
	and all medication to	be administered as ordered.				
	Based on observation	ns, interviews, and record				
		nined Resident #7 was not				
	interviewable.					
	Refer to the interview	with a MA on 08/25/22 at				
	11:02am.	With a Wir Coll 00/20/22 at				
	11.02a111.					
	Defer to the intension	with the RCC on 08/25/22				
		WILL THE ROO ON U8/25/22				
	at 4:50pm.					

04/19/22 revealed:

2. Review of Resident #2'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		
7.1.2 . 2.1.		is a contract of the contract	A. BUILDING: _			
		HAL032001	B. WING		08/2	8 5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING		XBORO ROAD NC 27712			
(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 SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
D 358	#2 was on the floor in -On 08/11/22, Reside wheelchair onto the fl -On 08/18/22, Reside crawling out of chairs staff. The physician o -On 08/19/22, Reside yelling, crawling, halluthings from the floor t -On 08/20/22, at 11:4 balled up on the floor and the dresser. Resi of bed and get on the -On 08/22/22, at 12:3 the dresser and chair naked. She had urina 1:30am, Resident #2 floor. She had taken I a. Review of Residen Provider's after visit s	Alzheimer's Disease, current urinary tract astantly confused. adering behaviors.  2's care notes from vealed: 22, and 07/16/22, Resident her room. nt #2 fell out of her oor. nt #2 was repeatedly and yelling. Combative with rdered new medication. nt #2 was again disruptive, ucinating, and picking up hat were not there. 5pm, Resident #2 was , naked in between the bed dent #2 continued to get out floor. 0am, Resident #2 moved s, and was on the floor ted all over the floor and at was up again and on the ner incontinence brief off.  t #2's Mental Health (MH) ummary dated 06/29/22	D 358			
	25mg, (an antipsycho 2:00pm and one whole of 37.5mg daily. Review of Resident # (PCP) after-visit summ	n order to start Quetiapine continue all other				

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STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL032001	B. WING		08/25	/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING		OXBORO ROAD			
	OLINANA DV. OT		/I, NC 27712	DDO//DEDIO DI ANI OF CODDECTIO	N	
(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	(X5) COMPLETE DATE
D 358	Continued From page	÷ 37	D 358			
	administration record revealed: -There was an entry fone tablet once dailyThere was documen administered at 8:00a-There was a second take ½ tablet at 2:00p-There was documen tablet was administer 07/01/22-07/31/22There was a third en one tablet at bedtime -There was documen administered at 8:00p-Telephone interview was documen administered at 8:00p-Telephone interview was dispensed on 06/29/2-He did not receive at 25mg at bedtime and was dispensed.  Based on interview at doses of Quetiapine of 07/01/22-07/31/22 as exceeded the total dopharmacy on 06/29/2 (375mg) and would nadministration as order.  Third interview with the 3:03pm revealed: -She administered Research	tation Quetiapine 25mg was am from 07/01/22-07/31/22. entry for Quetiapine 25mg, am. tation Quetiapine 25mg, ½ ed at 2:00pm from  try for Quetiapine 25mg take at 2:00pm from  try for Quetiapine 25mg was am from 07/20/22-07/31/22. with a Pharmacist at acy on 08/24/22 at 9:25am  etiapine 25mg were 2 and 07/15/22. The order on 07/20/22 for no additional Quetiapine  and record review the total documented from administered (1437.5mg) asage dispensed from the 2 (375mg) and on 07/15/22 of have been available for ered in July 2022.				

hand.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING		_	
		HAL032001	B. WING	<del></del>	R <b>08/25/2022</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POINTE ASSISTED LIVING 5600 N RC			XBORO ROAD			
		DURHAM, I	NC 27712			
(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 COMPLET	E
D 358	Continued From page	e 38	D 358			
D 358	-She had not cut any Resident #2Resident #2 had not since she had been whad been working at the line of the lin	whole tablets in half for  used any other pharmacy vorking at the facility; she the facility for 5-6 years.  sident Care Coordinator 4:35pm revealed: not given" Resident #2 her  w it could have happened not have enough tablets of to administer daily as  ad behaviors, she would ask ion had been administered ying they had administered ent #2's eMAR and it was ication had been  at #2's medication had been red based on the MA saying nd it was documented it was  I been administered like it ndered if the medication ith Resident #2's behaviors.  with Resident #2's PCP on evealed: rral to a MH provider #2's ongoing behaviors. g" about Resident #2's provider kept increasing the the behaviors.	D 358			
	her medications corre	tesident #2 was not getting ectly for the MH provider to ive or not before increasing				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
74101 1541	or correction.	BERTH IOMITER HEMBER	A. BUILDING: _		JOHN EETEB	
					R	
		HAL032001	B. WING		08/25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
ENO BOIL	ITE 40010TED   11/11/0	5600 N R	OXBORO ROAD			
ENO POIN	ITE ASSISTED LIVING	DURHAM	, NC 27712			
(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 APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	39	D 358			
	tapered off and not st -If Resident #2's Que abruptly, she would h more agitated.	tiapine had been stopped ave been more anxious and				
	provider on 08/25/22	•				
	-She looked at Reside made visits.	ent #2's eMAR when she				
		entation, she thought				
		ng the dosage ordered and				
	was still having behav					
	-If Resident #2 was n	ot taking the medication as				
	_	usting the medication based				
	on the incorrect dosa	_				
	_	Resident #2's Quetiapine,				
	1	on the resident still having age, so she increased the				
		o Resident #2's medication				
		locumentation and trusted				
	the MAs were docum administered.	enting what was being				
	-She was being told F	Resident #2 was agitated,				
	exhibiting behaviors, roommate.	and disruptive to her				
	-When she started Re	esident #2 on Quetiapine,				
		dose and was gradually				
	increasing to avoid ov					
		y changes to Resident #2's				
		saw her on 08/17/22 and				
		eived a call from the facility				
		sident #2 was "off the wall"				
		rn medication for agitation.				
		creases in the dosage of				
	Quetiapine ordered for					
	ongoing report of beh -It was very concernir	aviors. ng Resident #2's Quetiapine				

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had not been administered as ordered.

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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	A. Boilbino.	
		HAL032001	B. WING		R 08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
ENO DON	TE 40010TED   11/11/10	5600 N R	OXBORO ROAD	•	
ENO POIN	ITE ASSISTED LIVING	DURHAM	NC 27712		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	: 40	D 358		
	-She expected Reside administered as order	ent #2's medication to be red.			
		ns, interviews, and record nined Resident #2 was not			
	Refer to the interview 11:02am.	with the MA on 08/25/22 at			
	Refer to the interview at 4:50pm.	with the RCC on 08/25/22			
	with a geriatric provid- an order to decrease 100mg to 50mg (used	t #2's after-visit summary er dated 08/04/22 revealed bedtime Trazadone from I to treat behaviors and of falls in the overnight tion.			
	administration record 08/04/22-08/25/22 rev -There was an entry fitablets (100mg) at bediscontinued on 08/03 -There was a second take 1 tablet at bedtin 08/04/22Trazadone 50mg was	vealed: or Trazadone 50mg take 2 dtime; the entry was 8/22. entry for Trazadone 50mg ne; the entry started on			
	on 08/24/22 at 3:56pr -There was a punch of Trazadone 50mg with tablets every night; 60 were dispensed.	ent #2's medication on hand in revealed: ard dated 07/15/22 for directions to administer two 0 Trazadone 50mg tablets in each of the 30 individual			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL032001	B. WING		R 08/25/2022
ENO POINTE ASSISTED LIVING 5600 N RO			DRESS, CITY, STA	•	,
(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 358	-There were 5 individing administration for a total Telephone interview of Resident #2's pharmar revealed: -The last order he had Trazadone was for the Sixty tablets of Traza on 07/15/22 with the obedtimeHe had not received decrease Resident #2's bedtime.  Telephone interview of facility's contracted ple 4:27pm revealed: -An order was received #2's Trazadone 50mgThe pharmacy did not #2, but they did profile medication was on the Interview with the me 08/24/22 at 3:48pm respectively. She administered Resident #2's punch give 2 tablets to equal tabletsShe did not know the each tablet was 50mgShe thought each tablet was 50mgShe thought each tablet was 50mg.	ual bubbles available for otal of 10 tablets.  with a Pharmacist at acy on 08/24/22 at 9:25am  de received for Resident #2's e 07/15/22 dispensing.  Idone 50mg were dispensed directions to take 2 tablets at an order dated 08/04//22 to 2's Trazadone to 50mg at  with a Pharmacist at the narmacy on 08/24/22 at ed on 08/04/22 for Resident g at bedtime.  In till the order for Resident e the new order, so the e resident's eMAR.  Idication aide (MA) on evealed:  I sablets at bedtime.  I card had the directions to 150mg, so she gave two  I trazadone 50mg meant collect of Trazadone was 25mg  Isident Care Coordinator on	D 358		

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-She processed new orders.

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Division	of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			-		1 _	
			D MINO		F	
		HAL032001	B. WING	<del></del>	08/2	25/2022
NAME ∩E P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
TWAINE OF T	NOVIDER OR GOLT EIER					
ENO POIN	ITE ASSISTED LIVING		OXBORO ROAD	)		
		DURHAM	, NC 27712			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATURT UR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIL	DAIL
			+			
D 358	Continued From page	e 42	D 358			
		different pharmacy, she				
	faxed the order to the	•				
	pharmacy for the eM/					
	pharmacy to be filled.					
		laced into the resident's				
	individual cubby in the					
	-When the MA admin	istered medication, if the				
	medication was not o	n the cart, she would know				
		's cubby for the medication.				
	-The eMAR was alwa	rys the most current order				
	and medications shou	uld be administered based				
	on the resident's eMA	AR.				
	-Resident #2 had a lo	t of medication changes				
	recently so the medic	ation label did not match the				
	eMAR, but the eMAR	was correct.				
	-If the medication lab	el did not match the eMAR				
	she expected the MA	to tell her or to fix it				
	themselves by clarify	ing the order and adding a				
	label change to the m	nedication package.				
	-She expected the MA	A to tell her so she could				
	follow up if she neede	ed to.				
	-If Resident #2's eMA	R had the directions to take				
	1 tablet, she expected	d the MA to punch 1 tablet				
	· ·	er tablet until the correct				
	punch card had been	dispensed.				
	-She had seen a MA	punch one tablet and waste				
		administering medications				
		vas not sure which MA she				
	had seen.					
	-When she knew ther	e was a label change, she				
	would write "LC" on the	<u> </u>				
		ented a label change on				
	Resident #2's Trazad	•				
		v orders to the pharmacy,				
		is received because she				
		tion; she did not keep the				
	confirmation.	don, one did not keep the				
		nt #2's last cart audit was				
	completed at the end					
		s the first time she had seen				
	-10uay, 00/24/22, Was	o une moi ume one nau seen	I			

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JIP CODE  \$600 N ROXBORO ROAD  DURNAM, NO. 27112   (XA) ID  PREFIX  SUMMARY STATEMENT OF DEFICIENCES  EACH DEFICIENCY MUST BE PRECIDED BY PILL  PREFIX  TAG  CROSS REFERENCE DEFINATION SHOULD BE  Resident #2" sleepy" like this."  Telephone interview with Resident #2"s primary care provider (PCP) on 08/25/22 at 3.51pm revealed Resident #2"s Trazadone had been decreased because Resident #2"s aprimary care provider on 108/26/22 at 12.35pm revealed. He had decreased Resident #2"s Trazadone had been decreased because the residents family member had reported Resident #2" had been sedated. Resident #2" was ordered. He expected the medication order to have been followed.  Based on observations, interviews, and record reviews, it was determined Resident #2"s was not interviewable.  Refer to the interview with the RCC on 08/25/22 at 11:02am.  Refer to the interview with the RCC on 08/25/22 at 3. Review of Resident #6"s current FL2 dated 07/07/22 revealed: -Diagnoses included dementia, hypertension, hyperlipidemia, coronary artery diseaseResident #2" was constantly confused.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
INME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  SEGO N ROXBOR ROAD  DURHAM, NC 27712    MAIL   PROVIDERS PLANDE CORRECTION   PROVIDERS			HAL032001	B. WING		
SUMMANY STATEMENT OF DEFICIENCY STATE  (EACH DEFICIENCY VILUS TO REPORT OF THE TAME OF THE			STREET ADD	XBORO ROAD	•	, 05:20:202
Resident #2 sleepy "like this."  Telephone interview with Resident #2's primary care provider (PCP) on 08/25/22 at 3:51 pm revealed Resident #2's Trazadone had been decreased because Resident #2 had a history of falls.  Telephone interview with Resident #2's geriatric provider on 08/26/22 at 12:36 pm revealed: -He had decreased Resident #2's Trazadone because the resident's family member had reported Resident #2 had been sedatedResident #2 was at risk for ongoing over-sedation and falls if the Trazadone had not been decreased as orderedHe expected the medication order to have been followed.  Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.  Refer to the interview with the MA on 08/25/22 at 11:02am.  Refer to the interview with the RCC on 08/25/22 at 4:50pm.  3. Review of Resident #6's current FL2 dated 07/07/22 revealed: -Diagnoses included dementia, hypertension, hyperlipidemia, coronary artery disease (CAD), and chronic kidney diseaseResident #2 was constantly confused.	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
Review of Resident #6's after visit summaries and physician's orders revealed: -On 03/24/22, Resident #6's blood pressure (BP)	D 358	Resident #2 sleepy "li Telephone interview w care provider (PCP) or revealed Resident #2 decreased because F falls.  Telephone interview w provider on 08/26/22 -He had decreased R because the resident' reported Resident #2 -Resident #2 was at r over-sedation and fall been decreased as or -He expected the med followed.  Based on observation reviews, it was determ interviewable.  Refer to the interview 11:02am.  Refer to the interview at 4:50pm.  3. Review of Residen 07/07/22 revealed: -Diagnoses included of hyperlipidemia, coron and chronic kidney di -Resident #2 was con Review of Resident # and physician's order	with Resident #2's primary on 08/25/22 at 3:51pm 's Trazadone had been Resident #2 had a history of with Resident #2's geriatric at 12:36pm revealed: esident #2's Trazadone s family member had had been sedated. isk for ongoing is if the Trazadone had not redered. dication order to have been with the MA on 08/25/22 at with the MA on 08/25/22 at with the RCC on 08/25/22 at #6's current FL2 dated dementia, hypertension, ary artery disease (CAD), sease. Istantly confused.	D 358		

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order was to check BP and heart rate (HR) once

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DIVISION	n nealth Service Regu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					R	₹
		HAL032001	B. WING		08/2	25/2022
						,
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING	5600 N RO	XBORO ROAD			
LIVO I OIIV	TIL AGGIOTED LIVING	DURHAM,	NC 27712			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J .	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
				DEFICIENCY)		
D 358	Continued From page	e 44	D 358			
	a wook and notify the	primary care provider				
					ľ	
		vas less than 100 or greater			ľ	
		than 50 or greater than				
	100.					
	-On 05/19/22, Reside	nt #6's BP was persistently			ľ	
	above goal over the p	ast month. Increased BP			ľ	
	checks to daily for on	e week. Will check labs and			ľ	
	follow-up to adjust an	tihypertensives were				
	needed.	71				
		nt #6's BP was above goal				
		ear goal today. Staff to			ľ	
	check BP every other	•			ľ	
	•	•				
		vas an order to check BP on				
		, and Friday for 2 weeks.				
		nt #6's BP was better.				
	-On 08/18/22, Reside	nt #6's BP was maintaining.				
	Review of Resident #	6's March 2022, April 2022,				
	May 2022, June 2022					
	08/01/22-08/24/22 ele					
	administration records					
	•	check BP and HR once a				
		CP if systolic BP was less				
	•	nan 180 and HR less than 50				
	or greater than 100.					
	-In March 2022, Resid	dent #6's BP was				
	documented as 101/7	71, 177/115, and 173/89.				
	-In April 2022, Reside	ent #6's BP was documented				
	as 162/82, 163/83, 15					
		nt #6's BP was documented				
	as 174/96, 170/114, 1					
	-In June 2022, Reside					
		'8, 144/78, 161/88, 152/93,				
	151/99, 135/73, and 1					
	•	nt #6's BP was documented				
	as 138/68, 133/72, 14	l4/74, and 134/72.				
	-In August 2022, Resi	ident #6's BP was				
	documented as 133/6	88, 135/70, and 130/70.				
			1			1

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a. Review of Resident #6's physician's order

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL032001	B. WING		08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
		5600 N RC	XBORO ROAD	)	
ENO POIN	ITE ASSISTED LIVING		NC 27712		
	CLIMMADY CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N 0.50
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 45	D 358		
	dated 03/24/22 rayon	led an order Aspirin 81mg			
		oidal anti-inflammatory drug			
	• `	ation and reduce the risk of			
	heart attack in people				
	Review of Resident #	6's June 2022 electronic			
	administration record				
		or Aspirin 81mg take 1			
	_	eduled administration time			
	of 9:00am.				
	-Aspirin 81mg was do at 9:00am from 06/01	ocumented as administered /22-06/30/22.			
	Review of Resident # revealed:	•			
		or Aspirin 81mg take 1 eduled administration time			
	of 9:00am.	eduled dammed due i ame			
		ocumented as administered			
	at 9:00am from 07/01				
	Review of Resident #	6's eMAR for			
	08/01/22-08/25/22 rev				
	_	or Aspirin 81mg take 1			
	tablet daily with a sch of 9:00am.	eduled administration time			
		ocumented as administered			
	at 9:00am from 08/01	/22-08/24/22.			
	•	ent #6's medications on			
	hand on 08/24/22 at 2	· · · · · ·			
	-There was a punch of	· · · · · · · · · · · · · · · · · · ·			
	dispensed on 03/22/2				
	-There were 2 of 30 ta	ablets available for			
	administration.				
	-There was a second dispensed on 08/18/2	punch card of Aspirin 81mg 22 for 30 tablets.			
	•	tablets of Aspirin 81mg			
	available for administ				

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STATE FORM 6899 HBYX11 If continuation sheet 46 of 73

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN C	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:			
		HAL032001	B. WING		R <b>08/25/2022</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
ENO POIN	TE ASSISTED LIVING	5600 N R	OXBORO ROAD				
ENO POIN	TE ASSISTED LIVING	DURHAM	, NC 27712				
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	Ε	
D 358	Continued From page	e 46 vith a Pharmacist with the	D 358				
		narmacy on 08/24/22 at					
	•	n 81mg was dispensed on 2: thirty tablets were					
	dispensed for a one-r dispensing.						
	-There was no Aspirir 03/22/22 and 08/18/2						
		equest from the facility to principle spirin 81mg at any time					
	between 03/22/22 and						
	<ul> <li>The facility was not of medication when nee</li> </ul>	on cycle fill; staff re-ordered					
		d call in a re-fill order or fax					
	the sticker from the b						
	facility's contracted pl 10:03am revealed Re	with a Pharmacist with the narmacy on 08/25/22 at esident #6 was at increased stroke if her Aspirin was not red.					
		ns, interviews, and record					
		nber of doses of Aspirin nistered exceeded the total					
		ensed by the pharmacy and					
	would not have been as ordered.	available for administration					
	Interview with a medion 08/25/22 at 11:02am	, ,					
		y she was administering					
	•	from a March 2022 punch					
	card.	y Resident #6's March 2022					
		still had tablets remaining.					
	-She did not know wh	y Resident #6's Aspirin was					
	not ordered monthly.	noible for re-ordering					
	-The MAs were respon	risible for re-ordering	1				

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STATE FORM 6899 HBYX11 If continuation sheet 47 of 73

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL032001	B. WING		08/25/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
			XBORO ROAD		
ENO POIN	TE ASSISTED LIVING		NC 27712		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 47	D 358		
	medication when ther remaining in the bubb -The MAs re-ordered neededAll missed doses and medication was not g on the eMAR.	e were 5 to 8 tablets ble pack. all medications when			
	Care Provider (PCP) revealed: -He had ordered Aspitreat hypertensionIf Resident #6's med as ordered it increase BP and high BP increand strokeResident #6's BP had	on 08/25/22 at 3:45pm rin 81mg for Resident #6 to ication was not administered at the resident's risk of high ased her risk of heart attack d been running high from and it could have been on had not been			
	(RCC) on 08/25/22 at -She did not know the Resident #6's Aspirin 2022She did not know wh have medication from Based on observation reviews, it was determined to the state of the state	sident Care Coordinator 4:50pm revealed: current punch card for was dispensed in March by Resident #6 would still March 2022 on hand. by interviews, and record nined Resident #6 was not			
	11:02am.	with the MA on 08/25/22 at with the RCC on 08/25/22			

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '	A. BUILDING:		ETED
					F	<b>)</b>
		HAL032001	B. WING		1	25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
ENO DOIA	ITE ASSISTED I IVING	5600 N R	OXBORO ROAD			
ENO POIN	ITE ASSISTED LIVING	DURHAN	I, NC 27712			
(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 SHOULI CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From page	e 48	D 358			
	dated 03/24/22 revea 20mg take one and a once daily (used to tre	t #6's physician's orders led an order for Atorvastatin half tablet to equal 30mg eat high cholesterol). 6's June 2022 electronic				
	medication administrative revealed:					
	-There was an entry f one and a half tablet t with a scheduled adm -Atorvastatin 30mg wa	for Atorvastatin 20mg take to equal 30mg once daily ninistration time of 9:00pm. as documented as form from 06/01/22-06/30/22.				
	Review of Resident #	6's July 2022 eMAR				
	one and a half tablet the with a scheduled admiration -Atorvastatin 30mg with the scheduled admiration and the scheduled admiration and the scheduled and the scheduled are scheduled as t	or Atorvastatin 20mg take to equal 30mg once daily ninistration time of 9:00pm. as documented as om from 07/01/22-07/31/22.				
	one and a half tablet to with a scheduled adm -Atorvastatin 30mg wa	vealed: for Atorvastatin 20mg take to equal 30mg once daily ninistration time of 9:00pm.				
	hand on 08/24/22 at 2 -There was a punch of take one and a half ta 06/02/22; 45 tablets w	card of Atorvastatin 20mg ublets dispensed on vere dispensed. ule contained one whole and				
	Telephone with a Pha	rmacist with the facility's				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		F	
NAME OF D		HAL032001		TE 7/D 00DE	1 08/2	25/2022
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA XBORO ROAD	•		
ENO POIN	ITE ASSISTED LIVING	DURHAM,				
(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	÷ 49	D 358			
	contracted pharmacy revealed: -Resident #6's Atorva half tablets was disperent and 06/02/22 for a ond dispensingThere was no other #2022There had been no refill Resident #6's Atoremedication when needication when needication when needication when needication when the sticker from the bound the sticker from the bound to the sticker from the bound to the sticker from the bound the sticker from the sticker from the stic	on 08/24/22 at 2:28pm  Instatin 20mg take one and a sensed on 01/27/22, 04/19/22, ine-month supply at each  Atorvastatin dispensed in request from the facility to corvastatin since 06/02/22. In cycle fill; staff re-ordered reded.  Indicate the decided of the decided of the decided of the decided.  In a re-fill order or fax subble pack.  In a Pharmacist with the charmacy on 08/25/22 at corvastatin was used to lower medication was missed for time and Resident #6's to could increase her risk of a cation aide (MA) on				
		statin from a June 2022				
	-She did not know wh punch card of Atorvas remaining.	ny Resident #6's Atorvastatin thly. onsible for re-ordering re were 5 to 8 tablets ole pack. all medications when				

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medication was not given would be documented

STATE FORM 6899 HBYX11 If continuation sheet 50 of 73

DIVISION	n nealth Service Regu	lialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	_ETED
					<u> </u>	_
			B. WING		I	₹
		HAL032001	b. WING		08/2	25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		5600 N P.C	XBORO ROAD	1		
ENO POIN	ITE ASSISTED LIVING		NC 27712			
			10 27712	T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APP		DATE
				DEFICIENCY)		
5.050			<b>D</b> 050			
D 358	Continued From page	e 50	D 358			
	on the eMAR.					
	on the civil at.					
	Telephone interview v	with Resident #6's Primary				
	-	on 08/25/22 at 3:45pm				
	revealed:	011 00/23/22 at 3.43pi11				
		ventation for Decident #C to				
		vastatin for Resident #6 to				
	treat high cholesterol.					
		esterol could cause heart				
	issues.					
		sident Care Coordinator				
	(RCC) on 08/25/22 at					
		e current punch card for				
		statin was dispensed in June				
	2022.					
		ny Resident #6 would still				
	have medication from	n June 2022 on hand.				
	Based on observation	ns, interviews, and record				
	reviews, it was detern	nined Resident #6 was not				
	interviewable.					
	Refer to the interview	with the MA on 08/25/22 at				
	11:02am.					
	Refer to the interview	with the RCC on 08/25/22				
	at 4:50pm.					
	c. Review of Residen	t #6's physician's orders				
		alled an order for Amlodipine				
		(used to treat high blood				
	pressure).	(dood to troat mg// blood				
	p. 000 a. 0 /.					
	Review of Resident #	6's June 2022 electronic				
	medication administra					
	revealed:	adon record (civiAtt)				
		for Amladinina Ema anas				
		for Amlodipine 5mg once				
		d administration time of				
	9:00am.					

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-Amlodipine 5mg was documented as

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			, 25iLbii46		R
	HAL032001 B. WING			08/25/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
ENO POIN	ITE ASSISTED LIVING	5600 N R	OXBORO ROAD	1	
	TE AGGIOTED EIVING	DURHAN	I, NC 27712		
(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 51	D 358		
	administered at 9:00a	am from 06/01/22-06/30/22.			
	Review of Resident # revealed:	6's July 2022 eMAR			
	daily with a scheduled	or Amlodipine 5mg once d administration time of			
	9:00amAmlodipine 5mg was documented as administered at 9:00am from 07/01/22-07/31/22.				
	Review of Resident # 08/01/22-08/25/22 rev				
		for Amlodipine 5mg once			
	-	d administration time of			
	-Amlodipine 5mg was administered at 9:00a	documented as m from 08/01/22-08/24/22.			
	Observation of Reside	ent #6's medications on			
	hand on 08/24/22 at 2				
		ard of Amlodipine 5mg			
	dispensed.	.z, 30 tablets were			
	•	tablets available to be			
		rmacist with the facility's on 08/24/22 at 2:28pm			
	revealed:				
		ipine 5mg was dispensed on 2 for a one-month supply at			
	each dispensing.	z ioi a ono-month supply at			
		Amlodipine 5mg dispensed			
		equest from the facility to			
		nlodipine since 04/04/22.			
		on cycle fill; staff re-ordered			
	medication when nee -The facility staff coul-	ded. d call in a re-fill order or fax			

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the sticker from the bubble pack.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL032001	B. WING		08/25/2022	
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ENO POIN	TE ASSISTED LIVING	5600 N R	OXBORO ROAD	1		
LIVO FOIN	TE ASSISTED LIVING	DURHAM	, NC 27712			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPL	ETE
D 358	Continued From page	52	D 358			
	facility's contracted ph 10:03am revealed Re risk of heart attack or was not administered					
	Resident #6's Amlodip punch card. -She did not know wh punch card of Amlodip remaining.	revealed: y she was administering bine from an April 2022 y Resident #6's April 2022 bine still had tablets y Resident #6's Amlodipine thly.				
	medication when ther remaining in the bubb -The MAs re-ordered needed.	e were 5 to 8 tablets le pack.				
	-All missed doses and medication was not gi on the eMAR.	I the reason why the ven would be documented				
	Care Provider (PCP) revealed: -He had ordered Amlo treat high blood press -If Resident #6's medi as ordered it increase BP and high BP increand strokeResident #6's BP had	cation was not administered d the resident's risk of high ased her risk of heart attack d been running high from and it could have been on had not been				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL032001	B. WING		08	R 3/ <b>25/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ENO DOI	NTE ASSISTED LIVING	5600 N F	ROXBORO ROAD			
ENO POII	TE ASSISTED LIVING	DURHAM	M, NC 27712			
(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 ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 53	D 358			
D 330	Interview with the Res (RCC) on 08/25/22 at -She did not know the Resident #6's Amlodi 2022She did not know whhave medication from Based on observation reviews, it was determinterviewable.  Refer to the interview 11:02am.	sident Care Coordinator : 4:50pm revealed: e current punch card for pine was dispensed in April by Resident #6 would still				
	dated 03/24/22 reveal mononitrate ER 60mg to prevent chest pain.  Review of the manufactinformation revealed medication could cau.  Review of Resident # medication administrative revealed:	abruptly stopping the se a severe angina attack. 6's June 2022 electronic ation record (eMAR)				
	ER 60mg with a sche 9:00pm Isosorbide mononitr documented as admir 06/01/22-06/30/22.  Review of Resident # revealed:	nistered at 9:00pm from				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL032001	B. WING		08	R 8/ <b>25/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ENO POIN	NTE ASSISTED LIVING	5600 N R	OXBORO ROAD			
ENO POI	TE ASSISTED LIVING	DURHAN	M, NC 27712			
(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 TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 54	D 358			
	9:00pmIsosorbide mononitra	eduled administration time of ate ER 60mg was nistered at 9:00pm from				
	Review of Resident #6's eMAR for 08/01/22-08/25/22 revealed: -There was an entry for Isosorbide mononitrate ER 60mg with a scheduled administration time of 9:00pmIsosorbide mononitrate ER 60mg was documented as administered at 9:00pm from 08/01/22-08/24/22.					
	hand on 08/24/22 at 2 -There was a punch of	card of Isosorbide g dispensed on 05/09/22; 30 ed.				
	contracted pharmacy revealed: -Resident #6's Isosor was dispensed on 03 06/06/22 for a one-m dispensing.	armacist with the facility's on 08/24/22 at 2:28pm bide mononitrate ER 60mg /16/22, 05/09/22, and onth supply at each				
	-There had been no refill Resident #6's Isc -The facility was not of medication when neededThe facility staff could the sticker from the box.	d call in a re-fill order or fax ubble pack.				
	Telephone interview	with a Pharmacist with the				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
				_		
		l	B. WING		R	
		HAL032001	B. WING		08/2	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	-		OXBORO ROAD	,		
ENO POIN	TE ASSISTED LIVING		, NC 27712	•		
		DURHAM	, NC 2//12			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG	REGOLATORI ORE	100 IDENTIFY THE INTO ON MATION	TAG	DEFICIENCY)	WALL	
D 358	Continued From page	<del>2</del> 55	D 358			
	facility's contracted pl	harmacy on 08/25/22 at				
	•	-				
		esident #6 was at increased				
	risk of chest pain if he					
	administered as order	red.				
	Interview with a medic	, ,				
	08/25/22 at 11:02am					
		y she was administering				
	Resident #6's Isosorb	oide from a May 2022 punch				
	card.					
	-She did not know wh	y Resident #6's May 2022				
	punch card of Isosorb	pide still had tablets				
	remaining.					
	•	he Isosorbide from Resident				
	#6's June 2022 punch	n card had been				
	administered.					
		y Resident #6's Isosorbide				
	was not ordered mon	-				
	-The MAs were respo					
	medication when ther	•				
	remaining in the bubb	•				
	-The MAs re-ordered	all medications when				
	needed.					
	-All missed doses and					
	5	iven would be documented				
	on the eMAR.					
		= = .				
	•	vith Resident #6's Primary				
	, ,	on 08/25/22 at 3:45pm				
	revealed					
	-He had ordered Isos	orbide for Resident #6 as an				
	antihypertensive to tre	eat high blood pressure.				
		ication was not administered				
		ed the resident's risk of high				
		ased her risk of heart attack				
	and stroke.	222 Hot Hot of House attack				
		d been running high from				
		and it could have been				
	because her medicati	on nad not been				

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administered correctly.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '		(X3) DATE SURVEY COMPLETED	
,	o. 0020	A. BUILDING:				
		HAL032001	B. WING		08	R 3/ <b>25/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
<b>-</b>		5600 N F	OXBORO ROAD			
ENO POI	NTE ASSISTED LIVING	DURHAM	/I, NC 27712			
(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 ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 56	D 358			
	(RCC) on 08/25/22 at -She did not know the Resident #6's Isosorb 2022She did not know wh have medication from Based on observation reviews, it was determinterviewable.  Refer to the interview 11:02am.	e current punch card for bide was dispensed in May by Resident #6 would still				
	Interview with a MA or revealed: -They had just recent audits (in the past moshort staffedWhen cart audits we to make sure medical administered, and not medication was dispersive.	n 08/25/22 at 11:02am  ly started back doing cart onth) because they had been are done, they only checked tion was on hand to be the dates of when the ensed.  der medication when there a tablets left in the bubble				
	revealed: -She did not know wh were not ordered mor only sent a 30 day su -The MAs knew the ir medication as ordered	nportance of administering				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
					R	
	HAL032001	B. WING		08	/25/2022	
ROVIDER OR SUPPLIER			E, ZIP CODE			
ITE ASSISTED LIVING						
	DURHAN	M, NC 27712				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
Continued From page	÷ 57	D 358				
getting their medication	ons as ordered					
-	_					
-If a medication was r	not available on the					
medication cart to be	administered, the MA					
should call the pharm	acy and reorder the					
medication.						
available and administ facility staff did not refere fills from the pharms having at least 5 med enough medication di ordered; Resident #6 medications that did redispensed to meet the and Resident #2 havin have enough medications that did redispensed to meet the and Resident #2 havin have enough medications ordered memantine to of Alzheimer's disease by the pharmacy on 0 twice daily for mood si	stered as ordered. The quest monthly medication acy resulting in Resident #7 ications that did not have spensed to meet the doses having at least four not have enough doses a number of doses ordered; and 1 medication that did not tion dispensed to meet the ered. Resident #7 was wice daily for the treatment e which was last dispensed 16/15/22; divalproex ordered stabilization that was not					
•	•					
,						
	<u> </u>					
,						
	•					
	•					
	ROVIDER OR SUPPLIER  SUMMARY ST.  (EACH DEFICIENC' REGULATORY OR I  Continued From page getting their medication -If she had seen punch when they should have raised a red flag for having at least 5 medication cart to be should call the pharm medication.  The facility failed to e available and administ facility staff did not rerefills from the pharm having at least 5 medications that did redispensed to meet the and Resident #2 havinave enough medication umber of doses ordered memantine to of Alzheimer's disease by the pharmacy on twice daily for mood sedispensed from 04/13 Nitrofurantoin (an ant prophylaxis due to a hinfections) and did no dispensed and available between 05/20/22 and resident was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered (cefpodoxime) twice of receive the antibiotic Resident #2 was ordered the receive the antibiotic Resident #2 was ordered the receive the antibiotic Resident #2 was ordered the receive the receive the antibiotic Resident #2 was ordered the receive the receiv	THE ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 57  getting their medications as ordered.  -If she had seen punch cards were still on hand, when they should have been used, it would have raised a red flag for her.  -The MAs were responsible for reordering medications when needed.  -If a medication was not available on the medication cart to be administered, the MA should call the pharmacy and reorder the	ROVIDER OR SUPPLIER  THE ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 57  getting their medications as ordered.  -If she had seen punch cards were still on hand, when they should have been used, it would have raised a red flag for her.  -The MAs were responsible for reordering medications when needed.  -If a medication was not available on the medication cart to be administered, the MA should call the pharmacy and reorder the medication cart to be administered.  The facility staff did not request monthly medication refills from the pharmacy resulting in Resident #7 having at least 5 medications that did not have enough medication dispensed to meet the doses ordered; Resident #6 having at least four medications that did not have enough medication dispensed to meet the number of doses ordered; and Resident #2 having 1 medication that did not have enough medication dispensed to meet the number of doses ordered; and Resident #2 having 1 medication that did not have enough medication dispensed to meet the number of doses ordered memantine twice daily for the treatment of Alzheimer's disease which was last dispensed by the pharmacy on 06/15/22; divalproex ordered twice daily for mood stabilization that was not dispensed from 04/13/22-08/01/22; and Nitrofurantoin (an antibiotic prescribed as a prophylaxis due to a history of urinary tract infections) and did not have the medication dispensed and available for administration between 05/20/22 and 08/04/22 resulting in the resident having a hospital visit for a seizure on 08/14/22 that was provoked by a UTI. The resident was ordered another antibiotic (cefpodoxime) tvice daily so ordered. Resident #2 was ordered quetiapine for behaviors	ROWDER OR SUPPLIER  THE ASSISTED LIVING  SOUNDARY STATEMENT OF DEPICIENCES (EACH DEPICES WINST BE PRECEDED BY PILL (REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEPICIENCES (EACH DEPICES WINST BE PRECEDED BY PILL (REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 57  getting their medications as ordered.  If she had seen punch cards were still on hand, when they should have been used, it would have raised a red flag for her.  The MAs were responsible for reordering medication was not available on the medication card to be administered, the MA should call the pharmacy and reorder the medication.  The facility failed to ensure medications were available and administered as ordered. The facility staff did not request monthly medication refills from the pharmacy resulting in Resident #7 having at least four medication sthat did not have enough medication dispensed to meet the doses ordered. Resident #8 having at least four medications that did not have enough medication dispensed to meet the number of doses ordered. Resident #7 was ordered meantine twice daily for the treatment of Alzheimer's disease which was last dispensed by the pharmacy on 06/15/22, divalproex ordered twice daily for mood stabilization that was not dispensed from 04/13/22-08/01/22; and Nitrofurantion (an antibiotic prescribed as a prophylaxis due to a history of urinary tract infections) and did not have the medication dispensed and available for administration between 05/20/22 and 08/04/22 resulting in the resident was ordered another antibiotic (cefpodoxime) twice daily for 10 days and did not receive the antibiotic twice daily so ordered queltaiprine for behaviors	ROWDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  SEGON ROXSORO ROAD  DURHAM, NC 27712  SLIMMARY STATEMENT OF DEFICIENCIES  [EACH DEFICIENCY MUST BE PRECEDED BY FULL  RESULATION ON LIST CIDENTIFYMON INFORMATION)  COntinued From page 57  getting their medications as ordered.  -If she had seen punch cards were still on hand, when they should have been used, it would have raised a red flag for her.  -The MAs were responsible for reordering medications when needed.  -If a medication was not available on the medication.  The facility staff did not request monthly medication refills from the pharmacy resulting in Resident #7 having at least 5 medications that did not have enough medication site and the state of the secondary ordered; Resident #2 having 1 medications that did not have enough medication that was not dispensed to meet the number of doses ordered; and Resident #2 having 1 medication that did not have enough medication sheepes do see the humber of doses ordered; and Resident #2 having 1 medication that did not have enough medication sheepes do meet the number of doses ordered memantine twice daily for the treatment of Alzheimer's disease which was last dispensed to have the enough modication dispensed to meet the number of doses ordered memantine twice daily for the treatment of Alzheimer's disease which was last dispensed by the pharmacy on 06/15/22; divalproex ordered twice daily for mod stabilization that was not dispensed and available for administration between 05/20/22 and 08/04/22 resulting in the resident having a hospital visit for a setzure on 08/14/22 that was provoked by a UTI. The resident having a hospital visit for a setzure on 08/14/22 that was provoked by a UTI. The resident having a hospital visit for a setzure on 08/14/22 that was provoked by a UTI. The resident having a hospital visit for a setzure on 08/14/22 that was provoked by a UTI. The resident having a hospital visit for a setzure on 08/14/22 that was provoked by a UTI. The resident having a hospital visit for a setzure	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAI 022004	B. WING		R	
		HAL032001			08/25/2022	$\dashv$
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA <b>(BORO ROAD</b>			
ENO POIN	ENO POINTE ASSISTED LIVING  DURHAM,					
(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 COMPLET	E
D 358	behaviors and the proquetiapine. Resident hypertension and core ordered amlodipine dehypertension that was pharmacy on 04/04/2 mononitrate (used to pressure) daily at bed dispensed by the phareceiving amlodipine resulted in Resident # pressure and increase The facility's failure reharm and neglect white Violation.	the resident having ongoing ovider increasing the #6, who had a diagnoses of conary artery disease, was aily for treatment of selast dispensed by the 2 and ordered isosorbide treat elevated blood litime that was last rmacy on 06/06/22. Not and isosorbide mononitrate #6 having elevated blood led risk for a heart attack. The esulted in serious physical inconstitutes a Type A1	D 358			
D 366	The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/25/22 for this violation.  CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED SEPTEMBER 24, 2022.  10A NCAC 13F .1004 (i) Medication Administration  10A NCAC 13F .1004 Medication Administration  (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.		D 366			

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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		
			_		R	
		HAL032001	B. WING		08/25/2	2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POIN	TE ASSISTED LIVING		KBORO ROAD	1		
		DURHAM, I	NC 27712			
(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 366	Continued From page	: 59	D 366			
	This Rule is not met a Based on observation interviews, the facility medication aide (MA) their morning medical administration of med for 2 of 3 sampled resorthe findings are:  Review of the Medical revealed:  -There was no date not a medication had been	as evidenced by: as, record reviews, and failed to ensure a observed residents take cions prior to the ications to another resident sidents (#9, #10).  tion Administration Policy oted on the policy. in with the resident until the swallowed.				
		ecord the administration of a MA is positive the resident f medication.				
	the morning medication 7:56am revealed: -The MA prepared 3 r while in the medication tablets in a medication -The MA walked out of into the dining room a medication cup, with the applesauce and a spot was directly off the directly of the directly off the direct	oon. (The medication room				
	04/01/22 revealed dia					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL032001	B. WING		R 08/25/2022
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 00/20/2022
			OXBORO ROAD		
ENO POIN	ITE ASSISTED LIVING	DURHAM	NC 27712		
(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 366	Continued From page	e 60	D 366		
	plan dated 04/01/22 r -Resident #9 was forg reminders. -Resident #9 needed eating.	getful and needed limited assistance with			
	Interview with Resident #9 on 08/23/22 at 1:59pm revealed:  -The MA would give her a cup of medications each morning in applesauce.  -She would feed herself her medications.  -The MA did not stay with her while she took her medications.  -She always took her medications.				
	Interview with the MA on 08/23/22 at 8:15am revealed: -She prepared 3 medications for Resident #9 and placed them in applesauceShe handed Resident #9 a medication cup with her medications in applesauce and a spoonShe returned to the medication room, signed Resident #9's eMAR that medications were administered, without observing Resident #9 take her medications during the morning medication pass.				
	revealed: -Resident #9 was ver medicationsShe would hold the chand until she had tal	C on 08/23/22 at 8:59am  y independent and took her  cup of medications in her ken them.  with the MA on 08/23/22 at			
	Refer to the interview	with the RCC on 08/23/22			

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at 8:59am.

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	OF DEFICIENCIES		(VO) MULTIPLE	CONSTRUCTION	(V2) DATE CURVEY	$\neg$
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
					R	
		HAL032001	B. WING		08/25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			OXBORO ROAD	•		
ENO POIN	ITE ASSISTED LIVING		, NC 27712			
	OLIMANA DV OT		·	PROVIDERIO PLANTOS CORRECTIO		$\dashv$
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()	:
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
D 366	Continued From page	. 61	D 366			
D 300	Continued From page	: 01	D 300			
	Refer to the interview	with the Administrator on				
	08/23/22 at 4:04pm.					
		medication aide (MA) during				
	the morning medication 8:01am revealed:	on pass on 08/23/22 at				
	*** ***********************************	andinations for Desident				
	• •	nedications for Resident cation room by crushing 7				
		em, along with one capsule,				
	in a medication cup w	- · · · · · · · · · · · · · · · · · · ·				
	·	of the medication room and				
		and handed resident #10 the				
	medication cup with the					
	•	oon. (The medication room				
	was directly off the dir	•				
		he medication room and				
	documented Residen	t #10 was administered her				
	medications.					
	-The MA did not obse	rve Resident #9 take her				
	medications.					
		10's current FL-2 dated				
	10/03/21 revealed:					
	•	cystitis, onychogryphosis,				
	•	ncer, carcinoma of the				
	. •	t breast, memory loss,				
	dementia, and bipolar					
	-Resident #19 was int	•				
		10's assessment and care				
	plan dated 10/03/21 r					
	-The resident was sor	•				
	forgetful, and needed					
	-nesident#10 require	ed supervision while eating.				
	Interview with Reside	nt #10 on 08/23/22 at				
	12:30pm revealed:	111 π 10 011 00/20/22 at				
		e always crushed and				
	placed in applesauce					
		me my cup of medications				

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DIVISION	n nealth Service Negu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		1141 020004	B. WING		R
		HAL032001	D: 111110		08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		5600 N RC	XBORO ROAD	1	
<b>ENO POIN</b>	ITE ASSISTED LIVING		NC 27712	•	
			NC 27712		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
IAG		,	IAG	DEFICIENCY)	
D 366	Continued From page	e 62	D 366		
	and walk away.				
	-She would take her r	madiaatiana			
	-She would take her i	nedications.			
	I4	00/00/00 -t 0:45			
		on 08/23/22 at 8:15am			
	revealed:				
	• •	lications for Resident #10 by			
	~	d placing them and one			
	capsule in applesauc				
		nt #10 a medication cup with			
	•	plesauce and a spoon.			
		medication room, signed			
		R that medications were			
		observing Resident #10			
	take her medications	during the morning			
	medication pass.				
	Refer to the interview	with the MA on 08/23/22 at			
	8:15am.				
	Refer to the interview	with the RCC on 08/23/22			
	at 8:59am.				
	Refer to the interview	with the Administrator on			
	08/23/22 at 4:04pm.				
	Interview with the MA	on 08/23/22 at 8:15am			
	revealed:				
	-She knew the reside	nts would take their			
	medications.				
	-The residents did no	t want to be watched when			
	taking their medicatio				
	-She should watch the				
	medication before sig				
	modication belofe sig	ining are only at.			
	Interview with the PC	C on 08/23/22 at 8:59am			
	revealed:	O 011 00/25/22 at 0.39a111			
		e the medications on the			
	cart for the resident s	ne was preparing to	1		

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administer medications.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			B. WING		R
		HAL032001	B. WING		08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
ENO POIN	ITE ASSISTED LIVING		OXBORO ROAD	1	
	OLIMANDY OT		I, NC 27712	DDOUIDEDIO DI AN OF CODDE	OTION
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
D 366	Continued From page	63	D 366		
D 612	medicationsThe MA should stay swallow their medicateThe MA should sign were administered aft taking their medicatio. Interview with the Adr 4:04pm revealed: -The MA should obsemedicationsThe residents felt like stand over them and medications.	with the residents until they ions. the eMAR that medications er observing the residents in. ministrator on 08/23/22 at rive residents swallow their even do not trust them if we watch them take their (c) Infection Prevention &	D 612		
	10A NCAC 13F .1801 PREVENTION AND C (c) When a communic been identified at the emerging infectious disease threat, the faci implementation of the policies and procedur published guidance is if guidance or directive communicable disease outbreak or emerging have been issued in volocal health	INFECTION CONTROL PROGRAM cable disease outbreak has facility or there is an cility shall ensure facility 's IPCP, related es, and sued by the CDC; however, es specific to the e infectious disease threat viriting by the NCDHHS or			

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL032001	B. WING		R 08/25/202	22
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING	5600 N R	OXBORO ROAD			
	TIE AGGIGTED EIVING	DURHAN	I, NC 27712			
(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 COI	(X5) MPLETE DATE
D 612	Continued From page	e 64	D 612			
	This Rule is not met Based on observation failed to ensure reconestablished by the Ce (CDC) and the North Health and Human Scimplemented and mai protection of the reside coronavirus (COVID-staff not properly weal equipment (PPE), and duty in the facility, and being screened daily symptoms of COVID-The findings are:	as evidenced by: as and interviews, the facility amendations and guidance enters for Disease Control Carolina Department of ervices (NC DHHS) were intained to provide lents during the global 19) pandemic as related to aring personal protective mask/ face covering while on d staff and residents not for fever, signs and				
	02/22/22 revealed res	in Nursing Homes dated sidents should be evaluated COVID-19 and actively				
	Health and Human So Acute Care Setting In and Response (ICAR revealed staff and res	Carolina Department of ervices COVID-19 Post fection Control Assessment ) tool dated 10/2021 sidents should be actively er, signs and symptoms of				
	revealed: -A few resident had the but not all of the resident had resident had resident hey were feeling each	lents questions about how				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50.250.		F	<b>}</b>
		HAL032001	B. WING		08/2	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING		XBORO ROAD	1		
	Г	DURHAM, I	NC 27712			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 612	Continued From page	e 65	D 612			
	who test positive for (	temperatures had not been				
	between 8:49am-9:00 -One resident stated checked daily by staff (PCP) checked her te roundsA second resident stated checked "maybe onco-A third resident state checked very often. Stime her temperature Interview with a fourth 11:19am revealed: -The staff did not take ask her questions about the checked staff.	her temperature was not f. The Primary Care Provider emperature when he made ated his temperature was e a week." d her temperature was not she did not recall the last was checked. n resident on 08/24/22 at e her temperature daily or				
	Interview with a fifth r 11:21am revealed: -His PCP would take weeks when he visite -The staff did not take ask him questions ab  Telephone interview was from the local health 9:10am revealed: -She was part of the often for the local health team for the local health -CDC guidance for lo screen residents daily than 100 degrees Fal	e his temperature daily or out how he felt.  with the Registered Nurse department on 08/25/22 at  COVID-19 infection control alth department.  ng term care facilities was to y for fever equal to or greater				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
		HAL032001	B. WING		R 08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
ENO POIN	NTE ASSISTED LIVING		ROXBORO ROAD M, NC 27712		
(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 APPROP DEFICIENCY)	D BE COMPLETE
D 612	COVID-19 by asking symptoms as well as symptoms; including to the lateral including the symptoms; including the lateral including the lateral including the lateral including the lateral including daily temperature with the Adri 10:07am revealed:  The staff looked for strong the staff looked for strong the staff looked for strong the lateral including daily temperature with the Adri 10:07am revealed:  The facility did not do residents for signs an including daily temperature facility stopped the lateral including daily temperature and the pandon of the lateral including daily temperature and the lateral including daily temperature facility stopped the lateral including daily temperature and the lateral including daily temperature facility stopped the lateral including daily temperat	residents questions about visually monitoring for temperature checks.  sident Care Coordinator 19:36am revealed: aking the residents' 19 and were only taking them 19 well. In daily temperatures of the 19 an outbreak. The residents for signs and 19	D 612		
	Health and Human Se	h Carolina Department of ervices COVID-19 Post fection Control Assessment ) tool dated 10/2021			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE S	
74101244	or contraction	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL032001	B. WING		08/2	5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING		XBORO ROAD	)		
		DURHAM,	NC 27712			
(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 612	daily for fever, signs a -Facilities should esta anyone entering the fivaccination status, wh following three criteria managed: a positive way symptoms of COVID-someone with COVID-someone with COVID-The options could into): individual screenior implement an elect which individuals can before entering the fallowing the fall	hould be actively screened and symptoms of COVID-19. Ablish a process to identify acility, regardless of the has any one of the a so that they can be viral test for COVID-19, 19, or close contact with 19-19 infection. Clude (but were not limited ing upon arrival to the facility tronic monitoring system in self-report any of the above cility.  Carolina Department of the actives a covid attended 10/2021 and attended 10/2021 and symptoms of the actively in the ser temperature or complete a daily when entering the topped checking their pout 3 months ago. If she had previously	D 612			
	team for the local hea	COVID-19 infection control lith department. ng term care facilities was to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL032001	B. WING		08	R 8/ <b>25/2022</b>
NAME OF P	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	-	
ENO POI	NTE ASSISTED LIVING		OXBORO ROAD I, NC 27712			
(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 612	screen staff prior to the To monitor staff daily by using a questionnal screening for fever eddegrees Fahrenheit is monitoring process.  Interview with the Rese (RCC) on 08/23/22 at The facility was moniand symptoms on a dimonths ago.  She thought things with COVID.  Staff were to report is Administrator.  Interview with the Adri 10:07am revealed:  The staff stopped scrago.  They were to report without filling out a screen and to report if they heard to repo	ne start of their shift. If or symptoms of COVID-19 aire about symptoms; qual to or greater than 100 hould be part of the  sident Care Coordinator 9:36am revealed: itoring staff temperatures laily basis until about two  vere settling down with symptoms to her or the  ministrator on 08/24/22 at reening a couple of month symptoms to management reening form or temperature ing to work. In a signage with symptoms ad symptoms. It is staff would report mot feel well. Interim Infection Prevention lendations for Healthcare led: led: ures were to be led: ed to the use of a well-fitting person's mouth and nose to respiratory secretions when	D 612			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
		HAL032001	B. WING		R <b>08/25/2022</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING	5600 N RO DURHAM,	XBORO ROAD			
	CLIMMA DV CT	<u> </u>		DROVIDERIO DI ANI OF CORRECTION		
(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 COMPLETE	
D 612	Continued From page	e 69	D 612			
D 612	coughingCloth facemasks were equipment (PPE) appropersion of the North Could encounter residual Review of the North Could encounter face masks to cover a could encounter face masks to cover a could encounter face masks were not should not be worn by Cobservation of staff in 7:45am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she facemask when she could encounter the Cobservation of a second 8/23/22 at 9:48am revealed she could encounter the Cobservation encounter the Cobserv	re not personal protective propriate for use by HCP. P should wear source control leas of the facility where they dents.  Carolina Department of ervices (NCDHHS) Prevention for Long-Term 11/19/21 revealed: red to the use of well-fitting a person's mouth and nose. Det considered PPE and sy staff.  In the person of the door to allow the facility.  In the person of the door to allow the facility.  In the person of the door to allow the facility.  In the person of the person of the person of the door to allow the facility.  In the person of the person of the person of the door to allow the facility.  In the person of the person	D 612			
	-He did not have a fac	-				
	12:36pm revealed: -She was sweeping a resident was sitting or -She had her facemas was in the resident's	sk below her chin while she room talking to him. nask up when she left the id not cover her nose.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3)			
			A. BUILDING:			
		HAL032001	B. WING		08	R 3/ <b>25/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
ENO POI	NTE ASSISTED LIVING	5600 N F	ROXBORO ROAD			
ENO POII	TE ASSISTED LIVING	DURHAI	M, NC 27712			
(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 612	Continued From page	e 70	D 612			
	revealed: -She wore a facemas day she workedShe would change h the medication roomShe would ask staff to over their nose and m below their nose and Interview with the starevealed: -He did not wear his f because it got hotHe had a facemask in the only had to wear he a hallway or in reside the was not wearing.	ff on 08/23/22 at 9:50am facemask all the time In his pocket. Inother staff and he was told his facemask when he was in nt rooms. In a facemask while he cause there were not a lot of				
	12:40pm revealed: -She wore her facema workShe only removed he -The facility provided -She wore the cloth fa made them for her; no wear a surgical facem -She always wore her and mouth but she ha talk to the resident so -She had been instruct her facemask at all tir and nose with the ma	surgical facemask. acemask because someone o one had ever told her to hask. r facemask over her nose ad moved it under her chin to he could understand her. cted in daily meeting to wear mes and to cover her mouth				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			/ <u>_</u>		R	
		HAL032001	B. WING		1	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
ENO POIN	ITE ASSISTED LIVING		OXBORO ROAD I, NC 27712			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ı	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
D 612	Continued From page 71		D 612			
	team for the local hear-CDC guidance for he regarding facemask but a surgical facema-Cloth facemask were wearing them.  Interview with the Adra 10:07am revealed:	ealth care personnel was an N95 was preferred lisk was also acceptable. e not effective to avoid ministrator on 08/24/22 at				
D914	G.S. 131D-21 Declar Every resident shall h	laration of Residents' Rights ration of Residents' Rights have the following rights: al and physical abuse, ion.	D914			
		as evidenced by: ns, interviews and record iled to ensure residents				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6600 N ROXBORO ROAD  DURHAM, N. C. 27712   (X4) ID  PRETRY  RECULIATORY ROSS DENIFYMON SPROMATION)  D914  Continued From page 72 were free of mental and physical abuse, neglect, and exploitation related to medication administration.  The findings are:  Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 5 residents, (#2, #6, and #7) related to a medication used for memory and demental, a medication for mood, a medication for depression and an intertions, a prophylactic antibiotic to prevent urinary tract infections and an eye drop for dry eyes (#7): a medication used for depression and a medication used to treat behaviors (#2); three medications used to treat high cholesterol (#6). [Refer to Tag 358 10A NCAC 151 - 1004 Medication Administration(Type A1 Violation)].	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  5600 N ROXBORO ROAD  DURHAM, NC 27712    (X4) ID PREFIX TAGS				D. MANG				
ENO POINTE ASSISTED LIVING    CAJ   ID PREFIX TAG   CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   COntinued From page 72   D914   Continued From page 72   Were free of mental and physical abuse, neglect, and exploitation related to medication administration.   The findings are:    Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 5 residents, (#2, #6, and #7) related to a medication used for memory and dementia, a medication for mood, a medication for depression and anxiety, an antibiotic to treat urinary tract infections, a prophylactic antibiotic to prevent urinary tract infections and an eye drop for dry eyes (#7); a medication used for tepression and a medication used to treat hypertension and a medication used to treat high cholesterol (#6). [Refer to Tag 358 10A NCAC 13F : 1004a Medication	HAL032001			B. WING 08		08/2	5/2022	
CASIDERIAN   CONTINUE   CONTINU								
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPLETE DATE	I ENO POINTE ASSISTED LIVING							
were free of mental and physical abuse, neglect, and exploitation related to medication administration.  The findings are:  Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 5 residents, (#2, #6, and #7) related to a medication used for memory and dementia, a medication for mood, a medication for depression and anxiety, an antibiotic to treat urinary tract infections, a prophylactic antibiotic to prevent urinary tract infections and an eye drop for dry eyes (#7); a medication used for depression and a medication used to treat behaviors (#2); three medications used to treat hypertension and a medication used to treat hypertension and a	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	CTION SHOULD BE COMPLETE D THE APPROPRIATE DATE		
	D914	were free of mental and exploitation related administration.  The findings are:  Based on observation reviews, the facility fawere administered as residents, (#2, #6, and used for memory and mood, a medication for an antibiotic to treat uprophylactic antibiotic infections and an eye medication used for dused to treat behavior used to treat hyperter to treat high cholester 10A NCAC 13F .1004	nd physical abuse, neglect, ed to medication  as, interviews and record iled to ensure medications ordered for 3 of 5 d #7) related to a medication dementia, a medication for or depression and anxiety, rinary tract infections, a to prevent urinary tract drop for dry eyes (#7); a epression and a medication as (#2); three medications as ion and a medication used fol (#6). [Refer to Tag 358 as Medication	D914	DEFICIENCY)			

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