STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE S		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLE	150
		HAL096052	B. WING		12/0	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HELPING	HANDS ASSISTED LIVIN	IG .	WEST HWY			
(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 000	Initial Comments		D 000			
	The Adult Care Licens follow-up survey on D	sure Section conducted a december 7, 2022.				
D 358	10A NCAC 13F .1004 Administration	e(a) Medication	D 358			
	10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.  This Rule is not met as evidenced by:					
	Based on these findin Violation was not aba	ngs, the previous Type B ted.				
	reviews the facility fai were administered as (#5) during the observand 1 of 5 sampled re- review including medi- supplements (#5), use and finger stick blood	ns, interviews, and record led to ensure medications ordered for 1 of 3 residents vation of medication pass esidents (#3) for record ications used as vitamin led as a blood thinner (#5), sugars and insulin used to elevated blood sugars (#3).				
	The findings are:					
	Procedures for All Me 2018 revealed: -Medications were to	s policy for Administration dications dated November be administered per the 6 medication, dose, route,				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	O CONNECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COWIFLETED
	HAL096052 B. WING			R <b>12/07/2022</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ITE, ZIP CODE	
HEI DING	HANDS ASSISTED LIVIN	2050 US 70	WEST HWY		
GOLDSB(			RO, NC 27534	ı	
(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	resident's medication (MAR) and in the resi- Notify the resident's (PCP) of any medicat refusals.  -If at any point a staff questions on medicat medication orders, the and ask for clarification orders, the and ask for clarification or evidenced by the obsopportunities during the one of the composition of the cardiovascular accidentation or the cardiovascular accidentation or the cardiovascular accidentation or the cardiovascular accidentation of the cardiova	tion). les would be updated on the administration record dent's record. Primary Care Provider ion errors or consistent  member was unsure or had ion administration or ey were to stop immediately on for assistance.  or rate was 12% as ervation of 3 errors out of 25 he 8:00am medication pass  5's current FL-2 dated  Parkinson's disease, dism, history of a ent, and arthritis. For Aspirin 81mg (used as a ole tablet once daily. For Calcium 600mg (used as	D 358	DEFICIENCY)	
		as in an over-the-counter pill			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL096052	B. WING		12	R 2/ <b>07/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
LIEL DING	LIANDO ACCIOTED I IVIA	2050 US	70 WEST HWY			
HELPING	HANDS ASSISTED LIVIN	GOLDSE	ORO, NC 27534			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	bottle that had a hand #5's name and an op -The MA compared the to the list of medication medication administration pulled them and place. The resident was ad Aspirin.  Review of Resident # revealed: -There was an entry thablet once dailyThe resident's Aspirit documented as admit 12/01/22-12/07/22.  Attempted interview with Mattandinisters on 12/07/22 at 2:12pin available and left the scheduled.  Interview with different revealed: -MAs were trained to	dwritten label with Resident en date of 06/01/22. The medications she prepared ons on the resident's action record (MAR) as she and them in a medication cup. The ministered 1 enteric coated are so a specific process. The second of the ministered 1 enteric coated are so a specific process. The second of the ministered for the second of the ministered form are second of the secon	D 358			
	resident ensuring it is route, person, time, a -She had previously a	administered Resident #5's				
	· · · · · · · · · · · · · · · · · · ·	alize the order was written ones being administered to eric coated.				
	(RCC) on 12/07/22 at -MAs were expected	sident Care Coordinator t 2:45pm revealed: to and were trained to ns accurately per the order				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	HAL096052 B. WING			R <b>12/07/2022</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
LIEL BING		2050 US 70	WEST HWY			
HELPING	HANDS ASSISTED LIVIN	GOLDSBO	RO, NC 27534			
(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 3	D 358			
	-Resident #5's family 81mg into the facility person responsible to was accurate prior to the medication cart for -When outside medic facility, it was her resimedication was accur physician orders, ther cart and add it to the administrationShe did not realize the chewable Aspirin and coated and should hat -Even though she mis have expected the Material responsible to the same and should hat -Even though she mis have expected the Material responsible to the same accuracy in the same acc	member brought the Aspirin and she (RCC) was the ensure that the medication labeling it and placing it on or administration. ations were brought into the consibility to ensure the rate per the resident's in place it on the medication MAR to be used for the bottle was enteric live been more aware. Seed the error, she would As to catch the error as well.				
	3:13pm revealed: -She was not aware F administered enteric of chewable Aspirin as of she expected medic accurately as ordered -She expected the RO were accurate upon medication on the medication on the medication on the medication.  Telephone interview of care provider (PCP) of revealed: -She was not aware F receiving Aspirin enter chewable as orderedThe Aspirin was ordered a chronic condition are	ations to be administered I and per the MAR by MAs. CC to ensure medications eccipt prior to placing the dication cart for  with Resident #5's primary on 12/07/22 at 4:22pm  Resident #5 had been ric coated instead of ered to thin her blood due to				
	diagnosis and sympto					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL096052 B. WING			R	7/2022
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 12/0	112022
HEI DING	HANDS ASSISTED LIVIN	2050 US 70	WEST HWY			
HELPING	HANDS ASSISTED LIVIN	GOLDSBO	RO, NC 27534			
(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	: 4	D 358			
D 358	could negatively effect. She expected the fact were on hand and adordered. She expected to be reso she could provide or calcium 600 supplement for low cas applement for low cas and calcium 600 mg was in an over-the-contend for the list of medication (MAR) as she pulled the medication cup. The resident was addication 600 mg with the resident was addication 600 mg with the resident for the resident was addication 600 mg with the resident for the resident was addication 600 mg with the resident for the resident was addication 600 mg with the resident for the resident was addication 600 mg with the resident for the resident was addication 600 mg with the resident for the resident was addication 600 mg with the resident for the resident was addication 600 mg with the resident for the resident was addication 600 mg with the resident for the resident was addication 600 mg with the resident for the	the residents' health.  cility to ensure medications ministered accurately as notified of medication errors new orders and guide care.  It #5's current physician 2 revealed there was an imponce daily. (Used as a alcium levels.)  Instration of Resident #5's 22 from 7:45am to 7:51am  IA) prepared the resident's a Calcium 600mg with blet in a medication cup at upplement for low calcium  with Vitamin D3 20 mcg unter pill bottle that had a resident #5's name and an an and an and an and an and and	D 358			
	_	entation for Calcium 600mg				

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STATE FORM 6899 DNIH11 If continuation sheet 5 of 25

DIVISION	of Health Service Regu	liation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		1141 000050	B. WING		R
		HAL096052	B: Wilto		12/07/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		2050 US	70 WEST HWY		
HELPING	HANDS ASSISTED LIVIN	NG	ORO, NC 27534		
			OKO, NO 27334		
(X4) ID		ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(* )
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				DEFICIENCY)	
			<del> </del>		
D 358	Continued From page	e 5	D 358		
	Attempted interview v	with the medication aide			
		ed Resident #5's medication			
	` '	m revealed she was not			
	available and left the				
	scheduled.	racility carrier triair			
	Soricatica.				
	Interview with differen	nt MA on 12/07/22 at 2:13pm			
	revealed:	11 MA 011 12/01/22 at 2.13pm			
		compare the order on the			
		epare for the resident to take			
	•	nistering medications to a			
	_	the right medication, dose,			
	route, person, time, a				
		administered Resident #5's			
	-	ealize it also contained			
	Vitamin D3.				
		have an order for Vitamin			
	D3.				
		sident Care Coordinator			
	(RCC) on 12/07/22 at				
	•	to and were trained to			
		ns accurately per the order			
	on the MAR.				
	-The MA should not h				
		not on the MAR without			
	clarification.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	-Resident #5's family				
		D3 into the facility and she			
	,	erson responsible to ensure			
		as accurate prior to labeling			
	it and placing it on the	e medication cart for			
	administration.				
		hat the Calcium contained			
		here was not an order for			
	_	he should have been more			
	aware.				
		ssed the error, she would			
	have expected the Ma	As to catch the error as well.			

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  THELPING HANDS ASSISTED LIVING  SUMMARY SURFLIANT OF DEFICIENCIES BEACH DEFICIENCY MUST BE PRECEIVED BY YOU. TAG.  DOI: 10	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  THE PINON HANDS ASSISTED LIVING  200 US 70 WEST HWY GOLDSBORD, NC 27534  200 US 70 WEST HWY GOLDSBORD, NC 27534  201 D PROVIDERS PLAN OF CONVECTION AUSTRAL PROCEDED BY FLILL PRECIDAL TORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 6 Interview with the Administrator on 12/07/22 at 3:13pm revealed: She was not aware Resident #5 was being administered Calcium with Vitamin D3 instead of plain Calcium as ordered. She expected medications to be administrated ascurately as ordered and per the MAR by MAs. She expected upon receipt prior to placing the medication on the medication.  Telephone interview with Nesident #5 sprimary care provider (PCP) on 12/07/22 at 4:22pm revealed: She was not aware Resident #5 had been receiving Calcium with Vitamin D3 in tinstead of plain Calcium as be ordered. She expected the facility ensure medications were on hand and administer adon.  Telephone interview with Resident #5 sprimary care provider (PCP) on 12/07/22 at 4:22pm revealed: She expected the facility ensure medications were on hand and administer ad courately as ordered. She expected to be notified of medication errors so she could provide new orders and guide care.  c. Review of Resident #55 surrent medication physician orders dated 90/08/22 revealed there was an order for Vitamin C 250mg, two tablets once daily. (Used as a supplement for low vitamin C 1evels or to help boost the immune system.)  Observation of administration of Resident #5's medication by placing one Vitamin C 250mg gummy in a medication cup at 7.45am. The Vitamin C 250mg gummy was in an over-the-counter pill bottle that had a handwritten label with Resident #5's mame and nopen date	711012111	or contraction	IDENTIFICATION NOMBERS	A. BUILDING: _		
Display			HAL096052	B. WING		
Company   Comp	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CALIDSBORN, N. 27534   SUMMARY STATEMENT OF DEFICIENCIES   DEPECT   PROVIDER'S PLAN OF CORRECTION   CRACH CORRECTIVE ACTION SHOULD BE   CRACH CORRECTIVE ACTION SHOULD BE   CROSS-REFERENCED OF THE   CORRECTIVE ACTION SHOULD BE   COMPLETE   CORRECTIVE ACTION SHOULD BE   CROSS-REFERENCED OF THE   CORRECTIVE ACTION SHOULD BE   CROSS-REFERENCED OF THE   CORRECTIVE ACTION SHOULD BE   CORRECTIVE ACTION SHOULD BE   CROSS-REFERENCED OF THE   CORRECTIVE ACTION SHOULD BE   CORRECTIVE ACTION SHOULD BE   CORRECTIVE ACTION SHOULD BE   CROSS-REFERENCED OF THE   CORRECTIVE ACTION SHOULD BE   CORRECTIVE ACTION SHOULD BE	HEI DING	HANDS ASSISTED I IVIN	2050 US 70	WEST HWY		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D358  Continued From page 6 Interview with the Administrator on 12/07/22 at 3.15pm revealed: -She was not aware Resident #5 was being administered Calcium with Vitamin D3 instead of plain Calcium as orderedShe expected medications to be administered accurately as ordered and per the MAR by MAsShe expected the RCC to ensure medications were accurate upon receipt prior to placing the medication on the medication cart for administration.  Telephone interview with Resident #5's primary care provider (PCP) on 12/07/22 at 4.22pm revealed: -She was not aware Resident #5 had been receiving Calcium with Vitamin D3 in it instead of plain Calcium as she orderedShe expected the RCC to ensure medications were on hand and administered accurately as orderedShe expected the facility ensure medications were on hand and administered accurately as orderedShe expected to be notified of medication errors so she could provide new orders and guide care.  c. Review of Resident #5's current medication physician orders dated 09/06/22 revealed there was an order for Vitamin C 250mg, two tablets once dally. (Used as a supplement for low vitamin C 250mg gummy in a medication on qualification of Resident #5's medication by placing one Vitamin C 250mg gummy in a medication cup at 7.45amThe Vitamin C 250mg gummy was in an over-the-counter pill bottle that had a handwritten label with Resident #5's name and an open date	TILLFING	TIANDS ASSISTED EIVIN	GOLDSBO	RO, NC 27534		
Interview with the Administrator on 12/07/22 at 3:13pm revealed:  -She was not aware Resident #5 was being administered Calcium with Vitamin D3 instead of plain Calcium as orderedShe expected medications to be administered accurately as ordered and per the MAR by MAsShe expected the RCC to ensure medications were accurate upon receipt prior to placing the medication on the medication cart for administration.  Telephone interview with Resident #5's primary care provider (PCP) on 12/07/22 at 4:22pm revealed: -She was not aware Resident #5 had been receiving Calcium with Vitamin D3 in it instead of plain Calcium as she orderedShe expected the facility ensure medications were on hand and administered accurately as orderedShe expected to be notified of medication errors so she could provide new orders and guide care.  c. Review of Resident #5's current medication physician orders dated 09/06/22 revealed there was an order for Vitamin C 250mg, two tablets once dailly. (Used as a supplement for low vitamin C levels or to help boost the immune system.)  Observation of administration of Resident #5's medication aide (MA) prepared the resident's medication by placing one Vitamin C 250mg gummy was in an over-the-counter pill bottle that had a handwritten label with Resident #5's and over-the-counter pill bottle that had a handwritten label with Resident #5's and over-the-counter pill bottle that had a handwritten label with Resident #5's and over-the-counter pill bottle that had a handwritten label with Resident #5's amend and open date	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
3:13pm revealed:  -She was not aware Resident #5 was being administered Calcium with Vitamin D3 instead of plain Calcium as ordered.  -She expected medications to be administered accurately as ordered and per the MAR by MAs.  -She expected the RCC to ensure medications were accurate upon receipt prior to placing the medication on the medication cart for administration.  Telephone interview with Resident #5's primary care provider (PCP) on 12/07/22 at 4:22pm revealed:  -She was not aware Resident #5 had been receiving Calcium with Vitamin D3 in it instead of plain Calcium as she ordered.  -She expected the facility ensure medications were on hand and administered accurately as ordered.  -She expected to be notified of medication errors so she could provide new orders and guide care.  c. Review of Resident #5's current medication physician orders dated 09/06/22 revealed there was an order for Vitamin C 250mg, two tablets once daily, (Used as a supplement for low vitamin C levels or to help boost the immune system.)  Observation of administration of Resident #5's medication aide (MA) prepared the resident's medication aide (MA) prepared the resident's medication aide (MA) prepared the resident's medication by placing one Vitamin C 250mg gummy in a medication cup at 7.45am.  -The Vitamin C 250mg gummy was in an over-the-counter pill bottle that had a handwritten label with Resident #5's ame and an open date	D 358	Continued From page	e 6	D 358		
	D 358	Interview with the Adra 3:13pm revealed: -She was not aware Fadministered Calcium plain Calcium as orderedShe expected medicaccurately as orderedShe expected the RO were accurate upon medication on the meadministration.  Telephone interview was care provider (PCP) or revealed: -She was not aware Freceiving Calcium with plain Calcium as she -She expected the fact were on hand and adorderedShe expected to be resonant ordered or so she could provide concedity. (Used as a Colevels or to help booth of the provide of the p	Resident #5 was being with Vitamin D3 instead of ered. ations to be administered and per the MAR by MAs. CC to ensure medications eccipt prior to placing the edication cart for  With Resident #5's primary on 12/07/22 at 4:22pm  Resident #5 had been h Vitamin D3 in it instead of ordered. Cility ensure medications ministered accurately as notified of medication errors new orders and guide care.  It #5's current medication do 09/06/22 revealed there min C 250mg, two tablets a supplement for low vitamin ost the immune system.)  istration of Resident #5's 22 from 7:45am to 7:51am  IA) prepared the resident's gone Vitamin C 250mg on cup at 7:45am. It gummy was in an oottle that had a handwritten	D 358		
gummy in a medication cup at 7:45am.  -The Vitamin C 250mg gummy was in an over-the-counter pill bottle that had a handwritten label with Resident #5's name and an open date		medication on 12/07/2 revealed: -A medication aide (M	22 from 7:45am to 7:51am  1A) prepared the resident's			
		gummy in a medication -The Vitamin C 250m over-the-counter pill be label with Resident #8	on cup at 7:45am. g gummy was in an pottle that had a handwritten			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HAL096052	B. WING		R <b>12/07/2022</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
HEI DING	HANDS ASSISTED LIVIN	2050 US 7	WEST HWY			
HELFING	HANDS ASSISTED LIVIN	GOLDSBO	RO, NC 27534			
(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	e 7	D 358			
	-The MA compared the to the list of medication electronic medication (MAR) as she pulled medication cup.	ne medications she prepared				
	revealed: -There was an entry f tablets once dailyThe resident's Vitam	5's December 2022 MAR for Vitamin C 250mg, two in C 250mg, two tablets nented as administered from				
	revealed she used to gummies when she fi	nt #5 on 12/07/22 at 2:32pm receive 2 Vitamin C rst started taking them, but lummy each morning for				
	Attempted interview v administered Resider 12/07/22 at 2:12pm re available and left the scheduled.	evealed she was not				
	2:13pm revealed: -Resident #5 was sup Vitamin C gummies e what she normally ad the resident her medi -She did not administ that day and did not k received one gummy -MAs were trained to MAR to what they pre	ach morning which was ministered when she gave				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _			
		HAL096052	B. WING		R 12/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
		2050 US	70 WEST HWY		
HELPING	HANDS ASSISTED LIVIN	IG GOLDSB	ORO, NC 27534	i e	
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLÉTE
D 358	Continued From page	e 8	D 358		
	resident ensuring it is	the right medication, dose,			
	route, person, time, a				
		sident Care Coordinator			
	(RCC) on 12/07/22 at	•			
	-She was not aware F	resident #5 was in C gummy instead of 2			
	that day (12/07/22).	in o gammy motoda or 2			
		to and were trained to			
		ns accurately per the order			
	instructions on the M/	AR and orders.			
	Interview with the Adr	ministrator on 12/07/22 at			
	3:13pm revealed:	111113114161 611 12/01/22 41			
	-She was not aware F	Resident #5 was			
		in C gummy instead of 2 on			
	12/07/22.	ations to be administed			
		ations to be administered I and per the MAR by MAs.			
		with Resident #5's primary on 12/07/22 at 4:22pm			
		Resident #5 had received			
		y instead of 2 as ordered.			
		he resident to receive the because the resident			
		r immune system due to			
	COVID-19	i illinane eyetem due te			
	-She expected the fac	cility ensure medications			
		ministered accurately as			
	ordered.	actified of madiactics assure			
		notified of medication errors new orders and guide care.			
	06/07/22 revealed:	t #3's current FL-2 dated			
	-Diagnoses included				
	diabetes, chronic kidr hypertension.	ney disease stage 3, and			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL096052	B. WING		12	R 2/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HEI DING	LIANDS ASSISTED LIVIN	2050 US	70 WEST HWY			
HELPING	HANDS ASSISTED LIVIN	GOLDSE	BORO, NC 27534			
(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			D 358			
	-He was a resident of -He was constantly d	the special care unit (SCU). isoriented				
		3's physician order dated ere was an order to start e meals.				
	11/15/22 revealed:	3's physician order dated to obtain a finger stick blood				
	sugar (FSBS) before was administered.	meals and before insulin				
	was less than 150.	to fiold irisdiff if the P3D3				
	11/25/22 revealed:	3's physician order dated				
	units three times daily	to discontinue Novolog 5 /. to begin Novolog 7 units				
		nold if FSBS was less than				
		ation record (MAR) revealed: peginning on 11/06/22 for				
	-The Novolog 5 units administered on 11/0					
	11:00am, except on 1 at 7:00am and 11:00a	1/17/22 at 7:00am, 11/18/22 am, 11/19/22-11/23/22 at				
		26/22 at 7:00am and 2 at 7:00am in which it was urse's medication notes on				
	-There was no docum	nentation of the Novolog 5 otes on 11/18/22 at 11:00am				
		for FSBS beginning on				

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL096052	B. WING		R 12/07/2022
		HALU90032			12/01/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
LIEL DING	HANDO ACCIOTED I IVIIA	2050 US	70 WEST HWY		
HELPING	HANDS ASSISTED LIVIN	GOLDSE	BORO, NC 27534	l .	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
D 358	Continued From page	e 10	D 358		
	11/16/22 three times	daily bafara maala at			
	11/16/22 three times				
		d 4:00pm, hold Novolog if			
	less than 150.	ed off as completed three			
		6/22-11/30/22 but there were			
	•	ed on 11/16/22, 11/17/22 at			
		, 11/18/22 at 11:00am,			
		and 4:00pm, 11/21/22 at			
		, 11/22/22 at 11:00am and			
	4:00pm, 11/23/22 at 1				
		11/25/22 at 11:00am,			
		and 4:00pm, 11/27/22,			
		and 4:00pm, 11/29/22 at			
		, 11/30/22 at 11:00am and			
	4:00pm.	,			
	-	peginning on 11/28/22 at			
	11:00am for Novolog				
	initiated 3 days after t				
	_	to 7 units dated 11/25/22.			
	-The Novolog 7 units				
	administered from 11	/28/22-11/30/22 at 11:00am			
	and 4:00pm and docu	ımented as see nurse's			
	medication notes on	11/29/22-11/30/22.			
	-There was no docum	nentation of the Novolog 7			
	units in the nurse's no	otes on 11/29/22 and			
	11/30/22 at 11:00am	and 4:00pm.			
		documentation regarding			
		ne resident received or what			
		le of the nurse's medication			
	notes which did not in	clude all the dates			
	administered.				
		f 44 opportunities in which a			
		ed as completed but there			
		mented on the MAR or			
	nurse's notes.				
		f 44 opportunities in which a			
		ot documented and the			
	resident received insu	ılın.	1		

-There were 6 opportunities from

11/25/22-11/28/22 in which insulin 5 units was

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION	A. BUILDING:			COMPLETED
				R
	HAL096052	B. WING		12/07/2022
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
LIEL DING HANDS ASSISTED LIV	2050 US	70 WEST HWY		
HELPING HANDS ASSISTED LIV	GOLDSB	ORO, NC 27534	ļ	
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE
D 358 Continued From pa	ge 11	D 358		
documented as adr should have receive	ninistered when the resident ed 7 units of insulin if his than 150, but the FSBS	D 555		
revealed: -There was an entry before meals at 7:0 hold Novolog if less -The FSBS were sig times daily from 12/ at 7:00am, except of was left blankThere were no FSE MAR or the MAR not -There was an entry mealsThe Novolog 7 unit administered from 14:00pm, 12/02/22 at 12/03/22 at 7:00am 12/04/22 at 11:00am 7:00am, 11:00am, at 7:00am, 11:00am, at 7:00am; on 12/01/2 documented as see on 12/04/22 it was long -There was no other how much Novolog his FSBS on the ManotesThere were 18 out FSBS was documen were not results do nurse's notesThere were 15 out	gned off as completed three 01/22-12/06/22, and 12/07/22 on 12/02/22 at 11:00am which as results documented on the urse's notes.  If or Novolog 7 units before as was documented as 12/01/22 at 11:00am and tin 11:00am and 4:00pm, and 4:00pm, 12/05/22 at and 4:00pm, 12/06/22 at and 4:00pm, and 12/07/22 at 2 and 12/02/22 it was a nurse's medication notes and			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND LEAN		DENTI IOMIGINATION NOINELLA	A. BUILDING: _		001111111111111111111111111111111111111	
		HAL096052	B. WING		R <b>12/07/2022</b>	
			1		12/01/2022	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
HELPING	HANDS ASSISTED LIVIN	NG	0 WEST HWY			
GOLDSBO			ORO, NC 27534			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		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 12	D 358			
	sugar record sheet re-There were FSBS re 11/16/22 at 11:00am adaily at 7:00am, 11:00 11/17/22-11/30/22.  On 11/23/22 at 4:00p documented as 144 verthe MAR documentate received 5 units of inshave received any inserthe MAR documented at 202 were but the MAR documented at 202 were but the MAR documented at 202 were but the MAR documented as 186 verthe MAR documente	sults documented on and 4:00pm, and three times 0am, and 4:00pm from om the FSBS was which was less than 150 but ion showed the resident sulin when he should not sulin. Om the FSBS was which was greater than 150 intation showed a FSBS of diministered. Om the FSBS was which was greater than 150 intation showed a FSBS of diministered. Si's December 2022 blood				
	which was less than					
	units of insulin.					
		BS was documented as 123				
	which was less than a	150 but the MAR ed the resident received 7				
	units of insulin.	od tilo rooidorit roociy60 /				
		3S was documented as 124				
	which was less than 1	150 but the MAR				
	documentation shows units of insulin.	ed the resident received 7				
		3S was documented as 137				

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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	
		HAL096052	B. WING		12	R 2 <b>/07/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
LIEL BING		2050 US	70 WEST HWY			
HELPING	HANDS ASSISTED LIVIN	GOLDS	BORO, NC 27534			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	which was less than documentation show units of insulin.  Review of Resident # at 2:02pm revealed: -The date and time of accurate and did not and timeThe results in the gludate and did not have datesThe results in the gluconsecutively match the MAR or the blood Resident #3.  Review of the facility' 12/07/22 at 2:02pm results in the gluconsecutively match the MAR or the blood Resident #3.  Review of the facility' 12/07/22 at 2:02pm results in the gluconsecutively match the MAR or the blood Resident #3.  Interview with a medi 12/07/22 at 3:41pm re-Resident #3 was supbefore every meal and	150 but the MAR ed the resident received 7  23's glucometer on 12/07/22 In the glucometer were not align with the current date  accometer had gaps in the eresults for consecutive  accometer did not the results documented on a sugar record sheet for  Is "house" glucometer on evealed: In the glucometer were not align with the current date  accometer had gaps in the eresults for consecutive  accometer had gaps in the eresults for consecutive  accometer did not the results documented on a sugar record sheet for  cation aide (MA) on	D 358			
	FSBS on the nurse's	to document Resident #3's medication notes or the nmediately after obtaining				

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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
		HAL096052	B. WING		12	2/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
LIEL BING	LIANDO ACCIOTED I IVIN	2050 US	70 WEST HWY			
HELPING	HANDS ASSISTED LIVIN	GOLDSE	ORO, NC 27534			
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 14	D 358			
	were supposed hold to see the nurse's medocument on the backmedication notes what the insulin was heldIt was important to of insulin accurately as documentation to enscare as ordered and twere any adverse every guide careShe must have forgothood sugar sheet and notes when she adminisulin and could not the insulin accurately.	k of the MAR in the nurse's at the FSBS was and that btain FSBS and administer ordered with accurate sure the resident received to be able to track if there ents and for the provider to otten to document on the d the nurse's medication nistered Resident #3's recall if she administered .				
	(RCC) on 12/07/22 at revealed: -Resident #3 had run at some point in the p staff sometimes used test his FSBSThe house glucomet resident and she was the history of the house Resident #3She created the blocafternoon (12/07/22): documentation of Resident at the house gresident's glucometer been documented on	out of glucometer test strips hast couple of weeks and the the "house glucometer" to er could be used on any not sure if all the results on se glucometer belonged to ad sugar record sheets that after the surveyor requested sident #3's FSBS results by				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL096052	B. WING		12/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
		2050 US 7	WEST HWY		
HELPING HANDS ASSISTED LIVING GOLDSBO			RO, NC 27534	l .	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 15	D 358		
	because the dates on were not accurate and results even belonged house glucometer.  -The MAR was expect what documentation with should be considered knowledge.  -She was a registered responsibility to overs medications were adrications were adrications were adrications and do #3's FSBS and insuling have continued issue been trained and re-turn week to administer arrinsuling accurately.  -The delay in implement Resident #3's Novolo	blood sugar record sheets both of the glucometers d she was not sure if all the d to Resident #3 from the  cted to be accurate, and was present on the MAR d accurate and correct to her d nurse (RN) and it was her see the MAs and ensure ministered accurately. The on-going issues with the commentation of Resident on and it was frustrating to s because the MAs had rained as recently as last and document the FSBS and  enting the increase of g from 5 units to 7 units was a had been out sick and did			
	not want anyone else she could ensure acc -She did not realize th				
	the FSBS that were d -It was important to a	dosages of insulin based on locumented on the MAR. dminister and document			
	FSBS and insulin according provide proper care.	•			
		if the remaining insulin en administered to Resident			
	#3 was accurate due				
		BS on the MAR since he			
		nsulin and she could not			
	•	she pulled to supplement			
		ere accurate or Resident			
	#3's results or if they				
	resident.				
	<ul> <li>Residents with diabe</li> </ul>	etes could be sensitive to			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.12 . 27.11 .			A. BUILDING: _		00 22.23
		5 147110		R	
		HAL096052	B. WING		12/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
LIEI BING		2050 US 70	WEST HWY		
HELPING	HANDS ASSISTED LIVIN	GOLDSBO	RO, NC 27534	l .	
(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-REFERENCE TO THE APPROVI	D BE COMPLETE
				DEFICIENCY)	
D 358	Continued From page	e 16	D 358		
	lead to the resident hat high or too low which	e insulin administration could aving FSBS that were too could lead to adverse ic coma or altered mental			
	2:56pm revealed: -She was not aware to administration and do #3's FSBS and insulir -She expected reside care" and for MAs to administration if there confusionShe expected MAs to medication and docurrent was important for a documentation to redipotential harm to the she expected the RC any on-going issues a medication administration to her for help in	nts to receive "top notch stop medication were any questions or accurately administer ment it on the MAR. accurate administration and uce the risk of errors and residents.			
	implemented the same Telephone interview ware provider (PCP) or revealed: -She was not aware Freceiving his insulin a being documented accurately per paramedocumented accurately per paramedocumented accurater. The resident was usual talkative, but she had and couple of morning	e day of receiving the order.  with Resident #3's primary on 12/07/22 at 4:22pm  Resident #3 was possibly not s ordered and that it was not curately or thoroughly. to be administered eters as ordered and ely and thoroughly.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLE	ובט
					R	
		HAL096052	B. WING		12/0	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HEI DING	HANDS ASSISTED LIVIN	2050 US 7	WEST HWY			
HELFING	HANDS ASSISTED LIVIN	GOLDSBO	RO, NC 27534	ı.		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 17	D 358			
	facility staff about the (12/06/22) and promp blood work to include average blood sugar months) to assess the lift the resident was not accurately, it could extend the resident's behavior be too little could cause too low which could roor other adverse outcrisk of infection or urin coma, seizures, falls, -Not getting medication could negatively effects were on hand and ad accurately as ordered she expected to be roo she could provide.	concern at her last visit bted her to order additional an A1C (measures the level over the previous 3 e resident. bt receiving his insulin cplain the change in the ecause getting too much or the FSBS to be too high or esult in altered mental status omes such as increased hary tract infections, diabetic passing out, and lethargy. on accurately as ordered				
	The facility failed to administer medications accurately as ordered and per facility policy and procedures for 2 of 5 residents (#3, #5) including vitamin supplements and a blood thinner used to					
	her immune system a	nronic conditions and boost and Resident #3's ocumentation of FSBS and				
		rs in which he had a recent				
		nd mental status which				
		o run further testing for				
		hich inaccurate insulin				
		ead to adverse outcomes				
		k of infection or urinary tract				
		oma, seizures, falls, passing failure was detrimental to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL096052	B. WING		12	R 2 <b>/07/2022</b>
	ROVIDER OR SUPPLIER  HANDS ASSISTED LIVIN	2050 US	DDRESS, CITY, STATE 70 WEST HWY BORO, NC 27534	, ZIP CODE		
(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 ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	and constitutes a Typ  The facility provided a	welfare of the residents e Unabated B Violation.	D 358			
D 367	(j) The resident's me record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for ad or treatment; (5) reason or justifica medications or treatm documenting the result (6) date and time of a (7) documentation of medications or treatm omission, including reasons (8) name or initials of the medication or treatm documented and mai administration record  This Rule is not met Based on observation reviews, the facility farmedication administration recomplete and accurate	A Medication Administration dication administration e accurate and include the cation or treatment order; ge or quantity of medication ministering the medication tion for the administration of tents as needed (PRN) and alting effect on the resident; dministration; any omission of tents and the reason for the efusals; and, the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR).  The sevidenced by:  T	D 367			

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STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B WING		R	
		HAL096052	B. WING		12/07/2	2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
HELPING	HANDS ASSISTED LIVIN	IG.	0 WEST HWY			
			DRO, NC 27534			
(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 367	Continued From page	<del>2</del> 19	D 367			
D 367	anxiety and the admir were not documented administration record of a medication entry medication was being documented (#5).  1. Review of Residen 07/19/22 revealed: -Diagnoses included failure, myocardial infhernia and esophagitises he was intermittent.  Review of Resident # revealed she was admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to hospice so a. Review of Resident # admitted to be admitted to hospice so and hospical properties and hospic	nistration of an enema that I on the medication (#1) and for the ommission on the MAR in which the gadminsitered and not  It #1's current FL-2 dated  end-stage congestive heart farction, diaphragmatic is with bleeding.  It disoriented.  I's Resident Register mitted on 02/10/22.  I's record revealed she was ervice on 07/15/22.  #1's physician's order dated ere was an order for the be administered three eded. (Clonazepam is a eat anxiety and agitation.)  I's psychiatric visit note led: oses included anxiety,	D 307			
	revealed there was a clonazepam 0.5mg to	computerized entry for be administered three eded for agitation with no				

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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	
		HAL096052	B. WING		12	R 2/ <b>07/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
LIEL DING	LIANDO ACCIOTED I IVIII	2050 US	70 WEST HWY			
HELPING	HANDS ASSISTED LIVII	GOLDSE	ORO, NC 27534			
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From pag	e 20	D 367			
	revealed there was a clonazepam 0.5mg to	t1's MAR for November 2022 computerized entry for be administered three seded for agitation with no ministration.				
	revealed: -There was a comput 0.5mg 1 tablet to be a daily as needed for a -There was documer	ntation clonazepam 0.5mg 12/05/22 and 12/06/22. (No				
	-It was labeled clonal tablet twice daily as rablets (60 half ta 08/30/22There was documer one half tablet was a 10/31/22There was documer one half tablet was a 11/03/22 through 11/1-There was documer two one half tablets won 11/06/22 for a total-There was documer one half tablet was a 11/07/22 and 11/08/21-There was documer	ablets) were dispensed on  atation clonazepam 0.5 mg, dministered at 6:00pm on  atation clonazepam 0.5 mg, dministered at 6:00pm on 05/22. atation clonazepam 0.5 mg, were administered at 6:00pm al of 0.5mg. atation clonazepam 0.5 mg, dministered at 6:00pm on				
	11/14/22There was documer one half tablet was a 12/05/22There was documer	ntation clonazepam 0.5 mg, dministered at 5:00pm on ntation clonazepam 0.5 mg, dministered at 7:00am on				

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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
		HAL096052	B. WING		12/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	
			WEST HWY	·	
HELPING	HANDS ASSISTED LIVIN	IG	RO, NC 27534	ı.	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 367	Continued From page	e 21	D 367		
	12/06/22 and 12/07/2 -There was documen	z. tation 48 doses remained.			
	Observation of Residen	ent #1's medications on			
	hand on 12/07/22 at 2				
		pack labeled clonazepam			
	_	tablet twice daily as needed			
	for anxiety.	ablets remaining out of 60			
	that were dispensed				
	· · · · · · · · · · · · · · · · · · ·	vith the pharmacy technician			
	with the facility's cont 12/07/22 at 5:00pm re				
	•	ablets (60 half tablets) on			
		ous order of clonazepam			
		to be administered twice			
	daily as needed.				
	Refer to interview with	h the medication aide (MA)			
	on 12/07/22 at 2:46pr				
	Refer to interview with	_			
	Coordinator (RCC) or	1 12/01/22 at 4:05pm.			
	b.Review of Resident	#1's physician's order dated			
	11/29/22 revealed an	order to administered			
	enema now then daily	y as needed.			
	Review of Resident #	1's MAR for November 2022			
		o documentation of an			
	enema being ordered	or administered.			
		nt #1 on 12/07/22 at 8:15am			
	revealed:				
	<ul> <li>-Her stomach bothere appetite.</li> </ul>	ed her often and she had no			
	• •	about a week prior that			
		he stomach discomfort.			
	•				

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R	
		HAL096052	B. WING		12/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
HELPING	HANDS ASSISTED LIVIN	IG.	70 WEST HWY			
			ORO, NC 27534			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 367	Continued From page	e 22	D 367			
	Interview with the Re (RCC) on 12/07/22 at -She and a medication the enema as ordered expected the MA to the document administration -She wrote the order order sheet for Nover she had written the order sheet for Nover she had written the order order sheet for Nover she had written the order order sheet for Nover she had written the order order sheet for Nover she had written the order order to interview with 12/07/22 at 2:46pm.  Refer to interview with 4:05pm.  Interview with a medical nover sheet or documents or docume	sident Care Coordinator t 4:05pm revealed: an aide (MA) administered d on 11/29/22 and she ranscribe to the MAR and tion. on an unsigned physician's mber 2022 and she thought rder on the MAR.  th the medication aide on the the RCC on 12/07/22 at  cation aide (MA) on evealed MAs were menting medications ordered uR at the time of				
	administration and document effectiveness within 1 hour.  Interview with the Resident Care Coordinator (RCC) on 12/07/22 at 4:05pm revealed she expected medications that were administered to be documented on the MAR at the time of administration.  2. Review of Resident #5's current FL-2 dated 08/02/22 revealed: -Diagnoses included Parkinson's disease, dementia, hypothyroidism, history of a cardiovascular accident, and arthritisThere was an order for Calcium 600mg (used as a vitamin supplement) once daily.  Review of Resident #5's current medication physician orders dated 09/06/22 revealed there					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL096052	B. WING		R <b>12/07/2022</b>	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	12/01/2022	
		2050 US 7	WEST HWY			
HELPING	HANDS ASSISTED LIVIN	GOLDSBO	RO, NC 27534			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 367	Continued From page	23	D 367			
	was an order for Calc	ium 600mg once daily.				
	medication on 12/07/2 revealed: -A medication aide (Medication by placing Vitamin D3 20 mcg ta 7:45amThe Calcium 600mg was in an over-the-cohandwritten label with open date of 06/17/22-The MA appeared to she prepared to the li resident's electronic resident's electronic revealed:	compare the medications st of medications on the nedication administration pulled them and placed				
	Review of Resident #5's December 2022 MAR revealed:  -There was no entry for Calcium 600mg or Calcium 600mg with Vitamin D3 20 mcg.  -There was no documentation for Calcium 600mg or Calcium 600mg with Vitamin D3 20 mcg.  Attempted interview with the medication aide (MA) that administered Resident #5's medication on 12/07/22 at 2:12pm revealed she was not					
	available and had to leave the facility earlier than scheduled.					
	revealed: -MAs were trained to MAR to what they pre 3 times prior to admir resident ensuring it is route, person, time, a	compare the order on the epare for the resident to take histering medications to a the right medication, dose, and documentation.				

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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
			D WING		R
		HAL096052	B. WING		12/07/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
HELPING HANDS ASSISTED LIVING  2050 US 70 WEST HWY  COLDSPOND NO 27534					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TIDENTIFICATION NUMBER:  HAL096052  STREET ADDRESS, CITY, STATE, ZIP CODE  2050 US 70 WEST HWY GOLDSBORO, NC 27534  STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)  Resident Care Coordinator at 2:45pm revealed: ble for ensuring MARs were not aware Resident #5's n her MAR as ordered. ad to and were trained to tions accurately per the order  missed the error, she would MAS to catch the error as well e resident was supposed to tition.  Administrator on 12/07/22 at the Resident #5 MAR was sing her Calcium as ordered. dications to be administered red and per the MAR by MAS. RCC to ensure MARs were		BE COMPLETE	
D 367	Continued From page	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL DULATORY OR LSC IDENTIFYING INFORMATION)  From page 24  ut did not realize it was not listed on the  with the Resident Care Coordinator 12/07/22 at 2:45pm revealed: responsible for ensuring MARs were and was not aware Resident #5's reas not on her MAR as ordered. Responsible to and were trained to redications accurately per the order R.  ugh she missed the error, she would acted the MAs to catch the error as well knew the resident was supposed to a medication.			
	Calcium but did not realize it was not listed on the MAR.  Interview with the Resident Care Coordinator (RCC) on 12/07/22 at 2:45pm revealed: -She was responsible for ensuring MARs were				
	Calcium was not on her MAR as ordered.				
	-MAs were expected to and were trained to administer medications accurately per the order on the MAREven though she missed the error, she would				
	receive the medicatio	iew with the Administrator on 12/07/22 at			
3:13pm revealed: -She was not aware Resident #5 MAR wa inaccurate and missing her Calcium as or -She expected medications to be adminis accurately as ordered and per the MAR by -She expected the RCC to ensure MARs		Resident #5 MAR was			
		ng her Calcium as ordered.			
		The state of the s			
	accurate as ordered.				
	inaccurate and missir				
	orderedShe expected the fac	cility ensure MARs were			
	accurate and medical	tions were on hand and			
	administered accurate -She expected to be re-	ely as ordered. notified of medication errors			
	-	new orders and guide care.			

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