STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C **01/05/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted a complaint investigation on January 4, 2023 - January 5, 2023.	D 000		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on interviews and record reviews, the facility failed to ensure 1 of 5 sampled residents (#3) was free from neglect by an employee who provided her with transportation to the store to purchase alcohol. The findings are: Review of Resident #3's current FL-2 dated 08/03/22 revealed: -Diagnoses included dementia, type II diabetes, essential hypertension and history of a stroke. -She was intermittently confused and verbally abusive. -She was ambulatory with no assistive devices. Review of Resident #3's unsigned care plan dated 08/03/22 revealed: -She was verbally abusive but not physically abusive towards others. -She was independent with eating, toileting, ambulation, dressing and transferring. -She required limited assistance with bathing and grooming.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 1	D 338		

Review of an Accident/Incident report for Resident #3 dated 12/24/22 revealed:
-At approximately 6:15pm, Resident #3 had just finished taking her medications, and was walking away from the medication cart, lost her balance and hit her chin on the edge of the wall.
-Resident #3 was unable to tell the staff what happened.
-Vital signs were obtained and were: temperature 97.2, heart rate 82, blood pressure 133/69, blood sugar 230 and respirations 14.
-Pressure was applied to her chin to stop the bleeding, emergency medical services (EMS) were notified at 6:25pm, Resident #3's responsible party was notified at 6:20pm and a message was left for the primary care provider (PCP) at 6:30pm.

Review of Resident #3's EMS report dated 12/24/22 revealed:
-EMS responders were dispatched to the facility on 12/24/22 in reference to Resident #3 having a ground level fall with bleeding to the head.
-EMS responders arrived at the facility on 12/24/22 at 6:23pm and noted Resident #3 was laying in the hallway, on the floor, on her right side.
-She was assessed by EMS responders and was noted to have a laceration on her chin measuring approximately 2 inches in size, speech slurring and poor responsiveness, agitation, strange and inexplicable behavior.
-Gauze was applied to the chin laceration for uncontrolled bleeding and she was placed onto the stretcher.
-Resident #3 refused to answer questions asked by EMS responders so an orientation assessment could not be completed.
-Facility staff reported to EMS responders that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 2 Resident #3 appeared to be dizzy prior to falling. -EMS responders noted Resident #3 with an alcohol smell on her breath however, Resident #3 denied alcohol use. -Vital signs were obtained by EMS responders at 6:30pm and were documented as: heart rate 79, blood pressure 143/75, oxygen saturation 100% on room air, respirations 17, and blood sugar 264. -EMS responders left the facility at approximately 6:37pm and transported Resident #3 to the hospital for evaluation. -Vital signs were obtained by EMS responders at 6:46pm and were documented as: heart rate 75, blood pressure 154/77, oxygen saturation 100% on room air and respirations 17. -Vital signs were obtained by EMS responders at 6:51pm and were documented as: heart rate 85, blood pressure 154/83, oxygen saturation 98% on room air and respirations 20. -While at the hospital, Resident #3's bed assignment was delayed, and she became agitated and verbally aggressive with staff. Review of the Emergency Provider Record for Resident #3 dated 12/24/22 revealed: -She had a past medical history of dementia, hypertension, diabetes and previous cerebral vascular accident (CVA.) -She presented to the emergency room (ER) for evaluation of a fall. -She denied dizziness and denied falling. -Vital signs were obtained at approximately 7:13pm and were documented as: temperature 97.7, heart rate 77, blood pressure 144/77, oxygen saturation 98% and respiration 16. -There was a 3cm laceration below the chin that was closed with skin glue. -Chest x-ray and x-ray of the hips were negative for pneumothorax and rib fractures. (A	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	416 NORTH PARKER STREET ELM CITY, NC 27822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 3	D 338		

pneumothorax occurs when air leaks into the space between the lungs and the chest wall.)
-Lab work revealed an elevated ethanol level, at 183mg/dL. (The hospital's normal ethanol reference range was 0 - 10mg/dL.)
-The elevated alcohol level could have contributed to her fall.
-Discharge diagnoses were fall, thyroid nodule, alcohol intoxication and laceration of chin.
-Resident #3 was encouraged to not drink alcohol in excess as it could contribute to falls.
-Resident #3 was discharged from the hospital on 12/25/22.

Review of a second EMS report for Resident #3 dated 12/25/22 revealed:
-EMS responders were dispatched to the facility on 12/25/22 in reference to Resident #3 having hypoglycemia (low blood sugar.)
-EMS responders arrived at the facility on 12/25/22 at 2:27pm and noted Resident #3 laying in the bed, on her right side, in the care of staff.
-The facility staff attempted to serve Resident #3 lunch when she refused.
-The facility staff checked her blood sugar level, noted it to be 27, and notified EMS.
-EMS responders arrived at the facility, checked Resident #3's blood sugar level, and noted level to be at 50.
-EMS responders noted Resident #3 to be confused, disoriented and had poor responsiveness.
-Vital signs were obtained by EMS responders at approximately 4:34pm and were documented as: heart rate 68, blood pressure 172/77, oxygen saturation 100% on room air and respirations 16.
-Vital signs were obtained by EMS responders at approximately 3:06pm and were documented as: heart rate 69, blood pressure 149/76, O2 saturation 98% on room air and respirations 16.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 4	D 338		

-Resident #3 would not follow commands, so EMS responders were unable to treat hypoglycemia with oral glucose. (Oral glucose is a combination of water and dextrose used to treat low blood sugar levels.)
-EMS responders administered an intravenous (IV) bolus of Dextrose and Resident #3 began to wake up and answered questions at her baseline. (Dextrose is a solution made up of sugar and water.)
-The facility staff provided Resident #3 with her lunch tray, and she began to eat without assistance.
-EMS staff encouraged Resident #3 to go to the hospital, however she refused.
-Education was provided to Resident #3 regarding risks of not going to the hospital for evaluation and Resident #3 confirmed understanding.

Review of Resident #3's sign in/sign out log revealed there was one entry documented on 12/26/22 at 2:45pm where the resident signed herself out of the facility for a home visit.

Interview with Resident #3's family member on 01/04/23 at 10:55am revealed:
-On 12/24/22, she called and spoke with Resident #3 on the telephone and suspected that Resident #3 was intoxicated.
-Resident #3's speech was slow and slurred, and she was laughing at inappropriate times.
-Resident #3 told her that she and some other staff members had put their money together, purchased some alcohol from the store, and had consumed the alcohol at the facility.
-A staff member had transported Resident #3 to the store to purchase the alcohol.
-Resident #3's family member contacted the police department and informed the police that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	416 NORTH PARKER STREET ELM CITY, NC 27822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 5 Resident #3 had been drinking alcohol at the facility. -The police deputy advised Resident #3's family member to request an alcohol screen to be completed at the facility to check for intoxication. -While on the telephone with the police deputy, the police deputy received a dispatch call that there was an emergency at the facility that required EMS assistance. -Resident #3's family member told the police deputy that she thought the call he received was related to Resident #3. -The family member contacted the facility to request the alcohol screen and was informed by Building Manager that the facility was not able to perform this test and that Resident #3 was currently being transported to the ER because she had a fall. -Resident #3 was transported to the hospital for evaluation after falling and bumping her chin. -Resident #3 received some skin glue for her chin laceration and was discharged from the hospital on 12/25/22. -Resident #3 was transported back to the facility on 12/25/22 and per the hospital discharge information, she was intoxicated. -There was no orders from Resident #3's PCP for her to consume alcohol. -On 12/25/22, EMS was called to the facility and treated Resident #3 for hypoglycemia and the family member believed the hypoglycemic episode was related to alcohol consumption. -On 12/26/22, the Building Manager asked Resident #3 to write a statement related to the events that occurred on 12/24/22. -The family member asked the Building Manager to read the statement that Resident #3 wrote and she was told that the information could not be shared with her. -She asked Resident #3 what she wrote on that	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 6	D 338		

statement, and Resident #3 stated that she only signed her name on a blank piece of paper.
-The family member signed Resident #3 out of the facility on 12/26/22 and took her home with her.
-Resident #3 had not been back to live at the facility since 12/26/22.

Interview with Resident #3 on 01/05/23 at 11:55am revealed:
-On 12/24/22, a former employee brought a bottle of alcohol to work.
-She and the former employee consumed the partially full bottle of alcohol outside of the building until the bottle was empty.
-She asked the former employee to take her to liquor store to purchase more alcohol and the former employee agreed to do so.
-The resident, the former employee, and another employee put their money together for a new bottle of alcohol.
-They determined that the former employee had to drive because he was the only one who had transportation.
-The former employee transported her to the liquor store in his personal vehicle.
-She had to go inside and purchase the alcohol because the former employee was underage.
-After she purchased the alcohol, the former employee transported them back to the facility.
-The resident, the former employee, and another employee consumed the alcohol at the facility, outside of the building, in white, styrofoam cups.
-She poured her own alcohol from the bottle and mixed it with orange juice.
-She wanted to drink alcohol to celebrate the holidays.

Interview with a medication aide (MA) on 01/04/23 at 3:39pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	416 NORTH PARKER STREET ELM CITY, NC 27822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 7 -There had recently been an incident at the facility where a resident (Resident #3) asked an employee to take the resident to the store. -The employee took the resident to the store. -She did not know why Resident #3 needed the employee to transport her to the store. -Later on, the resident fell. -The resident received a cut under the chin. -The resident was sent out to the local hospital. -Everything came back fine except the resident's alcohol level that was "high enough, was over the limit". Interview with the Maintenance Director on 01/05/23 at 11:10am revealed: -On 12/24/22 at approximately 6:30pm - 7:00pm, he arrived at the facility to do a random check and to ensure that things were operating smoothly. -He was assisting a resident to their room and noted Resident #3 ambulating without an assistive device and had a staggered gait. -Approximately 3 seconds after he saw Resident #3 ambulating, he heard a loud noise. -He immediately went around the corner to see what the noise was, and noted Resident #3 on the floor in the TV room, with her chin busted and bleeding. -He alerted the MA of the incident and he went back to sit with Resident #3 until EMS arrived. -He did not smell any alcohol on Resident #3's breath. -He overheard some residents say that Resident #3 had been drinking alcohol so he and the MA searched her room. -They searched Resident #3's closet, dresser drawers, underneath the mattress, and under the bed and no alcohol was located in the room. -The MA alerted the Resident Care Coordinator (RCC) and the Building Manager about the	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	416 NORTH PARKER STREET ELM CITY, NC 27822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 8	D 338		

incident.
-He was not aware of Resident #3 consuming alcohol prior to 12/24/22.
-It was the facility's policy that no alcohol was allowed on the premises.
-There had been times where he would find full beer cans outside of the facility, hidden in bushes, and he would immediately discard them.

Interview with the RCC on 01/05/23 at 9:30am revealed:
-Resident #3 had a fall on 12/24/22, sustained a chin laceration, and was sent to the ER for further evaluation.
-Resident #3's PCP and her responsible party were made aware of the incident.
-Resident #3's room was searched by the Maintenance Director for alcohol on 12/24/22, and none was found.
-On 12/25/22, she was made aware by the ER staff that Resident #3 was intoxicated when she went to the hospital on 12/24/22.
-Resident #3 was readmitted to the facility on 12/25/22.
-The facility received the discharge paperwork from the hospital, however the lab work and x-rays that were completed at the hospital were not included.
-Resident #3 was placed on safety checks that were completed by facility staff every 15 minutes when she was readmitted to the facility.
-The staff monitored her location and monitored for signs of alcohol intoxication.
-On 12/25/22, EMS were dispatched to the facility due to Resident #3 having hypoglycemia.
-EMS personnel treated the hypoglycemia at the facility because Resident #3 refused to go to the hospital for further evaluation.
-The staff documented electronic progress notes every shift for Resident #3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	416 NORTH PARKER STREET ELM CITY, NC 27822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 9	D 338		

-She was not able to access any electronic progress notes for Resident #3 prior to 12/29/22 because of technical issues with the facility's computer.
-Resident #3 did not have an order from the PCP to consume alcoholic beverages.
-She was not aware of Resident #3 consuming alcohol while at the facility prior to 12/24/22 and was not aware of Resident #3's wish to consume alcohol prior to 12/24/22.
-On 12/26/22, the cameras were reviewed by the RCC and the Building Manager and it showed that on 12/24/22, Resident #3 and a former employee exited and entered the front entrance door together.
-The Building Manager and the RCC discussed what they saw on the cameras with Resident #3 and she confirmed that the former employee took the resident to the liquor store, and purchased a bottle of alcohol; they returned to the facility, and consumed the alcohol outside.
-The Building Manager and the RCC discussed what they saw on the cameras with the former employee regarding consumption of alcohol, driving Resident #3 to the liquor store, allowing the resident to go inside the liquor store in his personal vehicle, and he transported her back to the facility.
-Upon admission to the facility, the RCC and/or designee discuss with all residents and their responsible parties that no alcohol would be allowed on the facility's premises and a signed copy of that contract was placed into each resident's records.
-If a resident wanted to consume alcohol without an order from their PCP, they had to sign themselves out of the facility and consume the alcohol off the facility premises.
-Upon hire, it was discussed with each employee the facility's policy that staff was not allowed to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 10	D 338		

purchase alcohol for residents.
-Upon hire, it was discussed with each employee the facility's policy that staff was not allowed to transport any residents off the facility grounds to purchase alcohol.

Interview with the Building Manager on 01/05/23 at 8:44am revealed:
-Before any residents could consume alcohol at the facility, the PCP had to write an order for alcohol consumption.
-If a resident had an order for alcohol, it was the responsibility of the family members to purchase the alcohol.
-It was the responsibility of the MA to secure the alcohol in the locked medication room, dispense the alcohol according to the PCP orders, and document the administration on the electronic medication administration record (eMAR.)
-There were no residents at the facility who currently had an order for the consumption of alcohol.
-Resident #3 had a fall on 12/24/22, sustained a laceration to her chin, and was sent to the ER for further evaluation.
-While at the hospital, it was determined that Resident #3 was intoxicated.
-Resident #3 had not expressed the desire to consume alcohol prior to 12/24/22.
-Through the facility's internal investigation, the facility cameras were reviewed by the Building Manager and the RCC, and it was determined that a former employee transported Resident #3 in a private vehicle on 12/24/22 away from the facility.
-When Resident #3 and the former employee left the facility, they were not carrying anything in their hands.
-When Resident #3 and the former employee returned to the facility, approximately 30 minutes

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 11	D 338		

to 1 hour later, the former employee was carrying a yellow bag.
-On 12/26/22, the former employee was interviewed by the Building Manager and the RCC and it was determined: the yellow bag he carried contained alcohol; he took Resident #3 to the liquor store, in his personal vehicle, and the resident purchased alcohol.
-On 12/26/22, the Building Manager and the RCC interviewed Resident #3 and it was determined: the former employee took her to the store in his private vehicle, the resident went inside of the store to purchase alcohol (because the former employee was underage) and they came back to the facility and both consumed the alcohol outside on the facility premises.
-On 12/26/22, the Building Manager had a discussion with Resident #3 and her responsible party regarding the rules of alcohol consumption on the facility premises and staff not being able to transport residents in their personal vehicles.
-Resident #3 was signed out of the facility on 12/26/22 and went home with a family member on leave of absence.
-This incident was reported to the Administrator, and the Administrator submitted the investigation to the Health Care Personnel Registry (HCPR.)
-It was the facility's policy that staff was not to transport residents in their personal vehicles.
-The only staff who were authorized to transport residents using the facility's van were the Activities' Director, the facility transporter, and the staff members designated on each shift who were trained to transport residents using the facility's van during after hour emergencies.
-The resident's family members were also allowed to transport residents.

A second interview with the Building Manager on 01/05/23 at 3:13pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	416 NORTH PARKER STREET ELM CITY, NC 27822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 12	D 338		

-He was still unable to access staff electronic progress notes for Resident #3 from 12/24/22 and 12/25/22 due to technical issues with the computer system.
-It was the facility's policy that employees were prohibited from bringing and consuming alcohol on the facility premises.
-If an employee reported to work and smelled like alcohol or drugs, they would be asked to leave the facility immediately.
-It was the facility's policy that residents were not allowed to have or consume alcohol on the facility's premises without a physician's order.
-It was the facility's policy that employees were not allowed to provide residents with alcohol or drugs, and if they were found to have done so, that was grounds for immediate termination.
-During the 12/24/22 investigation, there was another employee named as being involved, but through the facility's investigation, that allegation was not substantiated.

Telephone interview with a dietary cook on 01/05/23 at 3:04pm revealed:
-She worked at the facility on 12/24/22 and 12/25/22.
-Resident #3 came to the dining room on 12/24/22 and asked the former kitchen aide to "take her to the liquor store, he told her he would".
-The cook and another staff present advised the former kitchen aide not to transport the resident to the liquor store.
-The former kitchen aide told the cook and the other staff he could transport Resident #3 as long as the resident signed out.
-Resident #3 left the dining room with the kitchen aide.
-The former kitchen aide and Resident #3 stayed gone 45-50 minutes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	416 NORTH PARKER STREET ELM CITY, NC 27822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 13	D 338		

-When the former kitchen aide returned to the kitchen, he brought a bottle of liquor with him.
-He hid the bottle of liquor beside the cooler in the kitchen.
-The bottle was open.
-The former kitchen aide put foil on top of the bottle.
-She left the facility about 20 minutes after the former kitchen aide returned.
-She reported what occurred to the RCC the next morning.
-She also reported to her supervisor (Assistant Building Manager) what she knew about the occurrence (date reported unknown).
-The facility policy was there was not supposed to be alcohol on the premises.

Interview with the Assistant Building Manager on 01/05/23 at 3:37pm revealed:
-He supervised the kitchen staff.
-The former kitchen aide (named) transported Resident #3 in his personal vehicle to a local liquor store.
-The former kitchen aide was not authorized to transport the resident.
-Resident #3 "talked him into it".
-The local liquor store was probably 15-20 minutes away from the facility.
-When the former kitchen aide returned, he brought the liquor bottle inside the facility and put it in the kitchen beside the refrigerator.
-He (Assistant Building Manager) had reviewed the facility cameras and saw what occurred.
-He talked to the former kitchen aide on 12/26/22.
-The former kitchen aide "confessed to doing it verbally".
-The facility policy was no alcohol allowed on premises by staff or residents.
-The policy was in the handbook.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 14	D 338		

Review of the former kitchen aides staff folder on 01/05/23 at 3:50pm revealed there was no signature sheet for receipt of an employee handbook.

Continued interview with the Assistant Building Manager on 01/05/23 at 3:50pm revealed he could not find a signature sheet indicating the former kitchen aides' receipt of the employee handbook.

Interview with the facility's Owner on 01/05/23 at 3:20pm revealed:
-The cameras were reviewed on 12/26/22 by the Building Manager and the RCC and revealed a former employee transported Resident #3 off of the facility's premises.
-The former employee was interviewed by the Building Manager and the RCC and he confirmed that he transported Resident #3 in his private vehicle to the liquor store so that she could purchase alcohol.
-The Building Manager informed him of the incident that occurred on 12/24/22 and the outcome of the investigation on 12/26/22.
-The investigation was reported by the Administrator to the HCPR.
-The facility was not able to access the staff's electronic progress notes for Resident #3 prior to 12/29/22 due to technical issues.

Telephone interview with the Administrator on 01/05/23 at 5:42pm revealed:
-It was the facility's policy that no alcohol was allowed on the facility premises.
-It was the facility's policy that employees were not allowed to transport residents in their personal vehicles.
-It was the facility's policy that employees were not allowed to purchase alcohol for residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 15	D 338		

-Residents were only allowed to be transported in the facility's van by the Activities' Director, the facility transporter and the designated employees on each shift.

Telephone interview with Resident #3's PCP on 01/05/23 at 11:20am revealed:
-She reviewed Resident #3's hospital discharge paperwork from 12/24/22 while she was in the facility on 01/04/23.
-She had planned to visit with Resident #3 while she was in the facility on 01/04/23 however Resident #3 was out on leave with her family.
-She was informed by a staff member (unsure which staff) while in the facility on 01/04/23 that Resident #3 was signed out of the facility on 12/24/22 by the resident's family member, consumed alcohol while she was out, returned to the facility, had a fall, and was sent to the ER.
-She was not aware of the 12/24/22 incident prior to reading the hospital discharge paperwork while she was in the facility on 01/04/23.
-She could not find documentation where the facility notified the on-call provider of the incident on 12/24/22.
-She usually saw Resident #3 weekly when she visited the facility and had not noticed any signs that Resident #3 had been intoxicated.
-Based on her assessment of Resident #3, she would not have provided an order for Resident #3 to consume alcohol due to Resident #3's altered mental status at times, history of significant abdominal surgeries, abdominal distension, other gastro-intestinal issues, uncontrolled diabetes and the increased risk for falls.

Attempted telephone interview with the former kitchen aide on 01/05/23 at 1:20pm and was not successful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	416 NORTH PARKER STREET ELM CITY, NC 27822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 16	D 338		

The facility failed to ensure their policy for resident alcohol consumption was followed for 1 of 5 sampled residents (#3), related to the facility staff providing transportation for Resident #3 to a local liquor store to purchase alcohol and the resident consuming the alcohol while on the facility premises. After consuming alcohol on 12/24/22, Resident #3 had a fall and was sent to the hospital for further evaluation. Resident #3 sustained a 3 cm skin laceration and was closed using skin bond. Resident #3 was discharged from the hospital on 12/25/22 with a diagnosis of alcohol intoxication and had an elevated alcohol level of 183mg/dL (The hospital's normal ethanol level reference range was 0 - 10mg/dL.) On 12/25/22, EMS was notified and treated Resident #3 at the facility for hypoglycemia. Resident #3's PCP was not notified of the incident until 01/04/23 and would not have provided an order for Resident #3 to consume alcohol due to her diagnosis of uncontrolled diabetes and increased risk for falls. This failure placed the resident at substantial risk for harm and neglect and constitutes a Type A2 Violation.

____

The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/05/23 for this violation.

THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED FEBRUARY 4, 2023.

D 438	10A NCAC 13F .1205 Health Care Personnel Registry	D 438		

10A NCAC 13F .1205 Health Care Personnel Registry
The facility shall comply with G.S. 131E-256 and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	416 NORTH PARKER STREET ELM CITY, NC 27822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438		D 438		

Continued From page 17

supporting Rules 10A NCAC 13O .0101 and .0102.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to submit a Health Care Personnel Registry (HCPR) report within 24 hours of knowledge related to a staff transporting a resident (#3) in a private vehicle to the liquor store to purchase and consume alcohol on the facility's premises.

The findings are:

Review of Resident #3's current FL-2 dated 08/03/22 revealed:
-Diagnoses included dementia, type II diabetes, essential hypertension and history of a stroke.
-She was intermittently confused and verbally abusive.
-She was ambulatory with no assistive devices.

Review of Resident #3's unsigned care plan revealed:
-She was verbally abusive but not physically abusive towards others.
-She was independent with eating, toileting, ambulation, dressing and transferring.
-She required limited assistance with bathing and grooming.

Review of an Accident/Incident report for Resident #3 dated 12/24/22 revealed:
-At approximately 6:15pm, Resident #3 had just finished taking her medications, and was walking away from the medication cart, lost her balance and hit her chin on the edge of the wall.
-Resident #3 was unable to tell the staff what happened.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 18	D 438		

-Vital signs were obtained and were: temperature 97.2, heart rate 82, blood pressure 133/69, blood sugar 230 and respirations 14.
-Pressure was applied to her chin to stop the bleeding, emergency medical services (EMS) were notified at 6:25pm, Resident #3's responsible party was notified at 6:20pm and a message was left for the primary care provider (PCP) at 6:30pm.

Review of the facility's Initial Allegation Report dated 12/28/22 revealed:
-On 12/27/22 at 2:45pm, the facility was made aware that Resident #3 asked an employee to take her to the liquor store to purchase alcohol on 12/24/22.
-On 12/24/22, the employee took Resident #3 to purchase the alcohol and brought her back to the facility.
-Resident #3 consumed the alcohol and received her medications later that evening.
-Resident #3 attempted to ambulate back to her room, lost her balance, fell, and hit her chin on the edge of the wall.
-Resident #3 was transported to the emergency room (ER) for further evaluation.
-A fax confirmation with the report was dated 12/27/22 and time stamped at 3:30pm.
-The fax confirmation had electronic documentation that there was no response at the fax number and "The following data could not be sent. Please give this transaction report to sender."

Interview with Resident #3's family member on 01/04/23 at 10:55am revealed:
-On 12/24/22, she called and spoke Resident #3 on the telephone and suspected that Resident #3 was intoxicated.
-Resident #3's speech was slow and slurred, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C 01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 19	D 438		

she was laughing at inappropriate times.
-Resident #3 informed her that she and other staff members had put their money together, purchased some alcohol from the store, and had been consuming the alcohol at the facility.
-A staff member transported Resident #3 to the store to purchase the alcohol.
-Resident #3's family member contacted the police department to inform the police that Resident #3 had been drinking alcohol at the facility.
-Resident #3 was transported to the ER for evaluation after falling and bumping her chin.
-Resident #3 readmitted to the facility on 12/25/22 and per the hospital discharge information, she was intoxicated.

Interview with the Building Manager on 01/05/23 at 8:44am revealed:
-Resident #3 had a fall on 12/24/22, sustained a laceration to the chin, and was sent to the ER for further evaluation.
-While at the hospital, it was determined that Resident #3 was intoxicated.
-Through the facility's internal investigation, the facility cameras were reviewed, and it was determined that an employee transported Resident #3 away from the facility in a private vehicle on 12/24/22.
-When Resident #3 and the employee left the facility, they were not carrying anything in their hands, but when they returned approximately 30 minutes to 1 hour later, the employee carried a yellow bag.
-This incident was reported to the Administrator, and the Administrator submitted the investigation to the HCPR.

Telephone interview with the Administrator on 01/05/23 at 5:42pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098031	A. BUILDING: ______ B. WING ______	C **01/05/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR ASSISTED LIVING #5	**416 NORTH PARKER STREET** **ELM CITY, NC 27822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 20 -She was not aware that the original fax for the Initial Allegation Report submitted to the HCPR was unsuccessful. -This was an oversight. -She re-faxed the Initial Allegation Report and the 5-day working report to the HCPR on 01/05/23. -It was her responsibility to ensure that the HCPR received the fax, and to resend the fax as needed. Review of a fax confirmation dated 01/05/23 revealed a 5-day working report was submitted to the Health Care Personnel Registry (HCPR) at approximately 2:59pm by the Administrator. Review of a second fax confirmation dated 01/05/23 revealed: -A 24hr report was submitted to the HCPR at approximately 3:05pm by the Administrator. -There was a note that stated: "Sent this report on 12/28/22. According to my fax it did not go through, and I just noticed it. You should receive the 24hr report and the 5-day report today."	D 438		