STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. Boilebino.		l p	
		HAL008034	B. WING		R 01/05/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STATI	E, ZIP CODE		
WINDSOF	HOUSE	336 SOU	TH RHODES AVE	NUE		
WINDSOR	HOUSE	WINDSO	R, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
D 000	Initial Comments		D 000			
	The Adult Care Licens follow up survey on 0	sure Section conducted a 1/04/23 to 01/05/23.				
D 344	10A NCAC 13F .1002	2(a) Medication Orders	D 344			
	the resident's physicial for verification or clari medications and treat (1) if orders for admission admission or readmission or readmission or readmission or readmission or readmission or readmission or readmissions are not the sam The facility shall ensure.	ne shall ensure contact with an or prescribing practitioner fication of orders for timents: sion or readmission of the d and signed within 24 hours nission to the facility; ear or complete; or on forms are received upon sion and orders on the				
	interviews, the facility of medication orders (#1, #4) who were ad of a medication used	as evidenced by: as, record reviews and failed to ensure clarification for 2 of 4 sampled residents ministered the wrong dose to control high blood sugar a used to control high blood				
	The findings are:					
	12/09/22 revealed: -Diagnoses included of injury, acute hypergly	nt #1's current FL-2 dated dementia, acute kidney cemia, diabetes mellitus and congestive heart failure. for Basaglar KwikPen				

Division of Health Service Regulation

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

TITLE (X6) DATE

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
		HAL008034	B. WING		R 01/05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDSOF	HOUSE	336 SOUTH	RHODES AV	ENUE	
WINDSON	T HOUSE	WINDSOR,	NC 27983		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETI
D 344	Continued From page	:1	D 344		
	Review of Resident # revealed an admissio	S .			
	pass on 01/04/23 reve -The resident was add KwikPen Insulin, 5 un	ninistered Basaglar			
	hand on 01/05/23 at 3 the bag that the Basa in from the pharmacy	d instructions to inject			
	***	1's medication order dated order for Basaglar KwikPen every morning.			
	11/30/22 and electron care provider (PCP) o -There was an order t KwikPen Insulin, inject	o discontinue Basaglar et 20 units every morning. o start Basaglar KwikPen			
	report dated 12/09/22	1's signed physician order revealed an order for sulin, inject 5 units every			

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STATE FORM R1UJ12 If continuation sheet 2 of 23

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: _	A. BUILDING:	
		HAL008034	B. WING		R 01/05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDSOF	HOUSE	336 SOUTI	H RHODES AVI	ENUE	
Wiitbook		WINDSOR	NC 27983		<u> </u>
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 344	Continued From page	e 2	D 344		
	Review of Resident # summary electronical 12/09/22 at 4:40pm a pharmacy on 12/09/2				
	revealed: -There was an entry finsulin, inject 20 units -There was documen units was administered to 12/02/22 and from discontinued on 12/10 -There was no docum Insulin was administed -There was an entry finsulin, inject 5 units -There was documen administered at 8:00a 12/10/22, and from 12 on 12/17/22 that had -There was an entry finsulin was an entry finsulin, inject 5 units -There was documen administered at 8:00a 12/10/22, and from 12 on 12/17/22 that had -There was an entry finsulin, inject 5 units -There was an entry finsuling the first financial financial finsuling financial financi	s every morning. tation Basaglar Insulin, 20 ed at 8:00am from 12/01/22 12/12/22 to 12/15/22 and 6/22. nentation that Basaglar ered on 12/11/22. for Basaglar KwikPen every morning. tation Basaglar, 5 units was am from 12/03/22 to 2/16/22 to 12/28/22 except the notation "had to clarify." to check finger stick blood			
	mealsThere was documen from 93 to 498 at the 12/01/22 to 12/28/22There was documen from 134 to 548 with register on the glucor from 12/01/22 to 12/2-There was documen from 88 to 570 with o on the glucometer at 12/01/22 to 12/28/22.	tation FSBS levels ranged one reading too high to meter at the 12:00pm check tation FSBS levels ranged ne reading high to register the 5:00pm check from			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDING:			
			B WING		R	
		HAL008034	B. WING		01/0	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ΓE, ZIP CODE		
WINDSOR	HOUSE	336 SOU ⁻	TH RHODES AVE	ENUE		
WINDSON	T HOUSE	WINDSOI	R, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
D 344	Continued From page	e 3	D 344			
	-There was an entry f 5 units every morning -There was documen Insulin 5 units was ac medication pass on 0 01/01/23 to 01/03/23There was an entry t day with mealsThere was documen ranged from 234 to 3 01/01/23 to 01/04/23There was documen ranged from 287 to 3 from 01/01/23 to 01/0 -There was documen ranged from 319 to 3 for the glucometer to	for Basaglar KwikPen Insuling. Itation Basaglar KwikPen Imministered at the 8:00am In 1/04/23 and at 8:00am from Itation that FSBS levels Itation				
	ranged from 319 to 389 with one reading too high for the glucometer to register at the 5:00pm check from 01/01/23 to 01/03/23. Telephone interview with the facility's contracted pharmacy on 01/05/23 at 8:30 am revealed: -An order dated 11/16/22 was received from Resident #1's PCP for Basaglar KwikPen 20 units every morningAn order change dated 12/02/22 was received from Resident #1's PCP for Basaglar KwikPen Insulin 5 units every morningAn order change dated 12/09/22 was received from Resident #1's PCP for Basaglar KwikPen Insulin 20 units every morning and was updated in the pharmacy system and submitted to the facility for approvalThe pharmacy did not receive any notification from the facility that the Basaglar KwikPen Insulin 20 units every morning was not approvedBasaglar KwikPen Insulin inject 20 units was dispensed for Resident #1 on 12/10/22.					

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showed an entry for Basaglar 5 units every

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:	
		HAL008034	B. WING		R 01/05/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WINDSOR	HOUSE	336 SOUT	H RHODES AVI	ENUE	
WINDSOR	HOUSE	WINDSOF	R, NC 27983		
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 344	Continued From page	e 4	D 344		
	morning for Resident -The current medicati				
	to 12/14/22 revealed	1's FSBS log from 11/14/22 documentation of FSBS 93 to 597, with 6 readings meter to register.			
	(ADA) recommendation diagnosis of diabetes -There was a recomm sugar level of 80-130 -There was a recomm sugar level of 180 or 10 beginning a mealHigh blood sugars shifthey are detected.	nendation for target blood before meals. nendation for target blood less 1-2 hours after nould be treated as soon as blood sugar can lead to the to eye damage, heart use and ketoacidosis			
	responsible for sendir any clarification request providerShe administered Rebased on the eMAR. Interview with the MC revealed: -She was responsible orders to the pharmace	, ,			

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DIVISION	i Health Service Negu	i auon	1		ı	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
					۱ ہ	,
			B. WING		R	
		HAL008034	B. WING		01/0	5/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE		
			H RHODES AV			
WINDSOR	HOUSE			ENUE		
		WINDSOR	, NC 27983			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	NAIE	DAIL
D 344	Continued From page	e 5	D 344			
	. •					
		entered medication orders				
		stem and sent them to the				
	facility, she was respon	onsible for reviewing and				
	approving the facility	eMAR for accuracy.				
	-Medication cart audit	ts were usually done weekly				
	by the Lead MA and o	consisted of comparing the				
	label on the medication	. •				
	accuracy.					
	•	e for ensuring medication				
	cart audits were done	-				
		vere delivered by pharmacy				
		the MAs received and				
	signed for the medica					
	•					
		edications were compared to				
	· ·	cing them in the medication				
	cart.					
	· ·	for ensuring medications				
		acy were checked against				
	the eMAR before place	cing them in the medication				
	cart.					
	-She was not familiar	with the new prescription				
	order dated 12/09/22	for Resident #1 for Basaglar				
	KwikPen 20 units eve	ery morning.				
		or notified by the MAs of any				
		g Resident #1's Basaglar				
	medication order unt	•				
	modication order unt					
	Interview with the Adr	ministrator on 01/05/23 at				
	4:10 am revealed:	initionator on 01/00/20 at				
		ation orders to be reviewed				
	by the MCC for accur					
	-	ation cart audits to be				
		compare medication labels				
	with the eMAR for acc	-				
	-The Lead MA usually	y conducted the medication				
	cart audits.					
	-She expected the MO	CC to ensure medication				
		l any discrepancies clarified				
	and corrected immed					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
7.110 1 27.111	or connection	ibertii io, iiioit iombert	A. BUILDING: _			
		HAL008034	B. WING		01/0	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDSOF	RHOUSE	336 SOUTH WINDSOR,	I RHODES AVI NC 27983	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 344	care provider (PCP) or revealed: -She was notified by the Resident #1's FSBS rought -She mistakenly keye units every morning or -The intent was to chas Basaglar 20 units to Expected the facility regard or 12/09/22She expected the fact a medication order discovered the expected the facility for Basagla which was the original increased Resident # on 12/09/22The resident should units every morning so 2. Review of Residen 01/07/22 revealed: -Diagnoses included status, major neurocous subdural hematoma, hyperlipidemiaThe resident's currer Special Care Unit (SC) Review of Resident # revealed an admission Review of Resident # dated 11/28/22 revealed:	with Resident #1's primary on 01/05/23 at 11:25am the facility on 11/30/22 that reading was 529. d in an order for Basaglar 5 on 11/30/22. The facility on 11/30/22 that reading was 529. d in an order for Basaglar 5 on 11/30/22. The facility of the current order from Basaglar 25 units to manage food sugar level. The facility to notify her if there was secrepancy. The facility to notify her if there was secrepancy. The facility to notify her if there was secrepancy. The facility to notify her if there was secrepancy. The facility to notify her if there was secrepancy. The facility of the facility has been decreased and the facility of the facility has been decreased as a facility of the facilit	D 344			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
			_			R
		HAL008034	B. WING		01	/05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	E, ZIP CODE		
MINIDOOF		336 SOU	TH RHODES AVE	NUE		
WINDSOF	RHOUSE	WINDSO	R, NC 27983			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 344	Continued From page	÷ 7	D 344			
	high blood pressure (HBP)).				
	dated 11/28/22 and s	4's physician visit report igned as received by the nator (MCC) revealed an odipine to 10mg.				
		ent #4's 9:00am medication ealed Amlodipine 5mg, 1 ed at 9:41am.				
	Observation of Resid the bottle on 01/04/23 Amlodipine Besylate	•				
		4's Emergency Room (ER) 31/22 revealed a blood g of 193/105.				
		4's facility vitals report from revealed a BP of 168/92 on				
	-A normal BP was 12 the systolic was less number called the dis- Elevated blood press was between 120-129 than 80High blood pressure when the systolic was diastolic was between	plood pressure revealed: 0/80 (the top number called than 120 and the bottom astolic was less than 80). Sure was when the systolic of and diastolic was less (hypertension)stage 1 was between 130-139 and				
	when the systolic wadiastolic 90 or higherHypertensive Crisis (consult your PCP en the systolic was higher				

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DIVISION	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		1141 000024	B. WING		R
		HAL008034			01/05/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		336 SOU	TH RHODES AVE	NUE	
WINDSOR	HOUSE		R, NC 27983		
			IX, NO 27903		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(710)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	
170		,	IAG	DEFICIENCY)	
			+		
D 344	Continued From page	e 8	D 344		
	High Diagd mass.ms				
		could lead to the risk of a			
		eart attack/failure, and kidney			
	disease/failure.				
	Review of Resident #				
		record (eMAR) revealed:			
	•	or Amlodipine 10mg 1 tablet			
	to be administered at	9:00am.			
	-There was documen	tation that Amlodipine 10mg,			
	1 tablet was administ	ered at 9:00am from			
	11/02/22 to 11/04/22,	from 11/06/22 to 11/07/22,			
	from 11/09/22 to 11/1	0/22, from 11/13/22 to			
	11/16/22 from 11/18/2	22 to 11/20/22, 11/23/22 and			
	11/25/22.				
	There was document	ation that Amlodipine 10mg,			
	1 tablet was not admi	nistered at 9:00am on			
	11/01/22 because of a	a doctors appointment, was			
		to refusals on 11/05/22,			
		1/12/22, 11/17/22, 11/21/22,			
		nd from 11/26/22 to 11/28/22.			
	11/22/22, 11/2 1/22 at	14 110111 11/20/22 to 11/20/22.			
	Review of Resident #	4's December 2022 eMAR			
	revealed:	43 December 2022 CIVIAIX			
		or Amlodipine 10mg, 1			
		of Affilodipline Torrig, 1			
	tablet daily.	tation that Amladinina 10mg			
		tation that Amlodipine 10mg,			
		tered from 12//01/22 to			
	· · · · · · · · · · · · · · · · · · ·	/22 to 12/09/22 , 12/12/22,			
		2/20/22, 12/22/22, 12/23,22			
	12/25/22, and 12/28/2				
		tation that Amlodipine 10mg,			
		nistered at 9:00am due to			
	refusals on 12/05/22,				
	12/13/22, 12/16/22, 1				
		2/24/22, 12/26/22 and			
	12/27/22 and being o	n hold on 12/10/22.			
	Review of Resident #	4's January 2023 eMAR			
	revealed:	•			

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-There was an entry for Amlodipine 10mg, 1

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE WINDSOR NO. 27983 MINDSOR HOUSE SUMMARY STATEMENT OF DEFICIENCES WINDSOR, NO. 27983		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SUF COMPLET	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE WINDSOR, NO. 27983 D 336 SOUTH RHODES AVENUE WINDSOR, NO. 27983 D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 Continued From page 9 tablet daily. -There was documentation Amilodipine 10mg, 1 tablet was administered at the 9:00am on 01/01/23, 01/03/23, and 01/04/23. -There was documentation Amilodipine 10mg, 1 tablet was not administered at 19:00am on 01/02/23 due to refusal. Interview with Resident #4's family member on 01/05/23 at 1:30pm revealed: -She was aware Resident #4's Amilodipine had been changed from 5mg daily to 10mg daily on 11/28/22 when she accompanied him to his primary care provider (PCP). -The order change was sent to the facility's contracted pharmacy, but Resident #4's primary care provider (PCP) forgot to send the updated prescription to the resident's PCP and pharmacy and bring the medication to the facility today. Interview with the medication aide (MA) on 01/04/23 at 3:00pm revealed: -The entry on Resident #4's BMAR was Amlodipine 10mg. -She did not notice Resident #4's medication bottle that Amilodipine 10mg. -She did not notice Resident #4's medication but the bottle that Amilodipine 5mg on the label and				A. BOILDING.		R	
SUMMARY STATEMENT OF DEFICIENCE ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYMG INFORMATION) DA44 Continued From page 9 tablet daily.			HAL008034	B. WING		1	2023
XALID SUMMARY STATEMENT OF DEFICIENCIES D PROVIDER'S PLAN OF CORRECTION (AS)	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAJ ID PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 D 344 Continued From page 9 tablet daily. There was documentation Amlodipine 10mg, 1 tablet was administered at the 9:00am on 01/01/123, 01/03/23, and 01/04/23. There was documentation Amlodipine 10mg, 1 tablet was not administered at the 9:00am on 01/01/23 due to refusal. Interview with Resident #4's family member on 01/05/23 at 1:30pm revealed: -She was aware Resident #4's family member on 11/28/22 when she accompanied him to his primary care provider (PCP)The order change was sent to the facility's contracted pharmacy, but Resident #4's primary care provider (PCP) forgot to send the updated prescription to the resident's PCP and pharmacy and bring the medication to the facility today. Interview with the medication aide (MA) on 01/04/23 at 3:00pm revealed: -The entry on Resident #4's eMAR was Amlodipine 10mgShe did not notice Resident #4's medication bottle had Amlodipine 5mg on the label and D - PREFIX (RECHORDE CTION (RECHORDE CTION ACCORDECTION ACCORDECTION (RECHORDE CTION ACCORDECTION ACCORDECTION ACCORDECTION ACCORDECTION (RECHORDE CTION ACCORDECTION ACCORDECTION ACCORDECTION ACCORDECTION ACCORDECTION ACCORDECTION (RECHORDE CTION ACCORDECTION ACCORDECTI	WINDSOR	HOUSE			ENUE		
tablet daily. -There was documentation Amlodipine 10mg, 1 tablet was administered at the 9:00am on 01/01/23, 01/03/23, and 01/04/23. -There was documentation Amlodipine 10mg, 1 tablet was not administered at 9:00am on 01/02/23 due to refusal. Interview with Resident #4's family member on 01/05/23 at 1:30pm revealed: -She was aware Resident #4's Amlodipine had been changed from 5mg daily to 10mg daily on 11/28/22 when she accompanied him to his primary care provider (PCP). -The order change was sent to the facility's contracted pharmacy, but Resident #4's primary care provider (PCP) forgot to send the updated prescription to the resident's private pharmacy who dispensed the resident's medications. -She would contact the resident's medicationsShe would contact the resident's PCP and pharmacy and bring the medication to the facility today. Interview with the medication aide (MA) on 01/04/23 at 3:00pm revealed: -The entry on Resident #4's eMAR was Amlodipine 10mgShe did not notice Resident #4's medication bottle had Amlodipine 5mg on the label and	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETE
contained 5mg tabletsShe thought she administered Amlodipine 10mg and checked off on the eMAR. Interview with the Memory Care Coordinator (MCC) on 01/05/23 at 9:20am revealed: -She was aware Resident #4's Amlodipine had been changed from 5mg to 10mgResident #4 had his own private PCP and pharmacyThe resident's family member was responsible for ensuring medication orders were submitted to	D 344	tablet daily. -There was documentablet was administer 01/01/23, 01/03/23, a-There was documentablet was not admini 01/02/23 due to refus Interview with Reside 01/05/23 at 1:30pm re-She was aware Resibeen changed from 511/28/22 when she acprimary care provider -The order change was contracted pharmacy care provider (PCP) for prescription to the resident with the me 01/04/23 at 3:00pm re-She would contact the pharmacy and bring to today. Interview with the me 01/04/23 at 3:00pm re-She did not notice Resident #4's eMAR -She did not notice Rebottle had Amlodipine contained 5mg tablets -She thought she admand checked off on the Interview with the Me (MCC) on 01/05/23 at -She was aware Resibeen changed from 5-Resident #4 had his pharmacy. -The resident's family	tation Amlodipine 10mg, 1 ed at the 9:00am on nd 01/04/23. tation Amlodipine 10mg, 1 stered at 9:00am on al. nt #4's family member on evealed: dent #4's Amlodipine had mg daily to 10mg daily on ecompanied him to his (PCP). as sent to the facility's , but Resident #4's primary orgot to send the updated sident's private pharmacy esident's medications. he resident's PCP and he medication to the facility dication aide (MA) on evealed: -The entry on was Amlodipine 10mg. esident #4's medication e 5mg on the label and s. ninistered Amlodipine 10mg he eMAR. mory Care Coordinator t 9:20am revealed: dent #4's Amlodipine had mg to 10mg. own private PCP and	D 344	DEFICIENCY)		

Division of Health Service Regulation

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL008034	B. WING		01/05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDSOR	HOUSE		RHODES AVI	ENUE	
040.45	CLIMMADV CT	WINDSOR,		PROVIDER'S PLAN OF CORRECTION	1 0.00
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 344	Continued From page	e 10	D 344		
	the resident's private -The facility would set Resident #4 to the fact to be entered into the eMARThe resident's pharm #4's medication throuf family memberThe resident's family Resident #4's medicat -The medications recommember would be che accuracy against the -She did not know wh label of the bottle con regarding dose was no Interview with the Adr 4:10pm revealed: -She expected the Mic cart audits were cond	pharmacy for dispensing. Ind medication orders for collity's contracted pharmacy system for the facility Inacy would send Resident gh the mail to the resident's Inacy would bring tions to the facility. Inacy would bring tions to the facility for email to the facility for email to the facility for email to the			
		interview with Resident #4's (PCP) on 01/05/23 at essful.			
D 358	10A NCAC 13F .1004 Administration	e(a) Medication	D 358		
	(a) An adult care hor preparation and admi	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments ance with:			

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STATE FORM R1UJ12 If continuation sheet 11 of 23

PRINTED: 01/20/2023 FORM APPROVED

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL008034	B. WING		R 01/05/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE	336 SOUTH	RHODES AV	ENUE		
WINDSON		WINDSOR,	NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE COMPLETE	
D 358	Continued From page	e 11	D 358			
	which are maintained	sed prescribing practitioner in the resident's record; and on and the facility's policies				
	This Rule is not met UNABATED TYPE B	•				
	interviews the facility medications as ordered pass for 2 of 4 resident medication used for be medication used to treat medication used to	ns, record reviews, and failed to administer ed during the medication ints (#1, #4) including a slood sugar control (#1), a eat high blood pressure, and treat constipation and to due to severe liver disease				
	The findings are:					
	by the observation of	rate was 10% as evidenced 3 errors out of 30 he medication pass on				
	12/09/22 revealed: -Diagnoses included injury, acute hypergly type 2, hypertension, -There was an order finsulin, inject 5 units a long-acting insulin usugar)The level of care for Special Care Unit (SC) Review of Resident #	every morning. (Basaglar is used to control high blood Resident #1 was the CU).				
	revealed an admissio	n date of 10/10/22.				

Division of Health Service Regulation

STATE FORM R1UJ12 If continuation sheet 12 of 23

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P 2000E 338 SOUTH RHODES AVENUE WINDSOR HOUSE SUMMARY STATEMENT OF DEPOLENCIES WINDSOR, NC 27883 [CAL PROVIDER'S PLAN OF CORRECTION PREPER (EXCHAPPICAL OF MAYS SE PRECEDED BY PLAN.) PREPER (EXCHAPPICAL OF MAYS SEARCH OF MAY	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
International Continues Summary Statement of Deficiencies PREFIX TAG Deficiency Summary Statement of Deficiencies PREFIX TAG Deficiency Must see Preceded by Full. PREFIX TAG Deficiency Must see Preceded by Full. TAG Deficiency TAG Def			HAL008034	B. WING		
CALCA D SUMMARY STATEMENT OF DEFICIENCIES PREFIX FREFIX	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 12 Observation of Resident #1's 8:00am medication pass on 01/04/23 revealed: -The resident was administered Basaglar KwikPen Insulin, Jounts at 9:10amThe resident's fingerstick blood sugar (FSBS) level was 387. Observation of Resident #1's medications on hand on 01/05/23 at 3:10pm revealed the label on the bag that the Basaglar KwikPen Insulin, order of Basaglar KwikPen Insulin, piect 20 units every morning. Review of Resident #1's medication order dated 11/16/22 revealed an order for Basaglar KwikPen Insulin inject 20 units every morning. Review of Resident #1's medication order dated 11/30/22 and electronically signed by the primary care provider (PCP) on 12/02/22 at 6:53am revealed: -There was an order to discontinue Basaglar KwikPen Insulin, inject 20 units every morning. Review of Resident #1's signed physician order report dated 10/03/22 revealed an order for to start Basaglar KwikPen Insulin, inject 5 units every morning. Review of Resident #1's signed physician order report dated 12/03/22 revealed an order for Basaglar KwikPen Insulin, inject 5 units every morning. Review of Resident #1's signed physician order report dated 12/03/22 revealed an order for Basaglar KwikPen Insulin, inject 5 units every morning. Review of Resident #1's signed by the PCP dated 12/09/22 at 4:40pm and faxed to the facility on 12/09/22 at 4:40pm and faxed to the facility on 12/09/22 at 9:36pm from the pharmacy revealed an order for Grand faxed to the facility on 12/09/22 at 9:36pm from the pharmacy revealed an order for Grand faxed to the facility on 12/09/22 at 9:36pm from the pharmacy revealed an order for Grand faxed to the facility on 12/09/22 at 9:36pm from the pharmacy revealed an order for Grand faxed to the facility on 12/09/22 at 9:36pm from the pharmacy revealed an order for Grand faxed to the facility on 12/09/22 at 9:36pm from the pharmacy revealed an order for Grand faxed for the facility on 12/09/22 at 9:36pm from the ph	WINDSOR	HOUSE			ENUE	
Observation of Resident #1's 8:00am medication pass on 01/04/23 revealed: -The resident was administered Basaglar KwikPen Insulin, 5 units at 9:10amThe resident's fingerstick blood sugar (FSBS) level was 387. Observation of Resident #1's medications on hand on 01/05/23 at 3:10pm revealed the label on the bag that the Basaglar KwikPen Insulin came in from pharmacy, dated 11/16/22 and opened on 12/09/22, had instructions to inject Basaglar KwikPen Insulin 20 units every morning. Review of Resident #1's medication order dated 11/16/22 revealed an order for Basaglar KwikPen Insulin inject 20 units every morning. Review of Resident #1's medication order dated 11/30/22 and electronically signed by the primary care provider (PCP) on 12/02/22 at 6:53am revealed: -There was an order to idiscontinue Basaglar KwikPen Insulin, inject 20 units every morning. Review of Resident #1's medication order dated 11/30/22 and electronically signed by the primary care provider (PCP) on 12/02/22 at 6:53am revealed: -There was an order to start Basaglar KwikPen Insulin, inject 5 units every morningThere was an order to start Basaglar KwikPen Insulin, inject 5 units every morning. Review of Resident #1's signed physician order report dated 12/09/22 revealed an order for Basaglar KwikPen Insulin, inject 5 units every morning at 8:00am. Review of Resident #1's new prescription summary electronically signed by the PCP dated 12/09/22 at 4:40pm and faxed to the facility on 12/09/22 at 9:36pm from the pharmacy revealed an order for Basaglar KwikPen inject 20 units	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
	D 358	Observation of Reside pass on 01/04/23 reve- The resident was adr KwikPen Insulin, 5 un- The resident's fingers level was 387. Observation of Reside hand on 01/05/23 at 3 the bag that the Basa in from pharmacy, dat 12/09/22, had instruct KwikPen Insulin 20 un Review of Resident # 11/16/22 revealed an Insulin inject 20 units Review of Resident # 11/30/22 and electron care provider (PCP) or revealed: There was an order to KwikPen Insulin, inject 5 units of Review of Resident # 11/30/22 Basaglar KwikPen Insulin, inject 5 units of Review of Resident # 11/30/22 Basaglar KwikPen Insulin, inject 5 units of Review of Resident # 11/30/22 Basaglar KwikPen Insulin, inject 5 units of Review of Resident # 11/30/22 Basaglar KwikPen Insuling at 8:00am. Review of Resident # 11/30/22 at 4:40pm an 11/30/22 at 4:40pm an 11/30/22 at 9:36pm for an order for Basaglar	ent #1's 8:00am medication ealed: ministered Basaglar its at 9:10am. stick blood sugar (FSBS) ent #1's medications on 8:10pm revealed the label on glar KwikPen Insulin came led 11/16/22 and opened on tions to inject Basaglar nits every morning. 1's medication order dated order for Basaglar KwikPen every morning. 1's medication order dated ically signed by the primary on 12/02/22 at 6:53am o discontinue Basaglar stated outside the discounting of the primary morning. 1's signed physician order revealed an order for sulin, inject 5 units every 1's new prescription by signed by the PCP dated and faxed to the facility on om the pharmacy revealed	D 358		

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DIVISION	n nealth Service Regu	ilalion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_		l _	
				D 14/14/0		₹
		HAL008034	B. WING		01/0	5/2023
NAME OF D	DOVIDED OD CLIDDLIED	CTDEET AS	DDECC CITY CTA	TE 710 CODE		
NAIVIE OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
WINDSOR	HOUSE	336 SOU	TH RHODES AV	ENUE		
		WINDSOI	R, NC 27983			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE	DATE
				DEFICIENCY)		
D 358	Continued From page	. 12	D 358			
D 000	Continued From page	= 10	D 330			
	pharmacy on 01/05/2	3 at 8:30 am revealed:				
	-An order dated 11/16	6/22 was received from				
	Resident #1's PCP fo	r Basaglar KwikPen Insulin				
	20 units every morning	_				
	-	ed 12/02/22 was received				
	•	CP for Basaglar KwikPen				
	Insulin, 5 units every					
		ed 12/09/22 was received				
	9					
		CP for Basaglar KwikPen				
		y morning and was updated				
	. , ,	em and submitted to the				
	facility for approval.					
	-The pharmacy did no					
	communication from	the facility that the order for				
	Basaglar 20 units eve	ery morning dated 12/09/22				
	was not approved.					
	-The order for Basagl	lar KwikPen Insulin inject 20				
		for Resident #1 on 12/10/22.				
	-	ny the electronic medication				
		(eMAR) at the facility				
		Basaglar KwikPen Insulin 5				
		or Resident #1 after the				
	12/10/22 date.	of Resident #1 after the				
		ion order for Resident #1				
	•	en Insulin 20 units every				
	morning.					
	D : (D :1 ///	141 D				
		1's December 2022 eMAR				
	revealed:					
	-There was an entry f	•				
	Insulin, inject 20 units					
		tation Basaglar Insulin, 20				
		ed at 8:00am from 12/01/22				
		12/12/22 to 12/15/22 and				
	discontinued on 12/16	6/22.				
	-There was no docum	nentation that Basaglar				
	Insulin was administe					
	-There was an entry f					
	Insulin, inject 5 units					
		tation Basaglar, 5 units was				
	4004111011	, ,	1	1		1

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL008034	B. WING	B. WING		5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
WINDSOF	HOUSE	336 SOUT	H RHODES AVI	ENUE		
WINDSON	TIOUSE	WINDSOR	, NC 27983			
(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	: 14	D 358			
	administered at 8:00a 12/10/22, and from 12 on 12/17/22 that had -There was an entry t sugar (FSBS) levels t mealsThere was document from 93 to 498 at the 12/01/22 to 12/28/22There was document from 134 to 548 with register on the glucon from 12/01/22 to 12/2 -There was document from 88 to 570 with or register on the glucon from 12/01/22 to 12/2 -There was document from 88 to 570 with or register on the glucon from 12/01/22 to 12/2 -There was an entry form 12/01/23 to 12/2 -There was an entry form 12/01/23 to 01/03/23There was document lnsulin 5 units was admedication pass on 0 01/01/23 to 01/03/23There was document ranged from 234 to 38 01/01/23 to 01/04/23There was document ranged from 287 to 38 from 01/01/23 to 01/04-71 to 01/01/23 to 01/01/23 to 01/01/24 to 01/01/25 to	am from 12/03/22 to 2/16/22 to 12/28/22 except the notation "had to clarify." to check finger stick blood hree times a day with tation FSBS levels ranged 8:00am check from tation FSBS levels ranged one reading too high to neter at the 12:00pm check 8/22. tation FSBS levels ranged he reading too high to neter at the 5:00pm check 8/22. 1's January 2022 eMAR or Basaglar KwikPen Insulin tation Basaglar KwikPen Insulin 1. tation Basagla				

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Review of Resident #1's FSBS log from 11/14/22

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL008034	B. WING		R 01/05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDSOR	HOUSE	336 SOUTH	RHODES AV	ENUE	
WINDSON	THOUSE	WINDSOR,	NC 27983		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 15	D 358		
2 000	to 12/14/22 revealed readings ranged from too high for the glucon	documentation of FSBS 93 to 597, with 6 readings meter to register.	5 000		
	(ADA) recommendation diagnosis of diabetes -There was a recommendation sugar level of 80-130 -There was a recommendation sugar level of 180 or beginning a mealHigh blood sugar levels soon as they are determined to the sugar levels of the sugar	nendation for target blood before meals. nendation for target blood less 1-2 hours after els should be treated as ected. blood sugar can lead to loss, heart attack, kidney sis (diabetic coma) which is dition. dication aide (MA) on evealed:			
	-The Memory Care Coordinator (MCC) was responsible for sending medication orders and any clarification request to the pharmacy or providerShe administered Resident #1's Basaglar 5 units based on the instructions on the eMAR.				
	revealed: -She was responsible orders to the pharmacy pharmacy system and -When the pharmacy into the pharmacy systacility, she was responsible to the pharmacy systacility, she was responsible to the pharmacy systacility.	ts were usually done weekly consisted of comparing the			

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Division of	of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
			_			
			B. WING		R	
		HAL008034	B. WING		01/0	5/2023
NAME OF PE	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	TE ZIP CODE		
WINDSOR	HOUSE		TH RHODES AVE	INUE		
		WINDSOF	R, NC 27983			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	:Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
TAG	NEGOLATORT OR I	EGG IDENTIF TING IN GINWATION)	TAG	DEFICIENCY)	WAIL	
			+	·		
D 358	Continued From page	e 16	D 358			
	accuracy.					
		e for ensuring medication				
	cart audits were done					
		vere delivered by pharmacy				
	to the facility weekly,	the MAs received and				
	signed for the medica					
	-The labels on the me	edications were compared to				
	the eMAR before place	cing them in the medication				
	cart.					
	-She was responsible	e for ensuring medications				
	•	acy were checked against				
		cing them in the medication				
	cart.	9				
		of the Basaglar insulin order				
	for 20 units dated 12/					
		or notified by the MAs of any				
		g Resident #1's Basaglar				
	medication order until	-				
	Hitaication order and	THOW.				
	Interview with the Adr	ministrator on 01/05/23 at				
	4:10 am revealed:	IIIIIIStrator on 0 1/05/25 at				
	-	estima and and to be reviewed				
	•	cation orders to be reviewed				
	by the MCC for accur					
	•	cation cart audits to be				
	,	compare medication labels				
	with the eMAR for acc					
	•	y conducted the medication				
	cart audits.					
	•	CC to ensure medication				
	audits were done and	-				
	corrected and clarified	d immediately.				
	1					
		with Resident #1's PCP on				
	01/05/23 at 11:25am					
	-She was notified on	11/30/22 by the facility that				
	Resident #1's FSBS r	reading was 529.				
	-She mistakenly keye	ed in an order for Basaglar				
	KwikPen Insulin 5 uni					
	11/20/22	,				

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-The intent was to change the current order from

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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	
		HAL008034	B. WING		R 01/05/2023	
NAME OF D			DESCRIPTION OF A	TF 7/D 00DF	1 0170	3/2023
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA H RHODES AVI			
WINDSOR	HOUSE		, NC 27983	ENGE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 17	D 358			
D 336	Basaglar 20 units to E Resident #1's high bla -She had left out the a medication order in the She did not receive a from the facility regarShe expected to rece clarification form the a discrepancies related 11/30/22 and 12/09/2 -She discovered the a submitted a new prese the facility and pharm every morning, which she had increased Ra -The resident should units every morning se 2. Resident #4's curre revealed: -Diagnoses included status, major neurocc subdural hematoma, hyperlipidemiaThe resident's currer Special Care Unit (So Review of Resident # revealed an admission a. Review of Resident dated 11/28/22 revea Lactulose solution, 10 instructions to admini elevated ammonia let medication used to tre	Basaglar 25 units to manage bood sugar level. 2 when she keyed in the ne electronic system. any request for clarification ding the order on 11/30/22. Evive a request for facility regarding any any to the medication orders on 2. Error on 12/09/22 and coription for Resident #1 to nacy for Basaglar 20 units was the original dose since esident #1's Novolog. Evereiving Basaglar 20 cince 12/09/22. Ent FL-2 dated 01/07/22 dementia, altered mental ognitive disorder, chronic hypertension, diabetes, and ant level of care was the CU). 4's Resident Register in date of 12/28/21. It #4's physician order report led there was an order for 20 or gram/15ml with the ster 30ml daily at 9:00am for	D 336			
		ent #//s 0:00am medication				

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pass on 01/04/23 revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E SURVEY PLETED		
						R
		HAL008034	B. WING		01	/05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
WINDSOF	HOUSE		TH RHODES AVE	NUE		
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	R, NC 27983	PROVIDER'S PLAN OF COR	PRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 18	D 358			
	at 9:41am. -The resident was ve	ministered Lactulose 15ml ry confused and required a of coaching and time from take his medication.				
	medication record (el -There was an entry f 10gram/15ml with the 30ml daily at 9:00am -There was documen	4's January 2022 electronic MAR) revealed: for Lactulose solution, e instructions to administer for elevated ammonia. tation that Lactulose 30ml 01/04/23 at the 9:00am				
	01/04/23 at 3:00pm re- She looked at the first on the eMAR that had the Lactulose dose for	dication aide (MA) on evealed: st part of th medication order d 10gram/15ml and thought or Resident #4 was 15ml. e instructions on the eMAR				
	(MCC) on 01/05/22 a expected Resident #4	mory Care Coordinator t 9:20am revealed she t's Lactulose to be on the instructions on the				
	4:10pm revealed: -She expected Resid					
		interview with Resident #4's (PCP) on 01/05/22 at essful.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		SURVEY PLETED	
			A. BUILDING: _			
		HAL008034	B. WING		01	R / 05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WINDSOF	HOUSE	336 SOUT	H RHODES AVI	ENUE		
WINDSOF	(HOUSE	WINDSOR	, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	: 19	D 358			
	dated 11/28/22 reveal Amlodipine Besylate 9:00am. (Amlodipine high blood pressure).	t #4's physician order report led there was an order for 10mg, 1 tablet daily at is a medication used to treat				
	Review of Resident #4's physician visit report dated 11/28/22 and signed as received by the Memory Care Coordinator (MCC) revealed an order to increase Amlodipine to 10mg.					
		ent #4's 9:00am medication ealed Amlodipine 5mg, 1 ed at 9:41am.				
	Observation of Reside the bottle on 01/04/23 Amlodipine Besylate	•				
		4's Emergency Room (ER) 1/22 revealed a blood g of 193/105.				
	Review of Resident #4's facility vitals report from 11/01/22 to 01/05/23 revealed a BP of 168/92 on 01/02/23.					
	-A normal BP reading number called the sys 120 and the bottom n number was less thar -Elevated blood press was between 120-129 80. -High blood pressure	blood pressure revealed: was 120/80 (the top stolic number was less than umber called the diastolic a 80). sure was when the systolic and diastolic was less than (hypertension) stage 1 was between 130-139 and				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BoileBillo.		R	
		HAL008034	B. WING		01/05/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE	336 SOUTH WINDSOR,	I RHODES AVI	ENUE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	20	D 358			
	-High blood pressure when the systolic was diastolic 90 or higherHypertensive Crisis (immediately) was who than 180 and/or diast -High Blood pressure loss, heart attack/failudisease/failure. Review of Resident # medication record (eNorthere was an entry fitablet dailyThere was document	(hypertension) stage 2 was a 140 or higher or the consult your PCP cen the systolic was higher olic greater than 120. could cause a stroke, vision are and kidney 4's January 2022 electronic MAR) revealed: for Amlodipine 10 mg, 1				
	tablet was administered at the 9:00am medication pass. Interview with Resident #4's family member on 01/05/23 at 1:30pm revealed: -She was aware Resident #4's Amlodipine had been changed from 5mg daily to 10mg daily on 11/28/22 when she accompanied him to his primary care provider (PCP)The order change was sent to the facility's					
	contracted pharmacy, but Resident #4's primary care provider (PCP) forgot to send the updated prescription to the resident's private pharmacy who dispensed the resident's medications. -She did not know the facility could not administer 2 of the 5mg tablets in the medication bottle to Resident #4 without an order. -She would contact the resident's PCP and pharmacy and bring the medication to the facility today. Interview with the medication aide (MA) on 01/04/23 at 3:00pm revealed: -The entry on Resident #4's eMAR was Amlodipine 10mg.					

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	i Health Service Regu		1			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	EIED
					R	
		HAI 000024	B. WING		01/05/2023	
		HAL008034	1 =: :9		ı 01/0	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		336 SOLIT	H RHODES AV	ENUE		
WINDSOR	HOUSE		, NC 27983	ENGE		
		WINDSOR	, NC 2/903			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
IAG	TREGOEM ON L	is bern the in ordination	IAG	DEFICIENCY)		
D 358	Continued From page	e 21	D 358			
	Ob	:				
		esident #4's medication				
	· ·	5mg on the label and				
	contained 5mg tablets					
	-She thought she adn	ninistered Amlodipine 10mg.				
		mory Care Coordinator				
	(MCC) on 01/05/23 at	t 9:20am revealed:				
	-She was aware Resi	dent #4's Amlodipine had				
	been changed from 5					
	-Resident #4 had his					
	pharmacy.	om private i di ana				
		member was responsible				
		· · · · · · · · · · · · · · · · · · ·				
	•	on orders were submitted to				
	-	pharmacy for dispensing.				
		nd medication orders for				
		cility's contracted pharmacy				
	to be entered into the	system for the facility				
	eMAR.					
	-The resident's private	e pharmacy would send				
		ition through the mail to the				
	resident's family mem					
	-The resident's family					
	Resident #4's medica	•				
		ations from pharmacy would				
	· · · · · · · · · · · · · · · · · · ·	As for accuracy against the				
	eMAR.					
		y the discrepancy on the				
	label of the bottle com	- Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
	regarding the dose wa	as not caught.				
	Interview with the Adr	ministrator on 01/05/23 at				
	4:10pm revealed:					
	-She expected the MO	CC to ensure medication				
		ucted weekly and the label				
		be compared to the eMAR				
	for accuracy.	,				
	<u>-</u>	CC to coordinate Resident				
	•					
	medication orders we	the family member to ensure				

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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		
HAL008034		B. WING		01/0	R 5/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WINDSOR	HOUSE		H RHODES AV	ENUE		
			, NC 27983			
(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	22	D 358			
	•	interview with Resident #4's (PCP) on 01/05/22 at essful.				
	medications as presc provider (PCP) for 2 of #4), including a medic blood sugar levels for fingerstick high blood high as 597 and 9 rea the glucometer that of vision loss, heart attac death (#1), a medica pressure for a resider readings of 193/105 v 12/31/22 and 168/92 in a stroke, vision loss kidney disease/failure used to treat constipal level due to severe live documented aggressi (#4). This failure was safety, and welfare of constitutes a Type B v	on 01/02/23 that could result s, heart attack/failure and e (#4), and a medication tion and to lower ammonia ver disease who had ive and confused behaviors detrimental to the health, the residents which violation.				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 01/05/23 for				

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