Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL049010 B. WING 11/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CROWN COLONY** 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 000 Initial Comments D 000 Administrator and RCC The Adult Care Licensure Section conducted an will assure a care plan Annual and Follow-up survey on November is completed for each resident within 30 days following admission. 28-29, 2022. D 259 10A NCAC 13F .0802(a) Resident Care Plan D 259 10A NCAC 13F .0802 Resident Care Plan (a) An adult care home shall assure a care plan is Form A will be completed each month and signed off by Administrator and RCC. Forms will be kept on file at the facility for review developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure 1 of 5 sampled residents (#2) had a completed care plan within 30 days of admission. The findings are: Review of Resident #2's current FL2 dated 09/12/22 revealed: -Diagnoses included diabetes, neuropathic and muscle weakness. -Resident #2 was independent with all activities of daily living. Review of Resident #2's Resident Register revealed an admission date of 09/09/22. Review of Resident #2's licensed health professional support (LHPS) evaluation dated 10/03/22 revealed she received insulin via injection. Division of Health Service Regulation

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

STATE FORM

TITLE

Reviewed and Acknowledged by Susan Melton, RN on 01-17-23 Susan S Melton, RN

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA			FU	RM APPROVE
TO CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
		HAL049010	B. WING	B. WING		1/20/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E ZIP CODE		1/29/2022
CROWN	COLONY		MMERCIAL DRIVE			
and an example			SVILLE, NC 28115			
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		Table School Control	
TAG	REGULATORY OF	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 259	Continued From page	ge 1	D 259			
	Review of Resident	#2's record from 11/28/22 to				
	11/29/22 revealed th	nere was no documentation of				
	a completed care pl	an and one was not available				
	prior to exit on 11/29	9/22.				
	Interview with Resid	ent #2 on 11/28/22 at 9:30am				
	revealed she require	ed assistance with bathing.				
	Interview with the Dr	osidont Cara O				
	Interview with the Resident Care Coordinator (RCC) on 11/29/22 at 11:45am revealed:					
	-She was responsible	e for filling out the resident's				
	care plans within the	first 30 days of admission.				
	-She had been very	busy and did not complete				
	Resident #2's care p	lan.				
	-If resident's do not h	nave a completed care plan,				
	resident register. El	ion obtained from the				
	resident register, FL2	cord will stay at the Nurse's				
	station for 72 hours a	ofter admission so the				
	resident's care needs	s can be documented.				
	-Staff also gave verba	al report on the resident's				
	care needs at shift ch	nange.				
	Interview with the Adr	ministrator on 11/29/22 at				
	4:00pm revealed:	- 1.1 6 mu				
	plans soon after adm	nsible for filling out care				
		CC had been very busy and				
	was on vacation shor	tly after Resident #2 was				
3	admitted.					
1 3	-She was not aware to	hat Resident #2 did not have				
1	a completed care plan	n.				
	The RCC was respor	nsible for completing chart				
ć	completed.	t sure the last time one was				
D 276 1	10A NCAC 13F .0902	(c)(3-4) Health Care	D 276			
1	10A NCAC 13F .0902	Health Care				
The second second						- 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	FORM APPRO
		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL049010	8. WING		
IAME OF P	ROVIDER OR SUPPLIER				11/29/2022
		SIREETA	ADDRESS, CITY, ST	ATE, ZIP CODE	MONEY CONTRACTOR OF THE PARTY O
ROWN	COLONY	291 COM	MMERCIAL DRIV SVILLE, NC 281	/E	
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES			
TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION	(VO)
			TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE DATE
D 276	Continued From pag		D 276		
	(c) The facility shall	assure documentation of the		Flaministrato	15 n = 1/ 1/21/
	lollowing in the resid	ent's record:		Flaministrato	and/or 1/31/0
	(3) written procedure	es, treatments or orders from		THE WILL AS	551100 -11
	a physician or other	licensed health professional;		PCC will as	an Eall
	and			Witten arom	1
	(4) Implementation o	f procedures, treatments or		to 1 Fice	acres,
	orders specified in S	ubparagraph (c)(3) of this		" COUNTOUTE	0 1
	Rule.	0.0000000000000000000000000000000000000		treatments from Physic	and orders
	This Rule is not met			From thisic	
	Based on interviews	and record reviews, the		19010	ian or
	facility failed to ensur	e implementation of orders		Other I con	50 -1 100 111
	to fiold two blood thin	Ining medications and		other licen	ed neath
	administer a laxative for 1 of 5 sampled residents (#1) prior to a colonoscopy. The findings are: Review of Resident #1's current FL2 dated		1 1	protessional	
				professional	are
				in the west to	a Nous
ŗ				documentation	0
(02/26/22 revealed:	is current FL2 dated		C. C. C. C. C. 10	Ntor
		Alzheimer's Disease, atrial		procedures o	00-1
f	lutter (abnormal hear	t rhythm) complete		1 cares o	in orders
a	atrioventricular block (disruption of the electrical		will be kept	01
5	aighai in the heart) and	d pacemaker		0	ontile
-	There was an order for	or aspirin 81mg daily		tor reviews -	Trainin
	There was an order for	or warfarin (a blood thinning		for review.	nanna
п	nedication) 5mg daily		-	for staff wi	liba a
R	Review of Resident #1	's physician orders dated			
U	9/20/22 revealed:			Competed	and
-T -T	There was an order fo	r aspirin 81mg daily.		dra 1 1:	
	I here was an order fo	or warfarin 5mg daily.	2	documentation	nwill
In	terview with Residen	t #1 on 11/28/22 at 9:46am	t	Lacy of	C
ге	vealed he was sched	luled to have a		~ Lenton	4:10
cc	olonoscopy the next d	lay (11/29/22).	(at the facil	: 1
a.	Review of Resident #	#1's Gastrologist's visit	<		1 19
110	ne dated 10/05/22 rev	vealed:	C	see affachma	In
-R	esident #1 was sched	duled to have an	. (Carrow Danie	711

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL049010 B. WING 11/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CROWN COLONY** 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 276 Continued From page 3 D 276 endoscopy (a scope to examine the digestive tract) and a colonoscopy (a scope to examine the large intestines) on 11/29/22 at 11:00am. -Resident #1's warfarin was to be stopped five days prior to the procedure on 11/24/22. Review of Resident #1's Gastrologist's written orders dated 10/05/22 revealed: -Resident #1's warfarin was to be held five days prior to the procedure, starting 11/24/22. -The warfarin was to resume after the procedure. Review of Resident #1's November 2022 electronic Medication Administration Record (eMAR) revealed: -There was an entry for warfarin 5mg one tablet daily at 5:00pm. -The warfarin was documented as administered from 11/01/22 to 11/27/22. Refer to the telephone interview with a Pharmacist from the facility's contracted pharmacy on 11/29/22 at 11:37am. Refer to the interview with a Medication Aide (MA) supervisor on 11/29/22 at 12:15pm. Refer to the interview with the Resident Care Coordinator (RCC) on 11/29/22 at 12:49pm Refer to the telephone interview with Resident #1's Gastrologist on 11/29/22 at 1:12pm. Refer to the interview with the Administrator on 11/29/22 at 4:00pm. Attempted telephone interview with the transportation staff on 11/29/22 at 10:45am was unsuccessful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	FORM APPRO
		HAL049010	B. WING		COMPLETED
NAME OF	PROVIDER OR SUPPLIER				11/29/2022
CROWN		SIREET	ADDRESS, CITY, STATE	E. ZIP CODE	
OROTH	COLONY	MOORE	MMERCIAL DRIVE SVILLE, NC 28115		
(X4) ID	SUMMARY ST	TATEMENT OF DESICIENDIES			- million
PREFIX TAG	REGULATORY OR	37 MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLE HE APPROPRIATE DATE
D 276	Continued From page	e 4	D 276		
F a F	b. Review of Resident note dated 10/05/22 resident #1 was schendoscopy and colon 11:00am. Resident #1's aspirint days prior to the procedure, or 10/05/22 resident #1's aspiring prior to the procedure, or 11/30/2 resident #1's aspiring prior to the procedure, or 11/30/2 resident #1's aspiring prior to the procedure, or 11/30/2 review of Resident #1 electronic Medication / (eMAR) revealed: There was an entry for daily at 8:00am. The aspirin was document from 11/01/22 to 11/28. Refer to the telephone repharmacist from the factor and the factor of the interview was to 12:49pm. Refer to the telephone in 12:49pm. Refer to the telephone in 12:49pm.	at #1's Gastrologist's visit revealed: neduled to have an loscopy on 11/29/22 at a was to be stopped two edure, on 11/27/22. 1's Gastrologist's written a revealed: was to be held two days, starting 11/27/22. Sume the day after the 2. I's November 2022 Administration Record or aspirin 81mg one tablet mented as administered at 11:37am. With a MA supervisor on with the RCC on 11/29/22 Interview with Resident 29/22 at 1:12pm.	D 276		
T	1/29/22 at 4:00pm.	ith the Administrator on			
A	ttempted telephone into Service Regulation	erview with the			

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL049010 B. WING 11/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CROWN COLONY 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 276 Continued From page 5 D 276 transportation staff on 11/29/22 at 10:45am was unsuccessful. c. Review of Resident #1's Gastrologist's visit note dated 10/05/22 revealed: -Resident #1 was scheduled to have an endoscopy and colonoscopy on 11/29/22 at 11:00am. -Resident #1's was to take two bisacodyl laxative tablets at bedtime on 11/27/22. Review of Resident #1's electronically transmitted prescription dated 10/05/22 revealed Resident #1 was to take bisacodyl 5mg, two tablets at bedtime on 11/27/22. Review of Resident #1's November 2022 electronic Medication Administration Record (eMAR) revealed: -There was an entry for bisacodyl 5mg, two tablets at bedtime two nights before the procedure. -There was no documentation the bisacodyl had been administered to Resident #1 on 11/27/22. Interview with the RCC on 11/28/22 at 2:36pm revealed: -The bisacodyl order was electronically sent to the pharmacy and the pharmacy placed the medication order on Resident #1's eMAR. -She spoke with a representative from the facility's contracted pharmacy on 11/28/22 and it was determined the bisacodyl entry was not entered correctly on Resident #1's eMAR by the pharmacy. -The pharmacy had incorrectly entered a "start time" of 6:00am and an "end time" of 12:00pm on 11/27/22 for the bisacodyl entry. -The bisacodyl entry was discontinued prior to the bedtime medication pass on 11/27/22 and did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	FORM APP (X3) DATE SURVEY		
			A. BUILDING:		COMPLETED	
		HAL049010	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS CITY OF	-	11/29/202	2
CROWN	COLONY	291 CO	ADDRESS, CITY, STATE	E. ZIP CODE		
		MOORE	SVILLE, NC 28115			
(X4) ID	SUMMARY S	PATEMENT OF DEFINITION				
PREFIX TAG	REGULATORY OR	JY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COM	X5) PLE ATE
D 276	Continued From page	e 6	D 276	DET ICIENCY)		
	appear on the bedtim administer the medical	ne eMAR for the MA to ation to Resident #1.	D 276			
	Interview with a Phan	macist from the facility's				
	revealed:	on 11/29/22 at 11:37am				
	-The pharmacy receiv	red an electronic				
	tablets to be administ	ent #1's bisacodyl 5mg, two	1			
	tablets to be administed bedtime.	ered on 11/27/22 at				
		ablets were dispensed to				
	-The pharmacy incorrectly entered the start and					
	stop titles on the bisa	CODVI entry for Recident #4				
	and it liever bobbed, o	on the eMAR for the				
	medication aide (MA) f	to administer				
	the colon prior to Resid	escribed to help cleanse dent #1's colonoscopy.				
	Refer to the interview v 11/29/22 at 12:15pm.	vith a MA supervisor on				
	Refer to the interview v at 12:49pm.	vith the RCC on 11/29/22				
	Refer to the interview w 11/29/22 at 4:00pm.	vith the Administrator on				
A	Attempted telephone in	terview with the				
U	insuccessful.	1/29/22 at 10:45am was				
T	elephone interview with	n a Pharmacist from the				
1	1:37am revealed:	macy on 11/29/22 at				
-	ne pharmacy was resp	consible for entering new				
0	rders onto the residents dministration record (el	S' electronic Modication				
-4	All new orders placed of	n residents' aMAS				
10	be approved by facility	staff after the order				
10	be approved by facility Service Regulation	n residents' eMARs had staff after the orders				

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION		RM APPROV	
		A. BUILDIN		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL049010	B. WING				
NAME OF F	PROVIDER OR SUPPLIER	STORES			11	1/29/2022	
ROWN	COLONY	SIREET	ADDRESS, CITY, STATE	ZIP CODE	44.0		
	COLONY	MOORE	MMERCIAL DRIVE SVILLE, NC 28115				
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DESIGNATION			li di		
TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE JE APPROPRIATE	(X5) COMPLET DATE	
D 276	Continued From pag	ge 7	D 276	DEFICIENCY	,		
	were reviewed for a		0276				
	-The facility could bla	ace a medication on hold in					
	the eMAR system or	they could fax the order to					
	the pharmacy.	odia lax trie order to					
	Interdes ou	april seet on a					
	on 11/29/22 at 12:15	ication Aide (MA) supervisor					
	-When a resident reti	pm revealed: urned from a medical					
	appointment via facili	ty transportation, the					
	transportation employ	vee faxed new orders to the					
	Priarmacy or gave the	em to the Resident Care					
	Coordinator (RCC) of	the MA supervisor on duty					
	-iviedications placed (on hold or suspended were					
	to be faxed to the pha	armacy.					
	residents' electronic N	y the pharmacy on the Medication Administration					
1	Record (eMAR) had t	o be approved by herself or					
13	ine ACC.						
	She reviewed and ap	proved the bisacodyl entry	9				
	for Resident #1 and fa	ailed to notice the time					
,	discrepancy on the or	der.					
1	nterview with the Res	ident Care Coordinator					
(RCC) on 11/29/22 at	12:49pm revealed:					
1.5	when a resident retui	rned from a medical					
8	ppointment via facility	transportation, the					
0	rders to the pharmac	ee typically faxed new	1				
to	the pharmacy.	y or gave them to her to fax					
-5	She had not seen the	gastroenterology					
P	aperwork and orders	for Resident #1					
	The transportation em	ployee should have given	ļ				
-	esident #1's gastroen	terology nanenwork to the					
11:	fax it to the pharmac	on duty if she was not able					
-N	Medication holds or su	y. spensions were typically					
fa	xed to the pharmacy,	but she and the MA					
St	ipervisor were able to	place medication holds					
11.1	to the elviar system.						
of Health	he and the MA super	visor were responsible for					

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA			FORM APPROV
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	FICATION NUMBER: (X2) MULTIPLE CONSTRUCTION		
		TOWNER,	A. BUILDING:	(X3)	DATE SURVEY COMPLETED
					COMPLETED
		HAL049010	B. WING	1	
NAME OF	PROVIDER OR SUPPLIER		U. MING		11/20/2022
······································	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E ZIR CORE	11/29/2022
CROWN	COLONY		MMERCIAL DRIVE		
		MOORE	SVILLE, NC 28115		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	OVICEE, NC 28115		
PREFIX	LEACH DEFICIEN	ICY MUST BE DECEDED BY	ID	PROVIDER'S PLAN OF CORRECTION	
ino	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	PREFIX	CEACH CORRECTIVE ACTION SUGILIS	(X5) COMPLETI
			1,50	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
D 276	Continued From pag	ne 8		OLFIGIENCY)	
		704 (1.28)	D 276		
	approving orders pla	aced by pharmacy into the			
	eiviak system.				
	-New orders in the e	MAR system were to be			
	checked for accurac	y prior to approving them.			
	Telephone interview	with Resident #1's			
	Gastrologist on 11/29	9/22 at 1:12nm revealed:			
	-Resident #1 was to	have a screening			
	colonoscopy and an	osrocimig			
	esophagogastroduoc	denoscopy (EGD) (a scope to			
	examine the inside of	f the esophagus, stomach,			
	and duodenum) on 1	1/29/22			
	-She did not think an	INR blood test (a test to			
	measure time for block	od to clot) was done at the			
	GI clinic immediately	prior to the procedure.			
	-She expected the far	cility to place Resident #1's			
	warfarin and aspirin o	on hold as ordered and			
	administer the bisaco	dul as ordered and			
	-The warfarin and ass	dyr as ordered.			
	prior to the procedure	pirin were placed on hold			
	bleeding if the regiden	s for increased risk of			
,	bleeding if the resider	it were to need a			
,	the procedure.	l of a polyp) or biopsy during			
	The colonia				
	01/30/23.	EGD were rescheduled for			
	01/30/23.				
1	ntanziou with the Ad				
4	1:00pm revealed:	ninistrator on 11/29/22 at	1		
	Sho expected -!!	Max • 100 111 111 111 111 111 111 111 111 1			
h	one expected all new	orders and medication			
	The BCC	e pharmacy when received.			
25	THE RCC OF the MASI	Upervisor were responsible			
	o review and approve	new orders placed on the			
e	war by pharmacy.				
-1	When a resident return	ned from a medical			
a	ppointment via facility	transportation the			
LF	ansportation staff typi	cally faxed new orders to			
111	ie pharmacy.				
-11	the transportation sta	aff was unable to fax any			
110	ow orders to the pharm	nacy, the orders should			
ha	ave been given to the	000			

AND DI ANI	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIII -	N = 0.0	FORM APPRO
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL049010	B. WING		
NAME OF F	PROVIDER OR SUPPLIER	STREET	10000000		11/29/2022
CROWN (COLONY		ADDRESS, CITY, S		- H H H
- Commit	SOLONY		MMERCIAL DRI		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	SVILLE, NC 28	115	
PREFIX	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	CHOIN D DE
D 276	Continued From page	e 9	D 276	- 02.01)	
	supervisor.		D 276	Adm: 1 1	, 11-1-
		ere was a process in place		Administrato	- and - 1/3/12
	for a second review of	of any paperwork returning		RCC will ass	S GOT
	with a resident from a	medical appointment.		100 00111 000	ure all
		appointment.		Accidents and	11 - 1 1
D 451	10A NCAC 13F .1212	(a) Reporting of Accidents	Same and the same	indicents and	for Incident
	and Incidents	1-7 oporting of Accidents	D 451	1	1
				are reported	to the
	10A NCAC 13F .1212	Reporting of Accidents and			
	incidents			County dep	artmont
	(a) An adult care hom	ne shall notify the county		of Social S	TIP
	department of social s	ervices of any accident or		UI DOCIAL S	enline
	incident resulting in re	sident death or any		CI On :	······································
	accident or incident re	sulting in injury to a rral for emergency medical		Otatt tm	N
	evaluation, hospitaliza	tion, or medical treatment		Staff train	me will
3	other than first aid.	aon, or medical treatment		DE CHONO MENT	-1 0
2	This Rule is not met a	s evidenced by:		and will L	I WEN HEC
t	based on observations	s, record reviews and	1	and will be	Konta
- 1	nterviews, the facility f	ailed to notify the county		file at the f	hian
	repartment of social se	ervices of any accident or		THE at thet	acili
**	ricident requiring any r	nedical treatment other			MILL
t	rian ilist aid for 1 of 5 s	sampled residents (#2).			d
1	he findings are:				9
	Review of Resident #2'	S Current El O de			
0	9/12/22 revealed diagram	noses included diabetes,			
n	europathic and muscle	weakness.			
R	eview of Resident #2's	s hospital discharge report			
Car	area oar 14/22 revealed	3;			
(F	R) on 09/11/22 after a	to the Emergency Room			
SE	everal days and feeling	fall, not feeling well for weak after standing for			
56	everal days.				
-S	he was diagnosed with	h a urinary tract infection			
ar	nd bacteremia/sepsis (oran and a decimie cuon			

STATEMENT OF DE AND PLAN OF COR	FICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIII TIDI E (CONSTRUCTION		RM APPROV
- STATE OF COR	RECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DAT	E SURVEY
HAL049010		W SOLDING.			COMPLETED	
		HAL049010	B. WING			
AME OF PROVIDE	R OR SUPPLIER				1	1/29/2022
			DDRESS, CITY, STATE	ZIP CODE		
ROWN COLON	Υ		MERCIAL DRIVE			
(X4) ID	SUMMARYS	TATEMENT OF DEFICIENCIES	SVILLE, NC 28115			
PREFIX	LEACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF COR	RECTION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A	SHOULD DE	(X5) COMPLET
				DEFICIENCY)	PPROPRIATE	DATE
D 451 Conti	nued From pag	e 10	D 451	and the same and t		
the bl	ood stream) an	nd admitted to the hospital.				
-resid	ient #2 was dis	scharged from the hospital on				
09/14	/22.	J are nospital off				
Revie	w of Resident	#2's incident/accident reports				
On 11/	28/22 revealed	I there was not a report				
09/11/	generated for Resident #2's hospitalization from 09/11/22 to 09/14/22.					
30/11/	22 10 03/14/22					
Intervi	ew with a medi	cation aide (MA) on 11/29/22				
at 12.	at 12:15pm revealed:		1			
-She w	-She was not working on 09/11/22 but heard					
Reside	Resident #2 was sent to the ER due to weakness					
-Sne d	-She did not hear anything about Resident #2 falling on 09/11/22.					
railing	on 09/11/22.					
for fillin	upervisor in Cr	narge (SIC) was responsible ant/accident report if a				
resider	nt had a physic	al injury and was sent to the				
ER.	a a priyalo	al injury and was sent to the				
-An inc	ident/accident	report was not filled out if a				
residen	it was sent to the	ne ER for an illness or				
someth	ing other than	a physical injury.				
Intervio						
11/29/2	w with the Adm 2 at 11:45am re	ninistrative Assistant on				
-Reside	nt #2 was sent	to the ER on 09/11/22 due				
to being	too weak to g	et out of bed.				
-Reside	nt #2 did not fa	all on 09/11/22.				
Interview	w with the Med	ication Aide Supervisor				
(IVIA SUI	VIA Supervisor) on 11/29/22 at 4:35pm revealed:					
- THE IVIA	Supervisor wa Vincident repor	as responsible for filling out				
-Acciden	nt/incident repor	ts. rts were only filled out if a				
resident	had a physical	injury or physical				
altercation	on.					
-The acc	ident/incident r	report would be filled out				
after the	event even if the	he resident did not leave				
the tacilli	y for medical c	are.				
-The faci	lity did not requ	uire an accident/incident				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIH TIDLE	CONSTRU		RM APPRO
HAL049010		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL049010	B. WING			nne server en
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS SITE		11	/29/2022
CROWN C	OLONY	204 000	ADDRESS, CITY, STATE	E, ZIP CODE		E A SERVICE AND ADDRESS OF THE PARTY OF THE
	OLON	291 COI	MMERCIAL DRIVE			
(X4) ID	SUMMARY S	TATEMENT OF DESIGNATION	SVILLE, NC 28115			
PREFIX	COULDELICIEM	Y MIST DE ODFORME	ID	PROVIDER'S PLAN OF COR	OF COLOR	
ino	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG			(X5) COMPLET
100			IAG	CROSS-REFERENCED TO THE ADDEPTION (CROSS-REFERENCE)	APPROPRIATE	DATE
D 451	Continued From page	e 11	The second second	DEFICIENCY)		
			D 451			
	for feeling "	if a resident went to the ER				
	for feeling unwell.					
	Intention with a					
	4:00pm revealed:	ministrator on 11/29/22 at				
	oopin revealed.					
	MA Supervisor of	ports were filled out by the				
	an injury that required	resident fell or sustained				
	The facility did not fill	treatment at the ER.				
r	reports when resident	out accident/incident				
	something other than	s went to the ER for				
4	She was not aware the	a physical injury.				
r	eport should be filled	nat an accident/incident				
v	vas sent to the ER for	out every time a resident				
	ras sent to the ER for	medical treatment.				
			1 1			
			1			
			1			

FL2,STANDING ORDERS,CARE PLAN DUE DATES		
JANE DOE	12/5/2022	12/5/2023
		A STATE OF THE PROPERTY OF THE

NE DOE	12/5/2022	1/5/2023
W ADMITS		
	and the second s	1 miles
a Xan		
		*
	The second second	

RCC signature	date
Administrator	date

NAME	FAXED NEW ORDER	APPROVED MAR	RECEIVED MEDS	COMMENTS
Was and the				W. D. Carlotte
1000				Tues was well as
- Marian - Al-San - A				
	The state of the s			
				Paramond Programmed Pr
				The state of the s
10 10 10 10 10 10 10 10 10 10 10 10 10 1				-
				10.07
The second secon				
		m=		
And the second s				

Form B page 10f2

	1		
		79.20.2077	
William Control			
		The section of the se	
		*	

RCC NAME, SIGNATURE & DATE	
ADINISTRATOR NAME, SIGNATURE, & DATE	

FormB page 2012