	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R	
		FCL-092270	B. WING		01/24/2023	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
HE RESE	RVE AT MILLS FARM V	/ILLA #3	LLS CHASE LOOP			
	CLIMMA DV C		NC 27523	PROVIDER'S PLAN OF		
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	The Adult Care Licer follow-up survey on (nsure Section conducted a 01/24/23.				
C 246	10A NCAC 13G .090	02(b) Health Care	C 246			
(02 Health Care assure referral and follow-up and acute health care needs				
	facility failed to notify	iews, and interviews, the / the physician for finger stick readings less than 100 as				
	The findings are:					
	revealed: -Diagnoses included type 2, and hyperten -The resident was in -The resident had wa	termittently disoriented. andering behaviors.				
	Flex Pen, 2 units three with the instructions less than 100. (Insul insulin used to contro- is the brand name for					
	at bedtime. (Insulin C Lantus and is a long control high blood su	for Insulin Glargine 25 units Glargine is also known as g-acting insulin used to gar). for Freestyle Lite (Glucose)				
		est strip for FSBS testing as				
	Review of Resident a	#1's Resident Register				
sion of Hea	Ith Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:		В		
		FCL-092270	B. WING		01	R 01/24/2023	
IAME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
HE RESE	ERVE AT MILLS FARM V	2020 MII	LLS CHASE LOOP				
		APEX, N	IC 27523				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
C 246	Continued From page	e 1	C 246				
	revealed an admissic	on date of 09/07/22.					
	Review of a physician communication dated 10/11/22 revealed:						
		equest on 10/11/22 for					
		a sliding scale for Insulin e day because his FSBS was					
	still running high.	day because his r obo was					
	-There was a physicia						
		spart from 2 units three					
	day before meals.	eals to 5 units three times a					
	-	meters for FSBS levels.					
	Review of a physician order dated 11/18/22						
	revealed: -Check FSBS before meals.						
	-	-Oneck FSBS before meals. -Hold mealtime insulin (Aspart) if blood glucose is					
	less than or equal to	100.					
		n (Aspart) if resident was not					
	eating a meal at that	time. e before breakfast, lunch,					
	dinner and at bedtime						
	÷	ontact physician if am					
		ood glucose is consistency					
		gine, also called Lantus, is a ed to control high blood					
	sugar)						
	-Glargine was to be a	administered at bedtime and					
		to be followed for blood					
	glucose at specific tir	1165.					
	Review of Resident #						
	electronic medication (eMAR) revealed:	administration record					
	-There was an entry f meals at 7:30am, 11:	for Novolog, 5 units before 30am, and 4:30pm.					
	-There was no entry	to hold Novolog if FSBS was					
	less than or equal to						
ion of LL	alth Service Regulation	tation that Novolog 5 units					

STATE FORM

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL-092270	B. WING		01	R / 24/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE RESE	ERVE AT MILLS FARM V	2020 MIL	LS CHASE LOOP			
		APEX, N	C 27523			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
C 246	Continued From page	e 2	C 246			
	11/26/22, 11/27/22 ar -There was documen at 7:30am was 84. -There was documen at 7:30am was 60. -There was documen at 7:30am was 74. -There was documen at 7:30am was 92. -There was documen at 7:30am was 99. -There was documen at 7:30am was 54. -There was documen at 7:30am was 53. -There was documen at 7:30am was 53. -There was documen at 7:30am was 52. -There was documen at 7:30am was 52. -There was documen at 7:30am was 52. -There was documen 11/26/22, and 11/28/2 -There was documen 11/26/22 at 11:30am -There was documen 11/28/22 at 11:30am -There was documen 11/28/27 at 11:30am -There was documen -There was	11/22/22, 11/24/22, 11/25/22, and 11/29/22. tation the FSBS on 11/19/22 tation the FSBS on 11/20/22 tation the FSBS on 11/21/22 tation the FSBS on 11/22/22 tation the FSBS on 11/24/22 tation the FSBS on 11/25/22 tation the FSBS on 11/26/22 tation the FSBS on 11/27/22 tation the FSBS on 11/29/22 tation the FSBS on 11/29/22 tation the FSBS on 11/29/22 tation that Novolog 5 units 11:30am on 11/25/22, 22. tation that the FSBS on was 61. tation that the FSBS on was 87. tation that the FSBS on was 98. tation that Novolog 5 units 4:30pm on 11/25/22. tation the FSBS on 11/25/22				
	-There was an entry f meals at 7:30am, 11:	to hold Novolog if FSBS was				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY PLETED
		FCL-092270	B. WING		R 01/24/2023	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE RESE	RVE AT MILLS FARM V	ILLA #3	LS CHASE LOOP			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
C 246	Continued From page	e 3	C 246			
	-There was documen	tation that Novolog 5 units				
	was administered at					
	12/04/22, 12/20/22, a					
	-There was documen	tation that the FSBS on				
	12/03/22 at 7:30am w	/as 86.				
		tation that the FSBS on				
	12/04/22 at 7:30am w					
		tation that the FSBS on				
	12/20/22 at 7:30am w	/as 96. tation that the FSBS on				
	12/30/22 at 7:30am w					
		tation that Novolog 5 units				
		11:30am on 12/06/22.				
		tation that the FSBS on				
	12/06/22 at 11:30am	was 91.				
	Review of the January 2023 eMAR revealed:					
	-	for Novolog 5 units before				
	meals at 7:30am, 11:					
	-	to hold Novolog if FSBS was				
	less than or equal to	tation that Novolog 5 units				
	was administered at 7	-				
	01/08/23, and 01/14/2	,				
		tation that the FSBS on				
	01/07/23 at 7:30am w	vas 96.				
	-There was documen	tation that the FSBS on				
	01/08/23 at 7:30am w					
		tation that the FSBS on				
	01/14/23 at 7:30am w					
		tation that Novolog 5 units				
	was administered at	11:30am on 01/09/23 tation that the FSBS on				
	01/09/23 at 11:30am					
	Review of Resident #	1's records on 01/24/23				
	revealed there was no					
		an was notified for the FSBS				
	below 100 from 11/19		1			1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		FCL-092270	B. WING	B. WING		R I/ 24/2023
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE RESE	RVE AT MILLS FARM V	1LLA #3	ILLS CHASE LOOP			
		APEX, I	NC 27523			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
C 246	Continued From pag	e 4	C 246			
	Telephone interview	with the facility's contracted				
	•	/23 at 2:00pm revealed:				
	-There was an entry on the 11/18/22 order to hold					
	,	physician if am (before				
	0	cose is consistency lower				
	, .	also called Lantus, is a long				
		control high blood sugar)				
	-	on the 11/18/22 order for				
		istered at bedtime and blood				
	-	followed for blood glucose at				
	specific times.	Ŭ				
	-The facility's contract	cted pharmacy did not				
	receive any response	e to their request for				
	clarification from the facility regarding the					
	medication order dat	ed 11/18/22 and the order				
	was placed on hold a	and not processed.				
	-Hypoglycemia or lov	v blood sugar levels could				
	cause shakiness, cor	nfusion, nausea, and				
	dizziness.					
		l sugar levels could cause				
	more serious probler	ns such as seizures and				
	other life-threatening	complications.				
		edication aide (MA) on				
	01/21/23 at 1:30pm.					
	-She had worked at t a month.	he facility as a MA for about				
	-There were no para	meters on the electronic				
	-	ation record (eMAR) for				
		she was training to hold				
		og when his FSBS was less				
	than 100.					
		ter Resident #1's Novolog at				
		because the FSBS was 79.				
		od sugar was low, she would				
		are Coordinator (RCC) or				
	the Director of Clinica	, <i>, ,</i>				
		CS were responsible for				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R	
		FCL-092270	B. WING		01/24/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
THE RESI	ERVE AT MILLS FARM V	ILLA #3	LLS CHASE LOOP			
	1		IC 27523			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 246	Continued From page 5		C 246			
	and following up with regarding any clarific	the PCP or pharmacy ations.				
	revealed: -She was a Licensed -She had been emploid months. -She was aware them regarding Resident # -She made a request for Novolog to have a parameters because #1's FSBS to "bottom -Residents #1's PCP for the resident and in Novolog. -The Resident Care C on leave, and she we orders received from and placed on the eM -The RCC and she we clarification of any mo	she did not want Resident n out" (get too low). did not order a sliding scale instead increased his Coordinator (RCC), who was ere responsible for ensuring the PCP were processed MAR. ere responsible for the edications. should reflect the current				
	-She did not recall se units with the parame was less than or equ. -She did not recall re notified by the facility clarify the medication Resident #1. -The MA's could call FSBS was running lo -The MA's were not a -The clinical team, co and the Administration	teing the order for Novolog 5 eters to hold insulin if FSBS al to 100. ceiving a call or being 's contracted pharmacy to order dated 11/18/22 for the PCP if Resident #1's w. accustom to calling the PCP. onsisting of the RCC, DCS, r, were responsible for tion with Resident #1's PCP				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		FCL-092270	B. WING		01	R 01/24/2023	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	ERVE AT MILLS FARM V	2020 MI	LS CHASE LOOP				
HE KESE	ERVE AT MILLS FARM V	APEX, N	IC 27523				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
C 246	Continued From page	e 6	C 246				
	1:44pm revealed: -She expected the RC new, to ensure medic processed according form and placed on th -She expected medic weekly by the RCC a were placed on the e -She expected the RC PCP when Resident a Based on observation	to the new order tracking he eMAR. cation cart audits to be done and the DCS ensuring orders MAR. CC or the DCS to notify the #1's FSBS were running low. ns, record reviews and ermined that Resident #1					
C 315	10A NCAC 13G .100 (a) A family care hon the resident's physici for verification or clar medications and trea (1) if orders for admis resident are not dated of admission or readr (2) if orders are not c (3) if multiple admissi admission or readmiss forms are not the sam The facility shall ensu	ne shall ensure contact with an or prescribing practitioner ification of orders for tments: ssion or readmission of the d and signed within 24 hours mission to the facility; lear or complete; or ion forms are received upon ssion and orders on the	C 315				
	This Rule is not met Based on record revi	as evidenced by: ews and interviews, the					

STATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		FCL-092270	B. WING		01	R 01/24/2023	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			1/24/2020	
HE RESE	RVE AT MILLS FARM VI	LLA #3	IC 27523				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE	
C 315	Continued From page	e 7	C 315				
	facility failed to ensure the resident's physician was notfied for clarification of an order for 1 of 3 sampled residents (#1) related to an insulin medication used to control blood sugar.						
	The findings are:						
	Review of Resident #1's FL-2 dated 09/01/22 revealed: -Diagnoses included dementia, diabetes mellitus type 2, and hypertension. -The resident was intermittently disoriented. -The resident had wandering behaviors. -There was a medication order for Insulin Aspart Flex Pen, 2 units three times a day before meals with the instructions do not give if blood sugar is less than 100. (Insulin Aspart is a short-acting insulin used to control high blood sugar. Novolog is the brand name for Insulin Aspart). -There was an order for Insulin Glargine 25 units at bedtime. (Insulin Glargine is also known as Lantus is a long-acting insulin used to control high blood sugar). -There was an order for Freestyle Lite (Glucose) Test Strips to use 1 test strip for FSBS testing as instructed four times a day.						
	revealed an admissio	1's Resident Register in date of 09/07/22. in communication dated					
	10/11/22 revealed: -The facility made a r on a sliding scale for because his FSBS wa	equest for Resident #1 to be insulin throughout the day					
	before meals to 5 uni meals.	units three times a day ts three times a day before neters for FSBS levels.					

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		
and plan (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		FCL-092270	B. WING		R 01/24/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		2020 MII	LS CHASE LOOP			
THE RESE	ERVE AT MILLS FARM V	ILLA #3 APEX, N	C 27523			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN			(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
C 315	Continued From page	e 8	C 315			
	revealed: -Check FSBS before -Hold mealtime insuli less than or equal to -Hold mealtime insuli eating a meal at that -Check blood glucose dinner and at bedtime -Hold Glargine and ca (before breakfast) blo lower than 100. (Glar long acting insulin us sugar) -Glargine was to be a blood glucose trends glucose at specific tin Review of Resident # electronic medication (eMAR) revealed: -There was an entry f meals at 7:30am, 11: -There was document was administered at 11/20/22, 11/21/22, at 11/26/22, 11/27/22 ar -There was document at 7:30am was 84. -There was document at 7:30am was 60.	n (Aspart) if blood glucose is 100. n (Aspart) if resident was not time. e before breakfast, lunch, e. ontact physician if am bod glucose is consistency gine, also called Lantus, is a ed to control high blood administered at bedtime and to be followed for blood nes. 41's November 2022 a administration record for Novolog, 5 units before 30am, and 4:30pm. to hold Novolog if FSBS was 100. tation that Novolog 5 units 7:30am on 11/19/22, 11/22/22, 11/24/22, 11/25/22,				
	-There was documen at 7:30am was 92.	tation the FSBS on 11/22/22 tation the FSBS on 11/24/22				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		-	
		FCL-092270	B. WING		01	R / 24/2023
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
HE RESE	ERVE AT MILLS FARM V	ILLA #3	LLS CHASE LOOP NC 27523			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
C 315	Continued From page	e 9	C 315			
	at 7:30am was 54. -There was document at 7:30am was 53. -There was document at 7:30am was 90. -There was document at 7:30am was 52. -There was document was administered at 11/26/22, and 11/28/2 -There was document 11/25/22 at 11:30am -There was document 11/28/22 at 11:30am -There was document 11/28/22 at 11:30am Review of the Decemt -There was an entry for meals at 7:30am, 11:	atation that the FSBS on was 61. Itation that the FSBS on was 87. Itation that the FSBS on was 98. Inber 2022 eMAR revealed: for Novolog 5 units before				
	less than or equal to -There was document was administered at 12/04/22, 12/20/22, a -There was document 12/03/22 at 7:30am w -There was document 12/20/22 at 7:30am w -There was document 12/30/22 at 7:30am w	100. Itation that Novolog 5 units 7:30am on 12/03/22, and 12/30/22. Itation that the FSBS on vas 86. Itation that the FSBS on vas 56. Itation that the FSBS on vas 96. Itation that the FSBS on vas 98. Itation that Novolog 5 units 11:30am on 12/06/22. Itation that the FSBS on				

	F OF DEFICIENCIES OF CORRECTION	Ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		FCL-092270	B. WING		01	R 01/24/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
			LS CHASE LOOP				
THE RESE	ERVE AT MILLS FARM VI	LLA #3 APEX, N	C 27523				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN C		F CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN) THE APPROPRIATE	COMPLET DATE	
C 315	Continued From page	e 10	C 315				
	-	or NovoLog 5 units before					
	meals at 7:30am, 11:						
	-	o hold Novolog if FSBS was					
	less than or equal to	tation that Novolog 5 units					
	was administered at 7						
	01/08/23, and 01/14/2						
		tation that the FSBS on					
	01/07/23 at 7:30am w						
	-There was documen	tation that the FSBS on					
	01/08/23 at 7:30am w						
		tation that the FSBS on					
	01/14/23 at 7:30am w						
		tation that Novolog 5 units					
	was administered at						
	01/09/23 at 11:30am	tation that the FSBS on was 95.					
		with the facility's contracted					
	· ·	23 at 2:00pm revealed:					
		e pharmacy dispensed his the medication to the family					
	member who brings t	5					
	5	ted pharmacy staff entered					
		into the electronic system					
		e facility for approval and to					
	be placed on their eN						
		ted pharmacy staff received					
		nt #1's primary care provider r Novolog 2 units three					
		eals with the instructions do					
	-A separate order was						
		e Freestyle Test Strips to					
		es a day before meals and at					
	bedtime.						
	-The facility's contrac	ted pharmacy staff received					
		ident's PCP on 10/11/22 for					
	-	times a day before meals					
	without parameters.						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	DI CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:			
		FCL-092270	B. WING		R 01/24/2023	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE RESE	ERVE AT MILLS FARM V	11 A #3 2020 MIL	LS CHASE LOOP			
		APEX, N	C 27523			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 315	Continued From pag	e 11	C 315			
	an order from the res notified the Administr clarification because instructions on the or -There was an entry check FSBS before r -There was an entry mealtime insulin (Asy than or equal to 100. -There was an entry mealtime insulin (Asy eating a meal at that -There was an entry blood glucose before at bedtime. -There was an entry Glargine and contact breakfast) blood gluc than 100. (Glargine, a acting insulin used to There was an entry of to be administered at trends to be followed times. -The facility's contract receive any response clarification from the medication order dat was placed on hold a	there were a lot of rder. on the 11/18/22 order to meals. on the 11/18/22 order to hold part) if blood glucose is less on the 11/18/22 order to hold part) if resident was not time. on the 11/18/22 to check breakfast, lunch, dinner and on the 11/18/22 order to hold control high blood sugar) on the 11/18/22 for Glargine t bedtime and blood glucose for blood glucose at specific cted pharmacy staff did not e to their request for facility regarding the ed 11/18/22 and the order and not processed. v blood sugar levels could				
		l sugar levels could cause ns such as seizures and complications.				
	revealed:	's new order tracking form				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		FCL-092270	B. WING		01	R 01/24/2023	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		2020 MII	LLS CHASE LOOP				
HE RESE	RVE AT MILLS FARM V	/ILLA #3	IC 27523				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG	(CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN) THE APPROPRIATE	COMPLET DATE	
C 315	Continued From pag	e 12	C 315				
	orders.						
	-The order was recei provider (PCP).	ived from the primary care					
	-Fax the order to the warranted.	PCP for clarification, if					
	then filed in the resid						
		was attached to the new					
	order tracking form .	faxed, verify by phone that					
	the pharmacy receive						
		"hold" order, staff must notify					
	clinical management	-					
	-Document Medicatio	on Verified/Accepted on					
	eMAR and ensure no	o "duplicate order" was					
	present.						
		was delivered, compared to					
	order, and placed in						
	refrigerator or design						
	-Document on the 24 -Document in Reside	•					
	Interview with the me	edication aide (MA) on					
	01/21/23 at 1:30pm.	•					
	-She had worked at t a month.	the facility as a MA for about					
		meters on the electronic					
	Resident #1's FSBS.						
		she was training to hold					
	than 100.	og when his BS was less					
		ter Resident #1's Novolog at					
		because the FSBS was 79.					
		od sugar was low, she would					
		Care Coordinator (RCC) or					
	the Director of Clinic	CS were responsible for					
		orders were on the eMAR					
	and following up with						

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STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE S COMPL			
			B. WING		R			
		FCL-092270			01/2	4/2023		
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE				
THE RESE	ERVE AT MILLS FARM V	1LLA #3	LLS CHASE LOOP					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)		
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AN		TION SHOULD BE THE APPROPRIATE	COMPLETI DATE
C 315	Continued From page	e 13	C 315					
	regarding any clarific -She was not aware clarification request f	of the 11/18/22 order						
	revealed:	CS on 01/24/23 at 12:30pm byed at the facility for about 3						
	months.							
	-She was aware there had been some confusion regarding Resident #1's FSBS parameters. -She spoke to Resident #1's PCP and requested							
	because she did not "bottom out" (get to le							
	-Residents #1's PCP for the resident.	did not order a sliding scale						
	on leave, and she we	Coordinator (RCC), who was ere responsible for ensuring						
	and placed on the eN							
	-The RCC and she w clarification of any m	vere responsible for the edications.						
	medication order for	•						
	-She did not recall se 11/18/22 for Insulin A	eeing the order dated spart 5 units with the						
	parameters to hold in or equal to 100.	nsulin if FSBS was less than						
		ceiving a call or being 's contracted pharmacy to						
	clarify the medication Resident #1.	n order dated 11/18/22 for						
	Interview with the Ad 1:44pm revealed:	ministrator on 01/24/23 at						
	dated 11/18/22 to ho	of the medication order ld Resident #1's FSBS if less						
		eing notified by the facility's						
vision of Hea		eing notified by the facility's / to clarify the Insulin Aspart						

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If continuation sheet 14 of 24

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVE COMPLETED		
		FCL-092270	B. WING		01	R 01/24/2023	
NAME OF PF	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE			
THE RESE	ERVE AT MILLS FARM VI	LLA #3 2020 MIL APEX, NO	LS CHASE LOOP C 27523				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 315	Continued From page	e 14	C 315				
	should be followed. -She expected the RC new, to ensure medic processed according form and placed on th -She did know know y 11/18/22 for Resident not processed accord -She expected medic weekly by the RCC at were placed on the el -She expected the RC medication orders if y Based on observation interviews, it was dete was not interviewable Progress notes were by the surveyor cover	w order tracking form that CC and the DCS, who were ation orders were to the new order tracking ne eMAR. why the order dated #1's FSBS parameters was ling to the PCP's order. ation cart audits to be done nd the DCS ensuring orders MAR. CC or the DCS to clarify varranted.					
{C 330}		4 Medication Administration	{C 330}				
	preparation and admi prescription and non- by staff are in accorda (1) orders by a license which are maintained	he shall assure that the nistration of medications, prescription and treatments ance with: ed prescribing practitioner in the resident's record; and on and the facility's policies					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:	A. BUILDING:			
		FCL-092270	B. WING		R 01/24/2023		
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
HE RESE	RVE AT MILLS FARM V	ILLA #3	LLS CHASE LOOP				
		APEX, N	IC 27523				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
{C 330}	Continued From page	e 15	{C 330}				
	This Rule is not met FOLLOW-UP TO TY	-					
	Based on these findings, the previous Type B Violation was not abated.						
	Based on observations, record reviews and interviews, the facility failed to administer medication as ordered for 1 of 3 sampled residents (#1) as evidenced by a short-acting insulin being administered when finger stick blood sugars (FSBS) were below ordered parameters for medications used to control blood sugar.						
	The findings are:	to control block bugut.					
	Review of Resident #1's FL-2 dated 09/01/22						
	type 2, and hyperten -The resident was inf	ermittently disoriented.					
		for Freestyle Lite (Glucose) est strip for FSBS testing as					
	Review of Resident # revealed an admission	#1's Resident Register on date of 09/07/22.					
	revealed an order for units three times a da instructions do not gi 100. (Insulin Aspart,	n order dated 09/01/22 Insulin Aspart Flex Pen, 2 ay before meals with the ve if blood sugar is less than also called Novolog, is a sed to control high blood					
	Review of a physicia revealed:	n order dated 10/11/22					

STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		FCL-092270	B. WING	R 01/24/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	
		2020 MII	LLS CHASE LOOP		
THE RESE	ERVE AT MILLS FARM V	ILLA #3 APEX, N	IC 27523		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMP THE APPROPRIATE DAT
{C 330}	Continued From page	e 16	{C 330}		
	three times a day bef	for Insulin Aspart 5 units fore meals. meters for blood sugar			
	revealed: -Check FSBS before -Hold mealtime insuli less than or equal to -Hold mealtime insuli eating a meal at that	n (Aspart) if blood glucose is 100. n (Aspart) if resident was not time. e before breakfast, lunch,			
	(eMAR) revealed: -There was an entry f before meals at 7:30a -There was no entry f was less than or equa- -There was document	a administration record for Insulin Aspart, 5 units am, 11:30am, and 4:30pm. to hold Insulin Aspart if FSBS al to 100. Itation that Insulin Aspart, 5			
	11/20/22, 11/21/22, 11/26/22, 11/27/22 ar -There was documen at 7:30am was 84. -There was documen at 7:30am was 60.	ntation the FSBS on 11/19/22 Intation the FSBS on 11/20/22			
	at 7:30am was 74. -There was documen at 7:30am was 92. -There was documen at 7:30am was 99.	Itation the FSBS on 11/21/22 Itation the FSBS on 11/22/22 Itation the FSBS on 11/24/22			
	at 7:30am was 54.	itation the FSBS on 11/25/22			

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		FCL-092270	B. WING		01	R / 24/2023
IAME OF PF	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
HE RESE	RVE AT MILLS FARM V	/ Δ #3	LLS CHASE LOOP IC 27523			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 330}	Continued From pag	le 17	{C 330}			
	-There was documer at 7:30am was 90.	ntation the FSBS on 11/27/22				
	-There was documer at 7:30am was 52.	ntation the FSBS on 11/29/22				
	units was administer	ntation that Insulin Aspart 5 red at 11:30am on 11/25/22,				
	11/26/22, and 11/28/ -There was documer 11/25/22 at 11:30am	ntation that the FSBS on				
		ntation that the FSBS on				
		ntation that the FSBS on				
		ntation that Insulin Aspart 5 ed at 4:30pm on 11/25/22.				
	-There was documer 11/25/22 at 4:30pm v	ntation that the FSBS on was 72.				
		nber 2022 eMAR revealed: for Insulin Aspart 5 units				
	before meals at 7:30	lam, 11:30am, and 4:30pm. to hold insulin if FSBS was				
	less than or equal to -There was docume	100. ntation that Insulin Aspart 5				
	12/04/22, 12/20/22, 3					
	12/03/22 at 7:30am					
	12/04/22 at 7:30am					
	12/20/22 at 7:30am	ntation that the FSBS on was 96. ntation that the FSBS on				
	12/30/22 at 7:30am					
	units was administer	ed at 11:30am on 12/06/22.				
	12/06/22 at 11:30am					
	Review of the Janua	ry 2023 eMAR revealed:				

D STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMP	SURVEY LETED
		FCL-092270	B. WING			R 24/2023
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	RVE AT MILLS FARM VI	2020 MI	LLS CHASE LOOP			
		APEX, N	IC 27523			
(X4) ID PREFIX TAG			DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT ATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		F CORRECTION CTION SHOULD BE THE APPROPRIATE NCY)	(X5) COMPLET DATE
{C 330}	Continued From page	e 18	{C 330}			
	before meals at 7:30a -There was no entry to FSBS was less than of -There was document units was administered 01/08/23, and 01/14/2 -There was document 01/07/23 at 7:30am w -There was document 01/08/23 at 7:30am w -There was document 01/14/23 at 7:30am w -There was document 01/14/23 at 7:30am w -There was document 01/14/23 at 7:30am w -There was document 01/09/23 at 11:30am Review of The America (ADA) recommendation diagnosis of diabetes -There was a recommt sugar level of 80-130 -There was a recommt sugar level of 180 or beginning a meal. -Hypoglycemia (low bo shakiness, confusion dizziness, headaches no energy, and coord -Hypoglycemia was ut glucose was less than -If blood sugar glucos lead to seizures, comto Telephone interview w pharmacist on 01/24/	tation that Insulin Aspart 5 ed at 7:30am on 01/07/23, 23, tation that the FSBS on vas 96. tation that the FSBS on vas 70. tation that the FSBS on vas 64. tation that Insulin Aspart 5 ed at 11:30am on 01/09/23 tation that Insulin Aspart 5 ed at 11:30am on 01/09/23 tation that the FSBS on was 95. can Diabetes Association ons for individuals with a revealed: nendation for target blood before meals. nendation for target blood less 1-2 hours after blood sugar) can cause , lightheadedness or s, feeling weak and having lination problems. usually when the blood				
		the medication to the family				

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If continuation sheet 19 of 24

STATEMEN	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		FCL-092270	2270 B. WING		R 01/24/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
THE RESE	ERVE AT MILLS FARM V	2020 MI	LLS CHASE LOOP			
		APEX, I	NC 27523			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
{C 330}	Continued From pag	e 19	{C 330}			
	-The facility's contrac	cted pharmacy staff entered				
	the medication order	into the electronic system				
		ne facility for approval and to				
	be placed on their el					
	-	cted pharmacy staff received				
		ent #1's primary care provider or Insulin Aspart 2 units three				
	· · ·	neals with the instructions do				
	not give if FSBS is le					
	-A separate order wa					
	resident's PCP to us	e Freestyle Test Strips to				
	check FSBS four tim	es a day before meals and at				
	bedtime.					
		cted pharmacy staff received				
		sident's PCP on 10/11/22 for				
	meals without param	s three times a day before				
		ted pharmacy staff received				
		sident's PCP on 11/18/22 and				
		rator at the facility for				
	clarification because	-				
	instructions on the or	rder which included:				
	-The order on 11/18/	22 was to check the FSBS				
	before meals.					
		22 was to hold mealtime				
	,	od glucose is less than or				
	equal to 100.	22 was to hold mealtime				
		ident was not eating a meal				
	at that time.	active was not calling a mean				
		22 was to check blood				
		fast, lunch, dinner and at				
	bedtime.					
	-	cted pharmacy did not				
	receive any response	-				
	clarification from the					
		ed 11/18/22 and the order				
	was placed on hold a					
		<i>w</i> blood sugar levels could nfusion, nausea, and				
	alth Service Regulation	musion, nausea, anu				

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If continuation sheet 20 of 24

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
			CL_002270 B. WING			R	
		FCL-092270	B. WING		01	/24/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
THE RESE	ERVE AT MILLS FARM V	1LLA #3	LLS CHASE LOOP				
			IC 27523				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE	
{C 330}	Continued From page	e 20	{C 330}				
	dizziness.						
		sugar levels could cause					
		ns such as seizures and					
	other life-threatening						
	Review of the facility	's order tracking form					
	revealed:						
		be completed for ALL					
	orders.	ved from the primary care					
	provider (PCP).	ved from the primary care					
	,	PCP for clarification, if					
	warranted.	,,					
	•	as to be faxed to pharmacy,					
	then filed in the resid						
	-A copy of the order v order tracking form .	was attached to the new					
	-	faxed, verify by phone that					
	the pharmacy receive						
	-If medication was a	"hold" order, staff must notify					
	clinical management						
	-Document Medication	on Verified/Accepted on					
		o "duplicate order" was					
	present.						
	-Ensure medication v order, and placed in t	vas delivered, compared to					
	refrigerator or design						
	-Document on the 24						
	-Document in Reside	-					
	Interview with the me	edication aide (MA) on					
	01/21/23 at 1:30pm.						
	-	he facility as a MA for about					
	a month.	,					
		meters on the electronic					
	medication administr Resident #1's FSBS.	ation record (eMAR) for					
		she was training to hold					
		Aspart when his FSBS was					
	less than 100.						
aian af Lla	alth Service Regulation						

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If continuation sheet 21 of 24

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
		DENTRICATION NOMBER.	A. BUILDING:				
		FCL-092270	B. WING	0,	R 01/24/2023		
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
HE RESE	RVE AT MILLS FARM VI	ILLA #3	LLS CHASE LOOP				
		APEX, N	IC 27523				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
{C 330}	Continued From page	e 21	{C 330}				
	Aspart at 7:30am on 1 was 79. -If Resident #1's bloo notify the Resident Ca the Director of Clinica -The RCC and the DC ensuring orders were clarifications regardin Interview with the DC revealed: -She was a licensed I -She had been emplo months. -She was aware there regarding Resident # -She made a request sliding scale with para resident's FSBS leve -The PCP did not ord parameters. -The Resident Care C on leave, and she we orders received from and placed on the eM -Resident #1's eMAR medication order for I -She did not recall se 11/18/22 for Insulin A parameters to hold in or equal to 100. -She did not recall rec	CS were responsible for on the eMAR and any og medication orders. CS on 01/24/23 at 12:30pm Practical Nurse (LPN). Dyed at the facility for about 3 e had been some confusion 1's FSBS parameters. to Resident #1's PCP for a ameters to ensure the el would not drop too low. er a sliding scale with Coordinator (RCC), who was ere responsible for ensuring the PCP were processed MAR. c should reflect the current Insulin Aspart. eing the order dated spart 5 units with the sulin if FSBS was less than ceiving a call or being					
		's contracted pharmacy to order dated 11/18/22 for					
	Interview with the Adr 1:44pm revealed: -She was not aware of	ministrator on 01/24/23 at					

STATE FORM

If continuation sheet 22 of 24

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		FCL-092270	B. WING		01	R 01/24/2023	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		Ţ _ ♥.		
				, 211 0002			
THE RESE	RVE AT MILLS FARM V	ILLA #3	IC 27523				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)	
PRÉFIX TAG	``	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!) THE APPROPRIATE	COMPLET DATE	
{C 330}	Continued From page	e 22	{C 330}				
	dated 11/18/22 to hol	d Resident #1's Insulin					
		as less than or equal to 100.					
	-She did not recall be	eing notified by the facility's					
	contracted pharmacy	to clarify the Insulin Aspart					
	order dated 11/18/22						
	-	rder tracking form that					
	should have been fol						
	•	CC and the DCS, who were					
	new, to ensure medic	to the order tracking form					
	and placed on the el	-					
	-She did know know						
		t #1's FSBS parameters was					
		ding to the PCP's order.					
	-She expected medic	ation cart audits to be done					
		nd the DCS to ensure orders					
	were placed on the e	MAR.					
	Based on observation	n, record review and					
	interviews, it was det	ermined that Resident #1					
	was not interviewable	9.					
		ss notes were requested by					
	•	ee-month period from					
		and were not received prior					
	to exit.						
	The facility failed to e	ensure the administration of					
	medication as ordere	d for 1 of 3 residents (#1)					
		a short-acting insulin per					
		FSBS was less than 100					
		sulins being administered to					
		from 11/19/22 to 01/24/23					
		nging from 48 to 99. This					
	failure increased the	resident's risk for puld result in shakiness,					
		falls, seizures and coma.					
		mental to the health, safety					
		sident and constitutes a Type					
	B Violation.						

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		FCL-092270	B. WING		01	/24/2023
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
HE RESE	RVE AT MILLS FARM	VIII Δ #3	LLS CHASE LOOP			
		APEX, M	NC 27523			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
{C 330}	Continued From pa	ge 23	{C 330}			
		I a plan of protection in S. 131D-21 on 01/24/23 for				