Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	(X3) DATE SURVEY COMPLETED			
			A. BOILDING.			
		HAL-092221	B. WING		02/03/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATI	E, ZIP CODE		
THE RESE	ERVE AT MILLS FARM	3000 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 OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE	
D 000	Initial Comments		D 000			
	_	sure Section conducted an mplaint investigation on				
D 113	10A NCAC 13F .0311	(d) Other Requirements	D 113			
	provide an adequate kitchen, bathrooms, la closets and soil utility temperature at all fixthe maintained at a mi (38 degrees C) and s F (46.7 degrees C). existing facilities.  This Rule is not met Based on observation reviews, the facility fa temperatures were m 100 degrees Fahrenh	stem shall be of such size to supply of hot water to the aundry, housekeeping room. The hot water ures used by residents shall inimum of 100 degrees F hall not exceed 116 degrees This rule applies to new and as evidenced by:  as evidenced by: as, interviews, and record iled to ensure the water aintained at a minimum of er fixtures at the sinks in two				
	dining room and at th bathroom on the Assi					
	The findings are:					
	9:45am of the sink in across the hall from the	temperatures on 02/01/23 at the women's bathroom ne resident's dining room, er temperature was 138.8°F.				
	9:48am of the sink in	temperatures on 02/01/23 at the men's bathroom across lent's dining room, revealed ature was 140.7°F.				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL-092221		B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
THE RESE	ERVE AT MILLS FARM	3000 MIL	LS CHASE LOOP		
THE RESI	INVE AT MILES TAKWI	APEX, NO	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTE
D 113	Continued From page	1	D 113		
		temperatures on 02/01/23 at Resident Room 1001 was			
	_	y water temperature logs 2023 ranged from 101°F -			
	Interview with the resident residing in room 1001 on 02/01/23 at 9:50am revealed he had no problems with the water being too hot or too cold as he was able to adjust it.				
	02/01/23 at 10:00am -There were no comp hot or too cold when u the hall from the dinin	laints of the water being too using the bathrooms across g room. the water being too hot or			
	9:50am revealed: -He checked the water completed the logs mush -He had not thought to bathrooms since residuely -He knew the correct 100°F - 116°F.	onthly. o check these two dents rarely use them. temperature range was			
	had fixed the problem -He had not had anyo problems with the wa	n 100°F and 116°F. Id check the water sure what he had done			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL-092221		B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIP CODE	1 02/03/2023	
			LS CHASE LOO			
THE RESE	RVE AT MILLS FARM	APEX, NO	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D 113	Continued From page	e 2	D 113			
	100°F and 116°F range then fix it.  -He reported any wat out of the range to the Services (DCS) and the He would contact the director for assistance needed to be fixed the Interview the Administ 10:05am revealed:  -She expected the was checked by the Maint if he was not available. The Maintenance Director the Administrator when the Administra	the Administrator. The corporate maintenance The if there was something that the could not do himself.  That the temperatures to be the could not designed be the could not designed by the could not do himself.  The could				
D 270	D 270 10A NCAC 13F .0901(b) Personal Care and Supervision		D 270			
	10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.					
	This Rule is not met TYPE A2 VIOLATION					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDIEAN	or dorate of the transfer of t	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		LETED
		HAL-092221	B. WING		02/	03/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STA	TE, ZIP CODE		
THE RESE	ERVE AT MILLS FARM		LS CHASE LOO	P		
	CHMMADVCT	APEX, NO		DDO//DEDIC DLAN OF CO	ODDECTION .	
(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 CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	÷ 3	D 270			
	reviews the facility fai sampled residents (#2	•				
		s Fall Management Policy led:				
	-The policy was in place to promote safety and preserve mobility by reducing the risk of falls and fall related injuriesEach fall should be investigated to determine causative factors and the effectiveness of safety measures implemented to minimize falls based on situation, contributing factors, safety measures/devices, and medicationsInterventions were to be documented on the					
	facility staff.	nd communicated to the t #2's current FL-2 dated				
	07/19/22 revealed: -Diagnoses included a acute urinary tract info	altered mental status and ection (UTI). nstantly disoriented and				
	10/03/22 revealed: -The resident sometin hallucinations and nearthe resident required toileting, bathing, and with eating and groom ambulation, and was	eded reassurance. d extensive assistance with dressing, limited assistance				
	01/10/23 revealed:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			
			D. WING	B. WING 02/		
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
THE RESI	ERVE AT MILLS FARM	3000 MIL	LS CHASE LOOF			
		APEX, NO	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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	÷ 4	D 270			
D 270	-The resident required ambulation and occas remindersThe resident had 2 or months and unstableThe resident required assistance with toiletiThe resident had morequired occasional reference with the required occasional reference was an order of the total to treat mood disordeThere was an order of the resident was an order of the resident was not the resident was pointed medication aide (I wall that was not thereThe resident was pointed medication aide (I wall that was not thereThe resident was see walker next to her and assistance in being resupport behind her baseling to the medication aide (I wall that was not therefore with the MA revealed: -Resident #2 had Lew been experiencing significant was going to ad medications and see treating the hallucinate.	d minimal assistance with sional needed verbal cues or or more falls in the last 3 gait. d hands on physical ng to include transfers. derate confusion and edirection.  2's physician orders dated for Seroquel 12.5mg (used rs) every morning. for Seroquel 25mg every for Seroquel 25mg every 12 hallucinations or paranoia.  ent #2 on 02/01/23 at inting at the wall talking to MA) about something on the element of the couch with her december of the couch with more ack by the MA.  In on 02/01/23 at 10:53am and y Body dementia and had guificant hallucinations and g.  minister the resident's if they were effective in ions before administered	D 270			
	_	medication prescribed to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3)  A. BUILDING:			
			A. BOILDING.	A. BOLDING.		
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		3000 MIL	LS CHASE LOOP			
THE RES	ERVE AT MILLS FARM	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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	÷ 5	D 270			
	o2/03/23 at 9:46am re-Resident #2 had resone year because she diagnoses such as Padementia, and falls.  -The staff turnover was Resident #2's care are-He brought numerous Administrator and Dir (DCS) while visiting a he often never received follow-up.  -He wanted to impleme willing to pay for with Resident #2 because delusions, hallucination mental status when shad not happened due the facility.  -He felt like there was #2's change in mental of her development of her development of her treatment and sulf her falls leading to visit felt could be prevented. He emailed the DCS months about implemed #2 because he was to approved sitters he contastill not received. When he saw the DC also inquired about a said she "would get to heard back.  -He had lost count of resident had been to (ED) 4-5 times since	ided at the facility for about to needed 24/7 care with arkinson's disease,  as frequent and follow-up to need needs was inconsistent. It is concerns to the neeter of Clinical Services at the facility or via email and need any response or nent a sitter, which he was out-of-pocket funds, for she had been having ons, falls, and changes in he had a UTI, but that still ne to lack of response from the sa delay in noticing Resident all status in the early stages of a UTI which he felt delayed obsequently contributed to nenting a sitter for Resident old there was a list of ould pay for privately and				

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HAL-092221 B. WING 02/0	3/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
THE RESERVE AT MILLS FARM  3000 MILLS CHASE LOOP	
APEX, NC 27523	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270  Continued From page 6 such as a hematoma and brain bleedThe facility was supposed to have the resident on increased supervision with 30-minute checks but were often understaffed and he was not sure that was always happeningWhen he visited, he would sometime press the resident's call bell and it always took 20-30 minutes for someone to respond to the resident's room.  Review of Resident #2's hospital admission note dated 07/14/22 at 11:17pm revealed: -The resident had a history of Alzheimer's disease, demential, Parkinson's disease, a pacemaker who presented that day with increased confusion and a fallShe was experiencing pain in left shoulder, the back of her head, and her middle back into her left hipThe resident was assessed as a chronically ill appearing female who was acutely who was acutely delirious and she was admitted to the hospitalAcute trauma was ruled out but the resident was hypertensive (high blood pressure), unable to follow commands, confused, and admitted to the hospital for further evaluation with a diagnosis of altered mental status and acute UTIThe resident was discharged back to the facility on 07722/22 after treatment for altered mental status and assessed to have poor insight and judgement making skills, and changes in her medications to treat hallucinations and UTI.  Review of Resident #2's incidenti/Accident (I/A) report dated 09/14/22 at 10:10am revealed: -The medication aide (MA) found the resident on the floor in her room without obvious injuryThe resident stated she hit the back of her head "lightly" when her legs got caught in her blanket	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
	HAL-092221	B. WING		02/03	3/2023	
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE			
THE RESERVE AT MILLS FARM	3000 MIL APEX, NO	LS CHASE LOOP C 27523				
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
and the resident wa emergency departmevaluation.  -There was a predist documented that armay have contributed.  Review of Resident 09/14/22 at 8:22am.  -The resident had a head and denied paralmaging was performing the resident was downwith a diagnosis of diagnosis of diagnosis of diagnosis, trouble shalance and coording walking, vomiting, for condition.  Review of Resident at 10:40am revealed.  -Staff heard a big bothe residents room bed in which she has her head but had note that the contract of the Emergence of the resident states.  -EMS was called an transported to the Emergence of the resident that may have contract of the several contract of the may have contract of the several contract of the Emergence of the several contract of the Emergence of the several contract of the several	of bed. al services (EMS) were called, as transported to the ment (ED) for further apposing situational factor inbulating without assistance and to the resident's fall.  #2's ED provider note dated revealed: In unwitnessed fall hitting her min. It med and significant trauma or to the training training to the ED for any increased and injury and fall with in to the ED for any increased and e, changes in vision, edness, weakness, swallowing, slurred speak, mation difficulties when ever, or any other worsening  #2's I/A report dated 10/01/22 discome and when they entered found her on the floor by her and a tender spot on the back of the other obvious injuries. I she fell and hit her head.	D 270				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
HAL-092221		B. WING		02/0	3/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, STA	TE ZIP CODE	1	
			LS CHASE LOO	•		
THE RESI	ERVE AT MILLS FARM	APEX, NO		-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
D 270	Continued From page	e 8	D 270			
	10/01/22 at 10:12am -The resident had an evidence of head traushoulder pain along washoulder pain along washoulder pain along washer right shoulder, and on the upper armShe reported that shoulder, and on the upper armShe reported that shoulder, and on the upper armShe reported that shoulder, and the facility for hours be parkinson's disease at the recount details as along almaging was perform significant trauma and and an training the sident was diswith instructions to tal from her "bumps and revealed: -Resident #2's family resident washing the Administration wisited the resident are and wobbly on her fear and wobbly on her fear and interventions to a additional fallsThere was no reply to member from the facility to the resident washing the sident was	unwitnessed fall with uma, bruising, and right with increased confusion. abrasion with tenderness to pain with range of motion in d tenderness over the bone e had been on the floor at out had a diagnosis of and dementia and her ability a historian was unreliable. hed and there was no sign of d UTI was ruled out. charged back to the facility ke Tylenol to treat the pain bruises".  espondence dated 11/21/22  member emailed the re provider (PCP) and otor stating the had recently had observed her to be weak et; they requested thoughts a care plan to avoid any o Resident #2's family lity.  2's progress notes dated evealed:				

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		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
THE RES	ERVE AT MILLS FARM		LS CHASE LOOP			
	OLIMATA DV OT	· · · · · · · · · · · · · · · · · · ·	C 27523	DDOV/DEDIO DI AN OF	CORRECTION	
(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 ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	9	D 270			
	12/10/22 revealed: -The resident was halleaving the facilityAt 6:13pm, the reside	2's progress reports dated llucinating and talking about ent had an unwitnessed fall bom and stated she did not				
	Review of Resident #2's progress reports dated 12/15/22 at 9:01pm revealed the resident had not slept all night, had hallucinations of children in her room she attempted to chase and almost fell, and was very confused and disoriented but not able to be redirected.					
	police and staff heard head.	evealed: reaming in her room for I the resident fall and hit her resident was sent to the ED				
	12/15/22 at 5:21pm re -The resident had an small scalp hematom (tailbone) pain upon E -There was no evider	unwitnessed fall with a a (bruise) and coccyx EMS arrival. ace of substantial injuries, discharged back to the				
	12/16/22 at 6:14am re fall in her room while walker, was complain and was sent out via evaluation.	2's progress reports dated evealed the resident had a ambulating without her ing of back and head pain, EMS to the ED for further				
	Review of Resident #	2's ED provider note dated				

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			7.1.25.1.25.1.05.			
		HAL-092221	B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		S CHASE LOO	P		
		APEX, NC	7/523			
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
D 270	Continued From page	e 10	D 270			
	12/16/22 at 6:28am re-The resident had an increased confusion pfor a fall in the ED yethird fall that week.  -The resident had detand hypothyroidism a significant pain in her thoracic and lumbar pmotion.  -The resident was to because there was a effects of a stronger punsteady on her feet.  -The resident's traum she was discharged by instructions to come by Review of Resident # 12/16/22 at 9:41pm reseated at the nurse's	evealed: unwitnessed fall with per the facility, was last seen sterday, and this was her mentia, Parkinson's disease, and was complaining of left rib cage, right shoulder, pain, and pain with range of have Tylenol for pain concern with the side pain medication due to how she already was. a work-up was negative and pack to the facility with				
	alone due to trying to get up with a very unsteady gait.  Review of Resident #2's progress reports dated 12/17/22 at 2:55pm revealed the resident had been to the ED for 2 unwitnessed falls and had been lethargic and sleeping all day refusing breakfast and lunch.					
	12/20/22 at 11:15am -The note was docum -The resident had not hallucinations that a r and was combative a to be redirectedThe resident was at	nented by a MA.				

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	HAL-092221		B. WING		02	/03/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
THE RESE	ERVE AT MILLS FARM		LS CHASE LOO	P		
	OLUMBA DV OT	APEX, N		DDOL/(DEDIO DI ANTO		
(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	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 11	D 270			
	(MHP) intervention.  -A Telehealth request MH provider per the f Review of email corre to 02/06/23 revealed:  -On 12/21/22, Reside emailed the DCS and Coordinator (RCC) to sitter and asking for a provide that service; t-On 12/27/22, Reside a second email to the recommendations for -On 12/27/22, the DC email stating she provide with an updated medi respond to the request-On 12/28/22, Reside	espondence dated 12/21/22 ent #2's family member I the Resident Care inquire about obtaining a I list of people that could there was no response. ent #2's family member sent DCS and RCC requesting a sitter. ES responded back to the wided the family member ication list but she did not set for a sitter. ent #2's family member RCC about a list of care				
	Review Resident #2's PCP visit note dated 01/04/23 revealed: -The resident had dementia with medication management with appropriate moodThe resident had visual and audible hallucinations per facility staff but did not have any increase or changes in behavior, appetite, or sleep pattern since her last assessment.  Review of Resident #2's facility record revealed: -The resident had documentation of falls on 07/14/22, 09/14/22, 10/01/22, 12/10/22, 12/15/22, and 12/16/22There was documentation in the resident's progress notes that she was on every 30-minute checks on 12/13/22, 12/15/22 and 12/19/22 but					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
THE DEC	EDVE AT MILLS EADM	3000 MII	LLS CHASE LOOP			
THE RES	ERVE AT MILLS FARM	APEX, N	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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	there was no other of supervision for the resupervision for the resupervision for the resupervision for the resupervision for the resident of them to the resident of them to the resident and obtain orders and fall consider the supervision of every 2-hours but behaviors and falls a should be monitoredrawing and the instructions for increasion of the resident and the instructions for increasion the resident and was a supervision on the feet.  Resident #2 was chall unique to check on the resident #2's family increased supervision out to the RCC, DCS their request but had yet.  She had never beer Resident #2 more of would try to park her resident's door to try	ocumentation of increased esident.  ication aide (MA) on revealed: communicate falls and report is provider to guide resident its as needed. It to be watched closely and the resident every its worked because the lations and delusions. In instructed to check on the chan the facility's expectation the resident had wandering and she felt the resident more closely. In the range of the resident is the resident of the resident is th	D 270			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE RES	ERVE AT MILLS FARM		LLS CHASE LOOP			
	- -	APEX, N	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 ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	was worried too.  Interview with the Di (DCS) on 02/03/23 arguest - She was responsible orders, care plans, of medication administrates Resident Care Coord the facility.  Resident #2's family every day and they have information regarding request a facility staff. The staff tried to keep a better eye check on her every have per instruction previous week.  There was no docur supervision checks arguest a facility staff.	safety and knew the family rector of Clinical Services	D 270			
	11:55am revealed: -Resident #2 had ex having UTIs when sh status and had some wandering behaviorsAny interventions fo supervision would have resident's progress resident #2 was su rounding each hour it two hours any time streatment of a UTI for the increased rounding.	or falls to include increased ave been documented in the notes.  pposed to receive increased instead of the normal every she was on an antibiotic for or about one week and then				

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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	
		HAL-092221	B. WING		02/0	3/2023
NAME OF PRO	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•	
TUE DECED	VE AT MILLS FARM	3000 MILL	S CHASE LOO	P		
THE RESER	VE AT WILLS FARW	APEX, NO	27523			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	(X5) COMPLETE DATE
D 270	Continued From page 14		D 270			
ti e v v iii - a a e e e e e e e e e e e e e e e e e	o the ED for further exercited by a comparison of the ED for further exercited by a comparison of the ED for further exercited by a comparison of the ED for further exercited by a comparison of the ED for the resident exercited by a comparison of the ED for the resident exercited by a comparison of the ED for the resident exercited by a comparison of the ED for the PCP) on 02/02/23 at the expected by a comparison of the expected the fact of the expected the fact of the expected to be represented by the expected by the expected to be represented by the expected by the expected to be represented by the expected	valuation and a post-fall inplemented interventions of in their progress notes with for 72 hours after the fall. Resident #2's PCP to be concontinuity of care. Resident #2's family wanted it but thought it was an for the resident's safety.  Int #2's primary care provider 3:30pm revealed: esident had experienced gnosis but had not been resident fell on 09/14/22, in 12/16/22 despite facility contified of all resident falls to safety and to have the esident for injuries and was appropriate after the eaware of the resident's could have ensured the event injury due to the status and placed an order resident, mood disturbance, and gait and mobility, and				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  THE RESERVE AT MILLS FARM  APEX, NC 27523   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270  Continued From page 15  Review of Resident #4's current care plan dated 11/03/22 revealed:  -The resident received services from hospice and had little interaction with anyone other than her spoulse	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
THE RESERVE AT MILLS FARM  3000 MILLS CHASE LOOP APEX, NC 27523  (X4) ID PREFIX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270  Continued From page 15 Review of Resident #4's current care plan dated 11/03/22 revealed: -The resident received services from hospice and had little interaction with anyone other than her			HAL-092221	B. WING		02	2/03/2023
THE RESERVE AT MILLS FARM  APEX, NC 27523  (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270 Continued From page 15  Review of Resident #4's current care plan dated 11/03/22 revealed:  -The resident received services from hospice and had little interaction with anyone other than her	NAME OF PROVIDER OR S	UPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
APEX, NC 27523  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  D 270 Continued From page 15  Review of Resident #4's current care plan dated 11/03/22 revealed: -The resident received services from hospice and had little interaction with anyone other than her	THE RESERVE AT MIL	LS FARM			P		
PREFIX TAG    CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE DATE			APEX, NO	27523			
Review of Resident #4's current care plan dated 11/03/22 revealed: -The resident received services from hospice and had little interaction with anyone other than her	PREFIX (EAC	CH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
11/03/22 revealed: -The resident received services from hospice and had little interaction with anyone other than her	D 270 Continued	From page	e 15	D 270			
-The resident was constantly disoriented and did not speak.  -The resident required extensive assistance with eating and was totally dependent on staff assistance for all other activities of daily living.  Review of Resident #4's Resident Assessment dated 08/15/22 revealed:  -The resident required hands on physical assistance with ambulation and transfers on a regular basis.  -The resident exhibited severe confusion and required frequent redirection and monitoring.  Review of Resident #4's facility progress note dated 09/29/22 reveled:  -The resident was found on the floor after unwitnessed fall by the hospice provider.  -The resident had gash to her lower left leg and bruising that extended up to the knee with pain that was assessed and cleaned by the hospice provider.  Review of Resident #4's Incident/Accident (I/A) report dated 09/29/22 revealed the resident was found on the floor by her hospice provider and had impaired memory.  Review of Resident #4's physician communication form dated 10/11/22 revealed the resident was found on the floor be here bed with a skin tear on her left forearm.  Review of Resident #4's I/A report dated 10/11/22	Review of 11/03/22 r -The resid had little in spouseThe resid not speakThe resid eating and assistance regular ba -The resid assistance regular ba -The resid required fr  Review of dated 09/2 -The resid unwitness -The resid bruising the that was a provider.  Review of report date found on thad impair Review of communic resident we with a skir	Resident # evealed: ent receive iteraction v ent was co ent require was totally for all other sis. ent exhibite equent red existent # equent red existent was fou ed fall by tr ent had gar at extende	d services from hospice and with anyone other than her instantly disoriented and did d extensive assistance with dependent on staff er activities of daily living.  He's Resident Assessment alled: d hands on physical allation and transfers on a led severe confusion and irection and monitoring.  He's facility progress note led: and on the floor after the hospice provider. In the hospice provider and d up to the knee with pain and cleaned by the hospice led: Incident/Accident (I/A) are revealed the resident was ther hospice provider and led: He's physician dated 10/11/22 revealed the in the floor beside her bed er left forearm.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		LS CHASE LOOP			
	0,111,120,40	•	C 27523	DD0///DDD0// DV AV 05 0		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 16	D 270			
	-The resident had an tear to her left forearr -The resident had im imbalance, and weak	paired memory, gait				
		#4's physician dated 10/29/22 revealed the tnessed fall next to her bed				
	Review of Resident #4's I/A report dated 10/29/22 revealed: -The resident had an unwitnessed fall with no painThe resident was confused with impaired					
	memory and incontin					
	Review of Resident #4's facility progress note dated 01/01/23 revealed the resident was found on the floor in her room with no sign of obvious injury.					
	dated 01/01/23 revea	#4's physician triage note aled the resident was to be as per facility protocol due to b for acute changes.				
	dated 01/03/23 revea	#4's facility progress note aled the resident was on a recent unwitnessed fall.				
	dated 01/04/23 revea	#4's facility progress note aled the resident had an out injury or pain and was on				
	dated 01/05/23 revea	#4's facility progress note aled: a 30-minute checks due to a				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE COMF	SURVEY
			A. BOILDING			
		HAL-092221	B. WING		02	03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
THE RESE	ERVE AT MILLS FARM	3000 MIL APEX, N	LS CHASE LOO	P		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	LOF CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE / CROSS-REFERENCED 1 DEFICII	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETE DATE
D 270	Continued From page 17		D 270			
	-The resident had been up most of the night and would continue to be monitored.  Review of Resident #4's facility progress note dated 01/13/23 revealed the resident was on 30-minute checks to prevent falls.  Review of Resident #4's facility progress note dated 01/14/23 revealed: -The resident was found on her bedroom floor around 4:00pm without obvious injuryHer fall mat was not in place next to her, and her providers were notified.  Review of Resident #4's facility progress note dated 01/15/23 revealed: -The resident had an unwitnessed fall and was awake most of the nightThe resident was on 30-minute checks.  Review of Resident #4's hospice provider note dated 01/20/23 revealed: -On 01/04/23 the resident was lethargic, weak, and in need of total assistance for activities of daily livingOn 01/13/23, the resident was weak, lethargic, and unable to support her own weightOn 01/16/23 the resident was asleep, unresponsive, and kept her eyes closed the entire visitThe facility was to monitor the resident and reinforce fall precautions.  Review of Resident #4's facility record revealed: -The resident had 7 documented falls on 09/29/22, 10/11/22, 10/29/22, 01/01/23, 01/04/23, 01/14/23, and 01/15/23The resident received 30-minutes checks on 01/03/23, 01/04/23, 01/05/23, 01/13/23, and 01/15/23 but had no other documentation of					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/0	3/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE RESE	RVE AT MILLS FARM	3000 MILLS APEX, NC	S CHASE LOO 27523	P		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	(X5) COMPLETE DATE
				DEFICIENCY)		
D 270	Continued From page	e 18	D 270			
	increased supervision from 08/15/22 to 02/03/23.					
	them to the resident's care and obtain order -Resident #4 had free cooperative and there place for the resident supervision; she did r -She had never been Resident #4 more free but tried to check on the because of her risk of Interview with a second 6:34pm revealed: -Resident #4 was on checks and there wer interventions in place increased supervision -She had never been	evealed: communicate falls and report a provider to guide resident as as needed. quent falls but was very a were no interventions in to have increased not know why. instructed to check on quently than every 2-hours the resident more often a falling when she worked.  Ind MA on 02/03/23 at  every 2-hour supervision are no other orders or to provide the resident with an that she was aware of. instructed to check on the intly and the resident did not				
	(DCS) on 02/03/23 at -She was responsible	ector of Clinical Services 3:52pm revealed: for staffing, processing rerseeing resident care and				
	medication administration, and covering for the Resident Care Coordinator while she was out of the facility.  -It was important to notify the PCP of falls or change in behaviors so they could provide care as indicated and the facility could implement those orders as needed such as imaging(x-rays), medication reviews, transfer to a higher level of care, or other interventions.  -The staff tried to keep Resident #4's door open					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE RESI	ERVE AT MILLS FARM	3000 MIL	LS CHASE LOOP			
THE REGI	LICE AT MILEO TAKIN	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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	to keep a better eye check on her every hours per instructions previous week.  -There was no docum supervision checks a orders for increased resident.  Interview with the Add 11:55am revealed: -Any interventions for supervision would har resident's progress newhen a resident fell required more than be to the ED for further evaluation with any in would be documented increased monitoring checked on more often ormal, for 72 hoursends and solution and a solutionResident #4 had expession tears, her hospic be aware, and she new first aid from her fallsendsThe facility had implemented the family of the concave mattress for hospice provider's or increased supervision because the family of for her.  Interview with Residents.	on her and staff were to our instead of every two is at staff meeting the mentation of resident and there were no specific supervision or a sitter for the ministrator on 02/03/23 at a falls to include increased we been documented in the otes. and had injuries that asic first aid, they were sent evaluation and a post-fall implemented interventions d in their progress notes with in which the resident was enthat every two hours as after the fall. In provide a resident with because there would be a task in the computer to do the provider and PCP should ever needed more than basic themselves a fall mat and the provider and pro	D 270			
l	(PCP) on 02/02/23 at	t 3:30pm revealed she to provide the resident with				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02	/03/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
THE RESE	RVE AT MILLS FARM		LS 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 OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 20	D 270			
	supervision according falls.	g to her needs to prevent				
	02/03/23 at 5:28pm re					
	-He was aware of the residents falls and when he assessed her the injuries observed were consistent with what the facility had reported to him.  -He visited the resident 3-times per week since October 2022 and last saw her that day, 02/03/23.  -Falls were a concerning issue for Resident #4 and he had provided orders to the facility for fall mat and had performed a medication review to try and decrease her risk of falls.					
	-To his knowledge, th supervision checks e other residents and h	e resident was on very 2-hours just like all the ad not received any				
	resident more frequer	eed an order to check on the ntly or provide the resident				
	increased supervision needs as needed to p	rpected the facility to provide n as indicated per resident prevent falls and injury as				
	much as possibleProviding increased were a high fall risk w reducing falls and imp					
	Attempted interview v member on 02/03/23 unsuccessful.	vith Resident #4's family at 2:50pm was				
	The facility failed to e for 2 of 4 sampled reshigh falls risks and ea Resident #2 sustaine emergency room (ED	nsure increased supervision sident (#2, #4) who were ach sustained multiple falls. d 6 falls resulting in 5 visits, 1 hospitalization, ded right ribs, hip, shoulder,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 02/00/2020	
THE RESE	ERVE AT MILLS FARM	3000 MILLS APEX, NC	CHASE LOO	P		
(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 COMPLETE	
D 270	the head and right arr (tailbone) pain. Residence resulted in a gash to be tears. The failure of that risk of severe injury constitutes a Type A2.  The facility provided a accordance with G.S.  THE CORRECTION I	ions to the head, bruising to m, and back and coccyx dent #4 sustained 7 falls that her left leg and multiple skin he facility put the residents y and neglect and Violation.	D 270			
D 273			D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE ZIP CODE	·	
			S CHASE LOOF			
THE RESI	ERVE AT MILLS FARM	APEX, NO				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION (X	5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		
D 273	73 Continued From page 22		D 273			
	10/03/22 revealed: -The resident sometinhallucinations and nedThe resident required toileting, bathing, and with eating and groom ambulation, and was review of Resident # 12/12/22 revealed add Alzheimer's disease, hypothyroidism, and for the resident #2 had resione year because she diagnoses of Parkinsof fallsHe brought numerou Administrator and Dire (DCS) while visiting a he often never receive follow-upWhen Resident #3 we mailed the DCS to respecialist 3 times and that request until 5-6 he felt delayed her tree contributed to her falls emergency that he felt-He had lost count of	deded reassurance. d extensive assistance with dressing, limited assistance ning, supervision with independent with transfers.  2's physician orders dated ditional diagnoses included hypertension, Parkinson's disease.  Int #2's family member on evealed: ded at the facility for about e needed 24/7 care with on's disease, dementia, and s concerns to the ector of Clinical Services t the facility or via email and ed any response or  ras suffering from a UTI he equest a referral to a did not get a response to weeks later. a delay in noticing Resident I status and behaviors in the evelopment of a UTI which eatment and subsequently is leading to visits to the lit could be prevented. the resident's falls, but the				
	(ED) 4-5 times since	the emergency department July 2022 when she fell for she had sustained injuries				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED	
		HAL-092221	B. WING		02	/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
THE DECI	DVE AT MULIC FARM	3000 MILI	S CHASE LOO	P			
THE RESI	ERVE AT MILLS FARM	APEX, NO	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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
D 273	Continued From page	e 23	D 273				
	such as a hematoma and brain bleed.						
	Such as a nematoma	and brain bleed.					
	dated 07/15/20 revea -The policy was in pla preserve mobility by r fall related injuriesAll resident falls shou resident's primary car as well as any recome an incident report whi completed with each.  Review of Resident # 01/10/23 revealed: -The resident required ambulation and occas or remindersThe resident had 2 o months and an unstal -The resident required	ace to promote safety and reducing the risk of falls and all be reported to the re provider (PCP) for review mended they must include ich was required to be fall.  2's Assessment Tool dated a minimal assistance with sionally needed verbal cues or more falls in the last 3 ble gait. d hands on physical ng to include transfers. Independent of falls and the sional side of the sional side of the side of					
	dated 07/14/22 at 11: -The resident had a h disease, dementia, Pa pacemaker who presi increased confusion a -She was experiencin back of her head, and left hipThe resident was hyp	distory of Alzheimer's arkinson's disease, a ented that day with and a fall. ag pain in left shoulder, the did her middle back into her apertensive (high blood lirious, unable to follow					
	hospital for further ev altered mental status	aluation with a diagnosis of					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLE	ובט
		HAL-092221	B. WING		02/03	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓE, ZIP CODE		
THE DEGI	ERVE AT MILLS FARM	3000 MILI	S CHASE LOOF	P		
THE RESI	ERVE AT MILLS PARM	APEX, NO	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 CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Continued From page	e 24	D 273			
	on 07/22/22 after trea	atment for altered mental n her medications to treat				
	report dated 09/14/22 -The medication aide the floor in her room -The resident stated s "lightly" when her leg and she slipped out o -Emergency medical and the resident was emergency departme evaluationThere was a predisp documented that amb may have contributed -The resident's PCP	services (EMS) were called, transported to the				
	09/14/22 at 8:22am ru-The resident had an head and denied pairu-Imaging was perforn injury were ruled out.	evealed: unwitnessed fall hitting her n. ned and significant trauma or				
	instructions to return confusion, headache dizziness, lightheade numbness, trouble sy balance and coordina	dness, weakness, vallowing, slurred speak,				
	at 10:40am revealed: -Staff heard a big boo	t2's I/A report dated 10/01/22 com and when they entered bund her on the floor by her				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
			A. BOILDING.			
		HAL-092221	B. WING	<del></del>	02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
THE RESI	ERVE AT MILLS FARM	3000 MIL	LS CHASE LOOP			
THE REO	ERVE AT MILEOTARM	APEX, NO	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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page		D 273			
	her head but had no	a tender spot on the back of				
		she fell and hit her head.				
	-EMS was called and					
		for further evaluation.				
		sing factors documented				
		outed to the resident's fall				
		npaired memory, and use of				
	a walker.					
		was documented as notified				
	notified.					
	10/01/22 at 10:12am -The resident had an evidence of head trau shoulder pain along v -She reported that sh the facility for hours b Parkinson's disease a	unwitnessed fall with  uma, bruising, and right  vith increased confusion.  e had been on the floor at  out had a diagnosis of  and dementia and her ability				
		a historian was unreliable.				
		ned and there was no sign of				
	significant trauma and -The resident was dis	charged back to the facility.				
	12/10/22 at 1:20pm re					
	-The resident had an					
		ses with a UTI, and had ncreased unsteadiness and				
		fell 3 times while walking to				
		sistance and was very				
	lethargic.	-				
		nentation that the resident's				
	12/10/22 at 4:20pm w	2's progress note dated vith a follow up at 7:55pm img had been administered				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		LLS CHASE LOOP NC 27523			
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
D 273	Continued From pag	e 26	D 273			
		e as the resident was still fall, and was talking about				
	12/10/22 at 6:13pm r -The resident had an injury in her room an anywhere.	#2's progress note dated revealed: unwitnessed fall without d stated she did not hurt that "all" parties were				
	12/15/22 at 4:51pm r -The resident was so police and staff heard head.	reaming in her room for d the resident fall and hit her resident was sent to the ED				
	12/15/22 at 5:21pm r -The resident had an small scalp hematon EMS arrivalThere was no evide	unwitnessed fall with a na and coccyx pain upon nce of substantial injuries, sidischarged back to the				
	12/15/22 at 9:01pm r slept all night, had ha room she attempted	#2's progress note dated revealed the resident had not allucinations of children in her to chase and almost fell, and nd disoriented but not able to				
	12/16/22 at 6:28am r -The resident had an	#2's ED provider note dated revealed: unwitnessed fall with per the facility, was last seen				

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CON	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  THE RESERVE AT MILLS FARM  3000 MILLS CHASE LOOP APEX, NC 27523   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  (EACH CORRECTION (EACH CORRECTION SHOULD BE CONDITION)  TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	2023	
THE RESERVE AT MILLS FARM  3000 MILLS CHASE LOOP APEX, NC 27523  (X4) ID PREFIX FAG REGULATORY OR LSC IDENTIFYING INFORMATION)  3000 MILLS CHASE LOOP APEX, NC 27523  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	2020	
APEX, NC 27523  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CONTROL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
D 273 Continued From page 27 D 273	(X5) COMPLETE DATE	
· ·		
for a fall in the ED yesterday, and this was her third fall that week.  -The resident had dementia, Parkinson's disease, and hypothyroidism and was complaining of significant pain in her left rib cage, right shoulder, and thoracic and lumbar pain.  -The resident was to have Tylenol for pain because there was a concern with the side effects of a stronger pain medication due to how unsteady on her feet she already was.  -The resident's trauma work-up was negative and she was discharged back to the facility with instructions to come back as needed.  Review of Resident #2's progress note dated 12/16/22 at 6:14am revealed:  -The resident had a fall in her room while ambulating without her walker and was complaining of back and head pain.  -The resident was sent out via EMS to the ED for further evaluation.  Review of Resident #2's progress note dated 12/17/22 at 2:55pm and 10:19pm revealed:  -The resident had been to the ED for 2 unwitnessed falls and had been lethargic and sleeping all day refusing breakfast and lunch.  -The resident had two recent falls and had had napped all day.  Review of Resident #2's facility record revealed:  -The resident had documentation of falls on 07/14/22, 08/17/22, 08/17/22, 09/17/22, 12/10/22, 12/15/22, and 12/16/22.  -It was documented that 'all parties were notified" of the incident on 12/10/22 at 6:13pm in the resident's progress notes, but there was no other		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	, -	
THE DECI	EDVE AT MILLO FARM	3000 MIL	LS CHASE LOOP			
THE RESI	ERVE AT MILLS FARM	APEX, NO	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 OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	28	D 273			
	(PCP) on 02/02/23 at -She was aware the r falls around a UTI dia made aware that the 10/01/22, 12/10/22, o facility's documentatic -She expected to be resure the resident's option to assess the rensure their behavior fall.  -It was important to a because it could sign and result in a possib evaluation at the hosp been assessed at the -If she had been mad additional falls, she w resident's safety to pr	esident had experienced gnosis but she had not been resident fell on 09/14/22, r 12/16/22 despite the on. notified of all resident falls to safety and to have the resident for injuries and was appropriate after the assess residents after falls ify unknown head trauma le need for further oital if the resident had not hospital already. The aware of the resident's rould have ensured the revent injury due to the status and placed an order				
	them to the resident's care and obtain order -She had not reported	evealed: ommunicate falls and report provider to guide resident				
	resident's PCP becau injury and the PCP co follow-up.	ed to be reported to the use there could be unknown ould provide guidance and by Resident #2's PCP was				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		` '	E SURVEY PLETED
		HAL-092221	B. WING		03	2/03/2023
					1 02	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		LS CHASE LOOP			
		APEX, NO	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 OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	29	D 273			
	evaluation, obtain vita the PCP via fax, telen RCC, RCD, or the Ad -She thought she noti her falls when she ha know for sure. Interview with the Dire (DCS) on 02/03/23 at -She was responsible orders, care plans, ov	ensible to fill out the post-fall al signs, and report the fall to nealth, or phone and to the ministrator.  fied Resident #2's PCP of d been present but did not ector of Clinical Services				
	Resident Care Coord the facility.  -It was important to no could provide care as could implement thos imaging(x-rays), med higher level of care, or -The MAs were responsant change in behavior resident's PCP which Resident #2 then doo notes.	otify the PCP of falls so they indicated and the facility e orders as needed such as ication reviews, transfer to a or other interventions. Insible to have reported falls or to her, the RCC, and the should have been done for umented in the progress				
	PCP was not aware of Interview with the Adr 11:55am revealed: -Resident #2 had exp having UTIs when she statusWhen a resident fell required more than be to the ED for further evaluation with any in would be documented	or sure why Resident #2's of all the resident's falls.  ministrator on 02/03/23 at erienced some falls around e had a change in mental and had injuries that asic first aid, they were sent evaluation and a post-fall inplemented interventions d in their progress notes. Insible to notify her, the				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING.			
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
THE DECI	EDVE AT MULE FARM	3000 MIL	LS CHASE LOOP			
THE RES	ERVE AT MILLS FARM	APEX, NO	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 OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	resident's family mem falls and she was not been notified of all of expectedIt was important for faware of all her falls for the facility did not resident important to the around changing med b. Review of Resident dated 01/10/23 reveal moderate confusion a redirection.  Review of Resident #12/12/22 revealed: -There was an order to treat mood disorder to treat mood disorder inight at bedtimeThere was an order in hours as needed for least resident #2's 01/04/23 revealed: -The resident had designed the r	aber, PCP, and local DSS of aware that the PCP had not Resident #2's falls as  Resident #3's PCP to be for continuity of care. Export Resident #2's falls to evider (MHP) but it may have estitration and treatment dications.  It #2's Assessment Tool alled the resident had and required occasional  E2's physician orders dated for Seroquel 12.5mg (used ers) every morning. For Seroquel 25mg every  For Seroquel 25mg every 12 mallucinations or paranoia.	D 273			
	management with ap -The resident had vis	•				
	1	ges in behavior, appetite, or				
	sleep pattern since he	<del>-</del>				
		2's progress reports  7pm, the resident walked r walker saying someone				
		r at 8:24am, that someone , that people were coming to				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3000 MILLS CHASE LOOP APEX, NC 27523  ID PROVIDER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 31 get a newspaper in room, and pointing to things that were not thereOn 12/06/22 at 10.28pm and 12/07/22 at 12:01am, Seroquel 25mg was administered and was ineffective as the resident was still up and down in her room with hallucinationsOn 12/10/22 at 10.51, the resident was observed at dinner talking to someone at her table that was not there stating she was leaving the facility. On 12/12/22 at 7:33am the resident had been up and down all night walking around in her room, was unable to relax, and staff were going to continue to monitor her to ensure she did not bring herself harmOn 12/12/22 at 10:35pm, the resident was wery lethargicOn 12/12/122 at 10:37am, the resident was very lethargicOn 12/12/122 at 10:37am, the resident was up talking to a little boy who was not there while pointing at him when she was asked who she was stalking to.	STATEMEN	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  THE RESERVE AT MILLS FARM  3000 MILLS CHASE LOOP APEX, NC 27523  (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION)  D 273  Continued From page 31 get a newspaper in room, and pointing to things that were not thereOn 12/10/22 at 10:28 pm and 12/107/22 at 12:01 am, Seroquel 25mg was administered and was ineffective as the resident was still up and down in her room with hallucinationsOn 12/10/122 at 10:51, the resident was still nallucinating and was talking about leaving the facilityOn 12/10/22 at 17:33 am the resident was observed at dinner talking to someone at her table that was not there stating she was leaving the facility. On 12/11/22 at 17:33 am the resident was observed at dinner talking to someone at her table that was not there stating she was leaving the facility. On 12/11/22 at 17:33 am the resident was observed at dinner talking about leaving the facility. On 12/11/22 at 110:35, the resident was observed at dinner talking around in her room, was unable to relax, and staff were going to continue to monitor her to ensure she did not bring herself harmOn 12/13/22 at 10:35 pm, the resident was more confused that usualOn 12/13/22 at 10:37 am, the resident was upy latking to a little boy who was not there while pointing at him when she was asked who she							
SUMMARY STATEMENT OF DEFICIENCIES   10   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   D 273   PREFIX TAG   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   D 273      D 273   Continued From page 31   get a newspaper in room, and pointing to things that were not there.			HAL-092221	B. WING		02/03/2023	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 273  Continued From page 31 get a newspaper in room, and pointing to things that were not there.  -On 12/06/22 at 10:28pm and 12/07/22 at 12:01am, Seroquel 25mg was administered and was ineffective as the resident was still up and down in her room with hallucinationsOn 12/10/22 at 4:20pm and 7:55pm, Seroquel 25mg had been administered and was not effective as the resident was still hallucinating and was talking about leaving the facilityOn 12/10/22 at 10:51, the resident was observed at dinner talking to someone at her table that was not there stating she was leaving the facility. On 12/12/22 at 7:33am the resident had been up and down all night walking around in her room, was unable to relax, and staff were going to continue to monitor her to ensure she did not bring herself harmOn 12/13/22 at 10:35pm, the resident was very lethargicOn 12/13/22 at 5:47am, the resident was up talking to a little boy who was not there while pointing at him when she was asked who she	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
APEX, NC 27523   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION   (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PR	THE DEGI	EDVE AT MILLS EADM	3000 MILL	S CHASE LOO	P		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 31 get a newspaper in room, and pointing to things that were not there.  -On 12/06/22 at 10:28pm and 12/07/22 at 12:01am, Seroquel 25mg was administered and was ineffective as the resident was still up and down in her room with hallucinationsOn 12/10/22 at 4:20pm and 7:55pm, Seroquel 25mg hab been administered and was talking about leaving the facilityOn 12/10/22 at 10:51, the resident was observed at dinner talking to someone at her table that was not there stating she was leaving the facility. On 12/12/22 at 7:33am the resident had been up and down all night walking around in her room, was unable to relax, and staff were going to continue to monitor her to ensure she did not bring herself harmOn 12/12/22 at 10:35pm, the resident was more confused that usualOn 12/13/22 at 10:35pm, the resident was very lethargicOn 12/15/22 at 5:47am, the resident was up talking to a little boy who was not there while pointing at him when she was asked who she	THE RESI	INVE AT MILES TAKM	APEX, NC	27523			
get a newspaper in room, and pointing to things that were not there.  -On 12/06/22 at 10:28pm and 12/07/22 at 12:01am, Seroquel 25mg was administered and was ineffective as the resident was still up and down in her room with hallucinations.  -On 12/10/22 at 4:20pm and 7:55pm, Seroquel 25mg had been administered and was not effective as the resident was still hallucinating and was talking about leaving the facilityOn 12/10/22 at 10:51, the resident was observed at dinner talking to someone at her table that was not there stating she was leaving the facility. On 12/12/22 at 7:33am the resident had been up and down all night walking around in her room, was unable to relax, and staff were going to continue to monitor her to ensure she did not bring herself harmOn 12/12/22 at 10:35pm, the resident was more confused that usualOn 12/13/22 at 10:37am, the resident was very lethargicOn 12/15/22 at 5:47am, the resident was up talking to a little boy who was not there while pointing at him when she was asked who she	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLE	
that were not thereOn 12/06/22 at 10:28pm and 12/07/22 at 12:01am, Seroquel 25mg was administered and was ineffective as the resident was still up and down in her room with hallucinationsOn 12/10/22 at 4:20pm and 7:55pm, Seroquel 25mg had been administered and was not effective as the resident was still hallucinating and was talking about leaving the facilityOn 12/10/22 at 10:51, the resident was observed at dinner talking to someone at her table that was not there stating she was leaving the facility. On 12/12/22 at 7:33am the resident had been up and down all night walking around in her room, was unable to relax, and staff were going to continue to monitor her to ensure she did not bring herself harmOn 12/12/22 at 10:35pm, the resident was more confused that usualOn 12/13/22 at 10:37am, the resident was very lethargicOn 12/15/22 at 5:47am, the resident was up talking to a little boy who was not there while pointing at him when she was asked who she	D 273	Continued From page	e 31	D 273			
-On 12/15/22 at 6:02am, the resident had still had slight confusion but in good spiritsOn 12/15/22 at 4:51pm, the resident was screaming in her room for policeOn 12/15/22 at 9:01pm, the resident had not slept all night, had hallucinations of children in her room she attempted to chase and almost fell, and was very confused and disoriented but not able to be redirectedOn 12/16/22 at 9:41pm, the resident was seated at the nurse's station because she was not ready to go to bed and she could not be left alone due to trying to get up with a very unsteady gait.	D 2/3	get a newspaper in rothat were not thereOn 12/06/22 at 10:26 12:01am, Seroquel 2: was ineffective as the down in her room witl -On 12/10/22 at 4:20 25mg had been admi effective as the reside was talking about lea -On 12/10/22 at 10:57 at dinner talking to so not there stating she On 12/12/22 at 7:33a and down all night was unable to relax, a continue to monitor hbring herself harmOn 12/12/22 at 10:35 confused that usualOn 12/13/22 at 10:35 lethargicOn 12/15/22 at 5:47 at talking to a little boy we pointing at him when was talking toOn 12/15/22 at 6:02 slight confusion but ir -On 12/15/22 at 4:51 screaming in her roor -On 12/15/22 at 9:01 slept all night, had ha room she attempted to was very confused ar be redirectedOn 12/16/22 at 9:41 at the nurse's station to go to bed and she	Spm and 12/07/22 at 5mg was administered and a resident was still up and in hallucinations. 5m and 7:55pm, Seroquel nistered and was not ent was still hallucinating and ving the facility.  1, the resident was observed ameone at her table that was was leaving the facility. The resident had been up alking around in her room, and staff were going to er to ensure she did not 5pm, the resident was was not there while she was asked who she  am, the resident had still had in good spirits. 5pm, the resident was more of police. 5pm, the resident had not llucinations of children in her to chase and almost fell, and and disoriented but not able to 5pm, the resident was seated because she was not ready could not be left alone due	D 2/3			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL-092221	B. WING	<del> </del>	02	2/03/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
		3000 MIL	LS CHASE LOOP			
THE RES	ERVE AT MILLS FARM	APEX, N	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 OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 273	Continued From page	32	D 273			
	the ED for 2 unwitness lethargic and sleeping and lunchOn 12/17/22 at 10:15 recent falls and had in -On 12/18/22 at 10:03 recent fall and continu who were not thereOn 12/19/22 at 6:13 areturned from the ED of the night with a few had been found sitting and kept saying she with facility at 8:00amOn 12/19/22 at 10:20 documented as havin because the resident was going to "be put of talking to another perithereOn 12/20/22 at 11:15 slept, had severe hall there to kill her, and with to care unable to be rat an increased risk of hallucinations and derequested a mental hit telehealth request was provider per the family-On 12/20/22 at 11:40 going to review the reand fax new order recon 12/20/22 at 4:53 are 25mg was documented administered because awake all night halluc was trying to kill her are to "come and get the"	seed falls and had been g all day refusing breakfast  Opm, the resident had two sapped all day.  Opm, the resident had a sued to see things and people am, the resident had after a fall, had slept most a occasions in which she g up on the side of her bed was going to be kicked out of opm, Seroquel 25mg was g been administered was in her room saying she put" in the morning and was son in the room that was not so in the resident had not ucinations that a man was was combative and resistive edirected. The resident was a falling due to the susions and the family had ealth (MH) intervention. A s sent to the resident's MH y's request.  Opm, the MH provider was sesident's current medications commendations.  The sident was resident's current medications commendations.				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/03/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STA	TE, ZIP CODE		
THE RESE	RVE AT MILLS FARM	3000 MIL	LS CHASE LOO	P		
		APEX, N	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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	e 33	D 273			
D 2/3	medication was ineffered. On 12/28/22 at 7:15a 25mg was documented administered the residelusions.  On 12/28/22 at 9:39a hallucinating a lot that sleepy after a PRN mouth hallucinations per asleep.  On 12/29/22 at 8:28a 25mg was documented administered but inefferesident's hallucination resident was still halluredirected.  On 12/30/22 at 7:43a 25mg was documented administered but inefferesident's hallucination on 01/04/23 at 7:51a 25mg was documented administered but inefferesident's hallucination on 01/05/23 at 8:01a 25mg was documented administered but inefferesident's hallucination on 01/21/23 at 6:03a up all night with hallucination on 01/21/23 at 6:55a documented as having ineffective in treating and vivid delusions.  On 01/21/23 at 8:12a 25mg was documented as having ineffective in treating and vivid delusions.  On 01/21/23 at 8:12a 25mg was documented as having ineffective in treating and vivid delusions.  On 01/21/23 at 8:12a 25mg was documented as having ineffective in treating and vivid delusions.	am and 7:48am, Seroquel ed as having been dent's hallucinations and am, the resident was at morning and became very ledication was administered sisted until the resident fell am and 8:49am, Seroquel ed as having been fective in treating the lons and delusions and the lucinating and unable to be am and 8:14am, Seroquel ed as having been fective in treating the lons and delusions. It is an am and 8:38am, Seroquel ed as having been fective in treating the lons and delusions. It is an am and 10:11am, Seroquel ed as having been fective in treating the lons and delusions. It is an am and 10:11am, Seroquel ed as having been fective in treating the lons of dead children. It is an am, the resident had been contations and delusions and long as administered but not lam, Seroquel 25mg was an general been administered but the resident's hallucinations lam, the resident had	D 2/3			
	25mg was documente administered but ineff resident's hallucination -On 01/04/23 at 7:51a 25mg was documente administered but ineff resident's hallucination -On 01/05/23 at 8:01a 25mg was documente administered but ineff resident's hallucination -On 01/21/23 at 6:03a up all night with hallucina PRN medication was effectiveOn 01/21/23 at 6:55a documented as having ineffective in treating and vivid delusions.	ed as having been fective in treating the ons and delusions. am and 8:38am, Seroquel ed as having been fective in treating the ons and delusions. am and 10:11am, Seroquel ed as having been fective in treating the ons of dead children. am, the resident had been cinations and delusions and as administered but not am, Seroquel 25mg was ag been administered but the resident's hallucinations				
	increased delusions a	and hallucinations, was ed, and a PRN medication				

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was given the previous shift but was not effective.

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		3000 MI	LLS CHASE LOOP			
THE RESI	ERVE AT MILLS FARM	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 OF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	needed (PRN) medicined at 2:13 hallucinations and deintermittently able to a lt was documented to notified of behaviors 12/20/22 at 11:40am, documentation that the was notified of any be 12/06/22 to 02/01/23. Observation of Residing 10:46am revealed:  The resident was positive medication aide (wall that was not therefore a large to be walker next to her an assistance in being resupport behind her being provided by the medication and the large to be a large to a large t	am, the resident had and hallucinations and as eation was not effective. pm, the resident had vivid elusions and was be redirected. hat the resident's MHP was per the family's request on but there was no other ne resident's PCP or MHP ehaviors otherwise from the resident's PCP or MHP ehaviors otherwise from the management of the manag	D 273	DEFICIENCY		
	behaviors to resident	ole to report changes in s's PCP or MHP, document so notes, and communicate				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	HAL-092221	B. WING		02	2/03/2023
NAME OF PROVIDER OR SUPPLIE		DDRESS, CITY, STATE	E. ZIP CODE	, ,	
		LS CHASE LOOP	,		
THE RESERVE AT MILLS FA	RM APEX, N				
PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
resident and chi- lt was important behavior and re provider to guida as needed.  Interview with the (DCS) on 02/03 -She was respoorders, care pla medication adm Resident Care (the facilityIt was important behaviors so the and the facility oneeded such as reviews, transferinterventionsThe MAs were changes in behaversident's PCP Resident #2 and progress notesShe was not as PCP was not a	ecking their vital signs. It to communicate changes in port them to the resident's eresident care and obtain orders  The Director of Clinical Services  The	D 273			

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
		HAL-092221	B. WING		02	/03/2023
					02	03/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT			
THE RESI	ERVE AT MILLS FARM	APEX, N	.LS CHASE LOOP C. 27523			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLETE DATE
D 273	273 Continued From page 36		D 273			
	(PCP) on 02/02/23 at -It was important to a behavior after falls be unknown head traum need for further evalu	•				
	alreadyShe had not been not been experiencing incresistance to care, was hallucinationsShe expected the fact to her for resident safelf she had been mad behaviors, she would safety to prevent injury orientation status and	otified that the resident had creased behaviors, andering and increased cility to report any behaviors				
	provider (PCP) for 1 of recurrent falls result emergency department prescribed medication her increasing hallucic contributed to falls. The residents at risk of and constitutes a Type.  The facility provided as					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/03/2023	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	02/03/2020	
THE RESE	ERVE AT MILLS FARM	3000 MILLS APEX, NC	S CHASE LOO 27523	P		
(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 COMPLETE	
D 273	Continued From page	e 37	D 273			
	THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED March 20, 2023.					
D 280	10A NCAC 13F .0903 Professional Support	• •	D 280			
	registered nurse, occ physical therapist in t evaluation of the residual plan and care provide (a) of this Rule, is cordays of admission or a resident develops the least quarterly therea following:  (1) performing a physical performing a physical performing a physical performing the resident as related to current condition requitasks specified in Part (2) evaluating the resident provided;  (3) recommending charsidering and evaluation and	assure that participation by a upational therapist or he on-site review and dents' health status, care ed, as required in Paragraph impleted within the first 30 within 30 days from the date ne need for the task and at fiter, and includes the sical assessment of the the resident's diagnosis or uiring one or more of the agraph (a) of this Rule; sident's progress to care in anges in the care of the assed on the physical uation of the progress of the activities in Subparagraphs				
		as evidenced by: ns, interviews, and record led to ensure 1 of 3 sampled				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL-092221	B. WING		02/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
THE RESI	ERVE AT MILLS FARM	3000 MIL	LS CHASE LOOF		
THE REGI	ERVE AT MILEO FARM	APEX, N	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 280	Continued From page	÷ 38	D 280		
		icensed health professional			
	The findings are:				
	07/19/22 revealed: -Diagnoses included acute urinary tract information are acuted are acuted are acuted urinary tractions.	nstantly disoriented and a walker/rollator. have physical therapy (PT)			
	10/03/22 revealed: -The resident sometir hallucinations and ne -The resident required toileting, bathing, and with eating and groon	eded reassurance. d extensive assistance with dressing, limited assistance			
	revealed the resident services from 08/24/2 three times per week transferring, bed mob				
	were no LHPS assess would have included transferring.	2's record revealed there sments documented which tasks for PT/OT therapy and			
	10:50am revealed:	ent #2 on 02/01/23 at aving the resident's room			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE DEC	EDVE AT MILLS EADM	3000 MIL	LS CHASE LOOP			
THE RESI	ERVE AT MILLS FARM	APEX, N	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 OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 280	Continued From page	: 39	D 280			
	walker/rollator next to -The resident was rep	ated on the couch with her				
	(DCS) on 02/03/23 at -She was responsible orders, care plans, ov medication administra Resident Care Coordi the facilityShe was responsible LHPS assessment as necessaryShe was not sure whan LHPS assessment	for staffing, processing reseeing resident care and ation, and covering for the mator while she was out of to ensure residents had an				
	11:55am revealed: -She was not aware F LHPS assessment as requiredIt was the DCS's resp and ensure residents assessment as neededResident #2 should hassessment and it was	ed. nave received an LHPS s important to have done to perform the tasks needed				
	at 2:56pm revealed: -Resident #2 should revaluation due to haveIt was important to ha	gional Director on 02/02/23 have had an LHPS ing tasks that required it. ave LHPS evaluations ts who had associated				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
		HAL-092221	B. WING		02	/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE RESI	ERVE AT MILLS FARM	*****	LLS CHASE LOOP			
		APEX, N	NC 27523			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 280	Continued From pag	e 40	D 280			
	how to effectively can that required addition -LHPS assessments Registered Nurse (R last 2-3 quarters and resident had not received from herIt was the DCS's resident had a task the assessment and add to be completed whee -She assumed the D overlooked the resident had resident had a task the second to be completed whee -She assumed the D	had been completed by a N) at a sister facility for the she was not sure why the eived an LHPS assessment sponsibility to identify when a hat required an LHPS the resident to the RN's list				
D 338	10A NCAC 13F .090	9 Resident Rights	D 338			
	all residents guarante	shall assure that the rights of eed under G.S. 131D-21, ents' Rights, are maintained d without hindrance.				
	reviews the facility fareasonable response call bells and that 2 ce #5) were treated with free from misappropriconsideration related and theft of Resident response to grievand consideration and dig	ns, interview, and record iled to ensure residents had a times when pushing their of 5 sampled residents (#2, n respect, dignity, and were riation of resident property, at to the violation of privacy a #5's money, reasonable ties, and the lack of gnity in which Resident #2 hour to receive feeding				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE SURVEY COMPLETED	
AND FLANC	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL-092221	B. WING		02/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE RESE	ERVE AT MILLS FARM	3000 MILL	S CHASE LOO	P	
THE REOL	INVEAT MILEO FARM	APEX, NO	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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 338	Continued From page	÷ 41	D 338		
	assistance while water the dining room.	ching other residents eat in			
	The findings are:				
	consideration, dignity or her individuality an -To receive care and	ot dated) revealed:  to be treated with respect,  and full recognition of his  d right to privacy.  services which were			
	adequate, appropriate, and in compliance with relevant federal and state laws, rules, and regulations.  -To be free of mental and physical abuse, neglect,				
		able response to his or her ity administrator or staff.			
	Interview with a reserve aled:     -Staff turned over quitursure if the facility stacility for resident cate. He used his call bell with things such as tra-Staff usually responded.	sident on 02/01/23 at 9:49am ckly at the facility but he was truggled with staffing the re. when he needed assistance			
	10:09am revealed: -She was independer call for assistance.	nd resident on 02/01/23 at at but sometimes used her led to her call bell within			
	02/03/23 at 9:46am re	ent's family member on evealed: as frequent and follow-up to			

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resident care and needs was inconsistent.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	ECTION IDENTIFICATION NUMBER:		ONSTRUCTION		E SURVEY PLETED
	HAL-092221	B. WING		0.5	2/03/2023
NAME OF PROVIDER OR SUPPLIER	_	ADDRESS, CITY, STATE	= ZIP CODE	1 02	103/2023
NAME OF TROVIDER OR SOFT EIER		LLS CHASE LOOP	I, ZII CODE		
THE RESERVE AT MILLS FARM		IC 27523			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
press the resident's 20-30 minutes for resident's room.  Interview with a per 02/03/23 at 8:35 ar She was respons provide residents with the call bell systematical to respond to from the call bell systematical to respond to from the call bell systematical systemati	ne facility would sometime is call bell and it always took someone to respond to the arsonal care aide (PCA) on in revealed: ble to answer call bells and to with assistance to meet their am could be "glitchy" but she each request for assistance yetem within 10-15 minutes oner if she was able based on able to assist other staff wering their call bells due to on her own assigned residents. (MAs) did not answer call bells ications which meant residents wait more than 15-30 minutes to staffing and staff are tell what room to go to next sesistance because there were a fresident rooms indicating who call bell when she was in	D 338			

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	FOF DEFICIENCIES DEFICIENCIEN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE RESI	ERVE AT MILLS FARM	****	LS CHASE LOOP			
		APEX, N	C 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 OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	e 43 nd it also showed when they	D 338			
	rang the bell and hov -Sometimes they wer overwhelmed and rus needs. -Some residents nee	v long they had been waiting. re understaffed, and she felt shed trying to meet resident ded total care or a higher eeding assistance which				
	PCA's phone on 02/0 resident in room 313	Il system log on the second 03/23 at 9:29am revealed a 4 had called for assistance t 9:03am and was still waiting nutes later.				
	over or extra shifts to staffingToday, there were 2 (PCA) came in late a the other PCA called that shift shortResidents often had response to call bells because the MAs we the residents needs thousekeeping, or din					
	(DCS) on 02/03/23 at -She was responsible orders, care plans, or medication administr. Resident Care Coord the facility.	rector of Clinical Services t 3:52pm revealed: e for staffing, processing verseeing resident care and ation, and covering for the linator while she was out of ow long the call bell response				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMP	LETED
		HAL-092221	B. WING		02	/03/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE DEAD	-DV AT MULLO FADM	3000 MILL	S CHASE LOO	P		
THE RESE	ERVE AT MILLS FARM	APEX, NC	27523			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
D 338	Continued From page	e 44	D 338			
	time had heen an iss	ue and she just got access				
		otifications from the call bell				
	system in December					
	-	ng with the contracted				
		he call bell system to order				
	more pagers and fix a	a 5-minute delay in the				
	_	as taking too long for staff to				
		not been able to fix it yet.				
		staff to respond to call bells				
		ents as needed and she response time at about 6-7				
	minutes.	response time at about 6-7				
	11:55am revealed: -Delayed response to at the facility prior to April 2022 and they he. The issues they had problems with the interest bell system went to when they were answfor residents and staff mechanical failuresSince those issues hexpected staff to respond to respond to responding on the reports were show waiting longer than the not think they were a failure and internet is she had some family complain and staff were	ernet, the phones the call veren't clearing the calls vered, and faulty pendants if along with other and been corrected, she cond to call bells within 5-7 sooner and sometimes the situation or day.  Towning that residents were the expectation but she did ccurate due to mechanical sues.  Ty members and residents ere to round on residents etween call bells to ensure				
		gional Director on 02/02/23				
	at 9:48am and 11:13a					
	-one knew the facility	had an on-going issue with				

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	FOF DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		. ,	E SURVEY PLETED
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE	-	
THE DEAD	-DV AT MUL O FADM	3000 MI	LLS CHASE LOOP			
THE RESI	ERVE AT MILLS FARM	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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	e 45	D 338			
	initiative the facility wimproveShe expected the reattend to resident needshe was not sure who was but was not away having to wait from 18 used their call bell who The Business Office responsible for scheduling initiative.	Manager (BOM) was luling and staffing and strator who was responsible				
	07/19/22 revealed: -Diagnoses included acute urinary tract inf	nstantly disoriented and				
	10/03/22 revealed: -The resident sometir hallucinations and ne -The resident require toileting, bathing, and with eating and groon	eded reassurance. d extensive assistance with dressing, limited assistance				
	-Per the resident's ph therapy evaluations the feeding assistance du deficits associated wi -There was an order to meals and to discuss	2's physician dated 10/28/22 revealed: ysical and occupational ne resident required 1:1 ue to sensory-perceptive th Alzheimer's disease. to assist the resident with all the possible need of a				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	1 02	700/2020
NAME OF I	NOVIDEN ON 3011 EIEN		LS CHASE LOOP	, ZII GODE		
THE RESI	ERVE AT MILLS FARM		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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	e 46	D 338			
		e resident was on a regular that could be eaten easily d of cutlery to offer				
	01/10/23 revealed -The resident require assistance with meals	s and may wander during tance and redirection. derate confusion and				
	-Resident #2 was sea room with a cup with	esidents seated in the dining				
	pushing a resident in	n revealed: esidents" dining room a wheelchair. ding the resident whom she				
	room and seated here	revealed: tered the residents' dining self at Resident #2's table. ne right of Resident #2 and				
	02/03/23 at 8:35am re -The PCAs were resp with feeding assistan	onsible to assist residents				

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	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER		ONSTRUCTION		E SURVEY PLETED
		HAL-092221	B. WING		02	2/03/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			LS CHASE LOOP	,		
THE RES	ERVE AT MILLS FARM	APEX, N				
(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 AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 338	wait to eat.  -Residents were to be the dining room and seed normally had to wait, staffing.  -There were usually consisted and there were the feeding assistance at leading and the leading and if the leading and dietary staresidents should no should be served right leading and dietary staresidents required feeds are some as leading and dietary staresidents required feeds are some as leading and as leading as le	e served upon entrance into she was not sure how long difeeding assistance but it would also depend on only 2 PCAs scheduled per wo residents who required each meal.  It is might make one of the to eat until the second PCA st because one PCA would he resident at a time.  Sector of Clinical Services as:52pm revealed:  for Resident #2 to have eat her breakfast.  Into to be acknowledged eassisted with eating at the earesidents ate and should att.  Expable to assist residents re was not enough staff to should have reported the to obtain assistance.  In that to wait to eat and the away while food is hot.  ble to assist residents with aff were aware of which	D 338			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74121 2741	or contraction.	IBENTI TO WIGHT TO MIBEN.	A. BUILDING: _	A. BUILDING:		
		HAL-092221	B. WING		02	03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ΓE, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		LS CHASE LOO	P		
		APEX, NO	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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 338	Continued From page	e 48	D 338			
	issue to managemen proper supervision of	t for assistance to ensure fall residents who needed hey were served in a timely				
	05/04/22 revealed: -Diagnoses included hypothyroidism, and -The resident was an an orientation status	nbulatory and did not have documented.				
	Review of Resident #5's current care plan dated 05/04/22 revealed the resident did not need any assistance with her activities of daily living (ADL) except for bathing.					
		t5's Resident Assessment revealed the resident was ant, and cooperative.				
	01/25/23 revealed: -The email was from Services (DCS) to the Campus Executive D -The DCS notified the that Resident #5 repo wallet in her room an her door going forwal -The CED responded get together about th and the resident shou	e Administrator and the CED orted money stolen from her d she was advised to lock and when leaving her room. If to the email that they could be incident on the next day all d be asked if she wanted to d do an investigation and				
	-There was no docun the resident's progres	t5's facility record revealed: nentation of the incident in ss notes. nentation available that an				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/0	3/2023
	NAME OF PROVIDER OR SUPPLIER  THE RESERVE AT MILLS FARM  3000 MILL APEX, NC			TE, ZIP CODE P		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	than went missing ab-she last saw the mormissingShe came back from drawers were messed were out of placeHer room was not loo by facility managements are could tell someon-Whoever took the moreon was in, as well nearbyShe reported her mission could not recall who, (MA) told the nurseShe was told when the facility, staff would revisitely, staff would revisitely and was unsureview security came investigated the incident linear with Reside 02/03/23 at 2:43pm re-Resident #5 told her about 1-2 weeks ago about the issue yester-There was \$30.00 m	n completed. nentation the resident p to the incident.  nt #5 on 02/01/23 at  small wallet in her drawer out two weeks ago. ney on the morning it went  dinner and noticed her d up and things in her room  cked because she was told nt not to lock her room, but he had been in her room. Oney, left the wallet the I as the coins in a coin purse ssing money to an MA, but and the Medication Aide  he nurse returned to the view security camera could tell who had been in d any follow-up from facility he reported the missing re if they were able to ra footage or if they had ent.  nt #5's family member on evealed: she was missing money and the facility called her	D 338			

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there previously because she was the one who

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/	03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
THE RESE	ERVE AT MILLS FARM		S CHASE LOO	P			
	CLIMMA DV CT	APEX, NC		DDOV/IDEDIC DI ANI	DE CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
D 338	8 Continued From page 50		D 338				
	resident's wallet for half the resident had lo she would have lost the money and the wallet drawer.  This was not the first had a personal item resolution or follow-up-Last year, in March 2 in rehabilitation after a requested her to go to favorite jacket out of half when she went to the obvious that someones he left items in specitive were items out the resident's jacket with the resident's jacke	st the money on her own, he whole wallet, not just the was still in the resident's incident that the resident missing and there was not from the facility. 2022 when the resident was a stroke, the resident had to the facility and get her					
	Interview with the Director of Clinical Services (DCS) on 02/03/23 at 3:52pm revealed:  -An MA reported Resident #5 was missing money out of her room to her on 01/25/22.  -She asked Resident #5 about the incident who showed her the drawer where the money and wallet had been; all the drawers were pulled all the way out.  -The wallet the money was in was empty of money but the resident's identification and insurance card were left in the wallet and there was a coin purse with some change near the wallet as well.  -Resident #5 stated she left her room at 11:00am to go to lunch and when she came back realized it was missing.  -Resident #5 stated she last saw her money						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
THE DECI	EDVE AT MULICIFARM	3000 MI	LLS CHASE LOOP			
THE RES	ERVE AT MILLS FARM	APEX, N	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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 338	about a week priorShe notified the Adr Executive Director (0 missing money via e stating to investigate resident if she wante -Resident #5 decline advised the resident when she left her roc -She was not sure w complete the full inve what her role in the s -It was important for had a right to have re investigation to help she expressed to he violated.  Interview with the Ad 8:10am and 10:35am -She was aware of F and stated she came someone had gone t money was missingThe Director of Clini the issue to her via e her what to doShe did not complet was not aware that s complete itResident #5 decline they did not proceed -When she discusse footage with Campus she was told that the hallways or resident be helpful informatio -She discussed the i	ministrator and the Campus CED) of Resident #5's mail and the CED replied the incident and ask the ad to file a police report and she to start locking her door om.  The was responsible to estigation and was not sure situation was supposed to be. Resident #5 because she eccive follow up and a full the resident feel safe after rethat her privacy had been ministrator on 02/02/23 at a revealed:  Resident #5's missing money back from a meal, and shrough her drawers and her fical Services (DCS) reported email on 01/25/23 and asked as a full investigation as she she was supposed to do do file a police report and in doing an investigation.  If the resident investigation is she was supposed to dooking at security camera is executive Director (CED) is cameras were not in care areas, and it would not not not continued to the continued to	D 338			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE DEC	EDVE AT MILLS EADM	3000 MIL	LS CHASE LOOP			
I TE KES	ERVE AT MILLS FARM	APEX, N	C 27523			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	e 52	D 338			
	Resident #5's missing someone was exploit resident's belongings privacy to remove the were care for.  -She did not complete include reporting to the Registry (HCPR) and taken the missing mount interview with the Registry at 11:13am revealed: -She was not aware of money until it had been that morning on 02/02The Administrator was	revealed: revealed: revestigate incidents such as g money to identify if ing residents, stealing, or invading resident's erisk and ensure residents e a full investigation to be Health Care Personnel investigating who may have eney.  gional Director on 02/02/23 of Resident #5's missing en brought to her attention 2/23. as responsible to follow up should have known to				
	treated with respect a assistance and during assistance and reside misappropriation of rewas detrimental to the of all residents and control of the facility provided a accordance with G.S.	ents being free of esident property. This failure e health, safety and welfare onstitutes a Type B Violation.				
	2. Review of Residen 07/19/22 revealed:	t #2's current FL-2 dated				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIP CODE	02/03/2	2023
	ERVE AT MILLS FARM		S CHASE LOO	•		
THE REGI		APEX, NC	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 OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 338	Continued From page 53		D 338			
	-Diagnoses included altered mental status and acute urinary tract infection (UTI).  -The resident was constantly disoriented and semi-ambulatory with a walker/rollator.  Review of Resident #2's current care plan dated 10/03/22 revealed:  -The resident sometimes had bouts of hallucinations and needed reassurance.  -The resident required extensive assistance with toileting, bathing, and dressing, limited assistance with eating and grooming, supervision with ambulation, and was independent with transfers.  Review of Resident #2's physician communication form dated 10/28/22 revealed: -Per the resident's physical and occupational therapy evaluations the resident required 1:1 feeding assistance due to sensory-perceptive deficits associated with Alzheimer's diseaseThere was an order to assist the resident with all meals and to discuss the possible need of a higher level of care with the resident's family.					
		e resident was on a regular that could be eaten easily d of cutlery to offer				
	01/10/23 revealed -The resident required assistance with meals meals requiring assis -The resident had mo required occasional re	s and may wander during tance and redirection. derate confusion and				
		tred at a table in the dining				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		· ,	(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02	2/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE			
T		3000 MIL	LS CHASE LOOP				
THE RESI	ERVE AT MILLS FARM	APEX, NO	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 OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 338	room with a cup with -There were 4 other r room with no staff pre Observation on 02/03 residents dining room -A PCA entered the re pushing a resident in -The PCA began feed had assisted into the Observation on 02/03 residents dining room -Another PCA had en room and seated hers -She was seated to th had begun to feed Re Interview with a perso 02/03/23 at 8:35am re -PCAs responsible to feeding assistance as -She was expected to wait to eatResidents were to be the dining room and s residents who needed normally had to wait, staffingThere were usually of shift and there were tr feeding assistance at -If one PCA was busy residents have to wait was available to assis not feed more than or	a drinking straw. esidents seated in the dining sent.  23 at 8:10am in the revealed: esidents' dining room a wheelchair. ling the resident whom she dining room.  23 at 9:05am in the revealed: tered the residents' dining self at Resident #2's table. The right of Resident #2 and esident #2.  The resident with series are sidents with a needed. To not make any resident's assist residents with a needed. To not make any resident's assist resident was not sure how long and feeding assistance but it would also depend on lonly 2 PCAs scheduled per wo residents who required each meal.  The right make one of the to eat until the second PCA ast because one PCA would	D 338				
	9:16am revealed:	to assist residents with					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COIVIE	LETED
		HAL-092221	B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		3000 MILL	S CHASE LOO	P		
THE RESI	ERVE AT MILLS FARM	APEX, NC	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 OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 338	between each resider gloves as neededShe was not provide upon hire and did not not supposed to toucl bare hands or other s residents.  Interview with the Dire (DCS) on 02/03/23 at -She was responsible orders, care plans, ow medication administrates Resident Care Coord the facilityIt was unacceptable waiting 65 minutes to -She expected reside immediately and to be	o sanitize her hands in and interaction and have clean defeeding assistance training know that she should was an resident's food with her surfaces while feeding ector of Clinical Services a 3:52pm revealed: a for staffing, processing verseeing resident care and action, and covering for the inator while she was out of	D 338			
	with eating and if ther feed a resident staff's issue to management.  Interview with the Adr 11:55am revealed: -Residents should no should be served right-PCAs were responsite eating and dietary staresidents required feeds. She was not aware Feat for over an hour on reason she should were plenty of staff with the staff of the staff with the staff of the	pable to assist residents be was not enough staff to should have reported the to obtain assistance.  Ininistrator on 02/03/23 at thave to wait to eat and at away while food is hot, ble to assist residents with off were aware of which				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING:			
		HAL-092221	B. WING		0.5	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	1 02	
TVAIVIL OF T	NOVIDEN ON GOLT EIEN		LS CHASE LOOP	, 211 0002		
THE RESI	ERVE AT MILLS FARM	APEX, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	e 56	D 338			
	issue to management proper supervision of assistance and that the manner.	ney should have reported the for assistance to ensure all residents who needed ney were served in a timely				
	3. Call Bells  Interview with a resident on 02/01/23 at 9:49am revealed: -Staff turned over quickly at the facility but he was unsure if the facility struggled with staffing the facility for resident careHe used his call bell when he needed assistance with things such as transferringStaff usually responded to his call bell quickly, but sometimes he had to wait up to 30 minutes.  Interview with a second resident on 02/01/23 at 10:09am revealed: -She was independent but sometimes used her call for assistance after having a strokeStaff usually responded to her call bell within					
	02/03/23 at 9:46am re-The staff turnover waresident care and need-When he visited the press the resident's concept 20-30 minutes for some sident's room.  Interview with a personal concept at 8:35am re-She was responsible provide residents with needs.	as frequent and follow-up to eds was inconsistent. facility would sometime all bell and it always took meone to respond to the onal care aide (PCA) on				

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/03/2023	3
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		CHASE LOO	P		
	CLIMMADV CT	APEX, NC		DDOVIDEDIS DI AN OF CORDECTIO	N a	·=>
(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 APPROPI DEFICIENCY)	BE COMF	is) PLETE ITE
D 338	Continued From page 57		D 338			
	from the call bell system and sometimes soone staffing.  -She was often unable members with answere needing to attend to head to wait more than assistance due to state -It was often hard to the and who needed assino lights outside of rehad pressed their called another resident's roce-Staff members were	ring their call bells due to her own assigned residents. call bells while passing eant residents sometimes in 15-30 minutes for ffing and staff assignments. ell when room to go to next stance because there were esident rooms indicating who				
	Interview with a second PCA on 02/03/23 at 9:16am revealed: -She was responsible to assist residents as needed when they rang their call bells for the residents she was assigned to care for each shiftShe tried not to make residents wait more than 5-20 minutes when answering their call bellsSome staff had the call bell system downloaded to their personal phone so they would know what room to go to next and which showed when they rang the bell and how long they had been waitingSometimes they were understaffed and she fell overwhelmed and rushed trying to meet resident needsSome residents needed total care or a higher level of care such a feeding assistance which occupied a lot of her time.  Review of the call bell system log on the second PCA's phone on 02/03/23 at 9:29am revealed a					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02	2/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE			
TUE DESI	ERVE AT MILLS FARM	3000 MIL	LS CHASE LOOP				
THE RES	ERVE AI WILLS FARW	APEX, NO	C 27523				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 338	resident in room 313 using their call bell at for assistance 26 mir Interview with a medi 02/01/23 at 11:54am -Staff frequently calle over or extra shifts to staffingThat day, there were aide (PCA) came in I and the other PCA cafor that shift shortResidents often had response to call bells because the MAs we the residents needs thousekeeping, or din would not help answeduring short staffing.  Interview with the Dir (DCS) on 02/03/23 ar-She was responsible orders, care plans, or medication administr	4 had called for assistance 19:03am and was still waiting nutes later.  Idication aide (MA) on revealed: Idication aide the often worked of cover the facility's short  Idication aide the often worked of cover the facility is short  Idication aide the often worked of cover the facility is short  Idication aide the often worked of cover the facility is short  Idication aide the often worked of cover the facility is short  Idication aide the often worked of cover the facility is short  Idication aide the often worked of cover the facility is short  Idication aide the often worked of cover the facility is short  Idication aide the often worked of cover the facility is short  Idication aide the often worked of cover th	D 338				
	time had been an iss	ow long the call bell response ue and she just got access otifications from the call bell					
	system in December -She had been worki company to service t more pagers and fix a system because it wa respond but they had -It was important for timely to assist reside						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPL	ETED
		HAL-092221	B. WING		02/0	3/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TUE DECE	RVE AT MILLS FARM	3000 MILLS	S CHASE LOO	P		
THE RESE	RVE AT WILLS FARW	APEX, NC	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page 59		D 338			
	minutes.					
	11:55am revealed: -Delayed response to at the facility prior to he April 2022 and they hear the issues they had problems with the interest bell system went to we when they were answer for residents and staff mechanical failuresSince those issues he expected staff to responding on the reports were shown waiting longer than the not think they were act failure and internet issues. She had some family complain and staff were	ernet, the phones the call eren't clearing the calls vered, and faulty pendants f along with other  ad been corrected, she bond to call bells within 5-7 cooner and sometimes the situation or day. Dowing that residents were e expectation but she did courate due to mechanical sues. It members and residents ere to round on residents tween call bells to ensure				
	at 9:48am and 11:13a -She knew the facility	gional Director on 02/02/23 am revealed: had an on-going issue with call bells and it was an				
		as working on to try and				
	improve.	•				
	-She expected the response time to call bells to attend to resident needs to be 10 minutes or lessShe was not sure what the current response time was but was not aware residents had reported having to wait from 15-60 minutes when they					
	used their call bell wh -The Business Office	Manager (BOM) was				
	responsible for sched	uling and staffing and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	IED
		HAL-092221	B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	1 02.00	
TVAINE OF T	KOVIDER OR GOLT EIER		S CHASE LOO			
THE RESE	ERVE AT MILLS FARM	APEX, NC		•		
(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 SHOUL) CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETE DATE
D 338	Continued From page 60		D 338			
	reports to the Administrator who was responsible to ensure staffing was adequate to meet resident's needs					
D 358	10A NCAC 13F .1004(a) Medication Administration  10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.		D 358			
	This Rule is not met TYPE A2 VIOLATION					
	Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered and in accordance with the facility's policy for 2 of 3 sampled residents (#2, #4) observed during the morning medication pass including medications scheduled multiple times per day that were administered late to treat mood disorders (#2, #4), to treat pain, (#2, #4), vitamin supplements (#2, #4), and a nutritional supplement (#4).					
	The findings are:					
	by the observation of opportunities during t	rate was 25% as evidenced 7 errors out of 28 he 8:00am/8:30am and cation passes on 02/01/23				
	Review of the facility's	s Medication/Treatment				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL-092221		B. WING		02/03/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE RESE	RVE AT MILLS FARM	3000 MILL	S CHASE LOO	P		
	TWE AT MILEO FARM	APEX, NC	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D 358	8 Continued From page 61		D 358			
	Administration Policy dated 07/15/20 revealed:  -The document was in place to ensure residents received medications and treatments in accordance with physician orders.  -Appropriately trained/licensed associates will administer medications/treatments following the specific state regulations and guidelines of; right resident; right medication/treatment, right dose, right time, right route, right documentation, and right to refuse.  -Each medication would be compared to the eMAR verifying the medication is administered correctly to the right resident, dose, time and route.  -Documentation would be completed at the time of administration.  -Medications would be administered within the appropriate time window for administration; one hour before and one hour after the scheduled allotted time.  -When a medication error occurred an incident report should be completed including notifying the resident, the provider/primary care provider (PCP), responsible party, and facility management; appropriate follow-up as indicated to include emergency treatment is required.					
	Review of the facility's Medication Administration electronic medication administration record (eMAR) Review Verification Policy dated 07/15/20 revealed:  -The policy was in place to ensure the documentation of required review verification of medication by the on-coming and off-going associates to include appropriate documentation of errors/omission have been addressed.  -The review was to verify that proper administration of medications has occurred according to order per the PCP/provider.  -For any errors or omissions of administration					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02	/03/2023
NAME OF PROVIDER OR	SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
THE RESERVE AT MI	LS FARM	3000 MIL APEX, N	LS CHASE LOO C 27523	P		
	CH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
indicated document linterview 02/01/23 -She was 8:00am/8 the reside -The admithat day but 1. Review 07/19/22 -Diagnose acute uring -The reside semi-ambut a. Review dated 12/Tylenol 32 Observation medication prepared Resident administration linterview 10:30am not had a Review of medication revealed: -There was times dail -The Tyle	with the me at 10:30am still working 30am and sinstration of recause it has a signer instration of Resider revealed: es included arry tract infect was concluded arry tract infect was an entry signer and in administration at 10:53am and and in administration at 325mg was an entry signer and arranged	aR there would be ow-up actions taken.  Edication aide (MA) on revealed: g on the administration of the 9:00am medications to all ed to her that day. If many medications was late ad been a chaotic morning.  It #2's current FL-2 dated altered mental status and fection (UTI). Instantly disoriented and a a walker/rollator.  It #2's physician orders aled there was an order for times daily for pain.  100am/8:30am and 9:00am 102/01/23 revealed the MA 10 and and administered it to 10 am and documented	D 358			

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY. STATE, ZIP CODE  3000 MILLS CHASE LOOP  APEX. NO. 27623   COULD BREEFIX RESULATORY OR ISS PRECEDED BY FULL FREE COULD EPROPERATE (EACH DEPROPENCY MUST BE PRECEDED BY FULL FREE COULD FROM FOR ADDITION SHOULD BE COMMENTED TO DETAIL OF THE APPROPRIATE COMMENT AND THE APPROPRIATE COMMENT A	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MAID   D   SUMMARY STATEMENT OF DEFICIENCIES   D   PREFIX   TAG   D			HAL-092221	B. WING		02/03/2023	
THE RESERVE AT MILLS FARM  (X4) ID  (X4	NAME OF PI	ROVIDER OR SUPPLIER					-
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 63  Interview with the facility's contracted pharmacist on 02/01/23 at 4/01pm revealed: -Tylenol was commonly prescribed to treat painIf the Tylenol was scheduled more than once per day, and a dose was given late, the next dose should be delayed avoiding having too much at one timeThe facility should notify a resident's primary care provider (PCP) for guidance when Tylenol was given late, and multiple doses were scheduled.  Interview with Resident #2's PCP on 02/02/23 at 3.30pm revealed: -She was not notified or aware that Resident #2 had received her 8.30am dose of Tylenol almost 2 ½ hours late on 02/01/23 at 10:50amGiving Resident #2's Tylenol late put the dose too close to the next scheduled doseReceiving doses of Tylenol too close together was too much medication in that time frame and could stress the resident's liverShe expected the facility to notify her of late medication administration and if she had been notified that Resident #2 received her Tylenol late, she would have held the resident's next dose or rescheduled her subsequent doses for the day to spread them out.  Refer to interview with the MA on 02/01/23 at 11:27am and 5:17pm.  Refer to second interview with the MA on	THE RESE	ERVE AT MILLS FARM			P		
Interview with the facility's contracted pharmacist on 02/01/23 at 4:01pm revealed:  -Tylenol was commonly prescribed to treat painIf the Tylenol was given late, the resident could experience discomfortIf the Tylenol was scheduled more than once per day, and a dose was given late, the next dose should be delayed avoiding having too much at one timeThe facility should notify a resident's primary care provider (PCP) for guidance when Tylenol was given late, and multiple doses were scheduled.  Interview with Resident #2's PCP on 02/02/23 at 3:30pm revealed: -She was not notified or aware that Resident #2 had received her 8:30am dose of Tylenol almost 2 /s hours late on 02/01/23 at 10:50amGiving Resident #2's Tylenol late put the dose too close to the next scheduled doseReceiving doses of Tylenol too close together was too much medication in that time frame and could stress the resident's liverShe expected the facility to notify her of late medication administration and if she had been notified that Resident #2 received her Fylenol late, she would have held the resident's next dose or rescheduled have seld the resident's next dose or rescheduled have held the resident's next dose or rescheduled her subsequent doses for the day to spread them out.  Refer to interview with the MA on 02/01/23 at 11:27am and 5:17pm.  Refer to second interview with the MA on	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE CO	MPLETE
Refer to second interview with a second MA on 02/03/23 at 3:16pm.	D 358	Interview with the faction 02/01/23 at 4:01pr -Tylenol was commor -If the Tylenol was givexperience discomfor -If the Tylenol was solday, and a dose was should be delayed avone timeThe facility should no care provider (PCP) fives given late, and mischeduled.  Interview with Reside 3:30pm revealed: -She was not notified had received her 8:30 2½ hours late on 02/-Giving Resident #2's too close to the next since the residual she expected the fact medication administration administration administration administration and the fact of the residual she would have or rescheduled her sut to spread them out.  Refer to interview with 11:27am and 5:17pm  Refer to second interview with 11:27am and 5:17pm	lity's contracted pharmacist in revealed: ally prescribed to treat pain. It is prescribed to treat dose or given late, the next dose or given late, the next dose or given late, the next dose or guidance when Tylenol aultiple doses were  In the state of the prescribed treat the dose of Tylenol almost 01/23 at 10:50am.  Tylenol late put the dose of the dose of the dose of the late and the strength of late attended to the strength of late attended the tresident's next dose of the day on the MA on 02/01/23 at	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING	<u>-</u>	02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
THE RESE	ERVE AT MILLS FARM	3000 MILLS APEX, NC	3 CHASE LOO 27523	P		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 358	Continued From page	: 64	D 358			
	Refer to interview with Services (DCS) on 02	n the Director of Clinical 1/03/23 at 3:52pm.				
	Refer to interview with 02/03/23 at 11:55am.	n the Administrator on				
	Refer to interview with 02/01/23 at 2:53pm.	n the Regional Director on				
	Refer to interview with the Regional Director on 02/02/23 at 9:48am and 11:13am.					
	Refer to interview with 3:30pm.	n the PCP on 02/02/23 at				
	dated 12/12/22 revea probiotic urinary tract	t #2's physician orders led there was an order for a capsule twice daily (a sed to help prevent urinary				
	Observation of the 8:00am/8:30am and 9:00am medication pass on 02/01/23 revealed the MA prepared a probiotic urinary tract capsule and administered it to Resident #2 at 10:50am and documented administration at 10:53am.					
	10:53am revealed Re	on 02/01/23 at 10:30am to sident #2 had not had any norning.				
	medications yet that morning.  Review of Resident #2's February 2023 electronic medication administration record (eMAR) revealed:  -There was an entry for a probiotic urinary tract capsule twice daily at 9:30am and 8:30pm.  -The probiotic urinary tract capsule was documented as administered on 02/01/23 at 9:30am and 8:30pm.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	Z, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		LS CHASE LOOP			
			IC 27523	PROVIDER'S PLAN OF C	CORRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	je 65	D 358			
D 358	Interview with the fact on 02/01/23 at 4:01p-Probiotics were impordered and schedul absorptionProbiotics were best meals or one hour at stomach.  Interview with Reside (PCP) on 02/02/23 at -Not administering Rescheduled and around upsetShe expected the fact probiotic on time as of the resident havin - She expected the fact medication administration tiffied that Resident probiotic late, she we to monitor the reside gastrointestinal/stom Refer to interview with 11:27am and 5:17pm Refer to second inte 02/03/23 at 6:34pm.	cility's contracted pharmacist om revealed: cortant to give timely as led around food to ensure st absorbed one hour before fiter meals on an empty  ent #2's primary care provider at 3:30pm revealed: desident #2's probiotic as and food could cause stomach acility to administer the scheduled to prevent the risk g stomach upset or diarrhea. Cacility to notify her of late ration and if she had been at #2 had received her could have provided an order ent for mach upset.  th the MA on 02/01/23 at m.  rview with the MA on	D 358			
	02/03/23 at 3:16pm.  Refer to interview wi Services (DCS) on 0	th the Director of Clinical				
	Refer to interview wi 02/03/23 at 11:55am	th the Administrator on n.				
	Refer to interview wi	th the Regional Director on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	HAL-092221 B. WING			02/03/2023		
	ROVIDER OR SUPPLIER ERVE AT MILLS FARM		DDRESS, CITY, STALS CHASE LOOS 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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	02/01/23 at 2:53pm.  Refer to interview with 02/02/23 at 9:48am at Refer to interview with 3:30pm.  c. Review of Residen 12/12/22 revealed: -There was an order of morning (used to treat remorning to the was an order of the medication of Resident was possible to the medication aide (used to the treat remorning to the treat remorning to the treat remorning signer to the treat remorning signer to interview with the MA to 10:53am revealed: -Resident #2 had Lev been experiencing signer to interview with the morning signer to interview	in the Regional Director on and 11:13am.  In the PCP on 02/02/23 at a start #2's physician orders dated for Seroquel 12.5mg every to mood disorders). For Seroquel 25mg every for Seroquel 25mg as 12 hours for hallucinations are the wall talking to MA) about something on the element #2 on 02/01/23 at a start for the couch with her direquired significant expositioned with more ack by the MA.  200am/8:30am and 9:00am 2/01/23 revealed the MA 2.5mg and administered it to a start for the couch with the couch with more ack by the MA.  200am/8:30am and 9:00am 2/01/23 revealed the MA 2.5mg and administered it to a start for the couch with more ack by the MA.  200am/8:30am and 9:00am 2/01/23 revealed the MA 2.5mg and administered it to a start for the couch with more ack by the MA.  200am/8:30am and 9:00am 2/01/23 revealed the MA 2.5mg and administered it to a start for the couch with more ack by the MA.  200am/8:30am and 9:00am 2/01/23 revealed the MA 2.5mg and administered it to a start for the couch with more ack by the MA.  200am/8:30am and 9:00am 2/01/23 revealed the MA 2.5mg and administered it to a start for the couch with more ack by the MA.  200am/8:30am and 9:00am 2/01/23 revealed the MA 2.5mg and administered it to a start for the couch with more ack by the MA.	D 358			

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dose of Seroquel and was waiting to see if it was

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (		(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02	2/03/2023
	ROVIDER OR SUPPLIER ERVE AT MILLS FARM		DDRESS, CITY, STAT 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 OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	and delusions before of Seroquel if needed -Resident #2 had not that morning or a PRN the last 12 hours.  Review of Resident #3 medication administrate revealed: -There was an entry formorning at 8:30amThe Seroquel 12.5mg administered on 02/01-There was an entry for night at 8:30pmThe Seroquel 25mg administered on 02/01-There was an entry for hours PRN for halluci	e resident's hallucinations administering the PRN dose . had any medications yet N dose of Seroquel within 2's February 2023 electronic ation record (eMAR) or Seroquel 12.5mg every g was documented as 1/23 at 8:30am. or Seroquel 25mg every was documented as 1/23 at 8:30pm. or Seroquel 25mg every 12 nations or paranoia. g PRN was not documented	D 358			
	on 02/01/23 at 4:01pr -Seroquel was common mood disorders and son time as orderedIf Seroquel was adm for which it was prescue exacerbatedIf Seroquel was adm primary care provider and contacted for guid medication errorIf the PCP was not m for Seroquel, the residence	only prescribed to treat should be administered as inistered late, the symptoms ribed for could be inistered late, the resident's (PCP) should be notified dance due to it being a made aware of the late dose dent could experience d discomfort related to mood				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02	2/03/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE			
THE DECI	DVE AT MULICIPADA	3000 MIL	LS CHASE LOOF	•			
THE RESE	ERVE AT MILLS FARM	APEX, N	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 OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
D 358	D 358 Continued From page 68		D 358				
	in the resident's body -Signs of Seroquel ov	too high of a concentration and potential overdose. erdose and inaccurate mood swings, lethargy, and					
	Interview with Resident #2's mental health provider (MHP) on 02/02/23 at 11:13am revealed: -The resident was prescribed Seroquel to treat mood disorders and Resident #2 experienced hallucinationsIt was important to administer Seroquel on time as ordered because the residents' symptoms could be exacerbated when given late and pushes the late dose too close to the next scheduled dose.						
	should be reported to so she could provide -Giving doses of Sero	uel or any medications late her as a medication error orders. equel too close together #2 to be overmedicated					
	with signs and sympto excessive sleeping, d risk of falls.						
	falls due her diagnosis of Parkinson's disease and not giving her Seroquel on time as ordered increased her risk further.						
		ons late that day, and if she would have provided an					
	symptoms of overdos -If she had been mad	e and to hold the next dose. e aware that Resident #2 g her medications late, she					
	administering medica contacted the Adminis	tions on time as ordered, strator to correct the issue, o adjust medications as					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		LS CHASE LOO	P		
040.15	STIMMADA ST	APEX, NO		PROVIDER'S PLAN OF CORRECTIO	N OVE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 358	Continued From page 69  Refer to interview with the MA on 02/01/23 at 11:27am and 5:17pm.		D 358			
	Refer to second interview with the MA on 02/03/23 at 6:34pm.					
	Refer to second interview with a second MA on 02/03/23 at 3:16pm.  Refer to interview with the Director of Clinical Services (DCS) on 02/03/23 at 3:52pm.					
	Refer to interview with 02/03/23 at 11:55am.	n the Administrator on				
	Refer to interview witl 02/01/23 at 2:53pm.	n the Regional Director on				
	Refer to interview witl 02/02/23 at 9:48am a	n the Regional Director on nd 11:13am.				
	Refer to interview with 3:30pm.	n the PCP on 02/02/23 at				
	09/16/22 revealed: -Diagnoses include de	t #4's current FL-2 dated ementia, mood disturbance,				
<ul><li>anxiety, abnormalities of gait and mobility, and muscle weakness.</li><li>-The resident was constantly disoriented, non-ambulatory, and unable to communicate</li></ul>						
	needs.					
	dated 12/12/22 revea -There was an order f 12 hours (used to trea -There was an order f	or Lorazepam 0.5mg every				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		LLS CHASE LOOP			
	- I	APEX, N	IC 27523			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	e 70	D 358			
	seizure activity.					
	Observation of the 8:00am/8:30am and 9:00am medication pass on 02/01/23 revealed the MA prepared Lorazepam 0.5mg and administered it to Resident #4 at 11:17am.  Interview with the MA on 02/01/23 from 11:03am to 11:17am revealed the resident had not yet had any medications that morning and had just been assisted with eating about 20 minutes prior to the administration of her morning medications that day (02/01/23) at 11:17am.					
	medication administrative revealed: -There was an entry 12 hours for anxiety -The Lorazepam 0.5 administered on 02/0 8:00am and 8:00pmThere was an entry every 6 hours as need activity.	for Lorazepam 0.5mg PRN eded for agitation or seizure  N was documented as				
	on 02/01/23 at 4:01p -Lorazepam was cor disorders and anxiet -It was very importar on time as ordered b close together could symptoms such as ir lethargy, and sleepir reactions. -Not giving Lorazepa	nmonly prescribed for mood				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL-092221	B. WING		02	2/03/2023
	ROVIDER OR SUPPLIER ERVE AT MILLS FARM	3000 MII	ADDRESS, CITY, STATE  LLS CHASE LOOP  IC 27523	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	should be notified if a given late for guidance would be considered could adversely affect.  Interview with Reside 3:30pm revealed: -She was not notified Resident #4 received 02/01/23 at 11:17am time of 8:00amNot administering Locauld cause the dose and increase the resident fallsShe expected the fact medication administration in the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose a monitor the resident of the sident's next dose and the sident's next dose a monitor the resident of the sident's next dose and the sident's next dose a monitor the resident of the sident's next dose and the sident'	ess in the resident's  ry care provider (PCP) dose of Lorazepam was the and orders because it a medication error that t the resident.  Int #4's PCP on 02/02/23 at  or made aware that her Lorazepam late on instead of the scheduled  trazepam on time as ordered to be too close together dent's risk dizziness and  cility to notify her of late ation and if she had been ave held or rescheduled the and provided an order to or anxiety, dizziness, and ace to prevent her from	D 358			
	provider (MHP) on 02 -The resident was pre mood disorders and s Resident #4.	2/02/23 at 11:13am revealed: escribed Lorazepam to treat specifically for anxiety for				
	time as ordered beca symptoms could be e and pushes the late d scheduled dose. -Administering Loraze late should be reporte error so she could pro	xacerbated when given late lose too close to the next epam or any medications ed to her as a medication				

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DIVISION	n riealin Service Negu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			D WING		
		HAL-092221	B. WING		02/03/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
			S CHASE LOO		
THE RESE	RVE AT MILLS FARM	APEX, NC		'	
		· · · · · · · · · · · · · · · · · · ·	71923		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	
PREFIX TAG		Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
IAG			IAG	DEFICIENCY)	
D 358	Continued From page	e 72	D 358		
	could cause Pesident	#4 to be overmedicated			
	with signs and sympto				
	risk of falls.	rowsiness, and increased			
		#41a Larazanam an tima aa			
		#4's Lorazepam on time as			
	ordered increased he	•			
	-She was not aware the				
		ons late that day, and if she			
		e would have provided an			
	order to monitor the re	<del>-</del>			
		e and to hold the next dose			
	of Lorazepam if need				
		e aware that Resident #4			
		g her medications late, she			
	would have reiterated				
		tions on time as ordered,			
		strator to correct the issue,			
		o adjust medications as			
	needed and according	gly.			
		n the MA on 02/01/23 at			
	11:27am and 5:17pm.	•			
	Refer to second interv	view with the MA on			
	02/03/23 at 6:34pm.				
	D ( )				
		view with a second MA on			
	02/03/23 at 3:16pm.				
	D ( )				
		n the Director of Clinical			
	Services (DCS) on 02	2/03/23 at 3:52pm.			
	Defends by 1 19	- 41 A -lu-i-i-i-44			
		n the Administrator on			
	02/03/23 at 11:55am.				
	D ( ) ( ) ( )				
		n the Regional Director on			
	02/01/23 at 2:53pm.				
	Refer to interview with	n the Regional Director on			

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02/02/23 at 9:48am and 11:13am.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING	<del></del>	02/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	•
THE DECI	TOVE AT MULIO FARM	3000 MIL	LS CHASE LOOP		
THE RESI	ERVE AT MILLS FARM	APEX, N	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 OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	: 73	D 358		
	Refer to interview with 3:30pm.	n the PCP on 02/02/23 at			
	dated 12/12/22 reveal Vitamin B-12 1000mc commonly used to tre	t #4's physician orders led there was an order for g (a vitamin supplement at decreased levels of ergy, and memory) twice			
	Observation of the 8:00am/8:30am and 9:00am medication pass on 02/01/23 revealed the MA prepared Vitamin B-12 1000mcg and administered it to Resident #4 at 11:17am.				
	to 11:17am revealed t any medications that assisted with eating a	on 02/01/23 from 11:03am the resident had not yet had morning and had just been bout 20 minutes prior to the morning medications that 17am.			
	medication administratevealed: -There was an entry for 9:00am and 9:00pm.	or Vitamin B-12 1000mcg at			
		4's progress noted dated evealed the resident was still			
	on 02/01/23 at 4:01pm	supplement commonly			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		LS CHASE LOOP			
	CUMMADVCT	APEX, N		DDOVIDEDIO DI ANI OF C	CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 74	D 358			
	cause a delayed effe or cause the resident	administered late, it could ct and benefit to the resident t to be restless and have vard the end of the day when				
	(PCP) on 02/02/23 at 1-The resident was protected her memory and not aware the medical on 02/01/23 at 11:17 ordered.  -She expected the falmedication administration administration at the facility notify provider to consult he -She would want the consulted before returned administration as ord values could be checkneeded.	escribed Vitamin B-12 to denergy levels and she was ation was administered late am instead of 9:00am as cility to notify her of late ation and if she had been ave held the next dose and the resident's hospice er. hospice provider to be urning to normal lered after late dosing so labeled and reviewed as				
	11:27am and 5:17pm					
	02/03/23 at 6:34pm.					
	Refer to second inter 02/03/23 at 3:16pm.	view with a second MA on				
	Refer to interview wit Services (DCS) on 02	th the Director of Clinical 2/03/23 at 3:52pm.				
	Refer to interview wit 02/03/23 at 11:55am.	th the Administrator on				
	Refer to interview wit	h the Regional Director on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE RESE	RVE AT MILLS FARM		LS CHASE LOOP			
		· · · · · · · · · · · · · · · · · · ·	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 OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 75	D 358			
	02/01/23 at 2:53pm.					
	Refer to interview with 02/02/23 at 9:48am at	h the Regional Director on nd 11:13am.				
	Refer to interview with 3:30pm.	h the PCP on 02/02/23 at				
		t #4's physician orders dated ere was an order for Tylenol es for pain.				
	medication pass on 0	00am/8:30am and 9:00am 2/01/23 revealed the MA mg and administered it to am.				
	to 11:17am revealed any medications that assisted with eating a	ton 02/01/23 from 11:03am the resident had not yet had morning and had just been about 20 minutes prior to the morning medications that 17am.				
	Review of Resident # medication administrative revealed:	4's February 2023 electronic ation record (eMAR)				
	-There was an entry f and 8:00pm.	or Tylenol 500mg at 8:00am				
	-The Tylenol 500mg v administered on 02/0	was documented as 1/23 at 8:00am and 8:00pm.				
	on 02/01/23 at 4:01pr -Tylenol was commor -If the Tylenol was givexperience discomfor -If the Tylenol was so day, and a dose was	nly prescribed to treat pain. ven late, the resident could				

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	or riealth Service Regu		0.45		Taxas = . = .	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
, and I LANG	331112011014	.SERVIN IS, CITCH HOWIDER.	A. BUILDING: _			
		HAL-092221	B. WING		02/0	3/2023
NAME OF D	ROVIDER OR SUPPLIER	STREET VI	DRESS, CITY, STA	ATE ZIR CODE		
TVAIVIL OF T	TOVIDER OR GOLT EIER			,		
THE RESE	RVE AT MILLS FARM	APEX, NO	LS CHASE LOO	VF		
		·	7 2/323	T		T
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES		DATE
				DEFICIENCY)		
D 358	Continued From page	76	D 358			
D 330	Continued From page	÷ 70	D 330			
	one time.					
	-The facility should no	otify a resident's primary				
		or guidance when Tylenol				
	was given late, and m	nultiple doses were				
	scheduled.					
		nt #4's PCP on 02/02/23 at				
	3:30pm revealed:	U (B :1 (#4				
		or aware that Resident #4				
		ning dose of Tylenol on				
	02/01/23.					
		ut the dose too close to the				
	next scheduled dose.					
	could stress the resid	Tylenol too close together				
	medication administra	cility to notify her of late				
	medication administra	ation.				
	Refer to interview with	h the MA on 02/01/23 at				
	11:27am and 5:17pm					
	Trizzam and ottrpin	•				
	Refer to interview with	h the Director of Clinical				
	Services (DCS) on 02	2/03/23 at 3:52pm.				
	,	·				
	Refer to interview with	h the Administrator on				
	02/03/23 at 11:55am.					
		h the Regional Director on				
	02/01/23 at 2:53pm.					
		h the Regional Director on				[
	02/02/23 at 9:48am a	nd 11:13am.				
	Defer to interview	h the PCP on 02/02/23 at				
		in the PCP on UZ/UZ/23 at				[
	3:30pm.					
	d Review of Residen	t #4's physician orders				
		led there was an order for				[
	Ensure (a dietary sup					
		give one bottle twice daily				
	moreaseu calones) lo	give one bottle twice daily				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			_			
		HAL-092221	B. WING		02/03/202	3
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TUE DEGI	ERVE AT MILLS FARM	3000 MILL	S CHASE LOO	P		
THE RESI	ERVE AT WILLS PARIN	APEX, NC	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COM	K5) PLETE ATE
D 358	8 Continued From page 77		D 358			
	between meals for weight loss.					
	to 11:17am revealed: -Resident #4 had not that morning and had eating about 20 minuradministration of her day (02/01/23) at 11: -She would pull Resident refrigerator in her room administer her other morning and give it to the company of the 8:00 medication pass on 00 not administer the En	morning medications that 17am. dent 4's Ensure from her m when she went in to morning medications that				
	medication administrative revealed: -There was an entry for 8:00am and 8:00pm.	or Ensure twice daily at umented as administered				
	and 5:17pm revealed -She did not administ morning even though medication as admini distracted when in the to get it out of the res it to her due to being feeling rushedShe would usually giher on time in the mo	er Resident #4's Ensure that				

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE S  COMPLE			
		HAL-092221	B. WING		02/0	3/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	E, ZIP CODE		
THE RESE	RVE AT MILLS FARM		LS CHASE LOOF			
		APEX, NO	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 OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 78	D 358			
	Interview with the facion 02/01/23 at 4:01pr -Ensure was a nutritic prescribed to replace residentsIt was important to a prescribed around me -If the resident was rothe Ensure due to late could have an advers status and/or experied Interview with Reside (PCP) on 02/02/23 at -She expected the resident was not adm at 8:00am as expected -It was important for the Ensure as ordered be nutritional supplement expected to be notified ordered or the eMARs -It was important for hadministration and for regarding administration writing orders for resident was loshe was relying unknown and the resident was loshe was relying unknown and the resident supplements.	lity's contracted pharmacist in revealed: anal supplement commonly dinutritional values for diminister Ensure on time as eals to ensure intake. Butinely missing or refusing administration, the resident e effect on their nutritional ince weight loss.  Int #4's primary care provider 3:30pm revealed: Sident's Ensure to be as ordered and was not inistered at all on 02/01/23 dd. The resident to receive her recause it was needed as a trigory for the eman to be notified of missed to the eMAR to be accurate ion because she reviews the compliance to guide care in dents.  Sing or gaining weight and owingly on inaccurate sely affect the care she in the MA on 02/01/23 at in				
	•	view with a second MA on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	1 ' '	SURVEY PLETED
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE, ZIP CODE		
THE RESI	ERVE AT MILLS FARM	3000 MIL APEX, N	.LS CHASE LOOI 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 OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 79	D 358			
	02/03/23 at 3:16pm.  Refer to interview with the Director of Clinical Services (DCS) on 02/03/23 at 3:52pm.  Refer to interview with the Administrator on 02/03/23 at 11:55am.  Refer to interview with the Regional Director on 02/01/23 at 2:53pm.  Refer to interview with the Regional Director on 02/02/23 at 9:48am and 11:13am.					
	Refer to interview with 3:30pm.	h the PCP on 02/02/23 at				
	and 5:17pm revealed -She was expected to at the resident's eMA and then compare the the order for accuracy medication (right resiroute, dose, and docu-After preparing the number the eMAR, she admir the resident, then document after observing the relit was important to duthe medication was guefore to ensure accubecause the resident medication.  -Her medications were multiple residents that facility was short-staff out.  -She was not notified.	o pull medications by looking R to see what was ordered le label on the medication to y ensuring the 6 rights of dent, medication, time, umentation). In the medications per the order on histered the medications to cumented the administration sident take the medication after iven to the resident and not urate documentation				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		HAL-092221	B. WING		02/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE	
THE RESI	ERVE AT MILLS FARM		LS CHASE LOOP		
0/0/15	STIMMADY ST	APEX, No		PROVIDER'S PLAN OF CORRECT	TION (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE
D 358	Continued From page	e 80 ts made it to the dining	D 358		
	room for breakfast in medications.  -There was no one set MA when they were so behind in medication -Medications were ad approximately 5-6 timeshort staffing since short staffin	ent to help her and the other hort staffed which put her administration. ministered late es per week usually due to be started in June of 2022. In the MA on 02/03/23 at a f medications had been an accesshe started in June of was responsible to report a resident's primary care a merous staff meetings that ation administration and			
	to short staffingStaff were told medic she was not aware th medications was consuntil the previous day management made h -Management was aw late medications late, she Resident Care Coord Administrator who nemedication error or th resident's PCPShe had never reportesidents' PCP becauso.	er aware.  vare of the on-going issue of when she administered would report it to the inator (RCC) or ver advised her it was a at she need to contact the ted late medications to se she did not know to do			
	Interview with a secon 3:16pm revealed:	nd MA on 02/03/23 at			

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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	
		HAL-092221	B. WING		02	2/03/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE DECI	DVE AT MULIC FARM	3000 MIL	LS CHASE LOOP			
THE RESE	ERVE AT MILLS FARM	APEX, N	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 OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	as a medication error document it in the procommunicate it to the left was important to communicate it to the errors and report ther to guide resident care needed.  Medications were exone hour before or affadministration time or ordered.  Interview with the Dirac (DCS) on 02/03/23 at She was responsible orders, care plans, ow medication administration Resident Care Coord the facility.  Late medication admon-going issue about she started in fall of 2-Late medication administration error and the facility's contracte report the late adminidid not have document PCP of the issue.  It was important to need the recommunication of the process of the p	le to report late medications to resident's PCP or MHP, orgress notes, and react shift.  communicate medication on to the resident's provider and obtain orders as pected to be administered ter the scheduled on the resident's eMAR as resident's eMAR as resident's emandation, processing resident care and resident care and resident care and resident while she was out of sinistration had been an 2-3 days per week since on the sinistration was considered a she though she verbally told and PCP but did not formally stration of medications and intation that she notified the	D 358			
	care as indicated and those orders as need -She did not formally mediation administrat think to do soIf medications were a cause doses to be too	the facility could implement				

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	OF DEFICIENCIES					
AND PLAIN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COWFL	EIEU
		HAL-092221	B. WING		02/0	3/2023
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	,		
THE RESE	ERVE AT MILLS FARM	3000 MILLS APEX, NC	S CHASE LOO 27523	P		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
D 358	Continued From page	e 82	D 358			
	-She along with the M					
		eported late medication				
		residents' providers and ne because she tracked the				
	late administration of					
	Interview with the Adr	ministrator on 02/03/23 at				
	11:55am revealed:					
	_	eport the on-going late				
	administration or the					
	mediations on 02/01/2					
		r MHP and should have				
	could contribute to fal	dered a medication error and				
		eport medication errors for				
		use the mediation was not				
	· ·	and was ordered to treat a				
	specific diagnosis for	a medical condition the				
	resident needed treat					
		ere expected to be reviewed				
		she had not seen the report				
		sue of late medication een an on-going issue since				
		een an on-going issue since Iministrator in November				
	2022.	ministrator in November				
		te 4-5 times per week and				
	had never been a big					
	especially when they	had agency staff working.				
	-Errors had not been					
	· .	also an on-going issue and				
	should have been.					
		gional Director on 02/01/23				
	at 2:53pm revealed:	be administered within one				
		our after the time scheduled				
	on the resident's eMA					
		dminister medications on				
	•	dered by the resident's				
	provider to ensure res	sident safety and to ensure				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING:			
			71. BOILBING			
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3000 MIL	LS CHASE LOOP			
THE RESE	ERVE AT MILLS FARM	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 OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 83	D 358			
		e not given too close f the resident had multiple edication scheduled each				
	at 9:48am and 11:13a -She knew the facility the administration of an initiative the facility improveThe Business Office responsible for sched reports to the Adminis to ensure staffing was resident's needs.	had an on-going issue with late medication and it was y was working on to try and Manager (BOM) was luling and staffing and strator who was responsible				
	-She had not been medication errorShe was aware the following but had not medications were later issues on any other due to staffing issues	ade aware that medications ad late on 02/01/23 or any ed to be notified because late medication was a facility had staffing issues on been made aware that e that day, or that there were lays prior to 02/01/23. Toutinely being given late or any other reasons and				
	residents' outcomesDepending on reside and medications preslate medications coulhealth and safety pothospitalizationIt was also important	ent diagnosis, co-morbidities, scribed, the administration of d adversely affect residents' sentially causing  for medications to be ally on the eMARs so that				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02	2/03/2023	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA				
THE RESI	ERVE AT MILLS FARM	APEX, NO	LS CHASE LOO C 27523	r			
(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 AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	for care based on accensure her orders we and expected.  The facility failed to a	esident eMARs for I guide and provide orders curate information and to re being followed as written  dminister medications as	D 358				
	The facility failed to administer medications as ordered and on time on 02/01/23 and on an on-going daily basis since at least fall 2022 for 2 of 2 sampled residents (#2, #4) regarding medications prescribed to treat mood disorders that could result in exacerbation of symptoms and an increased risk for falls when administered late, and inaccurate assessment and dosing due to inaccuracy of documentation on eMARs in which Resident #2 experienced increased behaviors and falls and Resident #4 experienced lethargy, sleepiness, and falls. The failure of the facility put the residents at risk of severe injury and neglect and constitutes a Type A2 Violation.						
	accordance with G.S. THE CORRECTION	a plan of protection in . 131D-34 on 02/01/23. DATE FOR THE TYPE A2 NOT EXCEED March 5,					
D 400	10A NCAC 13F .1009 (a) An adult care hor of a licensed pharmal practitioner for the procare at least quarterly require more frequen monitoring visits or of	ovision of pharmaceutical  /. The Department may  t visits if it documents during  ther investigations that there  ems in which the safety of	D 400				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING	B. WING		2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,	
THE RESE	ERVE AT MILLS FARM	3000 MILLS APEX, NC	S CHASE LOO 27523	P		
(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 400	prevention and resolu- problems which include (1) an on-site medical which includes the foll (A) the review of infor- record such as diagno- discharge summary, orders, progress note medication administrate current medication and determine that medical prescribed and ensur- effects, potential and or interactions, and midentified and reporte prescribing practitions (B) making recomment necessary, based on outcomes and ensuring prescribing practitions	involves the identification, ution of medication related des the following: tion review for each resident flowing: mation in the resident's coses, history and physical, vital signs, physician's es, laboratory values and ation records, including fiministration records, to ations are administered as that any undesired side actual medication reactions finedication errors are d to the appropriate er; and floations for change, if desired medication fing that the appropriate er is so informed; and fresults of the medication	D 400			
	This Rule is not met Based on record revie facility failed to ensur- reviews were comple- residents (#1 and #3)	ews and interviews, the e quarterly pharmacy ted for 2 of 3 sampled				
	The findings are:					
	1. Review of Residen	t #3's current FL-2 dated				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING	B. WING		3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	•	
THE DEGE	ERVE AT MILLS FARM	3000 MIL	LS CHASE LOO	P		
THE RESE	INVEAT MILES FARM	APEX, NO	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
D 400	atrial fibrillation, chror disease, aortic aneury -There was an order of fluid overload) 20 mg Monday, Wednesday -There was an order of fluid overload) 20 mg day as needed when until weight returns to Review of Resident #revealed: -The last pharmacy re 12/28/22 by a pharmacy pharmacy providerThe recommendation care provider (PCP) worder was not being of -There was no Torser weight of 194 lbs. whein December and Whein Decembe	hypertension, ic kidney disease stage 3, nic obstructive pulmonary ysm, and edema. For Torsemide (used to treat to be administered on and Friday mornings. For Torsemide (used to treat to be administered every weight is above 194 lbs.) baseline (under 194 lbs.).  3's pharmacy reviews eview was completed on acist with a consulting on was to ensure the primary was aware the Torsemide collowed. In the given toward goal en Resident #3 was weighed ghed 202.1 lbs. on 12/01/22.  Int #3's primary care provider 3:30pm revealed: ade aware of the resident's ication review at were available from the e aware, she would have to his cardiologist and lete a medication review to the Torsemide accurately rameters ordered by the	D 400	DELITORINO!)		
	Refer to interview with	n the Director of Clinical				

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Services (DCS) on 02/03/23 at 3:52pm.

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1 3 4		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02	2/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	·		
		3000 MI	LLS CHASE LOOP				
THE RESE	ERVE AT MILLS FARM	APEX, N	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 OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 400	Continued From page	e 87	D 400				
	10/31/22 revealed: -Diagnoses included thrombocytopenia, dy dementia without beh gastroesophageal ref pneumonia, and hype-There was an order to one capsule by moutt-There was an order give one capsule by revealed: -The last pharmacy revealed: -The last pharmacy revealed: -The recommendation care provider (PCP) was was receiving Silod that these target the service of the service	rsphasia, reported falls, avioral disturbances, lux disorder, aspiration ertension.  for Silodosin 8 mg to give every day.  for Tamsulosin 0.4 mg to mouth every day.  It's pharmacy reviews  eview was completed on acist with a consulting  In was to ensure the primary was aware that Resident #1 osin and Tamsulosin and					
	effects. Refer to interview with Services (DCS) on 02	h the Director of Clinical 2/03/23 at 3:52pm.					
	(PCP) on 02/02/23 at -She had not been m 4th quarter 2022 med recommendations that pharmacyIf she had been awa discontinued the Siloo because they were pland she was not awa	ade aware of the resident's lication review at were available from the re she would have either dosin or Tamsulosin rescribed by other providers, re he was on both					
	mediations at the san						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/03/2023
NAME OF D	ROVIDER OR SUPPLIER	OTDEET AS	DDRESS, CITY, STAT	FF 71D 00DF	, , , , , , , , , , , , , , , , , , , ,
NAME OF PI	ROVIDER OR SUPPLIER		, ,	,	
THE RESE	ERVE AT MILLS FARM	APEX, NO	LS CHASE LOOI C 27523		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 400	monitor the resident for increased blood pressure if they were not already doing so.		D 400		
	order recommendation podiatrist because she been prescribed that the damage and the residual (enlargement of the linus -She would have place administration times of	rred the resident and the n for the Terbinafine to a e was not sure why it had way, but it could cause liver lent had hepatomegaly ver).  ed an order to separate the of the creams to give them not the skin as needed.			
	(DCS) on 02/03/23 at -She was responsible medication review recresident's PCP when -She did not know the reviews had been cor and therefore did not resident's PCPIf she had known the completed, she would them, but did not think they would be completed when it had been don -It was important to surecommendations to a resident care and safe changes were ordered no contraindications of	to submit quarterly commendations to the she received them.  4th quarter medication inpleted by the pharmacy submit them to the report had been I have called and requested in the course of the course she usually to the facility and knew			
D 451	10A NCAC 13F .1212 and Incidents	(a) Reporting of Accidents	D 451		
	10A NCAC 13F .1212	Reporting of Accidents and			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02	2/03/2023	
	ROVIDER OR SUPPLIER ERVE AT MILLS FARM		DDRESS, CITY, STATE  LS CHASE LOOP  C 27523	, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 451	Incidents  (a) An adult care hor department of social sincident resulting in reaccident or incident reresident requiring refeevaluation, hospitalization other than first aid.  This Rule is not met Based on record reviefailed to report falls to Social Services (DSS and treatment beyond residents (#2) in which multiple falls in which required evaluation viewspital.  The findings are:  Review of Resident #07/19/22 revealed: -Diagnoses included acute urinary tract inforther resident was consemi-ambulatory with Review of Resident #documentation of falls 10/01/22, 12/10/22, 1 which the resident recipirst aid and was sent ambulance for further-There was no documentation of documentation.	ne shall notify the county services of any accident or esident death or any esulting in injury to a erral for emergency medical ation, or medical treatment as evidenced by: ews and interview the facility of the local Department of the local Department of the resident sustained she hit her head and a ambulance at the local altered mental status and ection (UTI). Instantly disoriented and a walker/rollator.  2's record revealed and a walker/rollator.	D 451				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		LLS CHASE LOOP 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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 451	fell on 07/14/22, 09/1 12/16/22, and 12/19/3 suspected injury and treatment beyond firs  Interview with the Dir (DCS) on 02/03/23 at -She was responsible #2's falls that required to the local DSSShe was not sure if s #2's falls to DSS as e why.  Interview with the Add 11:55am revealed: -Resident #2 had exphaving UTIs when sh statusWhen a resident fell required more than b to the emergency dependent was not aware al required more than finas expected.	ey did not have any the facility that Resident #2 4/22, 10/01/22, 12/10/22, 22 in which she sustained required evaluation and it aid.  ector of Clinical Services it 3:52pm revealed: ie to have reported Resident id care beyond basic first aid she reported all of Resident expected and did not know ministrator on 02/02/23 at berienced some falls around ie had a change in mental	D 451			
D 611	Control Policies & Pro 10A NCAC 13F .180	1 INFECTION	D 611			
	PREVENTION AND	CONTROL POLICIES AND				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL-092221	B. WING		02/0	3/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
THE RESI	ERVE AT MILLS FARM	3000 MILLS APEX, NC	S CHASE LOO 27523	P		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 611	procedures shall be in and shall address the (1) Standard ar precautions, including (A) respirate etiquette; (B) environdisinfection; (C) reprocest reusable resident med (D) hand hy (E) access personal protective ed (F) types of precautions and when including contact precautions, and (2) When and health department who confirmed reportable case or condition, or coutbreak in accordance Section; (3) Measures for taking in the event of outbreak to prevent the isolating infected residents; and use of soot the residents; and (4) Strategies for staffing issues and entitle the strategies for staffing issues and entitle the continuous staff in the event of soot the residents; and (4) Strategies for staffing issues and entitle the continuous staff in the event of soot the residents; and (4) Strategies for staffing issues and entitle the continuous staff in the continu	etion and control policies and implemented by the facility following: and transmission-based growth spiritude and cough it correctly between the facility and groper use of equipment (PPE); and if transmission-based in each type is indicated, cautions, droplet airborne precautions; now to report to the local interest is a suspected or communicable disease communicable disease communicable disease in espread of illness, such as idents; limiting or stopping indicating in the facility to consider a communicable disease in espread of illness, such as idents; limiting or stopping information.	D 611			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE RESI	ERVE AT MILLS FARM	3000 MILLS APEX, NC	S CHASE LOO 27523	P		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		COMPLETE DATE
D 611	Continued From page	92	D 611			
	reviews, the facility facontrol practices of haper their policy and promedication administrated feeding.	as evidenced by:  as, interviews, and record iled to ensure infection and hygiene were observed rocedure during residents' ation and assistance in				
	The findings are:					
	Review of the facility's Hand Washing Policy dated 03/12/22 revealed:  -The policy was in place to ensure proper hand washing for the management of the spread of infection.  -Staff were to wash hands before and after each resident contact, and before applying and after the removal of gloves.					
	Administration Policy appropriate infection	_				
	medication pass on 0 -The medication aide administered medicat	(MA) prepared and ions to a resident from without performing hand aning or after the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		02	2/03/2023
	ROVIDER OR SUPPLIER	3000 MIL	DDRESS, CITY, STATE	, ZIP CODE		
THE RESI	INVE AT MILES TAKM	APEX, N	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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 611	to 11:00am without per to beginning or after to to beginning or after to The MA then prepared medications to a third 11:24 without perform beginning and then used administration at 11:22. Interview with the MA revealed:  -She was expected to her hand with soap at each resident and an soiled.  -She did not realize shygiene in between emedication pass that should have done it a That morning, 02/01, morning for her and his slipped her mindIt was important to protect residents and transmission of germs.  Refer to interview with (PCA) on 02/03/23 at Refer to interview with 02/03/23 at 11:55am.  Refer to interview with 02/01/23 at 2:53pm.	ond resident from 10:56am erforming hand hygiene prior the administration. The administration and administered aresident from 11:03 to be a hand sanitizer after the estam.  If an on 02/01/23 at 11:27am are the estam.  If an on 02/01/23 at 11:27am are the estam and sanitizer or wash and water in between care for extime her hands were visibly the did not perform hand an ach resident during morning, 02/01/23, but as expected.  If an on one of the estam are the es	D 611			
		(PCP) on 02/02/23 at				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL-092221	B. WING		02	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE	•	
			LLS CHASE LOOP			
THE RESI	ERVE AT MILLS FARM	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 OF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 611	dated 03/12/22 reveaults of the contact who applying and after the color of the col	ity's Hand Washing Policy aled: ands before and after each en handling food, before eremoval of gloves. rubs were to not be used in ag in a food service setting.  3/23 at 9:05am in the en revealed: de (PCA) was seated to the eat a table in the residents earing gloves and the plate of the resident had pancakes earing gloves and the plate of the resident had pancakes earing gloves and the plate of the resident had pancakes earing gloves and the plate of the resident had pancakes earing gloves and the plate of the resident had pancakes earing gloves and the plate of the resident had pancakes.  a piece of bacon with her end it up to Resident #2 the pancakes ent took the piece of bacon the it.  ast her own face mask with endically throughout the mealing Resident #2 without tiene.  to feed Resident #2 her rick and fed Resident #2 the fingers without performing	D 611	DEFICIENCY		
	-PCAs responsible to feeding assistance as -She was expected to	assist residents with				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
		HAL-092221	B. WING		02/	03/2023	
NAME OF D	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIR CODE			
NAME OF T	NOVIDER OR SOLT EIER						
THE RESE	RVE AT MILLS FARM	APEX, NO	LS CHASE LOO	P			
		·	7 2/323	T			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION		(X5) COMPLETE	
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE		DATE	
				DEFICIENCY)			
D 611	Continued From page	95	D 611				
	surfaces while assisti	ng or feeding a resident.					
		d any training from the					
	facility regarding feed	ling assistance.					
		nd PCA on 02/03/23 at					
	9:16am revealed:						
	· ·	e to assist residents with					
	feeding as needed.	sanitiza har handa in					
	-She was expected to sanitize her hands in between each resident interaction and have clean						
	gloves as needed.	it interaction and have clean					
	•	d feeding assistance training					
		know that she should was					
	•	h resident's food with her					
	bare hands or other s						
	residents.	Ü					
		ector of Clinical Services					
		3:52pm revealed she					
	expected staff to use						
		assisting them with eating					
		sident's food with their bare					
	hands.						
	Pefer to interview with	h a personal care aide					
	(PCA) on 02/03/23 at	•					
	(1 0/1) 011 02/03/23 at	0.00am.					
	Refer to interview with	h the Director of Clinical					
	Services (DCS) on 02	_					
	( - ,	•					
	Refer to interview with	h the Administrator on					
	02/03/23 at 11:55am.						
		h the Regional Director on					
	02/01/23 at 2:53pm.						
	D. (						
		h the facility's contracted					
		(PCP) on 02/02/23 at					
	3:30pm.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	, , ,	(X3) DATE SURVEY COMPLETED	
		HAL-092221	B. WING		0:	2/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
THE RESI	ERVE AT MILLS FARM		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 OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLE DATE		
D 611	Continued From page	e 96	D 611			
	Interview with a personal care aide (PCA) on 02/03/23 at 8:35am revealed: -She was expected to wash her hands before, after, and in between each residentIt was important to maintain infection control for hand hygiene to prevent the spread of germs and cross-contamination to protect herself and the residents she served.  Interview with the Director of Clinical Services (DCS) on 02/03/23 at 3:52pm revealed: -She was responsible for staffing, processing orders, care plans, overseeing resident care and medication administration, and covering for the Resident Care Coordinator while she was out of the facilityShe expected staff to wash or sanitize their hands in between each resident interaction to prevent the spread of germs or bacteria to other residents or staff.					
	11:55am revealed: -She expected staff to hands before and in the resident with care for -She expected staff to nearby where they with had plenty on hand to itStaff were trained up process and reasons	o ensure they had sanitizer ere working, and the facility o ensure they had access to con hire and on-going to the behind handwashing and h was important to prevent				
	at 2:53pm revealed: -She expected staff to and after interaction v	gional Director on 02/01/23  o use hand sanitizer before with each resident and to o wash their hands after				

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	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		HAL-092221	B. WING		02/03/	/2023	
NAME OF PRO	VIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STATE, ZIP CODE				
THE RESER	VE AT MILLS FARM		CHASE LOO	P			
		APEX, NC	27523				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
D 611	Continued From page	97	D 611				
essilicon resilicon resili			D 611				
	The facility provided a accordance with G.S.	plan of protection in 131D-34 on 02/02/23.					
\ \		DATE FOR THE TYPE B OT EXCEED March 20,					

Division of Health Service Regulation

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