PRINTED: 02/21/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMP	SURVEY LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIV			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		ensure Section conducted an p survey on 02/01/23 through				
D 125	10A NCAC 13F .04 Medication Staff	03(a) Qualifications Of	D 125			
	Medication Staff (a) Adult care home medications, hereal aides, and their directraining, clinical skill written examination 131D-4.5B. Persons occupational license	s authorized by state ure laws to administer empt from this requirement.				
	This Rule is not me TYPE B VIOLATION					
	facility failed to ensuadministered medic related to employmedication aide (St the 5, 10, or 15-hou (Staff A, B and C); a B) had completed the	aff B and C) or completion of irs of medication aide training and 1 of 3 sampled staff (Staff ne medication aide ion clinical skills checklist prior				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		E SURVEY PLETED	
		HAL030010	B. WING		02/	03/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE 191 CRI	ADDRESS, CITY, S' ESTVIEW DRIV SVILLE, NC 270	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 125	The findings are: Review of the facilit revealed: -All staff administer years old and/or ha GED or pass the St Care HomesMedication Aides (Care Home Medication Aides (Care Home Medication Examples of the state approved passing medication consecutively for the facility with proceed to the medication aide shadproved Medication aide shadproved Medication aide shadproved Medication aide shadproved Medication of Megistered Nurse vadministration Che-Depending on the as a MA a minimum administration train consisted of: observation and answer the state approved Medication and answer the state approved Medication of Megistered Nurse vadministration train consisted of: observation and answer the state approved Medication train consisted of: observation and answer the state of the	ty's policy for Medication Staff ring medications must be 18 live a high school diploma, tate Alternative Exam for Adult MA) who passed the Adult ation Aide State Exam after lust show proof through use of medication verification form of is in an adult care home lie past two years and provide of of passing the 15-hour State on Course. If proof of taking rse cannot be obtained the all complete the 15-hour State on Course prior to cations. MA staff were to complete validation of Medication cklist. experience of the employee of 5 days' medication ing would be conducted and vation review of a seasoned rmance of medication aide ation by a seasoned MA, and er review. A's, medication aide (MA), evealed: entation Staff A was hired on A written exam on 09/23/22. entation Staff A completed the mpetency validation clinical	t of e			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT 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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 125	5-hour, 10-hour, or Review of a resider medication administrevealed: -Staff A administered 01/01/23 through 0 -On 01/24/23 and 0 a weekly medication medication not bein cart, but there was notified the Director to be refilled. Interview with the Director to be refilledShe was responsilty-The previous Director company had trained she was responsilty personnel records, whileStaff A had not company had training coursed.	15-hour MA training course. Int's January 2023 electronic stration record (eMAR) Interpretation on 9 days from 1/31/23. Int/31/23 she had documented in as not administered due to ing available on the medication no documentation she had in that the medication needed. Interpretation of the medication needed of the medication needed of the properties	D 125			
	course. Telephone interview 3:40pm revealed: -She did not complete interview -She had complete facility where she was made written testThe Director hired needed to complete	o, or 15-hour MA training w with Staff A on 02/02/23 at ete a 5, 10, or 15-hour MA on hire at the facility. d the MA training course at the worked just prior to taking her her and did not tell her she e any additional training or bleting the 5 and 10 or 15-hour				

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIV /ILLE, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 125	Continued From pa	ige 3	D 125				
	Refer to the telephone interview with the facility's Owner on 02/03/23 at 2:45pm.						
	Refer to the telephone interview with the Administrator on 02/03/23 at 3:30pm.						
	personnel record re-She was hired on 0 -There was docume written exam on 10 -There was no docume the 5-hour, 10-hour courseThere was no documerification prior to -There was no documents.	01/17/23. entation Staff B passed the MA /25/15. umentation Staff B completed r, or 15-hour MA training umentation of an employment					
	medication administrevealed: -Staff B administere from 01/19/23 throu-There was docume 01/24/23, 01/26/23, and 01/31/23 Staff second or third dos that was only order as neededThere was docume 01/20/23, 01/23/23, 01/28/23 and 01/29 a second or third do medication that was time daily as needed.	entation that on 01/19/23, 01/27/23, 01/28/23, 01/29/23, B administered either a se of an as-needed medication ed to be taken one time daily entation that on 01/19/23, 01/24/23, 01/26/23, 01/27/23, 01/23 Staff B administered either ose of another as-needed s only ordered to be taken one					

6899

Division of Health Service Regulation STATE FORM

I1DW11 If continuation sheet 4 of 85

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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		MOCKSVI	LLE, NC 27	028		
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D 125	Continued From pa	ge 4	D 125			
	11:12am revealed: -She was responsitThe previous Directompany had traineShe was responsit- personnel records, whileStaff B had not cor- competency validatThe nurse the facility to do I available to complemore weeksShe was under the had passed the MA work under the Directompleted the MA checklist with them -Staff B had not composedShe had not composed was under the proof of passing her	ole for hiring new staff. ctor who worked for the ed her on hiring new staff. ole for managing staff but had not audited them in a impleted the medication ion clinical skills checklist. ity contracted with who came MA staff training was not te the training for a couple impression if the hired MA written exam, the MA could ector's license until the nurse competency validation skills impleted the 5, 10, or 15-hour leted a MA employment re of Staff B. impression if the MA had r MA written exam, she did not inployment verification or the 5,				
	revealed:	B on 02/02/23 at 3:30pm				
	weeks priorThe Director hired employee training with shadowing her on the passed medications. She had been admown, without staff modern completed the three administration money.	her and completed her new which consisted of the Director he medication cart while she is for three shifts. Ininistering medications on her monitoring her ever since she is shifts of medication itoring with the Director. In the director is a couple of the shifts of medication itoring with the Director. In the director is a couple of the shifts of medication itoring with the Director. In the director is a couple of the shifts of medication itoring with the Director.				

Division of Health Service Regulation

STATE FORM 6899 I1DW11 If continuation sheet 5 of 85

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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D 125	Continued From pa	ge 5	D 125			
	2015She did not work in 2018-2020 and did months she stoppe a MAShe was not sure in MA employment vehiredShe had not computraining course upon career as a MA, indivirten examThe nurse the facing staff training had not complete the MA conchecklist yet; she will be be cause the nurse facilities across the Refer to the telephon Owner on 02/03/23. Refer to the telephon Administrator on 02/03/23. Review of Staff Opersonnel record results was hired on 02/03/23. Review of Staff Opersonnel record results was hired on 02/03/23. There was document of the was	In the role of a MA from not know which specific d and started employment as if the Director completed the rification on her when she was leted a 5, 10, or 15-hour MA in hire or at any point in her cluding prior to taking the MA lity contracted with to complete of come to the facility to empetency validation skills was busy doing check offs at state. In the role of a MA from not know when she was leted a 5, 10, or 15-hour MA in hire or at any point in her cluding prior to taking the MA lity contracted with to complete of come to the facility to empetency validation skills was busy doing check offs at state. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA from not know when the facility is at 2:45pm. In the role of a MA fr				
	the 10-hour MA trai					

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Review of a resident's January 2023 electronic medication administration record (eMAR) revealed: -Staff C administered medication on 18 days from 01/01/23 through 01/31/23There was documentation that on 01/26/23 Staff C administered a second dose of an as-needed medication that was only ordered to be taken one time daily as neededThere was documentation that on 01/26/23 Staff C administered a second dose of another as-needed medication that was only ordered to be taken one time daily as needed. Interview with the Director on 02/02/23 at 11:12am revealed: -She was responsible for hiring new staffThe previous Director who worked for the company had trained her on hiring new staffShe was responsible for managing staff personnel records, but had not audited them in a whileStaff C had not completed a 10 or 15-hour MA training courseShe was under the impression if the MA had proof of passing her MA written exam, she did not need to do a MA employment verification or the 10, or 15-hour MA training course. Interview with Staff C on 02/02/23 at 1:40pm revealed: -She was not sure if the Director had completed an employment verification for her upon hireShe completed the 5-hour training course when she was hired and was not aware she needed to complete the 10-hour training courseShe had worked as a MA at other facilities prior to starting employment at the current facility. Refer to the telephone interview with the facility's		

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
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02/03/23 at 2:45pm rev-The Director was resp staff. -The Director had receiqualification requireme -He was under the imp proof of passing the Maneeded to do the medicinal validation skills check of they were hired at the form of the proof of passing the Maneeded to do the medicinal validation skills check of they were hired at the form of the proof of passing the pa	interview with the 3/23 at 3:30pm. NCAC 13F .1004(a) tion.) Ith the facility Owner on vealed: consible for the hiring of sived training regarding staff ents. Coression that if a MA had A written exam, the MA just cation aide competency off with the nurse when facility. Ith the Administrator on vealed: consible for hiring new staff components of their completed. The were staff who were not make the competency validation sure 3 staff who worked as medications to residents		BLI IOIENC		

Division of Health Service Regulation

STATE FORM 6899 I1DW11 If continuation sheet 8 of 85

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/0	03/2023	
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D 125	the health, safety, a and constitutes a Ty The facility provided accordance with G. this violation. CORRECTION DA	and welfare of the residents	D 125				
D 139	(a) Each staff person (7) have a criminal in accordance with available in the staff. This Rule is not ment as a second person of the staff of the s	07 Other Staff Qualifications on at an adult care home shall background check completed G.S. 131D-40 and results if person's personnel file; et as evidenced by: view and interview, the facility f 3 sampled staff (Staff A and a criminal background check his medication aide (MA) evealed:					
	11:12am revealed:	ole for the completion of the					

6899

Division of Health Service Regulation STATE FORM

I1DW11 If continuation sheet 9 of 85

Division of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE : COMPI	
	HAL030010	B. WING		02/0	3/2023
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D 139 Continued From pa	ge 9	D 139			
personnel recordsShe had not review records in a whileThe Administrator for hiring requiremed previous facility she companyStaff A did not have completed upon hir -Up until December completing all the public completing all the public completed upon hir -Up until December completing all the public completed another staff did not check in personnel done one for Staff A and teach her how -When she had attend background check in do it and did it incord completedThe Owner was play facility the following how to complete a dagain. Interview with Staff revealed: -She thought a crimbeen completed who but she could not resonable to be computed to be compu	wed or audited the personnel had given her some guidance ents for staff, but it was at the had worked at for that a criminal background check e or afterward. 2022, the Owner had been ersonnel criminal background ded the Owner in December county advising her that thave a criminal background record, he told her he had not a and would go to the facility to do it. Empted to complete a criminal for Staff A, she forgot how to crectly so it had not yet been anning to go back to the day, 02/03/23, to show her criminal background check A on 02/02/23 at 3:40pm annal background check had been she was hired at the facility emember. Told since her hire in October I background check still leted on her.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL030010		B. WING		02//	12/2022
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D 139	Continued From pa	ge 10		D 139			
	requirements for periods of the expected all perchecks to be completed in the expected and the expected are the expected of th	rsonnel criminal ba leted before hire.	_				
	Telephone interview 02/03/23 at 3:30pm -The Director was remaintaining the per-The Director was edited of all components of as criminal background first shift at the facily of there was a criminal prector could not or responsible for notice could complete the substitute of the subs	revealed: esponsible for hirin sonnel records. expected to ensure of the personnel record checks prior to lity. inal background checks prior the complete, she would fying the Owner so criminal backgrour ware that not all sta	g staff and completion ord such the staff's eck the d be that he and check.				
	b. Review of Staff C personnel record re -She was hired as a -There was no door background check hire. -There was a crimir completed on 12/06	evealed: a MA on 02/24/22. umentation a crimin had been complete nal background che	al d upon				
	Interview with the D 11:12am revealed: -She was responsit personnel records. -She had not review records in a while. -The Administrator for hiring requirement previous facility she	ole for the completion ved or audited the purchase the p	on of the personnel e guidance was at the				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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D 139	company. -The Owner of the forminal background after county staff hapersonnel record worthe Owner had be all staff criminal background after county staff hapersonnel record worthe Owner had be personnel criminal she had called him he had not done so and teach her how with Staff revealed: -The Director had how check had actually the Director was round at 2:45pm revealed. -She did not know worthe Check had actually the Director was round at 2:45pm revealed. -The Director had how worth at 2:45pm revealed.	facility had completed Staff C's d check in December 2022 and pointed out that her as missing it. If the responsible for completing ekground checks until the he taught her how to do it. If the background checks but when in December 2022, he told her and would go to the facility to do it. If the completed a discrete had completed a discrete had completed a discrete completed. If with the Owner on 02/03/23 is responsible for hiring staff and aining regarding the ersonnel records. If the staff are a criminal background letted before hire. If a criminal background check mber 2022 when he was not yet been completed. If with the Administrator on with the Administrator on the contract of the cound checks herself.	D 139			
	02/03/23 at 3:30pm					

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	COMPI	
		HAL030010	B. WING		02/0	3/2023
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D 139	Continued From pa	ge 12	D 139			
D 161	of all components of as criminal backgrofirst shift at the facilification. If there was a criminal distribution of the could not constitute the could complete the could complete the completed.	expected to ensure completion of the personnel record such und checks prior to the staff's	D 161			
	Validation For LHPS 10A NCAC 13F .050 and Validation For L Support Tasks (a) When a resider personal care tasks (1) through (a)(28) of Subchapter, the tas non-licensed staff of in their licensed cap professional has va competent to perfor (b) The licensed he evaluate the staff personal care task. professional shall values the knowledge, demonstrate the personal care task.	S Tasks O4 Competency Evaluation Licensed Health Professional of requires one or more of the listed in Subparagraphs (a) of Rule .0903 of this k may be delegated to r licensed staff not practicing pacity after a licensed health lidated the staff person is				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 161	Continued From pa	ge 13	D 161			
	facility failed to ens professional suppo validation had beer checking fingersticl administration of m 3 sampled staff (St	view and interviews, the ure a licensed health rt (LHPS) competency a completed for tasks including to blood sugar (FSBS) and edication via injection for 1 of				
	The findings are:					
	Review of Staff B's medication aide (MA) personnel record revealed: -Staff B was hired as a MA on 01/17/23She had passed the MA exam on 10/25/15There was no documentation that she had completed the licensed health professional support (LHPS) skills validation checklist.					
	medication administrevealed: -Staff B had documblood sugar (FSBS 01/20/23, 01/23/23, 01/28/23, 01/29/23-Staff B had docum 8:00pm on 01/19/201/24/23, 01/26/23, and 01/31/23.	nented insulin administration at 3, 01/20/23, 01/23/23, 01/27/23, 01/28/23, 01/29/23				
	11:12am revealed: -She was responsilensuring their personal -Staff B had not yet validation checklist	Director on 02/02/23 at only ple for hiring new staff and connel records were completed. It completed the LHPS skills with the nurse. It may be made to the market of the market to the market of the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
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		HAL030010	B. WING		02/0	03/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	(SVILLE	STVIEW DRI\ /ILLE, NC 27			
(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 161	-Staff B had not wo medication cart and required during the completed by the Machine to be a subset of the second	S skills validation checklist. orked by herself on the d any LHPS task that was emedication pass was MA who was supervising her. someone else in the building passing medication. e was not another MA working Staff B's medication pass in her office. was not allowed to do any own until she was checked or sown until she was checked or sown after that. The working as a MA at the facility wed her doing medication pass own after that. The working herself on the sing medication passes which do insulin. The second MA observe her since the Director had initially ing medication for her first re. It come to do her LHPS skills use she was busy doing training other facilities around the state got be a while before the nurse and do her LHPS skills list.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL030010	B. WING		02/0	03/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE 191 CRES	DRESS, CITY, S STVIEW DRIV ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 161	Telephone interview 02/03/23 at 3:30pm -The Director was r and to ensure all th personnel record w -He was not aware working on the med	ements and had worked doing ties as well. w with the Administrator on revealed: esponsible for hiring new staff e components of their	D 161			
D 270	Supervision 10A NCAC 13F .09 Supervision (b) Staff shall provi	01(b) Personal Care and 01 Personal Care and ide supervision of residents in ch resident's assessed needs, ent symptoms.	D 270			
	interviews, the facil for 1 of 3 sampled in wandering behavior and multiple falls, or resident to be sent. The findings are:					

6899

Division	of Health Service Re	egulation	ı			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIV			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 270	Continued From pa	age 16	D 270			
	techniques according resident. -The Resident Care evaluate and implemeasures if needed -Additional safety mot limited to increastaffing for one on clong-term safety plather than the risk for wandering to supervised per their Review of Resident 05/20/22 revealed: -Diagnoses include obstructive pulmonatisease, paroxysmathyperlipidemia, hypharmical revealed: Review of Resident revealed: -Review of Resident revealed: -Review of Resident revealed:	neasures shall include but are ased safety checks, increase one supervision until a an is in place. Director shall review the resident that is identified at to assure the resident is reduced and per facility policy. Had a surrent FL2 dated and dementia, chronic ary disease, coronary artery al A-Fib, normocytic anemia, pertension. Constantly disoriented, and a history of wandering Had a safe plan dated 05/20/22 areed the halls and occasionally				
	-Resident #3 had no and his skin was no	o problems with ambulation ormal.				
	2:25pm and 3:28pm -Resident #3 was w with no shoes on. -He sometimes wal and sometimes hel	valking up and down the halls lked in the middle of the floor				

both arms and scabs on the knuckles of his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/03/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRI\ LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	-Resident #3 had a his right eyebrow ar the right side. a. Review of Reside Report dated 06/06 revealed: -The medication aid the underside of Reswelling of the left from the eyebron of the eyebron of the left from the eyebron of the eyebron	fingers of his right hand. scab on his face to the right of and at the top of his head on ent #3's Incident/Accident /22 (no time documented) de (MA) noticed bruising along esident #3's left forearms and orearm. umentation of a witness to the at have any falls. with the Director who cident/Accident Report dated 23 at 1:49pm revealed: ered the halls when he was ay; he wandered the halls uring third shift. erventions put in place or on for Resident #3 after his	D 270			
	was no documentatincreased supervisi	on implemented for Resident ation of unexplained bruising				
	Coordinator (RCC)	ew with the Resident Care on 02/02/23 at 9:27am.				
	on 02/02/23 at 3:43	pm. ew with a personal care aide				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL03	0010	B. WING		02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 270	Continued From page 18			D 270			
	Refer to telephone interview with Resident #3's Primary Care Provider (PCP) on 02/02/23 at 4:59pm.						
	Refer to the telephone interview with a second MA on 02/03/23 at 10:29am.						
	Refer to the telephoral Refer to the telephoral Responsible P 11:50am.						
	Refer to the telepho on 02/03/23 at 1:49		with the Director				
	Refer to the telepho Administrator on 02						
	b. Review of Reside Report dated 06/10 -Resident #3 was u -He fell and hit the I while walking down -Resident #3 had a back of his head. -There was no doct fall. -Resident #3 was s per his Responsible -Resident #3 return 10:30am with no ne	/22 at 10:40pp walking the back of his he the 100 hall. laceration are umentation of ent to the eme Party's (RP) ed from the few orders.	om revealed: halls. halls. had on the floor had bleeding on the f a witness to the hergency room request. hospital at				
	Attempted telephon documented the Inc 06/20/22 on 02/03/2 unsuccessful.	cident Accide	nt Report dated				
	Based on record re was no documental increased supervisi #3 after his fall on 0	tion of any int on implemen	terventions or				

	Of Fleatur Service IN	guiation			1		
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LLIED	
		HAL030010	B. WING		02/0	02/03/2023	
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NAIVIE OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
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		MOCKSV	ILLE, NC 27	028			
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PREFIX TAG	`	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE	
17.0		,	1710	DEFICIENCY)			
D 270	Continued Frame no	10	D 270				
D 270	Continued From pa	ge 19	D 270				
	Refer to the intervie	ew with the Resident Care					
	Coordinator (RCC)	on 02/02/23 at 9:27am.					
		ew with a medication aide (MA)					
	on 02/02/23 at 3:43	pm.					
	_						
		ew with a personal care aide					
	(PCA) on 02/02/23	at 4:38pm.					
	D. C. A. H. A. L. L.						
		one interview with Resident					
		Provider (PCP) on 02/02/23 at					
	4:59pm.						
	Refer to the telepho	one interview with a second					
	MA on 02/03/23 at						
	W/A 011 02/03/23 at	10.23411.					
	Refer to the telepho	one interview with Resident					
		arty (RP) on 02/03/23 at					
	11:50am.	, , , , , , , , , , , , , , , , , , , ,					
	Refer to the telepho	one interview with the Director					
	on 02/03/23 at 1:49	pm.					
	· · · · · · · · · · · · · · · · · · ·	one interview with the					
	Administrator on 02	2/03/23 at 3:35pm.					
	a Davison of David	ant #Ola In ald a at 1 and					
		ent #3's Incident/Accident					
		/22 at 8:00pm revealed:					
	-Resident #3 was u	walking down the hallway					
	when he fell.	waiking down the nanway					
		umentation of a witness to the					
	fall.	amendadi of a williood to the					
	-There were no app	parent injuries.					
		oing fine after the fall.					
		5					
	Interview with the m	nedication aide (MA) who					
		cident/Accident Report dated					
		23 at 2:43pm revealed:					

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/	03/2023
	PROVIDER OR SUPPLIER	SVILLE 191 CRE	DDRESS, CITY, ST STVIEW DRIVI VILLE, NC 270	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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 270	-Resident #3 was to when he fellHe did not have ar -She had not been for Resident #3 after Review of Resident (PCP) progress not -Resident #3's right blisters and bruises -There was a diagn (bruise caused by the foliation of the right upper are a -The traumatic ecclaresulted from Resident and rail in the hallow railingThere was a picture included with the properties of the interview of th	rying to sit down on the floor my injuries. told to do anything differently er his fall on 07/22/22. It #3's Primary Care Provider's the dated 07/22/22 revealed: It arm was noted to have to the right upper arm. Hosis of traumatic ecchymosis to bleeding underneath the skin) frm. Hymosis of the right upper arm flent #3 reaching through a five yand pulling against the five of Resident #3's arm frogress note. Inviews and interviews, there tion of any interventions or fion implemented for Resident 107/17/22. The with the Resident Care from 02/02/23 at 9:27am. The with a medication aide (MA) The provider (PCP) on 02/02/23 at)			

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
	2. 00		A. BUILDING:		33	·
		HAL030010	B. WING		02/0	3/2023
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE		
		191 CRES	STVIEW DRIN			
PS SENI	OR LIVING OF MOCK	SVILLE MOCKSV	ILLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	Continued From page 21		D 270			
		one interview with Resident arty (RP) on 02/03/23 at				
	Refer to the telepho on 02/03/23 at 1:49	one interview with the Director pm.				
	Refer to the telephone interview with the Administrator on 02/03/23 at 3:35pm.					
	Report dated 08/29 -Resident #3 was s when he tried to sta -Resident #3 fell sid small skin tear on the clasp of his hatThere was no door fall.	ent #3's Incident/Accident /22 at 5:00pm revealed: itting in a chair in the sunroom and up and lost his balance. Iteways into the wall had a ne back of his head near the umentation of a witness to the				
	Responsible Party of him to the hospital at that barely bled and knots on his head". -There was no documents.	e with Resident #3's (RP) who stated "not to send as it was only a small skin tear If there was no swelling or umentation of the staff who lent/Accident Report.				
	Based on record re was no documenta	views and interviews, there tion of any interventions or on implemented for Resident				
		ew with the Resident Care on 02/02/23 at 9:27am.				
	Refer to the intervie on 02/02/23 at 3:43	ew with a medication aide (MA) pm.				
	Refer to the intervie	w with a personal care aide				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3)			X3) DATE SURVEY COMPLETED		
		HAL030010	0	B. WING		02/	03/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE	191 CRES	DRESS, CITY, S STVIEW DRIV ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From part (PCA) on 02/02/23 Refer to the telephor #3's Primary Care F4:59pm. Refer to the telephor MA on 02/03/23 at Refer to the telephor #3's Responsible P11:50am. Refer to the telephor had	at 4:38pm. In at 4:38pm. In at 4:38pm. In at 4:38pm. In a interview with 10:29am. In a interview with 10:29am. In a interview with 10:29am. In a interview with 10:20 at 3:35pm. In a interview with 10:20 at 3:40pm. In a interview with 10:20 at 3:40pm.	n 02/02/23 at n a second n Resident 03/23 at n the Director n the n. Accident vealed: hallway and d a skin tear vitness to the RP) did not tal. MA) who Report dated ealed: 8/30/22 and g at the back consible Party e on him.	D 270			

	Of Fleatiff Service IN				T	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAIN	OI JOINLOTION	DENTIFICATION NOISIDEN.	A. BUILDING:	<u> </u>		
		HAL030010	B. WING		02/0	3/2023
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(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
D 270	Continued From page 23		D 270			
	shift and staff tried	to be there for him when he				
	was up and out of b	ped.				
		on Resident #3 every 15				
		was no documentation of the				
	15-minute checks.					
		Resident #3's slippers on				
	when he walked the					
	-Usually, Resident #3 kept his slippers on if staff					
	put them on himSometimes when Resident #3 was tired, he had					
		nd leaned to the side when he				
	ambulated.					
	-She had not been	told to do anything differently				
	for Resident #3 after	er his fall on 08/30/22.				
		views and interviews, there				
		tion of any interventions or				
	#3 after his fall on 0	ion implemented for Resident				
	#3 allel fils fall off (JO/30/22.				
	Refer to the intervie	ew with the Resident Care				
		on 02/02/23 at 9:27am.				
	()					
		ew with a medication aide (MA)				
	on 02/02/23 at 3:43	pm.				
	Defer to the intervie	www.with a porconal care aids				
	(PCA) on 02/02/23	ew with a personal care aide				
	(1 0/1) 011 02/02/23	αι τ.σοριπ.				
	Refer to the telepho	one interview with Resident				
		Provider (PCP) on 02/02/23 at				
	4:59pm.	,				
		one interview with a second				
	MA on 02/03/23 at	10:29am.				
	Defer to the talent	one intensions with Decident				
		one interview with Resident arty (RP) on 02/03/23 at				
	11:50am.	arty (111 / 011 02/00/20 at				

6899

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
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1 O OLIVI		MOCKSV	ILLE, NC 27		T	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 24	D 270			
	Refer to the telepho on 02/03/23 at 1:49	one interview with the Director pm.				
	Refer to the telepho Administrator on 02	one interview with the 1/03/23 at 3:35pm.				
	f. Review of Resident #3's Incident/Accident Report dated 12/30/22 at 9:00pm revealed: -The medication aide (MA) walked in Resident #3's room to check on him and he was laying down (place not indicated) and it appeared he had fallenThere was no documentation of a witness to the fallThere were no apparent injuries. Review of Resident #3's progress notes for					
	12/30/22 at 6:18am	revealed Resident #3 had a d arms, and his arm was				
	the Incident Accider	with the MA who documented nt Report dated 12/30/22 on m was unsuccessful.				
	Based on record reviews and interviews, there was no documentation of any interventions or increased supervision implemented for Resident #3 after his fall on 12/30/22.					
	Refer to the interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am.					
	Refer to the intervie on 02/02/23 at 3:43	ew with a medication aide (MA) pm.				
	Refer to the intervie (PCA) on 02/02/23	w with a personal care aide at 4:38pm.				

6899

Division of Health Service Regulation STATE FORM

Refer to the telephone interview with Resident

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 25	D 270			
	#3's Primary Care F 4:59pm.	Provider (PCP) on 02/02/23 at				
	Refer to the telepho MA on 02/03/23 at	one interview with a second 10:29am.				
		one interview with Resident arty (RP) on 02/03/23 at				
	Refer to the telephone interview with the Director on 02/03/23 at 1:49pm.					
	Refer to the telepho Administrator on 02	one interview with the 2/03/23 at 3:35pm.				
	•	ent #3's Incident/Accident nere was no report dated				
	Review of Resident #3's progress notes dated 01/19/23 at 9:25pm revealed: -Resident #3 was observed on the floor in the dining roomResident #3 had a skin tear to the right side of the back of his headResident #3 was assisted back to his room and into bedResident #3 was later observed on the floor of his room and was assisted back to bed.					
		bserved again on the floor of assisted back to bed.				
	documented the Inc 01/19/23 on 02/02/2 -She did not know on place after his falls	increase supervision for				

Division of Health Service Regulation

STATE FORM 6899 I1DW11 If continuation sheet 26 of 85

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SL IDENTIFICATION		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL03001	0	B. WING		02/	03/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE	191 CRES	DRESS, CITY, S STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE	ENCIES ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 270	Continued From page 26		D 270				
	Based on record reviews and interviews, there was no documentation of any interventions or increased supervision implemented for Resident #3 after his falls on 01/19/23.						
	Based on record reviews, observations, and interviews, it was determined Resident #3 was not interviewable. Refer to interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am.						
	Refer to interview with a medication aide (MA) on 02/02/23 at 3:43pm.						
	Refer to interview w (PCA) on 02/02/23		are aide				
	Refer to telephone Primary Care Provi 4:59pm.						
	Refer to telephone 02/03/23 at 10:29ar		second MA on				
	Refer to telephone Responsible Party						
	Refer to telephone 02/03/23 at 1:49pm		e Director on				
	Refer to telephone interview with the Administrator on 02/03/23 at 3:35pm.						
	Interview with the R revealed: -Resident #3 was u stood up from a cha -When she saw und	nsteady on his f air or got out of b	eet when he bed.				

STATEMEN	OF THEATH SELVICE TO NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
						
		HAL030010	B. WING		02/0	3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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)	LD BE	(X5) COMPLETE DATE
D 270	up at night wanderi-There were no interesident #3 after hevery 2 hours. No one had told he often after a fall or for resident more of on resident more of the fall of the fal	e had a fall. a lot during the day and was ng the hallways. erventions put in place for is falls. staff checked on all residents er to check on residents more to ensure other staff checked ften after a fall. A on 02/02/23 at 3:43pm why Resident #3 was falling. lot of bruises lately and she coming from unwitnessed falls. en Resident #3 fall, but she in the floor after a fall or after ine floor. of any interventions put in #3 after any of his falls. increase supervision for ny of his falls. A on 02/02/23 at 4:38pm told to do anything differently any other resident who had residents after a fall, but she iten or for how long.	D 270	DEFICIENCY)		
	Resident #3 after fa	ncreased supervision for alls. staff in the hallways and				

6899

STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SEN	OR LIVING OF MOCK	SVILLE	TVIEW DRIN			
	0.11.41.45.7.4.57.4		ILLE, NC 27		011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 28	D 270			
	Resident #3 stayed	close to the nurse's station.				
	Telephone interview 02/03/23 at 10:29ar-She had not been for Resident #3 aftershe was not award place for Resident #3 check on him everywhen he was award him" and know when the two 12/03/23 at 11:50ar-The facility contact Resident #3's falls. She tried to limit Resident #3's falls. She tried to limit Resident #3's falls. She provided gripwould not know place for Resident #3 using a walker with staff about increasi after any of his falls. Telephone interview at 1:49pm revealed -After Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a There was no door supervision for Resident #3's him, generally for a supervision for R	w with a second MA on m revealed: told to do anything differently er any of his falls. e of any interventions put in #3 after any of his falls. was asleep, she tried to 30 minutes. ke, she tried to "keep eyes on ere he was going. w with Resident #3's RP on m revealed: ted her to inform her of all of esident #3 going out of the all to avoid increased ation. of any interventions put in #3 after any of his falls. socks for Resident #3, but he socks and shoes on. ssion with the Director about a walker, but she did not think ker; the facility had not tried Resident #3. en any discussion with facility ng supervision for Resident #3. en any discussion with facility ng supervision for Resident #3. ev with the Director on 02/03/23 is a falls, staff were told to watch				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	PLETED
		HAL030010	B. WING		02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 02.0	0.2020
		191 CRES	STVIEW DRIN			
PS SENI	OR LIVING OF MOCK	SVILLE	ILLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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 270	Continued From pa	ge 29	D 270			
	Resident #3's RP in think he would coop put in place for him. She was currently staff available to su Telephone interview 02/03/23 at 3:35pm - After a resident had checked for mobility determine the reason - He was not familian not know if any interplace for him after he - Staff were expected Resident #3 after his currently in place for lif staff provided in	overstaffed and should have pervise him one-one-one. with the Administrator on revealed: d a fall, staff should have rule out injuries, and tried to on for the fall. with Resident #3 and he did rventions had been put in his falls. d to increase supervision for s falls, but there was no policy r increased supervision, he				
	3 sampled residents dementia, had wand bruises and experie through 01/19/23 whitting his head four bleeding, and a hos This failure was det and welfare of the r B Violation. The facility provided 02/02/23 in accordatis citation. THE CORRECTION	provided supervision for 1 of s (#3) who had a diagnosis of dering behaviors, unexplained enced 6 falls from 06/10/22 hich resulted in the resident times, bruising, skin tears, spital emergency room visit. rimental to the health, safety, esident and constitutes a Type diaplan of protection on ance with G.S. 131D-34 for N DATE FOR THE TYPE B. NOT EXCEED MARCH 20,				

6899

	NT OF DEFICIENCIES OF CORRECTION		ER/SUPPLIER/CLIA CATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL0:	30010	B. WING		02/	03/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE	191 CRES	DRESS, CITY, S STVIEW DRIN LLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	MUST BE PRE	EFICIENCIES ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 30		D 273			
D 273	10A NCAC 13F .09	02(b) Health	n Care	D 273			
	10A NCAC 13F .09 (b) The facility sha to meet the routine of residents.	ll assure ref and acute h	erral and follow-up nealth care needs				
	This Rule is not me Based on observati interviews, the facil care provider (PCP 2 of 3 sampled resi missed doses of me the facility (#2) and gains of 3 pounds of physician was not re	ons, record ity failed to e) follow-up v dents (#2 ar edication du a resident v more and	reviews and ensure primary was completed for and #3) who had be to being out of who had weight the resident's				
	The findings are:						
	1. Review of Reside 01/13/23 revealed of disorder, polyarthrit disease, and hyper	diagnoses ir is, stage 3 c	ncluded bipolar				
	a. Review of Reside 12/30/22 revealed t gabapentin (a medi pain) 300mg take o	here was ar cation used	n order for to treat nerve				
	Review of Resident 01/13/23 revealed a 300mg take two ca	an order to t	ake gabapentin				
	Review of Resident medication adminis revealed: -There was an entr one capsule every -There was docume	tration reco y for gabape evening sch	entin 300mg take eduled at 8:00pm.				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE		OF CORRECTION	ION IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	` '	E SURVEY PLETED
			HAL030010	B. WING		02/0	03/2023
PS SENIOR LIVING OF MOCKSVILLE MOCKSVILLE, NC 27028			OF MOCKSVILLE 191 CRE	STVIEW DRIV	E		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CONTINUED OF THE PREFIX CONTINUED OR CONTINUED OF THE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CONTI	PRÉFIX	(EACH DEFICIENC	DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETE DATE
administered on 01/10/23 due to the resident being out of the facility. -There was an entry for gabapentin 300mg take two capsules three times daily scheduled at 8:00am, 2:00pm, and 8:00pm. -There was documentation gabapentin was not administered at 2:00pm on 01/15/23, 01/17/23, 01/24/23, or 01/27/23 due to the resident being out of the facility. Observation of medication on hand for Resident #2 on 02/01/23 at 12:05pm revealed: -There were two medication cards for gabapentin 300mg take two capsules three times daily with a dispensed date of 01/13/23. -One medication card had 26 doses (two capsules in each bubble to equal one dose) out of 30 remaining, and one medication card had 16 doses out of 30 remaining, and one medication card had 16 doses out of 30 remaining. Telephone interview with Resident #2's primary care provider (PCP) on 02/02/23 at 4:50pm revealed: -Resident #2 was taking gabapentin for a diagnosis of polyarthritis. -She was not aware Resident #2 had missed 5 doses in January 2023 due to being out of the facility. -She was not concerned about Resident #2 experiencing adverse effects for missing 5 doses since they were not consecutive doses or consecutive days. -She expected the MAs to administer medications as they were ordered or to notify her if they were unable to administer medication as ordered for any reason. Interview with a medication aide (MA) on 02/01/23 at 12:15pm revealed: -Resident #2 frequently left the facility, but always	adm bein -The two 8:00 -The adm 01/2 out of the adm 01/2 out of th	administered on 0° being out of the factor. There was an entite two capsules three 8:00am, 2:00pm, and administered at 2:001/24/23, or 01/27/out of the facility. Observation of me #2 on 02/01/23 at 1°. There were two mades and the facility of the medication capsules in each be 30 remaining, and doses out of 30 remaining, and doses in January 2 facility. She was not award doses in January 2 facility. She was not concept they were not consecutive days. She expected the as they were order unable to administration and the statement of th	red on 01/10/23 due to the resident of the facility. s an entry for gabapentin 300mg take les three times daily scheduled at :00pm, and 8:00pm. s documentation gabapentin was not red at 2:00pm on 01/15/23, 01/17/23, or 01/27/23 due to the resident being facility. On of medication on hand for Resident 01/23 at 12:05pm revealed: re two medication cards for gabapentin at two capsules three times daily with a date of 01/13/23. ication card had 26 doses (two n each bubble to equal one dose) out of ing, and one medication card had 16 of 30 remaining. Interview with Resident #2's primary der (PCP) on 02/02/23 at 4:50pm #2 was taking gabapentin for a of polyarthritis. not aware Resident #2 had missed 5 anuary 2023 due to being out of the mot concerned about Resident #2 ng adverse effects for missing 5 doses were not consecutive doses or we days. cted the MAs to administer medications are ordered or to notify her if they were administer medication as ordered for n. with a medication aide (MA) on at 12:15pm revealed:				

6899

	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
				A. BOILDING.			
		HAL03	0010	B. WING		02/	03/2023
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRIN			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 273	Continued From pasigned out and told -When Resident #2 her afternoon medialways said she wo before the next me -There were some not back at the faci would be and ende medicationsShe did not think if she had missed se medications due to -The Director was to to contact the PCP concern they were -If a resident conce was not in the facili because she lived of was available by te -She had never rep doses of medicatio Director would have during her audits of Interview with Resident revealed: -Every Tuesday ever facility until around -She also had a lot she was admitted to her missing some of medicationThe MA never ask her afternoon medial appointments or out thought to ask for the -She had not notice from missing a dos Interview with a MA Interview with a	staff when set left the facility cations with I wild be back adication pass days where Flity at the time d up missing. Resident #2's veral doses of being out of the only staff so if the MA expected to remoccurred at the expected to remoccurred at the expected to the facility lephone at an orted Resident to the Direct eseen the means of the eMAR. Ident #2 on 02 the facility of her 2:00pm of the facility of her after each of her after each of her after each of her after each of the facility of the facility of her after each of her after each of the facility of the facility of her after each of the facility of her after each of the facility of the facility of her after each of the facility of the facili	ity, she never took her because she at the facility it. Resident #2 was e she said she her 2:00pm PCP knew that of her afternoon the facility. who was allowed had a resident notify the Director would call her 's property and her her 2's missed ctor because the issed doses 2/01/23 at 2:15pm as out of the cointments since which resulted in a doses of wanted to bring er to her e had never any symptoms moon medication.	D 273			

6899

Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
		191 CRF	STVIEW DRIV			
PS SENI	OR LIVING OF MOCK	SVILLE	ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 33	D 273			
	months and always -The Director was t the PCP; the MAs v -When Resident #2 appointment,,t the N send medication alc she came back beforesident #2 had ne medication to be sefacilityShe did not know in Coordinator (RCC) #2 had missed dose being out of the facture of the medication cart -Resident #2 had not missed medications the medication cart -Resident #2 had not any symptoms due medication while out -The Director review accuracy and would missed doses of medications Interview with the Resident #2 had not served.	he only staff who contacted were not allowed. I left the facility for an outing or MAs, herself included, did not ong with her because usually ore the next medication pass. ever asked for her afternoon ent with her when she left the find the Resident Care or Director knew that Resident es of her medication due to illity. If it is a RCC of Resident #2's sometimes and already knew ever complained about having to missing a dose of her ut of the facility. Wed the resident's eMARs for d have seen Resident #2's	t			
	revealed: -She had started he 2022, but was not y	er role as RCC in September				
	-She was not allow regarding resident of had that responsibil -The Director comp	ed to contact the PCP concerns; only the Director lity. leted audits of the eMARs but				
	medication cart son -Resident #2 left the	role as a MA on the				

with her when she left because she always said

	<u>of Health Service Re</u>						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010		B. WING		02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
				TVIEW DRIV			
PS SENIO	OR LIVING OF MOCK	SVILLE		ILLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 34		D 273			
	she would be back -Resident #2 was h did not have a powe she would be able t chose to send them -Resident #2 had ne medication sent wit -The Director had ne Resident #2's medi the facilityResident #2 never result of missing a cout of the facility.	in time. er own decision maer of attorney or guato take her medication with her. ever asked to have hher when she left dever advised the structions with her whoms	her the facility. aff to send en leaving				
	Telephone interview at 1:25pm revealed -It was her respons with any resident co-She completed audoked for accuracy but it had been a coaudit and she had missed medications facility. -Resident #2 was coresponsible for taking sent them with her, the PCP to send months and the PCP to send months. The MAs had not be Resident #2 when so Resident #2 always prior to the afternood-The other resident building so the MAs to send medication—She had not follow regarding missed dispenses with the policy of the face of the property o	ibility to follow up woncerns. dits of the eMARs word of medication admouple of weeks since to the fact that Research to be to	where she inistration, e her last ident #2 if the d be f the MAs order from ident. cation with because would return by left the link to offer t #2's PCP due to her				

6899

Division of Health Service Regulation STATE FORM

dose of medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	HAL030010	B. WING		02/0	3/2023
NAME OF PROVIDER OR SUPPLIER PS SENIOR LIVING OF MOCKSVIL	191 CRES	DRESS, CITY, S TVIEW DRIV LLE, NC 270			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES BT BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
as ordered. -He reviewed the reside month, but his last audit prior to Resident #2 being. -He expected if a reside couple doses of a medication administration revealed: -There was an entry for take one tablet three times: 8:00am, 2:00pm, and 8: -There was documentate not administered at 2:00 01/11/23, 01/13/23, 01/10 or 01/27/23 due to the resident being out output to Resident was an entry for take one tablet three times: -There was documentate not administered at 2:00 01/11/23, 01/13/23, 01/10 or 01/27/23 due to the resident being out output to Cobservation of medication with the resident being out output to Cobservation of medication with the resident being out output to Cobservation of medication with the resident being out output to Cobservation of medication with the resident being out output to Cobservation of medication with the resident being out output to Cobservation of medication with the resident being out output to Cobservation of medication with the resident being out to Cobservation of medication with the resident being output to Cobservation of medication with the resident being output to Cobservation of medication with the resident being output to Cobservation of medication with the resident being output to Cobservation of medication with the resident being output to Cobservation of medication with the resident being output to Cobservation of medication with the resident	th the Administrator on realed: th Resident #2 or her to administer medication ent's eMARs every other it was December 2022 ing admitted to the facility. It was December 2022 ing admitted to the facility. It was December 2022 ing admitted to the facility. It was December 2022 ing admitted to the facility. It was December 2022 ing admitted to the facility. It was December 2022 ing admitted to the facility. It was December 2022 ing admitted to the facility. It was a series of the facility of the facility. It was a series of the facility of the facility. It was a series of the facility of the facility. It was a series of the facility of the facility of the facility. It was a series of the facility	D 273			

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		02/03/2023	
			I.		02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN			
		MOCKSVI	LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 36	D 273			
	-There were 15 out of 24 tablets remaining in the medication card. Telephone interview with Resident #2's primary care provider (PCP) on 02/02/23 at 4:50pm revealed: -Resident #2 was admitted to the facility with an order to take sodium chloride 1000mg three times dailyShe was awaiting medical records and laboratory work before determining if the sodium supplement was still necessary.					
	-She was not aware	e Resident #2 had missed 8 sloride in January 2023 due to				
	being out of the fac					
		erned about Resident #2				
		se effects for missing 8 doses				
		ment because she could get				
		um just from diet alone.				
		medication aides (MAs) to ions as they were ordered or				
		were unable to administer				
	medication as orde					
	Interview with a MA revealed:	on 02/01/23 at 12:15pm				
	-Resident #2 freque	ently left the facility, but always staff when she returned.				
		left the facility, she never took				
		cations with her because she				
	always said she wo	uld be back at the facility				
	before the next med	dication pass.				
		days where Resident #2 was				
		lity at the time she said she				
	medications.	d up missing her 2:00pm				
		Resident #2's PCP knew that				
		veral doses of her afternoon				
		being out of the facility.				
		he only staff who was allowed				

DIVIDION	DIVISION OF FIGURES AND A SECOND OF THE SECO		1			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		I COMP	LETED
		1141 020040	B. WING		00/0	0/0000
		HAL030010	J. 1110		j 02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		191 CRES	TVIEW DRIN	/E		
PS SENI	OR LIVING OF MOCK	SVILLE	LLE, NC 27			
	0.					
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	`	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
IAG		50 12 <u>2</u>	IAG	DEFICIENCY)		
D 273	Continued From pa	ge 37	D 273			
	to contact the DCD	so if the MA had a resident				
	•	expected to notify the Director.				
		rn occurred and the Director				
		ty, the MAs would call her				
		on the facility's property and				
	was available by tel	ephone at any time.				
	-She had never rep	orted Resident #2's missed				
	doses of medication to the Director,, because the					
	Director would have seen the missed doses during her audits of the eMAR.					
	Interview with Resid	dent #2 on 02/01/23 at 2:15pm				
	revealed:	3011t //2 011 02/0 1/20 at 2. 10pm				
		ening, she was out of the				
	facility until around					
		of doctor appointments since				
		the facility which resulted in				
		of her 2:00pm doses of				
	medication.					
	-The MA never ask	ed her if Resident #2 wanted				
	to take her afternoo	n medication with her to				
	appointments or ou	tings and she had never				
	thought to ask the N					
	O	ed experiencing any symptoms				
		e of her afternoon medication.				
	moni iniooning a doo	e of their differmoon intedioditori.				
	Interview with a MA	on 02/02/23 at 9:00am				
	revealed:	31. 32/02/20 at 0.00am				
		MA at the facility for three				
		AA at the facility for three				
	months and always					
		he only staff who contacted				
	the PCP; the MAs v					
		left the facility for an outing or				
		As, herself included, did not				
	send medication ald	ong with her because Resident				
		ck before the next medication				
	pass.					
		ever asked for her afternoon				
		ent with her when she left the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		SURVEY PLETED
		A. BUILDING:			
	HAL030010	B. WING		02/	03/2023
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
PS SENIOR LIVING OF MOCK	SVILLE	STVIEW DRI\ VILLE, NC 27			
PREFIX (EACH DEFICIENCY	NTEMENT 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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Coordinator (RCC) #2 had missed dose being out of the fac -She had never not missed medications the medication cart already knewResident #2 had no any symptoms due medication while ou -The Director review accuracy and would missed doses of me Interview with the R revealed: -She had started he 2022, and was not y -She was not allower regarding resident of had that responsibil -The Director comp she did not know he -She worked in the medication cart son -Resident #2 left the reasons, but none of with her when she I always said she wo -Resident #2 was h did not have a powe she would be able to chose to send them -Resident #2 had no medication sent wit -The Director had n Resident #2's medic the facility.	or Director knew that Resident es of her medication due to sility. Iffied the RCC of Resident #2's is because the RCC worked is sometimes as a MA and ever complained about having to missing a dose of her at of the facility. If wed the residents' eMARs for the facility. If wed the residents' eMARs for the facility. If wed the residents' eMARs for the facility wed the residents' eMARs for the have seen Resident #2's edication. If CC on 02/02/23 at 10:00am er role as RCC in September yet fully trained. If we were the perfect of the email of the staff sent medication left because Resident #2 and be back in time. If the email of a to take her medications if they the email of a to take her medications if they the email of the em				

Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE	•	
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PS SENI	OR LIVING OF MOCK	SVILLE	ILLE, NC 27			
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(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
D 273	Continued From pa	ae 39	D 273			
	·					
		dose of her medication while				
	out of the facility.					
	Telephone interview	w with the Director on 02/03/23				
	at 1:25pm revealed					
		ibility to follow up with the PCP				
	with any resident co					
	-She completed audits of the eMARs where she					
	looked for accuracy of medication administration, but it had been a couple of weeks since her last audit.					
		ompetent and could be				
		ng her medication if the MAs				
		and she needed an order				
		der to send medication with a				
	resident.	peen sending medication with				
		she left the facility because,				
		told the staff she would return				
	prior to the afternoo					
		s at the facility rarely left the				
		probably did not think to offer				
	to send medication	with Resident #2.				
	-She had not follow	ed up with Resident #2's PCP				
	0 0	oses of medication due to her				
		ility because she had not				
		2 had missed more than a				
	dose of medication.					
	Telenhone interview	wwith the Administrator on				
	02/03/23 at 3:30pm					
		r with Resident #2 or her				
	medications.					
		As to administer medication				
	as ordered.					
	-He reviewed the re	esident's eMARs every other				
		audit was December 2022				
		being admitted to the facility.				
		esident missed more than a				
	couple doses of a n	nedication due to being out of				

Division of Health Service Regulation

STATE FORM 6899 I1DW11 If continuation sheet 40 of 85

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL030010	B. WING		02/	03/2023	
NAME OF PROVIDER OR SUPPLIER PS SENIOR LIVING OF MOCKS	SVILLE 191 CRES	DRESS, CITY, S' STVIEW DRIV ILLE, NC 270	E			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC 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	
PCP and ask if it wa along with Resident c. Review of Resider revealed an order fo to prevent or dissolv times daily. Review of Resident medication administrate was an entry capsule three times cholangitis schedule 8:00pm. There was docume administered ursodic 01/11/23, 01/13/23, or 01/27/23 due to the facility. There was docume administered ursodic to the resident being Observation of medi #2 on 02/01/23 at 12. There was one med 300mg take one table dispensed date of 07. There were 22 out of medication card. Telephone interview care provider (PCP) revealed: Resident #2 was tale formation of gallstone.	Director would update the is "okay" to send medication #2 when she left the facility. Int #2's FL2 dated 12/30/22 or ursodiol (a medication used re gallstones) 300mg three #2's January 2023 electronic ration record (eMAR) If for ursodiol 300mg take one daily for primary biliary at at 8:00am, 2:00pm and entation Resident #2 was not ol at 2:00pm on 01/09/23, 01/15/23, 01/17/23, 01/24/23 he resident being out of the entation Resident #2 was not ol at 8:00pm on 01/10/23 due to out of the facility. In the facility is cation on hand for Resident 2:05pm revealed: dication card for ursodiol let three times daily with a 1/20/23. Of 30 tablets remaining in the with Resident #2's primary on 02/02/23 at 4:50pm King ursodiol to prevent the	D 273				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/0	03/2023
	PS SENIOR LIVING OF MOCKSVILLE PS SENIOR LIVING OF MOCKSVILLE MOCKS					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	out of the facilityShe was not conce experiencing adversof ursodiolShe had not receive that Resident #2 exsymptoms of havingShe expected the last hey were ordered unable to administe any reason. Interview with a me 02/01/23 at 12:15prResident #2 frequesigned out and toldWhen Resident #2 her afternoon medicalways said she wo before the next medicationsShe was unsure if she had missed sever medications due to a medications due to to the Director was to contact the PCP, concern they were even for the process of medication director would have of the eMAR.	erned about Resident #2 se effects for missing 8 doses red any reports from the facility perienced abdominal pain or g gallstones. MAs to administer medications red or to notify her if they were re medication as ordered for dication aide (MA) on m revealed: ently left the facility, but always staff when she returned. left the facility, she never took cations with her because she uld be back at the facility	D 273			

6899

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 42 revealed: -Every Tuesday evening, she was out of the facility until around 9:30 pmShe also had a lot of doctor appointments since she was admitted to the facility until around 9:30 pmThe MA never asked her if she wanted to take her afternoon medication with her to her appointments or outings and she had never thought to ask the MAs for themShe had not noticed experiencing any symptoms from missing a dose of her afternoon medication. Interview with a MA on 02/02/23 at 9:00 am revealed: -She worked as a MA at the facility for three months and always worked day shiftThe Director was the only staff who contacted the PCP; the MAs were not allowed.	STATEMEN	OF HEAITH SERVICE RE IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG TAG TAG Continued From page 42 revealed: -Every Tuesday evening, she was out of the facility until around 9:30pmShe also had a lot of doctor appointments since she was admitted to the facility which resulted in her missing some of her 2:00pm doses of medicationThe MA never asked her if she wanted to take her afternoon medication with her to her appointments or outings and she had never thought to ask the MAs for themShe had not noticed experiencing any symptoms from missing a dose of her afternoon medication. Interview with a MA on 02/02/23 at 9:00am revealed: -She worked as a MA at the facility for three months and always worked day shiftThe Director was the only staff who contacted the PCP; the MAs were not allowed.	711012711	OF CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		O O IVIII	
PS SENIOR LIVING OF MOCKSVILLE (X4) ID PREFIX TAGK (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 42 revealed: -Every Tuesday evening, she was out of the facility until around 9:30pmShe also had a lot of doctor appointments since she was admitted to the facility which resulted in her missing some of her 2:00pm doses of medicationThe MA never asked her if she wanted to take her afternoon medication with her to her appointments or outings and she had never thought to ask the MAs for themShe had not noticed experiencing any symptoms from missing a dose of her afternoon medication. Interview with a MA on 02/02/23 at 9:00am revealed: -She worked as a MA at the facility for three months and always worked day shiftThe Director was the only staff who contacted the PCP; the MAs were not allowed.			HAL030010	B. WING		02/03/2023	
CALCAPTION SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY D 273 Continued From page 42 D 273 revealed:	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 42 revealed: -Every Tuesday evening, she was out of the facility until around 9:30pmShe also had a lot of doctor appointments since she was admitted to the facility which resulted in her missing some of her 2:00pm doses of medicationThe MA never asked her if she wanted to take her afternoon medication with her to her appointments or outings and she had never thought to ask the MAs for themShe had not noticed experiencing any symptoms from missing a dose of her afternoon medication. Interview with a MA on 02/02/23 at 9:00am revealed: -She worked as a MA at the facility for three months and always worked day shiftThe Director was the only staff who contacted the PCP; the MAs were not allowed.	F3 3LIVI	MOCKS			028		
revealed: -Every Tuesday evening, she was out of the facility until around 9:30pmShe also had a lot of doctor appointments since she was admitted to the facility which resulted in her missing some of her 2:00pm doses of medicationThe MA never asked her if she wanted to take her afternoon medication with her to her appointments or outings and she had never thought to ask the MAs for themShe had not noticed experiencing any symptoms from missing a dose of her afternoon medication. Interview with a MA on 02/02/23 at 9:00am revealed: -She worked as a MA at the facility for three months and always worked day shiftThe Director was the only staff who contacted the PCP; the MAs were not allowed.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
-Every Tuesday evening, she was out of the facility until around 9:30pm. -She also had a lot of doctor appointments since she was admitted to the facility which resulted in her missing some of her 2:00pm doses of medication. -The MA never asked her if she wanted to take her afternoon medication with her to her appointments or outlings and she had never thought to ask the MAs for them. -She had not noticed experiencing any symptoms from missing a dose of her afternoon medication. Interview with a MA on 02/02/23 at 9:00am revealed: -She worked as a MA at the facility for three months and always worked day shift. -The Director was the only staff who contacted the PCP; the MAs were not allowed.	D 273	Continued From pa	ge 42	D 273			
-When Resident #2 left the facility for an outing or appointment, the MAs, herself included, did not send medication along with her because usually she came back before the next medication passResident #2 had never asked for her afternoon medication to be sent with her when she left the facilityShe did not know if the Resident Care Coordinator (RCC) or Director knew that Resident #2 had missed doses of her medication due to being out of the facilityShe had never notified the RCC of Resident #2's missed medications because the RCC worked the medication cart sometimes and already knewResident #2 had never complained about having any symptoms due to missing a dose of her medication while out of the facilityThe Director reviewed the resident's eMARs for accuracy and would have seen Resident #2's	D 273	revealed: -Every Tuesday ever facility until around? -She also had a lot she was admitted to her missing some of medicationThe MA never aske her afternoon medicappointments or out thought to ask the Management of the property of the pr	ening, she was out of the 9:30pm. of doctor appointments since of the facility which resulted in if her 2:00pm doses of each her if she wanted to take cation with her to her tings and she had never MAs for them. d experiencing any symptoms e of her afternoon medication. on 02/02/23 at 9:00am MA at the facility for three worked day shift. The only staff who contacted over enot allowed. Left the facility for an outing or As, herself included, did not ong with her because usually one the next medication pass. Ever asked for her afternoon and with her when she left the facility. The Resident Care or Director knew that Resident es of her medication due to diff. The Recident Care or Director knew that Resident es of her medication due to diff. The Recident RCC worked sometimes and already knew. The RCC worked sometimes and already knew.	D 273			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL030010	B. WING		02/03/2023	
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(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 273	Continued From page 43		D 273			
	revealed: -She had started he 2022, and was not allow regarding resident thad that responsibi -The Director composhe did not know he -She worked in the medication cart sor -Resident #2 left the reasons, but none owith her when she I she would be back -Resident #2 was he would be able to chose to send them -Resident #2 had not have a power she would be able to chose to send them -Resident #2 had not have a power she would be able to chose to send them -Resident #2 had not have a power she would be able to chose to send them -Resident #2 had not have a power she would be able to chose to send them -Resident #2 had not have a power she would be able to chose to send them -Resident #2 had not have a power she would be able to chose to send them -Resident #2 had not have a power she would be able to chose to send them -Resident #2 never result of missing a cout of the facility. Telephone interview at 1:25pm revealed -It was her responsible with any resident considerable could be able to considerable with any resident considerable with a power should be able to choose the considerable with a power should be able to choose to send them.	ed to contact the PCP concerns; only the Director lity. bleted audits of the eMARs, but ow often. role as a MA on the metimes. e facility a lot for various of the staff sent medications left because she always said in time. her own decision maker and er of attorney or guardian so to take her medications if they n with her. ever asked to have her the her when she left the facility. hever advised the staff to send cations with her when leaving reported symptoms as a dose of her medication while w with the Director on 02/03/23 licibility to follow up with the PCP				

Division of Health Service Regulation STATE FORM

sent them with her, but she needed an order from

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
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(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
D 273	the PCP in order to resident. -The MAs had not be Resident #2 when a Resident #2 always prior to the afternood. The other resident facility, so the MAs to send medication. She had not follow regarding missed dobeing out of the fact noticed Resident #2 dose of medication. Telephone interview 02/03/23 at 3:30 pm. He was not familiated medications. -He expected the Mas ordered. -He reviewed the remonth, but his last prior to Resident #2 he expected if a recouple doses of a recoupl	send medication with a peen sending medication with she left the facility because, told the staff she would return on medication pass. Is at the facility rarely left the probably did not think to offer with Resident #2. ed up with Resident #2's PCP oses of medication due to her ility because she had not to had missed more than a with the Administrator on revealed: r with Resident #2 or her IAs to administer medication esident's eMARs every other audit was December 2022 to being admitted to the facility. Esident missed more than a medication due to being out of Director would update the as okay to send medication to #2 when she left the facility. ent #3's current FL2 dated diagnoses included dementia, pulmonary disease, coronary oxysmal A-Fib, normocytic emia, hypertension. #3's physician's orders dated an order for daily weights: weights daily notify physician of	D 273				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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D 273	Continued From pa	ge 45	D 273			
	Administration Rec 2022 revealed there weights.	t #3's electronic Medication ord (eMAR) for December was not an entry for daily t #3's eMAR for January 2	,			
	revealed: -There was an entr weight daily and no pounds or moreThere was no dock weight for 4 of 31 of 01/02/23, 01/09/23There was docume to be weighed for 5 01/03/23, 01/13/23. 01/28/23There was docume was 196 pounds or 01/14/23; which was weight. (There was 01/12/23 and 01/13. -There was docume was 196 pounds pr 01/19/23; which was weight.	y for weight: check and re tify the physician of gain of umentation of Resident #3 pportunities on 01/01/23, and 01/12/23. The properties on the properties on 01/21/23, 01/25/23, and 01/21/23, 01/25/23, and 01/11/23 and 202 pounds a 6-pound increase in no weight documented or	cord f 3 's ed ght s on ght s on			
	(RCC) on 02/02/23 -Resident #3 was w -She did not know I Provider (PCP) sho there was a 3-poun -She and the medic responsible for con	Resident #3's Primary Car ould have been notified wh d weight increase. cation aides (MAs) were tacting Resident #3's PCF nsible for contacting Resid	en ; the			

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL030010	B. WING		02/	02/03/2023	
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE 191 CRES	DRESS, CITY, S STVIEW DRIV ILLE, NC 27				
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D 273	Telephone interview 3:43pm revealed: -She had not notice weight increase of 3-If she knew Reside of 3 pounds or more Director so she coure Telephone interview 02/02/23 at 4:59pm-Resident #3 had a contact the physicia pounds or moreShe expected staff #3's weight increase the 6-pound weight -She probably would to Resident #3's me instructed staff to me changes. Telephone interview at 1:49pm revealed -She did not know for 3 pounds or moreShe expected the legains of 3 pounds or moreShe expected the legains of 3 pounds or moreShe expected the legains of 3 pounds or moreShe weighed Resident #3's PCP. Telephone interview 3:01pm revealed: -She knew about Redaily and knew somphysician of weight -She weighed Resident #4 documented his weweighed Resident #4 documented his	with a MA on 02/02/23 at ad Resident #3 to have a 3 pounds or more. Lent #3 had a weight increase Lent #3 had a weight #3 PCP. With Resident #3 PCP on Level revealed: Lent order for daily weights and to Lent with a weight increase of 3 Lent to contact her with Resident Les in January 2023, especially Lent increase. Lent do not have made any changes Lent Had have modified have Lent the Director on 02/03/23 Lent Had weight gains Lent Had had weight gains Lent Had had weight gains Lent Had had have notified the Lent Ha	D 273				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL030010	B. WING		02/03/2023	
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NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN LLE, NC 27			
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D 273	Continued From page 47		D 273			
	-She noticed a 6-pound weight gain on 01/14/23, but she did not let the Director know because she thought she did not get a good reading from the scale on 01/11/23.					
	02/03/23 at 3:35pm -He did not know at daily weights and to weight gain of 3 pou -He expected MAs inform the Director more so she could -He reviewed the el medication aministr	oout Resident #3's order for contact the physician with a				
D 296	10A NCAC 13F .090 Service	04(c)(7) Nutrition And Food	D 296			
	(c) Menus in Adult (7) The facility shall	I have a matching therapeutic ysician-ordered therapeutic				
	reviews, the facility matching therapeut sampled residents (physician's orders for	et as evidenced by: ons, interviews, and record failed to ensure there was a ic diet menu for 3 of 5 (#1, #3, and #5) who had or a no concentrated sweets echanical soft MS) diet.				
	The findings are:					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION	(X3) DATE	SURVEY
		HAL030010	B. WING		02/0)3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRI\ 'ILLE, NC 27			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 296	Continued From page 48		D 296			
	11:23am revealed: -There was a list of served therapeutic -The Director was p -There were no the referenced for mea -The list of therape concentrated swee (MS) with chopped Observation of the menus on 01/17/23 was not a matching NCS diet or a MS of the concentrated swee (MS) with chopped 1. Review of Reside (09/16/22 revealed: -Diagnoses include chronic kidney dise hypothyroidism and -There was an order (NS) and the served a NCS diet. Review of the facilities the kitchen reveals are ved a NCS diet. Review of the regulation on 02/02 cheese, stewed to apple slices, milk, a served.	preparing the lunch meal. Prapeutic diet menus being all preparation. Prapeutic diets included no to the test included no tes				
	Observation of the	lunch meal service for 02/23 between 12:15pm and				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 296	Continued From pa	ge 49	D 296			
		macaroni and cheese, stewed breadstick, apple slices, water e served.				
	meal on 02/03/23 r	let, wheat toast juice, milk,				
	Resident #1 on 02/ 7:45am revealed a	breakfast meal service for 02/23 between 7:15am and sausage link, eggs, cold ater, and juice were served.				
	served the appropr	rmined if Resident #1 was iate diet due to no therapeutic le for staff guidance.				
	Refer to the intervieu 02/01/23 at 11:25au	ew with the Director on m.				
		one interview with the facility's der (PCP) on 02/02/23 at				
	Refer to the telephon 02/03/23 at 1:05pm	one interview with the cook on				
	Refer to the intervieu 02/03/23 at 3:35pm	ew with the Administrator on .				
	05/20/22 revealed: -Diagnoses include pulmonary disease paroxysmal atrial fi hypertensionThere was an orde					
	Review of Resident	t #1's diet order dated				

Division of Health Service Regulation STATE FORM

6899 I1DW11 If continuation sheet 50 of 85

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL030010	B. WING		02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	KSVILLE	STVIEW DRI\ /ILLE, NC 27			
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 296	Continued From pa	age 50	D 296			
	09/16/23 revealed	an order for a MS diet.				
	Review of the facility's therapeutic diet list posted in the kitchen revealed Resident #1 was to be served a MS soft diet with chopped meats.					
	meal (the dinner m for lunch) on 02/02 cheese, stewed tor	lar diet menu for the dinner eal was prepared and served /23 revealed macaroni and matoes, buttered breadstick, and coffee/tea were to be				
	Observation of the lunch meal service for Resident #3 on 02/02/23 between 12:15pm and 12:35pm revealed macaroni and cheese, stewed tomatoes, buttered breadstick, apple slices, water and fruit punch were served.		Г			
	meal on 02/03/23 r	lar diet menu for the breakfast evealed hot or cold elet, wheat toast juice, milk, be served.				
	Resident #3 on 02/ 7:45am revealed a	breakfast meal service for /02/23 between 7:15am and sausage link, eggs, cold ater, and juice were served.				
	served the appropr	ermined if Resident #1 was riate diet due to no therapeutic le for staff guidance.				
	Refer to the intervience 02/01/23 at 11:25at	ew with the Director on m.				
		one interview with the facility's ider (PCP) on 02/02/23 at				

6899

	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA CATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL03	80010	B. WING		02/0	03/2023
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRIN ILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 296	Continued From page 51			D 296			
	Refer to the telephone interview with the cook on 02/03/23 at 1:05pm.						
	Refer to the interview with the Administrator on 02/03/23 at 3:35pm.						
	3. Review of Resident #5's current FL2 dated 03/25/22 revealed: -Diagnoses included traumatic brain injury, mixed vascular and neurogenerative dementia, and vitamin D deficiencyThere was an order for a MS diet.						
	Review of Resident 09/16/23 revealed a chopped meats.						
	Review of Resident 11/18/22 revealed a chopped meats.						
	Review of the facili in the kitchen revea served a MS diet w	aled Residen	t #1 was to be				
	Review of the regular diet menu for the dinner meal (the dinner meal was prepared and served for lunch) on 02/02/23 revealed macaroni and cheese, stewed tomatoes, buttered breadstick, apple slices, milk, and coffee/tea were to be served.						
	Observation of the Resident #5 on 02/ 12:35pm revealed tomatoes, buttered and fruit punch wer	02/23 betwe macaroni an breadstick, a	en 12:15pm and d cheese, stewed				
	Review of the regu	lar diet menເ	ı for the breakfast				

6899

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		` '	E CONSTRUCTION		SURVEY PLETED
				A. BUILDING.			
		HAL030010		B. WING		02/	03/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 296	meal on 02/03/23 r cereal, cheese ome and coffee were to Observation of the Resident #5 on 02/7:45am revealed a cereal with milk, walt could not be deteserved the appropridiet menus available. Refer to the intervieus 02/01/23 at 11:25am. Refer to the telephorimary Care Provieus 02/03/23 at 1:05pm. Refer to the intervieus 02/03/23 at 3:35pm. Refer to the intervieus 02/03/23 at 3:35pm. Refer to the intervieus with the Interv	evealed hot or cold elet, wheat toast juice, be served. breakfast meal service 02/23 between 7:15an sausage link, eggs, coater, and juice were sermined if Resident #1 iate diet due to no the le for staff guidance. ew with the Director or m. one interview with the ider (PCP) on 02/02/23 one interview with the in. ew with the Administration. Director on 02/01/23 at was currently out of the in preparing meals. I food service provider new spring/summer resident ordered therapeutic on the facility were NCS	e for n and old erved. was rapeutic facility's 3 at cook on tor on tor on e facility egular eutic diets. diets that	D 296	DEI TOIENCE TO T		
		the facility needed then s with NCS and MS di					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL030010		B. WING		02/	03/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE	191 CRES	STVIEW DRIN			
	Г		MOCKSV	ILLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI / MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 296	Continued From pa	ge 53		D 296			
	-For residents who NCS diets, she sub desserts; sometime gave residents on N -For residents who diets, she just chop serve any crispy or	stituted fruit for regres on special occasions. We diets regular de had physician's ord ped the meats; she	ular ions, she esserts. ers for MS				
	Telephone interview Care Provider (PCF revealed she expect diets to be served a diet menus.	P) on 02/02/23 at 4: ted residents with t	59pm herapeutic				
	Telephone interview 1:05pm revealed: -He had worked as September 2022The former cook tr -He was told not to physician's order for sugarHe did not receive preparation for residetHe had not seen a a NCS or MS diet a he needed theraper preparation.	a cook at the facility raining him in dietary give residents with r a NCS diet any for any instructions for dents with an order ny therapeutic diet in nd he had not been	y since y. a ods high in meal for a MS menus for told that				
	Interview with the A 3:35pm revealed: -The Director was r therapeutic menus preparing meals for orders for therapeu-He was not aware menus available in -He expected residuterapeutic diets to	esponsible for ensu were available for g residents with phys tic diets. there were no thera the facility. ents with orders for	iring juidance in sician's apeutic				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL030010		B. WING		02/0	03/2023
	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE /E		
PS SENI	OR LIVING OF MOCK	SVILLE	MOCKSVI	ILLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		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 296	Continued From pa	ge 54		D 296			
	therapeutic diet menu.						
D 310	10A NCAC 13F .09 Service	04(e)(4) Nutrition and	Food	D 310			
	(e) Therapeutic Die (4) All therapeutic of supplements and the	04 Nutrition and Food ets in Adult Care Home diets, including nutritio lickened liquids, shall by the resident's physi	es: nal be				
	This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve a therapeutic diet as ordered by the physician for 1 of 5 sampled residents (#4), who had an order for nutritional supplements three times a day with meals.						
	08/26/22 revealed: -Diagnoses include hypertensionThere was an orde	#4's current FL2 date d stroke, an essential er for nutritional supple vas not documented.					
		#4's diet order dated an order for nutritional neals.					
		y's diet list on 02/01/2 #4 was to be served n ach meal.					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
		HAL030010	B. WING		02/0	03/2023
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIN VILLE, NC 27			
(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 310	Observation of the refrigerator on 02/0 nutritional supplem Review of Residen Administration Rec 2022, December 202/01/23 through 0 an entry for nutritio (three times daily). Review of Residen revealed no docum November 2022, December 2023. Observation of the 02/01/23 from 12:1-Resident #4 was a beverage with his language with language with his language with his language with his language with language with language with his language with l	facility's freezer and reach-in 01/23 at 11:35am revealed ents were available. It #4's electronic Medication fords (eMAR) for November 022, January 2023, and 2/02/23 revealed there was no nal supplements with meals It #4's record and eMARs mentation of his weights for ecember 2022, or January lunch meal service on 5 to 12:35 revealed: served water and a fruit punch unch, not offered a nutritional is meal. Ibreakfast meal service on revealed Resident #4 was it supplement with his meals. lunch meal service on 10pm to 12:27pm. served an orange beverage ont offered a nutritional is meal. dent #4 on 02/02/23 at ritional supplement this	D 310	DEFICIENCY)		
	morning with his br	ritional supplement this reakfast meal, but he did not ch on 02/02/23 or for lunch on				

6899

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER	D. ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. W	/ING		02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER		REET ADDRESS	S. CITY. S	TATE, ZIP CODE	1 02/0	012020
	OR LIVING OF MOCK	SVILLE 19	1 CRESTVIE	W DRIV	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	- PF	ID REFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 310	-He usually receive each morning with -Sometimes the stanutritional supplems sometimes he ate indid not eat his food -He had not noticed. Interview with a me 02/02/23 at 3:43pm -Resident #3 was supplements with e-She had not seen supplements for Retold by the Director receive the suppler -Anyone in the dining give him a nutrition -She did not docum supplement had be relephone interview Care Provider (PCF revealed: -She expected staff nutritional supplements had been in the and had not observe a nutritional supplement with essident #4 was supplements with e-Resident #4 did not supplement with his supplement with his	d a nutritional supplement his breakfast meal. If forgot to give him the ent three times a day because food and sometimes, and having had any weight ladication aide (MA) on a revealed: upposed to receive nutritional end the order for nutritional esident #4; she had just be which residents were to ments. In groom during meals concent when a nutritional end given to Resident #3. If to serve Resident #4 ents 3 times daily with meals at the facility during lunch meals are facility during lunch meals and the way with a MA on 02/03/23 and the way wi	cause he loss. tional peen uld eals. eals rved last tall at tional al les	310			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		, ,	E CONSTRUCTION		SURVEY PLETED
				71. 501251110.			
		HAL030010		B. WING		02/0	03/2023
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 310	supplement during because his supple thawing at lunch tim -Whoever was in the responsible for make his nutritional supplements were grand she did not doe supplements were grand she did not supplements were grand she was a nutritional she had not seen of nutritional supplements were grand the had not seen of nutritional shakes 3 -The MAs were resident #4 had a nutritional shakes 3 -The MAs were resident was served nutritional shakes 3 -The MAs were resident	of receive his nutrition the lunch meal on 0 ment was still in the ne. The dining hall during king sure Resident # ement. The needs were not on the cument when nutrition given. What was supposed to upplements, but he could be needed to not he breakfast meal, but he restaff serve Resident for lunch or dinner which the Director of the needed to not he staff serve Resident for lunch or dinner which the Director of the needed to not he had supplement on Resident for lunch or dinner which the Director of the needed to not had supplement on Resident for lunch or dinner which the Director of the needed to not had supplement on Resident for lunch or dinner which the Director of the needed to not had supplement on Resident for lunch or dinner which the Director of the needed to not had supplement on the needed to not have t	2/02/23 freezer meals was 4 received lee eMAR chal 2/03/23 at be did not Resident lut he did leesident lident #4 a er meals. In 02/03/23 reals. g Resident with each l/23 and ents taken leeal, so a leesident #4	D 310			
		of Resident #4's phy supplements with e					

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/	03/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE 191 CRE	DDRESS, CITY, S' STVIEW DRIV VILLE, NC 270	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	nutritional supplemental nutritional supplemen	t serving Resident #4 a	D 310			
D 358	(a) An adult care h preparation and adi prescription and no by staff are in accord (1) orders by a lice which are maintains (2) rules in this Sec and procedures. This Rule is not me Based on observati interviews, the facili medication as orde residents (#2 and # as-needed muscle medication (#2) and to discontinue an ait the medication was The findings are: Review of the Pharm by the facility revealulting procedures and the Administration and the Administration and the Administration and the Administration and the second and the	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments rdance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies et as evidenced by: on, record reviews and ity failed to administer red for 2 of 3 sampled (3) who had orders for an relaxer and anti-nausea d a resident who had an order ntipsychotic medication and not discontinued (#3). macy Services policy provided led: sed medications shall be Resident Care Director (RCD)				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION		SURVEY PLETED
		A. BOILDING.			
	HAL030010	B. WING		02/0	03/2023
NAME OF PROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, S	TATE, ZIP CODE		
PS SENIOR LIVING OF MOCK	SVILLE	STVIEW DRIV /ILLE, NC 27(
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC 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
-Medication shall be punch cardMedications orders shall be filled at the pharmacy. Review of Medication provided by the facture of the reactions to medicate immediately notify the shall notify the prime RCD would docume PCP and actions tawith the orderCharting would ide unavailability of me of medication may reprior to administration (righ medication, dose, the document of the medication was additionally the provided in the immediately, the PC document of the provided disorder, polyarthritidisease. Review of Resident	ew order as needed. e dispensed in a 30/31-day ed outside of pharmacy hours contracted back up on Administration policy ility revealed: dication errors and adverse ations, facility staff will the RCD, the RCD/designee lary care provider (PCP), the ent any orders received by the ken by the facility to comply entify if documentation errors, dications or resident's refusal have lead to the error. tion of medication, the MA e six rights of medication t eMAR for the right resident, ime, and route) was defined as when a ministered in any way other escribed.				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL030010		B. WING		02/	03/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE	191 CRES	DRESS, CITY, S STVIEW DRIV ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENC MUST BE PRECEDED E SC IDENTIFYING INFORI	IES BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	continued From parthe facility on 01/03 a. Review of Resider revealed there was 50,000 units take on Review of Resident medication administrevealed: There was an entrake one capsule estate was an entrake one capsule estate one capsule esta	ent #2's FL2 dated an order for Vitamine capsule every 7 if #2's January 2023 tration record (eMA) y for Vitamin D3 50 very 7 days scheducentation Vitamin D3 sident #2 on 01/10/ entation Vitamin D3 sident #2 on 01/10/ entation Vitamin D3 sident #2 on 01/24/ cumented reason of acility." dication on hand for 2:05pm revealed the on the medication dication aide (MA) m revealed: were allowed to rese the Resident Carror the Director. ication that was run a would report that the dication caps in the medication caps	in D3 days. B electronic AR) ,000 units, alled at B was 23 and B was not 23 and f Resident there was not cart. on quest refills e conting low or to the RCC //itamin D3 01/31/23, it available for art. ctor that				
	RCC completed we and requested med	ekly medication ca	rt audits				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		7. BOILDING.				
	HAL030010	B. WING		02/0	03/2023	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PS SENIOR LIVING OF MOCKS	SVILLE	STVIEW DRI\ ILLE, NC 27				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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	
refill of Vitamin D3 for She did not know he pharmacy to send made a refill had been requilibrated. Interview with Resid revealed: She took a Vitamin one point her Vitamin She could not remetaking Vitamin D3 or been. When she was admit beginning of Januar remainder of her metaking vitamin beginning of Januar remainder of her metaking vitamin beginning of Januar remainder of her metaking vitamin beginning of Januar remainder of her metaking vitaming of Januar remainder of her view the facility's contract 4:00pm revealed: The pharmacy receded at 12/30/22 and They had not yet dis Resident #2 becaus request for it. Interview with the Roman revealed: She worked at the facility with the Roman revealed: The responsibilities and reordering medit button in the eMAR. The Director was the contact the primary or fax the pharmacy	RCC had already requested a or Resident #2. Now long it took for the medication to the facility once puested. Ident #2 on 02/01/23 at 2:15pm D3 supplement because at in D level was low. Items had been remarked to the facility in the remarked between the facility in the redications with her which was to take her Vitamin D3 two weeks of January 2023. With a representative from ted pharmacy on 02/01/23 at reved Resident #2's FL2s 01/13/23. Items for the facility for a year but started september 2022. Included supervising the MAs ications via the "reorder" The only staff person allowed to care provider (PCP) or phone	D 358				

Division of Health Service Regulation

STATE FORM 6899 I1DW11 If continuation sheet 62 of 85

· · · · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.			
		HAL030010	B. WING		02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRI\ ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	the 7th or 8th of ea medications neede -The Director compeMARs, but she did -When she reorder pharmacy, it somet arrive at the facility not localShe was not award she could request ran outShe was aware the Vitamin D3, but sin dispensed that med she could not hit the eMARShe let the Director out of Vitamin D3 smedication be sent-she did not know it requested from the Telephone interview 02/02/23 at 4:50 pm -She was not award last two doses of V-She expected all or refilled prior to them would not miss dos-Resident #2's prevalent with the prior to ordering bather would be not missing two doses Vitamin D level potential.	ch month to look at which d to be refilled. Deted reviews of the residents'd not know how often. The da medication from the times took up to a week to because the pharmacy was are of a backup pharmacy that medication from if a medication at Resident #2 was out of her ce the pharmacy had not dication for Resident #2 yet a "reorder" button in the facility. The the Vitamin D3 had been pharmacy yet or not. Which with Resident #2's PCP on a revealed: The Resident #2 had missed her itamin D3. The Resident #2 had missed her itamin D3	D 358			

6899

	(1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		B. WING			
	HAL030010	b. WING		02/0	3/2023
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PS SENIOR LIVING OF MOCKS	/II I F	TVIEW DRIV			
	MOCKSVI	LLE, NC 27	028		
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358 Continued From page	e 63	D 358			
The MAs were not al refills from the pharm. The RCC could click eMAR for medication allowed to phone or faren was the only start directly from the pharm. The MAs were expect medication was running if they also notified the theorem was refilled, expiration dat the medication cart audits. The RCC's medication checking for medication was refilled, expiration dat the medications on the and matched the order she completed audit where she checked for administered and the left had been about two reviewed the eMARs which could tell her if refused. She was not aware For last two doses of Vitarefused. She had missed Reserve the pharmacy usuall upon receipt of a residence of the pharmacy usuall upon receipt of a residence of the pharmacy usuall upon receipt of a residence of the pharmacy usuall upon receipt of a residence of the pharmacy usuall upon receipt of a residence of the pharmacy usuall upon receipt of a residence of the pharmacy usuall upon receipt of a residence of the pharmacy usuall upon receipt of a residence of the pharmacy usuall upon receipt of the pharmacy u	lowed to request medication acy. the "reorder" button in the refill requests, but was not ax the pharmacy or PCP. If who could request refills macy or PCP. It was not at the pharmacy or part and phar	D 358			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL030010	B. WING		02/0	02/03/2023	
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE 191 CRES	DRESS, CITY, S STVIEW DRINILLE, NC 27		·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES '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	-She had scheduled but then Resident # complete her lab we rescheduled. Telephone interview 02/03/23 at 3:30pm -He reviewed the remonth and his last a prior to Resident #2 -He was not familia medicationsHe expected medicordered and if they notified and the MA -He expected medication cart for Attempted telephon former PCP on 02/0 unsuccessful. b. Review of Resider revealed there was (a muscle relaxant tablet daily as need Review of Resident medication administrevealed: -There was an entry take one tablet ever spasmsThere was docume administered to Resfrom 01/04/23 throughter the spasms.	tamin D level for Resident #2. If the lab work for 01/09/23, 2 left for the day and did not ork; the lab had not yet been of with the Administrator on revealed: It is ident's eMARs every other audit was in December 2022 and admitting to the facility. If with Resident #2 or her cations to be administered as were not, the PCP should be so re-trained. Cations to be refilled prior to administration. The interview with Resident #2's 01/23 at 2:50pm was order for cyclobenzaprine medication) 5mg take one ed (prn) for muscle spasms #2's January 2023 electronic tration record (eMAR) If for cyclobenzaprine 5mg by day as needed for muscle entation cyclobenzaprine was sident #2 thirty-three times	D 358				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/	03/2023
	PROVIDER OR SUPPLIER	SVILLE 191 CRES	DRESS, CITY, S STVIEW DRIV ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 358	administered to Reinstead of once dail 01/04/23 through 0 -There was docume administered to Reinstead of once dail 01/04/23 through 0 Observation of med #2 on 02/01/23 at 1 -There was one med cyclobenzaprine 5nd aily as neededThe medication ca 01/23/23 and there remaining in the ca Interview with Residence she had surging the medication aid cyclobenzaprine whose did often take once per dayThe MA never told cyclobenzaprine model. Telephone interview the facility's contract 4:00pm revealed: -Resident #2's ordet take one 5mg table muscle spasmsThe only time they	sident #2 two times daily ly as ordered 8 times from 1/31/23. entation cyclobenzaprine was sident #2 three times daily ly as ordered 2 times from 1/31/23. dication on hand for Resident 2:05pm revealed: edication card for ng tablets to take one tablet and a dispensed date of were 12 of 30 tablets rd. dent #2 on 02/01/23 at 2:15pm zaprine because she suffered e cramps in her lower back ery last summer, in 2022. des (MA) gave her nenever she asked for one. cyclobenzaprine more than that she could not take ore than once per day. We with a representative from cted pharmacy on 02/01/23 at er for cyclobenzaprine was to the once daily as needed for had dispensed Resident #2 was 01/23/23 for had dispensed	D 358			

Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL030010	B. WING		02/03/2023	
NAME OF		CTDEET AS	DDECC CITY (STATE ZID CODE		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PS SENI	PS SENIOR LIVING OF MOCKSVILLE					
	MOCKSV			028		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAO		,	IAG	DEFICIENCY)		
D 250	Cantinuad Francis	ma 66	D 250			
D 358	Continued From pa	ge oo	D 358			
) on 02/02/23 at 4:50pm				
	revealed:					
		r for cyclobenzaprine was to				
		e per day as needed.				
		Resident #2 had been				
		caprine up to two or three				
	times daily.	MAs to administer				
	-She expected the	ing as-needed medications to				
	Resident #2 as they					
	-There was no risk					
		ee times daily as it was				
		ery 8 hours as needed.				
	-She kept Resident					
		ce daily as needed because				
		ad been taking it when she				
	was admitted to the	facility, and she had not had				
	the opportunity to s	peak with Resident #2 about				
	her medications yet	t.				
		on 02/01/23 at 3:15pm				
	revealed:	. f				
	take one tablet onc	er for cyclobenzaprine was to				
		e daily as needed. e medication order to mean				
		ole to take one tablet per				
	24-hour period.	ne to take one tablet per				
		ered the second or third doses				
		to Resident #2 seven times in				
	January 2023.					
		not supposed to administer				
	cyclobenzaprine to Resident #2 if she had already					
	taken a dose that day.					
		cyclobenzaprine to Resident				
	#2 whenever she a					
		en told to stop administering				
		ore than once per day as				
	ordered.	6 W. I. B				
		facility's Director know that				
	Resident #2 was as	sking for cyclobenzaprine more				

DIVISION	of Health Service Re	eguiation			,	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		CONP	LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		191 CRES	STVIEW DRIV	/E		
PS SENI	OR LIVING OF MOCK	SVILLE	ILLE, NC 27	028		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
D 358	Continued From pa	ige 67	D 358			
	than once per day,	but she had not done so yet				
	and had no reason					
		have a notification system to				
		sident #2 had already taken				
		e that day and the MAs were ormation up if they had wanted				
	to.	omiation up il tiley had wanted				
		ninistered cyclobenzaprine to				
		ad not looked back to see if				
	she had already tak	cen a dose that day.				
		f anyone was responsible for				
		of the eMAR to look for				
	medication adminis	stration errors.				
	Interview with a MA	on 02/02/23 at 9:00am				
	revealed:	(011 02/02/23 at 9.00aiii				
		er for cyclobenzaprine was to				
	take one tablet once					
		ered a second dose of				
		Resident #2 on 01/28/23,				
		nt had requested it and the				
		ity told her she could. wed the residents' eMARs for				
		did not know how often.				
	accuracy, but one a	and the know how entern.				
	Interview with the R	Resident Care Coordinator				
	(RCC) on 02/02/23	at 10:00am revealed:				
		facility for a year but started				
	her role as RCC in					
		s included supervising the MAs dications via the "reorder"				
	button in the eMAR					
		 he only staff person allowed to				
		care provider (PCP) or phone				
	or fax the pharmacy	y. , , , , , , , , , , , , , , , , , , ,				
		dits of the medication cart				
	-	rector completed audits of the				
	eMARs.	unly ordered to take				
	-Resident #2 was o	only ordered to take ace per day as needed, but had				
	Cyclobolizapille oli	ioo poi day as needed, but had				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/03/2023	
			<u> </u>		1 02/0	3/2023
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN			
			LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 68	D 358			
	been taking it 2 or 3 Resident #2 reques -She had administe cyclobenzaprine to -She told the Direct receiving cyclobenz as ordered, but she had notified the PC orders to be change -She was not aware completed with the medication orders of as orderedThe Director would completing training -The Director had no	B times daily instead when sted it. Fred a second dose of Resident #2 on 01/26/23. For that Resident #2 had been caprine more than once daily a did not know if the Director P or asked for the medication ed. Fred of any training that had been MAs regarding reading or administering medications of the the person responsible for				

6899

Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL030010	B. WING		02/0	3/2023
		TIALOGOOTO			0210	3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DC CENII	OD LIVING OF MOCK	191 CRES	STVIEW DRIN	/E		
PS SENIOR LIVING OF MOCKSVILLE MOCKSV			ILLE, NC 27	028		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON NC	(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	.D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				BEI IOIEIVOT)		
D 358	Continued From pa	ge 69	D 358			
	administered but it	had been a couple of weeks				
	since her last eMAF	had been a couple of weeks				
		ent #2's cyclobenzaprine was				
		incorrectly on Tuesday,				
	01/31/23.	incorrectly of Tuesday,				
	-She caught the me	edication error because				
	Resident #2 ran ou	t of another as-needed				
		en she requested a refill from				
		was told it was too early to refill				
		ch prompted her to look at				
	Resident #2's eMAI					
		As were administering				
		benzaprine two to three times				
		ce daily as needed because				
		king to see if she had already				
	received a dose that					
		I with the MAs about				
		dent #2's cyclobenzaprine				
	incorrectly.	a MA a who worked an				
		ne MAs who worked on				
		ure they were reading prior to administering				
		did not have an opportunity to				
		or in-service with the MAs.				
		#2 that her prescriptions for				
		ly allowed her to take the				
		ally as needed, which she had				
	been unaware of.	my as nesasa, milen she naa				
		ed Resident #2's PCP about				
		penzaprine more frequently				
	than what was orde					
		ade the time to call Resident				
		if Resident #2 had not already				
	called her to ask fo					
		-				
		v with the Administrator on				
	02/03/23 at 3:30pm					
		esident's eMARs every other				
		audit was in December 2022				
	prior to Resident #2	2 being admitted to the facility.				

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL0300	10	B. WING		02/0	03/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICI Y MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From para-He was not familial medications. -He expected mediordered and if they notified and the MA-He expected medithem running out, a was ordered by the medication cart for Attempted telephor previous PCP on 0 unsuccessful. c. Review of Residorder dated 01/13/3-An order for Phenotreat nausea) 12.5r needed for headactor and the adache syndrom -The order was sig primary care provious Review of Residen medication administered to Refrom 01/15/23 through 0-There was docum administered to Reinstead of once daio 01/15/23 through 0-There was docum administered to Reinstead of Reinstead Rein	cations to be ad were not, for the same re-trained. cations to be read of the property of the	Iministered as e PCP to be filled prior to dication that flable on the f	D 358			

Division of Health Service Regulation

STATE FORM 6899 I1DW11 If continuation sheet 71 of 85

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL030010	B. WING		02/03/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRI\			
		MOCKSVI	LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 71	D 358			
	01/15/23 through 0	1/31/23.				
	#2 on 02/01/23 at 1	dication on hand for Resident 2:05pm revealed there was no e on the medication cart.				
	Interview with Resident #2 on 02/01/23 at 2:15pm revealed: -She took Phenergan for nausea associated with her headaches and migrainesShe had been seeing her previous PCP a lot recently for various testing due to her having the headaches and other neurological symptoms and had an appointment with a neurologist scheduled for 03/01/23 as wellHer previous PCP had ordered the Phenergan for her to help manage her symptoms until a diagnosis could be identifiedThe medication aides (MA) gave her Phenergan whenever she asked for one.					
	per dayThe MAs never told Phenergan more the Her Phenergan rand she was told the to refill her Phenerget She continued to he hasked for an as-need she preferred to take the headaches and national statements.	Phenergan more than once d her that she could not take an once per day. In out two or three days ago that the pharmacy was not able gan prescription until 02/05/23. It is headaches, and had not eded pain reliever because the naps to help relieve her usea rather than taking a Tylenol or Ibuprofen.				
	the facility's contract 4:00pm revealed: -Resident #2's order one 12.5mg tablet of headaches.	w with a representative from ted pharmacy on 02/01/23 at for Phenergan was to take bace daily as needed for had dispensed Phenergan for				

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE	n. I	LE CONSTRUCTION		SURVEY PLETED
, L L/114	J. JOHNEOHOW	ISERTIA IO/TRIOTETTOWISE	A. BUILDING	S:		
		HAL030010	B. WING	B. WING		03/2023
NIANZ OF	200//DED OF 3/125/ :==			OTATE 710 000E	1 02/	0012020
NAME OF I	PROVIDER OR SUPPLIER		REET ADDRESS, CITY,			
PS SENI	OR LIVING OF MOCK	SVILLE	1 CRESTVIEW DR OCKSVILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 72	D 358			
	Resident #2 was 01 tablets. -They had received #2's Phenergan on was made too soon -They were not able Resident #2 again upurposes. Telephone interview 02/02/23 at 4:50pm -Resident #2's orde one tablet once per-She was not aware taking Phenergan usure -She expected the late to Resident #2's prevent phenergan order. -She did not think For Phenergan two or the cause of the heather symptoms with -There would be now ithout Phenergan before it could be reexperience nauseat timeframe. Interview with a MA revealed: -Resident #2's order one tablet once dail -She interpreted the Resident #2 was at 24-hour period.	I/13/23 for a quantity of 3 a refill request for Resident/29/23 but the refill refile to dispense Phenergar until 02/05/23 due to instruction of the revealed: If the the refill refile to dispense Phenergar until 02/05/23 due to instruction of the revealed: If th	dent equest in for urance on take een cations e king nultiple eat nage oing in out hit that			

6899

January 2023.

Division of Health Service Regulation
STATE FORM

Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIV			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 73	D 358			
	Phenergan to Reside taken a dose that deside a dose that deside a dose that deside a she had never been asked. She had never been a she should let the Resident #2 was asked as once per day, but shad no reason whyethe eMAR did not alert the MAs if Resident #4 and the she and the resident #2, she had already taken a she had a she a she had a dministed a she had administed a she had a she	Phenergan to Resident #2 ed for it. en told to stop administering han once per day as ordered. facility's Director know that sking for Phenergan more than he had not done so yet and have a notification system to sident #2 had already taken day, and she the MAs were formation up if they had wanted hinistered Phenergan to had not looked back to see if have a dose that day. Hot asked for her Phenergan han ran out and had not habout having a headache. If anyone was responsible for histration errors. Hot on 02/02/23 at 9:00am Her for Phenergan was to take have a second dose of her den #2 on 01/28/23, because hered a second dose of				

6899

Division	<u>of Health Service Re</u>	egulation					
	IT OF DEFICIENCIES	(X1) PROVIDER		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICA	TION NUMBER:	A. BUILDING:		COMP	LETED
		HAL030	010	B. WING		02/0	3/2023
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
				TVIEW DRIV			
PS SENI	OR LIVING OF MOCK	SVILLE		LLE, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFI		ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECE	EDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING I	INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
					22.16.2.16.1		
D 358	Continued From pa	ge 74		D 358			
	Interview with the Resident Care Coordinator						
	(RCC) on 02/02/23						
	-She worked at the facility for a year and started						
	her role as RCC in September 2022.						
	 -Her responsibilities included supervising the MA and reordering medications via the "reorder" 						
	button in the eMAR		ie reorder				
	-The Director was t		erson allowed to				
	contact the PCP or phone or fax the pharmacy.						
	-She completed audits of the medication cart						
	monthly and the DireMARs.	rector complet	ted audits of the				
	-Resident #2 was o	nly ordered to	take Phenergan				
	once per day as ne	eded, but had	been taking it 2				
	or 3 times daily inst		•				
	-She had administe						
	Phenergan to Resid						
	-She told the Direct						
	receiving Phenerga ordered, but she did						
	notified the PCP or						
	orders to be change						
	-She was not aware	e of any trainir	ng that had been				
	completed with the						
	medication orders	or administerir	ng medications				
	as ordered.	d bo the	n roononsible f				
	 The Director would completing training 						
	-The Director had n						
	as-needed medicat						
	they were ordered.		on than what				
	-She did not know i	f Resident #2	had headache				
	symptoms since he						
	Telephone interviev	v with the Dire	ector on 02/03/23				
	at 1:25pm revealed		· · · · ·				
	-She was the only s		phone or fax				
	the PCP or the pha	rmacy regardi					
	refills or medication						
	-The RCC could clie	ck the "reorde	r" button in the				

6899

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
DS SENI	OR LIVING OF MOCK	SVILLE 191 CRES	TVIEW DRIV	/E		
1 O OLIVI	OK LIVING OF MOOK	MOCKSVI	LLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 75	D 358			
D 358	eMAR but otherwise to her to process. -The MAs were res medication was run that she could contrefill. -The RCC was expethe medication cartom the medication cartom edications that ne medication orders wavailable on the cardates. -She audited the enformedications that administered but it since her last eMAF. She had noticed Radministered incorrom each the medication that administered incorrom each the medication that administered incorrom each the medication that administered incorrom each that the medication each the medication that the medication each each each each each each each each	e had to bring all refill requests ponsible for notifying her if a uning low, or had ran out, so act the pharmacy or PCP for a ected to complete audits of every week. rt audits included checking for eeded to be refilled, matching with what medications were rt, and checking for expiration MARs which included looking t were refused or not had been a couple of weeks	D 358			
	complete a training -She told Resident Phenergan only allo	e did not have an opportunity to or in-service with the MAs. #2 that her prescription for owed her to it once daily as had been unaware of.				

6899

STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HALOSONA	B. WING		02/03/2023	
		HAL030010			02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PS SEN	OR LIVING OF MOCK	SVILLE	STVIEW DRIN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	-She had not notified her receiving Phenomena what was orderedResident #2 had be since her Phenergate told by the Director take Phenergan on previous PCP who her order could be medication more theorem with the she would have medication more theorem with the she would have medication more theorem with the she would have medication to the she would have medicated her. Telephone interview 02/03/23 at 3:30 pm. The reviewed the remonth, and his last prior to Resident #2 the was not familial medicationsHe expected medication and the MA the expected medication cart for a was ordered by the medication cart for the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was ordered by the medication cart for the was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was ordered by the medication cart for the was not familial was not familia	ed Resident #2's PCP about ergan more frequently than een reporting headaches an ran out, so when she was that she was only ordered to ce daily she called her wrote the prescription, to ask if adjusted to take the an once daily. ade the time to call Resident if Resident #2 had not already with the Administrator on revealed: esident's eMARs every other audit was in December 2022 admitting to the facility. If with Resident #2 or her cations to be administered as were not, for the PCP to be as re-trained. Cations to be refilled prior to and for each medication that PCP to be available on the administration. The interview with Resident #2's 2/01/23 at 2:50pm was ent #3's current FL2 dated dementia, chronic ary disease, coronary artery al A-Fib, normocytic anemia,	D 358			

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		E SURVEY PLETED	
		HAL030010	B. WING		02/	03/2023
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIV ILLE, NC 27(
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	•	ge 77 ng 1 tablet twice daily.	D 358			
	(MHP) Visit Note da	t #3's Mental Health Provider's ated 09/19/22 revealed an e Haldol 0.5mg 1 tablet twice				
	12/09/22 revealed I	t #3's MHP's Visit Note dated Haldol 0.5mg 1 tablet twice as a current medication.				
	Administration Rec 2022 revealed: -There was an entr	stered for 28 of 30 0am and 28 of 30				
	2022 revealed: -There was an entr	stered for 28 of 31 0am and 29 of 31				
	revealed: -There was an entr twice daily schedule 8:00am and 8:00pn -Haldol was admini opportunities at 8:0 opportunities at 8:0	stered for 28 of 31 0am and 31 of 31 0pm.				
	Observation of Res	ident #3's medications				

Division of Health Service Regulation

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN			
			LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 78	D 358			
	1:55pm revealed: -Haldol 0.5mg 1 tak on the medication of -There were 60 tab	istration on 02/02/23 at olet twice daily was available cart. lets of Haldol dispensed to the and 34 tablets were				
	O2/01/23 at 3:28pm -She thought Resid for Haldol and an o -The Resident Care Director were responsician's orders a pharmacyThe RCC or the Di	ent #3 had a scheduled order rder for Haldol as needed. e Coordinator (RCC) or the possible for reviewing new and sending them to the rector were responsible for e pharmacy regarding any				
	revealed the Direct	on 02/02/23 at 8:54am or was responsible for sician's orders and ensuring the pharmacy.				
	revealed: -She started her rol Coordinator in Sept fully trainedShe reordered me reviewed any new r -She had never ser to the pharmacyShe did not know t discontinue Haldol.	nt any new medication orders				
	10:29am revealed:	wwith a MA on 02/03/23 at rders for Haldol scheduled and				

Division of Health Service Regulation

ווטופועום	of Health Service Re	egulation	1		т	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	INDESS CITY S	STATE, ZIP CODE	-	
NAIVIL OI I	FROVIDER OR SUFFEIER					
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIN			
	T		ILLE, NC 27			
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
D 358	Continued From pa	ige 70	D 358			
D 330	Continued From pa	ige 19	D 330			
	as needed.					
		Resident #3's Haldol had ever				
	been discontinued.					
		esponsible for reviewing new				
	orders and faxing the	nem to the pharmacy.				
	Telephone interview	v with Resident #3's				
		n 02/03/23 at 11:50am				
	revealed:	11 02/00/20 at 11:30am				
		lved with Resident #3's care				
	and knew about his					
		to be on Haldol, but she				
		discontinued when the PCP				
		antipsychotic medication for				
	him.					
		v with Resident #3's MHP on				
	02/03/23 at 12:34pi					
		current order for Haldol 1mg				
	twice daily as need					
		n order for Haldol 0.5mg 1 ut she discontinued the order				
		ol on 09/19/22 when she				
		r scheduled (another				
		cation) 1mg 1 tablet twice				
	daily.					
		Resident #3 was still being				
	administered Haldo					
	-She did not see an	y documentation where she				
	had added schedul	ed Haldol back to Resident				
	#3's medication ord					
		Resident #3 not to be				
		Haldol and risperidone (used				
		scheduled because both were				
		cations and she tried to keep				
		of a dose of antipsychotics as				
	possible.	of Haldal along with				
		of Haldol along with				
		ause sedation and dizziness.				
	-resident #3 had b	een on both Haldol and				

6899

DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		02/0	3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From page 80 D 358					
	the day and was off night, but she felt R days and nights mix-She faxed the pharesidents as well as -She would have exthe pharmacy to fin was not discontinued. Telephone interview the contracted pharevealed: -Resident #1 had a 0.5mg 1 tablet twice-Haldol was dispensith a quantity of 60 tablet of 60 tablets, on 12 tablets and on 01/2 tabletsThe pharmacy new 09/19/22 to discont twice daily. Telephone interview at 1:49pm revealed -She was responsith and physician's pro-She was responsitionally sorders to the pharm-She did not know a physician's order to tablet twice dailyShe just missed se scheduled Haldol.	rmacy new orders for a the facility. Expected the facility to contact dout why scheduled Haldol and. If with a representative from a macy on 02/03/23 at 12:51pm physician's order for Haldol a daily. Seed to the facility on 08/20/22 at tablets, on 09/20/22 with a quantity of 60 of 23 with a quantity of 60 of 23 with a quantity of 60 of 25 with a quantity of 60 of				

6899

02/03/23 at 3:35pm revealed:
Division of Health Service Regulation
STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL030010	B. WING		02/	03/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE 191 CRES	DDRESS, CITY, S STVIEW DRIV (ILLE, NC 27)			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	physician's orders was the did not know all order to discontinue	esponsible for ensuring were faxed to the pharmacy. bout Resident #3's physician's escheduled Haldol, but he ed the Director to send the	D 358			
D 367	(j) The resident's marcord (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do administered; (4) instructions for a or treatment; (5) reason or justific medications or treadocumenting the re (6) date and time of (7) documentation of medications or treadomission, including (8) name or initials the medication or treadocumented and madministration recomposition. This Rule is not medication of the sased on observation reviews, the facility Medication Administration recomposition and madministration recomposition.	04 Medication Administration nedication administration be accurate and include the ; dication or treatment order; sage or quantity of medication administering the medication cation for the administration of tments as needed (PRN) and sulting effect on the resident; fadministration; of any omission of tments and the reason for the refusals; and, of the person administering reatment. If initials are used, at to those initials is to be aintained with the medication rd (MAR). Let as evidenced by: Lons, interviews, and record failed to ensure the electronic tration Records (eMAR) were sampled residents (#4) related				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL030010	B. WING		02/	03/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIV VILLE, NC 270			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 82	D 367			
	The findings are:					
	08/26/22 revealed a	#4's current FL2 dated an order for nutritional quantity and frequency were				
		#4's Diet Orders dated an order for nutritional neals.				
	Review of Resident #4's eMARs for November 2022, December 2022, and January 2022 revealed there was not an entry for nutritional supplements.					
	02/01/23 from 12:1	lunch meal service on 5 to 12:35pm revealed ot offered a nutritional s meal.				
	02/02/23 at 7:37pm	breakfast meal service on revealed Resident #4 was supplement with his meals.				
	02/02/23 from 12:0	lunch meal service on Opm to 12:27pm revealed ot offered a nutritional s meal.				
	on 02/02/23 at 3:43 -Resident #4 was s nutritional supplemeder -Anyone who worked meals could serve I supplement.	upposed to be served a ent with every meal. ed in the dining room during Resident #4 his nutritional when a				

Division of Health Service Regulation

STATE FORM 6899 I1DW11 If continuation sheet 83 of 85

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			
		HAL030010	B. WING		02/0	3/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENIO	R LIVING OF MOCK	SVILLE	STVIEW DRI\ 'ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
	Telephone interview 10:29am revealed: -Resident #4 was substitutional supplementsShe did not documents were supplements were supplements were supplements were supplement whether been served to Resident 12:51pm revealed the facility's contract 12:51pm revealed at	f any other MA had g a nutritional supplement. with a MA on 02/03/23 at upposed to be served a ent with each meal. In the dining hall during the ole for serving nutritional served because nutritional not listed on the eMAR to er trail in the facility to nutritional supplements had sident #4 or not. with a pharmacy technician racted pharmacy on 02/03/23 d: I not received an order for ents. In the order for ents, the order for lave been added to the station. with the Director on 02/03/23 : Deen documenting when ents were served to Resident could have been documenting ents, but she did not know	D 367			

Division of Health Service Regulation

STATE FORM 6899 I1DW11 If continuation sheet 84 of 85

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		HAL030010	B. WING		02/0	02/03/2023	
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	191 CRES					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 367	Telephone interview 02/03/23 at 3:35pm -He expected nutrit entered on the eMA administered if a Refor nutritional supple-He did not know no	served. wwith the Administrator on revealed: ional supplements to be AR and documented as esident had a physician's order ements. utritional supplements were ent #4's eMAR and had not	D 367				

6899

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	Т	
IDENTIFICATION NUMBER	A. Building				
HAL030010 _{Y1}	B. Wing	Y2	2/3/2023	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
PS SENIOR LIVING OF MOCK	SVILLE	191 CRESTVIEW DRIVE			
		MOCKSVILLE, NC 27028			

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITE	M	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	D0067	Correction	ID Prefix	D0080	Correction	ID Prefix	D0131	Correction
Reg. #	10A NCAC 13F .0305(h (4)	Completed	Reg. #	10A NCAC 13F .0306(a) (6)	Completed	Reg.#	10A NCAC 13F .0406(a)	Completed
LSC	(1)	02/03/2023	LSC		02/03/2023	LSC		02/03/2023
ID Prefix	D0137	Correction	ID Prefix	D0150	Correction	ID Prefix	D0164	Correction
	10A NCAC 13F .0407(a			.0501	-		10A NCAC 13F .0505	
Reg. #	(5)	Completed	Reg. #		Completed	Reg. #		Completed
LSC		02/03/2023	LSC		02/03/2023	LSC		02/03/2023
ID Prefix	D0167	Correction	ID Prefix	D0188	Correction	ID Prefix	D0214	Correction
Reg. #	10A NCAC 13F .0507	Completed	Reg. #	10A NCAC 13F .0604(e)	Completed	Reg. #	10A NCAC 13F .0605 (c)	Completed
LSC		02/03/2023	LSC		02/03/2023	LSC		02/03/2023
ID Prefix	D0234	Correction	ID Prefix	D0269	Correction	ID Prefix	D0285	Correction
D "	10A NCAC 13F .0703(a	-)	_ "	10A NCAC 13F .0901(a)	-		10A NCAC 13F .0904(a)	
Reg. #		Completed	Reg. #		Completed	Reg. #	(4)	Completed
LSC		02/03/2023	LSC		02/03/2023	LSC		02/03/2023
ID Prefix	D0286	Correction	ID Prefix	D0287	Correction	ID Prefix	D0316	Correction
Reg.#	10A NCAC 13F .0904(b (1)	Completed	Reg. #	10A NCAC 13F .0904(b) (2)	Completed	Reg. #	10A NCAC 13F .0905 (c)	Completed
LSC		02/03/2023	LSC		02/03/2023	LSC		02/03/2023
REVIEWED BY REVIEWED BY		DATE	SIGNATURE OF	SURVEYOR		DATE		
STATE AGENCY [INITIALS]					a Ban	ks 02	2/21/23	
REVIEWED BY CMS RO (INITIALS)			DATE	TITLE	. ,		DATE	

Page 1 of 2 EVENT ID: XGC312

STATE FORM: REVISIT REPORT

				SIAI	E FOI	KIVI: KEV	/1511	REPURI				
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSIDENTIFICATION NUMBER A. Building		STRUCTIO	N						DATE C	F REVISIT		
HAL030010 A. Building B. Wing									Y2	2/3/202	.3 _{Y3}	
NAME OF FACILITY						STREE	T ADDRESS, C	ITY, STATE	, ZIP CODE			
PS SENI	OR LIVING OF N	MOCKS	SVILLE					RESTVIEW DRIV				
							MOCK	SVILLE, NC 270)28			
correctiv	ort is completed to e action was acc tion prefix code p rm).	omplish	ned. Each defi	ciency sho	uld be	fully ident	ified us	sing either the	regulation	or LSC provision	numbe	r and the
ITEM		DATE	ITEM				DATE	ITEM			DATE	
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix	D0319		Correction	ID Prefix	D0328			Correction	ID Prefix	D0338		Correction
Reg. #	10A NCAC 13F .09	905 (f)	Completed	Reg. #		CAC 13F .0	906(f)	Completed	Reg. #	10A NCAC 13F .0	0909	Completed
LSC			02/03/2023	LSC	(4)			02/03/2023	LSC			02/03/2023
ID Prefix	D0371		Correction	ID Prefix	D0392			Correction	ID Prefix	D0399		Correction
Reg. #	10A NCAC 13F .10	004(n)	Completed	Reg. #	10A NC	CAC 13F .1	008(a)	Completed	Reg. #	10A NCAC 13F .	1008 (h)	Completed
LSC			02/03/2023	LSC				02/03/2023	LSC			02/03/2023
				_					-			
ID Prefix	D0438		Correction	ID Prefix	D0453			Correction	ID Prefix	D914		Correction
Reg. #	10A NCAC 13F .12	205	Completed	10A NCAC 13F . Reg. #		CAC 13F .1	212(d)	Completed	G.S. 131D-21(4)			Completed
LSC			02/03/2023	LSC				02/03/2023	LSC			02/03/2023
ID Prefix	D916		Correction	ID Prefix	D932			Correction	ID Prefix	D934		Correction
Reg. #	G.S. 131D-21(6)		Completed	Reg. #	G.S. 131)	Completed	G.S. 131D-4.5B		. (a)	Completed
LSC			02/03/2023	LSC				02/03/2023	LSC			02/03/2023
ID Prefix	D980		Correction	ID Prefix	D992			Correction				
Reg. #	G.S. § 131D-25		Completed	Reg. #	G.S.§ 1	131D-45 (a))	Completed				
LSC			02/03/2023	LSC				02/03/2023				
REVIEWED BY REVIEWED BY STATE AGENCY (INITIALS)			DATE SIGNATUI		RE OF	RE OF SURVEYOR			DATE	2/24/22		
REVIEWE		REVIEW		DATE TITLE		Keisha Banks				DATE	2/21/23	
CMS RO (INITIALS)					014.55	A & D. C.	055=	TED 5==:-:	10150	A 01 III 11 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15		
FOLLOWUP TO SURVEY COMPLETED ON 12/13/2019			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO									

Page 2 of 2 EVENT ID: XGC312

STATE FORM: REVISIT REPORT (11/06)