STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section completed an Annual and Follow-Up survey on October 25, 2022-October 27, 2022.	D 000		
D 272	10A NCAC 13F .0902(a) Health Care 10a NCAC 13F .0902 Health Care (a) An adult care home shall provide care and services in accordance with the resident's care plan. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to follow-up on 2 of 2 sampled residents (#1 and #4), who needed their toenails trimmed. 1. Review of Resident #4's current FL-2 dated 03/21/22 revealed diagnoses included chronic diastolic heart failure, hypertension, paroxysmal atrial fibrillation, back pain anemia, hyperthyroidism, schizophrenia, lupus, erythematosus and acute renal failure. Observation of Resident #4's toenails on 10/25/22 at 9:13am revealed: -The toenails on her left foot were long, thick and brownish yellow in color. -Her left big toenail was thick and brown in color and extended approximately a half an inch past the tip of her toe. -The toenails on her third, fourth and fifth toes on her left foot were approximately three-quarters of an inch past the tips. -The toenails on her right foot were long, think	D 272		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 272	Continued From page 1	D 272		

and brownish yellow in color.
-Her right big toenail was thick and jagged on the edge and extended approximately three-quarters of an inch past the tip.
-The second toe on her right foot had a large scab on the second joint.
-The toenails on her second, third, fourth and fifth toes extended more than a half an inch beyond the tip and had begun to curve over the tip.
-She had on open toed shoes and no socks.

Review of Resident #4's bath logs from 09/24/22 to 10/20/22 revealed:
-There was a separate sheet for each date; there were twelve sheets.
-There was a section on the log for skin assessment that included the question; did toe nails need to be cut yes or no.
-Resident #4 toenails had been checked as not needing cutting on all twelve logs.

Interview with Resident #4 on 10/26/22 at 3:16pm revealed:
-She could not wear regular shoes or socks because her toenails were too long.
-Her toenails did not bother her, but she would like someone to cut them.
-The primary care physician (PCP) had not looked at her feet when he visited her today, 10/26/22.
-She had not seen a podiatrist in about a year; he came to the facility and cut her toenails.
-She did not think her toenails had been cut since the podiatrist last cut them.
-The staff had not said anything to her about her toenails when they bathed her.
-She had not complained to anyone about the length of her toenails because it did not bother her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 272	Continued From page 2	D 272		

Interview with Resident #4's PCP on 10/26/22 at 11:16am revealed:
-The facility had a podiatrist that would come visit the residents, but he understood that the podiatrist quit about a year ago.
-He had tried to find another podiatrist to make referrals to but there was not a podiatrist in the area who would come to the facility to visit residents.
-He had noticed Resident #4's long thick toenails before but had not done anything about them because there was no podiatrist to make a referral to.
-He was going to try to find a podiatrist again today, 10/26/22, and make a referral for podiatrist for Resident #4.
-Her toenails had obvious fungus that would not be easy to treat.
-She did not complain about her toenails to him and she did not complain of pain or discomfort.
-He did not know if she could wear shoes because of her long toenails.
-It was not uncommon for Resident #4 to have not seen a podiatrist in a year because she was not diabetic and had no previous reason to be seen by a podiatrist.

Interview with a personal care aide (PCA) on 10/27/22 at 9:59am revealed:
-Resident #4 could bathe herself but needed to be supervised while she bathed.
-She did a skin assessment when she gave Resident #4 a bath.
-She logged the skin assessment after she gave Resident #4 a bath close to the end of her shift.
-The PCAs did not cut the residents toenails the MAs cut their toenails.
-If she noticed Resident #4 needed her toenails cut, she reported it to the MAs.
-She had noticed Resident #4's toenails were dry

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 272	Continued From page 3	D 272		

and some of them were long; she would rub lotion on her feet.
-She did report Resident #4's toenails needed to be cut to the MAs the last time she assisted her with a bath about a month ago.
-She did not document it on the shower log.
-She noticed the long toenails on Resident #4's feet again the next time she assisted her with a bath, but she failed to report it to the MA again.
-She only documented that toenails needed to be cut on the shower log when a resident's toenails were so long, they started to curve over the end of their toe.
-She had documented Resident #4's toenails did not need to be cut on the shower logs on 10/08/22 and 10/13/22 because they had been cut when she saw them.

Telephone interview with a medication administration (MA) on 10/26/22 at 8:10pm revealed:
-The PCAs were supposed to do skin assessments and look at toenails when they gave the residents showers.
-No one had told her Resident #4's toenails needed cutting.
-The PCAs were supposed to cut residents' toenails when they needed it, or she could cut them.
-She had not paid any attention to Resident #4's toenails; she wore shoes in the hallway.

Interview with a second MA on 1027/22 at 10:22am revealed:
-The PCAs were supposed to cut the residents' toenails when they gave them a shower; it was easier after a shower because their toenails would be soft and easier to cut.
-No one had ever said anything to her about Resident #4's toenails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 272	Continued From page 4	D 272		

-She would only look at Resident #4's toenails or feet if a PCA told her to but she did not do it routinely.

Interview with the Resident Care Coordinator (RCC) on 10/27/22 at 10:45am revealed:
-She had not been told about Resident #4's toenails and she had not looked at them lately.
-Resident #4 usually had shoes on so she did not see her toes.
-If Resident #4's toenails were not being cut her toenails could get so long she would not be able to wear shoes, cut her legs while rolling over in the bed and the nails could eventually grow into her toes.

Interview with the Administrator on 10/27/22 at 1:03pm revealed:
-She had noticed Resident #4 had hard thick toenails that had turned down and needed cutting just that morning, 10/27/22.
-Resident #4 would need to have a podiatrist cut her toenails.
-She thought Resident #4's toenails were had gotten long because there was not a podiatrist to come in and cut them.

Attempted interview with Resident #4's family on 10/27/22 at 11:31am was unsuccessful.

Refer to the interview with the Resident Care Coordinator (RCC) on 10/27/22 at 10:45am.

Refer to the interview with the Administrator on 10/27/22 at 1:03pm.
2. Review of Resident #1's current FL-2 dated 05/18/22 revealed:
-Diagnoses included closed traumatic brain injury, cerebrovascular disease, seizures, and dementia without behavioral disturbance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 272	Continued From page 5 -Resident #1 required assistance with bathing and dressing. Observation of Resident #1's toenails on 10/26/22 at 9:01am revealed: -The big toenails on both his left and right foot were long, thick and brownish yellow in color and extended out past the end of the toe by ½ inch. -The second and third toenail on his right foot extended past the end of the toe by ½ inch. -The fourth toenail on his left foot extended past the end of the toe by ½ inch. Review of Resident #1's Shower Skin Assessment forms revealed on 10/25/22, 10/20/22, 10/15/22, 10/13/22, 10/11/22, 10/08/22, 10/06/22, and 10/01/22, there was documentation Resident #1's toenails did not need to be cut. Interview with Resident #1on 10/26/22 at 8:40am revealed: -He asked a staff member to cut his toenails (he did not recall who/date) but they told him they could not cut his toenails. -He would like to have his toenails cut. Interview with a personal care aide (PCA) on 10/26/22 at 12:52pm revealed: -She had noticed Resident #1's toenails were long, and she told someone (she did not recall who/date). -She was not trained to cut toenails. -Someone used to come to the facility to cut toenails, but they had not been in a long time. Interview with a medication aide (MA) on 10/26/22 at 1:02pm revealed: -All staff, PCAs and MAs were responsible for cutting toenails. -On the shower assessment form the question as	D 272		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 272	Continued From page 6	D 272		

asked if toenails or fingernails need cutting and whoever marked it as yes, should cut the nails.
-She had noticed Resident #1's toenails needed to be cut but he would not let anyone touch them.
-Resident #1 would not even let his family member cut his toenails.
-She had notified Resident #1's family member he had refused to have his toenails cut.
-Resident #1 had not given a reason why he would not let anyone cut his toenails.
-She had not documented Resident #1's refusals.

Telephone interview with Resident #1's family member on 10/26/22 at 4:04pm revealed:
-She had cut Resident #1's toenails herself.
-Resident #1 told her he asked someone to cut his toenails and they told him no.
-No one had ever told her Resident #1 refused to have his toenails cut.
-She would not think Resident #1 would refuse to cut his toenails since he had asked for them to be cut.

Telephone interview with Resident #1's Primary Care Provider (PCP) on 10/26/22 at 4:17pm revealed if Resident #1's toenails were not cut the resident could scratch himself.

Second interview with the MA on 10/26/22 at 1:15pm revealed she asked Resident #1 if she could cut his toenails and he agreed.

Observation of Resident #1's toenails on 10/27/22 at 8:48pm revealed all his toenails had been trimmed.

Interview with the Resident Care Coordinator (RCC) on 10/27/22 at 11:05am revealed:
-If Resident #1 had refused to have his toenails cut, the staff should document the refusal and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 272	Continued From page 7	D 272		

then try again.
-If Resident #1 refused again, they staff should let someone know so they could try.
-If Resident #1's toenails were not cut he might get hurt, would have difficulty wearing shoes and there was a isk of the toenails growing down into the skin.

Refer to the interview with the Resident Care Coordinator (RCC) on 10/27/22 at 10:45am.

Refer to the interview with the Administrator on 10/27/22 at 1:03pm.

_____

Interview with the Resident Care Coordinator (RCC) on 10/27/22 at 10:45am revealed:
-The PCAs were trained to cut residents' toenail and the PCAs also gave showers.
-Residents' toenails were assessed by PCAs on shower days to see if they needed to be cut.
-When a PCA could not cut a resident's toenails they would let the MA know so the MA could try.
-If the MA could not cut the resident's toenail then she would try to cut them; staff should cut thick toenails.
-If they were too thick to cut then the podiatrist would be contacted to cut the resident's toenails.
-She had not been told about Resident #4's toenails and she had not looked at them lately.
-She typically did not look at residents' feet unless she was asked to by staff.
-She relied on the PCAs or the staff that did the showers to cut toenails or to let her know about toenails they could not cut.
-The MA should be monitoring the residents as well and are supposed to ask the residents if there where any concerns.
-She was responsible for reviewing the shower sheets but if there was nothing noted then she would not have any concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 272	Continued From page 8 Interview with the Administrator on 10/27/22 at 1:03pm revealed: -PCAs were responsible for cutting residents' toenails when giving a shower. -The PCAs were trained to cut residents' toenails if the resident was not diabetic. -If a resident's toenails could not be cut due to fungus or thickness the podiatrist would be consulted. -The podiatrist told them in September 2022 they would not come out anymore. -The facility reached out to the current PCP to see if there was a podiatrist in the practice they could use. -She had not followed up to see about a podiatrist since she asked the current PCP about one.	D 272		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews and record reviews, the facility failed to ensure the kitchen and food storage areas including a box style fan, stove, food storage containers, a can opener, a walk-in refrigerator door and walk-in refrigerator shelves and walls, were kept clean, orderly and free of contamination.	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 9 The findings are: Review of the county Food Establishment Inspection Report dated 09/19/22 revealed: -There was a demerit for ventilation and lighting requirements but there was nothing describing the demerit in the notes. -There was notation of observations of dirty dishes and utensils and employee drinks stored where they would contaminate preparation areas. -The score of the review on 09/19/22 was 99.5 (0.5 demerits). Observation of the kitchen on 10/25/22 at 8:52am revealed: -There was a box fan on a milk crate beside the food serving line that had a thick layer of black dust on the blades and the front and back covers. -The back of the stove had a heavy brown and black build up. -The cast iron grates on the stove top had multiple areas of burnt on food, grease build up, and drips from food. -The shelf above the stove had a thick layer of dust and crumbs and was sticky. -There were four food storage containers on a table and the lids were covered with dust, dried liquids, food crumbs and were sticky setting on a table. -There was a large rolling food storage container under a preparation table that had a brown sticky build up and food crumbs on the lid and the sides. -There was a large can opener mounted to a table; there was a black stick build up and rust on the blade and the mounting plate. Observation of the walk-in refrigerator on 10/25/22 at 8:59am revealed: -The inside and outside of the door handle had a brown film.	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 10	D 282		

-The gaskets around the door had a black residue and black spots.
-The inside of the door had black spots and a brown residue.
-The food storage shelves had white and black residue, dried liquid drips and food on them.
-The walls had black residue and spots, and food splatters.
-There were two boxes of nutritional supplements setting on a bottom shelf.
-The boxes had black and white spots covering the tops and sides and the cardboard was soft and flexible; the expiration date could not be read on the box.

Review of the kitchen cleaning schedules kitchen on 10/26/22 revealed:
-The schedule included daily, weekly and monthly cleaning list.
-The can opener was to be cleaned after each use; there was documentation it was cleaned on 10/26/22.
-Food canisters wiped and cleaned daily; there was documentation they were cleaned on 10/25/22.
-The stove was to be deep cleaned weekly, there was documentation the stove was last cleaned on 10/17/22.
-The food in the [walk-in] refrigerator was scheduled to be rotated weekly; there was documentation the food in the refrigerator was last rotated 10/17/22.
-The shelving in the [walk-in] refrigerator was scheduled to be cleaned monthly; there was no documentation the shelving in the refrigerator was cleaned during October 2022.

Interview with a dietary aide on 10/27/22 at 9:18am revealed:
-There was a weekly daily, weekly and monthly

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 11	D 282		

cleaning schedule in the kitchen in a book.
-He cleaned the dishwashing area every day when he worked including the floors.
-He usually deep cleaned the coffee maker and the ice machine once a month.
-He had not cleaned anything in the walk-in refrigerator.
-He would sign his initials on the cleaning schedules after he cleaned anything in the kitchen.
-He had never seen anyone check behind him or say anything to him about something he had already cleaned.

Interview with the cook on 10/25/22 at 9:01am revealed:
-There was a weekly cleaning schedule in a book in the kitchen.
-Staff were not assigned to clean equipment; staff just cleaned as they saw something needed to be cleaned.
-They cleaned what they could when they could.
-She did not think anyone checked off the list after she completed her cleaning, and no one looked at what she had cleaned.

Interview with the cook on 10/27/22 at 9:23am revealed:
-She and the KM had cleaned the stove the day before; Including the back splash the shelf and the grates to the stove.
-She did not know who cleaned the fan and she scrubbed the can opener at the sink with soapy water every day.
-The food containers should be washed weekly or when they got dirty.
-She had not cleaned the walk-in refrigerator and she was not sure who did.

Interview with the Kitchen Manager on 10/27/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 12 at 9:08am revealed: -There were daily, weekly, and monthly cleaning schedules. -The monthly cleaning schedule was to deep clean equipment. -The monthly cleaning schedule had to be done but equipment could be cleaned more frequently if needed. -These staff were to initial the daily, weekly, and monthly cleaning schedules after they were done. -She did not walk around and check on what needed to be cleaned she usually just kept an eye on things as she walked or knows them. -She tried to look around and pay attention to what needed to be cleaned or was not getting cleaned. -She did not check off on the cleaning schedules after kitchen staff completed it. -She had noticed the dust on the box fan but had not had a chance to clean it yet, she was not sure how to clean it either. -She had tried to scrub the back splash on the stove herself but could not remove the brown or black build up. -The eyes to the stove were cleaned once a week she did not know why they looked "so bad". -The food containers were not on the cleaning list she would have to add them. -She had not noticed the gaskets, the doors, the shelving, or the walls in the walk-in refrigerator. -She had cleaned the door handles herself about a week ago. -She had noticed the box of supplements on the shelf and the condition of the box, but she was afraid to discard anything without the Administrator's approval. Interview with the Administrator on 10/27/22 at 11:52am revealed: -She walked around the kitchen at least twice	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 13 weekly to see if anything "jumped out" at her related to running smoothly. -She would check to see if the temperatures were documented, check the equipment to be sure it was working properly and checked the sanitation of the kitchen. -She did not have a list she referenced when she walked around; she just looked at sanitation in general. -She collected the cleaning schedule and reviewed it weekly to be sure everything was completed on the list. -She did spot check the kitchen to the cleaning schedule to ensure everything was cleaned completely; she had staff re-clean equipment if it needed it. -She had noticed the stove needed to be deep cleaned but she had not had a chance to address it. -The boxes with the black spots in the walk-in refrigerator should have been discarded by the kitchen staff. -She had not noticed the box fan or the food storage containers. -She had not inspected the walk-in refrigerator in a couple of weeks. -She expected the Kitchen Manager and the kitchen staff to follow the cleaning schedules that were created.	D 282		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 14	D 310		

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews the facility failed to ensure supplements were served as ordered for 1 of 1 sampled resident (#5) with an order for a supplement twice daily.

The findings are:

Review of Resident #5's current FL-2 dated 06/13/22 revealed diagnoses included paroxysmal atrial fibrillation with rapid ventricular rate, hypertension, hyper-coagulate state, hypercholesterolemia and anxiety.

Review of Resident #5's physician's order dated 08/24/22 revealed an order for a supplement twice
daily.

Interview with Resident #5 on 10/26/22 at 4:24pm revealed:
-She did not drink supplements twice daily.
-She did drink supplements a few months ago when she was sick; her family member brought them to her.
-She did not know her Primary Care Provider (PCP) ordered supplements twice daily.
-She was not offered a supplement twice daily from the facility staff.

Telephone interview with Resident #5's emergency contact person on 10/28/22 at 9:42am revealed:
-Resident #5 had a virtual visit with her PCP on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 15	D 310		

08/04/22 for weakness.
-Resident #5's PCP ordered the supplement because she was week.
-She picked up a limited supply of supplements from the local store and delivered them to the facility.
-She gave the supplements to a medication aide (MA) or the Resident Care Coordinator (RCC) to give to Resident #5.
-She did not go in the facility because of a COVID-19 outbreak.
-She was not asked to bring more supplements to the facility for Resident #5.
-She thought the facility provided Resident #5 with the supplements.
-She did not know that Resident #5 did not receive any additional supplements from the facility.
-She did not know the staff was unaware that Resident #5 had an order for supplements twice daily.

Telephone interview with the pharmacy technician at the facility's contracted pharmacy on 10/27/22 at 8:05am revealed:
-The pharmacy did not receive an order for supplements twice daily.
-The pharmacy would enter the order into the electronic system, then the order would show on the electronic medication administration record (eMAR).
-The MAs would not know there was a supplement order to administer because it would not be on the eMAR.

Telephone interview with a staff member from Resident #5's PCP's office on 10/27/22 at 9:35am revealed:
-Resident #5 had a virtual visit with the PCP on 08/04/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 16 -The supplement drinks were ordered because Resident #5 complained of weakness. -The PCP's office had no documentation of being notified Resident #5 did not receive the supplement drinks. -She wanted Resident #5 to consume the supplement drinks to increase her strength. Interview with the RCC on 10/27/22 at 11:34am revealed: -She did not know Resident #5 had a virtual visit with her PCP in August 2022. -She did not know Resident #5 had an order for supplements twice daily. -She did not remember receiving the order for supplements twice daily. -All orders should be placed in the RCC's box to be reviewed and faxed to the pharmacy. -The pharmacy would have entered the order into the electronic record. -The new order system was not being used by the staff as designed. Interview with the Administrator on 10/27/22 at 12:49am revealed: -She did not know Resident #5 had an order for supplements twice daily. -It appeared the order was faxed to the facility on 08/04/22. -The order should have been faxed to the pharmacy so it could be entered onto the eMAR. -Resident #5 should have received the supplements as ordered. -She expected the MAs to administer the supplements as ordered.	D 310		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 17	D 344		

(a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:
(1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility;
(2) if orders are not clear or complete; or
(3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.
The facility shall ensure that this verification or clarification is documented in the resident's record.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to clarify medication orders and diet orders for 1 of 5 residents sampled (#5) who had an order for a medication for daily and prn and an order for two different diets, a regular and a low sodium.

The findings are:

Review of Resident #5's current FL-2 dated 06/13/22 revealed diagnoses included paroxysmal atrial fibrillation with rapid ventricular rate, hypertension, hyper-coagulate state, hypercholesterolemia and anxiety.

1. Review of Resident #5's current FL-2 dated 06/13/22 revealed an order for a low sodium diet.

Review of Resident #5's signed physician orders dated 06/13/22 revealed an order for a regular diet.

Review of the facility's diet list on 10/27/22 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 18	D 344		

9:30am revealed Resident #5 was on a regular diet.

Interview with Resident #5 on 10/26/22 at 4:24pm revealed:
-She was not on a special diet.
-She ate what she wanted.
-She did watch her intake of greens because of a medication she took.

Telephone interview with a staff member at the Primary Care Provider's (PCP) office on 10/26/22 at 9:35am revealed there was no documentation the PCP had been notified to clarify Resident #5's diet order.

Interview with the Resident Care Coordinator (RCC) on 10/27/22 at 11:34am revealed she did not know Resident #5 had two different diet orders with the same order date.

Refer to the interview with the Resident Care Coordinator (RCC) on 10/27/22 at 11:34am.

Refer to the interview with the Administrator on 10/26/22 at 12:49pm.

2. Review of Resident #5's current FL-2 dated 06/13/22 revealed an order for loratadine 10mg daily.

Review of Resident #5's signed physician orders dated 06/13/22 revealed an order for loratadine 10mg daily as needed for allergies.

Review of Resident #5's October 2022 electronic medication administration record revealed:
-There was an entry for loratadine 10mg daily as needed for allergies.
-There was no documentation that loratadine had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 19	D 344		

been administered.

Interview with Resident #5 on 10/26/22 at 4:24pm revealed:
-She did not take a daily allergy medication.
-She thought she had an order to take the allergy medication when needed.
-She could not remember the last time she took an allergy medication.

Interview with a pharmacy technician on 10/26/22 at 3:57pm revealed:
-The pharmacy had an order for loratadine 10mg daily as needed for allergies.
-The pharmacy received the FL-2 dated 06/13/22 with an order for loratadine 10mg daily.
-The pharmacy received a second order dated 06/13/22 with an order for loratadine 10mg as needed for allergies.
-The pharmacy used the second order they received through the fax machine as the most recent order.

Telephone interview with a representative at the Primary Care Provider's (PCP) office on 10/26/22 at 9:35am revealed:
-The facility did not call to clarify the instructions for Resident #5's loratadine 10mg.
-The order should be loratadine 10mg as needed for allergies.

Interview with the Resident Care Coordinator (RCC) on 10/27/22 at 11:34am revealed she did not notice there were 2 different orders for loratadine 10mg.

Refer to the interview with the Resident Care Coordinator (RCC) on 10/27/22 at 11:34am.

Refer to the interview with the Administrator on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 20 10/26/22 at 12:49pm. _____ Interview with the Resident Care Coordinator (RCC) on 10/27/22 at 11:34am revealed: -She did not compare the orders on the FL-2 with the orders on the signed physician orders. -She did not call to clarify orders because she did not notice the discrepancy. -She should have compared the FL-2 with the signed physician orders since they were dated the same date. Interview with the Administrator on 10/26/22 at 12:49pm revealed: -The RCC should compare the FL-2 dated 06/13/22 with the signed physician orders dated 06/13/22. -The RCC should notify the PCP to clarify any orders that are unclear. -There had to be clarification from the PCP to know which order the facility staff should follow.	D 344		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Type A1 Violation Based on observations, record reviews, and	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 21	D 358		

interviews, the facility failed to administer medications as ordered for 2 of 2 residents (#8 and #9) observed during the 8:00am morning medication pass including errors with the omission of a nasal spray, a topical pain medication, a laxative medication and nebulizer treatments (#8); and an anticholinergic medication (#9); and for 4 of 6 sampled residents (#1, #4, #5, #8) for record review including missed doses of antiseizure medications (#1); an anti-nausea medication (#5); a topical pain medication (#8); a diuretic, a steroid medication, and a corticosteroid cream (#4).

The findings are:

1. The medication error rate was 14% as evidenced by the observation of 5 errors out of 35 opportunities during the 8:00am medication pass on 10/26/22.

a. Review of Resident #8's current FL-2 dated 03/21/22 revealed diagnoses included cerebrovascular disease, hyperlipidemia, vascular dementia, major depression, vitamin D deficiency, gastro-esophageal reflux disease, chronic obstructive pulmonary disease, cerebral vascular accident with right-sided hemiparesis, pseudobulbar affect constipation, expressive aphasia and chronic allergic rhinitis.

1. Review of Resident #8's signed physician orders dated 09/14/22 revealed there was an order for bio-freeze gel (used to treat muscle and joint pain) 4% apply a thin film to mid back in the area of pain three times daily.

Observation of the medication pass for Resident #8 on 10/26/22 at 7:15am revealed:
-The medication aide (MA) removed a tube of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 22	D 358		

bio-freeze gel from the medication cart.
-The MA placed the bio-freeze gel into a 30cc graduated medication cup, about 1/3 full.
-The MA asked Resident #8 where she was hurting, Resident #8 replied "her left knee".
-The MA applied the bio-freeze gel to Resident #8's left knee.

Review of Resident #8's medication administration record (eMAR) revealed:
-There was an entry for bio-freeze gel 4% apply a thin film to mid back in the area of pain three times daily with a scheduled application time of 8:00am, 2:00pm and 8:00pm.
-There was documentation bio-freeze gel was applied to mid lower back at 8:00am on 10/26/22.

Interview with a pharmacy technician at the facility's contracted pharmacy on 10/27/22 at 8:05am revealed:
-The pharmacy had an order for Resident #8 for bio-freeze apply a thin film of gel to mid back in the area of pain three times daily.
-The pharmacy did not have an order for Resident #8 for bio-freeze to be applied to the left knee.

Interview with Resident #8 on 10/26/22 at 8:00am revealed:
-The MA applied bio-freeze gel to her left knee for the pain.
-Sometimes the bio-freeze gel was placed on her lower back when it was hurting.
-The MAs would apply bio-freeze gel to the area that was hurting.

Interview with a MA on 10/26/22 at 10:56am revealed:
-She applied bio-freeze gel to Resident #8's left knee because Resident #8 complained of pain in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 23	D 358		

her left knee.
-Resident #8 had an order to apply bio-freeze gel to areas of pain.
-She used to apply bio-freeze gel to Resident #8's lower back, but Resident #8 had not complained of back pain in the past few weeks.
-She did not notice the order for bio-freeze gel was specifically for Resident #8's lower back.
-She thought bio-freeze gel was a general order to be applied to any area of pain.

Interview with the Resident Care Coordinator (RCC) on 10/26/22 at 11:40am revealed:
-The MAs should read the entries on the eMAR before administering medications.
-The MAs should follow the instructions as entered on the eMAR.
-If the MAs had questions about the entries on the eMAR, they should ask the RCC or call the pharmacy.

Interview with the Administrator on 10/26/22 at 12:10pm revealed:
-The MAs should read the orders prior to administering medication.
-She expected the MAs to follow medications orders as written.

Refer to the Interview with the Administrator on 10/26/22 at 12:10pm.

2. Review of Resident #8's signed physician orders dated 09/14/22 revealed there was an order for Incruse Ellipta (used to treat chronic breathing problems) 62.5 mcg inhale one puff daily.

Observation of the medication pass for Resident #8 on 10/26/22 at 7:15am revealed:
-The medication aide (MA) did not remove the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 24	D 358		

Incruse Ellipta inhaler from the medication cart.
-The MA did not offer Resident #8 the Incruse Ellipta inhaler.

Review of Resident #8's October 2022 eMAR revealed:
-There was an entry for Incruse Ellipta 62.5mg one puff daily with a scheduled administration time of 8:00am.
-There was documentation Resident #8 refused administration of Incruse Ellipta at 8:00am on 10/26/22.

Observation of medications on hand on 10/26/22 at 10:15am revealed there was no Incruse Ellipta on the medication cart available for administration.

Interview with a pharmacy technician at the facility's contracted pharmacy on 10/27/22 at 10:18am revealed:
-The pharmacy had an order for Incruse Ellipta 62.5mg one puff daily.
-The pharmacy had dispensed Incruse Ellipta inhaler on 08/25/22, 9/26/22 and 10/25/22 (a 30-day supply).
-The facility requested a refill on 10/25/22 at 8:00am.

Interview with Resident #8 on 10/26/22 at 8:00am revealed she did not know why the MA did not administer the Incruse Ellipta this morning.

Interview with a MA on 10/26/22 at 10:56am revealed:
-She did not administer Incruse Ellipta inhaler because it was not available on the medication cart to be administered.
-She was instructed by management to document refusal on the eMAR when a medication was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 25	D 358		

available for administration.

Interview with the Resident Care Coordinator (RCC) on 10/26/22 at 11:40am revealed:
-She did not know the Incruse Ellipta inhaler was not in the facility for administration.
-The MAs should re-order medication with at least 5 days left of the medication on hand.
-The MAs re-order medication by clicking on the re-order button on the eMAR.
-The MA should document "medication not in facility" on the eMAR if the medication was not available for administration.
-The facility staff discussed documentation at every staff meeting.
-She expected the MAs to document accurately on the eMAR.

Interview with the Administrator on 10/26/22 at 12:10pm revealed:
-The MAs re-order medications by clicking on the re-order button on the eMAR.
-The MA should document the reason the medication was not administered.
-The MA had a selection of reasons from a "drop down" box on the eMAR to choose why the medication was not administered.
-She had not instructed the MAs to document "refusal of medications" when the medication was not in the facility to be administered.
-The MA should have documented the medication was not in the facility to administer.

Refer to the Interview with the Administrator on 10/26/22 at 12:10pm.

3. Review of Resident #8's signed physician orders dated 09/14/22 revealed there was an order for polyethylene glycol (used to treat constipation) 3350 give 17gms in 4 to 6 ounces of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 26	D 358		

fluid daily for constipation.

Observation of the medication pass for Resident #8 on 10/26/22 at 7:15am revealed:
-The medication aide (MA) removed a bottle of polyethylene glycol 3350 from the medication cart.
-She poured 4 to 6 ounces of water in a clear, plastic cup.
-She poured a capful of polyethylene glycol powder into the cup of water.
-She mixed the powder in the cup of water using a plastic spoon.
-She handed Resident #8 the cup of water that contained the polyethylene glycol.
-Resident #8 drank about ½ of the cup of water that contained the polyethylene glycol.
-Resident #8 placed the ½ cup of water that contained the polyethylene glycol on her nightstand.
-The MA left Resident #8's room without observing her drink the remainder of the water that contained the polyethylene glycol.

Review of Resident #8's October 2022 eMAR revealed:
-There was an entry for polyethylene glycol 3350 give 17gms in 4 to 6 ounces of fluid daily for constipation with a scheduled administration time of 8:00am on 10/26/22.
-There was documentation polyethylene glycol was administered at 8:00am.

Interview with Resident #8 on 10/26/22 at 8:00am revealed:
-She drank half of the polyethylene glycol while the MA was in the room.
-She consumed the remainder of the polyethylene glycol after breakfast.
-She did not have problems with constipation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 27 Interview with the MA on 10/26/22 at 7:15am and 10:56am revealed: -Resident #8 will not drink all the polyethylene glycol at one time. -She would leave the polyethylene glycol in Resident #8's room for her to drink after breakfast. -Sometimes Resident #8 would drink the medication and sometimes she would waste it. -Resident #8 would tell me if she drank the medication or if she wasted it. -She did not check to see if Resident #8 drank the medication prior to documenting it was administered. -She documented on the eMAR the medication was administered if Resident #8 drank at least half of the polyethylene glycol. Interview with the Resident Care Coordinator (RCC) on 10/26/22 at 11:40am revealed: -She was not aware the MAs left medication at Resident #8's bedside for self- administration. -Resident #8 did not have an order for self-administration. -She expected the MA to observe Resident #8 taking the medication before leaving the room. Interview with the Administrator on 10/26/22 at 12:10pm revealed: -The MAs should not leave medications for administration at the resident's bedside. -The MAs should observe the residents taking their medications. -The MA would not know if the residents took the medications if the MA did not observe them taking the medications. -Another resident could enter the room where the medications were left and take the medications. -She expected the MAs to stay with the residents	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 28	D 358		

until the medications were taken.

Refer to the Interview with the Administrator on 10/26/22 at 12:10pm.

4. Review of Resident #8's signed physician orders dated 09/14/22 revealed there was an order for albuterol sulfate (used to treat wheezing and shortness of breath) 2.5mg/3ml inhale one ampule per nebulizer twice daily.

Observation of the medication pass for Resident #8 on 10/26/22 at 7:15am revealed:
-The MA removed one vial of albuterol sulfate from the medication cart.
-The MA entered Resident #8's room and placed the vial of albuterol sulfate on the nightstand.
-The MA did not place the vial of medication in the nebulizer.
-The MA did not administer the vial of albuterol sulfate.

Review of Resident #8's October 2022 eMAR revealed:
-There was an entry for albuterol sulfate 2.5mg/3ml inhale one ampule per nebulizer twice daily with a scheduled administration time of 8:00am and 8:00pm.
-There was documentation albuterol sulfate 2.5mg/3ml was administered at 8:00am on 10/26/22.

Interview with Resident #8 on 10/26/22 at 8:00am revealed:
-The MAs would leave the vial of medication at her bedside.
-She administered the nebulizer treatment after she ate breakfast.
-The MAs did not come back to see if she had administered her medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 29	D 358		

-She always administered her nebulizer treatment.
-She did not have any problems with wheezing or shortness of breath.

Interview with the MA on 10/26/22 at 7:15am and 10:56am revealed:
-Resident #8 received nebulizer treatments twice a day.
-Resident #8 would not allow anyone to administer her nebulizer treatment; she requested the vial of medication to be left on her nightstand.
-Resident #8 administered the nebulizer treatment after breakfast.
-Resident #8 said she would administer her nebulizer treatment after breakfast and the MA trusted Resident #8 would administer the nebulizer treatment.
-She had returned to Resident #8's room to ensure the nebulizer treatment was administered.

Interview with the Resident Care Coordinator (RCC) on 10/26/22 at 11:40am revealed:
-She was not aware the MAs left medication at Resident #8's bedside.
-Resident #8 did not have an order for self-administration.
-She expected the MA to observe Resident #8 taking the medication before leaving the room.

Interview with the Administrator on 10/26/22 at 12:10pm revealed:
-The MAs should not leave medications for administration at the resident's bedside.
-The MAs should observe the residents taking their medications.
-The MA would not know if the residents took the medications if the MA did not observe them taking the medications.
-She expected the MAs to stay with the residents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 30	D 358		

until the medications were taken.

Refer to the Interview with the Administrator on 10/26/22 at 12:10pm.

b. Review of Resident # 9's current FL-2 dated 03/21/22 revealed diagnoses included anemia, anxiety, coronary artery disease, macular degeneration, colitis, hyperlipidemia, hypertension and peripheral neuropathy.

Review of Resident #9's signed physician orders dated 09/14/22 revealed there was an order for dicyclomine 20mg (an anti-cholinergic) three times daily before meals.

Observation of the medication pass for Resident #9 on 10/27/22 at 7:45am revealed:
-The medication aide (MA) prepared 17 tablets for administration.
-The MA administered 17 tablets to Resident #9.
-The MA documented she administered 18 pills to Resident #9.
-The MA did not administer dicyclomine 20mg.

Review of Resident #'9's October 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for dicyclomine 20mg three times daily before meals with a scheduled administration time of 7:30am, 11:30am and 4:30pm.
-There was documentation dicyclomine 20mg was administered on 10/26/22 at 7:30am on 10/26/22.

Interview with a medication aide (MA) on 10/26/22 at 11:20am revealed:
-She did not administer dicyclomine 20mg this morning at the 8:00am medication pass.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 31 -She documented on the eMAR that she administered dicyclomine 20mg at the 8:00am medication pass. -Resident #9's dicyclomine 20mg was dispensed into the multi-dose pack for the early morning medication pass, which the third shift MA administered, but was scheduled at 7:30am on the eMAR. -The third shift MA would leave the dicyclomine 20mg tablet in the multi-dose pack for the first shift MA to administer. -The third shift MA administered the dicyclomine 20mg this morning with the early morning medications. -The third shift MA forgot to leave the dicyclomine 20mg for the first shift MA to administer. -She had not spoken to the RCC or the pharmacy about moving the dicyclomine 20mg tablet to the 8:00am medication pass multi-dose pack. Interview with the RCC on 10/26/22 at 11:40am revealed: -She did not know dicyclomine was packaged in the early morning multi-dose pack and the administration time on the eMAR was 7:30am. -She did not know the third shift MA would remove all medications from the early morning multi-dose pack except the dicyclomine 20mg and return it to the medication cart for the first shift to administer. -The first shift MA should not have signed for a medication that she did not administer. -The MA should have documented an exception and documented why she did not administer the medication. -The MAs should have informed her about the medication being packaged in the early morning multi-dose pack and the administration time was on the eMAR for 7:30am.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 32	D 358		

Interview with the Administrator on 10/26/22 at 12:10pm revealed:
-She was not aware dicyclomine was in the early morning administration multi-dose pack for the 6:00am medication pass and was on the eMAR for the 8:00am medication pass.
-She did not know if the pharmacy had been called and instructed to move the dicyclomine 20mg from early morning multi-dose pack to the 8:00am dose pack.
-She expected the MAs to call the pharmacy or speak to the RCC regarding the packing of the dicyclomine so it could be package for administration at the correct time.

Attempted telephone interview with a third shift MA on 10/26/22 at 8:10pm was unsuccessful.

Refer to the Interview with the Administrator on 10/26/22 at 12:10pm.

Based on observations, interviews, and record reviews it was determined Resident #9 was not interviewable.

2. Review of Resident #1's current FL-2 dated 05/18/22 revealed diagnoses included closed traumatic brain injury, cerebrovascular disease, seizures, and dementia without behavioral disturbance.

Review of Resident #1's incident and accident report dated 07/09/22 revealed:
-On 07/09/22 at 10:00pm, Resident #1 was leaning over in his chair having a seizure.
-Resident #1 was laid on his back while waiting for Emergency Medical Services (EMS) to arrive.
-Resident #1 was transported to the hospital.

Review of Resident #1's hospital discharge

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 33	D 358		

summary dated 07/11/22 revealed:
-Resident #1 was found actively seizing, which was described as generalized tonic-clonic movements.
-Resident #1 had four episodes of tonic clonic seizures (a type of seizure that involves a loss of consciousness and violent muscle contractions).
-He reportedly had four different episodes, with resolution for a few minutes in between each episode but never returned to baseline mental status.
-Resident #1 arrived to the emergency department (ED) afebrile (no fever), tachycardia (rapid heartbeat and tachypneic (rapid breathing).
-Upon arrival to the emergency department (ED), Resident #1 was not responsive to a sternal rub, had pinpoint pupils and no blink to threat.
-Resident #1 was intubated for airway protection.
-Resident #1 had an additional episode of left hemi body shaking in the ED.
-It was unclear how well Resident #1's seizures were controlled at baseline or when his last seizure was prior to today, 07/09/22.
-Per the staff at the facility, Resident #1 had been receiving his seizure medications, except he had not received Vimpat for the past day due to the pharmacy running out of this medication.

Review of Resident #1's primary care provider's (PCP) after visit summary dated 07/19/22 revealed:
-Resident #1 had been hospitalized after seizure episode which required intubation and mechanical ventilation for airway protection for a few hours.
-Resident #1 had suffered a traumatic brain injury from a motor vehicle accident years ago but had generally been seizure free for a considerable period.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 34	D 358		

-Resident #1's hospital discharge papers were reviewed.
-It appeared Resident #1 had missed a dose of one of his medications, Vimpat which may have contributed to the seizure.
-Resident #1 required no ventilator support but was intubated prophylactically for airway protection.
-Resident #1 had been seizure free since his hospitalization and on his medications back to the prescribed level.

a. Review of Resident #1's physician's orders dated 05/18/22 revealed an order for Vimpat 200mg twice daily. (used to treat seizures).

Review of Resident #1's July 2022 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Vimpat 200mg twice daily with scheduled administration times at 8:00am and 8:00pm.
-Vimpat was documented as administered from 07/01/22-07/08/22 at 8:00am and 8:00pm and at 8:00am on 07/09/22.
-Vimpat was documented as refused on 07/09/22 at 8:00pm.
-On 07/10/22 at 8:00am, the exception code was documented as hospital.

Observation of Resident #1's medications on hand on 10/25/22 at 2:17pm revealed:
-There were 60 tablets of Vimpat 200mg dispensed on 10/06/22.
-There were 49 tablets available for administration.

Telephone interview with a billing representative at the pharmacy's current contracted pharmacy on 10/27/22 at 10:51am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 35 -Resident #1's Vimpat was requested for refill by facility staff on 07/04/22 at 6:30pm; the refill was not approved due to a resident co-pay. -The facility staff would have been notified of the denial, but she did not know who was notified. -There was no documentation facility staff contacted the pharmacy to inquire about Resident #1's Vimpat refill not being sent on 07/05/22. -There was no documentation of any contact from the facility staff inquiring about Resident #1's Vimpat between 07/05/22-07/11/22. -On 07/12/22, facility staff requested Resident #1's Vimpat be sent to the back-up pharmacy; a 3-day supply was approved. -If facility staff had requested a short supply of Resident #1's Vimpat between 07/05/22-07/11/22, it would have been approved and sent to the back-up pharmacy. Telephone interview with a pharmacy technician at the facility's back up pharmacy on 10/26/22 at 8:43pm revealed Resident #1's Vimpat was filled on 07/12/22 for a 3 day supply. Telephone interview with a pharmacy technician at the pharmacy's previous contracted pharmacy on 10/26/22 at 3:13pm revealed: -Resident #1's Vimpat 200mg was dispensed on 05/05/22 and 06/07/22 for a 30-day supply. -Vimpat 200mg was not requested for a refill after 06/07/22. Based on interviews and medications dispensed, there would have been no Vimpat 200mg available to be administered on 07/09/22 when staff documented Resident #1 refused his 8:00pm dose. Interview with Resident #1 on 10/26/22 at 8:40am revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 36	D 358		

-There were times he questioned why he took so much medication, but he had never refused to take the medication.
-He took a lot of medication and did not pay attention to what was administered and what was not.
-He did not know he had missed any seizure medication in July 2022.

Telephone interview with a representative at the pharmacy's current contracted pharmacy on 10/25/22 at 4:40pm revealed if Resident #1 missed doses of seizure medication "back to back," Resident #1 would have been at greater risk of having a seizure.

Telephone interview with Resident #1's primary care provider (PCP) on 10/26/22 at 4:17pm revealed:
-Resident #1 was prescribed Vimpat for seizures.
-He was not notified of Resident #1 missing a dose of Vimpat in July 2022.
-Resident #1 missing one of the two seizure medications could increase his risk of having a seizure, but missing both his Vimpat and Keppra was the "perfect storm" for a seizure, which the resident did have.

Telephone interview with a medication aide (MA) on 10/26/22 at 7:42pm revealed:
-She was making rounds in the facility when she saw Resident #1 sitting in his chair actively having a seizure.
-She documented Resident #1 had refused his Vimpat on 07/09/22 because the resident refused the medication.
-All of Resident #1's pm medications would have been given together in one cup.
-She did not know why Resident #1 would only refuse the Vimpat and another seizure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 37	D 358		

medication, but he did.
-She did not recall if Resident #1's Vimpat was available or not on 07/09/22 or if the resident refused to take the Vimpat.
-MAs were supposed to let the PCP know automatically, even after one refusal, if a resident missed a medication.
-She thought she let the Resident Care Coordinator (RCC) know Resident #1 refused his Vimpat, but she did not recall if she notified the PCP.
-Medication was supposed to be ordered 3-6 days in advance and the medication usually came in the next day.
-If a medication could not be filled, the pharmacy notified the facility a new order was needed, and the facility staff was responsible for contacting the PCP to get a new order.

Interview with the RCC on 10/27/22 at 8:12am revealed:
-The MAs were responsible for reordering medication before the medication ran out.
-When the MA was on the medication cart again and they noted the medication had not been delivered, the MA should contact the pharmacy to see why the medication had not been delivered.
-No one told her until 07/12/22, Resident #1 had no Vimpat on hand to be administered.
-As soon as she found out on 07/12/22, she immediately started calling to get Resident #1's Vimpat refilled and into the facility.
-She could not fix a problem if no one let her know there was a problem with a refill.
-She was concerned Resident #1 missed his seizure medication and then had a seizure; he could have gotten hurt during the seizure.

Interview with the Administrator on 10/26/22 at 12:50pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 38	D 358		

-Prior to Resident #1's seizure on 07/09/22, she was not aware he had missed his Vimpat.
-She was working on 07/09/22, and around 10:00pm-10:15pm Resident #1 was witnessed having a seizure.
-She was told by the MA, Resident #1's Vimpat had been ordered and had not arrived and he missed his 8:00pm dose on 07/09/22.
-She called the RCC who confirmed Resident #1's Vimpat had been ordered.
-She did not recall receiving any notification from the pharmacy related to Resident #1's medication, but if she did, she would have given the information to the RCC.

Attempted telephone interview with another MA on 10/26/22 at 8:23pm was unsuccessful.

Refer to the interview with the Administrator on 10/26/22 at 12:10pm.

b. Review of Resident #1's physician's orders dated 05/18/22 revealed an order for Keppra 1000mg, take one and a half tablets t twice daily. (used to treat seizures).

Review of Resident #1's July 2022 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Keppra 1000mcg take one and a half tablets twice daily with scheduled administration times at 8:00am and 8:00pm.
-Keppra was documented as refused on 07/07/22-07/09/22 at 8:00am and 8:00pm; there were 6 doses documented as refused.
-On 07/10/22 at 8:00am, the exception code was documented as hospital.

Observation of Resident #1's medications on hand on 10/25/22 at 2:17pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 39 -Keppra 1000mg, one and a half tablets, was in a multi dose package dispensed on 10/18/22. -The multi dose package labeled for the am dose dated 10/25/22 had been administered. Telephone interview with a Pharmacist at the pharmacy's current contracted pharmacy on 10/26/22 at 2:54pm revealed: -Resident #1's FL-2 and 2 of 3 pages of signed physician's orders were received in May 2022. -On 05/25/22 it was documented a page of Resident #1's orders was missing. -On 06/24/22, it was documented the missing page of orders had not been received. -On 07/11/22, the missing page of orders was received. -Keppra was dispensed for the first time by this pharmacy on 07/14/22. Telephone interview with a representative at the pharmacy's current contracted pharmacy on 10/27/22 at 9:37am revealed: -The facility's primary contact for the pharmacy was whoever the facility identified when services were being coordinated; most facilities usually had multiple staff assigned to be notified. -He did not know which staff received notifications from the pharmacy. -On 05/19/22, Resident #1's FL-2 with attached signed physician's orders were received at the pharmacy in preparation for "going live" (providing medications to this facility). -Resident #1's signed physician's orders were noted to be missing page number 2 of 3 pages. -On 06/23/22, the facility sent the same 2 pages and therefore the pharmacy was still missing a page of Resident #1's medication orders. -On 06/23/22 and 06/24/22, the facility's primary contact was notified again about Resident #1's physician's orders missing page.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 40	D 358		

-On 07/03/22, the facility requested Resident #1's cycled medications be refilled.
-The facility would have received a report showing all residents who had a medication that could not be cycle filled due to missing something that was needed including Resident #1 had no current order for Keppra.
-On 07/04/22, the resident's medications were cycle filled and did not contain Keppra.
-On 07/04/22, a resupply request was received for Resident #1's Keppra; the medication was not refilled because the pharmacy did not have an order for Keppra for Resident #1.
-On 07/09/22, a resupply request was received for Resident #1's Keppra and the pharmacy again notified the facility staff an order was needed.
-On 07/11/22, Resident #1's signed physician's orders dated 07/01/22 were received which included Resident #1's Keppra.
-On 07/12/22, Resident #1's Keppra was sent to the back-up pharmacy for immediate dispensing until the medication was added to the next cycle fill dispensing.

Telephone interview with a pharmacy technician at the facility's back up pharmacy on 10/26/22 at 8:43pm revealed Resident #1's Keppra was filled on 07/14/22 for a 2 day supply.

Telephone interview with a pharmacy technician at the pharmacy's previous contracted pharmacy on 10/26/22 at 3:13pm revealed Resident #1's Keppra was dispensed on 07/16/22, 07/23/22, and 07/30/22; each dispensing was for a 7-day supply.

Based on interviews and medications dispensed, there would have been no Keppra 1500mcg available to be administered on 07/07/22-07/9/22 when staff documented Resident #1 refused his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 41 8:00am and 8:00pm doses. Interview with Resident #1 on 10/26/22 at 8:40am revealed: -There were times he questioned why he took so much medication, but he had never refused to take the medication. -He took a lot of medication and did not pay attention to what was administered and what was not. -He did not know he had missed any seizure medication. Telephone interview with Resident #1's primary care provider (PCP) on 10/26/22 at 4:17pm revealed: -Resident #1 was prescribed Keppra as a preventive for seizures. -He was not notified of Resident #1 being out of his Keppra in July 2022. -Resident #1's blood level would have been low enough after missing 2 days of Keppra to put Resident #1 at risk of a seizure. -Resident #1 missing one of the two seizure medications could increase his risk of having a seizure, but missing both medications, Vimpat and Keppra, was the "perfect storm" for a seizure, which the resident did have. Telephone interview with a medication aide (MA) on 10/26/22 at 7:42pm revealed: -She was making rounds in the facility when she saw Resident #1 sitting in his chair actively having a seizure. -She documented Resident #1 had refused his Keppra on 07/09/22 because the resident refused the medication. -All of Resident #1's pm medications would have been given together in one cup. -She did not know why Resident #1 would only	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 42	D 358		

refuse the Keppra and another seizure medication, but he did.
-She did not recall if Resident #1's Keppra was available or not on 07/09/22 or if the resident refused to take the Keppra.
-MAs were supposed to let the PCP know automatically, even after one refusal, if a resident missed a medication.
-She thought she let the Resident Care Coordinator (RCC) know Resident #1 refused his Keppra, but she did not recall if she notified the PCP.
-Medication was supposed to be ordered 3-6 days before the medication ran out and the medication would usually be delivered the next day.
-If a medication could not be filled, the pharmacy notified the facility that a new order was needed, and the facility staff were responsible for contacting the PCP to get a new order.

Interview with the RCC on 10/27/22 at 8:12am revealed:
-She did not recall why Resident #1's Keppra was not delivered to the facility prior to 07/12/22.
-She did not recall any staff telling her Resident #1's Keppra was not in the facility and available to be administered 07/09/22-07/11/22.
-If the MAs were having a problem with Resident #1's Keppra, she would have expected to have been notified so she could have followed up.

Interview with the Administrator on 10/26/22 at 12:50pm revealed she was not aware Resident #1 had not received his Keppra from 07/07/22-07/09/22.

Attempted telephone interview with another MA on 10/26/22 at 8:23pm was unsuccessful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 43 Refer to the interview with the Administrator on 10/26/22 at 12:10pm revealed: 3. Review of Resident #5's current FL-2 dated 06/13/22 revealed diagnoses included paroxysmal atrial fibrillation with rapid ventricular rate, hypertension, hyper-coagulate state, hypercholesterolemia and anxiety. Review of the order process system policy revealed: -The policy was dated September 2021. -All new orders were reviewed by the RCC or designee. -The RCC or MA would fax the new order to the pharmacy. -The RCC or MA would approve the order once the pharmacy had entered the new order. -Each facility should have a process to ensure orders are completed prior to filing in the resident records. -The process was a 5-step folder process as follows: yellow folder - the new order was faxed to the pharmacy and waiting approval on the eMAR; orange folder - the new order was approved on the eMAR and waiting for delivery of medication; green folder - medication was delivered, order was ready to scan into the electronic system; red folder - if new order was incomplete, required clarification or required an escript from the physician; blue folder - orders for equipment, labs, oxygen, therapies and hospital follow-ups. Review of Resident #5's physician's order dated 08/24/22 revealed an order for ondansetron (used to treat nausea) 4mg twice daily for one week; dispense a 7-day supply or 14 tablets. Review of Resident #5's August 2022 electronic medication administration record (eMAR)	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 44	D 358		

revealed:
-There was no entry for ondansetron 4mg twice daily scheduled for administration.
-There was no documentation ondansetron was administered.

Observation of Resident #5 medication on hand on 10/26/22 at 3:15pm revealed there was a bottle of 14 tablets of ondansetron dispensed on 08/24/22 available for administration.

Interview with a MA on 10/27/22 at 10:42am reveled:
-Resident #5 had a virtual visit with her Primary Care Provider (PCP) in August 2022.
-Resident #5 had a gastro-intestinal virus.
-She was not aware of the order for ondansetron 4mg twice daily.
-She had not noticed the bottle of ondansetron 4mg on the medication cart dispensed by the local pharmacy.
-She did not know if ondansetron was delivered to the facility or picked up by the staff.
-There was no entry on the eMAR for ondansetron 4mg to be administered.

Telephone interview with a representative from the local pharmacy on 10/26/22 at 8:40pm revealed:
-The pharmacy received an electronic prescription for Resident #5 on 08/04/22.
-The electronic prescription was ondansetron 4mg twice daily for one week, dispense a 7-day supply.
-The pharmacy dispensed 14 tablets (a 7-day supply) of ondansetron 4mg on 08/05/22.
-The medication was picked up on 08/05/22 at 10:56am; she did not know who picked up the medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 45	D 358		

Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 10/27/22 at 8:05am revealed:
-The pharmacy did not receive an order for ondansetron 4mg twice daily for 7 days.
-If the local pharmacy dispensed a medication, the contracted pharmacy had to receive a copy of the new prescription to place on the Resident's profile.
-When a new order was profiled, it would show up on the eMAR for the MAs to administer.
-Since the contracted pharmacy did not receive the new order for ondansetron 4mg, it would not be on the eMAR for the MAs to administer.

Interview with Resident #5 on 10/26/22 at 4:24pm revealed:
-She did not recall a PCP visit in August of 2022.
-She did not remember the PCP ordering a nausea medication.
-She did not recall having any nausea or vomiting.

Telephone interview with Resident #5's emergency contact person on 10/28/22 at 9:42am revealed:
-Resident #5 had a virtual visit with her PCP on 08/04/22 for nausea.
-Resident #5's PCP ordered ondansetron 4mg twice daily for a week.
-She picked up the medication at the local pharmacy and delivered the medication to the facility with a copy of the prescription.
-She gave Resident #5's medication to a MA or the RCC.
-She did not go in the facility because of a COVID-19 outbreak.

Telephone interview with a representative from Resident #5's PCP's office on 10/27/22 at 9:35am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 46	D 358		

revealed:
-Resident #5 had a virtual visit with the PCP on 08/04/22.
-Resident #5 had complaints of nausea.
-Resident #5 was given a prescription for ondansetron 4mg twice daily for a week.
-The PCP's office had no documentation Resident #8 did not receive this medication.
-She ordered the medication to help with the nausea Resident #5 was having.
-She expected the facility staff to administer the medication as ordered.

Interview with the RCC on 10/27/22 at 11:34am revealed:
-She did not know Resident #5 had a virtual visit with her PCP in August 2022.
-She did not know Resident #5 had an order for ondansetron 4mg.
-She did not remember receiving the order for ondansetron 4mg or faxing the order to the pharmacy.
-All orders should be placed in her box to be reviewed and faxed to the pharmacy to be entered into the electronic system.
-The pharmacy would enter the order into the electronic system and the MA would see the entry on the eMAR and administer the medication.
-The new order system was not being used by the staff as designed.
-She did not know Resident #5 had a prescription bottle of ondansetron on the medication cart from the local pharmacy.
-The MAs had not informed her that Resident #5 had a prescription bottle of ondansetron on the medication cart from the local pharmacy.
-She would have expected a MA to inform her of the prescription bottle of ondansetron on the medication cart from the local pharmacy and question why it was there, since there was no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 47	D 358		

entry on the eMAR for administration.

Interview with the Administrator on 10/27/22 at 12:23pm revealed:
-She was not aware Resident #5 had new prescriptions that were not faxed to the pharmacy.
-If the prescription was filled by the local pharmacy, it was to be faxed to the facility's contracted pharmacy so it could be entered into the electronic system.
-New orders were entered into the electronic system so the MAs could see the order on the eMAR.
-She expected the RCC to fax new orders to the pharmacy so the MAs could administer the medications as ordered.

Refer to the Interview with the Administrator on 10/26/22 at 12:10pm.

4. Review of Resident #8's current FL-2 dated 03/21/22 revealed diagnoses included cerebrovascular disease, hyperlipidemia, vascular dementia, major depression, vitamin D deficiency, gastro-esophageal reflux disease, chronic obstructive pulmonary disease, cerebral vascular accident with right-sided hemiparesis, pseudobulbar affect constipation, expressive aphasia and chronic allergic rhinitis.

Review of Resident #8's signed physician's order dated 10/19/22 revealed there was an order for diclofenac cream (used to treat joint or muscle pain) to left knee four times daily.

Review of Resident #8's October 2022 electronic medication administration record (eMAR) revealed:
-There was no entry for diclofenac cream to left

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 48	D 358		

knee four times daily scheduled for administration.
-There was no documentation diclofenac cream was administered from 10/01/22 to 10/25/22.

Interview with a medication aide (MA) on 10/26/22 at 10:56am revealed:
-She thought Resident #8's Primary Care Provider (PCP) had written an order for diclofenac cream.
-She saw the medication on the medication cart, but there was no entry on the eMAR.
-She thought her family brought the diclofenac cream to the facility.
-She had not administered diclofenac cream to Resident #8 because there was no entry on the eMAR.
-New orders were given to the Resident Care Coordinator (RCC) and she would fax the new order to the pharmacy.
-The pharmacy would enter the new order on the eMAR.
-The RCC would ask her to fax orders sometimes.
-She did not recall faxing Resident #8's order for diclofenac cream to the pharmacy.

Interview with the RCC on 10/26/22 at 11:40am revealed:
-She was not aware Resident #8 had an order for diclofenac cream.
-She did not know why the order was not entered on the eMAR.
She did not know if the new medication order was faxed to the pharmacy.
-She was responsible for faxing new medication orders to the pharmacy.
-She would ask the MAs to fax the orders to the pharmacy on the weekends or evenings.
-The process for new order tracking was not used

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 49	D 358		

or did not work.

Interview with the Administrator on 10/27/22 at 12:23pm revealed:
-She was not aware Resident #8 had new prescriptions that were not faxed to the pharmacy.
-If the prescription was filled by the local pharmacy, it was to be faxed to the facility's contracted pharmacy so it could be entered into the electronic system.
-New orders were entered into the electronic system so the MAs could see the order on the eMAR.

Refer to the Interview with the Administrator on 10/26/22 at 12:10pm.

5. Review of Resident #4's current FL-2 dated 03/21/22 revealed diagnoses included chronic diastolic heart failure, hypertension, paroxysmal atrial fibrillation, back pain anemia, hyperthyroidism, schizophrenia, lupus, erythematosus and acute renal failure.

a. Review of Resident #4's current FL-2 dated 03/21/22 revealed there was an order for furosemide (used to lower blood pressure) 40mg once daily.

Review of Resident #4's physician's orders dated 06/22/22 revealed there was an order for furosemide 40mg once daily.

Review of Resident #4's electronic medication administration record (eMAR) for August 2022, September 2022 and October 2022 revealed there was not an entry for furosemide 40mg once daily.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 50	D 358		

Observation of Resident #4's medication on hand on 10/26/22 at 9:19am revealed:
-Resident #4's medication was dispensed in multidose packages with a separate bubble for each scheduled administration.
-Each bubble was labeled with the date and time for administration, a list of each medication included in the bubble and the medication dosage.
-Resident #4's furosemide 40mg was in a multidose pack dispensed on 10/18/22.
-There was a bubble labeled for morning administration on 10/27/22 with the furosemide 40mg and eleven other medications in it.

Telephone interview with the pharmacist from the facility's contracted pharmacy on 10/26/22 at 10:30am revealed:
-Resident #4 had a current order dated 09/14/22, for furosemide 40mg once daily.
-Resident #4's furosemide was on a weekly cycle fill and was dispensed for seven days at a time in a multidose package.
-The facility had begun to use the multi dosage package and weekly cycle fill system in July 2022.
-Seven tablets of furosemide 40mg were dispensed once a week from 08/02/22 to 10/18/22 for Resident #4.
-Furosemide was a diuretic used to reduce blood pressure by removing fluid from the body.
-A possible outcome of not administering furosemide as ordered could be increased fluid in the body which would cause an increase in blood pressure.

Interview with Resident #4's primary care provider (PCP) on 10/26/22 at 10:57am revealed:
-Furosemide was ordered as a diuretic to reduce fluid that could cause heart problems, kidney

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 51	D 358		

issues and edema.
-He began to see Resident #4 sometime in June 2022; he took over for a previous PCP.
-He did not order Resident #4's furosemide for her so he was not sure exactly why Resident #4 was ordered the furosemide.
-Resident #4's previous PCP had ordered the furosemide and was on her medication list from June 2022; it could have been for several reasons.
-He continued the order for the furosemide.
-There was a note in her records dated 06/13/22 that Resident #4's furosemide was decreased from 80mg once daily to 40mg once daily because albumen levels were up.
-He could review Resident #4's eMAR from his computer and the last time Resident #4's furosemide was on the eMAR was in June 2022.
-He expected Resident #4's furosemide to be administered as ordered until it was discontinued, or the dosage changed.
-Resident #4 had kidney disease and heart disease so the furosemide could have been prescribed for any of those diagnoses.
-Resident #4 had lost a few pounds but he did not know if the weight loss was related to the furosemide.
-He would have to request labs to see what her levels were before he could determine what an outcome could be.

Interview with Resident #4 on 10/25/22 at 9:13am revealed:
-She did not know what medications she was administered.
-She knew she had heart disease but did not know exactly what she had; she had "a bad heart".
-She thought she took medication for her heart, but she was not sure.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 52 Interview with a medication aide (MA) on 10/27/22 at 10:12am revealed: -When there was any medication in the multidose packages that were not on the eMAR they would not administer it and discard the tablet. -When the multidose package was scanned a message would come up on the screen that read end date follow facility protocol; the protocol was to dispose of the tablet. -She had administered Resident #4 her medication this morning, on 10/27/22, and she had disposed of Resident #4's furosemide. -She had been discarding the furosemide for a while; it had been discontinued but was still in the multidose package. -She had told the RCC about the furosemide that morning, 10/27/22. Telephone interview with a second MA on 10/26/22 at 8:10pm revealed: -When a medication was not on the eMAR but in the multidose pack she would contact the Resident Care Coordinator (RCC). -She would ask the RCC if the medication was discontinued or had fallen off the eMAR. -If there was not an order for the medication she would dispose of the tablet and write discontinued on the remainder of the packages. -When an MA disposed of a tablet, they had to have another staff witness the disposal; disposals were not documented. -She remembered Resident #4's furosemide was discontinued so she had been removing it from the multidose package and disposed of it. -After she scanned the multidose package the eMAR would have a message that would pop up that said discontinued. -She had let the RCC know the furosemide was discontinued but still in the multidose package; it	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 53	D 358		

had been so long ago she did not recall when she told the RCC.
-The furosemide continued to be in Resident #4's multidose package.
-She knew other MAs took the furosemide out of Resident #4's multidose package because she had witnessed them disposing of it.

Telephone interview with a third MA on 10/26/22 at 8:37pm revealed:
-Resident #4's furosemide had been discontinued for a long time.
-She took it out and discarded it and did not administer the medication because it had been discontinued.
-She thought she had documented the furosemide was still in the multidose package to the RCC so she could let the pharmacy know.
-She was not sure when she had told the RCC, but it had been a long time.

Interview with the RCC on 10/26/22 at 5:10pm revealed:
-The facility changed to a new contracted pharmacy on 07/01/22.
-All orders for medications were confirmed via telephone with the new pharmacy prior to 06/30/22.
-At 12:01am on 07/01/22, she and a MA checked the eMAR to ensure 8:00am orders were correct for the first morning medication administration.
-They compared the orders from the previous pharmacy's eMAR with a printout to the new pharmacy's entries on the computer screen on 07/01/22.
-If there was an error, they made note and contacted the pharmacy.
-The new pharmacy dispensed a one-day supply of medications to begin with and then began the multiple dosage packages with a seven-day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 54	D 358		

supply the following day; this ensured errors could be corrected prior to the multidose packages being used.

Interview with the RCC on 10/27/22 at 10:45am revealed:
-When a medication was in the multidose pack but did not show up on the eMAR then the MAs were instructed to pull the tablet from the package and dispose of it.
-The MA would then call the pharmacy or let her know so the medication could be removed from the package.
-She administered Resident #4's medications when she had to work as a MA.
-She did not recall any medications in the multidose package that were not on the eMAR.
-She thought maybe Resident #4's furosemide fell off the eMAR when the facility changed pharmacies.
-She was concerned Resident #4 was not administered her furosemide as ordered because it was not on the eMAR.
-No one had brought it to her attention.

Interview with the Administrator on 10/27/22 at 12:10pm revealed:
-The MAs made sure a medication was discontinued before they disposed of the tablet if it was in the multidose package but not on the eMAR.
-There was an electronic file the MAs could look at or they could reach out to the RCC to verify the medication was discontinued.
-The MA should have documented the disposal in the resident's record.
-The MA could call the pharmacy to see if the order was active or discontinued.
-Resident #4's furosemide in the multidose package and not on the eMAR should not have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 55	D 358		

gone this long without being resolved.
-She was disappointed the MAs or the RCC had not done something about the furosemide.
-It appeared Resident #4's furosemide was disposed of and not administered because it was not on the eMAR for three months.
-She did not know what affect Resident #4 had without the furosemide, but she was concerned she did not get it as ordered.

Refer to the interview with the Administrator on 10/26/22 at 12:10pm.

b. Review of Resident #4's physicians order dated 08/03/22 revealed an order for dexamethasone (used to treat inflammation) 6mg for three days, then 4mg for three days, and 2mg for three days.

Observation of Resident #4's medication on hand on 10/26/22 at 9:19am revealed there was no dexamethasone available for administration.

Review of Resident #4's electronic medication administration record (eMAR) for August 2022 revealed there was no entry for dexamethasone 6mg, 4mg or 2mg on the eMAR.

Telephone interview with the pharmacist from the facility's contracted pharmacy on 10/26/22 at 9:59am revealed:
-The pharmacy did not have an order for dexamethasone for Resident #4.
-The pharmacy had never dispensed the dexamethasone for Resident #4.
-The pharmacy did not enter an order or a profile for the dexamethasone for Resident #4 because they never received an order.
-Dexamethasone was a multipurpose steroid and was used to reduce inflammation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 56	D 358		

-Outcomes would depend on what the steroid was ordered for but without the steroid the resident would experience continued symptoms and inflammation.

Interview with Resident #4 primary care provider (PCP) on 10/26/22 at 10:57am revealed:
-Dexamethasone was a steroid used to treat inflammation.
-He ordered Dexamethasone for Resident #4 when she had COVID-19 because she had a hard time breathing and was at high risk because of her lung disease.
-Dexamethasone was better at reducing inflammation and reducing bronchial swelling as well as reducing coughing.
-Dexamethasone was a better steroid to use than some of the more commonly used steroids because it was more effective due to her pulmonary issues and her history of pneumonia.
-An outcome of not administering Resident #4 her Dexamethasone as ordered could be shortness of breath hypoxia and possible hospitalization due to complications from COVID-19.
-If Resident #4 had not received the Dexamethasone as ordered the only "saving grace" would have been that she was administered her steroid inhaler while she had COVID 19.
-He expected his orders for Resident #4 to be administered as he had written them; even for a medication that was ordered for a short period of time.

Interview with Resident #4 on 10/25/22 at 9:13am revealed she did not know what medications she took or why they were ordered.

Interview with a medication aide (MA) on 10/26/22 at 1:02pm revealed she did not recall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 57 Resident #4's order for dexamethasone. Interview with the Resident Care Coordinator (RCC) on 10/26/22 at 5:10pm revealed: -New medication orders were sent to the pharmacy and put into a folder. -The next day she double called the pharmacy to check on the orders. -The pharmacy entered the orders into the eMAR system. Interview with the RCC on 10/27/22 at 10:45am revealed: -Resident #4 had COVID -19 but she did not recall seeing the order for dexamethasone. -The order was part of an after-visit report from the PCP; sometimes the reports did not come to the facility for a week. -The PCP usually gave her a hand-written order before he left the facility. -She did not want to speculate as to why the order for dexamethasone for Resident #4 was not sent to the pharmacy to be dispensed. -No one reviewed the after-visit report; she usually reviewed the reports to see if there were new orders on them. -She had not seen the order for the dexamethasone for Resident #4. Interview with the Administrator on 10/27/22 at 12:10pm revealed: -The RCC was responsible for reviewing the after-visit reports from the PCP to see if there were order changes or new orders. -The RCC would send new orders to the pharmacy if they were included on the after-visit report from the PCP. -She was concerned the PCP's order for Resident #4's dexamethasone was never followed and Resident #4 was never administered	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 58	D 358		

the dexamethasone because the PCP ordered it for a reason.

Refer to the interview with the Administrator on 10/26/22 at 12:10pm.

c. Review of Resident #4's current FL-2 dated 03/21/22 revealed there was an order for triamcinolone 0.5 percent (used to relieve redness, itching and swelling caused by skin conditions) apply twice daily to the red area around the ostomy.

Review of Resident #4's shower logs for October 2022 revealed:
-There was documentation on 10/20/22 that Resident #4 was scratching herself; the location was not noted.
-There was a body observation sheets attached to the shower logs dated 10/22/22 and 10/25/22 that documented Resident #4 was scratching herself on her stomach.
-On the 10/22/22 body observation sheet, there was a circle on the lower abdomen of the image of a body.
-On the 10/25/22 body observation sheet, there was a circle on the lower abdomen of the image of a body.

Observation of Resident #4 on 10/26/22 at 3:16pm revealed:
-Resident #4 had an ostomy bag on her right lower abdomen.
-The ostomy bag was attached to her abdomen with a large piece of transparent adhesive tape.
-There was a red area on the skin directly around the tape and the top part of the tape and the red area was slightly raised.
-There were scratch marks and small scabs on Resident #4's abdomen.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 59 Observation of Resident #4's medication on hand on 10/26/22 at 9:19am revealed there was no triamcinolone cream available for administration. Review of Resident #4's electronic medication administration record (eMAR) for August 2022 revealed: -There was an entry for triamcinolone acetonide cream 0.5 percent apply topically to red area outside of ostomy appliance twice daily scheduled at 8:00am and 8:00pm. -There was documentation Resident #4's triamcinolone was applied 60 out of 62 opportunities from 08/01/22 to 08/31/22. -There was documentation Resident #4 refused the application of the triamcinolone on 08/20/22 and 08/23/22 at 8:00am. Review of Resident #4's eMAR for September 2022 revealed: -There was an entry for triamcinolone acetonide cream 0.5 percent apply topically to red area outside of ostomy appliance twice daily scheduled at 8:00am and 8:00pm. -There was documentation Resident #4's triamcinolone was applied 58 out of 60 opportunities form 09/01/22 to 09/30/22. -There was documentation Resident #4 refused the application of the triamcinolone on 09/18/22 and 09/22/22 at 8:00am. Review of Resident #4's eMAR for 10/01/22 to 10/25/22 revealed: -There was an entry for triamcinolone acetonide cream 0.5 percent apply topically to red area outside of ostomy appliance twice daily scheduled at 8:00am and 8:00pm. -There was documentation Resident #4's triamcinolone was applied 46 out of 49	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 60	D 358		

opportunities form 10/01/22 to 10/25/22.
-There was documentation Resident #4 refused the application of the triamcinolone on 10/15/22 at 8:00am and 10/05/22 and 10/11/22 at 8:00pm.

Telephone interview with the pharmacist from the facility's contracted pharmacy on 10/26/22 at 3:06pm revealed:
-Triamcinolone cream was not an over the counter product and had to be ordered from the pharmacy because it required a physician's order.
-Resident #4 had an order for triamcinolone cream 0.5 percent apply to red area at ostomy twice daily.
-The pharmacy had set up a profile in the eMAR for Resident #4's triamcinolone cream based on a physician's order dated 06/22/22.
-Triamcinolone was not on a cycle fill and would need to be requested from the facility for reorder.
-The pharmacy had never dispensed triamcinolone cream for Resident #4.
-The pharmacy had received a dispense request for Resident #4's triamcinolone cream that afternoon on 10/26/22.
-Triamcinolone cream was a steroid cream used to relieve itching, redness and discomfort on the skin.
-Possible outcomes of not applying triamcinolone cream as ordered could be increased redness, discomfort and itching which could lead to the area affected becoming infected.

Telephone interview with Resident #4's primary care provider (PCP) on 10/26/22 at 3:34pm revealed:
-Resident #4 had a diagnosis of lupus which caused skin and dermal issues including chaffing or irritation.
-Resident #4 had Eczema with general itching and constantly scratched at her skin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 61	D 358		

-Resident #4 had not complained about the area around her ostomy bag in a while.
-The triamcinolone was ordered twice daily for Resident #4 as a maintenance to prevent chafing and irritation around her stoma and ostomy area.
-If Resident #4's triamcinolone cream was not applied as order she could experience terrible irritation; she could experience exasperation of her eczema which could also lead to infection.

Interview with Resident #4 on 10/26/22 at 3:16pm revealed:
-The staff used to put a cream around her ostomy area every morning.
-She needed the cream because the area around her ostomy was getting itchy and irritated.
-The skin around her ostomy was raw from scratching; it felt better when the cream was applied every day.
-The area always felt cool when the cream was put on it and the itching would stop after it was applied.
-It had been a long while since anyone had applied the cream on her every day; she had not asked for the cream because she did not think to ask.

Interview with a medication aide (MA) on 10/26/22 at 1:02pm revealed:
-Resident #4 did not have her triamcinolone cream administered on 10/26/22.
-Resident #4 chose to sleep in late and had left the facility at 11:00am before she had the opportunity to apply the cream.
-She usually applied Resident #4's creams after breakfast because Resident #4 did not eat breakfast and slept in.
-She could not find Resident #4's triamcinolone this morning, 10/26/22, so she ordered it via electronic fax in the eMAR from the pharmacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 62 -Resident #4 had scratches all over her but the skin around her ostomy looked fine the last time she saw it. -She could not recall the last time she had applied Resident #4's triamcinolone cream or saw the cream on the medication cart. Interview with a second MA on 10/26/22 at 4:06pm revealed: -He worked first into second shift most days. -He had changed Resident #4's ostomy bag two weeks ago. -He only applied her triamcinolone cream when he changed her ostomy bag. -The tube of triamcinolone was "running low" and almost empty when he used it two weeks ago. -He thought the area around the ostomy looked red, but it did not look irritated. Telephone interview with a third MA on 10/26/22 at 8:10pm revealed: -The MAs were responsible for reordering medication three to four days in advance of running out. -They could reorder medications through the eMAR; they would click on a button and see the last time the medication was ordered and who ordered it. -She always called the pharmacy to confirm they received the request for the refill order. -She did not document the phone call to the pharmacy but the RCC should have confirmation of the faxes to the pharmacy. -She was told to document the resident refused the medication if it was not available to administer; she could not say who told her. -She knew she had applied Resident #4's triamcinolone cream around her ostomy when she worked and when she had changed the ostomy bag.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 63 -She had changed Resident #4's ostomy bag on Monday, 10/24/22, she did not recall how much medication was still in the tube. -Resident #4's triamcinolone was stored in a clear plastic bag and the open date was documented on the bag and on the tube. Interview with the Resident Care Coordinator (RCC) on 10/26/22 at 5:10pm revealed: -Creams were not on a cycle fill and had to be reordered by the MAs. -The MAs could order the medication while in the eMAR system via refax or call the pharmacy. -Medications not on a cycle fill needed to be reordered when there was around a weeks' worth of medication available. -The RCC and the MAs were responsible for ensuring medications were in the facility and available for administration. -Creams were supposed to be dated when opened and discarded 30 to 45 days after they were opened. Interview with the RCC on 10/27/22 at 10:45am revealed: -Resident #4's triamcinolone cream was supposed to be applied as scheduled. -She knew a new tube was delivered by the pharmacy overnight and was on the cart today, 10/27/22. -She did not know it had run out; the MAs should have ordered it before they ran out. -There was no way the tube of triamcinolone would have lasted from before July 2022 to October 2022 when it was scheduled to be applied twice daily. -She was not sure how long a tube typically lasted. -She thought the cream was not applied as ordered but was documented as applied.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 64 Interview with the Administrator on 10/26/22 at 4:56pm revealed: -The facility changed contracted pharmacies in July 2022. -Physicians orders were sent to the new pharmacy in June 2022 so they could begin to enter the orders, profiles, into the eMAR system. -Creams were not set up on a cycle fill and were ordered when they were close to running out. -If there were creams already on the medication cart then the new contracted pharmacy only entered the order into a profile for the facility to document on until the medication needed to be reordered. Interview with the Administrator on 10/27/22 at 12:10pm revealed: -If Resident #4's triamcinolone cream was apply twice daily as ordered it should have been ordered at least once monthly. -She did not think Resident #4's triamcinolone would have lasted for three months if it was ordered to be applied twice a day. -She did not know why the MAs documented Resident #4's triamcinolone was applied if it was not. -The area around the ostomy could have gotten infected because the triamcinolone cream was not applied. -She expected the MAs to follow the orders as they were on the eMAR. Attempted telephone interview with the facility's previously contracted pharmacy on 10/26/22 at 4:31pm was unsuccessful. Refer to the interview with the Administrator on 10/26/22 at 12:10pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 65 Interview with the Administrator on 10/26/22 at 12:10pm revealed: -The MAs were scheduled to audit the medication carts. -The MAs were to ensure each medication on the eMAR was available for administration. -The MAs were to remove all discontinued and expired medications. -The MAs were to reorder medications if there were only 5 days of medications on hand to administer. -The RCC and MAs were responsible for faxing new orders to the pharmacy. -The RCC should follow the new order process system with all new resident orders. _____ The facility failed to ensure medications were administered as ordered for 2 of 2 residents observed during the medication pass and for 4 of 6 residents sampled for record review. Resident #1 was treated at the local Emergency Department (ED) on 07/09/22 for a seizure after missing six doses of one seizure medication and one dose of another seizure medication; and Resident #4 who had a history of lung disease was not administered a steroid after being hospitalized for COVID-19 and was having difficulty breathing, also had a history of heart and kidney disease, and hypertension and was not administered a diuretic, had a diagnosis of lupus and was not administered a topical antibiotic cream which put the resident at risk of exacerbation of her eczema; and Resident #8 who was experiencing pain in her left knee and was not being administered a topical pain cream. This failure resulted in serious neglect and constitutes a Type A1 Violation. _____ The facility provided a plan of protection in	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 66 accordance with G.S. 131D-34 on 10/26/22 for this violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED NOVEMBER 26, 2022.	D 358		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure medication aides observed residents taking their medication for 2 of 2 residents sampled (#10, #11) including observation of one resident with liquid medication left at their bedside and one resident with a cup of pills left on her nightstand in the morning of 10/26/22. The findings are: 1. Review of Resident #10's current FL-2 dated 05/16/22 revealed diagnoses included chronic obstructive pulmonary disease, osteoporosis, gastro-esophageal reflux disease, hypertension and arthritis.	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 67 Observation of Resident #10's room on 10/26/22 at 8:18am revealed: -There was a 6-ounce cup of liquid on Resident #10's table. -The cup contained 4-ounces of a cloudy liquid. -There was a spoon in the cup of cloudy liquid. Review of Resident #10's signed physician orders dated 05/16/22 revealed an order for polyethylene glycol 3350 mix 17gms with liquid and drink daily. Review of Resident #10's October 2022 electronic medication administration record (eMAR) revealed there was an entry for polyethylene glycol 17gms in 4 to 8 ounces of liquid daily. Interview with Resident #10 on 10/26/22 at 8:18am revealed: -The MAs left his polyethylene glycol in his room for him. -The MAs brought his medication before breakfast. -He would take polyethylene glycol after breakfast. -He always took the polyethylene glycol. -He could not recall the MAs returning to see if he took all the polyethylene glycol. Interview with the medication aide on 10/26/22 at 10:56am revealed: -She did not leave Resident #10's polyethylene glycol at his bedside. -He drank all his medication, and she left a cup of water at his bedside. -She would observe Resident #10 take his medication. -She thought Resident #10 consume all the medication.	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 68 Refer to the interview with the Resident Care Coordinator (RCC) on 10/26/22 at 11:40am. Refer to the interview with the Administrator on 10/26/22 at 12:10pm. 2. Review of Resident #11's current FL-2 dated 06/09/22 revealed diagnoses included cognitive disability, paranoid schizophrenia, hyperlipidemia, post-menopausal osteoporosis, vitamin D deficiency, anxiety, seizure disorder and Barrette's esophagus. Observation of Resident #11's room on 10/26/22 at 8:25am revealed: -She was in her room alone. -She was seated on her bedside with a cup of pills in her hand. -The MA was not in the room with her. -She was taking her pills, one at a time with a cup of water. Review of Resident #11's signed physician orders dated 06/09/22 revealed: -There was an order for calcium citrate-vitamin D3 200 units twice daily with meals. -There was an order for docusate sodium 100mg daily. -There was an order for lacosamide 100mg twice daily. -There was an order for pantoprazole 40mg daily. Review of Resident #11's October 2022 electronic medication administration record (eMAR) revealed: -There was an entry for calcium citrate-vitamin D3 200 units scheduled for administration at 8:00am. -There was an entry for docusate sodium 100mg scheduled for administration at 8:00am.	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 69 -There was an entry for lacosamide 100mg scheduled for administration at 8:00am. -There was an entry for pantoprazole 40mg scheduled for administration at 8:00am. Interview with Resident #11 on 10/26/22 at 8:26am revealed: -The MA brought her medications to her and sat the cup of pills on the nightstand. -She did not always take her medications when the MA brought her medications to her. -She would take her medications every morning; the MA was not always in the room with her when she took them. Interview with a medication aide (MA) on 10/26/22 at 10:56am revealed: -She left Resident #11's medication at her bedside because she was busy. -She returned to Resident #11's room to see if she had taken her medications. -She knew medications were not to be left in resident rooms during medication administration. -She knew she was to observe Resident #11 taking her medications before she left the room. Refer to the interview with the Resident Care Coordinator (RCC) on 10/26/22 at 11:40am. Refer to the interview with the Administrator on 10/26/22 at 12:10pm. _____ Interview with the Resident Care Coordinator (RCC) on 10/26/22 at 11:40am revealed: -She did not know the MA left medications in the resident's rooms and did not observe the residents taking their medications. -The MA should not leave medications at resident's bedside; the resident may not take the medications.	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 70 -A resident may walk in the room with the medications left at the bedside and take the medications that were for another resident. -She expected the MA to observe residents taking their medications. Interview with the Administrator on 10/26/22 at 12:10pm revealed: -The MAs should not leave medications for administration at the resident's bedside. -The MAs should observe the residents taking their medications. -The MA would not know if the residents took the medications if the MA did not observe them taking the medications. -Another resident may enter the room where the medications were left and take the medications. -She expected the MAs to stay with the residents until the medications were taken.	D 366		
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure infection control measures were implemented as evidenced by a medication aide (MA), who administered eye drops and failed to wash her hands with soap and water before and after donning and doffing gloves.	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371	Continued From page 71	D 371		

Review of the facility's policy for administration of eye drops revealed:
-The policy was dated September 2021.
-The MAs hands were to wash their hands before donning and after doffing gloves.

Observation of a MA administering medications during the morning medication pass on 10/26/22 at 7:15am revealed:
-The MA used hand sanitizer to clean her hands prior to starting the medication pass.
-The MA gathered eye drops and a pair of gloves from the medication cart.
-The MA entered a resident's room, donned gloves, and administered the eye drops.
-The MA removed the gloves, returned to the medication cart, disposed of the gloves, placed eye drops in top drawer of the medication cart and cleansed her hands with hand sanitizer.
-The MA did not wash her hands with soap or water before and after donning and doffing gloves during the administration of the eye drops.

Interview with a medication aide on 10/26/22 at 10:56am revealed:
-She used hand sanitizer before she administered the eye drops medication.
-She donned gloves in the resident's room before she administered the eye drops.
-She used hand sanitizer when she returned to the medication cart.
-She was instructed to wash her hands after administering medication to every fourth resident.
-She had not been instructed to wash her hands before donning and after doffing gloves.

Observation of the second MA administering medications during the morning medication pass on 10/26/22 at 7:45am revealed:
-The MA used hand sanitizer to clean her hands

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371	Continued From page 72	D 371		

prior to starting the medication pass.
-The MA gathered a resident's eye drops and a pair of gloves from the medication cart.
-The MA entered the resident's room, donned gloves, and administered eye drops.
-The MA removed the gloves, returned to the medication cart, disposed of the gloves, placed eye drops in top drawer of the medication cart and cleansed her hands with hand sanitizer.
-The MA did not wash her hands with soap or water before and after donning and doffing gloves during the administration of the eye drops.

Interview with the second medication aide (MA) on 10/26/22 at 11:20am revealed:
-She did not wash her hands before or after donning and doffing gloves.
-She used hand sanitizer before and after administering medications to each resident.
-She was instructed by management to wash her hand after the 4th medication pass.
-She was not instructed to wash her hands before and after donning and doffing gloves.

Interview with the Resident Care Coordinator (RCC) on 10/26/22 at 11:34am revealed:
-The MAs were to wash their hands after administering medications to the third resident during medication pass.
-The MAs used hand sanitizer in between each resident when passing medications.
-The MAs should wash their hands with soap and water after removing gloves.

Interview with the Administrator on 10/26/22 at 12:10pm revealed:
-The MAs should wash their hands before and after donning and doffing gloves when administering medications.
-The residents could

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 371	Continued From page 73 -She expected the MAs to wash their hands before and after donning and doffing gloves when administering medications.	D 371		
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 6 sampled residents (#8) had a physician's order to self-administer an eye drop and a topical cream. The findings are: Review of the facility's policy for self-management of medications. -The policy was dated September 2021. -Any resident who desired to self-manage medications must successfully complete the Self-Administration Assessment. -The completed Self-Administration Assessment would be filed in the resident's chart.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 74	D 375		

-The Resident Care Coordinator (RCC) or designee would ensure there was a physician's order for the resident to self-administer medications.

1. Review of Resident #8's current FL-2 dated 03/21/22 revealed diagnoses included cerebrovascular disease, hyperlipidemia, vascular dementia, major depression, vitamin D deficiency, gastro-esophageal reflux disease, chronic obstructive pulmonary disease, cerebral vascular accident with right-sided hemiparesis, pseudobulbar affect constipation, expressive aphasia and chronic allergic rhinitis.

a. Observation of the top of Resident #8's nightstand on 10/26/22 at 8:10am revealed there was a tube of bio-freeze gel (used for pain); the bio-freeze did not have a prescription label on the tube.

Review of Resident #8's signed physician orders dated 09/14/22 revealed:
-There was an order for bio-freeze gel (used to treat muscle and joint pain) 4% apply a thin film to mid back in area of pain three times daily.
-There was no self-administration order.

Interview with a pharmacy technician at the facility's contracted pharmacy on 10/27/22 at 8:05am revealed:
-The pharmacy had an order for Resident #8 for bio-freeze apply a thin film of gel to mid back in area of pain three times daily.
-The pharmacy did not have a self-administration order for bio-freeze for Resident #8.

Attempted interview with Resident #8's Primary Care Provider (PCP) on 10/27/22 at 8:30am was unsuccessful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 75 Refer to the interview with Resident #8 on 10/26/22 at 8:10am. Refer to the interview with a personal care aide on 10/27/22 at 9:22am. Refer to the interview with a medication aide (MA) on 10/26/22 at 10:56am. Refer to the interview with a second MA on 10/26/22 at 7:50pm. Refer to the interview with the Administrator on 10/26/22 at 12:10pm. Refer to the interview with the RCC on 10/26/22 at 11:40am. b. Observation of the top of Resident #8's nightstand on 10/26/22 at 8:10am revealed there was a bottle of tears eye drops (used for eye irritation); the eye drops did not have a prescription on the bottle. Review of Resident #8's signed physician orders dated 09/14/22 revealed there was no order for tears eye drops. Interview with a pharmacy technician at the facility's contracted pharmacy on 10/27/22 at 8:05am revealed the pharmacy did not have an order for tears eye drops. Attempted interview with Resident #8's Primary Care Provider (PCP) on 10/27/22 at 8:30am was unsuccessful. Refer to the interview with Resident #8 on 10/26/22 at 8:10am.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 76 Refer to the interview with a personal care aide on 10/27/22 at 9:22am. Refer to the interview with a medication aide (MA) on 10/26/22 at 10:56am. Refer to the interview with a second MA on 10/26/22 at 7:50pm. Refer to the interview with the Administrator on 10/26/22 at 12:10pm. Refer to the interview with the RCC on 10/26/22 at 11:40am. _____ Interview with Resident #8 on 10/26/22 at 8:10am revealed: -She kept some medications in her room. -She knew how to administer her medications. -She thought her PCP new she had medications in her room. -She did not know she did not have an order to keep the medications in her room. Interview with a personal care aide on 10/27/22 at 9:22am revealed: -She had noticed the medications in Resident #8's room. -She was informed Resident #8 had a self-administration order so she could keep medications in her room. Interview with a medication aide (MA) on 10/26/22 at 10:56am revealed: -The previous Resident Care Coordinator (RCC) told her Resident #8 had a self-administration order. -She had not seen the self-administration order for Resident #8.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 77 -She thought Resident #8 had self-administration orders in place since she had been told this by the previous RCC. -She did not know Resident #8 did not have a self-administration order. Interview with a second MA on 10/26/22 at 7:50pm revealed: -She knew Resident #8 had medications at her bedside. -Resident #8 did self-administer medications of nasal sprays and creams. -The medication order read "may keep at bedside" on the eMAR. -The RCC told me Resident #8 had a self-administration order. -She thought the nasal sprays and creams had an order to keep at the bedside. -She did not know Resident #8 did not have a self-administration order. Interview with the RCC on 10/26/22 at 11:40am revealed: -She did not know Resident #8 had medications at her bedside for self-administration. -She had not seen medications at Resident #8's bedside for self-administration. -She had not been told there were medications at Resident #8's bedside for self-administration. -Resident #8 should not have medications at her bedside for self-administration. -Resident #8 did not have an order for self-administration of medications. Interview with the Administrator on 10/26/22 at 12:10pm revealed: -She did not know Resident #8 had medication in her room for self-administration. -She had not seen a self-administration order for Resident #8.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: _____ B. WING _____	R 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 375	Continued From page 78 -Resident #8 should not have medications in her room without a self-administration order. -The staff members had not reported Resident #8 had medications in her room. -She expected the staff members to report to the RCC when medications were seen in resident's room. -The MAs should remove all medications at resident's bedside if the resident did not have a self-administration order.	D 375		