	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/	02/10/2023	
NAME OF I	PROVIDER OR SUPPLIER	11 COMM	DRESS, CITY, SIERCE DRIVE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 000	Initial Comments		D 000				
		ensure Section completed an complaint investigation on 2/10/23.					
D 273	3 10A NCAC 13F .0902(b) Health Care		D 273				
	10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.						
	This Rule is not met as evidenced by: TYPE A2 VIOLATION						
	reviews, the facility care provider (PCP sampled residents with a lesion on his a dermatologist (#1 choking episodes wont referred for a garantee.	ons, interviews, and record failed to ensure the primary) was notified for 2 of 5 (#1, #5), related to a resident scalp and was not referred to) and a resident who had with hospitalizations who was astroenterology consultation nails that were overgrown and a podiatrist (#5).					
	The findings are:						
	08/26/22 revealed of without behavioral of	reflux disease (GERD),					
		lent #5's diet order dated an order for mechanical soft eats.					
	Review of a physici 07/26/22 revealed:	an order for Resident #5 dated					

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50.25 10.			
		HAL037001	B. WING		02/1	0/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GATES I	HOUSE		ERCE DRIVE LLE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 273	-Facility staff documbeen choking when dinner and that he sabite of his food. -The primary care president a mechani barium swallow to resident choking where we will be stated 08/09/22 revenormal limits. Review of a physici 09/26/22 revealed: -Facility staff documbarium swallow that patient had choking-The PCP ordered acconsultation due to possible esophages tightening or narrow Review of an incide Resident #5 dated medication aide (M. dining room when hunconscious and sl was transported by (EMS) to a local hor Review of a dischard dated 10/04/22 revenospitalized from 05 diagnoses of syncoland collapse. Review of an incide Review of an incide of the properties of the	nented that the resident had a eating breakfast, lunch, and started coughing when he took ohysician (PCP) ordered the cal soft diet and ordered a rule out aspiration due to the nen he ate. It #5's barium swallow test ealed his test was within an order for Resident #5 dated mented that the resident had a t was within normal limits and gepisodes. It a gastroenterology choking while eating and all stricture (an abnormal wing of the esophagus). Int and accident report for 109/30/22 revealed a A) observed the resident in the ne temporarily became id to the floor; the resident emergency medical services spital. In ge summary for Resident #5 ealed the resident was 19/30/22 to 10/04/22 with a 19 pe (loss of consciousness)	D 273			
	Resident #5 dated -A MA observed the	10/05/22 revealed: e resident in the dining room				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/10/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	IOUSE		ERCE DRIVE LLE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 2	D 273			
	breathing but unresponsiveThe resident was transported by EMS and admitted to a local hospital for seizures.					
	Review of a discharge summary for Resident #5 dated 10/10/22 revealed the resident was hospitalized from 10/05/22 to 10/10/22 with a diagnoses of seizure disorder.					
	Review of an incident and accident report for Resident #5 dated 01/28/23 revealed: -Staff observed the resident in the dining room unresponsive, in a deep stare and droolingThe resident was transported by EMS to a local hospital.					
	Review of a discharge summary for Resident #5 dated 01/30/23 revealed the resident was hospitalized from 01/28/23 to 01/30/23 with a diagnoses of a transient ischemic attack (TIA).					
	diagnoses of a transient ischemic attack (TIA). Observation of Resident #5 during lunch on 02/08/23 at 11:34am revealed: -He was served chopped hamburger with gravy, mashed potatoes with gravy, mixed vegetables, a biscuit, ice cream, water, milk, and teaThe resident coughed 3 times while eating his hamburger and mashed potatoes with gravyThe resident coughed 3 times after he took a bite of his biscuitResident #5 asked staff to pat his back at 11:57am after he ate a portion of the biscuit because he was coughing and observed with tears down both sides of his faceA personal care aide (PCA) patted the resident on his back and encouraged him to take his time and take small bites of food.					

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12:15pm revealed:

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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 3 -He coughed when he ate because food got caught in his mouth and throatHe choked during most meals and did not understand whyWhen he had difficulty swallowing and began to		(X1) PF	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11 COMMERCE DRIVE GATESVILLE, NC 27938 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 3 -He coughed when he ate because food got caught in his mouth and throatHe choked during most meals and did not understand whyWhen he had difficulty swallowing and began to			1141 027004	B WING			14.010.000	
GATES HOUSE Continued From page 3 Continued From page 3 Continued From page 3 Checked during most meals and did not understand why. Checked during most meals and did not understand why. Checked during most meals and began to Continued From page 3 Contin			HAL03/001	D. WINO		02	/10/2023	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 3 -He coughed when he ate because food got caught in his mouth and throatHe choked during most meals and did not understand whyWhen he had difficulty swallowing and began to	E OF PROVIDER OR SUPPLIER	R						
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 3 -He coughed when he ate because food got caught in his mouth and throatHe choked during most meals and did not understand whyWhen he had difficulty swallowing and began to	ES HOUSE							
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 3 -He coughed when he ate because food got caught in his mouth and throatHe choked during most meals and did not understand whyWhen he had difficulty swallowing and began to				•				
-He coughed when he ate because food got caught in his mouth and throatHe choked during most meals and did not understand whyWhen he had difficulty swallowing and began to	EFIX (EACH DEFICIENCY MUST B	ICY MUST E	T BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
caught in his mouth and throat. -He choked during most meals and did not understand why. -When he had difficulty swallowing and began to	273 Continued From page 3	page 3		D 273				
choke, he felt scared and felt like he would vomit. -He did not cough or choke when staff sat with him during meals. Interview with a PCA on 02/08/23 at 12:05pm revealed: -Resident #5 coughed and choked during most meals because he put too much food in his mouth. -She observed him during dinner on 02/04/23 and he had coughing spells and choked because he put too much food in his mouth. -She monitored him during meals because he coughed and became strangled during most meals, and it scared her. -She and the MA had to pat the resident on his back and instruct him to raise his arms above his head when he choked on his food. -She had notified the MA weekly about his coughing and choking episodes during meals. Observation of Resident #5 in the dining room on 02/09/23 at 5:26pm revealed: -The baked potato had butter and was chopped up. -He coughed and began to choke when he attempted to eat his baked potato. -A MA, PCA and a corporate staff member came to his table and reminded him to slow down when eating and to take his time. -When he began to choke the MA and PCA patted him on his back. -Staff were asked to remove the biscuit from	-He coughed when he ate caught in his mouth and the He choked during most munderstand why. -When he had difficulty sweetheke, he felt scared and He did not cough or choke him during meals. Interview with a PCA on 02 revealed: -Resident #5 coughed and meals because he put too mouth. -She observed him during he had coughing spells and put too much food in his meals, and it scared her. -She monitored him during coughed and became strain meals, and it scared her. -She and the MA had to part back and instruct him to real head when he choked on	en he ate ath and the general most me ared and an or choke and an or choke a corporate minded a corporate to choke back.	throat. meals and did not swallowing and began to d felt like he would vomi oke when staff sat with 02/08/23 at 12:05pm and choked during most of much food in his and dinner on 02/04/23 and and choked because he mouth. and meals because he arangled during most arangled during meals. arangled during meals. arangled during room of arangled: butter and was chopped arangled down whe med him to slow down whe me. arangled member came and him to slow down whe me. are the MA and PCA	d d				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	HOUSE		ERCE DRIVE			
<u> </u>		GATESVIL	LE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From page 4		D 273			
	Interview with a died 5:28pm revealed: -Resident #5 cough -When the resident that "water" came of Interview with a MA revealed: -Resident #5 cough mealsShe observed Resident meal on 01/3	tary aide on 02/09/23 at ned during most meals. coughed; he coughed so hard				
	02/06/23. -He tended to cough and choke even if he ate a small grain. -Staff encouraged him to take bites of his food and to drink in between bites of food. -A MA and PCA observed him at each meal to help remind him to slow down. -She did not realize that the PCP had ordered the resident to have a gastroenterology consultation completed. -The MAs or RCC were responsible for completing referrals and making appointments.					

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-She should have contacted his PCP to ensure

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '			(X3) DATE SURVEY COMPLETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COIVII		
		HAL037001	B. WING		02/10/2023		
					1 02/1	0/2023	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
GATES H	IOUSE		ERCE DRIVE				
		GATESVIL	LE, NC 279	38			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 273	Continued From page 5		D 273				
	his safety and realized he was at an increased risk of aspirating due to his chokingIt would benefit the resident to contact his PCP to provide an update on his frequent choking						
	Telephone interview with the resident's primary care physician (PCP) on 02/10/23 at 9:00am revealed: -Resident #5 had a history of choking on his foodShe ordered a swallow test that was completed on 08/09/22 and it was normal.						
	 -She had not been notified by facility staff that the resident was choking during most of his meals. -She had not been notified by facility staff that the resident was not seen for a gastroenterology 						
	consultationShe would have ordered x-rays periodically to ensure he did not have aspiration pneumonia if staff had notified her of his frequent chokingShe would have changed his diet to pureed and						
	ordered him to have one on one feeding assistanceResident #5 should have been referred for a gastroenterology consultation for his safetyStaff placed Resident #5 at a high risk of being						
	readmitted to the ho the increased frequ -Failure of staff to n	ospital by not notifying her of sency of his choking episodes. notify her of the residents					
	high risk of a stroke the dining room froi -Resident #5 was a	t risk of the Heimlich					
	esophagus muscle great risk of becom	ing if needed due to an spasm, which put him at a ing unconscious.					
	progress, and she was proper diet order ar	was afraid that without a nd one on one feeding					

death.

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING	B. WING		0/2023	
NAME OF	PROVIDER OR SUPPLIER		DRESS. CITY. S	STATE, ZIP CODE	,	<u> </u>	
			ERCE DRIVE				
GATES I	1009E	GATESVIL	LE, NC 279	38			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 273	Continued From page 6		D 273				
	2:02pm revealed: -She was not aware ordered a gastroen: -The RCC was usu making referrals; but referralsShe expected the leffort to follow up with residents' PCP to estaff had placed Richoking by not ensured to consultation was consultation	esident #5 at a great risk of uring his gastroenterology ompleted. een in the hospital for seizures at he could have another unconscious from choking. ew with RCC on 02/09/23 at ccessful. #5's current FL-2 dated diagnoses included dementia disturbances, eflux disease (GERD),					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL037001	B. WING		02/1	0/2023
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES HOUSE		ERCE DRIVE LLE, NC 279			
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
9:38am revealed: -The resident was ly socks offSome of his toenail from his toe and pustant of the left big toenail extended from the his second toeHis second toenail long extended from Interview with Resid revealed: -His toenails were passed a rollator to the received showe staff applied cream and the had be be cut but no one Interview with a PCA revealed: -PCAs were allowed they were not diabetedPCAs completed showed they were not diabetedPCAs were allowed they were not diabetedPCAs completed showed they were not diabeted.	dent #5 on 02/08/23 at ving in bed with his shoes and ls were overgrown. il was ¼ inch long extended shed against his second toe. was jagged, ½ inch long his toe and was curved under on his left foot was ½ inch his toe. lent #5 on 02/08/23 at 9:39am ainful and hurt when he ed his toenails in the past 3 not seen the podiatrist since 022. o assist with his walking. It is three times a week and on his feet every day. cation aide (MA) and a PCA) that his toenails needed had cut them. A on 02/09/23 at 2:45pm If to trim resident toenails if tic. ed showers every Monday, iday. hower assessments in the	D 273			

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DIVISION	of Health Service Re	eguiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/10/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CATECL	IOUEE	11 COMM	ERCE DRIVI	≣		
GATES HOUSE GATESVII		LLE, NC 279	938			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From page 8		D 273			
	the two MAs and the RCC at least 2 times in January 2023 because she was not comfortable trimming his toenails.					
	02/09/23 at 3:00pm -Resident #5's toen needed to be trimm -A PCA or MA shou toenails since he wa -The facility's contra since June 2022Resident #5's toen infected, he could e increased his risk o -MAs were expecte resident unmet nee -She reported to the by textingThe MAs were also regarding any conce -MAs and the RCC by paging her or em -The MAs and the F	ails were long, and they ed. Id have trimmed the resident's as not a diabetic. acted podiatrist had not visited ails could have become experience pain, and it f a fall. If to report any concerns of ds to the RCC. If RCC in person, by phone or to able to contact the PCP erns about a resident. In were able to reach the PCP				
	10:52am revealed: -PCAs applied foot foot on Monday, We his showersMAs applied the fo days.	cond MA on 02/10/23 at cream to the resident's entire ednesdays, and Fridays after ot cream on his non shower een long for approximately 2				
	-The facility's contra	acted podiatrist had not been veral months.				

-The RCC had attempted to get a podiatrist to

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL037001	B. WING		02/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
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GATES F	IOUSE		LIE, NC 279			
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(X4) ID PREFIX		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
D 273	Continued From page 9		D 273			
	come to the facility.					
	Interview with Resid	dent #5's primary care				
		02/10/23 at 9:00am revealed:				
		ed her that the facility's				
		st had not been to the facility in				
	several months.					
	-Staff had not notified her that Resident #5's					
	toenails had grown so long.					
	-If staff had notified her, she would have ordered					
	a referral for Resident #5 to go to a podiatristShe would have cut his toenails herself.					
		cial cream to his feet daily to				
	help with dry skin.	olar ordani to filo foot daily to				
		stand why the MAs had not				
		xcessive growth of his toenails				
	when they applied t	he special cream to his feet				
	once a day.					
		nowers every other day by				
		uld have been notified of the				
	concern of his long	red pain to his feet that should				
	not have occurred,					
		an increased fall risk due to his				
	feet hurting when h					
)	ased risk of infection and his				
	foot becoming septi	ic.				
		dministrator on 02/10/23 at				
	2:02pm revealed:	aident teeneile if the resident				
	was not a diabetic.	sident toenails if the resident				
		acted podiatrist had not been				
	to the facility for at I					
		nould have contacted Resident				
		toenails to request a referral				
	to a podiatrist appo					
		laced at a risk of infection and				
		ails hurting when he walked.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/10/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
GATES H	IOUSE		ERCE DRIVE			
			LE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From page 10		D 273			
	Attempted to interview with RCC on 02/09/23 at 10:45am was unsuccessful.					
	2. Review of Resident #1's current FL-2 dated 08/26/22 revealed:					
	-Diagnoses included Dementia ad major cognitive disorder.					
	-There was documentation that he was intermittently disoriented.					
	-The level of care was documented as special care unit (SCU).					
	Observation on Resident #1 on 02/08/23 at 8:49am revealed: -There was an open would on the right side of his head approximately the size of a half dollarThere was dried blood on his pillow and in the hair surrounding the wound.					
	Interview with Resident #1 on 02/08/23 at 8:49am revealed: -He thought he fell and hit his head approximately 3 months prior, hit his head on the night stand and the wound never stopped bleedingHe was not receiving treatment to the wound and wanted to see a dermatologist.					
	112/19/22 revealed	#1's physician's order dated an order to schedule an ermatology for lesion to his ning.				
	Review of Resident #1's record revealed there was no documentation of contact with a dermatology provider.					
	02/08/23 at 9:00am	sonal care aide (PCA) on revealed: en present on Resident #1's				

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head for a couple of months.

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/10/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	IOUSE		ERCE DRIVE LLE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From page 11 -She was not sure what caused the wound but		D 273			
	she did not think it was from a fallResident #1 wound pick at the wound and kept it openResident #1's primary care provider (PCP) was aware of the wound.					
	(SCC) on 02/09/23 -She was responsite ordered were compacted and give to schedule the appoint receiving the orderShe was out sick for during the time the ordered for Resider Coordinator (RCC) during her absence -She found the ordered to work and transportation early know the exact date -She did not know in by a dermatologist of seen by dermatologist of seen by dermatologists.	needed paperwork for transportation staff to nament within 48 hours of the result of t				

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Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL037001	B. WING		02/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	IOUSE		ERCE DRIVE LLE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 12	D 273			
	care provider (PCP revealed: -She ordered a deri #1 because he had head that was drair cancerThe transportation week that he was h dermatologist that vinsurance or the ap-She did not know tuntil January 2023She expected order as possible. Telephone interview	with Resident #1's primary on 02/10/23 at 9:00am matology referral for Resident a lesion on the side of his hing and she suspected skin staff told her the previous aving difficulty finding a would take Resident #1's pointment was weeks out. he order was not processed ers to be carried out as soon				
	to dermatology on (could possibly have -He began calling d schedule an appoin because the derma used no longer acc	der for Resident #1's referral 01/06/23 from the SCC but				
	-Another dermatolo at the end of March Resident #1's PCP being so far out, ho ultimately schedule 2023He should have redermatology as socreceived by the SC	on as possible after in was C. hy it took so long for him to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		HAL037001	B. WING		02/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	IOUSE		ERCE DRIVE LLE, NC 279			
(V4) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 13	D 273			
	Interview with the A 2:02pm revealed: -The care manager responsible for ens ordered within 48-7 -The SCC was out in December 2022 cover the SCU whill-She was not award delayed for Resider Attempt to interview unsuccessful. The facility failed to and follow up to the for 2 of 5 sampled in Resident #1's lesion draining and had not dermatologist, and have his toenails tri was not referred for consultation for chomeal which could hor death. This failus substantial risk of p Type A2 Violation. A plan of protection in accordance with	dministrator on 02/10/23 at sets (RCC and SCC) were uring orders are completed as 2 hours of receiving them. of work for a couple of weeks and the RCC was expected to e she was out. The the dermatology referral was not #1. If with RCC on 02/09/23 was residents (#1, #5) related to no his scalp that was not been referred to a a resident (#5) who did not med which caused pain and a gastroenterology oking episodes during most ave caused a stroke, seizure, re placed the resident at thysical harm and constitutes a was submitted by the facility G.S. 131D-34 on 02/09/23.				
		TE FOR THE TYPE A2 NOT EXCEED MARCH 12,				
D 310	10A NCAC 13F .09 Service	04(e)(4) Nutrition and Food	D 310			
	10A NCAC 13F .09	04 Nutrition and Food Service				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		HAL037001	B. WING		02/1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATES I	HOUSE		ERCE DRIVE LLE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 310	(e) Therapeutic Did (4) All therapeutic supplements and the	ge 14 ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be by the resident's physician.	D 310			
	reviews the facility diet as ordered by to (PCP) for 1 of 2 sal mechanical soft diet. The findings are: Review of Resident 08/26/22 revealed of without behavioral of gastroesophageal resident of the findings are:	ons, interviews, and record failed to serve a therapeutic he primary care provider mpled residents (#5) with a st with ground meats. #5's current FL-2 dated diagnoses included dementia disturbances, reflux disease (GERD),				
	08/26/22 revealed a diet with ground me Review of Resident 02/06/23 revealed a diet with ground me Review of a physici dated 07/26/22 reversacility staff documbeen choking when	#5's diet order dated an order for mechanical soft eats. #5's diet order dated an order for mechanical soft eats. an's order for Resident #5				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING.			
		HAL037001	B. WING		02/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	IOUSE		ERCE DRIVE			
0/4) ID	CHMMA DV CTA		LE, NC 279		ON	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 15	D 310			
	resident a mechani meats. -The PCP ordered	ohysician (PCP) ordered the cal soft diet with ground a barium swallow to rule out e resident choking when he				
		#5's barium swallow test ealed his test was within				
	09/26/22 revealed: -The facility staff re resident continued when he ateThe PCP ordered consultation due to possible esophage	an order for Resident #5 dated ported to the PCP that the to have choking episodes a gastroenterology choking while eating and al stricture (an esophageal rmal tightening or narrowing of				
	on 02/08/23 revealed gravy, mashed pota	cility's posted menu for lunch ed it included hamburger with atoes, grilled asparagus, mixed strawberry ice cream, water,				
	02/08/23 revealed F	y's assisted living diet chart on Resident #5 should be served liet with ground meats.				
	diet menu for lunch -There was no listir with ground meatsThere was a listing chopped meats whi	y's diet extensions therapeutic dated 02/08/23 revealed: og for a mechanical soft diet for mechanical soft diet with och included: hamburger with ogetables should be soft and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CATECI	IOUEE	11 COMM	ERCE DRIVE			
GATES F	1003E	GATESVIL	LE, NC 279	38		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 16	D 310			
		zed portions, mashed moistened, and the biscuit				
	on 02/08/23 from 1: -He was served chomashed potatoes with biscuit, ice cream, via -The resident cough hamburger and mainstResident #5 picked and began to cough bite of his biscuitResident #5 asked 11:57am after he at because he was cotears down both sides -A personal care aid on his back and end and take small bites -The resident #5's hambeen chopped into biscuit should have literview with Resident:	staff to pat his back at the a portion of the biscuit ughing and observed with les of his face. Ide (PCA) patted the resident couraged him to take his time is of food. If you have been soaked. If you have been soaked.				
	caught in his mouth -He choked during understand whyWhen he had diffic	he ate because food got a and throat. most meals and did not culty swallowing and began to ed and felt like he would vomit.				

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-Sometimes staff sat with him for a few minutes

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OATE SURVEY COMPLETED 02/10/2023 (X5) COMPLETE
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11 COMMERCE DRIVE GATESVILLE, NC 27938 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG STREET ADDRESS, CITY, STATE, ZIP CODE 11 COMMERCE DRIVE GATESVILLE, NC 27938 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE
GATES HOUSE 11 COMMERCE DRIVE GATESVILLE, NC 27938 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 10 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
GATES HOUSE GATESVILLE, NC 27938 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) GATESVILLE, NC 27938 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
D 310 Continued From page 17 D 310	DATE
when he coughed during mealsHe did not cough or choke when staff sat with him during meals.	
Interview with a dietary aide on 02/09/23 at 4:17pm revealed: -Resident #5 was on a mechanical soft diet with chopped meatsThe resident's biscuit served at lunch should be soakedShe thought his biscuit was soaked because it was beside the vegetables on his plate and the juice from the vegetables had soaked the bottom of his biscuit. Interview with a PCA on 02/08/23 at 12:05pm	
revealed: -Resident #5 received a mechanical soft diet with chopped meatsHe coughed and choked during most meals because he put too much food in his mouthThe resident had coughed and choked during meals for the past 2 monthsShe reminded him to put small amounts in his mouth and take his timeShe observed him during dinner on 02/04/23 and he had coughing spells and choked because he put too much food in his mouthShe monitored him during meals because he coughed and became strangled during most meals, and it scared herShe and the MA had to pat the resident on his back and instruct him to raise his arms above his head when he choked on his foodShe had notified the MA weekly about his coughing and choking episodes during meals. Refer to interview with the dietary manager (DM)	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL037001	B. WING		02/4	0/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	02/1	0/2023
			ERCE DRIVE			
GATES I	1005E	GATESVII	LE, NC 279	38		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	Continued From pa	nge 18	D 310			
	Refer to interview v 02/09/23 at 3:00pm	vith a medication aide (MA) on n.				
	Refer to interview with a second MA on 02/10/23 at 10:52am.					
	Refer to interview v (PCP) on 02/10/23	vith the primary care physician at 9:00am.				
	Refer to interview v 02/10/23 at 2:02pm	vith the Administrator on n.				
	dinner meal on 02/0 barley soup, baked	ncility's posted menu for the 09/23 revealed it included beef potato, caesar salad, garlic plate ice cream, water, milk,				
	02/09/23 revealed I	ty's assisted living diet chart on Resident #5 should be served diet with ground meats.				
	diet menu for dinne -There was no listir with ground meats. -There was a listing chopped meats wh beef barley soup sh baked potato shoul should be replaced and garlic breadstic	g for mechanical soft diet with ich included: nould have chopped meat, his d be moistened, caesar salad by a soft bite sized vegetable cks should be soaked.				
	02/09/23 at 5:26pm barley soup, chopp	sident #5's dinner meal on n revealed he was served beef ed collards, baked potato with cream, milk, coffee, and tea.				
	Observation of Res 02/09/23 at 5:26pm	sident #5 in the dining room on nevealed:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES I	HOUSE		ERCE DRIVE LLE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 19	D 310			
D 310	-Resident #5 was s soaked, and he was with his handThe baked potato upHe coughed and b attempted to eat his -A MA, PCA and a cto his table and remeating and to take h-When he began to patted him on his b-Staff intervened arbiscuit from Reside not soaked. Observation of the Resident #5's plate revealed the biscuit bottom but was ablectumbled due to the Interview with a die 5:28pm revealed: -Almost everything caused him to coug-When the resident that "water" came of Interview with a die 5:30pm revealed: -Resident #5 was of mechanical soft wit soften it to preveand chokingShe added a ¼ of on his biscuit to prechoking.	erved a biscuit that was not able to pick up the biscuit and butter and was chopped egan to choke when he baked potato. Corporate staff member came ainded him slow down when ais time. Choke the MA and PCA ack. It dasked staff to remove the ack. It dasked staff to remove the art #5's plate because it was biscuit that was removed from on 02/09/23 at 5:27pm and some moisture on the eto be cut up and was easily everall dryness. Tarry aide on 02/09/23 at Resident #5 was served h. coughed; he coughed so hard ut of his eyes. Tarry aide on 02/09/23 at at a therapeutic diet that was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 t. BOILBII (O.			
		HAL037001	B. WING		02/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	IOUSE		ERCE DRIVE			
			LE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 20	D 310			
	"mushy" but just wa	ot want to get the biscuit too anted it moistened. I that the biscuit should have				
	Refer to interview won 02/08/23 at 12:3	vith the dietary manager (DM) 0pm.				
	Refer to interview w 02/09/23 at 3:00pm	vith a medication aide (MA) on				
	Refer to interview wat 10:52am.	vith a second MA on 02/10/23				
	Refer to interview w (PCP) on 02/10/23	vith the primary care physician at 9:00am.				
	Refer to interview w 02/10/23 at 2:02pm	vith the Administrator on				
	02/08/23 at 12:30pr -The Resident Care provided her update -She kept them in a -The RCC provided in the kitchen of res -She followed the d therapeutic diet me -She had not realize	e Coordinator (RCC) or MA ed diet orders for residents. a binder. I her with a list that was posted sidents on a therapeutic diet. irections on the facility's nu. ed that his diet order should ical soft with ground meats				
	revealed: -Resident #5 cough mealsShe observed Res	ident #5 choke during his				

02/06/23.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL037001	B. WING		02/1	0/2023
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATES HOUSE		ERCE DRIVE			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
small grain. -He had a tenden mouth and staff hake his time and staff encouraged food and to drink. -A MA and PCA of help remind him to the later with a saccessive staff encouraged food and to drink. -A MA and PCA of help remind him to the later with a saccessive staff encourage. -She and a PCA of meals. -The resident alwood when and take saccessive she was saccessive staff had to pat to most meals when also remind him to head. -She had not concept this choking her an update on choking episodes. -She should have his safety and rearisk of aspiratingIt would benefit to to provide an update on choking episodes. -She should have his safety and rearisk of aspiratingIt would benefit to provide an update. -Resident #5 had	igh and choke even if he ate a cy to put too much food in his ad to remind him to slow down, take small bites of food. If him to take small bites of his in between bites of food. It beserved him at each meal to o slow down. Becond MA on 02/10/23 at discrete in the dining room for anystried to eat too fast. PCA reminded him to slow hall bites he did not choke. The resident on his back during he started choking and would to raise his hands above his tacted the resident's PCP to gepisodes, she forgot to send Resident #5's coughing and contacted his PCP to ensure dized he was at an increased due to his choking. The resident to contact his PCP ate on his frequent choking. Bew with the resident's primary CP) on 02/10/23 at 9:00am The startery of choking on his food. It wallow test that was completed and the slow test that was completed to the sent and the slow test that was completed to the sent and the slow test that was completed to the slow test that the slow test that was completed to the slow test that the slow test that the slow test that the slow test t	D 310	DEFICIENCY)		

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-Resident #5's diet order was changed on

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES I	JOHEE	11 COMM	ERCE DRIVE			
GAIESI	1003E	GATESVIL	LE, NC 279	38		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 22	D 310			
	08/26/22 to a mech meats. -His most recent dic continued Resident with ground meats. -She was not aware menu listed Reside with chopped meats ordered. -She had not been resident was chokin. -She expected staff Resident #5; his mechopped per her ordered readmitted to the house the increased frequivalent from the increased choking high risk of a stroke the dining room from the dining room from the dining room from the dining room from the sophagus muscle great risk of becomes a maneuver not work esophagus muscle great risk of becomes the dining room from the dining ro	anical soft diet with ground et order was 02/06/23 and #5 on a mechanical soft diet e that the facility's therapeutic int #5 as a mechanical soft diet is instead of ground meats as notified by facility staff that the ing during most of his meals. It to follow the diet order for eats should be ground and not ider on 08/26/22 and 02/06/22. In the facility staff that the ing during most of his meals. It to follow the diet order for eats should be ground and not ider on 08/26/22 and 02/06/22. In the facility is the facility of the serious description of the residents in the facility is the facility of the resident at a in the facility is the facility of the resident at a in the facility is the facility of the fac				

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was to be prepared.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	SURVEY PLETED	
		HAL037001	B. WING		02/	10/2023
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
GATES I	HOUSE	GATESVII	LLE, NC 279	38		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 310	-Resident #5 was a aspiration pneumor preparing his meals The facility failed to served a modified or ground meats as or coughing, and chook required assistance which could have or death. This failure properties and plan of protection in accordance with	t risk of choking and nia due to dietary staff not	D 310			
D 312	Service 10A NCAC 13F .09 (f) Individual Feedi Homes: (2) Residents need assisted upon recei assistance shall be that maintains or endignity and respect. This Rule is not me Based on observati reviews, the facility assistance to 1 of 2	et as evidenced by: ons, interviews and record failed to provide feeding sampled residents (#5) who sistance with eating due to	D 312			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			·			
		HAL037001	B. WING		02/1	0/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GATES H	HOUSE		ERCE DRIVE LE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 312	Continued From pa	ge 24	D 312			
	08/26/22 revealed of without behavioral of gastroesophageal rhypertension and more revealed he require eating. Review of Resident revealed he require eating. Review of Resident 02/06/23 revealed a diet with ground media. Observation of F 02/08/23 at 11:34ar	reflux disease (GERD), mood disorder. #5's care plan dated 08/09/22 and limited assistance with #5's diet order dated an order for mechanical soft				
	around the dining reeating lunch. Observation of Res 02/08/23 at 11:34ar -A PCA and MA were the dining room to compassed potatoes wand a biscuit. The PCA and MA during his meal; the reminded him to slow -The resident cough hamburger and marked and take small another table in the	ident #5 during lunch on m revealed: re observed walking around check on residents. apped hamburger with gravy, with gravy, mixed vegetables, add not sit with Resident #5 bey walked by his table and bow down and take his time. The down and take his time whed 3 times while eating his shed potatoes with gravy. It is table to remind him to slow all bites and then walked to dining room.				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CATECI	IOUET	11 COMM	ERCE DRIVE	<u> </u>		
GATES I	1005E	GATESVIL	LE, NC 279	38		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 312	Continued From pa	ge 25	D 312			
	-The resident cough bite of his biscuitA MA heard the restable, patted him or to raise his hands a -Resident #5 cough pat his back at 11:5 the biscuit because tears on both sides -A PCA patted the rencouraged him to bites of food. Interview with Residual 12:15pm revealed: -Sometimes staff sawhen he coughed of the highest him during mealsHe coughed when caught in his mouth the choked during understand whyWhen he had difficuate the him with a power of the rewealed: -Resident #5 often of the reminded him mouth and ate too food in the she monitor of the reminded in the reminded him mouth and take his she observed the resident food in the reminder of the reminded in the reminded in the reminded him mouth and take his she observed the reminded in the reminded in the reminded in the reminded him mouth and take his she observed the reminded in the reminded in the reminded him mouth and take his she observed the reminded in the reminded him mouth and take his she observed the reminded him mouth and take his she observed the reminded him mouth and take his she observed the reminded him mouth and take his she observed the reminded him mouth and take his she observed the reminded him mouth and take his she observed the reminded him mouth and take his she observed the reminded him mouth and take his she observed the reminded him mouth and take his she observed the reminded him mouth and take his she observed him the reminded him mouth and take his she observed him the reminded him mouth and take his she observed him the reminded him mouth and take his she observed him the reminded him mouth and take his she observed him the reminded him mouth and take his she observed him the reminded him him the remarkable him the reminded him him the remarkable him th	sident coughing, walked to his the back and instructed him bove his head. ed again and asked staff to 7am after he ate a portion of he was coughing and had of his face. esident on his back and take his time and take small the suring meals. It with him for a few minutes uring meals. It choke when staff sat with the ate because food got and throat. In most meals and did not ulty swallowing and began to d and felt like he would vomit. A on 02/09/23 at 12:05pm coughed and chocked during but too much food in his ast. It to put small amounts in his time. It is identified to his and chocked because he				

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-She did not provide one on one feeding

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	HAL037001		B. WING		02/1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	TATE, ZIP CODE	•	
GATES I	HOUSE		ERCE DRIVE			
	010000000000000000000000000000000000000		LE, NC 279		211	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 312	Continued From pa	ge 26	D 312			
	times for a few minimal down. -She and the MA has back and instruct his head when he choke. She had notified the coughing and choke. b. Observation of Fon 02/09/23 at 5:26 -A personal care aid (MA) walked around meal. -The PCA and MA of during his meal; the reminded him to slow looke. -Resident #5 had expanded him to slow looke. -A MA, PCA and a country to his table and remeating and to take head and the take head a	Resident #5 in the dining room pm revealed: de (PCA) and medication aide d the dining room during the did not sit with Resident #5 by walked by his table and bow down and take his time. The aten approximately half of his nen coughed and began to corporate staff member came ninded him slow down when his time.				
	Interview with a die 5:28pm revealed: -Almost everything	tary aide on 02/09/23 at Resident #5 was served				
	caused him to coug -When the resident that "water" came of	coughed; he coughed so hard				
	revealed: -Resident #5 cough	on 02/09/23 at 3:00pm and choked during most				
	ate a small grain.	cough and choke even if he				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11 COMMERCE DRIVE GATES HOUSE SUMMARY STATEMENT OF DEFICIENCIES GATESVILLE, NC 27938 [(A4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 312 Continued From page 27 mouth and staff had to remind him to slow down, take his time and take small bites of food. -She observed Resident #5 choke during his dinner on 01/30/23, 02/02/23, 02/03/23 and 02/06/23. -A MA and PCA walked around the dining room during each meal and reminded him to slow down. -Staff did not sit with him during his meal to provide one on one feeding assistance. Interview with a second MA on 02/10/23 at 10:52am revealed: -Resident #5 coughed and choked frequently when he ate his meals and ate his food too fastShe and a PCA were in the dining room for meals and walked around to see if residents needed assistance. -Staff had to pat the resident on his back during most meals when he started choking and would remind him to raise his hands above his head.		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11 COMMERCE DRIVE GATES HOUSE 11 COMMERCE DRIVE GATESVILLE, NC 27938 (x4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECIDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 312 Continued From page 27 mouth and staff had to remind him to slow down, take his time and take small bites of foodShe observed Resident #5 choke during his dinner on 01/30/23, 02/02/23, 02/03/23 and 02/06/23A MA and PCA walked around the dining room during each meal and reminded him to slow downStaff did not sit with him during his meal to provide one on one feeding assistance. Interview with a second MA on 02/10/23 at 10:52am revealed: -Resident #5 coughed and choked frequently when he ate his meals and ate his food too fastShe and a PCA were in the dining room for meals and walked around to see if residents needed assistanceStaff had to pat the resident on his back during most meals when he started choking and would							
GATES HOUSE CAJ ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DATE DATE CANSS-REFERENCED TO THE APPROPRIATE DATE			HAL037001	B. WING		02/1	0/2023
CATESHOUSE SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NAME OF	PROVIDER OR SUPPLIER					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 312 Continued From page 27 mouth and staff had to remind him to slow down, take his time and take small bites of food. -She observed Resident #5 choke during his dinner on 01/30/23, 02/02/23, 02/03/23 and 02/06/23. -A MA and PCA walked around the dining room during each meal and reminded him to slow down. -Staff did not sit with him during his meal to provide one on one feeding assistance. Interview with a second MA on 02/10/23 at 10:52am revealed: -Resident #5 coughed and choked frequently when he ate his meals and ate his food too fast. -She and a PCA were in the dining room for meals and walked around to see if residents needed assistance. -Staff had to pat the resident on his back during most meals when he started choking and would	GATES I	HOUSE					
mouth and staff had to remind him to slow down, take his time and take small bites of foodShe observed Resident #5 choke during his dinner on 01/30/23, 02/02/23, 02/03/23 and 02/06/23A MA and PCA walked around the dining room during each meal and reminded him to slow downStaff did not sit with him during his meal to provide one on one feeding assistance. Interview with a second MA on 02/10/23 at 10:52am revealed: -Resident #5 coughed and choked frequently when he ate his meals and ate his food too fastShe and a PCA were in the dining room for meals and walked around to see if residents needed assistanceStaff had to pat the resident on his back during most meals when he started choking and would	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
-When she or the PCA reminded him to slow down and take small bites he did not chokeShe had not contacted the resident's PCP to report his choking episodesShe thought an order by the PCP for one on one feeding assistance would help the resident not choke during mealsShe should have contacted his PCP about his frequent coughing and choking episodes and did not know why she had not contacted the PCPShe was not aware that the residents care plan listed the resident with limited assistance when eatingLimited assistance with eating meant that the resident needed a staff person to sit with him during his meals to remind him to eat slowly, take small bites and take sips in between swallowing. Telephone interview with the resident's primary	D 312	mouth and staff had take his time and taShe observed Res dinner on 01/30/23, 02/06/23A MA and PCA wal during each meal a downStaff did not sit with provide one on one Interview with a sec 10:52am revealed: -Resident #5 cough when he ate his meShe and a PCA we meals and walked a needed assistanceStaff had to pat the most meals when he remind him to raiseWhen she or the P down and take smaShe had not contain report his choking ending assistance choke during meals she should have contained to the resident we eatingLimited assistance resident needed a siduring his meals to small bites and take small bites and ta	d to remind him to slow down, ake small bites of food. ident #5 choke during his 02/02/23, 02/03/23 and aked around the dining room and reminded him to slow the him during his meal to feeding assistance. Sond MA on 02/10/23 at aled and choked frequently eals and ate his food too fast. Fre in the dining room for around to see if residents are resident on his back during the started choking and would his hands above his head. The process of the resident's PCP to episodes. The process of the PCP for one on one would help the resident not and choking episodes and did and not contacted the PCP. The that the residents care plan with limited assistance when the with eating meant that the staff person to sit with him remind him to eat slowly, take a sips in between swallowing.	D 312			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	
			A. BOILBING.			
		HAL037001	B. WING		02/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	HOUSE		ERCE DRIVE .LE, NC 279			
(V4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	•		DNI .	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
D 312	Continued From pa	ge 28	D 312			
	care physician (PCI revealed: -Resident #5 had a -She had not been resident was chokingIf she had been no was choking during ordered the resident assistanceResident #5 would one feeding assista slower, take smalle after he swallowedStaff placed Residereadmitted to the hot the increased frequestaliure of staff to not increased choking of high risk of a stroke the dining room from the dining room from the sident #5 was a maneuver not work esophagus muscle great risk of becomer. Resident #5's chok progress, and she was proper diet order are assistance that he was death. Interview with the A 2:02pm revealed: -She did not know find as limited assistance the resident for all restaff walked in the	history of choking on his food. notified by facility staff that the regident most meals, tified by staff that the resident most meals, she would have to have one on one feeding. have benefited from one on once to remind him to eat relies of food and to drink his food. ent #5 at a high risk of being popital by not notifying her of ency of his choking episodes. To of the resident at a resizures or passing out in methoding. It risk of the Heimlich ing if needed due to an spasm, which put him at a ing unconscious. The construction of the resident at a resid				

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any residents.

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	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	PLETED
	HAL037001	B. WING		02/1	10/2023
ROVIDER OR SUPPLIER	11 COMM	ERCE DRIVE	· •		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE DATE
The Resident Care medication aide (Maresident's care plan assistance with feed The RCC or MA sharesident's PCP to no coughing and choking and choking are sident #5 was a sesistance with eati-Resident #5 was a resident #5 was a r	Coordinator (RCC) and A) should have followed the and provided limited ding to ensure his safety. Ould have contacted the otify of his frequency of ng with meals. It risk of additional choking being provided limited ng during his meals. It an increased risk of	D 312			
Administration 10A NCAC 13F .100 (a) An adult care here preparation and adrescription and not by staff are in according to the final procedures. This Rule is not mere Based on observation and procedures. This Rule is not mere Based on observation as order residents (#1, #4) in control blood sugar treat low iron levels.	D4 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments dance with: nsed prescribing practitioner ed in the resident's record; and stion and the facility's policies et as evidenced by: ons, record reviews, and ty failed to administer red for 2 of 5 sampled including a medication used to (#4) and a medication used to in the blood (anemia) (#1).	D 358			
C - rra-ro-ea-ar / / / / / Firrot F	SUMMARY STA' (EACH DEFICIENCY REGULATORY OR LS) Continued From page. The Resident Care medication aide (Maresident's care plant assistance with feed the RCC or MA sharesident's PCP to not coughing and choking expisodes without be assistance with eating the Resident #5 was at additional choking expisodes without be assistance with eating the Resident #5 was at additional choking expisodes without be assistance with eating the Resident #5 was at additional choking expisodes without be assistance with eating the Resident #5 was at additional choking expisodes without preparation and adrorescription and not preparation and adrorescription and not preparation and adrorescription and not preparation and procedures. This Rule is not medianter in the Residents (#1, #4) in the Residents (#1, #4	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 The Resident Care Coordinator (RCC) and medication aide (MA) should have followed the resident's care plan and provided limited assistance with feeding to ensure his safety. The RCC or MA should have contacted the resident's PCP to notify of his frequency of coughing and choking with meals. Resident #5 was at risk of additional choking episodes without being provided limited assistance with eating during his meals. Resident #5 was at an increased risk of additional choking episodes and aspiration oneumonia. 10A NCAC 13F .1004(a) Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, or 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: Based on observations, record reviews, and interviews, the facility failed to administer medication as ordered for 2 of 5 sampled residents (#1, #4) including a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication administration (#1).	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 The Resident Care Coordinator (RCC) and medication aide (MA) should have followed the resident's care plan and provided limited assistance with feeding to ensure his safety. The RCC or Mashould have contacted the resident's PCP to notify of his frequency of coughing and choking with meals. Resident #5 was at risk of additional choking episodes without being provided limited assistance with eating during his meals. Resident #5 was at an increased risk of additional choking episodes and aspiration oneumonia. 10A NCAC 13F .1004(a) Medication Administration 10A nadult care home shall assure that the preparation and administration of medications, or 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: Based on observations, record reviews, and interviews, the facility failed to administer medication as ordered for 2 of 5 sampled residents (#1, #4) including a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to the facility's medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medication used to control blood sugar (#4) and a medic	STREET ADDRESS, CITY, STATE, ZIP CODE 11 COMMERCE DRIVE GATESVILLE, NC 27938 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 The Resident Care Coordinator (RCC) and medication aide (MA) should have followed the resident's care plan and provided limited assistance with feeding to ensure his safety. The RCC or MA should have contacted the resident's PCP to notify of his frequency of coughing and choking with meals. Resident #5 was at risk of additional choking episodes without being provided limited assistance with eating during his meals. Resident #5 was at an increased risk of additional choking episodes without being provided limited assistance and administration of medications, preparation and administration of medications 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: Based on observations, record reviews, and nterviews, the facility failed to administer medication as ordered for 2 of 5 sampled residents (#1, #4) including a medication used to control blood sugar (#4) and a medication used to reat low iron levels in the blood (anemia) (#1). The findings are:	STREET ADDRESS, CITY, STATE, ZIP CODE 11 COMMERCE DRIVE GATESVILLE, NC 27938 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 The Resident Care Coordinator (RCC) and medication aide (MA) should have followed the resident's care plan and provided limited assistance with feeding to ensure his safety. The RCC of MA should have contacted the resident's PCP to notify of his frequency of coupling and choking with meals. Resident #5 was at risk of additional choking episodes without being provided limited assistance with eating during his meals. Resident #5 was at an increased risk of additional choking episodes and aspiration one noneumonia. 10A NCAC 13F .1004(a) Medication Administration (a) An adult care home shall assure that the oreparation 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: Based on observations, record reviews, and interviews, the facility failed to administer medication as ordered for 2 of 5 sampled exidents (#1, #4) including a medication used to treat low iron levels in the blood (anemia) (#1). The findings are: Review of the facility's medication administration

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DIVISION	of Health Service Re	egulation	_			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL037001	B. WING		02/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		11 COMM	ERCE DRIVE	=		
GATES H	IOUSE		LE, NC 279			
0(4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	1		NI.	()(5)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	DATE
				DEFICIENCY)		
D 358	Continued From pa	ge 30	D 358			
	-All orders are revie	ewed by the Resident Care				
	Coordinator (RCC)					
		nedication aide (MA) if after				
		x the order to the pharmacy				
		into the electronic system.				
		nee will wait for the order to be				
	•	onic medication system for				
	approval and then approve the order for					
	administration and follow the steps in the order					
	process system (bucket system).					
	-The MAs will review the Facility Activity Report at the beginning of each shift for order changes					
		or change order is received.				
		nee would follow up timely to				
		ary clarification for physician's				
	orders.	,				
	1. Review of Reside	ent #4's current FL-2 dated				
		diagnoses included, diabetes				
		te encephalopathy, altered				
	mental status, and	major neurocognitive disorder.				
	Review of a physici	an order dated 10/20/22				
		or Metformin 500mg, 1 tablet				
		00am. (Metformin is a				
	,	control blood sugar).				
		5 ,				
		:#4's February 2023				
		tration record (MAR) revealed:				
		y for Metformin, 500mg, 1				
		d to be administered at				
	8:00am.	antation Mathematic 500				
		entation Metformin 500mg, 1]
		ered at 8:00am from 02/01/23				
	through 02/03/23 at 02/08/23.	nd from 02/05/23 through				
		umentation that Metformin				
		s administered at 8:00am on				
	02/04/23.	danimistored at 0.00am on				
		entation Metformin, 500mg, 1				

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DIVISION	of Health Service Re	guiation				
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CATECL	IOUSE	11 COMM	ERCE DRIVE	≣		
GATES F	1003E	GATESVIL	LE, NC 279	38		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 31	D 358			
	tablet was not admit was unavailable.	inistered on 02/09/23 because				
	Observation of Resident #4's medications on hand on 09/09/23 at 9:30am revealed Metformin was not in the medication cart.					
	pharmacist on 02/0 -Resident #4's Mett 01/02/23 for a 7-da -Resident #4's Mett 01/09/23 for a 7-da -Resident #4's Mett 01/16/23 for a 7-da -Resident #4's Mett 01/23/23 for a 7-da -Resident #4's Mett 01/30/23 for a 2 pill -Resident #4's Mett 02/01/23 for 2 pills -Resident #4's Mett and he needed a ne -An electronic notifi	ormin was dispensed on y supply. Formin was dispensed on y supply. Formin was dispensed on y supply. Formin was dispensed on formin was last dispensed on formin prescription had expired				
	revealed: -He did not get his morning of 02/09/2 -There were other t	Metformin medication on the 3. imes he did not get his ould not remember when.				
	02/09/23 at 10:00ar -Metformin was not on 02/09/23 becau the medication cart	administered to Resident #4 se the medication was not on				

Division of Health Service Regulation

STATE FORM 6899 UBCE11 If continuation sheet 32 of 49

INTERMENT OF DEPICIENCES AND PLAN OF CORRECTION INTERMEDIATE HALO37001 INTER	<u>Divisio</u> n	<u>of Health Service Re</u>	egulation				
MAKE OF PROVIDER OR SUPPLIER GATES HOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, TAG PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL, TAG CROSS-REFERENCE (EACH DEFICIENCY MUST BE PRECEDED BY FULL, TAG CROSS-REFERENCE (TO THE APPROPRIATE BATE TAG CROSS-REFERENCED TO THE APPROPRIATE BATE D 358 Continued From page 32 (SCC) When a medication needed to be re-filled. Interview with the SCC on 02/09/23 at 4:10pm revealed: -Medications were dispensed for a 7-day supply each weekMedications were delivered by the facility's contracted pharmacy on Wednesday, the night shift (7:00pm-7:00am) placed the medications on the cart Thursday nightShe did not recall receiving a notification from the facility's contracted pharmacy that Resident #4 needed a refilled prescription for MetforminShe conducted medication cart audits for the special care unit. Interview with the Administrator on 02/09/23 at 4:30pm revealed: -The facility's contracted pharmacist usually notified the facility when a refilled prescription was needed for a residentThe medication cart audit should be done weekly by the SCCThe facility's hould have been aware of a refilled prescription being needed for Resident #4 when the medication cart audit was doneShe expected the SCC to call the primary care provider (PCP) when a prescription needed to be refilledShe did not know why the PCP was not notified that a refilled prescription was needed for Resident #4. Attempted telephone interview with Resident #4's primary care provider (PCP) on 02/09/23 at 2:30pm was unsuccessful.	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
CATES HOUSE SUMMARY STATEMENT OF DEFICIENCIES CATES VILLE, NC 27938			HAL037001	B. WING		02/1	0/2023
CATESTILLE, NC 27938	NAME OF F	PROVIDER OR SUPPLIER					
PREFIX TAG D 358 Continued From page 32 (SCC) when a medication needed to be re-filled. Interview with the SCC on 02/09/23 at 4:10pm revealed: -Medications were dispensed for a 7-day supply each weekMedications were delivered by the facility's contracted pharmacy on Wednesday, the night shift (7:00pm-7:00am) placed the medications on the cart Thursday nightShe did not recall receiving a notification from the facility's contracted pharmacy that Resident #4 needed a refilled prescription for MetforminShe conducted medication cart audits for the special care unit. Interview with the Administrator on 02/09/23 at 4:30pm revealed: -The facility's contracted pharmacist usually notified the facility wene a refilled prescription was needed for a residentThe medication cart audit should be done weekly by the SCCThe facility should have been aware of a refilled prescription being needed for Resident #4 when the medication cart audit was doneShe expected the SCC to call the primary care provider (PCP) when a prescription needed to be refilledShe did not know why the PCP was not notified that a refilled prescription was needed for Resident #4. Attempted telephone interview with Resident #4's primary care provider (PCP) on 02/09/23 at 2:30pm was unsuccessful.	GATES H		GATESVIL				
(SCC) when a medication needed to be re-filled. Interview with the SCC on 02/09/23 at 4:10pm revealed: -Medications were dispensed for a 7-day supply each week. -Medications were delivered by the facility's contracted pharmacy on Wednesday, the night shift (7:00pm-7:00am) placed the medications on the cart Thursday night. -She did not recall receiving a notification from the facility's contracted pharmacy that Resident #4 needed a refilled prescription for Metformin. -She conducted medication cart audits for the special care unit. Interview with the Administrator on 02/09/23 at 4:30pm revealed: -The facility so contracted pharmacist usually notified the facility when a refilled prescription was needed for a resident. -The medication cart audit should be done weekly by the SCC. -The facility should have been aware of a refilled prescription being needed for Resident #4 when the medication cart audit was done. -She expected the SCC to call the primary care provider (PCP) when a prescription needed to be refilled. -She did not know why the PCP was not notified that a refilled prescription was needed for Resident #4. Attempted telephone interview with Resident #4's primary care provider (PCP) on 02/09/23 at 2:30pm was unsuccessful.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
08/26/22 revealed:	D 358	Interview with the S revealed: -Medications were deach weekMedications were deach weekMedication recall in the facility's contract was recitled a refilled was needed a refilled by the second was needed for a reflect of the facility was needed for a reflect was needed for a reflect of the second was needed fo	dication needed to be re-filled. CC on 02/09/23 at 4:10pm dispensed for a 7-day supply delivered by the facility's by on Wednesday, the night am) placed the medications on ight. The ceciving a notification from the prescription for Metformin. The dication cart audits for the definition of the dication cart audits for the dication cart audits for the dication cart audits for the dication of the di	D 358			

-Diagnoses included Dementia ad major cognitive

STATE FORM 6899 If continuation sheet 33 of 49 UBCE11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		HAL037001	B. WING		02/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	IOUSE		ERCE DRIVE			
			LE, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 33	D 358			
	intermittently disoric -The level of care was an order to be administered ear medication used to blood.) Review of Resident 12/19/22 revealed to discontinue ferrous Review of Resident administration recorrevealed: -There was a composulfate 325mg to be	er for ferrous sulfate 325mg to ch day. (Ferrous Sulfate is a treat low iron levels in the #1's physicians order dated there was an order to sulfate 325mg each day. ##1's electronic medication rd (eMAR) for December 2022 outerized entry for ferrous e administered each day.				
	was administered e 12/01/22 through 1	entation ferrous sulfate 325mg each day at 8:00am from 2/31/22. t #1's eMAR for January 2023				
	revealed: -There was a comp sulfate 325mg to be -There was docume	outerized entry for ferrous e administered each day. entation ferrous sulfate 325mg each day at 8:00am from				
	care provider (PCP revealed: -She discontinued I December 2022 be normal rangeShe tried to discontinued to discontinued I	w with Resident #1's primary) on 02/10/23 at 9:00am Resident #1's ferrous sulfate in cause his iron level was within attinue medications for				

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medication cost.

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Division	<u>of Health Service Re</u>	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CATECL	IOUEE	11 COMMI	ERCE DRIVE			
GATES H	1003E	GATESVIL	LE, NC 279	38		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 34	D 358			
	-She expected orde possible after they a	ers to be processes as soon as are written.				
	(SCC) on 02/09/23	pecial Care Coordinator at 10:10am revealed:				
		were placed in her box and e for faxing the order to the				
	pharmacy.					
	-She expected orders to be sent to pharmacy within 48 hours of receiving the order if it is					
	received on a FridayShe expected the order to be processed by the					
		hour after faxing the order.				
		ole for ensuring physician				
	ordered were comp -She was out sick for	or 2 weeks in December				
	_	discontinuation of ferrous				
		I for Resident #1 and the rdinator (RCC) was supposed				
	to cover for her duri	ing her absence				
		er to discontinue Resident #1's not completed when she				
	returned to work an	d faxed the order to the				
	pharmacy in early J know the exact date	anuary 2023 but she did not				
	Interview with the A 2:02pm revealed:	dministrator on 02/10/23 at				
	-The care manager	s (RCC and SCC) were				
		uring orders are completed as 2 hours of receiving them.				
	-The SCC was out	of work for a couple of weeks				
	in December 2022 cover the SCU while	and the RCC was expected to				
	-She was not aware	e Resident #1 continued to				
	receive ferrous sulfadiscontinued.	ate 2-3 weeks after it was				
	discontinued.					

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Division of Health Service Regulation STATE FORM

If continuation sheet 35 of 49 UBCE11

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				P. WING			
		HAL037001	B. WING		02/1	0/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
GATES H	IOUSE		ERCE DRIVE				
		GATESVIL	LE, NC 279	<u> </u>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE	
D 367	Continued From pa	ge 35	D 367				
D 367	7 10A NCAC 13F .1004(j) Medication Administration		D 367				
	(j) The resident's marecord (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do administered; (4) instructions for a or treatment; (5) reason or justific medications or treadocumenting the redications or treadocumentation of medications or treadocumentation of medications or treadomission, including (8) name or initials the medication or traignature equivalent documented and madministration recombased on observation interviews the faility medication administration ad	dication or treatment order; sage or quantity of medication administering the medication reation for the administration of tments as needed (PRN) and sulting effect on the resident; administration; of any omission of tments and the reason for the refusals; and, of the person administering eatment. If initials are used, a t to those initials is to be aintained with the medication rd (MAR).					
		ion used to control blood edication used as a sleep aide					
	-	ent #4's current FL-2 dated					

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10/20/22 revealed diagnoses included, acute

UBCE11 If continuation sheet 36 of 49

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL037001	B. WING		02/1	10/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CATECI	JOHEE	11 COMM	ERCE DRIVE	Ē		
GATES I	1005E	GATESVII	LLE, NC 279	38		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 36	D 367			
		ered mental status, major rder, diabetes mellitus type 2,				
	revealed an order for daily with food at 8:	an order dated 10/20/22 or Metformin 500mg, 1 tablet 00am. (Metformin is a control blood sugar).				
	medication adminis -There was an entry tablet daily with food 8:00amThere was docume tablet was administ through 02/03/23 an	#4's February 2023 tration record (MAR) revealed: y for Metformin, 500mg, 1 d to be administered at entation Metformin 500mg, 1 ered at 8:00am from 02/01/23 nd from 02/05/23 through				
	500mg, 1 tablet was 02/04/23There was docume	umentation that Metformin s administered at 8:00am on entation Metformin, 500mg, 1 nistered on 02/09/23 because				
		ident #4's medications on t 9:30am revealed Metformin cation cart.				
	pharmacist on 02/0 -Resident #4's Metf 01/02/23 for a 7-day -Resident #4's Metf 01/09/23 for a 7-day -Resident #4's Metf 01/16/23 for a 7-day -Resident #4's Metf 01/23/23 for a 7-day	ormin was dispensed on y supply. ormin was dispensed on y supply. ormin was dispensed on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL037001	B. WING	B. WING		0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	IOUSE	11 COMM	ERCE DRIVE	Ē		
GATESVII		GATESVIL	LE, NC 279	38		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIMED TO THE APPROFIME	D BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 37	D 367			
D 307	01/30/23 for a 2 pill. Resident #4's Metf 02/01/23 for 2 pills. There should not h the facility after 02/ Resident #4's Metf and he needed a ne An electronic notific that a new prescript #4. Interview with Resid 9:45am revealed: -He did not get his I morning of 02/09/2 -There were other to medication. Interview with the m 02/09/23 at 10:00ar -Metformin was not on 02/09/23 becaut the medication cartShe would notify th SCC) when a medic Interview with the S revealed -Medications were deach weekMedications were deach weekMedications were deach were contracted pharmaces shift placed the medication to the second	ormin was last dispensed on ave been any Metformin in 03/23. ormin prescription had expired by prescription. cation was sent to the facility tion was needed for Resident dent #4 on 02/09/23 at Metformin medication on the 3. imes he did not get his medication aide (MA) on more revealed: administered to Resident #4 se the medication was not on	D 307			
	the facility's contract #4 needed a new pr	receiving a notification from ted pharmacy that Resident rescription for Metformin. dication cart audits for the				

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-She did not know why the Metformin was

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIDI	E CONSTRUCTION	(X3) DATE	QLID\/EV
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′			LETED
			A. BOILDING.			
		HAI 027004	B WING		00/4	0/0000
		HAL037001	D: 11110		02/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	HOUSE		ERCE DRIVE			
GATESVI		GATESVII	LLE, NC 279	38		
(X4) ID		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
D 367	Continued From page 38		D 367			
	documented as adr	ministered after 02/04/23.				
	Interview with the A 4:30pm revealed:	dministrator on 02/09/23 at				
		acted pharmacist usually				
	,	vhen a refilled prescription				
	was needed for a re					
	by the SCC.	rt audit should be done weekly				
		have been aware of a new				
		needed for Resident #4 when				
	the medication cart					
		SCC to cal the primary care en a prescription needed to be				
		why the PCP was not notified				
		ription was needed for				
		why the Metformin was				
	checked off on the 02/04/23.	MÅR as administered after				
		e interview with Resident #4's er (PCP) on 02/09/23 at				
	2:30pm was unsucc					
		ent #5's current FL-2 dated diagnoses included dementia				
	without behavioral of					
		eflux disease (GERD),				
	hypertension and m					
		#5's physician order dated				
		here was an order for th instructions to take 1 tablet				
		m is used to treat insomnia).				
		#5's December 2022 on administration record				

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(eMAR) revealed Zolpidem 10mg was not listed

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL037001	B. WING	B. WING		02/10/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE	-		
GATES H	IOUSE		ERCE DRIVE				
	2		LE, NC 279				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
D 367	Continued From pa	ge 39	D 367				
	on the eMAR.						
	revealed: -There was an entry instructions to take -Zolpidem 10mg was administered from 0 -There was no docu 10mg, 1 tablet was 01/26/23There was no docu Zolpidem was not a 01/26/23. Resident #5's February -There was an entry instructions to take -Zolpidem 10mg was an entry was an entry instructions to take -Zolpidem 10mg was an entry was an entry instructions to take -Zolpidem 10mg was an entry was an entry instructions to take -Zolpidem 10mg was an entry was an entry instructions to take -Zolpidem 10mg was administered from 0 - There was no document was not a control of the	O1/27/23 to 01/31/23. umentation that Zolpidem administered from 01/01/23 to umentation explaining why the administered from 01/01/23 to uary 2023 eMAR revealed: y for Zolpidem 10mg, with 1 tablet by mouth at bedtime.					
	controlled substance revealed there was	#5's December 2022 se log (CSL) on 02/10/23 documentation for Zolpidem inistered at bedtime from 22.					
	02/10/23 revealed t	#5's January 2023 CSL on here was documentation for ablet administered at bedtime /31/23.					
	02/10/23 revealed t	#5's February 2023 CSL on there was documentation for tablet administered at bedtime 2/09/23.					
	Observation of Res	ident #5's medications on evealed:					

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-There was a bubble pack labeled Zolpidem

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BOILDING.				
		HAL037001	B. WING		02/1	0/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
GATES H	IOUSE		ERCE DRIVE				
	010000000000000000000000000000000000000		LE, NC 279		<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 367	Continued From pa	ge 40	D 367				
	10mg, take one tablet by mouth at bedtimeThere were 28 tablets remaining out of 30 that were dispensed on 02/03/23.						
	pharmacy on 02/09 -Resident #5's Zolp 11/03/22 for a 30-d -Resident #5's Zolp 12/01/22 for a 30-d -Resident #5's Zolp 01/02/23 for a 30-d -The pharmacy rec for Resident #5's Zolp 01/28/23 for a 3-da -Resident #5's Zolp 01/28/23 for a 3-da -Resident #5's Zolp 02/03/23 for a 30-d -The pharmacy ent	idem was dispensed on ay supply. idem was dispensed on ay supply. eived an order from the facility olpidem 10mg on 01/27/23 for two refills. idem was dispensed on y supply. idem was dispensed on					
		dent #5 on 02/10/23 at ne received his Zolpidem him sleep.					
	02/10/23 at 10:52ar -Medication aides (ordering refills on re -MAs checked a bor resupply medication medications got do	MAs) were responsible for esident's medications. x on the computer system to					
	(PCP) on 02/10/23 -Resident #5's shou	at 9:00am revealed: uld have his Zolpidem 10mg					

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-The MAs should have documented all

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.	A. Boilbino.		
		HAL037001	B. WING		02/1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	HOUSE		ERCE DRIVE LLE, NC 279			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 367	Continued From page 41		D 367			
	administration of the Zolpidem 10mg on the eMAR.					
D 454	Interview with the Administrator on 02/10/23 at 2:02pm revealed: -MAs completed a shift report at the beginning of each shiftThe Resident Care Coordinator (RCC) completed medication cart audits weekly to ensure resident medications were available, there was a 10-day supply of medications, and no medications had expiredMAs were expected to ensure that documentation on eMARS were accurateShe expected MAs ensure that residents were administered medications as ordered because they were expected to follow the PCPs orders.		D 454			
	And Incidents (e) The facility share resident's responsite as indicated on the following, unless the person or contact protification: (1) any injury to or imedical treatment of medical evaluation, as possible but no lime of the initial disinjury or illness by serident's file; and (2) any incident of the elopement which desired the silling to the silling the sil	12 Reporting Of Accidents Il assure the notification of a ole person or contact person, Resident Register, of the e resident or his responsible person objects to such Ilness of the resident requiring or referral for emergency with notification to be as soon atter than 24 hours from the escovery or knowledge of the staff and documented in the open not result in injury eatment or referral for				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL037001	B. WING		02/1	0/2023
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES HOUSE		ERCE DRIVE LE, NC 279			
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
be as soon as poss hours from the time knowledge of the indocumented in the relopement requiring according to Rule .0 This Rule is not me Based on record refacility failed to notif attorney within 24 he local emergency de of 5 sampled reside The findings are: Review of Resident 08/26/22 revealed: -Diagnoses included schizoaffective disorder and hyperte-There was docume intermittently disorier. The level of care we care unit (SCU). Review of Resident Report dated 01/15/-Resident #3 had are in her bedroomThere was injury to she was transported management systemergency departmental transported in the resident was documental transported to the remarks of	evaluation, with notification to ible but not later than 48 of initial discovery or cident by staff and resident's file, except for gimmediate notification 0906(f)(4) of this Subchapter. et as evidenced by: view and interviews, the five a resident's power of ours of being sent out to the partment for evaluation for 1 ents (Resident #3). #3's current FL-2 dated dementia with behaviors, refer, major depressive ension. entation that he was ented. Fast documented as special #3's Accident/Incident (A/I) /23 revealed: in unwitnessed fall at 6:45am of her to her toe on her left foot.	D 454			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL037001	B. WING		02/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
GATES H	IOUSE		ERCE DRIVE			
	0111414151/074		LE, NC 279		211	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
D 454	Continued From pa	ge 43	D 454			
D 434	Review of Resident 01/15/23 revealed: -The progress note on 01/16/23 at 8:22 Coordinator (SCC)Resident #3 was s EMS for a laceratio footThe responsible paprovided for notification. Telephone interview Attorney (POA) on He received a call the facility to let him to the hospital follousHe had no missed -The facility was awarember was to be reachedHe expected the faimmediately following Telephone interview of Resident #3's PO	#3's progress note dated was entered as a late entry am by the Special Care unit ent to the local hospital via n of her small toe on the left arty was named in space ation with no date or time of with Resident #3's Power of 02/10/23 at 8:07am revealed: on 01/16/23 at 7:54am from a know Resident #3 was sent	D 434			
		a call from the facility on were no missed calls on his				
	-The facility were awas not availableHe visited 1-2 time	ware to contact him if the POA s weekly and the facility had				
	care provider (PCP revealed:	with Resident #3's primary on 02/10/23 at 9:00am esident #3's family often				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		SURVEY PLETED
		A. BUILDING:			
	HAL037001	B. WING		02 <i>l</i> ·	10/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATES HOUSE		IERCE DRIVE LLE, NC 279			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
-It was unacceptabe notified for more the could have provide EDThere could have #3 alone in the ED. Telephone interview (MA) on 02/09/23 alone on 01/15. When she went into medication to anoteshe called EMS be was bleeding and alone she called Resident #3 was be answer and she dismessageShe did not make contact another fareshe should have a documented that the she did not renewall bear unable to the she called the she could be another fareshe should have a documented that the she did not renewall bear unable to the she called: -She became aware Resident #3's faming 01/16/23The MA told her she to reach Resident: -She and the MA cher office on 01/16 8:00am.	s responsive to calls and texts. ble that her family was not lat 24 hours because they ad comfort to her while in the been safety issue for Resident due to her diagnosis. W with the medication aide at 3:12pm revealed: In the room to administer the resident. In the room to administer the resident. In the resident was not the could not get it to stop. In the room to the there was not a second attempt or attempt to mily member. In a second attempt or attempt to mily member. In a second attempt and the attempt was not successful. Incident to the oncoming shift the member if she told them she of contact Resident #3's POA. SCC on 02/09/23 at 10:10am are that the MA had not notified by when she arrived for work on the tried to call but was unable				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.				
		HAL037001	B. WING		02/1	0/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
GATES H	HOUSE		ERCE DRIVE .LE, NC 279				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 454	Continued From pa	ge 45	D 454				
	documented the communication in a progress note.						
D 464	Interview with the Administrator on 02/10/23 at 2:02pm revealed: -Resident #3 fell in early morning of 01/15/23 and was sent to the local emergency department for evaluationShe was aware Resident #3's POA was not notified until the next morning, 01/16/23The MA could have contacted another family member listed in contacts or made a second attempt to call the POAShe expected the responsible person to be notified within 1 hour that an incident had occurredThe MA should have documented the attempt to contact the POA and relay the information to the oncoming shift if notification could not be made on her shift.		D 464				
D 464	Profile & Care Plan 10A NCAC 13F .13 Profile & Care Plan In addition to the re .0801 and 13F .080 facility shall assure (1) Within 30 days of care unit and quarted develop a written re assessment data the behavioral patterns daily living skills, spenysical abilities and cognitive impairment (2) The resident care	07 Special Care Unit Resident quirements in Rules 13F 12 of this Subchapter, the the following: of admission to the special erly thereafter, the facility shall esident profile containing nat describes the resident's , self-help abilities, level of secial management needs, d disabilities, and degree of	D 464				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		HAL037001	B. WING		02/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	IOUSE		ERCE DRIVE LLE, NC 279			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 464	Continued From page 46		D 464			
	specify programmir social and health ca resident attain or m	n the resident profile and ng that involves environmental, are strategies to help the aintain the maximum level of e and compensate for lost				
	facility failed to ensi (#1,#3, #4) had a sp	et as evidenced by: views and interviews, the ure 3 of 4 sampled residents pecial care unit (SCU) ssment in place upon				
	The findings are:					
	08/26/22 revealed: -Diagnoses include disorderThere was docume intermittently disorie	ent #1's current FL-2 dated d Dementia ad major cognitive entation that he was ented. vas documented as special				
		: #1's Resident Register sion date of 06/06/19.				
		#1's resident record revealed al care unit pre-screening ble.				
	Refer to interview w 02/10/23 at 2:02pm	vith the Administrator on				
	08/26/22 revealed: -Diagnoses include	ent #3's current FL-2 dated d dementia with behaviors, order, major depressive tension.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING:	A. BUILDING:		
		HAL037001	B. WING		02/1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATES H	HOUSE		ERCE DRIVE			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 464	Continued From pa	ge 47	D 464			
	intermittently disoried. -The level of care was care unit (SCU).	entation that he was ented. vas documented as special : #3's Resident Register				
		sion date of 07/07/21.				
		#3's resident record revealed al care unit pre-screening ble.				
	Refer to interview w 02/10/23 at 2:02pm	vith the Administrator on				
	10/20/22 revealed: -Diagnoses include diabetes mellitus ty encephalopathy, ar -There was docume intermittently disorie	entation that he was				
		: #4's Resident Register sion date of 06/28/22.				
	Review of Resident was no special care assessment availab					
	Refer to interview w 02/10/23 at 2:02pm	vith the Administrator on				
	2:02pm revealed: -She was unable to	dministrator on 02/10/23 at locate a special care unit ssments for Residents #1, #3				

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and #4.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL037001	B. WING		02/1	0/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
GATES HOUSE 11 COMMERCE DRIVE GATESVILLE, NC 27938							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ION SHOULD BE COMPLETE DATE		
D 464	-The chart system of employment as the know why the pre-s-She and the SCC the pre-screenings -The SCC was in the SCU resident chart	changed in 2022 prior to her Administrator so she did not creenings were not available. were responsible for ensuring	D 464				

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